

My name is Ann Werner

I own a 250 acre, flat black farm in Scott County, mostly rated a 98. My great, great grandparents immigrated to Iowa in the 1880's and owned this farm beginning in 1930.

Historically, the land was covered in tall grass prairie, but in Werner ownership it has been farmed.

Over decades, we removed the trees along the stream, the hedgerows along the road, & the farmstead. We tiled and drained ponds and wet areas. And, we applied chemicals to control insects and invasive species.

The pheasants, quail, fox, mink, & beaver my relatives hunted on the farm lost anywhere to live and disappeared. Migratory birds and monarchs lack food or nesting areas. Their populations are crashing. We have not been good stewards.

Other farmers have also altered land to increase the crop yield and keep fields free of weeds.

Iowans love their land and heritage but have failed to understand how some farming practices hurt the land, wildlife, & people.

What is lost or was broken needs to be fixed. Net soil loss continues, weeds are becoming resistant to Roundup and another chemical will need to be added to Round up ready seeds, pollution is at a crisis level: from 2012 – 2014 there was a 15% rise in polluted water in Iowa.

Iowa's environmental problems will not go away, in fact, they will get harder and more expensive to mitigate if not addressed.

These are complex problems without easy solutions... over a beer, a farmer will tell you *we are on a path we need to get off, but we don't know how to do it.*

Somehow, we must find ways to farm Iowa with more respect for the long term health of the land. We must challenge ourselves to find solutions, even if it's uncomfortable and requires change on our part. We all want to see Iowa as a world wide leader in farming practices. And, of course

Iowans want to pass to healthy land to their children just as my great grandparents did for their children.

The Leopold Center, named after Aldo Leopold *who is one of Iowa's most famous native sons*, is nationally respected and has the greatest thinkers on farming in Iowa. It's where I go for information, for answers, & for inspiration to find new ways to care for my farm. They are at the foremost of professional thought, expertise and avenue for discussion for all farmers, everywhere.

The Leopold Center is the ONLY body in Iowa that can nudge us, confront us, ask us to try new farming methods. If we are afraid of questioning, of hard thinking, we must rate ourselves very low as leaders.

Iowa has an opportunity to be at the vanguard of solutions for our farmers. We can't do that without the leadership of the Leopold Center.

Thank you for the opportunity to share my thoughts.

Public Hearing

4/17/17

Adam Robinson, Rape Victim Advocacy Program

As the executive director for Rape Victim Advocacy Program, I have the privilege every day of seeing firsthand examples the best and worst of humanity. Victim Service Centers like ours exist because of the worst of humanity. We exist because of epidemic levels of gender-based violence. Violence that is unnecessary. Violence that can be prevented. Violence that my colleagues and I - statewide - strive each and every day to eliminate.

Those of us in this important work are often asked, "How can you do that work? It must be so difficult." It most certainly is difficult. And yet, in this work we also have the honor of seeing firsthand the best of humanity. We get to walk alongside survivors as they progress along their healing journeys. We get to witness their courage, strength, and resiliency. We get to see them reclaim their own power, and reclaim their lives.

I'm here this morning because of the proposed 26% cut in funding for victim services. This proposal deeply saddens and angers me. We have come too far with regards to shining an honest light on sexual assault and domestic violence. We are finally seeing this epidemic as a human rights issue and improving access to support for all survivors – particularly here in Iowa. Restructuring of statewide victim services in 2013 was a collaborative effort that would not have been possible without the support of the Iowa State Legislature. The impact of these changes has been a 66% increase in the total number of survivors served since 2013. We've seen a 125% increase in the number of sexual assault survivors, and a 45% increase in the number of domestic violence survivors served. As a result, Iowa now serves as a national model for service delivery to other coalitions across the country. We have come too far...and we have too far yet to go...to take such a drastic step backwards.

As elected leaders in Iowa, you have the responsibility to put our state dollars where our shared values are. On behalf of survivors throughout the state, I implore you to keep funding for victim services as a top priority here in Iowa. I implore you – PLEASE – maintain current funding levels in your 2018 budget.

Thank you for your consideration and partnership.

