Union Calendar No. 600

110th Congress, 2d Session – – – – – – – – – – – House Report 110–927

ACTIVITIES REPORT

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

Convened January 4, 2007

Adjourned December 19, 2007

SECOND SESSION

Convened January 3, 2008

Adjourned January 3, 2009

JANUARY 2, 2009—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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MALCOM SHORTER, *Staff Director*

January 4, 2007—Chairman Bob Filner and Ranking Minority Member Steve Buyer were appointed to the Committee.

January 10, 2007—Reps. Cliff Stearns, Dan Burton of Indiana, Jerry Moran of Kansas, Richard H. Baker, Henry E. Brown, Jr. of South Carolina, Jeff Miller of Florida, John Boozman, Ginny Brown-Waite of Florida, Michael R. Turner, Brian P. Bilbray, Doug Lamborn, and Gus M. Bilirakis were appointed to the Committee.

January 12, 2007—Reps. Corrine Brown of Florida, Vic Snyder, Michael H. Michaud, Stephanie Herseth, Harry E. Mitchell of Arizona, John J. Hall of New York, Phil Hare, Michael F. Doyle, John T. Salazar, Ciro D. Rodriguez, Joe Donnelly, Jerry McNerney and Zachary T. Space were appointed to the Committee.

January 18, 2007—Rep. Shelley Berkley (to rank immediately after Michael F. Doyle) and Timothy J. Walz were appointed to the Committeee.

March 12, 2007—Rep. Dan Burton of Indiana was removed from the Committee.

March 12, 2007—Rep. Vern Buchanan was appointed to the Committee.

April 1, 2007—Rep. Stephanie Herseth changed her name to Stephanie Herseth Sandlin.

February 2, 2008—Rep. Richard H. Baker resigned from the Committee and the U.S. House of Representatives.

May 14, 2008—Rep. Steve Scalise was appointed to the Committee.

June 10, 2008—Rep. Michael F. Doyle resigned from the Committee.

June 10, 2008—Rep. Donald J. Cazayoux, Jr. was appointed to the Committee.

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GINNY BROWN-WAITE, Florida, *Ranking*
CLIFF STEARNS, Florida
BRIAN P. BILBRAY, California

February 2, 2008—Rep. Richard H. Baker resigned from the Subcommittees on Economic Opportunity and Health at the same time he resigned from the U.S. House of Representatives.

June 11, 2008—Rep. Vern Buchanan was appointed to the Subcommittee on Health and Rep. Steve Scalise was appointed to the Subcommittee on Economic Opportunity.

July 9, 2008—Rep. Donald J. Cazayoux, Jr. was appointed to the Subcommittee on Health.

Committee Staff

Malcom A. Shorter, *Staff Director (1/22/07)*
Kingston E. Smith,[1] *Republican Staff Director and Chief Counsel (7/26/08)*
Kelly F. Craven, *Republican Staff Director (1/3/07–4/22/07)*
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Juan Lara, *Staff Director, Subcommittee on Economic Opportunity (3/23/07)*
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Shannon L. Taylor, *Committee Clerk (2/5/07)*
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Orfa A. Torres,[7] *Executive Assistant, Subcommittee on Economic Opportunity (5/14/07)*
Timothy M. Welter, *Republican Professional Staff Member (8/1/08)*

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CATHLEEN C. WIBLEMO,[8] *Staff Director, Subcommittee on Health (1/29/07)*
MEGAN A. WILLIAMS, *Executive Assistant, Subcommittee on Disability Assistance and Memorial Affairs (3/5/08)*
ARTHUR K. WU,[9] *Republican Deputy Staff Director, Republican Staff Director, Subcommittee on Oversight and Investigations*
JIAN IZA C. ZAPATA,[10] *Executive Assistant (2/12/07)*

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[1] Republican Chief Counsel (1/3/07–7/25/08)
[2] Staff Director, Subcommittee on Health (1/3/07–5/31/07)
[3] Staff Assistant (2/20/07–4/29/07)
[4] Special Assistant and Counsel (6/6/07–6/14/07)
[5] Professional Staff Member (9/23/08–9/29/08)
[6] Professional Staff Member, Subcommittee on Disability Assistance and Memorial Affairs (2/21/07–9/30/07)
[7] Executive Assistant, Subcommittee on Disability Assistance and Memorial Affairs and Subcommittee on Economic Opportunity (5/14/07–3/2/08)
[8] Professional Staff Member, Subcommittee on Health (1/29/07–5/31/07)
[9] Republican Staff Director, Subcommittee on Oversight and Investigations (1/3/07–7/25/08)
[10] Executive Assistant, Subcommittee on Disability Assistance and Memorial Affairs and Subcommittee on Economic Opportunity (2/12/07–4/29/07)

LETTER OF SUBMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, January 2, 2009

Hon. LORRAINE MILLER,
Clerk, House of Representatives,
Washington, DC.

DEAR MS. MILLER: In accordance with clause 1(d) of Rule XI of the Rules of the House of Representatives, I submit herewith the report of the Committee on Veterans' Affairs setting forth its activities in reviewing and studying the application, administration, and execution of those laws, the subject matter of which is within the jurisdiction of our committee.

Sincerely,

BOB FILNER,
Chairman

FOREWORD

The House Committee on Veterans' Affairs set an aggressive agenda for the 110th Congress which culminated in the passage of comprehensive legislation to improve health care and expand benefits for America's veterans. The Department of Veterans Affairs (VA) provides patient care and benefits for veterans and works to provide a seamless transition for those service members returning home from battle. There are hundreds of thousands of new veterans from Operation Enduring Freedom, Operation Iraqi Freedom, and other military operations around the world. The VA also serves veterans from past conflicts, including World War II, Vietnam, Korea, Desert Shield, and Desert Storm. The 110th Congress delivered significant accomplishments and made progress in meeting the needs of returning service members while keeping the promises that have been made to our Nation's heroes of the past, present, and future.

The 110th Congress oversaw the largest investment in veterans' health care in American history. This unprecedented increase in funding included the largest single year increase in funding of the 77-year history of the VA. As a result, veterans health care services are more comprehensive, accessible, and timely. In the past two years, the health care system has been strengthened for the 5.8 million veterans who receive health care services from the VA, while providing more resources in order to specifically address the needs of veterans suffering from post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBI).

Congress crafted and passed the greatest overhaul of the G.I. Bill in more than 20 years—finally providing a G.I. Bill for the 21st Century veteran. The law fully restores education benefits for veterans to World War II levels, recognizes the sacrifice of the 1.8 million Reserve and National Guard troops by better aligning their education benefits with their length of service, and allows unused education benefits to be transferred to spouses and children. The Post 9/11 G.I. Bill provides tuition to veterans of the Iraq and Afghanistan wars based on the tuition of the most expensive four-year public university in the individual veteran's state.

Addressing the housing needs of veterans was a top priority in the 110th Congress, as service members and veterans faced continued stress after returning home following deployment. Congress passed sweeping legislation to prohibit home foreclosure for nine months after military service, increase the loan limit for the VA home loan program, and enable more veterans to refinance their existing high-risk loans with VA loans. Congress also focused greater attention on preventing homelessness and providing increased services for those veterans already experiencing homeless-

ness. The number of homeless veterans today is a national disgrace and I anticipate further enhancement of these services in the 111th Congress.

During this session, Congress took action to clean up the disgraceful backlog of disability compensation and benefits claims. Legislation was enacted to provide essential reforms to bring the claims processing system up-to-date which allows for more accurate and timely delivery of benefits to veterans, families, and survivors. As a result of funding increases, VA has hired 3,000 additional claims processors to address the backlog. Benefits were also increased during the 110th Congress.

Oversight of the Department of Veterans Affairs is paramount. The VA does not always provide the services to our veterans as well as it could—and should. Many times, bureaucratic obstacles prevent veterans from receiving the care they need. During this Congress, we increased the resources available for the VA to be more responsive to veterans' needs. Vigilant oversight by the House Committee on Veterans' Affairs will continue in the 111th Congress in order to ensure that these increased resources are spent efficiently and effectively.

Budget and Appropriations—When the new 110th Congress was sworn in, the VA budget had been frozen for months, straining its ability to provide health care and benefits to the veterans who earned them. Congress pledged to never forget about the cost of the warrior when considering the growing cost of war and as a result, funding for veterans' programs increased dramatically during the 110th Congress. Over the two years, an additional $16.3 billion was provided to the VA for veterans' health care and services. In Fiscal Year 2008 alone, the largest increase in veterans' health care and benefits was enacted in the history of the VA.

The 110th Congress passed three annual VA budgets. The Revised Continuing Appropriations Resolution for 2007 (Public Law 110–5) provided a $3.4 billion budget increase for the VA and was signed into law on February 15, 2007. The Consolidated Appropriations Act of 2008 (Public Law 110–161) increased funding for veterans health care and benefits by $6.6 billion, the single largest increase in the 77-year history of the VA and was signed into law on December 26, 2008. The Consolidated Security, Disaster Assistance, and Continuing Appropriations Act of 2009 (Public Law 110–329) provided a $4.5 billion budget increase and was signed into law on September 30, 2008.

Congress also passed a supplemental appropriations bill to fund ongoing military operations which included funding to care for the returning service members. The U.S. Troops Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (Public Law 110–28) provided $1.8 billion for veterans, including funding to address the increased demand for VA services among service members returning from Iraq and Afghanistan, including mental health care, readjustment care, and polytrauma care. The bill was signed on May 25, 2007.

The increased funding will improve health care and expand health services provided by the Veterans Health Administration which expects to treat more than 5.8 million patients in 2009, including more than 333,275 veterans of Iraq and Afghanistan

(40,000 more than 2008). The increased budgets also make needed investments in advancing mental health care, assisting homeless veterans, improving VA long-term care, constructing and modernizing VA facilities, and hiring additional claims processors to alleviate the backlog of benefits claims.

Major Committee Legislation: Health Care—The Veterans' Mental Health Care and Other Care Improvements Act of 2008 (Public Law 110–387) addresses the many needs of our veterans and wounded warriors. This comprehensive health care law expands mental health services, increases research through the National Center for Post-Traumatic Stress Disorder, provides much needed counseling for families of veterans, and establishes a program to help rural veterans get the health care they need closer to home. Provisions were included to prevent homelessness and provide increased services for veterans experiencing homelessness by expanding and extending a valuable joint VA and Department of Labor program of referral and counseling services, ensuring that the VA domiciliary program is capable of meeting the needs of the growing female veteran population, and providing necessary support to low-income veteran families that have made the transition to permanent housing.

The Joshua Omvig Veterans Suicide Prevention Act (Public Law 110–110) addresses the troubling increase of suicide in our veteran community. It offers comprehensive services to veterans and establishes a 24-hour toll-free suicide hotline. In its first year of operation, the hotline had served more than 30,000 veterans, family members, and friends, and provided immediate help to individuals who were judged to be at imminent risk.

Provisions from the Wounded Warrior Assistance Act (H.R. 1538) were included in the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110–181). This legislation represents a cooperative effort between the Committees on Armed Services and Veterans' Affairs to address the problems facing wounded veterans and eliminate the bureaucratic obstacles that confront returning service members when they transition from the Department of Defense (DoD) to the VA. This comprehensive new law provides an additional three years of VA health care eligibility for returning Iraq and Afghanistan veterans (for a total of five years) and expands VA's ability to care for returning Iraq and Afghanistan veterans suffering from traumatic brain injury. The law also provides plans for a cooperative approach for consolidating the disability and medical evaluation process for a more seamless transition from military duty to veteran status.

Major Committee Legislation: Benefits—The Veterans Benefits Improvement Act of 2008 (Public Law 110–389) increases veterans' benefits and also provides essential reforms to bring the claims processing system up-to-date for more accurate and timely delivery of benefits to veterans, families, and survivors. Public Law 110–389 also includes a pilot program that dramatically alters the way claims are processed for veterans. Fully-developed claims certified by a Veterans Service Officer are eligible for expedited processing allowing veterans to receive their benefit without waiting months and months. The new law also strengthens a key housing benefit and makes home loans more accessible to veterans by easing re-

strictions on the VA home loan guaranty program, increasing loan amounts for purchase and refinancing, and eliminating the equity requirements for refinancing in response to the declining home values which prohibit many veterans from qualifying for the benefit.

The Veterans' Compensation Cost-of-Living Adjustment Act of 2007 (P.L. 110–111) and the Veterans' Compensation Cost-of-Living Adjustment Act of 2008 (P.L. 110–324) increased the rates of disability compensation for veterans with service-connected disabilities and dependency and indemnity compensation for the survivors of certain disabled veterans.

The 110th Congress passed the Housing and Economic Recovery Act of 2008 (Public Law 110–298) which contained provisions to address housing needs for veterans. Public Law 110–298 prohibits foreclosure of property owned by a service member for nine months following a period of military service and provides funding for a VA grant program that assists disabled veterans needing to adapt their homes to accommodate their disabilities.

Oversight—During the 110th Congress, the House Committee on Veterans' Affairs conducted 108 hearings to better understand the needs of America's heroes on a wide-range of topics that affect veterans and passed 75 quality veterans bills to address those needs. The joint hearings process was reinstated, allowing veterans and military service organizations to appear before the Senate and House Committees to offer testimony on the annual budget request for the VA. A series of symposiums was implemented to raise the level of awareness on issues important to our Nation's veterans and their dependents. This unprecedented style of meeting allowed interested stakeholders an opportunity to present new and unique ways of addressing veterans' issues and engage in a dialogue with experts on a wide range of subject matters. The Committee held a Stakeholder's Summit, two roundtable discussions on the claims backlog, a symposium on traumatic brain injury, and a symposium on post-traumatic stress disorder.

Implementation of Post 9/11 G.I. Bill—When the VA announced it was outsourcing the administrative implementation of the new G.I. Bill, the Committee held hearings to get to the facts. The Committee scrutinized the initial plan and raised concerns about using a contractor for the project. VA officials later unveiled a two-part strategy which includes an interim plan to meet the requirements of benefits delivery by August 1, 2009. A long-term solution to develop a permanent rules-based automated system was also presented. The Committee will continue its vigilant oversight over the implementation of this most important new benefit for our troops and veterans.

New Cooperative Approaches and Continuum of Care—Transmission of electronic medical records between the Pentagon and VA is critical for the continuum of care of our wounded warriors. This Congress mandated that VA and DoD establish electronic medical records that can be quickly and easily shared, and made tremendous strides increasing cooperation between these two federal agencies to improve benefits and services for active duty service members and veterans. Although this problem is hardly new, the 110th Congress made significant progress to accelerate a seamless transition for service members and veterans.

Acknowledgments—Special thanks are in order for my distinguished colleagues who guided and developed the key measures of the 110th Congress. I would like to thank Honorable Steve Buyer, the Ranking Minority Member of the Committee, for his dedication to our Nation's veterans and their loved ones. I want to thank the Chairs and Ranking Minority Members of the Subcommittees for all of their highly effective work: Honorable John J. Hall and Honorable Doug Lamborn of the Subcommittee on Disability Assistance and Memorial Affairs; Honorable Stephanie Herseth Sandlin and Honorable John Boozman of the Subcommittee Economic Opportunity; Honorable Michael H. Michaud and Honorable Jeff Miller of the Subcommittee on Health; and Honorable Harry E. Mitchell and Honorable Ginny Brown-Waite of the Subcommittee on Oversight and Investigations.

Our legislative success was only possible due to the cooperation of our counterparts in the Senate, Honorable Daniel Akaka, Chairman, and Honorable Richard Burr, Ranking Member, of the Senate Committee on Veterans' Affairs. On behalf of veterans and their families, I would also like to thank the Honorable Larry Craig, former Ranking Member, who is retiring. I would like to thank the Senate Committee and their expert professional staff for their work to better the lives of veterans.

Finally, I want to thank the staff of the House Committee on Veterans' Affairs for their hard work and dedication to our Nation's veterans and their families.

George Washington had it right 200 years ago when he said, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how they perceive the Veterans of earlier wars were treated and appreciated by their country." If we get this right, we are not only helping our veterans but also supporting the troops fighting today.

BOB FILNER,
Chairman

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Union Calendar No. 600

110TH CONGRESS, 2d Session | HOUSE OF REPRESENTATIVES | REPORT 110–927

ACTIVITIES OF THE COMMITTEE ON VETERANS' AFFAIRS FOR THE 110TH CONGRESS

JANUARY 2, 2009—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs, pursuant to Clause 1(d) of the Rule XI, submitted the following

R E P O R T

JURISDICTION

Rule X of the Rules of the House of Representatives establishes the standing committees of the House and their jurisdiction. Under that rule, all bills, resolutions, and other matters relating to the subjects within the jurisdiction of any standing committee shall be referred to such committee. Clause 1(s) of Rule X establishes the jurisdiction of the Committee on Veterans' Affairs as follows:

(1) Veterans' measures generally.

(2) Cemeteries of the United States in which veterans of any war or conflict are or may be buried, whether in the United States or abroad (except cemeteries administered by the Secretary of the Interior).

(3) Compensation, vocational rehabilitation, and education of veterans.

(4) Life insurance issued by the Government on account of service in the Armed Forces.

(5) Pensions of all the wars of the United States, general and special.

(6) Readjustment of service members to civil life.

(7) Servicemembers' civil relief.

(8) Veterans' hospitals, medical care, and treatment of veterans.

The Committee on Veterans' Affairs was established on January 2, 1947, as a part of the Legislative Reorganization Act of 1946 (60 Stat. 812), and was vested with jurisdiction formerly exercised by the Committee on World War Veterans' Legislation; Invalid Pen-

sions; and, Pensions. Jurisdiction over veterans' cemeteries administered by the Department of Defense was transferred from the Committee on Interior and Insular Affairs on October 20, 1967, by H. Res. 241, 90th Congress. The Committee during the 110th Congress had 28 members; 16 members in the majority and 12 members in the minority.

VETERANS PROGRAMS

DEPARTMENT OF VETERANS AFFAIRS

The Department of Veterans Affairs (VA) is responsible for providing Federal health care and benefits to veterans and their families. The Department is headed by the Secretary of Veterans Affairs and is the second largest of the 15 cabinet departments. The VA operates nationwide programs for health care, financial assistance and burial benefits.

The Department of Veterans Affairs was established on March 15, 1989, succeeding the Veterans Administration, which had been formed in 1930, consolidating several government agencies that provided services to veterans. At that time, VA had 54 hospitals and 31,600 employees, and the nation had 4.7 million veterans. Today, VA employs more than 235,000 men and women who serve a large portion of the nation's 23.4 million veterans. About half of VA's male employees are themselves, veterans.

Health care is available to nearly 8 million patients that are enrolled for health care in 153 medical centers, nearly 750 community-based outpatient clinics, and hundreds of other sites of care. Annually, the Department's inpatient facilities treat more than 800,000 patients, and its outpatient clinics register more than 75 million visits. In addition, VA has become a health care industry leader in research, rehabilitation, use of technology and patient safety.

Approximately a quarter of the nation's population is potentially eligible for VA benefits and services because they are veterans, family members or survivors of veterans. The Department provides $39.8 billion in disability compensation, death compensation and pensions to 3.7 million people. More than 554,000 spouses, children and parents of deceased veterans also receive VA benefits. In addition to guaranteeing home loans valued at over $220 billion, VA supervises the Servicemembers' Group Life Insurance and the Veterans' Group Life Insurance programs. Together, these programs provide some $1.3 trillion in insurance to 4 million service members and veterans, plus 3.1 million family members.

The Department maintains 125 national cemeteries in 39 states and Puerto Rico. With the largest national cemetery expansion since the Civil War underway, by 2010, VA will serve 90 percent of veterans with a national or state veterans cemetery within 75 miles of their homes. The Department also manages the Presidential Memorial Certificate program, which provides next of kin or loved ones with certificates signed by the President to commemorate honorably discharged, deceased veterans.

VETERANS HEALTH ADMINISTRATION

Medical Care

Perhaps the most visible of all VA benefits and services is health care. From 54 hospitals in 1930, VA's health care system now includes 153 medical centers, with at least one in each State other than New Hampshire, Puerto Rico, District of Columbia and Hawaii. VA operates more than 1,400 sites of care, including 153 hospitals, 852 ambulatory care and community-based outpatient clinics, 135 nursing homes, 50 residential rehabilitation treatment programs, currently 225 Veterans Centers and 5 mobile outpatient clinics. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care.

More than 5.6 million people received care in VA health care facilities in 2008. By the end of FY 2007, approximately 32 percent of all veterans had enrolled with VA for health care; 69 percent of these enrolled veterans were treated by VA. In 2007, VA inpatient facilities treated 800,000 patients. VA's outpatient clinics registered more than 75 million visits.

VA manages the largest medical education and health professions training program in the United States. VA facilities are affiliated with 107 medical schools, 55 dental schools and more than 1,200 other schools across the country. Each year, about 83,000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States had some of their professional education in the VA health care system.

VA's medical system serves as a backup to the Defense Department during national emergencies and as a Federal support organization during major disasters.

During the last 6 years, VA has put its health care facilities under 21 networks, which provide more medical services to more veterans and family members than at any time during VA's long history.

VA has experienced unprecedented growth in the medical system workload over the past few years. The number of patients treated increased by 90 percent from 4.1 million in 2001 to more than 7.8 million in 2008.

To receive VA health care benefits, most veterans must enroll. The VA health care system had 7.8 million veterans who were enrolled as of July 2008. When they enroll, they are placed in priority groups or categories that help VA manage health care services within budgetary constraints and ensure quality care for those enrolled.

Some veterans are exempted from having to enroll. People who do not have to enroll include veterans with a service-connected disability of 50 percent or more, veterans with a service-connected disability of 50 percent or more, veterans who were discharged from the military within one year but have not yet been rated for a VA disability benefit and veterans seeking care for only a service-connected disability.

Veterans with service-connected disabilities receive priority access to care for hospitalization and outpatient care.

Since 1979, VA's Readjustment Counseling Service has operated Vet Centers, which provide psychological counseling for war-related trauma, community outreach, case management and referral activi-

ties, plus supportive social services to veterans and family members. There are currently 225 Vet Centers.

Since the first Vet Center opened, approximately 2 million veterans have been helped. Every year, the Vet Centers serve over 130,000 veterans and provide more than 1 million visits to veterans and family members.

Vet Centers are open to any veteran who served in the military in a combat theater during wartime or anywhere during a period of armed hostilities. Vet Centers also provide trauma counseling to veterans who were sexually assaulted or harassed while on active duty, and bereavement counseling to the families of service members who die on active duty.

VA provides health care and benefits to more than 100,000 homeless veterans each year. While the proportion of veterans among the homeless is declining, VA actively engages veterans in outreach, medical care, benefits assistance and transitional housing. VA has made more than 307 grants for transitional housing, service centers and vans for outreach and transportation to state and local governments, tribal governments, non-profit community and faith-based service providers.

Programs for alcoholism, drug addiction and post-traumatic stress disorder have been expanded in recent years, along with attention to environmental hazards.

Indispensable to providing America's veterans with quality medical care are more than 134,000 volunteers in VA's Voluntary Service who donate 13 million hours each year to bring companionship and care to hospitalized veterans.

Research

In 2007, estimated funding for VA research is $510 million. Another $442 million from VA's medical care account will support research efforts. Funding from non-VA sources, such as the National Institutes of Health, other government agencies and pharmaceutical companies, will contribute another $961 million to VA research. VA currently supports approximately 3,200 research staff, and its Career Development program provides young scientists and opportunity to develop skills as clinician-researchers.

While providing high quality health care to the nation's veterans, VA also conducts an array of research on some of the most difficult challenges facing medical science today. VA has become a world leader in such research areas as aging, women's health, AIDS, post-traumatic stress disorder and other mental health issues. VA research has improved medical care for veterans and the nation.

VA researchers played key roles in developing the cardiac pacemaker, the CT scan, radioimmunoassay and improvements in artificial limbs. The first liver transplant in the world was performed by a VA surgeon-researcher. VA clinical trials established the effectiveness of new treatments for tuberculosis, schizophrenia and high blood pressure. The "Seattle Foot" developed in VA allows people with amputations to run and jump. VA contributions to medical knowledge have won VA scientists many awards, including the Nobel Prize and the Lasker Award.

Nearly 70 percent of VA researchers are practicing physicians. Because of their dual roles, VA research often immediately benefits patients. Functional electrical stimulation, a technology using con-

trolled electrical currents to activate paralyzed muscles, is being developed at VA clinical facilities and laboratories throughout the country. Through this technology, paraplegic patients have been able to grasp objects, stand and even walk short distances.

Special VA "centers of excellence" throughout the nation conduct research in rehabilitation, health services and medical conditions, including AIDS, alcoholism, schizophrenia, stroke and Parkinson's disease. Multi-center clinical trials investigate the best therapy for various diseases. Current projects include testing aspirin therapy for heart patients, surgical treatment to reduce the risk of stroke and treatment options for prostate cancer.

VA investigators continue to make major contributions to the understanding of post-traumatic stress disorder and Agent Orange exposure, both research areas resulting from the Vietnam War. VA has conducted a number of Gulf War-related research projects and has two environmental hazards research centers focusing on the possible health effects of environmental exposures among Gulf War veterans.

VETERANS BENEFITS ADMINISTRATION

Compensation and Pension

Disability compensation is a monetary benefit paid to veterans who are disabled by injury or disease incurred or aggravated during active military service. Veterans with low incomes who are permanently and totally disabled may be eligible for monetary support through VA's pension program. In FY 2008, VA provided $38.9 billion in disability compensation, death compensation and pension to 3.7 million people. About 3.1 million veterans received disability compensation or pensions from VA. Also receiving VA benefits were 554,700 spouses, children and parents of deceased veterans. Among them are 170,144 survivors of Vietnam-era veterans and 235,000 survivors of World War II veterans.

Education and Training

Since 1944, when the first GI Bill began, more than 21.8 million veterans, service members and family members have received $83.6 billion in GI Bill benefits for education and training. The number of GI Bill recipients includes xx million veterans from World War II, 2.4 million from the Korean War and 8.2 million post-Korean and Vietnam era veterans, plus active duty personnel. Since the dependent's program was enacted in 1956, VA also has assisted in the education of more than 784,078 dependents of veterans whose deaths or total disabilities were service-connected. Since the Vietnam-era, there have been approximately 2.7 million veterans, service members, reservists and National Guardsmen who have participated in the Veterans' Educational Assistance Program, established in 1977, and the Montgomery GI Bill, established in 1985.

In 2008, VA helped pay for the education or training of 336,527 veterans and active-duty personnel, 106,092 reservists and National Guardsmen and 80,079 survivors.

