

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_pt03b**

➤ Record of Comm. Proceedings ... RCP

➤ **



GREAT LAKES HEALTH CARE SYSTEM
Tomah Site
500 E. Veterans Street
Tomah, WI 54660

October 9, 1996

Honorable Terry Musser
Member, United States House of Representatives
Chair, Assembly Veterans & Military Affairs Committee
P.O. Box 8953
Madison, WI 53708

Dear Mr. Musser:

We are requesting your input and comments regarding the enclosed proposal to reorganize the Tomah VA Medical Center. This document is being shared with Veterans Service Organizations, Congressional offices, and local media organizations.

Over the past several months, the Tomah VA Medical Center has been aggressively developing long term plans to improve the care we provide veterans. This effort has yielded the enclosed proposal.

First and foremost, the proposal strives to improve the services we offer to veterans. The proposal utilizes a service line structure, also referred to as product lines. A service line structure is based on the premise of aligning similar functions or roles together to streamline tasks. Once in place, daily activities affecting patients will be accomplished more efficiently, thereby providing opportunities for increased, direct patient contact.

Please note that all of the details are not outlined within the proposal. The details are currently being developed as this is a very complex undertaking. At this point, we are requesting your thoughts and comments on the proposal to ensure the best possible outcome for veterans.

2.

We ask that you review the proposal, and provide your comments by November 7, 1996. Your comments may be mailed to:

Medical Center Director (00)
VA Medical Center
500 E. Veterans St.
Tomah, WI 54660

or may be faxed to (608) 372-1654, Attention: Reorganization Proposal.

Thank you in advance for providing this valued, and vital input.

Sincerely,


STAN JOHNSON

Enclosure

November 7, 1996

Fax

Date: 11/7/96

To: Stan Johnson Attn: Reorganization Proposal

From: State Rep. Terry Musser 608-266-7461

Fax: 608-372-1654

Pages 4 / cover

Department Commanders

1995

Intro/newsletters

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American Ex-POWs
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Kaukauna, WI 54130

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Milwaukee, WI 53208

Raymond Woznick, Commander
Catholic War Veterans
418 Forest Avenue
Fond du Lac, WI 54935

Thomas Rymer, Commander
Disabled American Veterans
3265 County C
Oconto Falls, WI 54154

John Streicher, Commandant
Marine Corps League
2418 S. 84th Street
West Allis, WI 53227

Glen Averbeck, Commander
Military Order of the Purple Heart
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Buffalo City, WI 54622

Tom Pesanka, President
WACVO
Portage Veterans Svce Officer
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Stevens Point, WI 54481

Richard Johnson, Commander
Polish Legion of American Veterans
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Dick Schunke, Commander
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Dave Korth, Commander
WI American Legion
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3628 N. 97th Place
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Harry Alvey, Commander
US Submarine Veterans of WWII
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Thomas Wynn, Executive Director
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Russ Alsteen, Commander
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James La Sage, Commander
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Waupaca, WI 54981

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Vietnam Veterans of America
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Lyla Drewes, President
United Women Veterans
225 Larkin Street
Madison, WI 53705

Alberto Villarreal
Federation of Minority Veterans
P.O. Box 18762
Milwaukee, WI 53218

Richard Rodgers, President
Federation For Culturally
Diverse Veterans
P.O. Box 18762
Milwaukee, WI 53218

Harvey Welcher
Veterans Education Committee
1309 W. Madison Avenue
Ft. Atkinson, WI 53538

Phyllis Perk, President
WAC Veterans Association
205 B North Thompson Drive
Madison, WI 53714

Marv Freedman, Executive Director
Vietnam Veterans of America
P.O. Box 55363
Madison, WI 53705

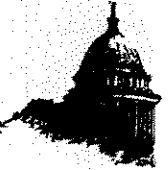
Ray Fuller, Commander
Veterans of World War I
865 West 18th Street
Oshkosh, WI 54901

Jess Jespersion, Coordinator
Vietnam Veterans Against the War
3217 Marietta
Milwaukee, WI 53211

State Representative

TERRY M. MUSSER

92nd Assembly District



CHAIR, Veterans and Military Affairs Committee

November 6, 1996

Stan Johnson
Medical Center Director
VA Medical Center
500 East Veterans Street
Tomah, WI 54660

Dear Stan:

Thank you for sending me the reorganization proposal for the Tomah VA Medical Center. I apologize for being late with this but campaigning got in the way.

I have reviewed the plan and am very pleased with the proposal. I believe that it will be very beneficial for our veterans and the service they receive.

I have an inquiry about the list of stakeholders on page 11. I noticed there are no Vietnam Veterans groups on the list. I am enclosing the list I use as Committee Chair for all veterans groups.

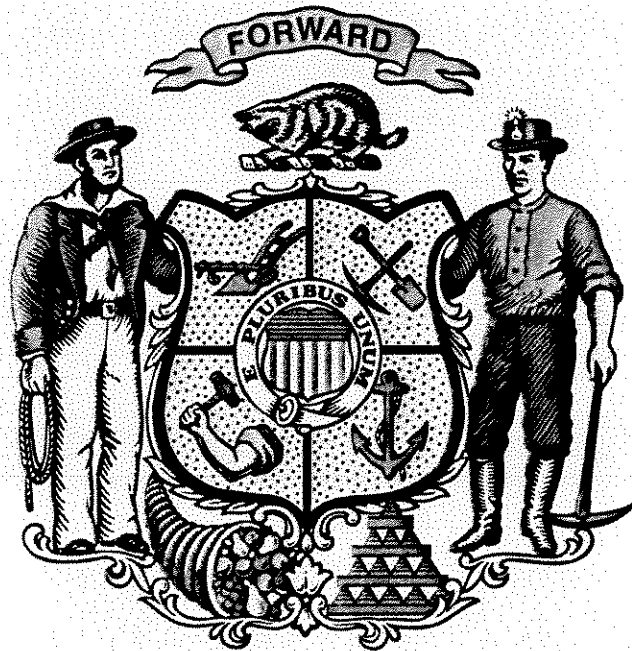
Best wishes and keep in touch.

Sincerely


Terry Musser, Chair
Veterans and Military Affairs Committee
92nd Assembly District

Madison Office: P.O. Box 8953, Madison, WI 53708 608-266-7461
District Office: Route 1, Box 98, Black River Falls, WI 54615 608-488-2955

Printed on recycled paper with soy based ink.





REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

HEADQUARTERS FORT MCCOY
SPARTA, WISCONSIN 54656-5000



October 23, 1996

Public Affairs Office

The Honorable Terry Musser
Assembly of Delegates of the State of Wisconsin
State Capitol, P.O. Box 8953, Rm 20 N.
Madison, Wisconsin 53708

Dear Mr. Musser:

This is to inform you that an Installation Compatible Use Zone (ICUZ) study and corresponding Citizens Guide of Fort McCoy, Wisconsin, have been completed in accordance with Chapter 7, U.S. Army Regulation 200-1. Enclosed is a copy of the Citizens Guide for your information.

The U.S. Army has developed the ICUZ program to identify areas adjacent to the installation which may be affected by noise from installation operations and to present recommendations for achieving compatible land use in these areas. The study has also identified mitigative measures to be taken within the installation boundaries to minimize noise concerns, while achieving mission goals.