In solidarity,



Adam Robinson
RVAP, Executive Director

From: Betty Grandquist <bgrandq@mediacombb.net>
Date: Sat, Apr 15, 2017 at 12:35 PM
Subject: Office of Long Term Ombudsman
To: <Deanna.Clingan@iowa.gov>

Dear Representative Heaton and Committee Members,

As a former member of the Commission on Aging, I am writing in support of The Office of the Long Term Ombudsman and to respectfully request the Office's budget remain intact. The Office was created by the Administration On Aging when long term care for older and other vulnerable people occurred in nursing homes. It had become clear that some residents were unable to speak up for themselves or did not know they had a right to do so when care was inadequate or unsafe. The best and most economical ombudsmen offices were those that trained local volunteers to be available to the nursing homes. That is what now exists in Iowa. It is one of the most common sense use of Federal and State funds I know of because it constantly works to accomplish its mission. Today, we are thankful there are options other than nursing homes such as assisted living and home care . However, that leaves nursing homes with the very neediest residents and many times family members live elsewhere. In addition, they have to deal with the critical shortage of direct care workers. Of course, the same is true for providers of home health and assisted living.

In summary, the Office of Long Term care Ombudsman is a vital component in assuring the safety and dignity of our most vulnerable citizens. I know when budgets are tight, cuts must be made, but just like our personal budgets, we must be judicious in considering quality. Thank you for your consideration.

Betty Grandquist

Sent from my iPad

Planned as speech

Leopold Center – Public Hearing, April 17, 2017 – Room 103, State Capitol

*By Charlotte Shivers, 4321 University Ave - 1
Des Moines 50311, cjshivers@gmail.com, 641-891-1482*

First, my personal experience with the Leopold Center. In the 1970's my family established the Shivers Lecture through Iowa State to honor my father, a pioneer in sustainable agriculture. The Lecture went fine early on as my mother worked with Iowa State professors who remembered my father and found speakers who could speak his language of care for the land. But by the 1990's, it seemed difficult to find anyone at Iowa State who understood what sustainable ag was – planning, selection, publicity for our endowed Shivers Lecture were poor.

Then we got the Lecture moved over to the Leopold Center, and I got to work with people who knew and cared about sustainable agriculture – places like the Sun Room at the Memorial Union filled with those who came to learn from speakers like Laura Jackson, Wendell Berry, Mas Masmamoto, Mike DeCook, Sandra Steingraber – people who could teach about care of our land and why it's urgent. This was the Leopold Center, and is just one small part of what the Center has done through the years to lead the way toward sustainable agriculture. I shudder to think of Leopold Center's work in research being turned back over to Iowa State.

Second, I was here, less than two weeks ago when Lieutenant Governor Kim Reynolds – standing in for the busy Gov. Branstad – helped honor many of us who had provided conservation easements on our land to help save Iowa land.

So, I look at my State Government today and say, "It's as if the right hand doesn't know what the left hand is doing." It honored some of us for doing what the Leopold Center teaches, yet it would de-fund the Leopold Center. It claims that the Leopold Center must go because of lack of money – while it could save millions if the Leopold Center had the money to research and teach more about how to keep nitrates out of our water.

In short, the State should be spending more on the Leopold Center rather than de-funding it.

(Last year we used an easement from Iowa Natural Heritage Foundation to protect our land into posterity as we sold it below market value to our Cousin who farms it organically.)

I, John Graves, have always been involved in agriculture in some way including working on farms, earning a B.S. in Agriculture at Iowa State, working for and retiring from FmHA, and operating a small farm where we lived for 46 years.

We are astounded and upset that the Iowa Legislature seems to be deliberately squashing education and research, claiming funds are short, yet finding money to "fix" a non-problem, voter fraud. What are our priorities?

Think the fifties, when veterans coming back to Iowa could get college educations with the GI Bill and companies were taking advantage of research done during the war years. This set the stage for a big economic boom. This year, by limiting higher education funding and not really advancing early education, and by trying to do away with at least two or three very successful research projects, it looks like we are going in the exact opposite direction.

We understand some or most of the funding for the Flood Center has been restored. We hope this is correct as our vulnerable cities will need its guidance in the future. The news about the energy center at Iowa State was disheartening; it is difficult to judge the merits of the arguments pro and con, but it definitely is a mistake to give up research on energy efficiency, given the constant increase in demand.