Home Loan Assistance

From 1944, when VA began helping veterans purchase homes under the original GI Bill, through September 2008, more than 18.4 million VA home loan guarantees have been issued, with a total value of $967 billion. VA ended FY 2008 with almost 2.1 million active home loans, reflecting amortized loans totaling $220.8 billion.

In FY 2008, VA guaranteed 180,000 loans valued at $36.1 billion. VA's programs for specially adapted housing helped about 1,018 disabled veterans with grants totaling more than $36.3 million last year.

Insurance

VA operates one of the largest life insurance programs in the world. VA directly administers six life insurance programs. In addition, VA supervises the Servicemembers' Group Life Insurance and the Veterans' Group Life Insurance programs. These programs provide $1.3 trillion in insurance coverage to 4 million veterans, active-duty members, reservists and Guardsmen, plus 3.1 million spouses and children.

The Traumatic Injury Protection program under Servicemembers' Group Life Insurance provides coverage for losses incurred due to traumatic injuries. Benefit amounts range from $25,000 to $100,000, depending on the loss. This program covers 2.4 million members.

In 2007, the VA life insurance programs returned $354 million in dividends to 1 million veterans holding some of these VA life insurance policies, and paid an additional $1.1 billion in death claims and other disbursements.

Vocational Rehabilitation

VA's Vocational Rehabilitation and Employment Program provides services to enable veterans with service-connected disabilities to achieve maximum independence in daily living, and, to the maximum extent feasible, to obtain and maintain employment. From FY 1999 through 2008, 86,893 program participants achieved rehabilitation by obtaining and maintaining suitable employment. Additionally, during that same period, 21,108 participants achieved rehabilitation through maximum independence in daily living.

NATIONAL CEMETERY ADMINISTRATION

VA's National Cemeteries

In 1973, the Army transferred 82 national cemeteries to VA, which now manages them through its National Cemetery Administration. Currently, VA operates 125 national cemeteries in 39 states and Puerto Rico and 33 soldiers' lots and monument sites.

In 2007, VA national cemeteries conducted 100,000 interments. That number is likely to increase to 111,000 in 2010. In 2008, VA provided 360,455 headstones or markers for veterans' graves. Since taking over the veterans cemetery program in 1973, VA has provided more than 9.9 million headstones and markers.

Between 2001 and 2007, VA opened six new national cemeteries serving Atlanta, GA; Detroit, MI; Oklahoma City, OK; Pittsburgh, PA; Sacramento, CA; and Palm Beach, FL. By the end of 2009, VA

plans to open six additional national cemeteries near Sarasota, FL; Jackson, FL; Birmingham, AL; Columbia, SC; Bakersfield, CA; and Southeastern Pennsylvania (see page 7).

VA administers the Presidential Memorial Certificate program, which provides gold embossed certificates signed by the president to commemorate honorably discharged, deceased veterans. They are sent to the veteran's next of kin and loved ones. VA provided 511,353 certificates in 2008.

VA also administers the State Cemetery Grants Program, which encourages development of state and tribal government veterans cemeteries. VA provides up to 100 percent of the funds to develop, expand or improve veterans cemeteries operated and maintained by the states. More than $344 million has been awarded for 72 operation veterans cemeteries in 36 states, Guam and Saipan. Five state cemeteries are under construction. In 2008, state cemeteries that received VA grants buried 25,000 eligible veterans and family members.

DEPARTMENT OF LABOR

VETERANS' EMPLOYMENT AND TRAINING

The Veterans' Employment and Training Service (VETS) of the Department of Labor provides employment and training services to eligible veterans through non-competitive Jobs for Veterans State Grants Program. Under this grant program, funds are allocated to State Workforce Agencies in direct proportion to the number of veterans seeking employment within their state.

AMERICAN BATTLE MONUMENTS COMMISSION

The American Battle Monuments Commission (ABMC), created by an Act of Congress in 1923, is a Federal agency responsible for the construction and permanent maintenance of military cemeteries and memorials on foreign soil, as well as certain memorials in the United States. Its principal functions are to commemorate, through the erection and maintenance of suitable memorial shrines, the sacrifices and achievements of the American armed forces where they have served since April 6, 1917; to design, construct, operate, and maintain permanent American military burial grounds and memorials in foreign countries; to control the design and construction on foreign soil of U.S. military monuments and markers by other U.S. citizens and organizations, both public and private; and to encourage U.S. government agencies and private individuals and organizations to maintain adequately the monuments and markers erected by them on foreign soils. ABMC also provides information and assistance, on request, to relatives and friends of the war dead interred or commemorated at its facilities.

In performance of its functions, ABMC administers, operates and maintains 24 permanent American military cemetery memorials and 22 monuments, memorials, markers and separate chapels in 14 foreign countries, the Commonwealth of the Northern Mariana Islands, Gibraltar, and three memorials in the United States. When directed by Congress, ABMC develops and erects national military monuments in the United States, such as the Korean War Veterans Memorial and most recently, the World War II National Memorial.

ARLINGTON NATIONAL CEMETERY

Arlington Mansion and 200 acres of ground immediately surrounding it were designated as a military cemetery on June 15, 1864, by Secretary of War Edwin M. Stanton. With more than 300,000 people buried, Arlington National Cemetery has the second largest number of people buried of any national cemetery in the United States. Arlington National Cemetery is administered by the Department of the Army.

Veterans from all the Nation's wars and conflicts are buried in the cemetery, from the American Revolution through Operation Iraqi Freedom. The cemetery conducts approximately 6,400 burials each year. In addition to in-ground burial, the cemetery has a large columbarium for cremated remains. Seven courts are currently in use, each with 38,500 niches. Arlington is the site of many non-funeral ceremonies, and approximately 3,700 such ceremonies are conducted each year. Arlington is expected to continue to provide burials through the year 2060 with its recently approved capital investment plan.

RULES OF THE COMMITTEE ON VETERANS' AFFAIRS

RULE 1—GENERAL PROVISIONS

(a) APPLICABILITY OF HOUSE RULES.—The Rules of the House are the rules of the Committee on Veterans' Affairs and its subcommittees so far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, are non-debatable privileged motions in Committees and subcommittees.

(b) SUBCOMMITTEES.—Each subcommittee of the Committee is a part of the Committee and is subject to the authority and direction of the Committee and to its rules so far as applicable.

(c) INCORPORATION OF HOUSE RULE ON COMMITTEE PROCEDURE.—Rule XI of the Rules of the House, which pertains entirely to Committee procedure, is incorporated and made part of the rules of the Committee to the extent applicable. Pursuant to clause 2(a)(3) of Rule XI of the Rules of the House, the Chairman of the full Committee is directed to offer a motion under clause 1 of Rule XXII of the Rules of the House whenever the Chairman considers it appropriate.

(d) VICE CHAIRMAN.—Pursuant to clause 2(d) of Rule XI of the Rules of the House, the Chairman of the full Committee shall designate the Vice Chairman of the Committee and a Vice Chairman of each subcommittee established under Rule 5(a)(1).

RULE 2—REGULAR AND ADDITIONAL MEETINGS

(a) REGULAR MEETINGS.—The regular meeting day for the Committee shall be at 10 a.m. on the second Wednesday of each month in such place as the Chairman may designate. However, the Chairman may dispense with a regular Wednesday meeting of the Committee.

(b) ADDITIONAL MEETINGS.—The Chairman of the Committee may call and convene, as he considers necessary, additional meetings of the Committee for the consideration of any bill or resolution pending before the Committee or for the conduct of other Com-

mittee business. The Committee shall meet for such purpose pursuant to the call of the Chairman.

(c) NOTICE.—The Chairman shall notify each member of the Committee of the agenda of each regular and additional meeting of the Committee at least 24 hours before the time of the meeting, except under circumstances the Chairman determines to be of an emergency nature. Under such circumstances, the Chairman shall make an effort to consult the ranking minority member, or in such member's absence, the next ranking minority party member of the Committee.

RULE 3—MEETINGS AND HEARINGS GENERALLY

(a) OPEN MEETINGS AND HEARINGS.—Meetings and hearings of the Committee and each of its subcommittees shall be open to the public unless closed in accordance with clause 2(g) of Rule XI of the Rules of the House.

(b) ANNOUNCEMENT OF HEARING.—The Chairman, in the case of a hearing to be conducted by the Committee, and the subcommittee Chairman, in the case of a hearing to be conducted by a subcommittee, shall make public announcement of the date, place, and subject matter of any hearing to be conducted on any measure or matter at least one week before the commencement of that hearing unless the Committee or the subcommittee determines that there is good cause to begin the hearing at an earlier date. In the latter event, the Chairman or the subcommittee Chairman, as the case may be, shall consult with the ranking minority member and make such public announcement at the earliest possible date. The clerk of the Committee shall promptly notify the Daily Clerk of the Congressional Record and the Committee scheduling service of the House Information Resources as soon as possible after such public announcement is made.

(c) WIRELESS TELEPHONE USE PROHIBITED.—No person may use a wireless telephone during a Committee or subcommittee meeting or hearing.

(d) MEDIA COVERAGE.—Any meeting of the Committee or its subcommittees that is open to the public shall be open to coverage by radio, television, and still photography in accordance with the provisions of clause 4 of House rule XI.

(e) REQUIREMENTS FOR TESTIMONY.—

(1) Each witness who is to appear before the Committee or a subcommittee shall file with the clerk of the Committee, at least 48 hours in advance of his or her appearance, a written statement of his or her proposed testimony. Each witness shall, to the greatest extent practicable, also provide a copy of such written testimony in an electronic format prescribed by the Chairman. Each witness shall limit any oral presentation to a summary of the written statement.

(2) Pursuant to clause 4 of Rule XI of the Rules of the House, in the case of a witness appearing in a non-governmental capacity a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of any Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two preceding fiscal years by the witness or by an entity represented by the witness.

(f) CALLING AND QUESTIONING WITNESSES.—

(1) Committee and subcommittee members may question witnesses only when they have been recognized by the Chairman of the Committee or subcommittee for that purpose, and only for a 5-minute period until all members present have had an opportunity to question a witness. The 5-minute period for questioning a witness by any one member may be extended only with the unanimous consent of all members present. The questioning of witnesses in both Committee and subcommittee hearings shall be initiated by the Chairman, followed by the ranking minority party member and all other members alternating between the majority and minority. Except as otherwise announced by the Chairman at the beginning of a hearing, members who are present at the start of the hearing will be recognized before other members who arrive after the hearing has begun. In recognizing members to question witnesses in this fashion, the Chairman shall take into consideration the ratio of the majority to minority members present and shall establish the order of recognition for questioning in such a manner as not to disadvantage the members of the majority.

(2) Notwithstanding the provisions of paragraph (1) regarding the 5-minute rule, the Chairman after consultation with the ranking minority member may designate an equal number of members of the Committee or subcommittee majority and minority party to question a witness for a period not longer than 30 minutes. In no event shall the Chairman allow a member to question a witness for an extended period under this rule until all members present have had the opportunity to ask questions under the 5-minute rule. The Chairman after consultation with the ranking minority member may permit Committee staff for its majority and minority party members to question a witness for equal specified periods of time.

(3) When a hearing is conducted by the Committee or a subcommittee on any measure or matter, the minority party members on the Committee shall be entitled, upon request to the Chairman of a majority of those minority members before the completion of the hearing, to call witnesses selected by the minority to testify with respect to that measure or matter during at least one day of the hearing thereon.

(g) SUBPOENAS.—Pursuant to clause 2(m) of Rule XI of the Rules of the House, a subpoena may be authorized and issued by the Committee or a subcommittee in the conduct of any investigation or series of investigations or activities, only when authorized by a majority of the members voting, a majority being present.

RULE 4—QUORUM AND RECORD VOTES; POSTPONEMENT OF PROCEEDINGS

(a) WORKING QUORUM.—A majority of the members of the Committee shall constitute a quorum for business and a majority of the members of any subcommittee shall constitute a quorum thereof for business, except that two members shall constitute a quorum for the purpose of taking testimony and receiving evidence.

(b) QUORUM FOR REPORTING.—No measure or recommendation shall be reported to the House of Representatives unless a majority of the Committee was actually present.

(c) RECORD VOTES.—A record vote may be demanded by one-fifth of the members present or, in the apparent absence of a quorum, by any one member. With respect to any record vote on any motion to amend or report, the total number of votes cast for and against, and the names of those members voting for and against, shall be included in the report of the Committee on the bill or resolution.

(d) PROHIBITION AGAINST PROXY VOTING.—No vote by any member of the Committee or a subcommittee with respect to any measure or matter may be cast by proxy.

(e) POSTPONING PROCEEDINGS.—Committee and subcommittee chairmen may postpone further proceedings when a record vote is ordered on the question of approving a measure or matter or on adopting an amendment, and may resume proceedings within two legislative days on a postponed question after reasonable notice. When proceedings resume on a postponed question, notwithstanding any intervening order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed.

RULE 5—SUBCOMMITTEES

(a) ESTABLISHMENT AND JURISDICTION.—

(1) There shall be four subcommittees of the Committee as follows:

(A) Subcommittee on Disability Assistance and Memorial Affairs, which shall have legislative, oversight and investigative jurisdiction over compensation; general and special pensions of all the wars of the United States; life insurance issued by the Government on account of service in the Armed Forces; cemeteries of the United States in which veterans of any war or conflict are or may be buried, whether in the United States or abroad, except cemeteries administered by the Secretary of the Interior; burial benefits; the Board of Veterans' Appeals; and the United States Court of Appeals for Veterans' Claims.

(B) Subcommittee on Economic Opportunity, which shall have legislative, oversight and investigative jurisdiction over education of veterans, employment and training of veterans, vocational rehabilitation, veterans' housing programs, readjustment of servicemembers to civilian life, and servicemembers civil relief.

(C) Subcommittee on Health, which shall have legislative, oversight and investigative jurisdiction over veterans' hospitals, medical care, and treatment of veterans.

(D) Subcommittee on Oversight and Investigations, which shall have oversight and investigative jurisdiction over veterans' matters generally, and over such matters as may be referred to the subcommittee by the Chairman of the full Committee for its oversight or investigation and for its appropriate recommendations. The subcommittee shall only have legislative jurisdiction over such bills or resolutions as may be referred to it by the Chairman of the full Committee.

(2) Each subcommittee shall have responsibility for such other measures or matters as the Chairman refers to it.

(b) VACANCIES.—Any vacancy in the membership of a subcommittee shall not affect the power of the remaining members to execute the functions of that subcommittee.

(c) RATIOS.—On each subcommittee, there shall be a ratio of majority party members to minority party members which shall be consistent with the ratio on the full Committee.

(d) REFERRAL TO SUBCOMMITTEES.—The Chairman of the Committee may refer a measure or matter, which is within the general responsibility of more than one of the subcommittees of the Committee, as the Chairman deems appropriate. In referring any measure or matter to a subcommittee, the Chairman of the Committee may specify a date by which the subcommittee shall report thereon to the Committee.

(e) POWERS AND DUTIES.—

(1) Each subcommittee is authorized to meet, hold hearings, receive evidence, and report to the full Committee on all matters referred to it or under its jurisdiction. Subcommittee chairmen shall set dates for hearings and meetings of their respective subcommittees after consultation with the Chairman of the Committee and other subcommittee chairmen with a view toward avoiding simultaneous scheduling of Committee and subcommittee meetings or hearings whenever possible.

(2) Whenever a subcommittee has ordered a bill, resolution, or other matter to be reported to the Committee, the Chairman of the subcommittee reporting the bill, resolution, or matter to the full Committee, or any member authorized by the subcommittee to do so shall notify the Chairman and the ranking minority party member of the Committee of the Subcommittee's action.

(3) A member of the Committee who is not a member of a particular subcommittee may sit with the subcommittee during any of its meetings and hearings, but shall not have authority to vote, cannot be counted for a quorum, and cannot raise a point of order at the meeting or hearing.

(4) Each subcommittee shall provide the Committee with copies of such record votes taken in subcommittee and such other records with respect to the subcommittee as the Chairman of the Committee deems necessary for the Committee to comply with all rules and regulations of the House.

RULE 6—GENERAL OVERSIGHT RESPONSIBILITY

(a) PURPOSE.—Pursuant to clause 2 of Rule X of the Rules of the House, the Committee shall carry out oversight responsibilities. In order to assist the House in—

(1) Its analysis, appraisal, evaluation of—

(A) The application, administration, execution, and effectiveness of the laws enacted by the Congress, or

(B) Conditions and circumstances which may indicate the necessity or desirability of enacting new or additional legislation, and

(2) Its formulation, consideration and enactment of such modifications or changes in those laws, and of such additional legislation, as may be necessary or appropriate, the Committee and its various subcommittees, consistent with their jurisdic-

tion as set forth in Rule 5, shall have oversight responsibilities as provided in subsection (b).

(b) REVIEW OF LAWS AND PROGRAMS.—The Committee and its subcommittees shall review and study, on a continuing basis, the applications, administration, execution, and effectiveness of those laws, or parts of laws, the subject matter of which is within the jurisdiction of the Committee or subcommittee, and the organization and operation of the Federal agencies and entities having responsibilities in or for the administration and execution thereof, in order to determine whether such laws and the programs thereunder are being implemented and carried out in accordance with the intent of the Congress and whether such programs should be continued, curtailed, or eliminated. In addition, the Committee and its subcommittees shall review and study any conditions or circumstances which may indicate the necessity or desirability of enacting new or additional legislation within the jurisdiction of the Committee or subcommittee (whether or not any bill or resolution has been introduced with respect thereto), and shall on a continuing basis undertake future research and forecasting on matters within the jurisdiction of the Committee or subcommittee.

(c) OVERSIGHT PLAN.—Not later than February 15 of the first session of a Congress, the Committee shall meet in open session, with a quorum present, to adopt its oversight plans for that Congress for submission to the Committee on House Administration and the Committee on Oversight and Government Reform, in accordance with the provisions of clause 2(d) of Rule X of the Rules of the House.

(d) OVERSIGHT BY SUBCOMMITTEES.—The existence and activities of the Subcommittee on Oversight and Investigations shall in no way limit the responsibility of the other subcommittees of the Committee on Veterans' Affairs for carrying out oversight duties.

RULE 7—BUDGET ACT RESPONSIBILITIES

(a) BUDGET ACT RESPONSIBILITIES.—Pursuant to clause 4(f)(1) of Rule X of the Rules of the House, the Committee shall submit to the Committee on the Budget not later than six weeks after the President submits his budget, or at such time as the Committee on the Budget may request—

(1) Its views and estimates with respect to all matters to be set forth in the concurrent resolution on the budget for the ensuing fiscal year that are within its jurisdiction or functions; and

(2) An estimate of the total amounts of new budget authority, and budget outlays resulting therefrom, to be provided or authorized in all bills and resolutions within its jurisdiction that it intends to be effective during that fiscal year.

RULE 8—RECORDS AND OTHER MATTERS

(a) TRANSCRIPTS.—There shall be a transcript made of each regular and additional meeting and hearing of the Committee and its subcommittees. Any such transcript shall be a substantially verbatim account of remarks actually made during the proceedings, subject only to technical, grammatical, and typographical corrections authorized by the person making the remarks involved.

(b) RECORDS.—

(1) The Committee shall keep a record of all actions of the Committee and each of its subcommittees. The record shall contain all information required by clause 2(e)(1) of Rule XI of the Rules of the House and shall be available for public inspection at reasonable times in the offices of the Committee.

(2) There shall be kept in writing a record of the proceedings of the Committee and each of its subcommittees, including a record of the votes on any question on which a recorded vote is demanded. The result of each such record vote shall be made available by the Committee for inspection by the public at reasonable times in the offices of the Committee. Information so available for public inspection shall include a description of the amendment, motion, order or other proposition and the name of each member voting for and each member voting against such amendment, motion, order, or proposition, and the names of those members present but not voting.

(c) AVAILABILITY OF ARCHIVED RECORDS.—The records of the Committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House. The Chairman shall notify the ranking minority member of any decision, pursuant to clause 3 or clause 4 of Rule VII of the Rules of the House, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on written request of any member of the Committee.

(d) AVAILABILITY OF PUBLICATIONS.—Pursuant to clause 2(e)(4) of Rule XI of the Rules of the House, the Committee shall make its publications available in electronic form to the maximum extent feasible.

LEGISLATION ENACTED INTO LAW

Public Law 110–45

Raymond G. Murphy Department of Veterans Affairs Medical Center

(S. 229)

Title: To redesignate a Federal building in Albuquerque, New Mexico, as the "Raymond G. Murphy Department of Veterans Affairs Medical Center".

Public Law 110–45 will:

Redesignate the Federal building in Albuquerque, New Mexico, as the "Raymond G. Murphy Department of Veterans Affairs Medical Center".

Legislative History:

Apr. 12, 2007: Passed the Senate by Unanimous Consent.
Jun. 25, 2007: Passed the House by unanimous voice vote.
Jul. 5, 2007: Signed by the President, P.L. 110–45.

Public Law 110–110

Joshua Omvig Veterans Suicide Prevention Act

(H.R. 327, AS AMENDED)

Title: To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans.

Public Law 110–110 will:

—Direct the Department of Veterans Affairs (VA) to develop and implement a comprehensive program to reduce the incidence of suicide among veterans.

—Require the VA to provide education and training for VA staff, contractors, and medical personnel who have interaction with veterans.

—Direct VA to regularly screen and monitor all veterans who receive medical care in the VA health care system for risk factors for suicide and to provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

—Direct VA to provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

—Require VA to designate a suicide prevention counselor at each VAMC.

—Mandate VA to research the best practices for suicide prevention among veterans, including best practices for helping veterans who have experienced military sexual trauma.

—Require VA to work with HHS, NIH, CDC, and the Substance Abuse and Mental Health Service Administration when conducting research.

—Require VA to conduct mental health research on veterans who have experienced military sexual trauma.

—Require VA to provide for the availability of 24–hour mental health care for veterans.

—Provide for a toll-free hotline to be available at all times.

—Provide outreach and education for veterans and their families to promote mental health.

—Create a peer support-counseling program where veterans can volunteer as peer counselors to assist other veterans with mental health and readjustment problems.

—Require the VA to report within 90 days of implementation on status, timeline and costs for complete implementation within two years, and recommendations for further legislation to improve suicide prevention programs.

Cost: CBO estimates that implementing this bill will have little, if any, cost because VA already has or soon will implement all the specific requirements of the bill. Enacting the bill would not affect direct spending or receipts.

Legislative History:

Mar. 13, 2007: Subcommittee on Health Markup.

Mar. 15, 2007: Ordered reported, as amended, by the Committee on Veterans' Affairs.

Mar. 20, 2007: Reported, as amended, H. Rept. 110–55.

Mar. 21, 2007: Passed the House by the Yeas and Nays: 423–0 (Roll No. 174)

Sep. 27, 2007: Passed the Senate with an amendment by Unanimous Consent.

Oct. 23, 2007: Passed the House by the Yeas and Nays: 417–0 (Roll No. 987)

Nov. 5, 2007: Signed by the President, P.L. 110–110.

Public Law 110–111

Veterans' Compensation Cost-of-Living Adjustment Act of 2007

(H.R. 1284)

Title: To increase, effective as of December 1, 2007, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans.

Public Law 110–111 will:

Increase rates of Disability Compensation and Dependency and Indemnity Compensation:

Amounts to be Increased—

Wartime disability compensation

Additional compensation for benefits

Clothing allowance

Dependency and indemnity compensation to surviving spouse

Dependency and indemnity compensation to children

Determination of Increase—

Percentage—Except as provided in paragraph (2), each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.)

Rounding—Each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

Legislative History:

Mar. 13, 2007: Subcommittee on Disability Assistance and Memorial Affairs Markup.

Mar. 15, 2007: Ordered reported by the Committee on Veterans' Affairs.

Mar. 20, 2007: Reported, H. Rept. 110–56.

Mar. 21, 2007: Passed the House by the Yeas and Nays: 418–0 (Roll No. 176)

Oct. 18, 2007: Passed the Senate by Unanimous Consent.

Nov. 5, 2007: Signed by the President, P.L. 110–111.

Public Law 110–112

Charlie Norwood Department of Veterans Affairs Medical Center

(H.R. 1808)

Title: To designate the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center".

Public Law 110–112 will:

Designate the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center".

Legislative History:

Oct. 23, 2007: Passed the House by the Yeas and Nays: 417–0 (Roll No. 988)

Oct. 31, 2007: Passed the Senate by Unanimous Consent.

Nov. 8, 2007: Signed by the President, P.L. 110–112.

Public Law 110–117

Charles George Department of Veterans Affairs Medical Center

(H.R. 2546)

Title: To designate the Department of Veterans Affairs Medical Center in Ashville, North Carolina, as the "Charles George Department of Veterans Affairs Medical Center".

Public Law 110–117 will:

Designate the Department of Veterans Affairs Medical Center in Ashville, North Carolina, as the "Charles George Department of Veterans Affairs Medical Center".

Legislative History:

Jun. 25, 2007: Passed the House by the Yeas and Nays: 381–0 (Roll No. 550)

Nov. 1, 2007: Passed the Senate by Unanimous Consent.

Nov. 6, 2007: Signed by the President, P.L. 110–117.

Public Law 110–118

Oscar G. Johnson Department of Veterans Affairs Medical Facility

(H.R. 2602)

Title: To name the Department of Veterans Affairs medical facility in Iron Mountain, Michigan, as the "Oscar G. Johnson Department of Veterans Affairs Medical Facility".

Public Law 110–118 will:

Name the Department of Veterans Affairs medical facility in Iron Mountain, Michigan, as the "Oscar G. Johnson Department of Veterans Affairs Medical Facility".

Legislative History:

Jun. 25, 2007: Passed the House by unanimous voice vote.

Nov. 7, 2007: Passed the Senate by Unanimous Consent.
Nov. 16, 2007: Signed by the President, P.L. 110–118.

Public Law 110–145

Milo C. Huempfner Department of Veterans Affairs Outpatient Clinic

(H.R. 2408)

Title: To designate the Department of Veterans Affairs Outpatient Clinic in Green Bay, Wisconsin, as the "Milo C. Huempfner Department of Veterans Affairs Outpatient Clinic".

Public Law 110–145 will:

Designate the Department of Veterans Affairs Outpatient Clinic in Green Bay, Wisconsin, as the "Milo C. Huempfner Department of Veterans Affairs Outpatient Clinic".

Legislative History:

Oct. 23, 2007: Passed the House by unanimous voice vote.
Dec. 13, 2007: Passed the Senate by Unanimous Consent.
Dec. 21, 2007: Signed by the President, P.L. 110–145.

Public Law 110–156

Ernest Childers Department of Veterans Affairs Outpatient Clinic

(H.R. 366)

Title: To designate the Department of Veterans Affairs Outpatient Clinic in Tulsa, Oklahoma, as the "Ernest Childers Department of Veterans Affairs Outpatient Clinic."