Copies of the actual ICUZ study are available at the Tomah and Sparta Public Libraries for public review. Additional copies of the Citizens guide are available by contacting the Public Affairs Office, Building 100, Fort McCoy, WI, (608) 388-4209/3456.

Sincerely,

Marv Clark

Marv Clark
Public Affairs Officer

Enclosure

FORT MCCOY - TOTAL FORCE WARFIGHTING TRAINING CENTER

A CITIZENS GUIDE

Volume 1 Issue 1

September 1996

FORT MCCOY INSTALLATION COMPATIBLE USE ZONE STUDY (ICUZ)

WHAT IS THE INSTALLATION COMPATIBLE USE ZONE STUDY? (ICUZ)

The ICUZ is a planning study to evaluate noise and other environmental impacts generated by the activities of Fort McCoy. Specifically, the Fort McCoy ICUZ examines three types of noises generated. These noises are a result of a) on-installation aircraft activity, b) artillery and small arms training exercises, and c) off-installation helicopter flight training over civilian areas.

This newsletter summarizes the Fort McCoy ICUZ Study and describes recommendations addressing the issue of noise generation impacts on the surrounding civilian communities.

IS NOISE GENERATION A PROBLEM AT FORT MCCOY?

Military installations such as Fort McCoy, are used for preparedness training exercises by military personnel from across the country. Simulating war-like conditions and the training of military personnel means periodic artillery firing and aircraft maneuvers at different times of the year. Even the time of day for training may change in order to simulate "real conditions" for training purposes.

It is a fact that Fort McCoy generates noises. It is also a fact that the installation attracts development and has a substantial economic impact on the surrounding communities. Inevitably, occasional conflicts between installation operations and the surrounding civilian population may occur because of their proximity to each other.

WHAT IS BEING DONE TO MINIMIZE NOISE IMPACTS?

Fort McCoy attempts to be a good neighbor and the ICUZ Study is part of an on-going and continuous effort to minimize the negative aspects associated with training exercises. For example, as a result of a 1990 noise study, the boundaries for artillery firing points have been changed resulting in a smaller geographic areas being impacted.



Nap-of-the-Earth (NOE) helicopter training produces the greatest potential for conflicts with installation neighbors. To the extent possible, helicopter pilots follow the contours of the earth just above the tree line. Four training routes have been established involving lands both on and off Fort McCoy. To the fullest extent practical, these routes were designated to minimize impacts on civilian areas. However, new development in near proximity to the installation since 1990 means a re-examination of the NOE routes is being conducted. Fort McCoy personnel will determine if route changes can be made to lessen the impacts on civilian areas and still achieve training objectives.

The personnel at Fort McCoy are examining several other actions including the development of a complaint management program. It is expected that procedures will include keeping the public informed about training activities and operations which are scheduled to resume after a period of inactivity.

The ICUZ also contains recommendations for public agencies to consider. By making these recommendations, the U.S. Army has no intent to dictate changes in local land use policy or practices. The ICUZ

recommendations are intended as a guide and should be viewed as a means of continuing communication and cooperation between personnel from the installation and the civilian officials with the surrounding units of government. These recommendations include the preparation of general development plans and adoption of zoning ordinances to lessen the potential for incompatible land uses near the installation.

WHAT ARE THE BENEFITS OF THE ICUZ?

The ICUZ Study requires the gathering of a considerable amount of information describing the installation and its operation. Much of this information will help local officials from the surrounding units of government better understand the operations of Fort McCoy, its mission, history and importance to the local economy.

Fort McCoy consists of approximately 60,000 acres and has been in continuous use for training since 1909. Its national significance for training purposes is increasing as base closures and installation reductions continue elsewhere around the country. The ICUZ examines ways to make the installation and its operations compatible to the degree practical with the surrounding land uses and population. In other words, the ICUZ identifies ways to increase Fort McCoy's compatibility with its neighbors without compromising its training objectives and national defense importance.

In addition, the ICUZ describes in detail other positive features of Fort McCoy. For example, the annual payroll, operations and contracts generated by Fort McCoy exceeds \$145 million annually resulting in considerable economic benefit to the local community. It is probable that these economic benefits will grow in the future generating new civilian business opportunities needed to service the installation and its personnel. Future ICUZ efforts will continue to update information about the installation and actions taken on the study recommendations.

WHY DO AN ICUZ STUDY NOW?

The rate of population growth and change in development patterns around the installation since the last ICUZ Study preparation in 1990, has prompted this ICUZ effort. Monroe County, for example has experienced a 2.87% population change since 1990. Certainly, there are communities in Wisconsin that are growing at a faster rate, but installation personnel decided to take the initiative and more carefully examine

its noise generation and impacts on the surrounding communities. Is the areas growth impacting installation operations? Likewise, are installation operations impacting the areas growth? In its quest to be a good neighbor and communicate with the surrounding community, the ICUZ Study was started. As a part of a planning process, it will continue into the future.

WHAT DOES THE ICUZ MEAN TO ME?

The Fort McCoy ICUZ Study examines ways to minimize noise impacts associated with installation operations while still protecting the integrity of its training mission. The accompanying map of noise impact zones identifies sites of differing noise generation points associated with operations. Depending upon where you live in the community, the noise generation associated with installation operations may vary greatly. You are encouraged to examine this map along with the Land Use/Aircraft Noise Compatibility Guidelines to further your understanding of noise exposure levels on land use. More detailed information can be found in the ICUZ Study.

WHO PREPARED THE ICUZ STUDY?

The Fort McCoy ICUZ was prepared with the contributions of several persons who work at the installation and many more who reside in the surrounding communities. Project coordination was provided by the Environmental and Natural Resources Division. Copies of the complete study are available for review at the Tomah and Sparta City libraries or at the Post's Records Management office by calling (608) 388-4222.

OUR PLEDGE TO COOPERATE

Historically, the citizens of Monroe, Jackson and LaCrosse counties and the personnel of Fort McCoy have worked together very well. We want to continue this spirit of cooperation and will work with you to minimize installation annoyances while maximizing the benefits of Fort McCoy on the surrounding communities. We request you review the recommendations contained within the Fort McCoy ICUZ Study and communicate your comments, suggestions and observations to us.

For further information, contact:
Public Affairs Office
Building 100
Fort McCoy, WI 54656
(608) 388-4209/3456

SUMMARY OF RECOMMENDATIONS

- * Work with surrounding local units of government to develop or update land use plans, zoning regulations and building codes to minimize incompatible land uses adjacent to the installation.
- * Expand efforts to inform the general public about the ICUZ program and the ongoing actions being taken to minimize installation noise annoyances.
- * Adopt the ICUZ Study and establish a regular review and updating process.
- * Establish an ICUZ Committee to review, investigate and recommend mitigating actions concerning noise complaints.
- * Initiate a formal complaint management procedure as required by AR 200-1 which involves the Public Affairs Officer and a log of all noise complaints.
- * Consider further study of the impacts associated with the Nap-of-the-Earth Flights and determine if refinements in route determinations can minimize noise annoyances.
- * Fort McCoy has an increased role in National Security as one of fifteen Power Projection Platforms. In this role the installation provides facilities for those forces who train to improve readiness through realistic training. Doctrine dictates that units must be able to train as they will fight in the 21st century.
- * Fort McCoy recognizes, and is sensitive to the public's response to night firing, and will undertake the appropriate actions to minimize impact on the public without detracting from training.