The proposed closing of the Leopold Center is especially troubling because it has pioneered in research that many Iowans are utilizing in strategies to reduce soil run-off and chemical loss to our streams. Not only do the chemicals make very expensive problems for our drinking water (this should be a problem for all of us, not just farmers and not just city residents), we are losing our fertile soil, making problems down the road for farmers in sustaining maximum production, not to speak of enlarging the dead zone off the shore of Louisiana. But the Leopold Center has also researched livestock grazing, alternative conservation practices, and biomass production. In addition, Iowa's growing local food networks have benefitted from grants from the Leopold Center (which has leveraged additional funds from other sources).

"Traditional" Iowa agriculture seems threatened by all these activities when in fact, the Leopold Center does not take away from corn and beans (although they might suggest ways to SUSTAIN large yields). The Leopold Center has INCREASED agricultural possibilities in Iowa with local food options, etc. If individual farmers opt to try methods that likely will help them be productive longer into the future, why would anyone object? Indeed, we need to encourage them.

At our age, what happens in the future will have no impact on us personally. However, we are concerned for the sustainability of agriculture and safe drinking water for future generations. We need the Leopold Center.

John and Margery Graves

619 Park St. Apt. B315

Grinnell, IA 50112

mgraves@iowatelecom.net

A statement to the Agriculture Committee of the Iowa Legislature. April 17, 2017

My name is Fay Gish Hill. I live a few miles north of Ames in Story County. I do not have the services of Ames. We are on the Xenia rural water system. I am very concerned about the nitrates in our water. The 2016 water quality report for Xenia states the nitrate level is 9.8, which is just under the level that would be in violation. If it is 10, then it violates the state levels. This system serves 9,400 households which means more people than 9,400. It covers 5 counties. It is large and I know numerous homes are now being added in northern Story County.

Two miles south of my house the city of Ames has a n.d. (not detected) level for nitrates. They have a better source of water than Xenia.

I buy bottled water. I would be happy to pay more taxes to be sure my family had safe water, and to not have to carry home water every week. It would be less work and worry for me.

The Leopold Center has done research on how to lower the nitrates in the water in Iowa. They found several ways. The method I like best is buffer strips of prairie. This has a dual purpose of reducing chemicals in the ground water and supporting pollinating insects like honey bees which we are losing at an alarming rate. Although a solution has been presented, farmers who are involved in extremely large operations are not willing to consider it. They think it will cut into their profitability. They have not considered that if we lose our bees and no longer have drinkable water, they won't be profitable since no one will want to live here to farm the land.

The other concern is the long term negative effect of nitrates on the health of our population. There have not been any real long term studies. Could this be a link to Alzheimer's? We don't know, but then the Romans did not know the dangers of lead which heavily contaminated their food and water and they wound up with Nero.

I always liked to think of the quote, "Is this heaven? No it's Iowa", but I no longer think this way since in heaven there would be safe water to drink.

Another factor is Iowa State is one of the world's major leaders in agriculture. If the Iowa Legislature and Iowa farmers are not willing to consider the good research coming out of Iowa State and close the Leopold Center, then the world will follow and the contamination of water and the lost of bees could spread around the world. But wait, China is just waiting to be considered the next leader of the world. Will the only environmental research be from China in the future? Maybe we will be buying our apples from China, since we won't have the bees to pollinate them.

Esteemed Legislators, do not defund the Leopold Center. Let Iowa continue to be a world leader in agriculture and to lead the world to a safe environment through the work of the Leopold Center.

Thank you for considering my position and thoughts when making your decision.



2016-2017 UPDATE

1st, 2nd & 3rd Qtr Snapshot



Volunteer Physician Network continues to grow and expand programs throughout its service area. The VPN is THE ONLY PROGRAM IN THE STATE OF IOWA to provide Free Specialty Care to Iowans in need.

The Iowa Legislature granted the VPN \$213,748 before disappropriating funds to \$205,493 in March 2017 and **provided over \$7 Million in specialty care this year alone. That is a return on investment of 3054%** in care and services provided to Iowans through the VPN.



Patients

2,799

Patients served in the 1st, 2nd & 3rd quarters

ROI: 3054%

100%
Are uninsured, or don't qualify for any State or Federal Programs

\$7M
Total cost of care



Interpretation services are offered for over **24** different languages
Interpretation services allow VPN patients to communicate health conditions care plans accurately with VPN specialists.



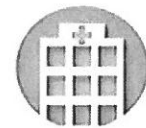
Providers

Over 484

12 new providers were recruited in 1-3 qtrs. to serve our patients.

These providers represent **more than 60** specialty and subspecialty health care services.