Public Law 110–156 will:

Designate the Department of Veterans Affairs Outpatient Clinic in Tulsa, Oklahoma, as the "Ernest Childers Department of Veterans Affairs Outpatient Clinic."

Legislative History:

Jun. 25, 2007: Passed the House by unanimous voice vote.
Dec. 18, 2007: Passed the Senate by Unanimous Consent.
Dec. 26, 2007: Signed by the President, P.L. 110–156.

Public Law 110–157

Dr. James Allen Veteran Vision Equity Act of 2007

(H.R. 797)

Title: To amend title 38, United States Code, to improve compensation benefits for veterans in certain cases of impairment of vision involving both eyes, and for other purposes.

Public Law 110–157 will:

—Allow veterans who receive veteran's disability compensation for impairment of vision in one eye to be eligible to receive additional disability compensation for impairment of vision in the eye that is not service-connected, where the impairment in

each eye is to a visual acuity of 20/200 or less or of a peripheral field loss of 20 degrees or less (the definition of "legal blindness" adopted by all 50 states and the Social Security Administration.)

—Authorize the Secretary of Veterans Affairs and the Secretary of Health and Human Services (HHS), until September 30, 2011, to match and compare VA's needs-based pension benefits data, parents' dependency and indemnity compensation data, health-care services data, and unemployability compensation data with the National Directory of New Hires maintained by HHS, for the purpose of determining eligibility for such benefits and services (as recommended by GAO study GAO–06–309).

—Extend authorization of the veterans' work study program until 2010.

—Authorize VA to furnish, in lieu of a headstone or marker, a medallion or other device to signify a deceased's status as a veteran to be affixed to a headstone or marker purchased at private expense.

—Repeal the two-year limit during which a state can request a reimbursement for interment costs related to the unclaimed remains of a veteran and would make the repeal retroactive to October 1, 2006, and authorize VA to provide up to $5 million per year for establishing, expanding, improving, operating, and maintaining state veterans cemeteries.

—Repeal the December 31, 2007, termination date of the VA's authority to furnish a government headstone or marker for the grave of certain veterans buried in private cemeteries, notwithstanding that the grave is marked by a headstone or marker furnished at private expense.

Cost: The Congressional Budget Office has indicated that the text of the resolution (making amendments to H.R. 797) would result, overall, in cost savings of $8 million over 5 years and $1 million over 10 years.

Legislative History:

Mar. 15, 2007: Ordered reported, as amended, by the Committee on Veterans' Affairs.

Mar. 20, 2007: Reported, as amended, H. Rept. No. 110–57.

Mar. 21, 2007: Passed the House by the Yeas and Nays: 424–0 (Roll No. 175)

Nov. 2, 2007: Passed the Senate with an amendment under unanimous consent.

Dec. 11, 2007: House agreed to Senate amendment with amendments pursuant to H. Res. 855.

Dec. 17, 2007: Senate agreed to House amendments to Senate amendment by Unanimous Consent.

Dec. 26, 2007: Signed by the President, P.L. 110–157.

Public Law 110–168

Modernization Project at Department of Veterans Affairs Medical Center in Atlanta, Georgia

(S. 1396)

Title: A bill to authorize a major medical facility project to modernize inpatient wards at the Department of Veterans Affairs Medical Center in Atlanta, Georgia.

Public Law 110–168 will:

Allow the Secretary of Veterans Affairs to carry out a major medical facility project for modernization of inpatient wards at the Department of Veterans Affairs Medical Center in Atlanta, Georgia, in an amount not to exceed $20,534,000.

Legislative History:

Dec. 13, 2007: Passed the Senate by Unanimous Consent.
Dec. 19, 2007: Passed the House by Unanimous Voice Vote.
Dec. 26, 2007: Signed by the President, P.L. 110–168.

Public Law 110–292

Euripides Rubio Department of Veterans Affairs Outpatient Clinic

(H.R. 4289)

Title: To name the Department of Veterans Affairs outpatient clinic in Ponce, Puerto Rico, as the "Euripides Rubio Department of Veterans Affairs Outpatient Clinic."

Public Law 110–292 will:

Name the Department of Veterans Affairs Outpatient Clinic in Ponce, Puerto Rico, as the "Euripides Rubio Department of Veterans Affairs Outpatient Clinic."

Legislative History:

Jun. 24, 2008: Passed the House by voice vote.
Jul. 11, 2008: Passed the Senate by Unanimous Consent.
Jul. 30, 2008: Signed by the President, P.L. 110–292.

Public Law 110–302

Elwood 'Bud' Link Department of Veterans Affairs Outpatient Clinic

(H.R. 2245)

Title: To designate the Department of Veterans Affairs outpatient clinic in Wenatchee, Washington, as the Elwood "Bud" Link Department of Veterans Affairs Outpatient Clinic.

Public Law 110–302 will:

Designate the Department of Veterans Affairs outpatient clinic in Wenatchee, Washington, as the Elwood "Bud" Link Department of Veterans Affairs Outpatient Clinic.

Legislative History:

Jun. 26, 2008: Passed the House by voice vote.
Aug. 1, 2008: Passed the Senate by Unanimous Consent.

Aug. 12, 2008: Signed by the President, P.L. 110–302.

Public Law 110–304

Bruce W. Carter Department of Veterans Affairs Medical Center

(H.R. 4918)

Title: To name the Department of Veterans Affairs medical center in Miami, Florida, as the "Bruce W. Carter Department of Veterans Affairs Medical Center."

Public Law 110–304 will:

Name the Department of Veterans Affairs medical center in Miami, Florida, as the "Bruce W. Carter Department of Veterans Affairs Medical Center."

Legislative History:

Jun. 26, 2008: Passed the House by voice vote.

Aug. 1, 2008: Passed the Senate by Unanimous Consent.

Aug. 12, 2008: Signed by the President, P.L. 110–304.

Public Law 110–324

Veterans' Compensation Cost-of-Living Adjustment Act of 2008

(S. 2617)

Title: To increase, effective as of December 1, 2008, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans

Public Law 110–324 will:

Increase rates of Disability Compensation and Dependency and Indemnity Compensation:

Amounts to be Increased—

Wartime disability compensation

Additional compensation for benefits

Clothing allowance

Dependency and indemnity compensation to surviving spouse

Dependency and indemnity compensation to children

Determination of Increase—

Percentage—Except as provided in paragraph (2), each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.)

Rounding—Each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

Legislative History:

Jun. 26, 2008: Ordered reported, as amended, by the Senate Committee on Veterans' Affairs.

Jul. 24, 2008: Reported, as amended, S. Rept. 110–430.

Jul. 30, 2008: Passed the Senate, as amended, by Unanimous Consent.

Sept. 10, 2008: Passed the House by the Yeas and Nays: 418–0 (Roll No. 579)

Sept. 24, 2008: Signed by the President, P.L. 110–324.

Public Law 110–332

Lieutenant Colonel Clement C. Van Wagoner Department of Veterans Affairs Clinic

(S. 2339)

Title: A bill to designate the Department of Veterans Affairs clinic in Alpena, Michigan, as the "Lieutenant Colonel Clement C. Van Wagoner Department of Veterans Affairs Clinic."

Public Law 110–332 will:

Designate the Department of Veterans Affairs clinic in Alpena, Michigan, as the "Lieutenant Colonel Clement C. Van Wagoner Department of Veterans Affairs Clinic."

Legislative History:

Dec. 13, 2007: Passed the Senate by Unanimous Consent.

Sep. 17, 2008: Passed the House by the Yeas and Nays: 412–0 (Roll No. 603).

Sep. 30, 2008: Signed by the President, P.L. 110–332.

Public Law 110–387

Veterans' Mental Health and Other Care Improvements Act of 2008

(S. 2162)

Title: To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

Public Law 110–387 will:

—Pay tribute to Justin Bailey, who, after redeploying from Operation Iraqi Freedom (OIF), died in a VA domiciliary facility while receiving care for Post-Traumatic Stress Disorder (PTSD) and substance use disorder.

—List findings of Congress on Substance Use Disorders and Mental Health.

—Define "full continuum of care" with respect to substance use disorders and require that all VA medical centers provide ready access to a full continuum of care for substance use disorders.

—Require the Secretary to ensure that treatment for substance use disorders and a co-morbid mental health disorder is provided concurrently through a health professional with training and expertise in the treatment of both disorders, by separate services for each disorder, or by a team of experienced clinicians.

—Require the Secretary to carry out a two-year pilot program to test the feasibility and advisability of providing assessment, education and treatment via the Internet to veterans with substance use disorders at VA medical centers that have established "Cen-

ters for Excellence for Substance Abuse Treatment and Education" or "Substance Abuse Program Evaluation and Research Centers."

—Require the Inspector General at the VA to conduct a review of all residential mental health care facilities, including domiciliary facilities not later than six months after the enactment of this Act and another review not later than two years after completing the first review.

—Require the Secretary to implement a 3–year pilot program in at least 3 VISNs providing peer outreach, peer support, readjustment and mental health services to OEF/OIF veterans through contracts with community mental health centers and the Indian Health Services.

—Direct the Secretary to carry out a program of research into comorbid PTSD and substance use disorder through the National Center for Posttraumatic Stress Disorder.

—Extend authorization for the Special Committee on Post-Traumatic Stress Disorder through 2012.

—Clarify VA's authority to provide marriage and family counseling within authorized mental health services and remove the requirement that counseling must be initiated during the veterans' hospitalization and is essential to permit the discharge of the veteran from the hospital.

—Direct the Secretary to carry out, through a non-VA entity, a three-year pilot program (with an authorized one-year extension) to assess the feasibility and advisability of providing readjustment and transition assistance to veterans and their families in cooperation with ten Vet Centers.

—Amend the federal veterans' benefits provisions to repeal a requirement that the Secretary of Veterans Affairs adjust the amounts deducted from payments or allowances made by the VA for beneficiary travel expenses in connection with health care whenever the payment or allowance is adjusted. Require the Secretary to use the mileage reimbursement rate for the use of privately owned vehicles by government employees on official business.

—Require the Secretary to reimburse a veteran for the costs of emergency treatment received in a non-VA facility prior to transfer to a VA facility.

—Require the Secretary to establish a pilot program that allows a highly rural veteran, residing in five VISNs and who is enrolled in the system of patient enrollment at the start date of the pilot, to receive health care in facilities other than VA.

—Direct the Secretary to designate at least four but not more than six VA health care facilities as locations for epilepsy centers of excellence.

—Establish the qualifications for peer specialist appointees as follows: (1) A veteran who has recovered or is recovering from a mental health condition; and, (2) Certified as having met the criteria for such position.

—Require the VA to establish up to seven consolidated patient accounting centers (CPACs) within the next five years.

—Eliminate a rule prohibiting VA from conducting widespread testing for HIV infection in the population of veterans who use VA health care facilities.

—Authorize the Department of Veterans Affairs (VA) to expand the health care benefits provided to the children, born with spina bifida, of certain veterans.
—Prohibit the VA from collecting copayments for hospice care.
—Direct the VA to develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the VA.
—Increase authorization of appropriations for comprehensive service programs from $130 million to $150 million.
—Revise provisions establishing a demonstration program of referral and counseling services for at-risk veterans transitioning from institutional living to: (1) remove the "demonstration" designation; (2) require the program to be carried out in at least 12 (currently, six) locations; and, (3) extend the program through fiscal year 2012.
—Require the Secretary to ensure that VA domiciliary care programs are adequate, with respect to capacity and safety, to meet the needs of women veterans.
—Direct the Secretary to provide financial assistance to private nonprofit organizations or consumer cooperatives to provide and coordinate supportive services for very low-income (less than 50 percent of the median income for the area) veteran families residing in permanent housing.
—Authorize medical facility projects for fiscal year 2009 major medical facility projects as follows:

- $54,000,000 to construct a facility to replace a seismically unsafe acute psychiatric inpatient building in Palo Alto, California.
- $66,000,000 to construct a state-of-the-art polytrauma healthcare and rehabilitation center in San Antonio, Texas.
- $225,900,000 to make seismic corrections at a VA medical center in San Juan, Puerto Rico.

—Modify authorization for major medical facility construction projects previously authorized as follows:

- $625,000,000 for restoration, new construction, or replacement of the medical care facility for the VA medical center at New Orleans, Louisiana.
- $568,400,000 for the replacement of the VA medical center at Denver, Colorado.
- $131,800,000 for an outpatient clinic in Lee County, Florida.
- $136,700,000 to correct patient privacy deficiencies at the VA medical center in Gainesville, Florida.
- $600,400,000 to construct a new VA medical center in Las Vegas, Nevada.
- $656,800,000 to construct a new VA medical center in Orlando, Florida.
- $295,600,000 to consolidate campuses at the University Drive and H. John Heinz III Divisions in Pittsburgh, Pennsylvania.

—Authorize fiscal year 2009 major medical facility leases as follows:

- $4,326,000 for an outpatient clinic in Brandon, Florida.
- $10,300,000 for a community-based outpatient clinic in Colorado Springs, Colorado.
- $5,826,000 for an outpatient clinic in Eugene, Oregon.

• $5,891,000 to expand an outpatient clinic in Green Bay, Wisconsin.
• $3,731,000 for an outpatient clinic in Greenville, South Carolina.
• $2,212,000 for a community-based outpatient clinic in Mansfield, Ohio.
• $6,276,000 for a satellite outpatient clinic in Mayaguez, Puerto Rico.
• $5,106,000 for a community-based outpatient clinic in Southeast Phoenix, Mesa, Arizona.
• $8,636,000 for interim research space in Palo Alto, California.
• $3,168,000 to expand a community-based outpatient clinic in Savannah, Georgia.
• $2,295,000 for a community-based outpatient clinic in Northwest Phoenix, Sun City, Arizona.
• $8,652,000 for a primary care annex in Tampa, Florida.
• $3,600,000 for an outpatient clinic in Peoria, Illinois.

—Authorize appropriations:
• $345,900,000 for the aforementioned list of major medical facility projects authorized for fiscal year 2009.
• $1,493,495,000 for the aforementioned list of major medical facility construction projects previously authorized.
• $70,019,000 for the aforementioned list of major facility leases authorized for fiscal year 2009.

—Increase the threshold for major medical facility leases requiring Congressional approval from $600,000 to $1,000,000.

—Authorize the city of Aurora, Colorado, to donate non-Federal land on the Fitzsimons campus for use by the Secretary of Veterans Affairs to construct a veterans' medical facility no later than 60 days after the enactment of this section.

—Require the Secretary of Veterans Affairs to submit a report on facilities administration no later than 60 days after the date of the enactment of this section.

—Require an annual report on outpatient clinics no later than the date on which the budget for the next fiscal year is submitted to the Congress under section 1105 of title 31.

—Name the VA spinal cord injury center in Tampa, Florida, "Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center."

—Repeal the December 31, 2008, sunset on the inclusion of non-institutional extended care services in the definition of medical services.

Sec. 802—Extend the recovery audit authority for fee basis contracts and other medical services contracts in non-VA facilities from September 30, 2008, under current law to September 30, 2013.

—Provide permanent authority for the provision of hospital care, medical services, and nursing home care to veterans who participated in certain chemical and biological testing conducted by the Department of Defense.

—Extend the expiring collections authorities for the following:
• Health care copayments, which expire on September 30, 2008, under current law, to September 30, 2010; and,

• Medical care cost recovery, which expires on October 1, 2008, under current law, to October 1, 2010.

—Extend the authority to provide nursing home care to veterans with service-connected disability, which expires on December 31, 2008, under current law, to December 31, 2013.

—Provide permanent authority to establish research corporations.

—Extend the requirement to submit an annual report on the committee on care of severely chronically mentally ill veterans through 2012.

—Provide a permanent requirement for the biannual report by the women's advisory committee on the needs of women veterans including compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the VA.

—Extend the pilot program on improvement of caregiver assistance services for a three-year period through fiscal year 2009.

—Provide for a number of amendments, technical in nature, to title 38.

Legislative History:

Nov. 14, 2007: Ordered reported, as amended, by the Senate Committee on Veterans' Affairs.

Apr. 8, 2008: Reported, as amended, S. Rept. 110–281.

Jun. 3, 2008: Passed the Senate, as amended, by Unanimous Consent.

Jun. 4, 2008: Referred to House Committee on Veterans' Affairs.

Sept. 24, 2008: Passed the House, as amended, by voice vote.

Sept. 27, 2008: Senate agreed to the House amendment and passed the bill by Unanimous Consent.

Oct. 10, 2008: Signed by the President, P.L. 110–387.

Provisions of H.R. 1527, H.R. 2623, H.R. 2818, H.R. 2874, H.R. 3819, H.R. 4053, H.R. 4264, H.R. 5554, H.R. 5729, H.R. 5856, and H.R. 6445, H.R. 6802, and H.R. 6832 are included in this legislation.

Public Law 110–389

Veterans' Benefits Improvement Act of 2008

(S. 3023)

Title: To amend title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education, and insurance benefits for veterans, and for other purposes.

Public Law 110–389 will:

—Require VA to promulgate regulations that specify the information and evidence required in the Veterans Claims Assistance Act (VCAA) notices sent to claimants.

—Authorize the United States Court of Appeals for the Federal Circuit to review VA adoption or revision of the Schedule for Rating Disabilities in the same manner as other actions of the Secretary are reviewed.

—Eliminate the requirement that severance pay for a disability incurred in a combat zone be deducted from disability compensation from VA.

—Require VA to submit a report to Congress describing its progress in addressing the causes for any unacceptable variances in compensation payments to veterans between its 57 Regional Offices.

—Extend VA authority through December 31, 2012, to use appropriated funds for the purpose of contracting with non-VA providers to conduct disability examinations.

—Add osteoporosis diagnosed in veterans who have previously been diagnosed with Post-Traumatic Stress Disorder (PTSD) to the list of disabilities presumed to be service-connected in former prisoners of war.

—Codify various provisions for temporary ratings for qualified veterans and service members within 365 days of application who have stabilized medical conditions.

—Allow a qualified dependent survivor to substitute for the deceased veteran and to pursue the claim for benefits at the point the claim had progressed at the time of the claimant's death and submit additional evidence.

—Require VA to report to Congress the results of studies examining the appropriate compensation to be provided to veterans for loss of earning capacity and loss of quality of life caused by service-related disabilities and examining long-term transition payments to veterans undergoing rehabilitation.

—Require VA to establish an 18-member Advisory Committee on Disability Compensation to consist of leading experts who will guide the Secretary on revising and readjusting the VA Schedule for Rating Disabilities.

—Require VA to conduct two pilot programs: one for expediting fully-developed claims; and another for the development and use of a checklist as part of the VCAA notices.

—Create a new office within VA to focus on assisting survivors. The office shall have the authority to explore the delivery of benefits and investigate issues to ensure that VA is meeting its mission to care for widows and orphans.

—Require the Comptroller General to report to Congress on the adequacy of Dependency and Indemnity Compensation (DIC) to replace income and maintain survivors of veterans who die from service-connected disabilities.

—Require VA to contract for an annual quality assurance assessment that measures a statistically valid sample of VBA employees and their work product for accuracy, consistency, and reliability, and to track trends.

—Require VA to redevelop its certification exam to test appropriate VBA employees and managers and to include appropriate input from interested stakeholders in its development.

—Require VA to conduct a study and report to Congress on VBA's work credit system focusing on improving the quality, performance, accuracy of claims, and information technology.

—Require an information technology plan for all aspects of the VBA disability claims processing system, which shall include web portals, rule-based expert systems, and decision support software and ensures the reduction of claims processing time.

—Require VA to evaluate the use of medical professionals to assist VBA employees and to focus on improving communication between the VBA and VHA.

—Reform of the USERRA complaint process.

—Modify and expand reporting requirements with respect to enforcement of Uniformed Services Employment and Reemployment Rights Act (USERRA).

—Train executive branch human resources personnel on employment and reemployment rights of members of the uniformed services.

—Report on the employment needs of Native American veterans living on tribal lands.

—Strikes "may use" and inserts "shall use, in any case in which the court determines it is appropriate" for equity powers.

—Waive residency requirement for Directors for Veterans' Employment and Training.

—Modify the special unemployment study to cover veterans of Post 9/11 Global Operations.

—Modify the period of eligibility for Survivors' and Dependents' Educational Assistance of certain spouses of individuals with service-connected disabilities total and permanent nature.

—Repeal the requirement for a report to the Secretary of Veterans Affairs on prior training.

—Modify waiting period before affirmation of enrollment in a correspondence course.

—Change programs of education at the same educational institution.

—Repeal certification requirement with respect to applications for approval of self-employment on-the-job training.

—Coordinate approval activities in the administration of education benefits.

—Waive the 24-month limitation of program of independent living services and assistance for veterans with a severe disability incurred in the Post 9/11 Global Operations period.

—Increase the cap of the number of veterans participating in the independent living program from 2,500 to 2,600.

—Report on measure to assist and encourage veterans in completing vocational rehabilitation.

—Require the Secretary to submit a longitudinal study of the Department of Veterans Affairs on vocational rehabilitation programs.

—Report on inclusion of severe and acute post-traumatic stress disorder among conditions covered by traumatic injury protection coverage under Servicemembers' Group Life Insurance (SGLI).

—Treat stillborn children as insurable dependents under SGLI.

—Define eligibility for SGLI coverage for Ready Reservists and members the Individual Ready Reserve and modify termination dates of SGLI coverage between dependents and separating service members.

—Allow administrative costs for the Service-Disabled Veterans Insurance (S-DVI) program to be paid for by premiums instead of from the VA's General Operating Expenses account.

—Temporarily increase the maximum loan guaranty amount for certain housing loans guaranteed by the Secretary of Veterans Affairs.

—Report on the impact of mortgage foreclosures on veterans.

—Require regular updates to the handbook for design furnished to veterans eligible for specially adapted housing assistance by the Secretary of Veterans Affairs.

—Enhance refinancing of home loans by veterans. Increase the maximum percentage of loan to value of refinancing loans to 100 percent.

—Extend certain veterans home loan guaranty programs.

—Temporarily increase the number of authorized judges of the United States Court of Appeals for Veterans Claims.

—Protect privacy and security concerns in court records.

—Recall retired judges of the United States Court of Appeals for Veterans Claims.

—Annual reports on workload of the United States Court of Appeals for Veterans Claims.

—Strike the $30 cap on the amount of registration fees that may be charged to individuals admitted to practice before the Court.

—Allow the Secretary to award grants to the United States Paralympics, Inc. and conduct oversight of the use of the grant, to help execute, establish and manage an adapted sports program for disabled veterans and disabled members of the Armed Forces.

—Establish a Department of Veterans Affairs Office of National Veterans Sports Programs and Special Events to carry out programs and events.

—Require the Comptroller General report, due on the last day of fiscal year 2012, to include among other things: the use of the grant provided by the Department of Veterans Affairs to the United States Paralympics, Inc. and the number of veterans who have benefitted from such grant activities carried out by the Office of National Veterans Sports Programs and Special Events.

—Grant VA the authority to terminate the collection of VA debts from service members who die while on active duty in the armed forces and to provide a refund to those estates.

—Extend VA authority to obtain income information from the IRS or the SSA until September 30, 2011.

—Require VA to fund through 2011 the preservation and marking of the research material from the Affordable Family Health Services as recommended by the Institute of Medicine (IOM).

—Require VA to contract with IOM to conduct a study to identify any increased risks for multiple sclerosis and other neurological diseases, as a result of service in the Southwest Asia theater of operations or in the Post 9/11 Global Operations theaters.

—Allow termination or suspension of contracts for cellular telephone service for certain service members.

—Provide penalties for violation of interest rate limitation under the Servicemembers Civil Relief Act.

—Extend the sunset date on the advisory committee for five years from the current date of expiration, until December 31, 2014.

—Allow the Secretary of Veterans Affairs to advertise to promote awareness of benefits under laws administered by the Secretary.

—Extend the eligibility for memorial headstones or markers to a deceased veteran's remarried surviving spouse, without regard to whether any subsequent remarriage has ended.

Legislative History:

Jun. 26, 2008: Ordered reported, as amended, by the Senate Committee on Veterans' Affairs.

Sept. 9, 2008: Reported, as amended, S. Rept. 110–449.

Sept. 16, 2008: Passed the Senate, as amended with an amendment to the title, by Unanimous Consent.

Sept. 24, 2008: Passed the House, as amended, by voice vote.

Sept. 27, 2008: Senate agreed to the House amendment and passed the bill by Unanimous Consent.

Oct. 10, 2008: Signed by the President, P.L. 110–389.

Provisions of H.R. 67, H.R. 674, H.R. 3298, H.R. 3681, H.R. 3889, H.R. 4255, H.R. 5664, H.R. 5892, H.R. 6221, H.R. 6225, H.R. 6731, and H.R. 6832 are included in this legislation.

Public Law 110–410

Michael A. Marzano Department of Veterans Affairs Outpatient Clinic

(H.R. 1594)

Title: To designate the Department of Veterans Affairs Outpatient Clinic in Hermitage, Pennsylvania, as the Michael A. Marzano Department of Veterans Affairs Outpatient Clinic.

Public Law 110–410 will:

Designate the Department of Veterans Affairs Outpatient Clinic in Hermitage, Pennsylvania, as the "Michael A. Marzano Department of Veterans Affairs Outpatient Clinic."

Legislative History:

Sep. 17, 2008: Passed the House by the Yeas and Nays: 410–0 (Roll No. 604).

Sep. 30, 2008: Passed the Senate by Unanimous Consent.

Oct. 14, 2008: Signed by the President, P.L. 110–410.

ACTIVITIES OF THE COMMITTEE

LEGISLATIVE ACTIVITIES

First Session

Full Committee Markup of H.R. 327, Joshua Omvig Veterans Suicide Prevention Act; H.R. 797, Dr. James Allen Veteran Vision Equity Act of 2007; and, H.R. 1284, Veterans' Compensation Cost-of-Living Adjustment Act of 2007

On March 15, 2007, the full Committee met and marked up three bills which were ordered reported favorably to the House by voice

vote: H.R. 327 (see H. Rept. 110–55); H.R. 797, as amended (see H. Rept. 110–57); and, H.R. 1284 (see H. Rept. 110–56).

On March 21, 2007, the House agreed to suspend the rules and pass: H.R. 327, as amended, by a vote of 423–0 (Roll No. 174); H.R. 797, as amended, by a vote of 424–0 (Roll No. 175); and, H.R. 1284 by a vote of 418–0 (Roll No. 176).

On September 27, 2007, the Senate passed H.R. 327 with an amendment by unanimous consent.

On October 18, 2007, the Senate passed H.R. 1284 without amendment by unanimous consent.

On October 23, 2007, the House agreed to suspend the rules and agree to the Senate amendment on H.R. 327 by a vote of 417–0 (Roll No. 987).