FORT MCCOY NOISE COMPLAINT PROCEDURES

1. Citizens should call 388-4848 (Range Operations) as soon as an incident occurs and identify the type of problem, location and time of occurrence.
2. All calls are logged-in and investigated without delay to determine responsibility (Fort McCoy, Air Force, Air National Guard, etc.)
3. Complaints are routed to the office responsible for the type of activity that resulted in the noise complaint, i.e., the airfield or Range Operations at Fort McCoy, Volk Field or other appropriate training activity.
4. The Public Affairs Office requires a response from the responsible activity for the purpose of providing information to the complainant. Every effort will be made to correct the situation, mission permitting.
5. If a citizen believes they have a valid claim against the government for property damage, they should call the Legal Office at Fort McCoy, 388-2165/2237.

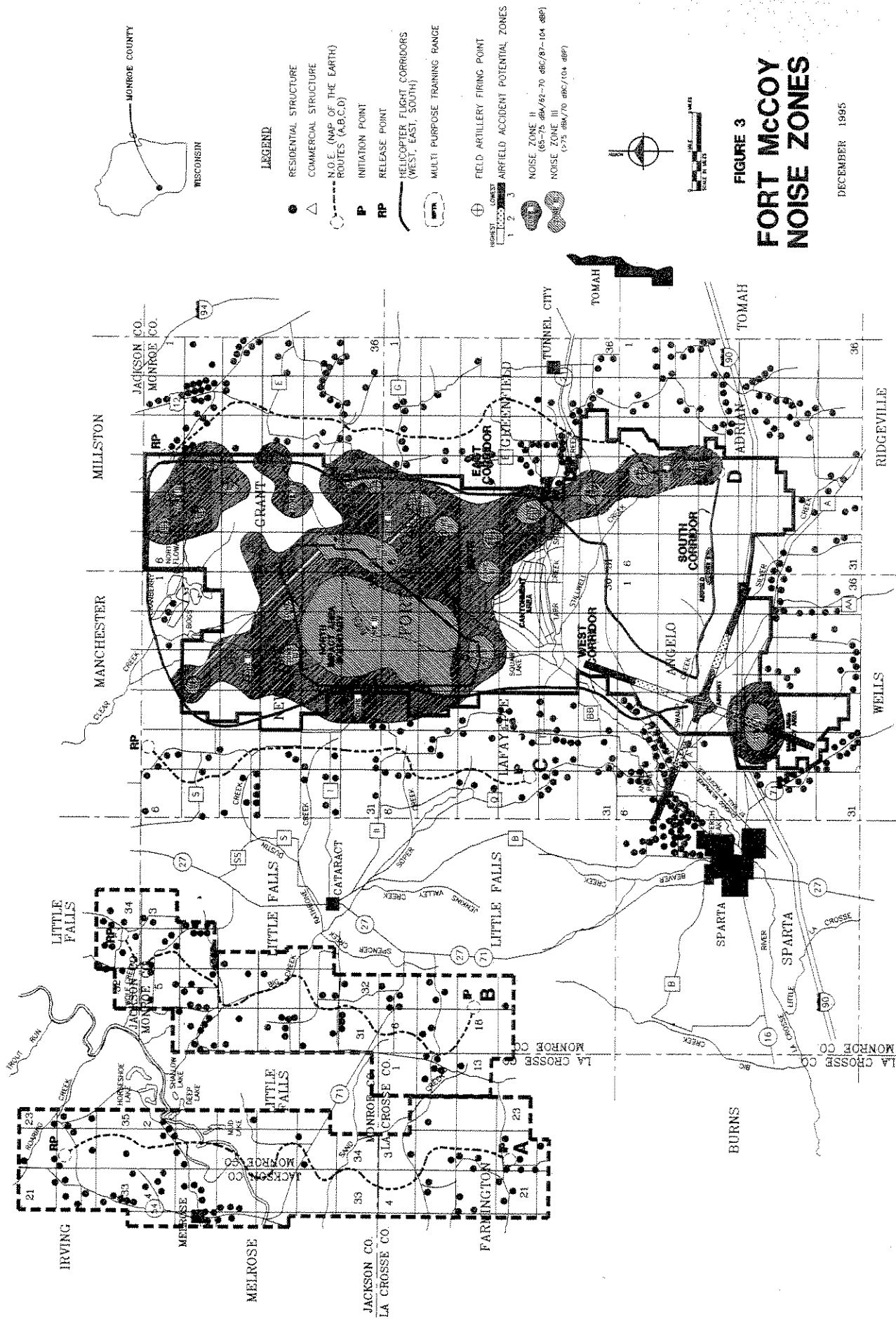
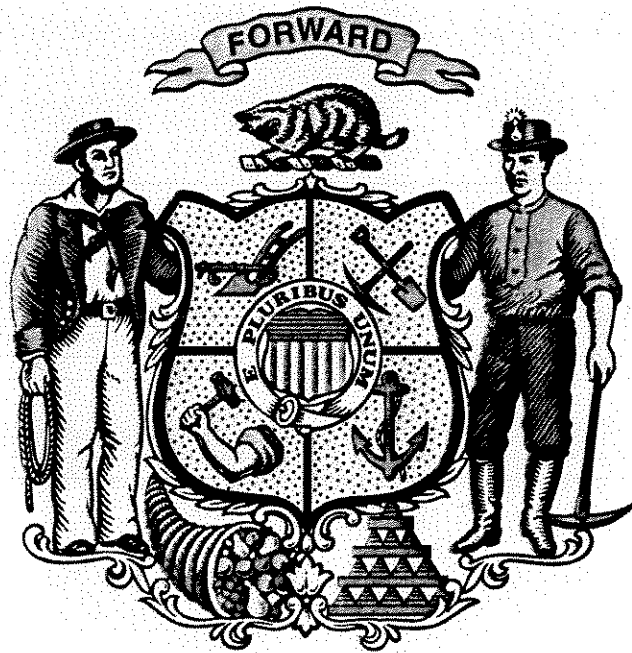


FIGURE 3
FORT MCCOY
NOISE ZONES

DECEMBER 1995

SOURCE: ENV. NOISE CONG. NO. 92-24-C330W-94 AUG. 1994, DEPT. OF ARMY, U.S. CENTER FOR HEALTH PROMOTION AND PREVENTIVE MED. ABERDEEN PROVING GROUND, MARYLAND
NOTE: THIS MAP IS FOR INFORMATION ONLY AND DOES NOT REPRESENT INTERIM INTERPOLATIONS FOR FILING POINTS NUMBER IR 92-34-0504-94



MailMan message for VAN HECKER, COLEEN REG NURSE
Printed at TOMAH.VA.GOV 13 Nov 96 09:25
Subj: ALL EMPLOYEE MEMO - BUDGET STATUS [#2267867] 13 Nov 96 07:32 68 Lines
From: SPARKS, DINAH in 'IN' basket. Page 1

DEPARTMENT OF
VETERANS AFFAIRS

Memorandum

Date: November 12, 1996
From: Medical Center Director (00) Ext. 6777
Subj: FY 1997 Budget Status
To: ALL EMPLOYEES

1. Early last week we were informed by our VISN office that the tentative FY 97 Budget was going to be less than what we originally anticipated. At this time, we do not have firm, specific numbers due to the fact that individual VISN allocations have not yet been determined. The best information available, indicates our FY 97 budget will be approximately \$3.5 million less than FY 96, while our FY 98 budget will be another \$2.6 million less. I want to stress these funding levels are tentative but, at the present time, are considered as accurate as possible.