During this quarter the VPN **recruited new Gastroenterology, Plastic Surgery, Urology, Podiatry & Vascular Surgery Specialists** to participate in the VPN program.



Partnerships

We have partnerships with **all Des Moines Hospitals & Surgery Centers** in our service area

Together, we have developed innovative programs to fill the gaps in a changing health care system.



We remain committed to providing free access to specialty care for uninsured Iowans through our network of volunteer physicians and partners at Des Moines hospitals and surgery centers.

My name is Mary Ingham. I am the Executive Director of Crisis Intervention Service, a private, non-profit organization that provides comprehensive services to adult and child victims of domestic violence, sexual assault, stalking, child abuse, trafficking in 15 counties in North Central Iowa. In addition, our program provides support and services to individuals, families and communities impacted by homicide in 14 North Central & Northeast Iowa counties.

Every day, our organization works with individuals and families that depend upon our services to find safety.

Every day, our professional staff walk alongside of women, men, teens and children as they move from a crisis to stabilization and eventually to heal from the trauma of abuse.

Every day, new victims have the courage to make that first call. Every day, someone walks into one of our outreach offices for the first time....looking for support, encouragement and hope.

Every day in every community throughout Iowa, people are in pain. People are hurting. We are there to help pick up the pieces and be that light at the end of the tunnel.

Every day.

As a lifelong Iowan, I am extremely proud of my state in many ways. In 2013 when our state leadership took a bold move to restructure victim services, the nation watched. There was an equal mix of fear and excitement. I shared in that fear and excitement.

The restructuring in Iowa was successful because of the vision of our state leadership, the hard work of local advocates and the financial investment from our state senators and representatives.

As a result of the restructuring, we are helping people stay in their own home or secure new safe housing instead of relying on shelters for short-term safety. We are working with schools to provide early intervention, we have partnered with coaches to assist us with prevention programming. We are taking our services to people in need, instead of making them find a way to come to our offices.

Looking back, my only regret is that we didn't restructure our services sooner. As a result of our pivot, Crisis Intervention Service is serving more victims and providing the services that individuals and families need and want....as opposed to offering the same services that we had

offered for years. In the past 3 years, our organization has experienced a 25% increase in the number of domestic abuse victims we serve and over a 200% increase in services to survivors of sexual assault.

Survivors of domestic violence, sexual assault and other violent crimes depend on a number of services to secure safety and move towards stability. I am proud of the services provided by Crisis Intervention Service and am blessed on a daily basis to see the change we are making in the lives of those we serve.

Our programming is unique in that we exist to meet the needs of victims and survivors of abuse. We provide basic core services ranging from a 24-hour helpline, crisis counseling, advocacy and support groups to financial assistance and prevention programming. We take the time to connect with individuals, find out what it is they need and want and then work with them to develop a course of action to achieve their goals.

Crisis assistance, housing, counseling and advocacy are imperative for women, men, children and communities in need. Agencies like ours are scattered throughout the state to provide a comprehensive safety net for all Iowans. We do not utilize a one-size-fits-all approach, but instead truly tailor our services to the needs of the individual.

Beyond the obvious importance of providing assistance to survivors of trauma and abuse, helping individuals feel safe at home provides a foundation that enables other community partners to more effectively meet the needs of families. Investing in these services is also cost-effective because it reduces the need for those harmed by relationship violence to access other public benefits when victimization results in loss of jobs, housing or additional medical and health care needs.

Consider that when victim service providers find stable housing for a survivor, it eases the burden on agencies assisting homeless populations. The specialized counseling services provided by program staff reduce the unmet need for mental health services and support survivors in maintaining their jobs and keeping their kids in school. Helping survivors understand and navigate the legal system enables judges and lawyers to better serve crime victims and enhances their ability to hold those doing harm accountable.

Since Iowa restructured victim services in 2013, 66 percent more survivors of domestic violence and sexual assault have been served statewide. Iowa's nationally recognized service delivery network continues to draw attention from other states seeking to replicate this enviable record of success. Although, violence and abuse continues to take lives, forever change lives and

permeate every community in America, it's clear that ensuring local access to comprehensive services enhances successful outcomes for individuals, families, and communities.

Today, the nation continues to watch and learn from Iowa. We are at a turning point. We can continue to prioritize victim safety throughout the state. We can continue to invest in the futures of trauma survivors. We can continue to provide high quality support and services that all Iowans deserve. Or we can take a step or a leap backwards.