On November 2, 2007, the Senate struck all after the enacting clause of H.R. 797 and substituted the language of S. 1163, as amended, and passed by unanimous consent.

On November 5, 2007, H.R. 327, as amended, became Public Law 110–110 and H.R. 1284 became Public Law 110–111.

On November 30, 2007, sent letter to the Committee on Ways and Means requesting a waiver of consideration to subsection (a) of section 301 of the amendment to H.R. 797.

On December 4, 2007, the Committee on Ways and Means waived consideration of the amendment to H.R. 797.

On December 11, 2007, the House agreed to Senate amendment with amendments pursuant to H. Res. 855 (H.R. 797).

On December 17, 2007, the Senate agreed to House amendments to Senate amendment of H.R. 797 and passed by unanimous consent.

On December 26, 2007, H.R. 797, as amended, became Public Law 110–157.

Full Committee Markup of H.R. 1642, Homeless Veterans Housing at Sepulveda Ambulatory Care Center Promotion Act

On April 18, 2007, the full Committee met and marked up H.R. 1642, ordered reported favorably to the House by voice vote.

On May 7, 2007, the House agreed to suspend the rules and pass the bill by voice vote.

Full Committee Markup of H.R. 612, Returning Servicemember VA Healthcare Insurance Act of 2007; H.R. 67, Veterans Outreach Improvement Act of 2007; H.R. 1660, to direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region; H.R. 1470, Chiropractic Care Available to All Veterans Act; H.R. 2199, Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007; H.R. 2219, Veterans Suicide Prevention Hotline Act of 2007; and, H.R. 2239, Early Access to Vocational Rehabilitation and Employment Benefits Act

On May 15, 2007, the full Committee met and marked up six bills which were ordered reported favorably to the House by voice vote: H.R. 612, as amended; H.R. 67, as amended; H.R. 1660, as amended; H.R. 1470; H.R. 2199, as amended; and, H.R. 2239, as

amended. The Committee referred H.R. 2219 back to the Subcommittee on Health for further consideration.

On May 23, 2007, the House agreed to suspend the rules and pass: H.R. 612, as amended, by a vote of 419–0 (Roll No. 411); H.R. 67, as amended, by a vote of 421–0 (Roll No. 410); H.R. 1660, as amended, by voice vote; H.R. 1470 by a vote of 421–1 (Roll No. 412); H.R. 2199, as amended, by a vote of 421–0 (Roll No. 413); and, H.R. 2239, as amended, by a vote of 414–0 (Roll No. 414).

On December 6, 2007, provisions of H.R. 612 and provisions of section 2 of H.R. 2199 were included in P.L. 110–181, the National Defense Authorization Act of 2008.

Full Committee Markup of H.R. 2623, to amend title 38, United States Code, to prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs; H.R. 2874, Veterans' Health Care Improvement Act of 2007; H.R. 1315, Veterans' Benefits Improvement Act of 2007; H.R. 760, Filipino Veterans Equity Act of 2007; and, H.R. 23, Belated Thank You to the Merchant Mariners of World War II Act of 2007

On July 17, 2007, the full Committee met and marked up five bills which were ordered reported favorably to the House: H.R. 2623, as amended (see H. Rept. 110–267) by voice vote; H.R. 2874, as amended (see H. Rept. 110–268) by voice vote; H.R. 1315, as amended (see H. Rept. 110–266) by voice vote; H.R. 760, as amended by a vote of 15–12; and, H.R. 23, as amended (see H. Rept. 110–269, Part I) by voice vote.

On July 30, 2007, the House agreed to suspend the rules and pass: H.R. 2623, as amended, by voice vote; H.R. 2874, as amended, by voice vote; H.R. 1315, as amended, by voice vote; and, H.R. 23, as amended, by voice vote.

Full Committee Markup of H.R. 3882, to amend title 38, United States Code, to change the length of the obligated period of service on active duty required for receiving certain education benefits administered by the Secretary of Veterans Affairs, and for other purposes

On November 7, 2007, the full Committee met and marked up H.R. 3882, as amended, which was ordered reported to the House by voice vote.

Second Session

Full Committee Markup of H.R. 2790, to amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health; H.R. 3819, Veterans Emergency Care Fairness Act of 2007; H.R. 5729, Spina Bifida Health Care Program Expansion Act; H.R. 5554, Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008; H.R. 5856, Department of Veterans Affairs Medical Facility Authorization and Lease Act of 2008; H.R. 3681, Veterans Benefits Awareness Act of 2007; H.R. 3889, to amend title 38, United States Code, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary; H.R. 4883, to amend the Servicemembers Civil Relief Act to provide for a limitation on the sale, foreclosure, or seizure of property owned by a servicemember during the one-year period following the servicemember's period of military service; H.R. 4884, Helping Our Veterans to Keep Their Homes Act of 2008; H.R. 4889, The Guard and Reserves Are Fighting Too Act of 2008; H.R. 5664, to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary; H.R. 5684, Veterans Education Improvement Act of 2008; H.R. 5826, Veterans' Compensation Cost-of-Living Adjustment Act of 2008; and H.R. 5892, Veterans Disability Benefits Claims Modernization Act of 2008

On April 30, 2008, the full Committee met and marked up 14 bills which were ordered reported favorably to the House: H.R. 2790, as amended (see H. Rept. 110–642) by en bloc voice vote; H.R. 3819 (see H. Rept. 110–638) by en bloc voice vote; H.R. 5729, as amended (see H. Rept. 110–645) by voice vote; H.R. 5554, as amended (see H. Rept. 110–639) by en bloc voice vote; H.R. 5856 (see H. Rept. 110–648) by en bloc voice vote; H.R. 3681, as amended (see H. Rept. 110–644) by voice vote; H.R. 3889, as amended (see H. Rept. 110–640) by voice vote; H.R. 4883, as amended, by voice vote; H.R. 4884, as amended, by voice vote; H.R 4889, as amended, by en bloc voice vote; H.R. 5664, as amended (see H. Rept. 110–641) by en bloc voice vote; H.R. 5684, as amended, by voice vote; H.R. 5826 (see H. Rept. 110–643) by voice vote; and, H.R. 5892 (see H. Rept. 110–789) by voice vote.

On May 20, 2008, the House agreed to suspend the rules and pass: H.R. 2790, as amended, by voice vote; H.R. 5729, as amended, by voice vote; H.R. 5554, as amended, by voice vote; H.R. 3681, as amended, by voice vote; H.R. 3889, as amended, by voice vote; and, H.R. 5664, as amended, by voice vote.

On May 21, 2008, the House agreed to suspend the rules and pass: H.R. 3819, as amended, by a vote of 412–0 (Roll No. 347); H.R. 5856 by a vote of 416–0 (Roll No. 349); and, H.R. 5826 by a vote of 417–0 (Roll No. 348).

On July 30, 2008, provisions of H.R. 4883 and H.R. 4884 are included in P.L. 110–289, the Housing and Economic Recovery Act of 2008. House agreed to suspend the rules and pass H.R. 5892, as amended, by a vote of 429–0 (Roll No. 538).

Full Committee Markup of H.R. 2818, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs

On June 11, 2008, the full Committee met and marked up H.R. 2818, as amended, which was ordered favorably reported to the House by voice vote (see H. Rept. 110–722). H.R. 2192 was pulled from the agenda for further consideration.

On June 24, 2008, the House agreed to suspend the rules and pass H.R. 2818, as amended, by voice vote.

Full Committee Markup of H.R. 6445, to amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled; H.R. 1527, Rural Veterans Access to Care Act; H.R. 2192, to amend title 38, United States Code, to establish an Ombudsman within the Department of Veterans Affairs; H.R. 4255, United States Olympic Committee Paralympic Program Act of 2008; H.R. 6225, Injunctive Relief for Veterans; H.R. 6221, Veteran-Owned Small Business Protection and Clarification Act of 2008; H.R. 674, to amend title 38, United States Code, to repeal the provision of law requiring termination of the Advisory Committee on Minority Veterans as of December 31, 2009

On July 16, 2008, the full Committee met and marked up seven bills which were ordered reported favorably to the House by voice vote: H.R. 6445, as amended to include H.R. 6114, H.R. 6122, H.R. 6366, and H.R. 6439 (see H. Rept. 110–786); H.R. 1527, as amended (see H. Rept. 110–817); H.R. 2192, as amended (see H. Rept. 110–773); H.R. 4255, as amended (see H. Rept. 110–774); H.R. 6225, as amended to include H.R. 2910, as amended, H.R. 3298, as amended, H.R. 6070 (see H. Rept. 110–778); H.R. 6221, as amended to include H.R. 6224 and H.R. 6272 (see H. Rept. 110–785); and, H.R. 674 (see H. Rept. 110–772).

On July 29, 2008, the House agreed to suspend the rules and pass H.R. 2192, as amended, by a vote of 398–0 (Roll No. 536).

On July 30, 2008, the House agreed to suspend the rules and pass H.R. 6445, as amended, by a vote of 421–0 (Roll No. 541);

On July 31, 2008, the House agreed to suspend the rules and pass: H.R. 4255, as amended, by voice vote; H.R. 6225, as amended, by voice vote; H.R. 6221, as amended, by voice vote; and, H.R. 674 by voice vote.

On September 10, 2008, the House agreed to suspend the rules and pass H.R. 1527, as amended, by a vote of 417–0 (Roll No. 578).

Full Committee Markup of H.R. 6897, to authorize the Secretary of Veterans Affairs to make certain payments to eligible persons who served in the Philippines during World War II

On September 17, 2008, the full Committee met and marked up H.R. 6897, as amended, which was ordered favorably reported to the House by voice vote.

On September 23, 2008, the House agreed to suspend the rules and pass H.R. 6897, as amended, by a vote of 392–23 (Roll No. 624).

OVERSIGHT ACTIVITIES

First Session

Full Committee Hearing—The U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2008

On February 8, 2007, the full Committee held a hearing on the proposed VA budget for FY 2008. The Administration requested a budget proposal for the U.S. Department of Veterans Affairs of $86.75 billion—$44.98 billion for entitlement programs and $41.77 billion for discretionary programs. The Administration requested an increase for VA medical care of $1.9 billion over the level provided in the Joint Funding Resolution for 2007 and an increase of $56 million for mental health initiatives.

The Honorable R. James Nicholson, Secretary of the U.S. Department of Veterans Affairs, was accompanied by senior officials of the Department for his testimony to the Committee in support of the President's proposed budget. Also, representatives of major veterans service organizations presented their views on the proposed budget. Finally, representatives of the Independent Budget presented their proposal for the FY 2008 veterans' budget. See The U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2008, Serial No. 110–1.

Full Committee Meeting—Stakeholders Roundtable

On February 12, 2007, the full Committee held a roundtable meeting to discuss important issues facing veterans and to develop a legislative agenda for the 110th Congress.

Staff of the Committee on Appropriations, Subcommittee on Military Construction, Veterans Affairs, and Related Agencies; Members of the Committee on Veterans' Affairs; and, veterans service organizations provided ideas for the Committee's agenda.

Full Committee Hearing—Equity for Filipino Veterans

On February 15, 2007, the full Committee held a hearing on H.R. 760, "The Filipino Veterans Equity Act of 2007." Filipino service members played a critical role in the victory in the Pacific during World War II, serving under the direct command of General Douglas MacArthur. In 1946, Congress mandated that Filipino soldiers were not to be considered active military for the purposes of veterans' benefits.

A number of witnesses delivered testimony before the Committee, including the following Members of Congress: Michael Honda, Madeleine Bordallo and Mazie Hirono. Also testifying at

the hearing: Under Secretary for Benefits of the U.S. Department of Veterans Affairs, Ronald R. Aument; Charge d'Affaires Embassy of the Philippines, Victor Soretta; and, representatives from Filipino veterans associations and veterans service organizations. See Equity for Filipino Veterans, Serial No. 110–3.

Site Visit to San Diego, California

From February 21–23, 2007, majority staff and Chairman Bob Filner traveled to San Diego, California, to attend an event at the Veterans Village of San Diego with U.S. Department of Veterans Affairs Secretary R. James Nicholson. The Veterans Village of San Diego is dedicated to extending assistance to needy and homeless veterans of all wars and their families by providing housing, food, clothing, substance abuse recovery, job training and job search assistance.

Site Visit to Los Angeles, California

From April 2–3, 2007, majority staff and Chairman Bob Filner visited the Sepulveda Ambulatory Care Center and met with staff from the VA Greater Los Angeles Health Care System (GLA) as well as local veterans organizations. Topics discussed at these meetings included future plans for the site and housing issues.

Specifically, Enhanced Use Lease at Sepulveda, updating health care equipment, accounting for income derived by movie studios and other outside sources, and well as spending for other ancillary services for veterans were discussed. In addition, staff attended a public forum on Veterans' Healthcare with other guests, including the VA GLA Chief of Staff. These panels discussed a variety of issues dealing with research at the West Los Angeles VA facility, as well as issues facing veterans. Lastly, staff attended another public forum at an American Legion Post addressing a variety of veterans issues. Present were representatives of The American Legion, AMVETS, VFW, VA GLA Health Care System, Iraq and Afghanistan Veterans of America, Vietnam Veterans of America, Filipino American Service Group, Inc., and the Korean American Veterans Association, to name a few.

Site Visit to Nashville, Tennessee

On April 11, 2007, majority and minority staff of the Committee visited the U.S. Department of Veterans Affairs Regional Office in Nashville, Tennessee. Staff met with key personnel including the Veterans Service Center management team and received a tour of the facility that included an explanation of VA's adjudication process. The staff also received an extensive briefing from VBA personnel on the progress of VETSNET. VETSNET is an information technology program that VBA has created to assist in payments to veterans once a disability rating has been assigned. VETSNET is intended to provide a greater amount of statistical and other information that will assist VBA staff in examining productivity requirements of each regional office. Nashville is a test site for the VETSNET suite of applications and all awards were populated in VETSNET at the Nashville office at the time of the visit. The staff was encouraged by the work being done by VBA to finally implement this IT application after many years of delay.

Full Committee Hearing—H.R. 23, the "Belated Thank You to the Merchant Mariners of World War II Act of 2007"

On April 18, 2007, the full Committee held a hearing on H.R. 23, to thank the Merchant Mariners of World War II. The United States Merchant Mariners played a critical role in the U.S. victory during World War II, delivering troops, tanks, food, airplanes, fuel and other needed supplies to every theater of the war. The Merchant Mariners were the necessary link between the supplies and equipment that were manufactured in the United States and used overseas. The Merchant Mariners took part in every invasion from Normandy to Okinawa and suffered the highest casualty rate of any of the branches of the Armed Forces. Despite their service, the United States Merchant Marines were not included in the 1944 G.I. Bill of Rights. In 1988, they were finally granted veteran status, but some portions of the G.I. Bill have never been made available to the Merchant Marines and the lost benefits can never be recouped.

A number of witnesses delivered testimony before the Committee, including Merchant Mariners and the Director of Compensation and Pension Service of the Veterans Benefits Administration, U.S. Department of Veterans Affairs, Mr. Bradley G. Mayes. See H.R. 23, the "Belated Thank You to the Merchant Mariners of World War II Act of 2007," Serial No. 110–12.

Full Committee Hearing—The Results of the President's Task Force on Returning Global War on Terror Heroes

On May 9, 2007, the full Committee held a hearing to examine the report of the President's Task Force on Returning Global War on Terror Heroes. President Bush created the Interagency Task Force on Returning Global War on Terror Heroes on March 6, 2007. The Task Force was given 45 days to review all government services upon which veterans and service members rely when they return home. The membership of this Task Force consisted of the Secretaries of Veterans Affairs, Defense, Labor, Health and Human Services, Housing and Urban Development, and Education, plus the Director of the Office of Management and Budget, the Administrator of the Small Business Administration, and the Director of the Office of Personnel Management.

The Honorable R. James Nicholson, Secretary of the U.S. Department of Veterans Affairs, accompanied by Honorable Patrick W. Dunne, RADM (Ret.), Assistant Secretary for Policy, Planning and Preparedness, provided testimony. See The Results of the President's Task Force on Returning Global War on Terror Heroes, Serial No. 110–22.

Full Committee Meeting—PTSD Health Care Symposium

On May 16, 2007, the full Committee held a symposium on mental health care. The purpose of the meeting was to get different perspectives on the provision of mental health care, delivery methodologies of care for post-traumatic stress disorder, and recommendations of possible solutions.

Members of the Committee and the following provided valuable insight: Robert L. Bray, Ph.D., LCSW, CTS, TFTdx, Thought Field Therapy Center of San Diego; Linda Rosenberg, President and CEO, National Council for Community Behavioral Healthcare;

James Henry Scully, Jr., M.D., Medical Director, American Psychiatric Association; Saul Rosenberg, Ph.D., Clinical & Forensic Psychology; Beth Hudnall Stamm, Ph.D., AABC, Director of Telehealth and Principal Investigator, Institute of Rural Health, Idaho State University; John Melia, Executive Director and Founder, Wounded Warriors Project; and, Sally Satel, M.D., American Enterprise Institute.

Full Committee Meeting—VA Disability Claims Roundtable: Looking for a Solution

On May 23, 2007, the full Committee held a U.S. Department of Veterans Affairs Disability Claims Roundtable to discuss various ideas to reduce the claims backlog and improve the current process.

The following joined the Members of the Committee to find new and unique ways of looking at the claims backlog: the U.S. Department of Veterans Affairs; U.S. Government Accountability Office; Congressional Research Service; American Federation of Government Employees; National Veterans Legal Services Program; Iraq & Afghanistan Veterans of America; National Association of County Veterans Service Officers; Paralyzed Veterans of America; John F. Kennedy School of Government; Veterans Assistance Program; Vietnam Veterans of America; Commission on the Future for America's Veterans; and, Disabled American Veterans.

Full Committee Joint House and Senate Meeting on Issues Facing Veterans in Rural Areas of the Appalachia, Dover, Ohio

On May 29, 2007, the full Committee held a meeting in New Philadelphia, Ohio, with the Senate Committee on Veterans' Affairs to discuss issues facing rural veterans. Researchers have studied the rural health care experience, including a number of articles that looked at VA rural health care. Three studies have found that veterans living in rural areas tend to be slightly older, and more likely to qualify in priority group 5 which are non-service connected, zero percent service connected, and low income. These same veterans were also less likely to be employed. The studies agree that rural veterans had slightly more physical health problems but fewer mental health conditions—as compared to suburban and urban veterans.

Local veterans service organizations; Harrison Community Hospital; and, the U.S. Department of Veterans Affairs presented testimony. See Issues Facing Veterans in Rural Areas of the Appalachia, Senate Hearing Print Serial No. 110–146.

Full Committee Hearing—Priority Group 8 Veterans

On June 20, 2007, the full Committee held a hearing on Priority Group 8 veterans. The hearing focused on the impact of the decision on veterans and the U.S. Department of Veterans Affairs (VA) health care system to ban enrollment of Priority Group 8 veterans. The Committee also discussed whether the VA should continue this enrollment ban and the effect of potentially bringing Priority Group 8 veterans back into the VA health care system.

Stephanie J. Woolhandler, M.D., M.P.H., of the Harvard Medical School; several veterans service organizations; and, the Honorable Michael J. Kussman, M.D., M.S., M.A.C.P., Under Secretary for

Health of the U.S. Department of Veterans Affairs provided testimony. See Priority Group 8 Veterans, Serial No. 110–29.

Full Committee Field Hearing—The Future of VA Health Care in South Louisiana, New Orleans, Louisiana

On July 9, 2007, the full Committee held a hearing to explore the challenges faced by VA and other health care facilities to provide high quality, safe health care to veterans and other citizens of New Orleans, Louisiana. On the morning of August 29, 2005, Hurricane Katrina made landfall near the Louisiana-Mississippi border, causing significant destruction to a 90,000 square mile area of the Southeastern United States. In the three-state area of Louisiana, Mississippi and Alabama, VA facilities affected included the Gulfport, Mississippi, and New Orleans medical centers; New Orleans regional benefits office; five community-based outpatient clinics along the Gulf Coast; and, the Biloxi VA National Cemetery. The hurricane had a major impact on the overall health care delivery system in Southeastern Louisiana and nearly two years later, the delivery of health care remains in flux as leaders struggle to come to some agreement on both the best location and the best partnerships to forge in order to provide timely, safe, high-quality health care to veterans and others.

Interested stakeholders testified on the planning and future of VA health care in Southeastern Louisiana: the Mayor of the City of New Orleans; the Secretary of the Louisiana Department of Health and Hospitals; LSU Health Care Services Division, Acting Chief Medical Officer; Tulane University, Interim Senior Vice President for Health Sciences; veterans service organizations; and, the Deputy Director of VISN 16 of the U.S. Department of Veterans Affairs. See The Future of VA Health Care in South Louisiana, Serial No. 110–32.

Full Committee Meeting—Traumatic Brain Injury Symposium

On July 18, 2007, the full Committee held a Traumatic Brain Injury (TBI) Symposium to explore new and innovative ideas in the treatment, access and delivery of care to those who suffer from a TBI. TBI is considered by many to be the signature injury of the war. Among veterans and service members from OEF/OIF treated at Walter Reed for injuries of any type, approximately 65 percent have TBI as a primary or co-morbid diagnosis.

The following joined the Members of the Committee to provide open discussion to the treatment, access and delivery of care: National Academy of Neuropsychology; Brain Injury Association of America; University of Pittsburgh School of Medicine, Department of Physical Medicine & Rehabilitation; Brain Matters, Inc.; Wounded Warriors Project; Northeast Center for Special Care; Weill Medical College of Cornell University; Bob Woodruff Family Fund for Traumatic Brain Injury; Division of Cerebrovascular Diseases, Columbia University Medical Center; and, U.S. Department of Veterans Affairs.

Full Committee Hearing—Post-Traumatic Stress Disorder and Personality Disorders: Challenges for the U.S. Department of Veterans Affairs

On July 25, 2007, the full Committee held a hearing to examine how the U.S. Department of Veterans Affairs (VA) addresses the military diagnosis of Personality Disorder. In the last six years, the military discharged over 22,500 service members due to Personality Disorders. The Committee found that once a service member is diagnosed with a Personality Disorder, he or she has a much more difficult time receiving benefits and treatment at the VA.

A number of witnesses provided testimony including the U.S. Department of Veterans Affairs, Brooke Army Medical Center, American Enterprise Institute, and the Medical University of South Carolina. See Post-Traumatic Stress Disorder and Personality Disorders: Challenges for the U.S. Department of Veterans Affairs, Serial No. 110–37.

Site Visit to San Antonio, Del Rio, Laredo, Roma, Donna, Brownsville, and South Padre Island, Texas

From August 3–7, 2007, majority staff toured the burn unit, the Warrior and Family Support Center at Brooke Army Medical Center, and visited the Center for the Intrepid. In addition, staff met with local officials and veterans groups, such as Webb County Veterans, Zapata County & Starr County Veterans, and Rio Grande Valley Veterans regarding health care accessibility.

In particular, legislation was discussed regarding whether the needs of veterans for acute inpatient hospital care in 24 counties comprising Far South Texas shall be met through: (1) a public-private venture to provide such services and long-term care to veterans in an existing facility in Far South Texas; (2) a project for construction of a new full-service, 50-bed hospital with a 125-bed nursing home in Far South Texas; or, (3) a sharing agreement with a military treatment facility in Far South Texas. These recommendations were eventually drafted into H.R. 538, the South Texas Veterans Access to Care Act of 2007, introduced by the Honorable Solomon P. Ortiz.

Disabled American Veterans Convention—New Orleans, Louisiana

From August 12–14, 2007, majority and minority staff spoke at the "Service & Legislative Seminar" of the Disabled American Veterans Convention to discuss the legislative priorities of the Committee on Veterans' Affairs.

Site Visit to New Orleans, Louisiana

On August 15, 2007, minority staff toured the old New Orleans U.S. Department of Veterans Affairs (VA) Medical Center and temporary outpatient clinic that VA operates at that location. In addition, staff also toured the proposed downtown New Orleans site that the city has offered to the VA as a replacement site for the hospital, as well as an alternate site in Jefferson Parish. VA officials stated that the VA will continue to lease space in various locations around New Orleans to provide outpatient services until at least 2012, when the new hospital is projected to be operational.

The American Legion Convention—Reno, Nevada

From August 25–26, 2007, majority and minority staff spoke at the "Legislation & Rules" segment at The American Legion Convention to discuss the legislative priorities of the Committee on Veterans' Affairs.

Full Committee CODEL to Kuwait, Iraq, Afghanistan, Pakistan, and Germany

Chairman Bob Filner led a Congressional delegation to visit the combat theaters of operation to observe the medical evacuation routes of wounded service members from August 20 to August 26, 2007. Accompanying Chairman Filner were Subcommittee on Economic Opportunity Ranking Member, John Boozman; Chief of Staff of the Committee, Tony Buckles; the Secretary of the U.S. Department of Veterans Affairs, The Honorable R. James Nicholson; and, Chief of Staff to the Secretary of the U.S. Department of Veterans Affairs, Thomas Bowman.

The purpose of the delegation was to obtain a familiarization with the current situation in both areas of conflict—Iraq and Afghanistan—with particular interest in the casualty evacuation and processing methods from injury to return to the United States. Briefings were provided on the transition of medical records between medical facilities; treatment of Post-Traumatic Stress Disorder (PTSD); Traumatic Brain Injuries (TBI); and, initiatives to address preparation of personnel returning to the United States from a combat zone.

The delegation gathered several findings. Medical treatment of our troops is setting the standard for trauma medicine throughout the world. In addition, the management and sharing of medical records has advanced significantly with the electronic sharing of medical records between commands and agencies progressing at a rapid pace. Moreover, PTSD and TBI both are being vested with command emphasis in stressing the need for an understanding, identification, and treatment of these two injuries in theater and at the home station.

It was also found that civil considerations focus on the absence of adequate success on the part of the civil authorities and government agencies to make political progress at the national level in Iraq. Moreover, Department of Defense personnel are being asked to perform numerous tasks normally not associated with war fighting such as roles that exist for a wide range of "other government agencies"—in Iraq and Afghanistan—to assist in the nation building aspects of bringing stability to both regions. Lastly, specific attention was drawn to the threat being generated in a "cyber war" being waged by terrorist organizations throughout the world and how resources should be allocated to engage and defeat this new front in the war on terror.

Full Committee Hearing—State of the U.S. Department of Veterans Affairs

On September 18, 2007, the full Committee held a hearing to appraise the current state of the U.S. Department of Veterans Affairs (VA). The Secretary provided testimony on the programs within the VA that address the issues facing today's veterans, including the Advisory Committee on Operation Enduring Freedom and Oper-

ation Iraqi Freedom Veterans, VET Centers, Mental Health Initiatives and the transformation of the Information Technology structure. The Secretary also addressed the challenges at the VA, including the backlog of disability and pension claims. The issue of health care delivery was also discussed during the hearing to include the need for VA to rise to the challenge of addressing access to care issues, especially in the areas of Traumatic Brain Injury, Post-traumatic Stress Disorder, and specialized services.