2. To achieve spending reductions this fiscal year and next, we have begun the process of identifying potential savings opportunities. I established a task force to accomplish this. The group held its first meeting on November 6 and presented its first proposal to all Service Chiefs on November 7. Each Service Chief has been asked to identify the potential cost savings associated with this plan and provide the feedback to the task force by Friday, November 15, 1996. I ask that you work closely with your Service Chief in this effort. To achieve the savings identified, we will have to effect the changes no later than March 1997.

3. Since the majority of our operational costs are based on staff salaries, it is anticipated significant portions of the savings will involve staff reductions. Additionally, we have been reviewing opportunities to lower other operational costs, i.e. contracts, etc., and are taking steps to reduce these costs quickly. Due to the cumulative effect of staffing costs and the anticipated FY 98 funding level, we must effect total reductions of \$6.1 million by the March time frame noted above.

4. I realize these are trying times for all of us as employees. I ask for your understanding and support of each other as we downsize and streamline our operations. Since downsizing is inevitable, we will be attempting to accomplish it in one, complete action to minimize the possibility of a reoccurrence in FY 98.

5. To minimize the impact of the required downsizing, we will begin immediately to develop an employee transition office to assist those who will be impacted. Additionally, we will be providing employee awareness training on the processes of Title 5 Reduction in Force and Title 38 Staffing Adjustments.

6. As we become more aware of specific funding levels or additional changes, we will inform you immediately to help you in making the best decisions regarding your career and family.

7. We will be having Town Hall meetings on Thursday, November 21, at 9:00 a.m. and 3:00 p.m. in the VA Chapel, to discuss this issue. All employees are encouraged to attend.

es/STAN JOHNSON

Automated VA FORM 2105

MailMan message for SCHUELKE,RITA NURSE-ADMINISTRATIVE

Printed at TOMAH.VA.GOV 13 Nov 96 17:07

Subj: Survival meetings and medical center information [#2269201] 13 Nov 96 15:08 49 Lines

From: ACUFF,ROBERT in 'IN' basket. Page 1

To all nursing service staff:

A meeting was held this past Friday that has started a great deal of conversation and speculation as to the future and direction of the medical center. The meeting was the result of a 'survival group' proposal that was made earlier in the week which proposed some significant changes in the operation of the medical center. The survival group proposal was made in response to the VISN prediction that there will be significant losses of dollars available to the VISN and its medical centers; the specific quantities of loss were from \$40- 150 Million for the entire VISN. Our share has been hypothesized to be from \$1.7 to 5 Million; exact quantities are unknown at this time. The proposals that were made by the 'survival' group outlined potential ways that the medical center could save dollars by eliminating services and units and personnel. The proposals were:

1. No longer care for Category C Vets- this is approximately 4.6% of our current workload
2. Close Acute Medicine
3. Down size Acute Psychiatry to approx 20 beds
4. Discharge patients that can be d/c to Nursing homes in the community
5. Relocate 407 patients to 401 and change Building 401 to a locked psychogeriatric unit with approx 48 patients;
6. Close 408 and 407

These kind of changes would have significant impact on the operation of our medical center and reduce the needs for everything from staff to supplies to utilities for unused buildings.

Because this involved more than just Nursing service, service chiefs and others were invited to the meeting last Friday to discuss the ramifications. Service Chiefs were asked to submit their service impact with the above conditions being considered. Nursing is preparing it's impact statement as well.

My concentration in proposals such as this has been to consider the patients that would continue to be in need of nursing services; this includes outpatient as well as in patient care. As with previous proposals and discussions of program changes, my perspective is to maintain nursing positions needed for the care of patients.

The current PROPOSAL as outlined above, will reduce the inpatient bed numbers to approximately 290, a significant reduction from our current numbers. This PROPOSAL would reduce the number of nursing staff from our current numbers; how many and which level can only be estimated because we don't have all the details as to what kind of patients would be occupying the beds that we have left. My current estimate is from 35 to 50 personnel; obviously other services would also be effected, perhaps as many as 150 personnel would be reduced.

The emphasis right now is that this is in the proposal stages and discussion and formulation. I will keep you informed of the events that occur wither through this method of E-mail and/or thru the Nurse managers. The attempt will be to keep all informed of the happenings as soon as possible.

11-15-96

Tomah VA Medical Center cuts likely

By **MAXENE RENNER**
Of the Tribune staff

TOMAH, Wis. - Late last year and early this year, government shut downs had employees at the Tomah Veterans Administration Medical Center working without pay.

After the budget impasse was resolved, workers got their back pay but now it looks like some of the 900-member work force could lose their jobs - victims of federal budget cuts.

"I can't stress enough," said Laura Bishop, the center's public affairs officer, "we really don't have an actual budget. We know there are going to be cuts - a possible \$6.1 million over the next two years. That translates to between 100 to 150 jobs. But nothing is decided."

Bishop said the center, which has a current operating budget of \$46 million, has already downsized.

"We have 380 (in-patients)," she said. "Last year it was 420 and two years ago it was 500. That's the result of now treating some patients on an outpatient basis. Things are tight, and you have to change the way you do business."

"Right now it's a big quandary," said Jim Oliver, union steward for the American Federation of Government Employees which represents the hospital workers. "We've been getting calls from employees wanting to know who's going to be fired."

Not only is funding to the VA hospital system being cut, Oliver said, the remaining assets are being reallocated.

"I don't know how they're figuring (veteran populations)," he said.

"They're saying most veterans are in the south and west. That may be true - there's a lot of retired military there using the PX (Post Exchange) and commissaries.

"But that doesn't mean they'd be using VA hospitals. There's still a big demand for service here."

According to memoranda circulated at the hospital, administrators were notified last week of the \$6.1 million decrease in the center's budget.

A task force was formed and met Nov. 6 to begin the process of identifying ways of cutting costs.

According to one memo dated Nov. 12, "To achieve the savings identified, we will have to effect the changes no later than March 1997."

In addition to staff reductions, cost cutting measures include closing two buildings, downsizing acute psychiatry inpatient care to 20 beds, discharging patients to nursing homes in the community and reducing the overall patient capacity of the hospital from 400 to 290.

The memo goes on to say, "Since downsizing is inevitable, we will be attempting to accomplish it in one, complete action to minimize the possibility of a reoccurrence in FY 98 (Fiscal Year 1998).

"To minimize the impact of the required downsizing, we will begin immediately to develop an employee transition office to assist those who will be impacted."