We acknowledge that this is a tough budget year for our state, but singling our programs supporting victims of violence for a disproportionate funding cut is frightening. A 25% reduction in state funds will have immediate, harmful consequences for survivors throughout the state. Rural areas will be disproportionately impacted, but any cut creates a ripple effect that gravely diminishes the capacity of all agencies to provide basic services.

As Iowa legislators move closer to finalizing a state budget, we urge policymakers to sustain funding for these programs that provide vital services to individuals and families seeking stability and safety. Survivors need strong advocates across the state, and this is an opportunity for legislators to be one for them.

Please prioritize services for adult & child victims of violence throughout the state.

Respectfully Submitted,



Mary J. Ingham
Crisis Intervention Service
Mary@CIShelps.org
641-423-0490

Providing support & services to survivors of domestic abuse, sexual assault & trafficking in Butler, Cerro Gordo, Floyd, Franklin, Grundy, Hamilton, Hancock, Hardin, Humboldt, Kossuth, Mitchell, Webster, Winnebago, Worth & Wright counties.

Providing services to survivors of homicide in Allamakee, Cerro Gordo, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Floyd, Hancock, Howard, Mitchell, Winnebago, Winneshiek & Worth counties.

Subject: Graduate Medical Education Funding Suspended

Thank you for the opportunity to speak before this esteemed group. I am Sue Huppert, from Des Moines University. I am not here for funding for our University as we don't receive one dollar of state funding but instead to ensure you know the importance of Graduate Medical Education- a line item that has now been suspended and the impact on our state as a result.

Most of you know the facts about medical school but for those that do not I would like to explain. Medical school is a 4 year program that follows a college degree. At the time of graduation from medical school – graduates then determine the field of medicine they would like to go into and apply for residency training as a physician. If we don't have residency positions in Iowa- our graduates have to leave to complete their training.

What we know is graduates are 70% more likely to stay in the state where they complete their residency so if we don't have residency positions for them- they leave our state and do not come back. (If Dr Christine Taylor had not done her residency in DM, Rep Taylor and his family might not be in Iowa today).

For a specialty such as psychiatry this is a 4 year residency often followed by an additional year of fellowship training for a field such as addiction psychiatry or two years for child and adolescence psychiatry.

Last year Governor Branstad's and Lt. Governor Reynolds announced the first psychiatric residencies created as a result of the funding put in place. The proposals were excellent with creativity and collaboration coming into play. The recipients included UnityPoint, Broadlawns and Mercy. The only psych residency program prior to this was at the University of Iowa. We had hoped to do the same this year with the additional funding but this has been suspended for a year with zero funding for this coming fiscal year. We realize the budget is extremely tight this year and all of you have a very difficult job in deciding where the money will go. We need a long-term solution to mental health and primary care providers in Iowa and the funding for GME- is the solution.

Thank you.