The Honorable R. James Nicholson, Secretary of the U.S. Department of Veterans Affairs, and The Honorable Michael J. Kussman, M.D., M.S., M.A.C.P., Under Secretary for Health; The Honorable Daniel L. Cooper, RADM (Ret.), Under Secretary for Benefits; The Honorable William F. Tuerk, Under Secretary for Memorial Affairs; Paul J. Hutter, Acting General Counsel; and, Robert J. Henke, Assistant Secretary for Management provided testimony to the Committee. See State of the U.S. Department of Veterans Affairs, Serial No. 110–42.

Full Committee Hearing—Findings of the President's Commission on Care for America's Returning Wounded Warriors

On September 19, 2007, the full Committee held a hearing to address the findings and recommendations of the President's Commission on Care for America's Returning Wounded Warriors. The Commission was established in March 2007 and was charged with the task of examining the effectiveness of returning wounded service members' transition from deployment in support of the Global War on Terror to returning to productive military service or civilian society, and recommend needed improvements. The Commission issued its final report in July 2007 and offered six recommendations to improve and modernize the structure of veterans' benefits programs.

The Honorable Donna E. Shalala and The Honorable Bob Dole served as co-chairs of the Commission and appeared before the Committee to provide further detail about their research and findings. See Findings of the President's Commission on Care for America's Returning Wounded Warriors, Serial No. 110–43.

Full Committee Hearing—The U.S. Department of Veterans Affairs Information Technology Reorganization: How Far Has VA Come?

On September 26, 2007, the full Committee held a hearing to explore the progress of the U.S. Department of Veterans Affairs in its efforts to be the "gold standard" of information security among federal agencies and in centralizing its IT efforts. In October 2005, VA began a major information technology transformation and consolidation in the realm of information privacy and security. A 2006 security breach focused the attention of veterans and Congress when a laptop containing personal data of millions of veterans was lost. In December 2006, Congress directed VA to implement a centralized IT security program, provide credit monitoring to veterans whose private information was disclosed and provide Congress with immediate reports of any significant disclosure of personal information. The realignment program is predicted to be completed by July 2008.

Witnesses from the U.S. Government Accountability Office and the U.S. Department of Veterans Affairs provided testimony to the Committee. See The U.S. Department of Veterans Affairs Information Technology Reorganization: How Far Has VA Come?, Serial No. 110–47.

Full Committee Hearing—Funding the U.S. Department of Veterans Affairs of the Future

On October 3, 2007, the full Committee held a hearing to examine alternative options to the current funding process for veterans' health care at the U.S. Department of Veterans Affairs (VA). Currently there are nearly 25 million veterans in the United States. The VA health care system has an enrolled veteran population of nearly 8 million and expects to treat 5.7 million in the current year. In 2008, the number of veterans receiving treatment is expected to rise to 5.8 million, and will include an estimated 263,000 veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). Many veterans service organizations have supported mandatory funding for VA health care, and have in the past year proposed advanced appropriations for VA health care.

The Partnership for Veterans Health Care Budget Reform, The Brookings Institution, the Center on Budget and Policy Priorities, and the U.S. Department of Veterans Affairs provided testimony on the funding process for the VA. See Funding the U.S. Department of Veterans Affairs of the Future, Serial No. 110–49.

Full Committee Hearing—Findings of the Veterans' Disability Benefits Commission

On October 10, 2007, the full Committee held a hearing to review the findings of the Veterans' Disability Benefits Commission. The Commission was established in the National Defense Authorization Act of 2004 out of concern for a variety of issues pertinent to disabled veterans, disabled service members, their survivors, and their families. The Commission is comprised of 13 members, 12 of whom are veterans and nine of whom are combat veterans. The Commission convened more than 50 public business sessions with interested stakeholders that included receipt of public comments, statements and testimony. The final report was released on October 3, 2007, and is a culmination of work performed by the Members of the Commission and its staff, advisors and experts with analytical support from the Institute of Medicine and the Center for Naval Analysis Corporation. The Commission issued 114 recommendations for updating and improving the system of providing benefits and services to our nation's veterans.

The Chairman of the Veterans' Disability Benefits Commission, James Terry Scott, LTG, USA (Ret.) testified before the Committee. See Findings of the Veterans Disability Benefits Commission, Serial No. 110–52.

Full Committee Hearing—Long-Term Costs of Current Conflicts

On October 17, 2007, the full Committee held a hearing to examine the long-term costs of the current conflicts in Iraq and Afghanistan. The hearing focused on how the U.S. Department of Veterans Affairs (VA) is addressing and preparing for the added costs of car-

ing for these veterans, especially in the area of medical care for post-traumatic stress disorder and traumatic brain injuries. The Committee also focused on the ability of the VA to treat these veterans in the coming years while not forgetting the needs of veterans from previous conflicts.

Witnesses from the U.S. Department of Veterans Affairs, the Congressional Research Service, and the Congressional Budget Office provided testimony before the Committee. See Long-Term Costs of Current Conflicts, Serial No. 110–54.

American Ex-Prisoners of War Conference—Springfield, Illinois

From October 18–19, 2007, minority staff spoke at the "Legislative Outlook Seminar" of the American Ex-Prisoners of War Conference to discuss the legislative priorities of the Committee on Veterans' Affairs.

Full Committee Hearing—Stopping Suicides: Mental Health Challenges Within the U.S. Department of Veterans Affairs

On December 12, 2007, the full Committee held a hearing to examine mental health care provided by the U.S. Department of Veterans Affairs (VA). The hearing focused on how best the VA should address the mental health care needs of returning active duty forces, including the National Guard and Reserves. There are approximately 25 million veterans in the United States and 5 million veterans currently receive health care through the Veterans Health Administration (VHA). VHA estimates that there are approximately 1,000 suicides per year among veterans receiving care through VHA and as many as 5,000 suicides per year among all living veterans. VA has reported that of the 263,909 separated OEF/OIF veterans who have obtained VA health care since FY 2002, 38 percent have received a diagnosis of a possible mental disorder. Of that population, 48 percent have a possible diagnosis of PTSD.

The Committee heard testimony from Mike and Kim Bowman; two authors of books dealing with post-traumatic stress disorder and suicide; veterans service organizations; Office of the Inspector General of the U.S. Department of Veterans Affairs; and, the U.S. Department of Veterans Affairs. See Stopping Suicides: Mental Health Challenges Within the U.S. Department of Veterans Affairs, Serial No. 110–61.

Second Session

Full Committee Hearing—U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2009

On February 7, 2008, the full Committee held a hearing on the proposed VA budget for FY 2008. The VA requested an increase for VA Medical Care of $2 billion, for a total of $42.2 billion, including collections. The Independent Budget recommended an additional $1.6 billion.

The Honorable James B. Peake, M.D., Secretary of the U.S. Department of Veterans Affairs, was accompanied by senior officials of the Department for his testimony to the Committee in support

of the President's proposed budget. Also, representatives of major veterans service organizations presented their views on the proposed budget. Finally, representatives of the Independent Budget presented their proposal for the FY 2008 veterans' budget. See U.S. Department of Veterans Affairs Budget Request for fiscal Year 2009, Serial No. 110–67.

Full Committee Hearing—Ending Homelessness for our Nation's Veterans

On April 9, 2008, the full Committee held a hearing to examine the effectiveness of the U.S. Department of Veterans Affairs homeless programs. Research tells us that veterans are over represented in the homeless population. VA operates a wide variety of homeless veterans programs designed to provide outreach, supportive services, health care as well as counseling and treatment for mental health and substance use disorders. They rely heavily on their partnerships with the community and faith based organizations to provide these services. The hearing focused on the need to improve direct service programs designed to help veterans with self-sufficiency and prevention programs that identify vulnerable veterans and service members.

Witnesses from veterans service organizations, the Congressional Research Service, several homeless outreach providers, and the U.S. Department of Veterans Affairs provided testimony. See Ending Homelessness for our Nation's Veterans, Serial No. 110–80.

Full Committee Hearing—The Truth About Veterans' Suicides

On May 6, 2008, the full Committee held a hearing to learn the truth about veterans' suicides in an attempt to get a better idea of the scope of the problem and what the VA is doing to address the problem.

The U.S. Department of Veterans Affairs; Interim Head and Associate Professor of Biostatistics,Department of Epidemiology and Biostatistics,University of Georgia; Distinguished Professor Emeritus, Past Director of Suicide Center, Adjunct Professor of Psychiatry, and Adjunct Professor of Family Medicine, University of South Carolina, School of Medicine, Columbia, South Carolina; Professor and Chair of Texas Tech University; and, the Office of the Inspector General of the U.S. Department of Veterans Affairs, provided testimony. See The Truth about Veterans' Suicides, Serial No. 110–86.

Full Committee Hearing—Implementing the Wounded Warrior Provisions of the National Defense Authorization Act for Fiscal Year 2008

On June 11, 2008, the full Committee held a hearing to examine the progress that has been made in implementing the wounded warrior provisions in the National Defense Authorization Act of 2008. The hearing also explored barriers to implementation and analyzed what additional actions need to be taken by the U.S. Department of Defense and the U.S. Department of Veterans Affairs to enhance the care given to wounded service members and veterans.

Witnesses from the RAND Corporation, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense, provided testimony before the Committee. See Implementing the Wounded Warrior Provisions of the National Defense Authorization Act for Fiscal Year 2008, Serial No. 110–91.

National Association of County Veterans Service Officers—Charleston, South Carolina

From June 19–20, 2008, minority staff spoke at the "Legislative Panel" to address issues facing our nation's veterans and their families, as well as to provide an overview of legislative issues for the 110th Congress.

Full Committee Hearing—Why Does the VA Continue to Give a Suicide-Inducing Drug to Veterans with PTSD?

On July 9, 2008, the full Committee conducted an oversight hearing in response to recent events concerning a smoking cessation study at the U.S. Department of Veterans Affairs (VA). The hearing focused on the risks to veterans enrolled in the study and the failure to properly alert study participants of the latest relevant safety information about pharmaceutical drugs used in ongoing research.

Witnesses from the U.S. Department of Veterans Affairs, the Food and Drug Administration, Office of the Inspector General of the U.S. Department of Veterans Affairs, Pfizer Inc., among other witnesses, delivered testimony before the Committee. See Why Does the VA Continue to Give a Suicide-Inducing Drug to Veterans with PTSD?, Serial No. 110–96.

Full Committee Meeting—Commission on the Future for America's Veterans

On July 30, 2008, the full Committee held a closed meeting with the Commission on the Future for America's Veterans. The purpose of the roundtable discussion was to allow the members of the Commission on the Future for America's Veterans to present their findings and recommendations.

Members of the Committee on Veterans' Affairs and members of the Commission participated in the roundtable discussion.

Disabled American Veterans Convention—Las Vegas, Nevada

From August 9–11, 2008, majority and minority staff spoke at the "Service & Legislative Seminar" of the Disabled American Veterans Convention to discuss the legislative priorities of the Committee on Veterans' Affairs.

Site Visit to Las Vegas, Nevada

On August 12, 2008, minority staff conducted a site visit to the U.S. Department of Veterans Affairs (VA) construction site for the future VA Health Care complex in North Las Vegas. The tour was led by the Honorable Shelley Berkley and the Honorable Jon Porter with the Secretary of the VA, The Honorable James B. Peake, M.D., also in attendance. The future 937,000 square foot facility, which is slated to open in 2011, will serve southern Nevada's 250,000 veterans.

Full Committee Meeting—CRISIS: The VA Shreds Veterans' Confidence

On November 19, 2008, the full Committee held a roundtable to discuss the recent reports of documents being shredded at VA regional offices.

The following joined the Members of the Committee to provide open discussion on the possible solutions to the problem of shredding documents: veterans service organizations; the U.S. Department of Veterans Affairs; American Federation of Government Employees; National Veterans Legal Services Program; and the National Organization of Veterans Advocates, Inc.

ACTIVITIES OF THE SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Markup of H.R. 1284 and H.R. 797

On March 13, 2007, the Subcommittee met and marked up H.R. 1284, the Veterans' Compensation Cost-of-Living Adjustment Act of 2007, introduced by the Honorable John J. Hall on March 1, 2007, and H.R. 797, the Blinded Veterans Paired Organ Act of 2007, introduced by the Honorable Tammy Baldwin on February 5, 2007. Both bills were forwarded to the full Committee by voice vote.

Subcommittee Legislative Hearing—H.R. 67, H.R. 1435, H.R. 1444 and H.R. 1490

On April 17, 2007, the Subcommittee conducted a legislative hearing on H.R. 67, the Veterans Outreach Improvement Act of 2007, introduced by the Honorable Mike McIntyre on January 4, 2007; H.R. 1435, the Department of Veterans Affairs Claims Backlog Reduction Act of 2007, introduced by the Honorable Joe Baca on March 9, 2007; H.R. 1444, the Interim Benefit Payments for Certain Remanded Claims, introduced by the Honorable John J. Hall on March 9, 2007; and, H.R. 1490, the Service Connection Presumption for Certain Claims, introduced by the Honorable Joe Donnelly on March 13, 2007.

The Subcommittee heard testimony from Members of Congress on their respective bills; representatives of the veterans' service field; veterans' service organizations; North Carolina Central University School of Law; National Organization of Veterans Advocates; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 67, H.R. 1435, H.R. 1444 and H.R. 1490, Serial No. 110–11.

Subcommittee Markup of H.R. 1660

On April 24, 2007, the Subcommittee met and marked up H.R. 1660, to direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region, introduced by the Honorable John T. Salazar. H.R. 1660 was forwarded to the full Committee by unanimous consent.

Subcommittee Markup of H.R. 67

On May 8, 2007, the Subcommittee met and marked up H.R. 67, the Veterans Outreach Improvement Act of 2007, introduced by the Honorable Mike McIntyre. This bill would require the U.S. Department of Veterans Affairs to partner with state and local governments, through grant opportunities, to reach out to veterans and their families to ensure receipt of benefits for which they are eligible and assist them in completing their benefit claims. H.R. 67 was forwarded to the full Committee by unanimous consent.

Subcommittee Legislative Hearing—H.R. 156, H.R. 585 and H.R. 704

On June 19, 2007, the Subcommittee held a legislative hearing to consider three bills: H.R. 156, which would change the date of eligibility for Disability and Indemnity Compensation (DIC) payments to survivors of former Prisoners of War (POWs) to include those who died before September 30, 1999, introduced by the Honorable Tim Holden; H.R. 585, which would expand the Traumatic Servicemembers' Group Life Insurance (TSGLI) to provide retroactive payments to all qualifying service members who served since October 7, 2001, regardless of location, introduced by the Honorable Stephanie Herseth Sandlin; and, H.R. 704, which would reduce from 57 to 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of DIC payments otherwise payable to that spouse, introduced by the Honorable Gus M. Bilirakis.

The Subcommittee heard testimony from The Honorable Tim Holden; the U.S. Department of Veterans Affairs; several veterans' service organizations; Wounded Warrior Project; and, Iraq and Afghanistan Veterans of America. See Legislative Hearing on H.R. 156, H.R. 585 and H.R. 704, Serial No. 110–28.

Subcommittee Legislative Hearing—H.R. 674, H.R 1273, H.R. 1900, H.R. 1901, H.R. 2346, H.R. 2696, and H.R. 2697

On July 31, 2007, the Subcommittee held a legislative hearing on the following bills: H.R. 674, which would repeal the sunset provisions in current law eliminating the VA Advisory Committee on Minority Veterans, introduced by the Honorable Luis Gutierrez; H.R. 1273, which would extend eligibility for a $300 plot allowances to certain populations of veterans buried in private cemeteries, introduced by the Honorable Shelley Berkley; H.R. 1900 and 1901, which would extend eligibility for low-income pension benefits to veterans who received an Armed Forces Expeditionary Medal or who served during specified time periods, respectively, both introduced by the Honorable Nick Rahall; H.R. 2346, which would direct the Department of Veterans Affairs to establish a process to determine whether a geographic area is sufficiently served by the veterans' cemeteries located there, introduced by the Honorable Vito Fossella; H.R. 2696, which would increase burial benefits and authorize additional grants to be awarded for state cemeteries, introduced by the Honorable Doug Lamborn; and, H.R. 2697, which would extend eligibility for Veteran's Mortgage Life Insurance (VMLI) to members of the Armed Forces, introduced by the Honorable Doug Lamborn.

The Subcommittee heard testimony from Members of Congress; veterans service organizations; International Cemetery, Cremation and Funeral Association; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 674, H.R 1273, H.R. 1900, H.R. 1901, H.R. 2346, H.R. 2696, and H.R. 2697, Serial No. 110–40.

Subcommittee Legislative Hearing—H.R. 1137, H.R. 3047, H.R. 3249, H.R. 3286, H.R. 3415, H.R. 3954, and H.R. 4084

On November 8, 2007, the Subcommittee conducted a legislative hearing on H.R. 1137, which would increase the Medal of Honor special pension, introduced by the Honorable Henry Brown on February 16, 2007; H.R. 3047, The Veterans Claims Processing Innovation Act of 2007, introduced by the Honorable Doug Lamborn on July 16, 2007; H.R. 3249, The Veterans Burial Benefits Improvement Act of 2007, introduced by the Honorable Shelley Berkley on July 31, 2007; H.R. 3286, which would alter the time period for which a veteran must be rated totally disabled to receive certain death benefits, introduced by the Honorable Bob Filner on August 1, 2007; H.R. 3415, which would authorize domestic memorial markers for individuals buried in American Battle Monument Commission cemeteries, introduced by the Honorable James Langevin on August 3, 2007; H.R. 3954, Providing Military Honors for our Nation's Heroes Act, also introduced by the Honorable Bob Filner on October 24, 2007; and H.R. 4084, the Veterans Quality of Life Study Act of 2007, introduced by the Honorable John J. Hall on November 6, 2007.

The Subcommittee heard testimony from veterans service organizations and the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 1137, H.R. 3047, H.R. 3249, H.R. 3286, H.R. 3415, H.R. 3954, and H.R. 4084, Serial No. 110–60.

Second Session

Subcommittee Markup of H.R. 5892

On Thursday April 24, 2008, the Subcommittee met and marked up H.R. 5892, introduced by the Honorable John J. Hall on April 24, 2008. A bill to comprehensively modernize the Veterans Benefits Administration's (VBA) system by which it adjudicates claims for service-connected disability compensation submitted by disabled veterans or their survivors. H.R. 5892 was forwarded to the full Committee by voice vote.

Subcommittee Legislative Hearing—H.R. 1197, H.R. 3008, H.R. 3795, H.R. 4274, H.R, 5155, H.R. 5448, H.R. 5454, H.R. 5709, H.R. 5954, H.R. 5985, and H.R. 6032

On June 12, 2008, the Subcommittee held a legislative hearing on H.R. 1197, Prisoner of War Benefits Act of 2007, introduced by the Honorable Gus M. Bilirakis; H.R. 3008, Rural Veterans Services Outreach and Training Act, introduced by the Honorable David Wu; H.R. 3795, You Were There, You Get Care Act of 2007, introduced by the Honorable Bob Filner; H.R. 4274, Gold Star Parents Annuity Act of 2007, introduced by the Honorable James T. Walsh; H.R. 5155, Combat Veterans Debt Elimination Act of 2008, introduced by the Honorable Carol Shea-Porter; H.R. 5448, Full Faith

in Veterans Act of 2008, introduced by the Honorable Thomas H. Allen; H.R. 5454, to establish a presumption of service connection of amyotrophic lateral sclerosis (ALS) for purposes of the laws administered by the Secretary of Veterans Affairs, introduced by the Honorable Henry E. Brown, Jr.; H.R. 5709, Veterans Disability Fairness Act, introduce by the Honorable Zachary T. Space; H.R. 5954, to provide veterans for presumptions of service connection for purposes of benefits under laws administered by Secretary of Veterans Affairs for diseases associated with service in the U.S. Armed Forces and exposure to biological, chemical, or other toxic agents as part of Project 112, introduced by the Honorable Mike Thompson; H.R. 5985, Compensation for Combat Veterans Act, introduced by the Honorable Bruce L. Braley; and, H.R. 6032, to direct the Secretary of Veterans Affairs to provide wartime disability compensation for certain veterans with Parkinson's Disease, introduced by the Honorable Bob Filner. This hearing examined these bills which focused on establishing presumptions for service connected injuries.

The Subcommittee heard testimony from Members of Congress on their respective bills; Institute of Medicine, National Academy of Sciences; Congressional Research Service; veterans' service organizations; a disabled veteran on behalf of The ALS Association; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 1197, H.R. 3008, H.R. 3795, H.R. 4274, H.R, 5155, H.R. 5448, H.R. 5454, H.R. 5709, H.R. 5954, H.R. 5985 and H.R. 6032, Serial No. 110–92.

OVERSIGHT ACTIVITIES

First Session

Subcommittee Hearing—The Impact of Operation Iraqi Freedom/Operation Enduring Freedom on the U.S. Department of Veterans Affairs Claims Process

On March 13, 2007, the Subcommittee held a hearing on the impact of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) on the U.S. Department of Veterans Affairs (VA) Claims Process. The purpose of this hearing was to examine whether the VA benefits claims process is properly equipped to handle the influx of service members returning from OIF/OEF.

The Subcommittee heard testimony from the U.S. Government Accountability Office; John F. Kennedy School of Government; Veterans for America; Iraq and Afghanistan Veterans of America; National Association of County Veterans Service Officers; VoteVets; and, the U.S. Department of Veterans Affairs. See The Impact of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) on the U.S. Department of Veterans Affairs Claims Process, Serial No. 110–8.

Subcommittee Hearing—Helping Those Left Behind: Are We Doing Enough for the Parents, Spouses and Children of Veterans?

On April 24, 2007, the Subcommittee held a hearing addressing benefits for relatives of veterans and to explore whether the federal government is effectively and efficiently providing the families of

veterans with the benefits earned through the service of their loved ones.

In addition to the testimony provided by the Honorable Brad Ellsworth, who spoke on behalf of a caregiver of a child of a veteran, and the Honorable Tom Latham, the Subcommittee heard the experiences of several dependants currently affected by the veterans' benefits process. The Subcommittee also heard testimony from representatives from the Gold Star Wives of America; National Military Families Association; National Veterans Legal Services Program; and, the U.S. Department of Veterans Affairs. See Helping Those Left Behind: Are We Doing Enough for the Parents, Spouses and Children of Veterans?, Serial No. 110–16.

Subcommittee Hearing—Veterans Cemeteries: Honoring Those Who Served

On May 8, 2007, the Subcommittee held a hearing to examine several issues relating to memorial benefits and veterans' cemeteries including policies for headstones and markers, funding issues, burial and plot allowances, and delays in internment due to high volume of demand.

The Director of the National Park Service; the Superintendent of Arlington National Cemetery; the Executive Director of the American Battle Monuments Commission; AMVETS; National Funeral Directors Association; National Association of State Directors of Veterans Affairs; the U.S. Department of Veterans Affairs provided testimony. See Veterans Cemeteries: Honoring Those Who Served, Serial No. 110–19.

Subcommittee Hearing—The Challenges Facing the U.S. Court of Appeals for Veterans Claims

On May 22, 2007, the Subcommittee held an oversight hearing to examine the challenges and issues surrounding the U.S. Court of Appeals for Veterans Claims with a particular focus on a measure to decrease the backlog and increase efficiency to provide a swifter appeals process for veterans.

The Subcommittee heard testimony from Chief Judge William P. Greene, Jr., U.S. Court of Appeals for Veterans Claims; Bart Stichman, Joint Executive Director of the National Veterans Legal Services; Robert Chisholm, Former President of the National Organization of Veterans' Advocates; Brian Lawrence, Assistant National Legislative Director of the Disabled American Veterans; and, The Honorable James P. Terry, Chairman, Board of Veterans' Appeals. See The Challenges Facing the U.S. Court of Appeals for Veterans Claims, Serial No. 110–24.

Subcommittee on Disability Assistance and Memorial Affairs and Subcommittee on Health Joint Hearing—Issues Facing Women and Minority Veterans

On July 12, 2007, the Subcommittees conducted a joint hearing on issues facing women and minority veterans. This hearing addressed the centers within the VA intended to ensure that women and minority veterans encounter no disparities in treatment or access to benefits, health care and other services. The Subcommittees also examined if appropriate outreach exists to ensure the inclusion of women and minorities in VA programs.

The Honorable Heather Wilson; Advisory Committee on Women Veterans; veterans' service organizations; and, interested stakeholders provided testimony. See Joint Hearing on Issues Facing Women and Minority Veterans, Serial No. 110–33.

Subcommittee Hearing—Board of Veterans' Appeals Adjudication Process and the Appeals Management Center

On September 25, 2007, the Subcommittee held a hearing on the adjudication process, policies and current backlog of the Board of Veterans' Appeals adjudication process and the Appeals Management Center. The purpose of this hearing was to examine these entities and assess whether the processes currently in place were helping reduce the veterans' claims backlog and improve the experience of veteran claimants.

The Subcommittee heard testimony from veterans service organizations; National Veterans Legal Services Program; National Organization of Veterans Advocates; the U.S. Department of Veterans Affairs; and the Board of Veterans' Appeals. See Board of Veterans' Appeals Adjudication Process and the Appeals Management Center, Serial No. 110–46.

Subcommittee Field Hearing—Personal Costs of the U.S. Department of Veterans Affairs Claims Backlog, New Windsor, New York

On October 9, 2007, the Subcommittee held a hearing on the impact of the VA disability claims backlog, the impact of the extended wait times on the personal lives and financial well-being of veterans, and to address the performance of the New York City regional office, which was behind the national average.

This hearing focused on four local veterans and their experiences with filing a disability benefits claim with the VA: Alex Lazos, John Rowan on behalf of veteran Ted Wolf, Eddie Senior, and Eddie Ryan. The Subcommittee also heard testimony from the Orange County Veterans Agency; Vietnam Veterans of America; The American Legion; and, Michael Walcoff, Associate Deputy Under Secretary for Field Operations of the U.S. Department of Veterans Affairs. See Personal Cost of the U.S. Department of Veterans Affairs Claims Backlog, New Windsor, NY, Serial No. 110–51.

Site visit to St Petersburg, Florida

From December 9–10, 2007, majority and minority staff attended the St. Petersburg Veterans Service Center Manager Training Conference (VSCM). The VSCM training is a bi-annual event attended by managers from each of the Veterans Benefits Administration service centers. The purpose of the training is to inform managers of new VA policies and practices, legislation, and court decisions. By attending this conference, staff members were able to gain valuable knowledge of efforts being made by the VA to better train their employees.