"The (transition office) is a place where employees can get the interviewing skills and help with resumes to help them find new jobs," Bishop said.

The center also has scheduled two sessions of a town hall meeting for Nov. 21 at 10 a.m. and 3 p.m. at the VA chapel, she said.

"We want to keep everyone informed," Bishop said. "By then, we may have some firm budget figures."

VAMC in process of several changes

The Veterans Affairs Medical Center (VAMC) is currently in the midst of numerous changes and decision-makings.

But according to VAMC Director Stan Johnson, no employee positions or patient beds have been cut thus far.

"There are no specifics yet -- we're in the process of planning 'what if' scenarios," he said during a telephone interview.

The planning revolves around a proposed \$40 million deficit to which the network Tomah VAMC belongs to must contribute.

Recent changes incorporate with the creation of 22 Veterans Integrated Service Networks (VISNs). They integrate the operations of 10-12 VA medical centers, which replaced the previous region structure that often consisted of over 40 facilities apiece.

The VISN Tomah is a part of includes centers from Hines, Ill.; Lakeside and West Side (both in Chicago); North Chicago, Ill.; Madison, Milwaukee and Iron Mountain, Mich. It is called the VA Great Lakes Health Care System.

Johnson said this VISN must contribute to the deficit, but there is no clear indication of how that will be done.

"A lot of ideas are being put on paper," he said. "We have to decide what services we need to continue to treat the number of patients we're treating."

Johnson estimated it will take a few weeks to decide which route to go and how fast to approach any possible solutions.

Any actions need to be approved by the VISN and VAMC headquarters.



NOTE: ROUGH DRAFT

Glen

will go to all 10 WISC. CONGRESSMEN
US Senators w/ a petition signed
NGREEMAN (will use NAME)

This letter is sent to you in regards to what has become a very complexing problem here in the Tomah, Wisconsin region. However the fact of the matter is that the problem that I am about to disclose to you affects the entire state of Wisconsin in numerous ways. It concerns recent decisions that are being made by the US Department of Veterans Affairs in relationship to the Tomah - VA medical Center located here in Tomah.

The medical facility has been serving Veterans from every single district in this state for the last ⁴⁹ ~~40~~ years. ~~More than~~ ^{Thousands of} veterans have been treated here and ~~more than~~ ^{Hundreds of} employees have worked here. This facility has been designated as one of the premiere mental care facilities within the VA health care system. Providing treatment for the thousands of Veterans who have served this nation honorably, both in peace time as well as in times of war. Veterans from Michigan, Illinois, Iowa and Minnesota have been treated at this facility along with Wisconsin vets.

Tomah - VAMC has a superb staff, with a dedicated desire to make the veteran first in their mission, for the most part. The patients are men and women who have carried out their mission of defending the goals of this nation, many of them bearing the scars of battle that plagues the veteran long after the wars have ended.

Though we are all aware that our society is rapidly changing, we cannot allow certain changes to occur that would destroy the long standing promises to our fighting men and women. These promises to veterans date all the way back to Abraham Lincoln who promised that "the veteran, his widow and orphans" would be cared for by this nation. A

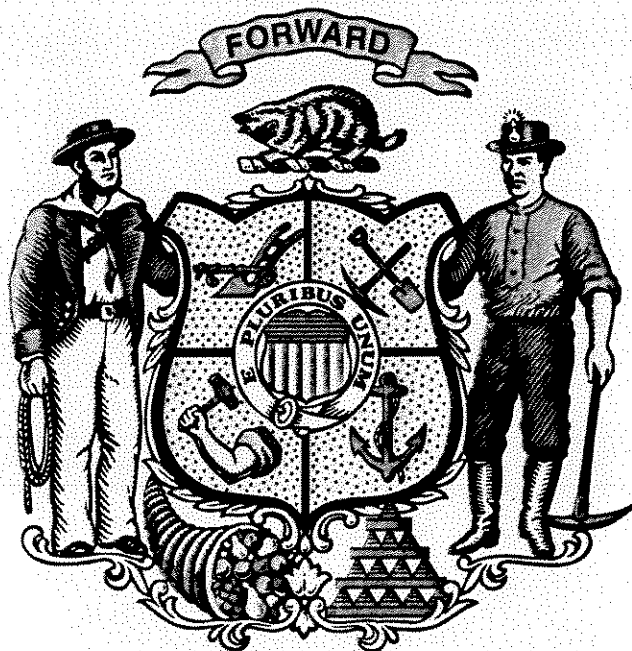
promise that has been kept for many years through many wars and global conflicts. Today we are looking at the possibility of the either the decline or the total demise of that promise.

Today here at Tomah - VAMC, the patients and the staff are in total shambles concerning the proposed changes that are scheduled to take place here. To make matters even worse there is absolutely no concrete information being disseminated to those same people whose very lives that the proposed changes will effect.

Patients are being kept on edge because they do not know their future health care plans. The staff is being kept in the dark and are getting only rumors that are spreading like a wild forest fire throughout the day. And the very community area that has supported this facility through out all of these years do not understand what is happening.

This is an extremely unfair and even unjust action fostered on to these people by the Department of Veterans Affairs in Washington, DC. Therefore with the total implications that are already beginning to manifest themselves as a direct result of this situation, it is now imperative that we turn to our legislators to look into this matter. This must be done and it should be done immediately in order to make a full and conclusive assessment as to the impact of the DVA plans, on the mission of the Tomah-VAMC.

Lewis E. Benton
UN VET
Lewis
Benton

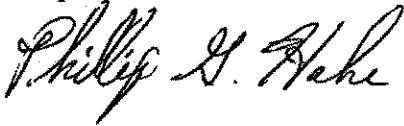


Faxed 11-16-1996

Dear Channel 19 news:

Attached is letter to the news paper from Stan Johnson the Director at the VA Hospital Tomah, Wisconsin. As a rebuttal to Mr. Johnson claims, I would like to ask who is advocating for the long term patient who cannot speak for himself due serious Mental Illness. Some buildings have 100 patients who have a minimum of sometimes 7 and 8 nursing staff to take care of them! The open independent units sometimes have only one nurse to meet their needs in the course of a day! This means one staff member is responsible to meet the needs of a minimum of thirty patients with serious mental illness!! Nobody seems to be addressing the other side of the coin. Successful programs could be initiated and developed by quality nursing staff to meet the needs of this population and ease them into living within the community provided their is programs to support this transition. The Tomah VA has the capability not only because of its location but because their are qualified staff to meet the needs of this population. We as nursing staff must fight against the stigma placed on the mentally ill population. Mental illness is the majority of treatment areas at the Tomah VA. And these people served our country as well. They deserve the right to quality care. Veterans are being turned away at the door despite available beds.