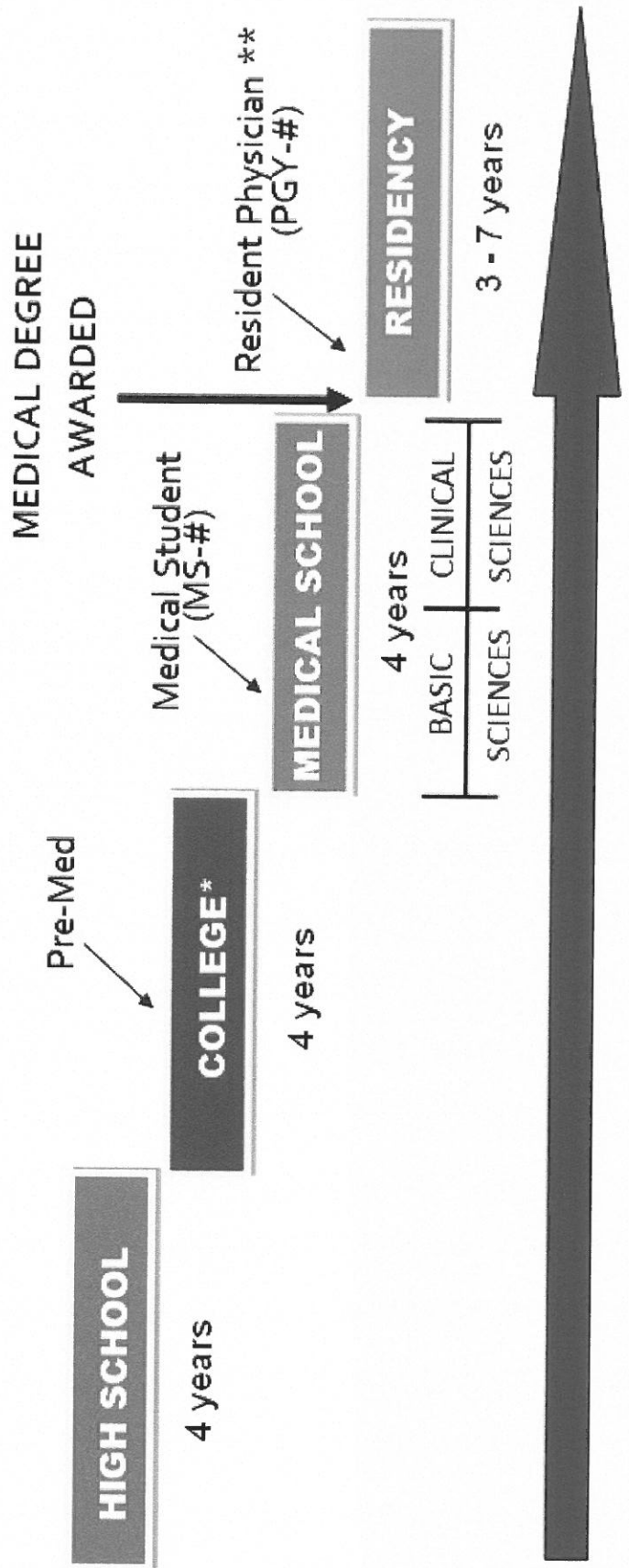
Sue Huppert

Susan.huppert@dmu.edu

Chief of External and Governmental Affairs

515-271-1384

Cell: 515-240-0629



* College is sometimes referred to as "undergrad." These are the same thing.

** During the first year of residency (PGY-1) Resident Physicians are referred to as "interns."

Office of the Governor of Iowa

TERRY BRANSTAD

Enter your keywords

Home

Branstad, Reynolds Announce Creation of Mental Health Residency Programs

Date: March 07, 2016

Today, Gov. Terry E. Branstad and Lt. Gov. Kim Reynolds announced the creation of three new Psychiatric Medical Residency Programs to recruit and retain psychiatric professionals in Iowa. These residency programs will be formed at Broadlawns Medical Center, UnityPoint Health in Des Moines and Mercy Medical Centers in Des Moines. Dr. Sasha Khosravi from Mercy Medical Center, Dr. Larry Severidt from Broadlawns Medical Center, Dr. Douglas Dornor of UnityPoint Health and Director of the Iowa Department of Public Health Gerd Clabaugh joined the governor and Lt. governor for the announcement.

In his 2013 Condition of the State Address, Gov. Branstad asked the legislature to support funding to create medical residency programs to train and retain physicians, including all types of physician and physician specialists such as psychiatrists. Since 2013, the legislature has funded medical residency programs each year. In 2015, the governor signed into law provisions that reduced barriers for medical residency programs to receive funding and increase the ability for significant investments to be made into more costly residency programs like psychiatry.

"From my experience as the former President of Des Moines University, I know that specialized physicians are more likely to remain in Iowa if they do their residency here," said Branstad. "Iowa is taking steps to ensure that these health care professionals remain an important fabric of our communities, both urban and rural."

Reynolds continued, "More public investments into modern mental health services are being made than ever before. We want our best and brightest to stay in the state, and also recruit mental health professionals from around the country."

The medical residency programs are being funded by state appropriation dollars at approximately \$4 million. The money was awarded through a competitive Request for Proposal process and were awarded as follows:

FROM THE AMERICAN ACADEMY OF FAMILY PHYSICIANS:

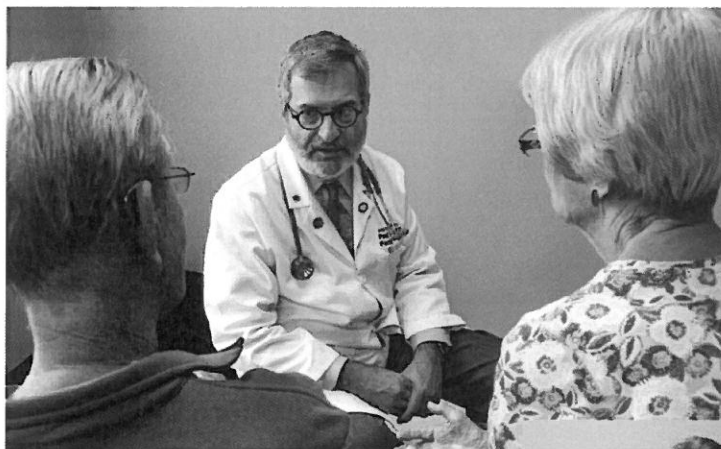
Des Moines University is nation's top producer of primary care physicians

The American Academy of Family Physicians (AAFP) has proclaimed that DMU's College of Osteopathic Medicine (COM) is the nation's number-one producer of primary care/family medicine providers.

AAFP conducts an annual study on the percentage of graduates of osteopathic and allopathic medical schools who entered family medicine residency programs as first-year residents in the previous year. In its 35th national study, published in the October 2016 edition of Family Medicine, the academy pointed to DMU COM "as having both the most graduates (68) of any of the U.S. medical schools and the largest percentage of graduates (32.7 percent) entering family medicine."

That's an important contribution to the nation's health, the AAFP report stated, because primary care "has been demonstrated to improve health care outcomes and reduce health disparities while reducing per capita costs." The study also noted the nation is facing a growing shortage of primary care physicians.

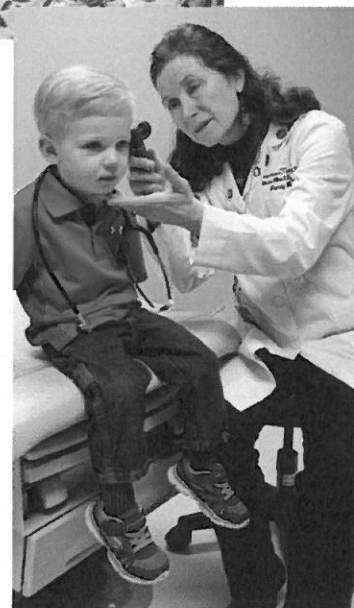
While DMU's osteopathic medical graduates gain great training to enter all medical specialties, University faculty are proud that COM is working to address the critical shortage of primary



Primary care providers like DMU's Drs. Paul Volker and Noreen O'Shea take care of patients at all ages and stages of life.

care providers. DMU osteopathic alumni live and practice in all 99 Iowa counties and all 50 states.

"Recognition that we are the number-one medical school in the U.S. for students going into family medicine is consistent with our University's mission of improving lives in our global community by educating diverse groups of highly competent and compassionate health professionals," says Bret Ripley, D.O., FACOFP, FPLI, chair of family and internal medicine. "Primary care is central to Des Moines University's vision of excellence in patient care."



Read more about the AAFP study here:

www.aafp.org/news/education-professional-development/20161021matchanalysis.html



VOLUNTEER PHYSICIAN NETWORK

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website: <http://www.pcms.org> • email: vpn@pcms.org



The VPN Provides Free Specialty Care That Impacts the Quality of Lives of Iowans

A 46 year old female patient diagnosed with renal failure was hospitalized for 15 days and required a renal biopsy, ongoing testing and infusions. She has ongoing treatment and extensive follow up to date. She is now able to care for her family and continues with specialty care and services.

A 16 year old female was diagnosed with cancer. She saw an Oncologist, had 6 weeks of chemotherapy, multiple PET scans and hospital stays between treatments. When her immune system was compromised she was treated by additional VPN specialists for her illness. She is in remission and has continued follow up care. She was able to go back to school and resume her youthful quality of life.

A 39 year old male was injured in a car accident and had an extensive open leg wound. His care included 1 year of extensive wound care, vascular surgery, venography, plastic surgery, skin grafts, and multiple hospitalizations. After a year trying to save his leg, it wouldn't heal and had to be amputated last Monday. He is currently in the hospital and will need extensive physical therapy and prosthetics. His care and treatment is ongoing. The VPN is essential for his recovery and future quality of life.

A 54 year old woman needing a cardiac surgeon is seeing our cardiovascular specialist for a valvoplasty and valve replacement. She has a consultation and has been approved for her surgery. Without the VPN she will not be able to have the surgery which may very well result in her death.