Site Visit to Baltimore, Maryland

On December 11, 2007, the majority staff attended an informational briefing and tour with the Veterans Benefits Administration (VBA) Training Academy Director and several staff members to examine VA's standardized training regimen and practices. Staff also

met with employees attending training as well as those employees providing training assistance and supervision. The visit provided greater insight on challenges and successes of the VBA's efforts to establish more structured and mandatory training requirements including, but not limited to, online training.

Site Visit to Baltimore, Maryland

On December 18, 2007, majority staff traveled to Baltimore for an oversight visit at the U.S. Department of Veterans Affairs Regional Office (RO). The visit to the Baltimore RO gave staff the opportunity to review the claims processing in place within the Veterans Benefits Administration (VBA) and to see how those processes are operationalized in the field.

The Baltimore RO operates all five of the VBA business lines (compensation and pension, vocational rehabilitation and employment, home loan, education, and insurance). Additionally, it has 140 FTE with about 100 in the Service Center, of those staff, there are 23 Rating Veterans Service Representatives with 11 still in training status. There is a rating inventory of 6,100 cases which is 1.5 percent of the national workload. There are approximately 1,000 new claims a month and approximately 800 claims ready to be rated; therefore, about 200 will be brokered to another RO. Some claims have upward of 30 issues. The Baltimore backlog is at 132 days. Approximately 10 percent (100 cases) of their decisions are appeals with 50 percent (50 cases) of those going to the Board and 20 percent (5–8 cases) are remanded. Overall the Baltimore RO seems to be doing fairly well. The staff is continuously trying to revamp and improve their claims processing system for a more efficient and effective way of processing claims.

Second Session

Site Visit to Philadelphia, Pennsylvania

On January 25, 2008, majority and minority staff had the opportunity to visit the Philadelphia U.S. Department of Veterans Affairs Regional Office (RO). The visit gave staff the opportunity to review operations at the Insurance Center and tour the RO.

In addition to Philadelphia, Pennsylvania has a RO in Pittsburgh. The Philadelphia RO services 40 of the eastern counties and seven counties in New Jersey with approximately 7,300 pending claims to be rated. It operates all five of the Veterans Benefits Administration business lines (compensation and pension, vocational rehabilitation and employment, home loan, education, and insurance). In addition, the Pension Maintenance Center serves constituents residing in 21 eastern states of the United States, Puerto Rico, and all foreign countries with the exception of Central and South America. Overall the Philadelphia RO is trying to implement a system to better process claims in the most effective way.

Subcommittee Hearing—The Use of Artificial Intelligence to Improve the VA's Claims Processing System

On January 29, 2008, the Subcommittee held a hearing to examine the issues surrounding the use of artificial intelligence technology in hopes of improving the Department of Veterans Affairs (VA) claims processing system. For several years the VA has come

under harsh scrutiny with the paper based and labor intensive way it processes claims. With the use of artificial intelligence, it could potentially reduce the 800,000 pending claims backlog and the 183-day processing time.

The Subcommittee heard testimony from many different people including veterans; the Wounded Warrior Project; Carnegie Mellon University; Vanderbilt University School of Medicine; QTC Medical Services, Inc.; Stratizon Corporation; Unum; the U.S. Department of Veterans Affairs; and, several veterans' service officers. See the Use of Artificial Intelligence to Improve VA's Claims Processing System, Serial No. 110–66.

Subcommittee Hearing—Examining the U.S. Department of Veterans Affairs Claims Processing System

On February 14, 2008, the Subcommittee held a hearing to examine the U.S. Department of Veterans Affairs (VA) claims processing system at VA's 57 regional offices (RO). The hearing looked at ways to handle the thousands of backlogged claims that are currently being processed by the RO. There are nearly 650,000 claims that have not been processed. Additionally, the hearing served as a way to highlight the problems in the appeals process, beginning with the failure to develop and adjudicate original claims within the RO.

The Subcommittee heard testimony from, among others, the CNA Corporation; Committee on Medical Evaluation of Veterans for Disability Benefits Board on Military and Veterans Health, Institute of Medicine; U.S. Government Accountability Office; National Veterans Legal Services Program; American Federation of Government Employees; veterans' service organizations; Wounded Warrior Project; the U.S. Department of Veterans Affairs; and, the John F. Kennedy School of Government, Harvard University. See Examining the U.S. Department of Veterans Affairs Claims Proceeding System, Serial No. 110–70.

Subcommittee Hearing—The U.S. Department of Veterans Affairs Schedule for Rating Disabilities

On February 26, 2008, the Subcommittee held a hearing to examine the changes needed to improve the disability rating system and to find ways to ensure that veterans are adequately compensated for their losses. Through studies done by the Veterans' Disability Benefits Commission, they found that the Rating Schedule is out-of-date in certain areas, does not always use the most up-to-date medical knowledge, and does not include certain factors when rating veterans.

The Subcommittee heard testimony from the U.S. Department of Defense; the U.S. Department of Veterans Affairs; veterans' service organizations; Veterans' Disability Benefits Commission; Institute of Medicine (IOM) Committee on Medical Evaluation of Veterans for Disability Benefits; IOM Committee on Evaluation of the Presumptive Disability; Center for Health Research and Policy; American Academy of Disability Evaluating Physicians; National Veterans Legal Services Program; and, the IOM Committee on Mental Healthcare for Veterans and Military Personnel and Their Families. See the U.S. Department of Veterans Affairs Rating Disability, Serial No. 110–71.

Site Visit to Newark, New Jersey

On March 27, 2008, majority and minority staff visited the Newark U.S. Department of Veterans Affairs Regional Office (RO). The visit gave staff the opportunity to review the claims processes in place within the Veterans Benefit Administration (VBA) and to see how those processes are carried out in the field.

The Newark RO is a smaller office and operates all five of the VBA business lines (compensation and pension, vocational rehabilitation and employment, home loan, education, and insurance). The RO has 95 FTE with about 63 in the Veterans Service Center of those staff, there are about 29 Rating Veterans Service Representatives (RVSR), with about ten new employees in training status. Their rating inventory is 3,450 cases, which is less than 1 percent of the national workload. There are approximately 500 new claims a month. Additionally, there are approximately 650 claims that are ready to rate; therefore, about 250 will be brokered to another RO. Their backlog is at 142 days, but that is down from 159 days last year. Their accuracy rating is at 83 percent below the 90 percent target. Approximately 21 percent of their decisions are avoidable remands, which is a slight increase from last year's 19.8 percent and their 17 percent target. Currently, there were three remands on station; 70–80 percent of those cases are sent to the Appeals Management Center. Overall the Newark RO is improving its overall claims processing system.

Subcommittee Hearing—Legislative Hearing on the Veterans Disability Benefits Claims Modernization Act of 2008

On April 10, 2008, the Subcommittee held a legislative hearing to comprehensively modernize the Veterans Benefits Administration's system by which it adjudicates claims for service-connected disability compensation submitted by disabled veterans or their survivors. The current backlog of disability claims is approximately 650,000 and VA expects to receive one million additional compensation and pension claims by the end of 2008. Currently, the average time it takes for VA to process a claim is 183 days, up from 177 days in 2006. The Subcommittee examined the growing backlogs at both the Court of Appeals for Veterans Claims and the Board of Veterans Appeals.

The Subcommittee heard testimony from the U.S. Court of Appeals for Veterans Claims; veterans' service organizations; the National Veterans Legal Services Program; the Board of Veterans Appeals; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on the Veterans Disability Benefits Claims Modernization Act of 2008, Serial No. 110–81.

Subcommittee Field Hearing—Is the VA Cemetery Construction Policy Meeting the Needs of Today's Veterans and their Families?, Colorado Springs, Colorado

On May 2, 2008, the Subcommittee held a hearing on the policy of the U.S. Department of Veterans Affairs for constructing cemeteries. The hearing examined VA's current policy regarding the construction of new national cemeteries. VA has determined that new national cemeteries will be established in areas with an un-

served veteran population threshold of 170,000 within a 75-mile service radius.

The Subcommittee heard testimony from the Gold Star Wives in Colorado; an Iraq war widow; El Paso County National Cemetery Committee; El Paso County Board of Veterans; The American Legion Department of Colorado; Colorado stakeholders; and, the U.S. Department of Veterans Affairs. See the Is the VA Cemetery Construction Policy Meeting the Needs of Today's Veterans and their Families?, Serial No. 110–85.

Subcommittee Hearing—Examining the Effectiveness of the VBA Outreach Efforts

On May 22, 2008, the Subcommittee held a hearing to investigate the programs and strategic plan developed by the Veterans Benefits Administration to conduct outreach to veterans, families, and survivors to educate them on the Federal Benefits available to them and the application processes.

The Subcommittee heard testimony from the National Association of State Directors of Veterans Affairs; National Association of County Veteran Service Officers; veterans' service organizations; the Ad Council; the U.S. Department of Veterans Affairs; and, the U.S. Department of Defense. See Examining the Effectiveness of the Veterans Benefits Administration Outreach Efforts, Serial No. 110–89.

Site visit to Seattle, Washington

From August 13–15, 2008, majority and minority staff traveled to the Veterans Benefits Administration Leadership Conference in Seattle to attend informational sessions convened by the Veterans Benefits Administration (VBA) leadership. Staff was afforded the opportunity to hear from veterans assembled by VA, as well as leadership personnel from VBA field operations. Break-out sessions were conducted on recent studies pertaining to state variances of disability payments, the Veterans' Disability Benefits Commission and related Institute of Medicine Study findings, OIF/OEF priority processing needs, attorney representation, VA succession planning, and education, insurance and loan guaranty issues. The visit was productive as it allowed Committee staff to talk directly to VBA leadership and to receive insightful information on recently released and pending reports regarding improving the disability claims processing system.

Site Visit to Western Pacific

From August 24–30, 2008, majority and minority staff attended a staff delegation site visit to the Western Pacific. The purpose of this trip was to assess how the relocation from Japan to Guam of approximately 8,000 Marines and sailors, 3,000 soldiers and airman, along with 9,000 family members from 2010 until 2014 could potentially affect the Veterans Benefits Administration's (VBA) claims processing workload and its need to realign its transition activities. A particular focus of the visit was on the VBA Transition Assistance program, the Disabled Transition Assistance Program, and the Benefits Delivery at Discharge program for the region, especially for Operation Enduring Freedom and Operation Iraqi Freedom veterans. The trip gave the staff the opportunity to talk to vet-

erans, active duty military, and veterans' service organizations to see what type of potential impact this transition would have on the military.

Subcommittee Hearing—Examining the Effectiveness of the Veterans Benefits Administration's Training, Performance Management and Accountability

On September 18, 2008, the Subcommittee held a hearing to investigate how well the VA trains its newly-hired Veterans Service Representatives and Rating Veterans Service Representatives. New employees are to follow a national standardized training curriculum at one of the 57 Regional Offices to which they are assigned. This hearing focused on how well these employees are being trained, what improvements need to be made to the training process, and how effective the training is after completion.

The Subcommittee heard testimony from the U.S. Government Accountability Office; a Decision Review Officer, Cleveland Regional Office; National Veterans Legal Services Program; Human Resources Research Organization; U.S. Department of Veterans Affairs and, several veterans' service organizations. See Examining the Effectiveness of the Veterans Benefits Administration's Training, Performance Management and Accountability, Serial No. 110–105.

Site Visit to Winston-Salem, North Carolina

On November 6, 2008, majority and minority staff had the opportunity to visit the Winston-Salem U.S. Department of Veterans Affairs Regional Office (RO) in North Carolina. The staff had the opportunity to review the Benefits Delivery at Discharge (BDD) program and paperless pilot project being conducted at the RO.

The Winston-Salem RO operates all five of the VBA business lines (compensation and pension, vocational rehabilitation and employment, home loan, education, and insurance). There are 525 FTE with 437 in the Service Center and of that number; there are 70 Rating Veterans Service Representatives (RVSR) with many in trainee status. There is a rating inventory of 20,022 cases and approximately 6,000 claims that are ready to rate; therefore, about 600 will be brokered to another RO since the station is having capacity issues and does not have enough RVSRs to adjudicate the ready to rate claims. (This is the highest amount of ready to rate claims in a RO visited by the Subcommittee to date). They do not broker the BDD claims and some of the newer claims have upward of 30 issues. They are making about 4,000 rating decisions a month. The overall accuracy rate for the RO is 88.8 percent—below its 90 percent target for FY 2008. The national accuracy target is 90 percent, however, their accuracy target is expected to increase as more FTE are trained. It takes the RO 197 days to complete a claim, the target is 174 days. Approximately 15 percent of their decisions are on appeal and 15 percent are remanded.

The Winston-Salem RO is one of two centralized regional offices that are processing BDD claims from 23 other ROs that have multiple intake sites at military installations. (Salt Lake City, Utah, is the other BDD facility.) The BDD claims take the Winston-Salem RO an average of 86 days to complete processing in their paperless environment, known as Virtual VA. The target number of days to

complete a BDD claim is still 60 days. There were 2,192 pending claims at the time of the site visit, representing 20 percent of the RO workload. Appeals are being worked virtually as well.

Overall, the Winston-Salem office seems to be doing well. With the paperless claims processing in place, it looks like this could be a good way to handle the backlog of claims.

Site Visit to Nashville, Tennessee

On November 24, 2008, the majority and minority staff of the Disability Assistance and Memorial Affairs and Oversight and Investigations Subcommittees, visited the Nashville U.S. Department of Veterans Affairs Regional Office (RO) and the VA Quality Assurance Program. The visit was an opportunity for Committee staff to review the claims processing operations and to visit with VBA Quality Assurance Program leadership who administer the Systemic Technical Accuracy Review (STAR) and Compensation and Pension Exam Program (CPEP). STAR and CPEP are measurement tools used primarily to assess the quality and accuracy of disability benefits claims and of medical examinations conducted by the VHA for the VBA Compensation and Pension Service, respectively.

The RO visit was productive. Staff was able to meet with the RO Director as well as to meet with VSO and union representatives. Staff also was able to receive an extensive briefing on the expansion of the VBA quality assurance staff and types of claims. Subcommittee staff was encouraged by the level of productivity of the Quality Assurance (QA) staff, but was concerned that the number of full-time employees assigned to VA QA office was not consistent with funds appropriated. Staff was also encouraged that CPEP leadership, which is based in the Veterans Health Administration, was working with VBA staff as it was making changes to its review process as well as to ensure rating consistency and lessen disconnects between the VBA and the VHA as it pertains to disability examinations and forms.

Site Visit to Rome, Netherlands, Belgium, France, and England

From December 14–23, 2008, majority and minority staff, along with Sidath Panangala from the Congressional Research Service, traveled on a staff delegation to conduct oversight of six American Battle Monuments Commission (ABMC) cemeteries where 124,909 U.S. war dead are interred. The Commission administers, operates, and maintains 24 permanent American burial grounds on foreign soil. CDR Glen Diehl, Navy LL provided staff escort. Specifically, the staff visited the Sicily-Rome, Margraten, Henri-Chapelle, Normandy and Cambridge Cemeteries from World War II, and the Pointe du Hoc Memorial and Brookwood Cemetery from World War I. A highlight of the trip involved meeting with citizens on Margraten, Netherlands who have implemented a long-standing, formalized and unique program for adopting the 8,302 gravesites of American WWII veterans (also includes British, Canadian and Mexican Allied Forces members) interred in the Margraten cemetery, the only ABMC site in the Netherlands region.

The cemetery visits were very valuable and allowed staff to directly view and experience the only overseas Visitors' Center lo-

cated at the Normandy Cemetery, to meet and talk with overseas staff and caretakers, and to gain a first-hand and practical understanding of the ABMC's interpretative program expansion plans and its integral relationship to its overall goals and mission. Additionally, the staff visited the Naval Hospital Naples in Italy and Landstuhl Regional Medical Center in Germany to examine the compensation and physical examination discharge processes. This portion of the trip was productive on many fronts as it allowed staff to witness the actual progress, as well as the many remaining hurdles to implementation of a single DoD/VA exam process for determining fitness for duty and degree of disability of servicemembers and related transition issues for which legislation might be needed.

ACTIVITIES OF THE SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Legislative Hearing—H.R. 1750, H.R. 1824, H.R. 1598, H.R. 1315, H.R. 1240, H.R. 675, H.R. 513, H.R. 2259, H.R. 2475, H.R. 1632, H.R. 112, H.R. 2579 and H.R. 1370

On June 21, 2007, the Subcommittee conducted a legislative hearing on H.R. 1750, to amend the Servicemembers Civil Relief Act to extend from 90 days to one year the period after release of a member of the Armed Forces from active duty during which the member is protected from mortgage foreclosure under that Act, introduced by the Honorable Albert Russell Wynn on March 28, 2007; H.R. 1824, to amend title 38, United States Code, to expand the scope of programs of education for which accelerated payments of educational assistance under the Montgomery GI Bill may be used, and for other purposes, introduced by the Honorable Michael H. Michaud on April 26, 2007; H.R. 1598, the Servicemembers Credit Protection Act, introduced by the Honorable Steve Israel on April 13, 2007; H.R. 1315, to amend title 38, United States Code, to provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family member, introduced by the Honorable Stephanie Herseth Sandlin on March 5, 2007; H.R. 1240, to direct the Secretary of Veterans Affairs to establish a scholarship program for students seeking a degree or certificate in the areas of visual impairment and orientation and mobility, introduced by the Honorable Sheila Jackson Lee on February 28, 2007; H.R. 675, Disabled Veterans Adaptive Housing Improvement Act, Introduced by the Honorable Stephanie Herseth Sandlin on January 24, 2007; H.R. 513, National Heroes Credit Protection Act, introduced by the Honorable Robert A. Brady on January 17, 2007; H.R. 2259, to ensure that members of the National Guard and Reserves are able to fully participate in the benefits delivery at discharge program administered jointly by the Secretary of Defense and the Secretary of Veterans Affairs to provide information and assistance on available benefits and other transition assistance to members of the Armed Forces who are separating from the Armed Forces, introduced by the Hon-

orable Peter Welch on May 9, 2007; H.R. 2475, Veteran Home Equity Conversation Mortgage Act of 2007, introduced by the Honorable Michael H. Michaud on May 24, 2007; H.R. 1632, Improving Veterans' Reemployment Act of 2007, Introduced by the Honorable David G. Reichert on March 21, 2007; H.R. 112, G.I. Advanced Education in Science and Technology Act, introduced by the Honorable Jo Ann Davis on January 4, 2007; H.R. 2579, to amend title 38, United States Code, to authorize the use of funds in the Department of Veterans Affairs readjustment benefits accounts and funds appropriated for such purpose to provide funding for State approving agencies, introduced by the Honorable John Boozman on June 6, 2007; H.R. 1370, Disabled Veterans Sports and Special Events Promotion Act of 2007, introduced by the Honorable Steve Buyer on March 7, 2007.

The Members of Congress testified on their respective bills. See Legislative Hearing on H.R. 1750, H.R. 1824, H.R. 1598, H.R. 1315, H.R. 1240, H.R. 675, H.R. 513, H.R. 2259, H.R. 2475, H.R. 1632, H.R. 112, and H.R. 1370, Serial No. 110–30.

Subcommittee Markup of H.R. 1315, H.R. 1750, H.R. 1240, and H.R. 1632

On June 29, 2007, the Subcommittee met and marked up H.R. 1315, Veterans' Benefits Improvement Act of 2007, introduced by the Honorable Stephanie Herseth Sandlin on March 5, 2007; H.R. 1750, introduced by the Honorable Albert Russell Wynn on March 28, 2007; H.R. 1240, Visions Impairment Specialist Training Act, introduced by the Honorable Sheila Jackson-Lee on February 28, 2007; and H.R. 1632, Improving Veterans' Reemployment Act of 2007, introduced by the Honorable David G. Reichert on March 21, 2007. H.R. 1750, H.R. 1240, and H.R.1632 were amended and favorably reported to the full Committee.

Subcommittee Markup of H.R. 513 and H.R. 3882

On October 25, 2007, the Subcommittee met and marked up H.R. 513, The National Heroes Credit Protection Act, introduced by the Honorable Robert A. Brady on January 17, 2007, and H.R. 3882, introduced by the Honorable Timothy J. Walz on October 17, 2007. Both bills were favorably reported to the full Committee.

Second Session

Subcommittee Legislative Hearing—H.R. 4883, H.R. 4884, H.R. 4889, H.R. 4539, H.R. 3646, H.R. 5664, H.R. 3798, H.R. 3393, H.R. 3298, H.R. 3467, H.R. 3889, H.R. 3681 and H.R. 5684

On April 16, 2008, the Subcommittee conducted a legislative hearing on H.R. 4883, to amend the Servicemembers Civil Relief Act to provide for a limitation on the sale, foreclosure, or seizure of property owned by a service member during the one-year period following the service member's period of military service, introduced by the Honorable Bob Filner on December 19, 2007; H.R. 4884, Helping Our Veterans to Keep Their Homes Act of 2008, introduced by the Honorable Bob Filner on December 19, 2007; H.R. 4889, The Guard and Reserves Are Fighting Too Act of 2008, introduced the Honorable Bob Filner on December 19, 2007; H.R. 4539,

Department of Veterans Affairs Loan Guaranty Cost Reduction Act of 2007, introduced by the Honorable Steve Buyer on December 13, 2007; H.R. 3646, to direct the Secretary of Veterans Affairs and the Secretary of Labor to conduct a joint study on the fields of employment for which the greatest need for employees exists in various geographic areas, introduced by the Honorable Cliff Stearns on September 24, 2007; H.R. 5664, To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary, introduced by the Honorable Ciro D. Rodriguez on March 31, 2008; H.R. 3798, National Guard Employment Protection Act of 2007, introduced by the Honorable Robin Hayes on October 10, 2007; H.R. 3393, Reservist Access to Justice Act of 2007, introduced by the Honorable Artur Davis on August 3, 2007; H.R. 3298, 21st Century Servicemembers Protection Act, Introduced by the Honorable Patrick J. Murphy on August 1, 2007; H.R. 3467, Second Chance for America's Veterans Act, Introduced by the Honorable John A. Yarmuth on August 4, 2007; H.R. 3889, to amend title 38, United States Code, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary, introduced by the Honorable John Boozman on October 18, 2007; H.R. 3681, Veterans Benefits Awareness Act of 2008, introduced by the Honorable John Boozman on September 27, 2007; and H.R. 5684, Veterans Education Improvement Act of 2008, introduced by the Honorable Stephanie Herseth Sandlin on April 2, 2008.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans services organizations; U.S. Department of Labor; U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 4883, H.R. 4884, H.R. 4889, H.R. 4539, H.R. 3646, H.R. 5664, H.R. 3798, H.R. 3393, H.R. 3298, H.R. 3467, H.R. 3889, H.R. 3681 and H.R. 5684, Serial No. 110–83.

Subcommittee Markup of H.R. 5684, H.R. 4884, H.R. 4883, H.R. 4889, H.R. 3681, H.R. 3889, and H.R. 5664

On April 23, 2008, the Subcommittee met and marked up H.R. 5684, Veterans Education Improvement Act of 2008; H.R. 4884, Helping Our Veterans to Keep Their Homes Act of 2008; H.R. 4883, to provide for a limitation on the sale, foreclosure, or seizure of property owned by a servicemember during the one-year period following the servicemember's period of military service; H.R. 4889, The Guard and Reserves Are Fighting Too Act of 2008; H.R. 3681, Veterans Benefits Awareness Act of 2007; H.R. 3889, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary; and, H.R. 5664, to direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary. All seven bills were reported favorably to the full Committee. H.R. 5684, H.R. 4884, H.R. 4889, H.R. 3889, and H.R. 5664 were amended and favorably reported to the full Committee.

Subcommittee Legislative Hearing—H.R. 2721, H.R. 3786, H.R. 6070, H.R. 4255, H.R. 6221, H.R. 6224, H.R. 6225, H.R. 6272

On June 19, 2008, Subcommittee held a hearing on H.R. 4255, United States Olympic Committee Paralympic Program Act of 2007, introduced by the Honorable Bob Filner; H.R. 3786, Servicemembers Telecom Contract Relief Act, introduced by the Honorable Zoe Lofgren; H.R. 2721, to amend title 10, United States Code, to require the Secretary of Veterans Affairs to develop, and the Secretary of Defense to distribute to members of the Armed Forces upon their discharge or release from active duty, information in a compact disk read-only memory format that lists and explains the health, education, and other benefits for which veterans are eligible under the laws administered by the Secretary of Veterans Affairs, introduced by the Honorable Dennis Cardoza; H.R. 6070, Military Spouses Residency Relief Act, introduced by the Honorable John R. Carter; H.R. 6272, SMOCTA Reauthorization Act of 2008, introduced by the Honorable Peter Welch; H.R. 6221, Veteran-Owned Small Business Protection and Clarification Act of 2008, introduced by the Honorable John Boozman; H.R. 6224, Pilot College Work Study Programs for Veterans Act of 2008, introduced by the Honorable Stephanie Herseth Sandlin; and, H.R. 6225, Injunctive Relief for Veterans Act of 2008, introduced by the Honorable Stephanie Herseth Sandlin.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: U.S. Olympic Committee; CTIA—The Wireless Association; veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 2721, H.R. 3786, H.R. 6070, H.R. 4255, H.R. 6221, H.R. 6224, H.R. 6225, H.R. 6272, Serial No. 110–93.

Subcommittee Markup of H.R. 4255, H.R. 2910, H.R. 3298, H.R. 2721, H.R. 6225, H.R. 6224, H.R. 6272, H.R. 6221, and H.R. 6070

On June 26, 2008, the Subcommittee met and marked up H.R. 4255, United States Olympic Committee Paralympic Program Act of 2007; H.R. 2910, Veterans Education Tuition Support Act of 2007; H.R. 3298, 21st Century Servicemembers Protection Act; H.R. 2721, to require the Secretary of Veterans Affairs to develop, and the Secretary of Defense to distribute to members of the Armed Forces upon their discharge or release from active duty, information in a compact disk read-only memory format that lists and explains the health, education, and other benefits for which veterans are eligible under the laws administered by the Secretary of Veterans Affairs; H.R. 6225, Improving SCRA and USERRA Protections Act of 2008; H.R. 6224, Pilot College Work Study Programs for Veterans Act of 2008; H.R. 6272, SMOCTA Reauthorization Act of 2008; H.R. 6221, Improving Veterans' Opportunity in Education and Business Act of 2008; and, H.R. 6070, Military Spouses Residency Relief Act. All nine bills were reported favorably to the full Committee. H.R. 4255, H.R. 2910, H.R. 3298, and H.R. 2721 were amended in Subcommittee.