Sincerely
Phillip Glenn Hake



Veterans get better service at VA

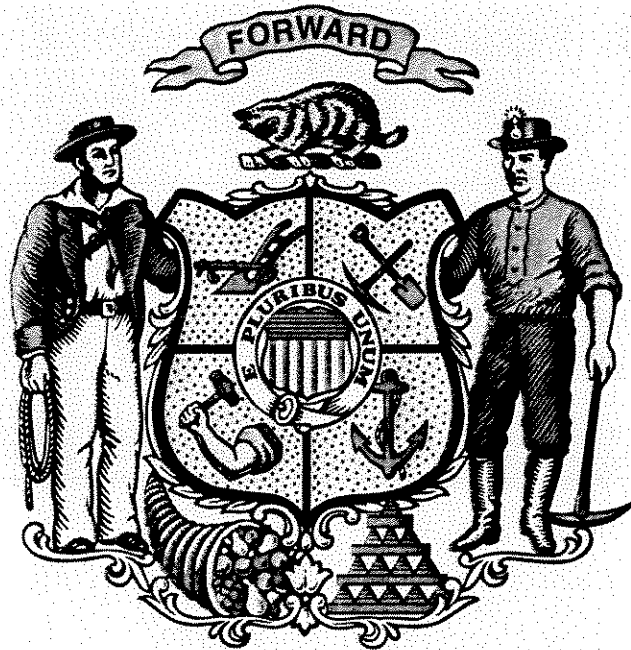
Veterans are getting quicker, more satisfying service at the Department of Veterans Affairs Medical Center in Tomah and throughout the VA, thanks to customer service standards that spell out just how prompt and courteous VA service should be. VA officials say performance measured against those standards over the past few years shows improvements at the Tomah VA and VA facilities across the country.

VA instituted customer service standards in 1994, as part of the National Performance Review effort to make government more responsive, efficient and productive. The Tomah VA refined and localized those standards to ensure that veterans and employees, alike, know what to expect during each customer visit. The Tomah VA's standards commit the medical center to provide urgent care 24 hours a day, see new patients in need of non-urgent care within 30 days, schedule patient appointments with their primary care provider within seven days, and see patients within 30 minutes of their scheduled appointments.

"The standards focus our attention on how we are treating our customers and give us specific goals to measure our performance against," said Stan Johnson, director of the Tomah VAMC.

His staff regularly measure and document critical service factors such as waiting times and survey customers on how they rate various aspects of VA service, such as courtesy and responsiveness. For example, Johnson noted that Tomah was recognized as a site of excellence in the 1995 Survey of Ambulatory Care Patients in timeliness and accessibility.

"We think we really have something to celebrate during National Consumers' Week," stated Johnson. "We are more focused on our customer than ever before and our Customer Service Standards reflect this concern for our customers."



Faxed
Nov 17
1996

To Whom It May Concern:

What is happening with the Federal Government recently, specifically the Veteran's Hospitals? I, a federal veteran administration employee am extremely concerned about the reported cutbacks at the Tomah Veterans Medical Center. According to a C.N.N. report the Veterans Administration budget has increased every year since President Clinton was elected, and this is expected to continue. This makes me wonder what is happening at Tomah.

In a Veterans Day message to the Tomah employees from Secretary Jesse Brown, he reiterated his message of putting veterans first. His message highlighted some of the successes in his recent "Best Kept Secrets in Government" report that he sent to the President in September. His report stated "that the integrated health-care networks have streamlined management and focused resources on the needs of the patients". According to this report all patients will soon have access to primary care teams and coordinated, comprehensive, and timely medical care. Secretary Jesse Brown stated "that they have begun listening to the veterans they serve: and as a result, they are doing a better job and continuing to improve every day.

This is a direct contradiction to what appears to be happening at the Veterans Administration Medical Center in Tomah Wisconsin. In a letter to the staff of the medical center, the chief of nursing service stated, "that there will be significant losses of dollars available to the medical centers". There were

proposals made by the Tomah Medical Center that could save dollars by eliminating services, units, and personnel. These proposals according to the LaCrosse Tribune, dated November 15, 1996, would be to decrease the overall patient capacity from 400 beds to 290 beds, close two buildings down, and downsize the inpatient acute psychiatry ward.

With the increase cases of post-traumatic stress syndrome being identified as a result of the Persian Gulf War, I find these cutdowns contradictory to Secretary Jesse Browns message, stating that they are doing a better job every day since they have started listening to the veterans. Also the U.S. Department of Veterans Affairs' monthly magazine, the Vanguard, stated that veterans today can expect improved, faster service from the Veterans Hospitals than they were receiving two years ago. If that were the case and they were listening to the veterans, they would know that Tomah Veterans Administration Medical Center does have a stable veterans population that encompasses a wide range of needs.

If the Tomah facility decreases their bed capacity, that means that patients that are already in the facility will have to be discharged to community nursing homes. I recently did a survey on the available amount of open patient beds in the nursing homes in the areas, and most of the facilities are currently filled and have long waiting lists. If that is the case where will these patients go? Tomah Veterans Hospital also is a facility that has many psychiatric patients that can not go to

the area nursing homes and these people would not be able to live on their own in the community. West Salem Lakeview Nursing Home is the only other facility in the area that is able to meet the needs of the psychiatric clients, and even they would not be able to take care of all the clients that Tomah presently has. Where would these veterans be dumped so that Tomah can "downsize"? Many of the veterans that use the Tomah Veterans hospital live in the community and are able to drive to Tomah without too many problems. If the Tomah facility was "downsized", where would the veterans have to go to be seen. The veterans would have the option of being seen at the Minneapolis or Madison facilities, both sizable distances from their homes. Not only would these veterans have to travel far to be seen, they would also have to compete with the patients already being seen there, for available appointment times. So much for improved and faster services.

If as the government has stated, the veteran can expect to have the needs of the veterans met in a more efficient way, then show us that this is true. Now that the voting is over, and the constituents have been chosen, we, the people, need to know that all we have read and heard in the last few months was not just a bunch of mumble jumble, just to get the almighty vote. Now, if only the elected officials would do what they said they would do, and that is put the veterans first.

Sincerely,

MailMan message for OCONNOR,PATRICK NUR
Printed at TOMAH.VA.GOV 17 Nov 96 17:01
Subj: Dumbsizing [#2272897] 15 Nov 96 08:08 23 Lines
From: PUTTKAMMER,JEFFERY (TOMAH VAMC) 16 of 16 Responses read. in 'IN' basket. Page 1

It appears that are budget is not really set as of this message. Perhaps it would be of benefit to call Senators Kohl and Feingold with requests to look at VA Tomah. That this would be very hard on the economy of Tomah and its citizens, that in reality we have a stable veteran population. That as tax payers it is not fair to take this money out of Wisconsin. That the VA budget for this year was generous and had increases in funding. That as taxpayers and federal employees you do not thinks this is right.

Senator Herb Kohl
telephone 202 224 5653
Address
United States Senate
Washington, DC 20510

Senator Russ Feingold
telephone 202 224 5323
United States Senate
Washington, DC 20510

Congressman Thomas Petri
telephone 202 225 2476
United States House of Representatives
Washington DC 20515

1) CLEVELAND,CHARLES 15 Nov 96 09:59 2 Lines

Especially Petri as he is a congressman and most of this is coming out of congress.

2) BEZDEK,LINDA E. 15 Nov 96 11:42 2 Lines

I THOUGHT CONGRESS WAS THE HOUSE AND SENATE COMBINED--WHO VOTED FOR PETRI TO BE RETURNED WHEN HE HARDLY CAMPAIGNED IN THIS AREA?

3) SCHMIDT,PATRICIA 15 Nov 96 11:56 2 Lines

Gore's "reinvention lab" agenda is responsible for some of this in my opinion.

4) WAGNER,STEVEN M 15 Nov 96 12:33 1 Line

POLITICS DO NOT BELONG ON HERE, CALLED THE HATCH ACT

5) GUTSCHE,ROBERT 15 Nov 96 12:57 2 Lines

LINDA CONGRESSMAN PETRI IS SOLID IN VOTES FROM THE FOX VALLEY AREA SO I DONT BELIEVE HE IS THAT CONCERNED ABOUT THIS PART OF HIS TERRITORY.

6) BEZDEK,LINDA E. 15 Nov 96 12:59 1 Line

WELL MAYBE WE NEED TO VISIT THE FOX VALLEY!!!!

7) RAWHOUSER,NORRIS 15 Nov 96 13:18 4 Lines

STEVE WAGNER, DISCUSING POLITICIANS AND THEIR VOTING RECORDS IS NOT A VIOLATION OF THE HATCH ACT. AS A CITIZEN YOU HAVE THE RIGHT AND RESPONSIBNILLITY TO APPRISE AND BE APPRISED OF WHAT OUR REPRESENTATIVES AT ALL LEVELS

P.05

4470

UD 408A

SUN, NOV-17-96 5:09PM

PAGE: 5

TO: 6082667038 4470

FROM: 1996 11/17 20:40

OF GOVERN MENT ARE DOING WITH OUR TAXES,OUR LAWS AND REGULATIONS.

8) WAGNER,STEVEN M 15 Nov 96 14:21 2 Lines

STARTING TO SOUND A LITTLE PARTISAN AT TIMES.
PARTISANSHIP HELP GET US IN THIS MESS!!

9) GUTSCHE,ROBERT 15 Nov 96 14:34 6 Lines

I DID NOT HEAR ANY PARTISAN COMMENTS.
I BELIEVE THE POINT THAT WAS BEING MADE BY JEFF IS THAT IT IS TIME
EMPLOYEES GET OFF OF DEAD CENTER AND CONTACT THEIR ELECTED OFFICIALS
ABOUT SITUATIONS THAT AFFECT THEM.IN CASE WE HAVE FORGOT THE ELECTED
OFFICIALS ARE OUR EMPLOYEES AND AT TIMES THEY NEED TO BE REMINDED OF
THAT FACT ALL POLITICAL AFFILIATIONS INCLUDED.

10) BERGSTROM,DENNIS W 15 Nov 96 14:53 6 Lines

WHILE WE ARE ALL IN FEAR FOR OUR JOBS, ME MORE THAN MOST, ONE OF THE
THINGS THAT SHOULD BE BROUGHT BEFORE BOTH OUR REPRESENTITIVES AND THE
SERVICE ORGANIZATIONS IS THE EFFECT THIS WILL HAVE ON THE VETS WE CARE
FOR. HOW MANY WILL END UP SICK AN HOMELESS. HOW MANY WILL DIE FOR LACK
OF CARE?? HOW WILL THE CITIES AND COUNTYS AND THE FAMILIES PROVIDE FOR
THOSE WE MUST TURN AWAY???

11) GUTSCHE,ROBERT 15 Nov 96 15:14 5 Lines

WHY HAVE WE NOT HEARD AN OUTCRYING FROM SERVICE ORGANIZATIONS
REGARDING THIS/ IT SURE IS QUIET.
I WAS JUST IN MAINE IN SEPT AND STOPPED AT THE VA WHERE I WORKED BEFORE.
THEY CLOSED THE PTSD PROGRAM AND THERE WAS NOT A CRY FROM THE SERVICE
ORGANIZATIONS.

12) OCONNOR,PATRICK 15 Nov 96 16:26 4 Lines

I SEE THAT ALL THIS IS REFERED TO AS "STREAMLINING" BY
THE FRONT OFFICE. I GUESS THIS MEANS WE WERE "FAT AND
PUDDY" BEFORE. GOLLY, I WONDER WHERE THE "FAT" IS ? I
HAVEN'T SEEN IT OUT ON THE WARDS DOING PATIENT CARE....

13) OCONNOR,PATRICK 15 Nov 96 23:47 4 Lines

ACCORDING TO A C.N.N REPORT THE V.A. BUDGET HAS INCREASED
ONE BILLION DOLLARS EVERY YEAR SINCE CLINTON WAS ELECTED
PRESIDENT AND THIS IS EXPECTED TO CONTINUE. THIS MAKES
ONE WONDER WHAT IS GOING ON HERE.

14) BOLDON,BRIAN 16 Nov 96 20:19 1 Line

THAT MAKES TWO OF US, (OR MORE LIKELY ABOUT 900 AND SOME OF US)!

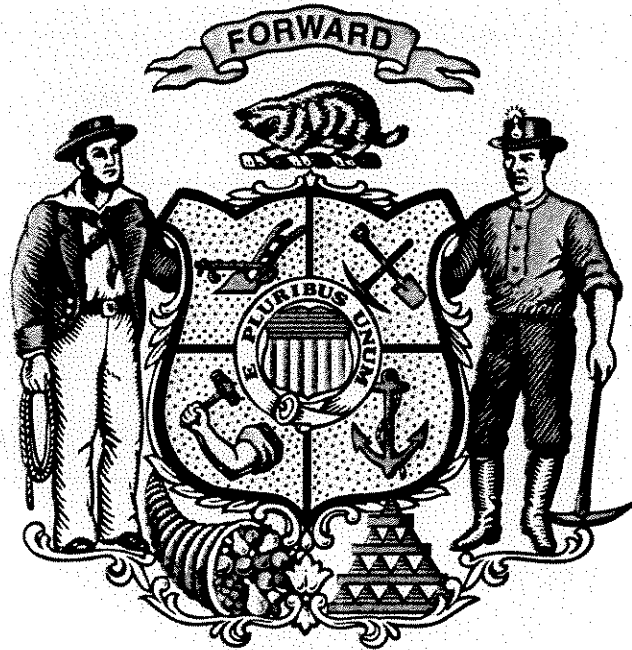
15) BOVEE,TERESA L 17 Nov 96 07:47 5 Lines

I've heard through the rumor mill that money is being taken from
Tomah and Madison and being given to Chicago. I don't know
how true this is. Vet groups should be made aware of what is
happening. They are the ones who should be calling their gov.
reps. Employees really don't have that much pull.

16) OCONNOR,PATRICK 17 Nov 96 16:46 9 Lines

Subj: Dumbsizing [#2272897] Page 3

FOR THE INFORMATION OF ALL:
 REPRESENTATIVE TERRY MUSSER ALONG WITH JOHN MEDINGER WHO
 IS A REPRESENTATIVE OF U.S. SENATOR RUSSELL FEINGOLD
 ARE BOTH GOING TO ATTEMPT TO ATTEND THE "TOWN HALL
 MEETING" SCHEDULED FOR THURSDAY NOVEMBER 21 AT 9:00 AM.
 ALSO, CHANNEL 19 PLANS TO HAVE A NEWS TEAM AT THIS EVENT.
 IT BEHOVES US ALL TO ATTEND THIS MEETING IN MASS AS WE
 ATTEMPT TO SORT OUT THE B.S. FROM THE TRUTH.....THIS
 MAY BE OUR ONLY CHANCE.....