OVERSIGHT ACTIVITIES

First Session

Subcommittee Hearing—Performance Review of Education Loan Guaranty, Vocational Rehabilitation and Employment and Veterans Affairs, and Veterans' Employment and Training Service Programs

On March 7, 2007, the Subcommittee conducted a hearing to examine the performance, staffing and services provided by the Education, Loan Guaranty, and Vocational Rehabilitation and Employment programs of the U.S. Department of Veterans Affairs, and Veterans' Employment and Training Service of the U.S. Department of Labor. The Subcommittee intends to advance its bipartisan legislative strategy to improve employment and on-job training/apprenticeship programs, and expand entrepreneurial opportunities, as well as promote recently separated servicemembers and veterans as a unique national resource and a ready and qualified labor pool.

The Subcommittee heard testimony from the U.S. Department of Labor and the U.S. Department of Veterans Affairs. See Performance Review of Education, Loan Guaranty, Vocational Rehabilitation and Employment, and Veterans' Employment and Training Service Programs, Serial No. 110–6.

Subcommittee Hearing—Education Benefits for National Guard and Reserve Members of the U.S. Armed Forces

On March 22, 2007, the Subcommittee held a hearing to provide a comprehensive review of sections 1606 and 1607 under title 10, United States Code (Selected Reserve programs). Specifically, the Subcommittee explored the effectiveness of various possible improvements as a means to increase the use of education benefits, as well as improving recruiting and retention in the U.S. Armed Forces.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs; U.S. Department of Defense; veterans service organizations; National Guard Bureau; Arkansas National Guard; and, the Military Officers Association of America. See Education Benefits for National Guard and Reserve Members of the U.S. Armed Forces, Serial No. 110–10.

Subcommittee Hearing—State Approving Agencies

On April 19, 2007, the Subcommittee held a hearing on State Approving Agencies. State Approving Agencies have partnered with the U.S. Department of Veterans Affairs in the administration of veterans educational and training programs for nearly 60 years. Through the program approval and supervision process, they provide assistance in reducing the opportunities for fraud, waste and abuse throughout the system.

The Subcommittee heard testimony from the U.S. Government Accountability Office; National Association of State Approving Agencies; and, the Veterans' Employment and Training Service for the U.S. Department of Labor. See State Approving Agencies, Serial No. 110–15.

Subcommittee Hearing—Accelerated Education Benefits for Veterans

On May 3, 2007, the Subcommittee held a hearing to determine: (1) if the process time is adequate and meeting the needs of the servicemembers, (2) if expansion of the eligible programs is warranted, and (3) if expansion beyond MGIB–AD Chapter 30 is warranted.

The Honorable Michael H. Michaud; Truckload Carriers Association; North American Training Management Institute; veterans service organizations; U.S. Department of Veterans Affairs; and, the National Veterans Business Development Corporation, The Veterans Corporation testified. See Accelerated Education Benefits for Veterans, Serial No. 110–18.

Site Visit to Colorado Springs, Colorado

Majority and minority staff traveled to Colorado Springs, Colorado, from May 3–7, 2007. The purpose of this visit was to review the current program for veteran physical and social rehabilitation using sports and to tour the facilities from the U.S. Olympic Committee (USOC) that provides support to the Paralympic Program.

This program helps veterans learn how to use their new equipment which can range from a wheelchair to a prosthetic limb. They engage in recreational events to help hone their fine motor skills and social events so they can see how others are coping with similar disabilities. Many of the instructors are amputees and have a very positive mental attitude and outlook on life. They make good role models for the recently injured servicemembers. Some of these instructors are still on active duty and take personal time to train these recently injured veterans.

Subcommittee Hearing—Veterans Entrepreneurship and Self Employment

On May 17, 2007, the Subcommittee held a hearing on Veterans Entrepreneurship and Self Employment and the need to act on behalf of Service-Disabled Veteran-Owned Small Businesses.

Veterans service organizations; the U.S. Small Business Administration; Veterans Enterprise Training and Service Group, Inc.; Halfaker and Associates, LLC; Oak Grove Technologies; MicroTech, LLC; National Veterans Business Development Corporation, The Veterans Corporation; and, the U.S. Department of Veterans Affairs testified. See Veterans Entrepreneurship and Self Employment, Serial No. 110–23.

Subcommittee Hearing—Specially Adaptive Housing

On June 7, 2007, the Subcommittee held a hearing to examine the two current programs to conclude if the grants are meeting the needs of disabled veterans and to conclude if the grants are meeting the needs they were designed to meet.

During the hearing, the Subcommittee heard from the U.S. Department of Veterans Affairs; veterans service organizations; National Association of Home Builders; and, Homes for Our Troops. See Specially Adaptive Housing, Serial No. 110–25.

Subcommittee Hearing—Federal Procurement and the Three-Percent Set Aside

On July 12, 2007, the Subcommittee held a hearing to focus on the government-wide goal to set aside no less than three percent of the total value of all prime contracts and subcontracts each fiscal year and explore the current state and federal procurement problems.

The subcommittee heard testimony from veteran-owned small businesses; the U.S. Small Business Administration; the U.S. Department of Defense; the U.S. Department of Veterans Affairs; Veterans Entrepreneurship Task Force, and National Association for Black Veterans; Office of Management and Budget; Oak Grove Technologies; and, MicroTech, LLC. See the Federal Procurement and the Three-Percent Set Aside, Serial No. 110–34.

Subcommittee Hearing—Contract Bundling Oversight

On July 26, 2007, the Subcommittee held a hearing to explore the need to examine the effects of contract bundling on Service-Disabled Veteran-Owned Small Businesses. The Subcommittee received complaints about the three percent and lack of federal procurement knowledge by contract officers which led to this hearing.

The Subcommittee heard testimony from MCB Lighting and Electrical; MicroTech, LLC; CSSS.NET; U.S. Small Business Administration; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See Contract Bundling Oversight, Serial No. 110–39.

Site Visit to San Diego, California

From August 29–31, 2007, majority and minority staff attended the Department of Veterans Affairs Vocational Rehabilitation and Employment Conference in San Diego, California, to speak on legislative issues that may be affecting vocational rehabilitation and employment.

Staff also attended a seminar on data and veteran entrepreneurship. While in San Diego staff visited the San Diego Regional Office and was impressed with their operation and services being offered to veterans. It was beneficial to learn that the San Diego Regional Office has a great working relationship with the adjacent military facilities.

Site Visit to Reno, Nevada

Majority and minority staff traveled to Reno, Nevada, from August 24–26, 2007. The purpose of the visit was to meet with the leadership of The American Legion's National Economic Commission. The meeting was to share with the Legion the efforts of the House Veterans Affairs Committee and to give staff the opportunity to hear the concerns and interests of the Economic Commission leadership.

The American Legion has been working to increase the visibility of the Economic Commission and raise awareness of its important component for veterans and returning servicemembers. The leadership of the Economic Commission is composed of senior members of the Legion from across the country and will carry back the accomplishments and requests to support efforts on behalf on veterans and returning servicemembers.

Subcommittee Hearing—Veterans Preference

On September 6, 2007, the Subcommittee held a hearing to explore veteran's preference and the success or lack of success the agencies are having in recruiting veterans. Additionally, the Subcommittee conducted oversight on how veteran's preference has hurt veterans and how it has benefited them as well.

The Subcommittee heard testimony from National Veterans Legal Services Program; a veteran; National Veterans Affairs of the American Federation of Government Employees; American Postal Workers Union; several veterans service organizations; U.S. Merit System Protection Board; U.S. Department of Defense; and, the U.S. Department of Agriculture. See Veterans Preference, Serial No. 110–41.

Subcommittee Hearing—Licensure and Certification of Transitioning Veterans

On September 20, 2007, the Subcommittee held a hearing to highlight the programs developed and instituted by the U.S. Department of Veterans Affairs, the U.S. Department of Defense, and the U.S. Department of Labor to track military training requirements and civilian equivalents.

Several veterans service organizations; the U.S. Department of Labor; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs provided testimony. See Licensure and Certification of Transitioning Veterans, Serial No. 110–44.

Subcommittee Hearing—Updating the Montgomery G.I. Bill

On October 18, 2007, the Subcommittee held a hearing aimed at understanding the concerns and impediments of education. The hearing allowed the Subcommittee to hear concerns and encouragements on the Total Force Montgomery GI Bill which would combine statutory authority for programs under the Department of Veterans Affairs by moving programs from the Department of Defense (Chapter 1606 of title 10 of the U.S. Code) and shifting oversight responsibility to the Committees on Veterans' Affairs from the Committees on Armed Services.

The U.S. Department of Defense; the U.S. Department of Veterans Affairs; military and veterans service organizations; and, the U.S. Department of Education testified before the Subcommittee. See Updating the Montgomery G.I. Bill, Serial No. 110–56.

Subcommittee Hearing—Department of Labor's Veterans Employment and Training Service, Disabled Veterans' Outreach Program, and Local Veterans' Employment Representative Program

On October 25, 2007, the Subcommittee held an oversight hearing on the Veterans' Employment and Training Service, Disabled Veterans Outreach Program, and Local Veteran Employment Representative program to examine their effectiveness, implementation and function with the state. These programs are dedicated to assisting transitioning servicemembers and disabled veterans to the civilian workforce.

The U.S. Department of Labor and several veterans service organizations provided testimony to the Subcommittee. See VETS DVOP/LVER Program, Serial No. 110–58.

Second Session

Subcommittee Hearing—Review of Pending Montgomery G.I. Bill Legislation

On January 17, 2008, the Subcommittee held a hearing to review legislation pending before the Subcommittee in reference to the Montgomery G.I. Bill. Bills before the Subcommittee include H.R. 2702, Post-9/11 Veterans Educational Assistance Act of 2007; H.R. 1102, Total Force Educational Assistance Enhancement and Integration Act of 2007; H.R. 2385, 21st Century G.I. Bill of Rights Act of 2007; H.R. 2247, the Montgomery G.I. Bill for Life Act of 2007; H.R. 1211, Resuming Education After Defense Service Act of 2007; H.R. 2910, Veterans Education Tuition Support Act of 2007; and, H.R. 1214, Veterans Survivors Education Enhancement Act.

Military and veterans service organizations; U.S. Department of Defense; and, the U.S. Department of Veterans Affairs provided testimony on education. See Review of Pending Montgomery G.I. Bill Legislation, Serial No. 110–64.

Subcommittee Hearing—Review of Expiring Programs

On February 13, 2008, the Subcommittee held a hearing to examine if the following expiring programs should continue to be funded: Incarcerated Veterans Transition Program; Office of Special Counsel and Department of Labor—Veterans Employment and Training Program Claim Referral Program; Apprenticeship and On-Job-Training; Demonstration Project on Adjustable Rate Mortgages; Demonstration Project on Hybrid Adjustable Rate Mortgages; Post-Vietnam Era Veterans' Educational Assistance Program; and Survivors and Dependents Educational Assistance.

Tully Rinckey PLLC; veterans service organizations; U.S. Department of Labor; and, U.S. Department of Veterans Affairs provided testimony. See Review of Expiring Programs, Serial No. 110–68.

Subcommittee Hearing—Subprime Mortgage Crisis and America's Veterans

On February 28, 2008, the Subcommittee held a hearing to examine the causes and effects of the large number of subprime foreclosures that have occurred across the country, particularly among servicemembers and veterans. It also provided the Subcommittee the opportunity to see what strategies are available for addressing the problem and its impact on the veteran community.

In addition to the U.S. Department of Veterans Affairs, the following provided testimony: UniCredit Markets and Investment Banking; Freddie Mac; National Association of Realtors, Center for Responsible Lending; and, HOPE NOW Alliance. See Subprime Mortgage Crisis and America's Veterans, Serial No. 110–74.

Subcommittee Hearing—U.S. Paralympic Military Program

On March 13, 2008, the Subcommittee held a hearing to assess the ability of the paralympics program to rehabilitate disabled veterans and active duty servicemembers, to what capacity they are able to rehabilitate, and how it has benefited our nation's disabled veterans and disabled servicemembers.

The Director of Sports and Recreation for the Paralyzed Veterans of America; Disabled American Veterans; a disabled veteran; Wounded Warrior Disabled Sports Project for Disabled Sports USA; U.S. Paralympics for the U.S. Olympic Committee; and, the U.S. Department of Veterans Affairs provided testimony. See U.S. Paralympic Military Program, Serial No. 110–77.

Site Visit to Crane, Indiana

Majority and minority staff traveled to Crane, Indiana, from March 24–25, 2008. The purpose of this site visit was to learn more about Crane Learning & Employment Center (CLEC). CLEC aims to assist veterans obtain the needed skills and education to gain employment at the Naval Surface Warfare Center in Crane, Indiana. Partnering with the military installation would allow veterans meet the needs of the base. Furthermore, during the site visit, staff learned that CLEC received a Lilly Endowment Grant of $400K to help initiate this pilot program which is scheduled to be completed on August 30, 2009.

The goal is to recruit, train, educate, and employ severely disabled veterans first at the Naval Surface Weapons Center and then widen the program's reach into the surrounding regions as distant as St. Louis, MO. The program is a pilot with five disabled veterans enrolled with a goal of 20 disabled veterans per year for the first two years.

Site Visit to Boston, Massachusetts

Majority staff traveled to Boston, Massachusetts, from March 26–28, 2008, to attend the 14th Annual Seminar for Senior Congressional and Executive Staff. The topic of discussion was "Regional Innovation—From Science to Technology, What Works, What Doesn't."

The purpose of the seminar was to review case studies to examine a broad range of recipes and identify common approaches for bringing technology to market. The seminar gave a great overview on what aspiring entrepreneurs had done in the past to bring their ideas to market, the government role in regional economic support, and the role of federal support for entrepreneurship start ups.

Site Visit to Tampa, Florida

Majority and minority staff traveled to Tampa, Florida, from March 27–28, 2008. The purpose of the travel was to visit a Vocational Rehabilitation and Employment (VR&E) site. By attending, staff was able to meet with the out-stationed VR&E officers working for the Tampa office discussed various aspects of the VR&E program in general and some specific issues regarding the VR&E program.

A presentation was made by Margarita Cocker, St. Pete VR&E Officer discussing various performance data related to the St. Pete VR&E program. During the meeting, VR&E staff discusses barrier to employment requirements and how various veterans may qualify.

Subcommittee Field Hearing—Transition Assistance Program for Guard and Reserve Forces, South Bend, Indiana

On May 16, 2008, the Subcommittee held a hearing to focus on how transition assistance programs impact Guard and Reserve forces with a focus to determine if the programs are meeting the needs of the Guard and Reserve Forces before, during and after activation. In addition, the Subcommittee reviewed the information being provided to service members and their families to be certain it is accurate and timely to make the activation as smooth as possible.

The Indiana National Guard; military spouses; active duty Guard members; Department of Indiana American Legion; County Veterans Service Officer; U.S. Department of Labor; U.S. Department of Defense; and, the U.S. Department of Veterans Affairs provided testimony. See Transition Assistance Program for Guard and Reserve Forces, Serial No. 110–87.

Site Visit to Tampa, Florida

Majority and minority staff traveled to Tampa, Florida, from June 23–24, 2008. The purpose of the site visit was to attend the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) training conference. The VR&E staff was interested in the content and possible ways the Post–9/11 Veterans Educational Assistance Act (S. 22) would affect the Vocational Rehabilitation program.

During this conference, information about S. 22 was provided to the VR&E staff and concerns were raised about the possibility of a low rate of participants in the VR&E program due to the increase of entitlements in the new G.I. Bill.

Site Visit to Las Vegas, Nevada

From July 7–8, 2008, majority staff visited Las Vegas, Nevada, to attend the Veterans Business Conference. The Conference by the Department of Veterans Affairs Center for Veterans' Enterprise had a conference to bring interested small business owners together to advise them about federal procurement. The Chairman had been invited to participate in a panel to update interested stakeholders on changes the Committee was doing to help veterans do business with the federal government.

Subcommittee Hearing—Independent Living Program

On July 10, 2008, the Subcommittee held a hearing to focus on the Vocational Rehabilitation & Employment services and the Independent Living Program. The Independent Living Program assists severely disabled service members who, due to their disability, cannot pursue their vocational goal.

Providing testimony were the National Council on Independent Living; a veteran; veterans service organizations; and, the U.S. Department of Veterans Affairs. See Independent Living Program, Serial No. 110–97.

Subcommittee Field Hearing—Transition Assistance Program, Rapid City, South Dakota

On July 28, 2008, the Subcommittee held a hearing to give stakeholders and constituents an opportunity to speak on their experiences with the Transition Assistance Program and recommend any needed improvements.

The U.S. Department of Veterans Affairs; the U.S. Department of Defense; the U.S. Department of Labor; the spouse of a veteran; veterans service organizations; South Dakota State Approving Agency; South Dakota Department of Military and Veterans Affairs; and, active duty service members presented testimony. See Transition Assistance Program, Serial No. 110–99.

Site Visit to San Diego, California

From August 6–8, 2008, minority staff attended the first annual VA Summer Sports Clinic. The purpose of the program is to introduce disabled veterans to a wide range of sports as a means to increase their level of rehabilitation.

Subcommittee Field Hearing—Uniformed Services Employment and Reemployment Rights Act and Servicemembers Civil Relief Act Issues, Bentonville, Arkansas

On August 18, 2008, the Subcommittee held a hearing to focus on the Uniformed Services Employment and Reemployment Rights Act and Servicemembers Civil Relief Act issues. Some service members have described problems with employers after returning from deployment such as being unable to get their jobs back; it has been a constant problem for both service members and employers.

Family Readiness Coordinator for Headquarters 142d Fires Brigade of the Arkansas National Guard; Arkansas Field Committee, Employer Support of the Guard and Reserve; Arkansas University Small Business Development Center, Arkansas State University; Department of Arkansas American Legion; U.S. Office of Special Counsel; and, the U.S. Department of Labor provided testimony. See Uniformed Services Employment and Reemployment Rights Act and Servicemembers Civil Relief Act Issues, Serial No. 110–101.

Site Visit to Phoenix, Arizona

Majority staff traveled to Phoenix, Arizona, from August 22–24, 2008, to attend The American Legion Convention. Staff met with leadership from The American Legion's National Economic Commission.

Staff shared the efforts of the House Veterans Affairs Committee and allowed the staff the opportunity to hear the concerns and interests of the Economic Commission leadership. Staff asked for the support of the membership and leadership in our efforts to increase the economic well being of veterans and returning service members.

Subcommittee Hearing—Oversight of G.I. Bill Implementation

On September 11, 2008, the Subcommittee held an oversight hearing to examine how well the VA is doing in meeting the requirements of Public Law 110–252, Chapter 33 benefits, with a

focus on the use of a private contractor and the ability to meet deadlines imposed by the law. The hearing also discussed alternative plans if the deadline cannot be met with various concerns on the VA's plan to contract.

Keith Pedigo, Associate Deputy Under Secretary of the Office of Policy and Program Management of the Veterans Benefits Administration, U.S. Department of Veterans Affairs, testified before the Subcommittee. See Oversight of G.I. Bill Implementation, Serial No. 110–103.

Subcommittee Hearing—Follow-up Oversight of G.I. Bill Implementation

On September 24, 2008, the Subcommittee conducted a follow-up hearing on the oversight of the G.I. Bill implementation to gain understanding of how the implementation and outsourcing might potentially affect veterans.

The Iraq and Afghanistan Veterans of America; The American Legion; AMVETS; Veterans of Foreign Wars; Military Officers Association of America; American Federation of Government Employees; Carnegie Mellon University; U.S. Department of Defense; and, the U.S. Department of Veterans Affairs expressed their views to the Subcommittee. See Follow-up Oversight of G.I. Bill Implementation, Serial No. 110–107.

Subcommittee Hearing—VA Short and Long-Term Strategies for Implementing New G.I. Bill Requirements

On November 18, 2008, the Subcommittee conducted a follow-up hearing to analyze the Department of Veterans Affairs (VA) short and long-term plans to implement the IT requirements of P.L. 110–252. The Subcommittee seeks to work hand in hand with the VA to collaborate and assist with their efforts; allowing the Subcommittee to conduct the necessary oversight to better guarantee proper and timely implementation of the new Chapter 33 benefits.

The U.S. Department of Veterans Affairs provided testimony. See VA Short and Long-Term Strategies for Implementing New G.I. Bill Requirements, Serial No. 110–108.

Site Visit to Ft. Carson, Colorado; Las Vegas, Nevada; and, Palo Alto, California

From November 11–14, 2008, majority and minority staff traveled to Ft. Carson, Colorado; Nellis Air Force Base, Nevada; and, the VA polytrauma center in Palo Alto, California. The purpose of the travel was to visit various Transition Assistance Program (TAP) workshops.

In general, the programs at Ft. Carson and Nellis AFB were acceptable. The Ft. Carson instructor was conducting the initial overview of what the members could expect to get from the program and therefore, the staff was not able to observe the more substantive modules of the course. However, the instructor appeared well-prepared and seemed to connect with the students. The facility was appropriate for the course and located just across the street from the U.S. Department of Veterans Affairs (VA) benefits office which housed the veteran service officers and VA staff. When Subcommittee staff queried the students about the Benefits Delivery at Discharge (BDD), not one of the 30 admitted to having any knowl-

edge about the program. Subsequently, the staff questioned the VA supervisor who explained that he presents BDD at Fort Carson at least twice per month.

Despite being listed on the national TAP schedule, U.S. Department of Labor representatives are not teaching TAP at Palo Alto and were not present during the staff's visit. The VA staff from the San Francisco Regional Office provides benefits briefings to the patients and family members but the hospital staff present during the briefing seemed unaware of other VA benefits such as the Vocational Rehabilitation and Employment program. Subcommittee staff suggested, and the VA Regional Office representative agreed, that it would be appropriate to provide the polytrauma staff a thorough briefing on the benefits programs administered by VBA.

Site Visit to Baumholder, Hohenfels, and Schweinfurt, Germany, and Naples, Italy

From November 29–December 5, 2008, majority and minority staff traveled to Baumholder, Hohenfels, and Schweinfurt, Germany and Naval Support Activity Naples, Italy. The purpose of the travel was to visit various Transition Assistance Program (TAP) workshops.

The instructor from the Department of Labor (DOL) was a very motivated individual, was very well informed and had an abundance of work related materials for the separating service members for the site visit in Naples. The staff had concerns about Benefits Delivery at Discharge (BDD), very few individuals are aware of it. This is a key program for separating members who were injured and filing a claim for compensation from the U.S. Department of Veterans Affairs (VA). The VA needs to do a better job of informing separating service members about their benefits and to encourage spouses to attend these benefits briefing with the service member. Another concern the staff had is that soldiers had to be transported from Italy to Landstuhl, Germany, to receive their physical while Naples, Italy, has a very good medical facility from which to receive a medical examination. The other noted problem associated with the physical was the frequency of being transported to Germany to get the physical.

In Baumholder, the staff was informed that the VA was instructed to cancel any seminars where less than ten service members signed up. Staff disagrees with this policy and inquired further as to why and who had made this decision. We encouraged them to conduct the seminar even though there may be times when there are less than ten service members.

Subcommittee staff noted that the VA staff is generally sent to Germany on a rotation basis for six months, but staff is concerned that it generally takes instructors some time to get acclimated with the area and acquainted with the European staff. Subcommittee staff will be communicating with the VA regarding the rotation schedule and recommend it be made a permanent position or in the alternative, expand it to three years with a six month overlap for the replacement.

While in Heidelburg, Germany, staff met with Brigadier General (BG) Gallagher, Commander Europe Regional Medical Command. Discussion focused on medical records and how Landstuhl, Germany, has now been completely paperless for one year. The staff

received a demonstration of their system and its effectiveness. In meeting with BG Gallagher he expressed his concerns that there are only two VA representatives available to conduct seminars and suggested that having six would allow the seminars to be conducted in a timely manner.

ACTIVITIES OF THE SUBCOMMITTEE ON HEALTH

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Markup of H.R. 327 and H.R. 612

On March 13, 2007, the Subcommittee met and marked up two bills which were ordered reported favorably to the full Committee by voice vote: H.R. 327, Joshua Omvig Veterans Suicide Prevention Act; and, H.R. 612, Returning Servicemember VA Healthcare Insurance Act of 2007.

Subcommittee Legislative Hearing—H.R. 92, H.R. 315, H.R. 339, H.R. 463, H.R. 538, H.R. 542, H.R. 1426, H.R. 1470, H.R. 1471, H.R. 1527, H.R. 1944, and Discussion Draft Rural Health Care Bill

On April 26, 2007, the Subcommittee held a legislative hearing on H.R. 92, Veterans Timely Access to Health Care Act, introduced by the Honorable Ginny Brown-Waite on January 4, 2007; H.R. 315, Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007, introduced by the Honorable Stevan Pearce on January 5, 2007; H.R. 339, Veterans Outpatient Care Access Act of 2007, introduced by the Honorable John J. Duncan, Jr., on January 9, 2007; H.R. 463, Honor Our Commitment to Veterans Act, introduced by the Honorable Steven R. Rothman on January 12, 2007; H.R. 538, South Texas Veterans Access to Care Act of 2007, introduced by the Honorable Solomon P. Ortiz on January 17, 2007; H.R. 542, to require the Department of Veterans Affairs to provide mental health services in languages other than English, as needed, for veterans with limited English proficiency, and for other purposes, introduced by the Honorable Hilda L. Solis on January 17, 2007; H.R. 1426, Richard Helm Veterans' Access to Local Health Care Options and Resources Act, introduced by the Honorable Tom Latham on March 9, 2007; H.R. 1470, Chiropractic Care Available to All Veterans Act, introduced by the Honorable Bob Filner on March 12, 2007; H.R. 1471, Better Access to Chiropractors to Keep our Veterans Healthy Act (BACK Veterans Health Act), introduced by the Honorable Bob Filner on March 12, 2007; H.R. 1527, Rural Veterans Access to Care Act, introduced by the Honorable Jerry Moran on March 14, 2007; H.R. 1944, Veterans Traumatic Brain Injury Treatment Act of 2007, introduced by the Honorable Jason Altmire on April 19, 2007; and, a discussion draft on rural health care.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 92, H.R. 315, H.R. 339, H.R. 463, H.R. 538, H.R. 542, H.R. 1426, H.R. 1470, H.R. 1471,

H.R. 1527, H.R. 1944, and Discussion Draft of the "Rural Veterans Health Care Act of 2007," Serial No. 110–17.

Subcommittee Markup of H.R. 1470 and H.R. 2199

On May 10, 2007, the Subcommittee met and marked up two bills which were ordered reported favorably to the full Committee by unanimous consent: H.R. 1470, Chiropractic Care Available to All Veterans Act and H.R. 2199, Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007.