November 18, 1996

Dear Veteran Supporters:

A recent news release reports there are 250,000 homeless Veterans on the street. The majority have mental illness.

The greatest percentage of our patients at the Veterans Administration Medical Center in Tomah, Wisconsin, have a diagnosis of mental illness. These veterans are well taken care of here in Tomah, thanks to the dedicated care by health care workers who are civilian as well as veterans themselves. We have several patients with PTSD, schizophrenia, manic depressive disorder, and alcohol and substance abuse. Programs which have been developed to meet the needs of these patients at the Tomah facility have been successful in helping these patients to become successful within the community as a result of the support offered by these programs. The Clozaril program for example follows the patient after discharge and weekly the nursing staff provide follow up care to prevent schizophrenic relapse and has been successful in preventing readmission to the hospital as a result. These programs are in the VISN's plan to be eliminated. This action will eliminate nursing staff who provide compassionate and supportive care to veterans. Programs are already suffering due to a lack of staff to sufficiently maintain them.

In August, with efforts from nursing staff to promote the presentation of Dr. Frederick Frese as guest speaker at the Tomah VA Medical Center. Our facility invited the area hospitals and families to have the opportunity to listen to Dr. Frese to speak on the topic of serious mental illness. Dr. Frese is a veteran himself who can speak from experience the effects of mental illness as it affects the person and the family who lives with their loved ones disorder. Dr. Frese can speak to these issues because he has schizophrenia and advocates strongly for the needs of the mentally ill population. He spoke to veterans, nursing staff and their families. We don't want to stop the improvements and the difference that we can make for the acute and chronic mentally ill individuals.

At the present time, we hear that the Tomah Veterans Administration Medical Center will not admit any veteran unless their illness is service connected, this is to say that if a veteran were diagnosed with schizophrenia or other illness after their tour of service to their country, are being turned away at the door. He is turned away despite his need of medical or psychiatric care. Cut backs and closures of actual buildings are the plans to save dollars in the care of veterans at our facility.

We now have 380 patients, most have a diagnosis of mental illness. Out of a 900 member work force 300 are nursing service personnel. The nursing personnel sees the fear of these inpatient veterans who require ongoing supportive nursing care. These patients do not have the resources to be cared for within the community setting. They are unable to care for themselves on the outside due to serious mental illness. They

need the structure and the supervision we provide. They are afraid that they discharged with no place to go and no support from either families or community support programs.

We have newly remodeled buildings which are going to shut down. These buildings provide PTSD treatment, long term psychiatric care, and acute psychiatric care.

There is an incredible amount of paper shuffle and waste via the federal government and it does need to be corrected. But, there are humane reasons ways to cut the budget. In the meantime, what we need to keep at the Tomah VA is this rural, non-threatening, and safe home for our mentally ill. Our patients do not want to go to Milwaukee or Chicago or the southern states for their care. CNN reports that there is an increase in the Veterans Affairs budget but that money has been allocated to the southern states according to statements made by our administration. We have mentally ill veterans in the north as well, and they are accepted and cared for in their small community--away from the heavy drug traffic, crowded streets and the fast pace of living in a larger metropolitan area. This conducive in the healing process of the mentally ill without the added stresses of living in huge metropolitan area.

We should not close anymore doors to our veterans who have mental illness. The stigma and misunderstanding continues and we can make a difference.

We ask for your support to help maintain the Veterans Hospital in Tomah, Wisconsin. Please make several urgent phone calls to our VISN Director and Veterans Affairs groups in Congress and Jesse Brown, VA Director. The budget is being decided now. Thank you for your support of our veterans who fought for our freedom of speech and the press. CNN on their presentation of the Veteran's Day tribute sent the message "these are the casualties of war" and we owe this care to our veterans.

Sincerely,

Donna Peterson (gch)
Phillip G. Hake (gch)
Jeanette E. Hake (gch)

Phillip Glenn Hake

Jeanette Hake Registered Nurse Certified Mental Health Nursing

Donna Peterson Registered Nurse Long Term Mental Health Nursing

cc: National Alliance for the Mentally Ill

NAMI of Wisconsin

Jesse Brown

Terry Musser (State of Wisconsin Republican Representative)

By **MAXENE RENNER**
Of the Tribune staff

TOMAH, Wis. — Late last year and early this year, government shut downs had employees at the Tomah Veterans Administration Medical Center working without pay.

After the budget impasse was resolved, workers got their back pay but now it looks like some of the 900-member work force could lose their jobs — victims of federal budget cuts.

"I can't stress enough," said Laura Bishop, the center's public affairs officer. "we really don't have an actual budget. We know there are going to be cuts — a possible \$6.1 million over the next two years. That translates to between 100 to 150 jobs. But nothing is decided."

Bishop said the center, which has a current operating budget of \$46 million, has already downsized.

"We have 380 (inpatients)," she said. "Last year it was 420 and two years ago it was 500. That's the result of now treating some patients on an outpatient basis. Things are tight, and you have to change the way you do business."

"Right now it's a big quandary," said Jim Oliver, union steward for the American Federation of Government Employees, which represents the hospital workers. "We've been getting calls from employees wanting to know who's going to be fired."

Not only is funding to the VA hospital system being cut, Oliver said, the remaining assets are being reallocated.

"I don't know how they're figuring (veteran populations)," he said. "They're saying most veterans are in the south and west. That may be true — there's a lot of retired military there using the PX (Post Exchange) and commissaries."

"But that doesn't mean they'd be using VA hospitals. There's still a big demand for service here."

According to memoranda circulated at the hospital, administrators were notified last week of the \$6.1 million decrease in the center's budget.

A task force was formed and

The hospital

- **EMPLOYEES:** 900
- **INPATIENTS:** 380
- **ANNUAL BUDGET:** \$46 million
- **MISSION:** Provides inpatient and outpatient medical and psychiatric services and nursing home care to U.S. military veterans of all wars. Veterans of the Vietnam War and World War II eras and the largest groups of patients.

met Nov. 6 to begin the process of identifying ways of cutting costs.

According to one memo dated Nov. 12, "To achieve the savings identified, we will have to effect the changes no later than March 1997."

In addition to staff reductions, cost cutting measures include closing two buildings, downsizing acute psychiatry inpatient care to 20 beds, discharging patients to nursing homes in the community and reducing the overall patient capacity of the hospital from 400 to 290.

The memo goes on to say, "Since downsizing is inevitable, we will be attempting to accomplish it in one, complete action to minimize the possibility of a reoccurrence in FY 98 (Fiscal Year 1998)."

"To minimize the impact of the required downsizing, we will begin immediately to develop an employee transition office to assist those who will be impacted."

"The (transition office) is a place where employees can get the interviewing skills and help with resumes to help them find new jobs," Bishop said.

The center also has scheduled two sessions of a town hall meeting for Nov. 21 at 10 a.m. and 3 p.m. at the VA chapel, she said.

"We want to keep everyone informed," Bishop said. "By then, we may have some firm budget figures."