Subcommittee Legislative Hearing—H.R. 1448, H.R. 1853, H.R. 1925, H.R. 2005, H.R. 2172, H.R. 2173, H.R. 2378, H.R. 2219, H.R. 2192, and H.R. 2623

On June 14, 2007, the Subcommittee held a legislative hearing on H.R. 1448, VA Hospital Quality Report Card Act of 2007, introduced by the Honorable Nita M. Lowey on March 9, 2007; H.R 1853, Jose Medina Veterans Affairs Police Training Act of 2007, introduced by the Honorable Diane E. Watson on March 29, 2007; H.R. 1925, to direct the Secretary of Veterans Affairs to establish a separate Veterans Integrated Service Network for the Gulf Coast region of the United States, introduced by the Honorable Jeff Miller on April 18, 2007; H.R. 2005, Rural Veterans Health Care Improvement Act of 2007, introduced by the Honorable John T. Salazar on April 23, 2007; H.R. 2172, Amputee Veteran Assistance Act, introduced by the Honorable Silvestre Reyes on May 3, 2007; H.R. 2173, to authorize additional funding for the Department of Veterans Affairs to increase the capacity for provision of mental health services through contracts with community mental health centers, and for other purposes, introduced by the Honorable Ciro D. Rodriquez on May 3, 2007; H.R. 2378, Services to Prevent Veterans Homelessness Act, introduced by the Honorable Stephanie Herseth Sandlin on May 17, 2007; H.R. 2219, Veterans Suicide Prevention Hotline Act of 2007, introduced by the Honorable James P. Moran on May 8, 2007; H.R. 2192, to amend title 38, United States Code, to establish an Ombudsman within the Department of Veterans Affairs, introduced by the Honorable Paul W. Hodes on May 7, 2007; and, H.R. 2623, to prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs, introduced by the Honorable Jeff Miller on June 7, 2007.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 1448, H.R. 1853, H.R. 1925, H.R. 2005, H.R. 2172, H.R. 2173, H.R. 2378, H.R. 2219, H.R. 2623, and H.R. 2192, Serial No. 110–27.

Subcommittee Markup of H.R. 2623

On June 28, 2007, the Subcommittee met and marked up H.R. 2623, to amend title 38, United States Code, to prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs. H.R. 2874, Veterans' Health Care Improvement Act of 2007, was discussed by the Subcommittee and it was agreed that it would be marked up in a future hearing. H.R. 2623, as amended, was ordered reported favorably to the full Committee by voice vote.

Subcommittee Markup of H.R. 2874

On July 11, 2007, the Subcommittee met and marked up H.R. 2874, Veterans' Health Care Improvement Act of 2007, which was ordered reported favorably, as amended, to the full Committee by voice vote.

Second Session

Subcommittee Legislative Hearing—H.R. 2790, H.R. 3458, H.R. 3819, H.R. 4053, H.R. 4107, H.R. 4146, H.R. 4204, and H.R. 4231

On January 17, 2008, the Subcommittee held a legislative hearing on H.R. 2790, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health, introduced by the Honorable Phil Hare on June 20, 2007; H.R. 3458, to direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas, introduced by the Honorable Shelley Moore Capito on August 4, 2007; H.R. 3819, Veterans Emergency Care Fairness Act of 2008, introduced by the Honorable Zachary T. Space on October 10, 2007; H.R. 4053, Mental Health Improvements Act of 2007, introduced by the Honorable Shelley Berkley on November 1, 2007; H.R. 4107, Women Veterans Health Care Improvement Act, introduced by the Honorable Stephanie Herseth Sandlin on November 7, 2007; H.R. 4146, to amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities, introduced by the Honorable Michael M. Honda on November 9, 2007; H.R. 4204, Veterans Suicide Study Act, introduced by the Honorable Leonard L. Boswell on November 15, 2007; and H.R. 4231, Rural Veterans Health Care Access Act of 2007, introduced by the Honorable Steve Kagen on November 15, 2007.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 2790, H.R. 3458, H.R. 3819, H.R. 4053, H.R. 4107, H.R. 4146, H.R. 4204, and H.R. 4231, Serial No. 110–63.

Subcommittee Legislative Hearing—H.R. 2818, H.R. 5554, H.R. 5595, H.R. 5622, H.R. 5729, and H.R. 5730

On April 15, 2008, the Subcommittee held a legislative hearing on H.R. 2818, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the U.S. Department of Veterans Affairs, introduced by the Honorable Ed Perlmutter on June 21, 2007; H.R. 5554, Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008, introduced by the Honorable Michael H. Michaud on March 6, 2008; H.R. 5595, Make Our Veterans Smile Act of 2008, introduced by the Christopher P. Carney on March 12, 2008; H.R. 5622, Veterans Timely Access to Health Care Act, introduced by the Honorable Ginny Brown-Waite on March 13, 2008; H.R. 5729, Spina Bifida Health Care Program Expansion Act, introduced by the Honorable Brad Ellsworth on April 8, 2008; and H.R. 5730, to direct

the Secretary of Veterans Affairs to display in each prosthetic and orthotic clinic of the U.S. Department of Veterans Affairs an Injured and Amputee Veterans Bill of Rights, introduced by the Honorable Bob Filner on April 8, 2008.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 2818, H.R. 5554, H.R. 5595, H.R. 5622, H.R. 5729, and H.R. 5730, Serial No. 110–82.

Subcommittee Markup of H.R. 2790, H.R. 3819, H.R. 5554, H.R. 5729, and H.R. 5856

On April 23, 2008, the Subcommittee met and marked up five bills which were ordered reported favorably to the full Committee by voice vote: H.R. 2790, as amended, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health; H.R. 3819, Veterans Emergency Care Fairness Act of 2008; H.R. 5729, Spina Bifida Health Care Program Expansion Act; H.R. 5554, as amended, Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008; and, H.R. 5856, Department of Veterans Affairs Medical Facility Authorization and Lease Act of 2008.

Subcommittee Legislative Hearing—H.R. 4089, H.R. 4463, H.R. 5888, H.R. 6114 and H.R. 6122

On June 5, 2008, the Subcommittee held a legislative hearing on H.R. 4089, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs; H.R. 4463, Veterans Health Care Quality Improvement Act; H.R. 5888, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility; H.R. 6114, Simplifying and Updating National Standards to Encourage Testing of the Human Immunodeficiency Virus of 2008; and, H.R. 6122, Veterans Pain Care Act of 2008.

Members of Congress testified on their respective bills and in addition, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 4089, H.R. 4463, H.R. 5888, H.R. 6114, and H.R. 6122, Serial No. 110–90.

Subcommittee Markup of H.R. 2818 and H.R. 2192

On June 5, 2008, the Subcommittee met and marked up two bills: H.R. 2192, to establish an Ombudsman within the Department of Veterans Affairs and H.R. 2818, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs. H.R. 2818, as amended, was ordered reported to the full Committee by voice vote.

On July 16, 2008, H.R. 2192 was discharged from the Subcommittee on Health.

Subcommittee Legislative Hearing—Veterans Healthcare Legislation

On June 26, 2008, the Subcommittee held a legislative hearing on four draft bills. Respectively, the bills had the following pur-

poses: to expand the authority of the Secretary of Veterans' Affairs to provide counseling for family members of veterans receiving non-service connected treatment; to direct the Secretary of Veterans Affairs to establish not more than seven consolidated patient accounting centers, and for other purposes; to prohibit the Secretary of Veterans' Affairs from collecting certain copayments from veterans who are catastrophically disabled; and, to modify and update provisions of law relating to nonprofit research and education corporations, and for other purposes.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Veterans Healthcare Legislation, Serial No. 110–95.

Subcommittee Markup of H.R 1527, H.R. 6114, H.R. 6122, H.R. 6366, H.R. 6439, and H.R. 6445

On July 10, 2008, the Subcommittee met and marked up six bills which were reported favorably to the full Committee by unanimous consent: H.R. 1527, to allow highly rural veterans enrolled in the health system of the Department of Veterans Affairs to receive covered health services through providers other than those of the Department, and for other purposes.; H.R. 6114, to amend the Veterans' Benefits and Services Act of 1988 relating to testing for infection with the human immunodeficiency virus.; H.R. 6122, to direct the Secretary of Veterans Affairs to develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs, and for other purposes.; H.R. 6366, to direct the Secretary of Veterans Affairs to establish not more than seven consolidated patient accounting centers, and for other purposes.; H.R. 6439, to expand the authority of the Secretary of Veterans Affairs to provide counseling for family members of veterans receiving non-service-connected treatment.; H.R. 6445, to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled.

Subcommittee Legislative Hearing—H.R. 3051, H.R. 6153, and H.R. 6629

On September 9, 2008, the Subcommittee held a legislative hearing on three bills: H.R. 3051, Heroes at Home Act of 2007; H.R. 6153, Veterans' Medical Personnel Recruitment and Retention Act of 2008; and, H.R. 6629, Veterans Health Equity Act of 2008.

Members of Congress testified on their respective bills and in addition, the following provided testimony before the Committee: veterans service organizations; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 3051, H.R. 6153, and H.R. 6629, Serial No. 110–102.

OVERSIGHT ACTIVITIES

Subcommittee Hearing—The U.S. Department of Veterans Affairs Fiscal Year 2008 Health Budget

On February 14, 2007, the Subcommittee held an oversight hearing with the purpose of examining the health budget of U.S. Department of Veterans Affairs for fiscal year 2008. VA requested an

increase of $1.9 billion for health care in appropriated dollars over the FY 2007 amounts, representing a six percent increase. The budget included increases in fees and copayments and cuts in certain medical and prosthetic expenditures.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs; American Psychological Association; American Thoracic Society; and, Iraq and Afghanistan Veterans of America. See The U.S. Department of Veterans Affairs Fiscal Year 2008 Health Budget, Serial No. 110–2.

Subcommittee Hearing—Polytrauma Center Care and the Traumatic Brain Injury (TBI) Patient: How Seamless is the Transition Between the U.S. Department of Veterans Affairs and Department of Defense and are Needs Being Met?

On March 15, 2007, the Subcommittee held an oversight hearing to examine the Veterans Health Administration Polytrauma System of Care and assess the interaction between the U.S. Department of Veterans Affairs and the U.S. Department of Defense and the existing barriers that prevent a smooth transition between the agencies and continuous care for the veteran.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs; Lakeview Healthcare Systems, Inc; Department of Orthopaedics and Rehabilitation at the Brooke Army Medical Center, U.S. Department of Defense; Military One Source/Severely Injured Services; and, veterans service organizations. See Polytrauma Center Care and the Traumatic Brain Injury (TBI) Patient: How Seamless is the Transition Between the U.S. Department of Veterans Affairs and Department of Defense and are Needs Being Met?, Serial No. 110–9.

Subcommittee Hearing—Access to U.S. Department of Veterans Affairs (VA) Health Care: How Easy is it for Veterans-Addressing the Gaps

On April 18, 2007, the Subcommittee held an oversight hearing to determine what gaps currently limit or preclude access to Community Based Outpatient Clinics and the overall provision of rural health services.

The Subcommittee heard testimony from the U.S. Department of Health and Human Services; National Rural Health Association; The American Legion; Disabled American Veterans; and the U.S. Department of Veterans Affairs. See Access to U.S. Department of Veterans Affairs (VA) Health Care: How Easy is it for Veterans-Addressing the Gaps, Serial No. 110–13.

Subcommittee Hearing—the State of the U.S. Department of Veterans Affairs' Long-Term Care Programs

On May 9, 2007, the Subcommittee held an oversight hearing to examine the strategic plan for the future of long-term care services in the U.S. Department of Veterans Affairs. The hearing also explored ideas on innovative care and assessed how VA is addressing the needs of a growing aging veteran population as well as the newest generation of veterans from Operations Enduring Freedom and Iraqi Freedom.

The Subcommittee heard testimony from the Maine Veterans' Homes; National Association of State Veterans' Liaison Committee and Administrator of the Oklahoma Veterans Center; veterans service organization; and, the U.S. Department of Veterans Affairs. See State of the U.S. Department of Veterans Affairs' Long-Term Care Programs, Serial No. 110–21.

Subcommittee on Health and Subcommittee on Disability Assistance and Memorial Affairs Joint Hearing—Issues Facing Women and Minority Veterans

On July 12, 2007, the Subcommittees held an oversight hearing on the current programs for women, rural and other special populations of veterans in the U.S. Department of Veterans Affairs. The hearing examined ways in which VA can improve access to treatment for these populations, with particular attention to mental health care. As active duty populations become increasingly more diverse, it is critical that VA adapt to these changing demographics to ensure that it is equipped to address the special needs faced by women and minority veterans. The population of women in the military has risen to nearly 2 million.

The Subcommittees heard testimony from the Honorable Heather Wilson; U.S. Department of Veterans Affairs, Advisory Committee on Minority Veterans and the Center for Women Veterans; veterans service organizations; and, the Center for Chronic Disease Outcomes Research at the Minneapolis VA Medical Center. See Joint Hearing on Issues Facing Women and Minority Veterans, Serial No. 110–33.

Subcommittee Hearing—Vet Centers

On July 19, 2007, the Subcommittee held an oversight hearing to examine the strategic direction and plan for the future of readjustment counseling services provided to veterans through the Vet Center program at the U.S. Department of Veterans Affairs. Specific areas of focus were projected workload increases, professional staffing needs, additional funding, outreach, timeliness of services, gaps in services, a projected timeline for the new Vet Centers to be operational, and the different populations that Vet Centers serve.

The Subcommittee heard testimony from the Depression and Bipolar Support Alliance; veterans service organizations; and, the U.S. Department of Defense. See Vet Centers, Serial No. 110–35.

Subcommittee Hearing—Gulf War Exposures

On July 26, 2007, the Subcommittee held a hearing to receive an update on Gulf War exposures in preparation for a report expected later in the year. Witnesses were asked to testify about the exposure of veterans who served in the Gulf War to Anthrax, the Incidence of Amyotrophic Lateral Sclerosis among Gulf War veterans, and how the U.S. Department of Veterans Affairs is performing in conducting research on Gulf War exposures and in providing health care services through the Office of Public Health and Environmental Hazards.

The Subcommittee heard testimony from the Veterans of Modern Warfare; a Gulf War veteran with Amyotrophic Lateral Sclerosis; National Vietnam and Gulf War Veterans Coalition; a researcher

affiliated with Mount Desert Island Hospital; Research Advisory Committee on Gulf War Veterans' Illnesses with the U.S. Department of Veterans Affairs; Office of Public Health and Environmental Agents Service. See Gulf War Exposures, Serial No. 110–38.

Site Visit to Chicago, Illinois

From August 1–2, 2007, majority and minority staff traveled to the North Chicago U.S. Department of Veterans Affairs (VA) Medical Center and Great Lakes Naval Training Center, and the VA National Acquisition Center. The purpose of this visit was to gain a better understanding of the new James A. Lovell VA-U.S. Department of Defense (DoD) Federal Health Care Facility, a unique health care facility combining the resources of the VA and DoD that will care for nearly 100,000 veterans, sailors, retirees and family members.

Site Visit to Minneapolis, Minnesota

On August 29, 2007, majority and minority staff of the Subcommittee on Health accompanied the Subcommittee on Health Chairman, Michael H. Michaud, and the Honorable Betty McCollum on a visit to the Minneapolis Polytrauma Rehabilitation Center at the Minneapolis VA Medical Center. Staff and members received an overview of the VA Polytrauma System of Care and the Minneapolis VA Medical Center and were guided through the Polytrauma Rehabilitation Center (PRC), as well as Rehabilitation Services, the Prosthetics Clinic, the Transitional Unit and the Fisher House.

The Minneapolis is one of four VA Polytrauma System of Care centers in the VA. Polytrauma care is for veterans and returning service members with injuries to more than one physical region or organ system. Generally, the injuries are life threatening and affect the physical, cognitive, psychological, or psychosocial impairments and functional disability. Any veteran entitled to benefits or an active duty military member who is medically stable is eligible for admission. In addition, the patient must meet the following criteria: have sustained multiple physical, cognitive, and/or emotional injuries secondary to trauma; not require one-to-one staffing for medical or behavioral reasons; not require a ventilator to breathe; have the potential to benefit from rehabilitation; or, need an initial, comprehensive rehabilitation evaluation and care plan.

The Polytrauma System also provides logistical, clinical, and emotional support to patients' families. The Minneapolis VA Medical Center is enhanced with a Fisher House where families are lodged while visiting injured family service members. Fisher Houses provide families with a vital and necessary support system while patients undergo rehabilitation at the PRC.

Site Visit to Denver, Colorado

From September 13–14, 2007, majority and minority staff of the Subcommittee on Health visited Brain Matters, Inc., where they were briefed and given a demonstration on the services and technology offered by the company. Brain Matters provides functional brain imaging using Single Photon Emission Computed Tomography (SPECT) technology.

The staff also visited the current Denver VA Medical Center, where they were given a presentation on the hospital, the Eastern Colorado Care System (ECHS), and a tour of the facility. The facility has 120 inpatient beds in 650,000 square feet on 13 acres of land and employs 1,600 full-time employees. Issues addressed were waiting times (95 percent of patients making an appointment in primary care and specialty clinics are seen within 30 days), space deficiency (ECHS is experiencing a six percent growth in demand annually and with today's workload, is 60 percent space-deficient), grants the facility has received to enhance PTSD (ECHS has recently received several, but currently do not have sufficient space to effectively house these programs on-site), polytrauma and low-vision services, the migration of the formerly co-located University of Colorado (UC) hospital (in June 2007, the UC hospital moved to a new location seven miles away), and air quality within the facility (since 2002, 53 immuno-deficient patients have been diverted to other VAMCs, specifically Salt Lake City, UT, due to poor quality).

On September 14, 2007, staff toured the proposed site for the new Denver VAMC. The development of the new Denver VA Medical Center, called Project Eagle, is in the pre-design phase and is planned to be 1,570,000 square feet on 31 acres. It will house 240 beds (150 acute inpatient beds, 60 nursing home, and 30 spinal cord injuries) and will have approximately 2,240 FTEs. This facility will be located on the Fitzsimmons Campus, which currently houses the UC Medical Center and Denver Children's Hospital, and, as of June 2008, will house the UC Health Sciences Center. These facilities plan to share resources such as orthopedics, radiation therapy and medical school faculty. The new facility will also have a low-vision program and will offer extensive mental health services. The current timeline for the opening of the facility is 2012. The projected budget for Project Eagle is $646 million.

The staff was also given a briefing and a tour at the VA Health Administration Center (HAC). HAC administers health benefits to veterans and their families through Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), the Foreign Medical Program (FMP), the Spina Bifida Program and Children of Woman Vietnam Veterans. HAC currently occupies 110,000 square feet of space and employs 580 civil servants.

Subcommittee Hearing—The U.S. Department of Veterans Affairs Grant and Per Diem Program

On September 27, 2007, the Subcommittee held a hearing to gain a better understanding of the U.S. Department of Veterans Affairs Homeless Providers Grant and Per Diem Program and to identify ways in which the program is working as well as areas for improvement.

The Subcommittee heard testimony from the National Coalition for Homeless Veterans; Volunteers of America of Florida; Government Accountability Office; VA Advisory Committee on Homeless Veterans; and, the Homeless Veterans Programs of the U.S. Department of Veterans Affairs. See The U.S. Department of Veterans Affairs Grant and Per Diem Program, Serial No. 110–48.

Subcommittee Hearing—The U.S. Department of Veterans Affairs Research Programs

On October 4, 2007, the Subcommittee held an oversight hearing to better understand the U.S. Department of Veterans Affairs research programs and needs for the current Operation Enduring Freedom and Operation Iraqi Freedom conflicts and to explore ways in which these programs are making progress as well as areas in which more attention and resources should be focused.

The Subcommittee heard testimony from Friends of VA Medical Care and Health Research; Military Advanced Training Center at Walter Reed Army Medical Center; Pain Care Coalition; veterans service organizations; and, the U.S. Department of Veterans Affairs. See The U.S. Department of Veterans Affairs Research Programs, Serial No. 110–50.

Subcommittee Hearing—Healthcare Professionals—Recruitment and Retention

On October 18, 2007, the Subcommittee held an oversight hearing to address the issue of recruitment and retention of healthcare professionals within the U.S. Department of Veterans Affairs. Current practices were examined, as well as associated problems and potential improvements.

The Subcommittee heard testimony from American Physical Therapy Association; American Association of Medical Colleges; National Board for Certified Counselors, Inc. and Affiliates; CACI Strategic Communications; veterans service organizations; American Federation of Government Employees, AFL–CIO; and, the U.S. Department of Veterans Affairs. See Healthcare Professionals—Recruitment and Retention, Serial No. 110–55.

Subcommittee Hearing—The U.S. Department of Veterans Affairs Construction Process

On November 1, 2007, the Subcommittee held an oversight hearing to gain a better understanding of the VA construction process. Particular emphasis was placed on the strengths and limitations of the current process, determining what improvements can be made, and how VA is dealing with aging infrastructure.

The Subcommittee heard testimony from Eglin Air Force Base; The Clarkson Group, L.L.C.; The Haskell Company; veterans service organizations; and, the U.S. Department of Veterans Affairs. See The U.S. Department of Veterans Affairs Construction Process, Serial No. 110–59.

Site Visit to Providence, Rhode Island, and White River Junction, Vermont

From November 28–30, 2007, majority and minority staff traveled to Providence, Rhode Island, and White River Junction, Vermont. Staff visited the VA Center for Restorative and Regenerative Medicine in Providence and the National Center for PTSD in White River Junction. The purpose of these visits was to gain a better understanding of VA programs for treatment of PTSD and research and development in the area of prosthetics.

Subcommittee on Health and Subcommittee on Oversight and Investigations Hearing—Outpatient Waiting Times

On December 12, 2007, the Subcommittees held a hearing to examine waiting times for outpatient appointments in the Veterans Health Administration.

The Subcommittees heard testimony from Licking County Veterans' Service Commission, Newark, Ohio; Unum US; Office of Inspector General at the U.S. Department of Veterans Affairs; and the Deputy Under Secretary for Health of the U.S. Department of Veterans Affairs. See Outpatient Waiting Times, Serial No. 110–62.

Second Session

Site Visit to West Lafayette, Indiana

From January 8–9, 2008, minority staff traveled to West Lafayette, Indiana, to accompany Ranking Republican Member Steve Buyer to a meeting at the Indiana Veterans' Home in West Lafayette where U.S. Department of Veterans Affairs (VA) leases space for a Community Based Outpatient Clinic. The purpose of the meeting was to develop a cooperative solution to more than double the capacity of the VA clinic and ensure the long-term co-location of veterans' services.

Site Visit to Harlingen, Texas

From February 3–6, 2008, minority staff accompanied Ranking Republican Member Steve Buyer to South Texas to visit U.S. Department of Veterans Affairs facilities in Harlingen, Texas, and participate in a veterans' forum hosted by Congressmen Solomon Ortiz, Ruben Hinojosa, and Henry Cuellar.

Site Visit to Chicago, Illinois

On February 11, 2008, majority and minority staff traveled to Chicago, Illinois, to visit the North Chicago VA Medical Center and Naval Hospital Great Lakes. The purpose of this visit was to gain a better understanding of the new James A. Lovell VA–DOD Federal Health Care Facility, a unique health care facility combining the resources of the VA and DOD that will care for nearly 100,000 veterans, sailors, retirees and family members.

Staff found that a variety of problems could confront the joint facility. These problems may include difficulties in merging DoD and VA workforces, determining how much funding each are responsible for, and ensuring that veterans continue to receive attentive and full care.

Site Visit to Hinesville, Georgia

From February 19–20, 2008, majority and minority staff traveled to Hinesville, Georgia, to visit the Fort Stewart military installation. The purpose of the visit was to observe the 76th Brigade of the Indiana National Guard, receive a pre-deployment briefing from VA, and thereby gain a better understanding of VA's interaction with troops, specifically before they are deployed.

Subcommittee Hearing—U.S. Department of Veterans Affairs Construction Authorization

On February 27, 2008, the Subcommittee held an oversight hearing to review a discussion draft bill authorizing major VA construction projects and leases. The U.S. Department of Veterans Affairs requested an authorization of $1,871,900,000 for major medical facility construction projects and $60,114,000 for major medical facility leases in 2009, for a total of $1,932,014,000. Title 38, U.S. Code, section 8104(a)(2) requires statutory authorization for all major medical facility construction projects and major medical facility leases. The threshold for a major construction project is $10,000,000 and for a major facility lease, it is $600,000.

The Subcommittee heard testimony from veterans service organizations and the Office of Construction and Facilities Management of the U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs Construction Authorization, Serial No. 110–72.

Subcommittee Hearing—Mental Health Treatment for Families: Supporting Those Who Support Our Veterans

On February 28, 2008, the Subcommittee held an oversight hearing to examine the current authority to provide mental health services to family members of veterans and to determine whether this authority should be expanded in the U.S. Department of Veterans Affairs. Current regional level programs addressing the mental health needs of family members were also discussed.

The Subcommittee heard testimony from the Commissioner of Veterans' Affairs in the State of Connecticut; the author of When the War Came Home: The Inside Story of Reservists and the Families They Leave Behind; Citizen Support Program National Demonstration; American Association for Marriage and Family Therapy; Mental Health America; American Group Psychotherapy Association, Inc; veterans service organizations; and the U.S. Department of Veterans Affairs. See Mental Health Treatment for Families: Supporting Those Who Support Our Veterans, Serial No. 110–73.

Site Visit to Pensacola, Florida

On March 10, 2008, majority and minority staff accompanied Health Subcommittee Chairman Michael H. Michaud, Ranking Republican Member Jeff Miller, and Congressmen Solomon Ortiz and Reuben Hinojosa to visit the Pensacola Joint Ambulatory Care Center and examine the collaborative model of care that the U.S. Department of Veterans Affairs and the U.S. Department of Defense has established.

Subcommittee Hearing—Substance Abuse/Comorbid Disorders: Comprehensive Solutions to a Complex Problem

On March 11, 2008, the Subcommittee held an oversight hearing to review the current programs for treatment of substance use disorders and comorbid conditions in the U.S. Department of Veterans Affairs. The hearing also focused on the latest research and treatment of substance use disorders as well as the quality and consistency of VA's substance abuse and co-morbid treatment programs across regions.

The Subcommittee heard testimony from the National Association for Addiction Professionals; Center for Health Care Policy and

Research at Case Western Reserve University; veterans service organizations; and the U.S. Department of Veterans Affairs. See Substance Abuse/Comorbid Disorders: Comprehensive Solutions to a Complex Problem, Serial No. 110–75.

Site Visit to Guam

From March 14–20, 2008, majority and minority staff traveled to the U.S territory of Guam to visit current and prospective U.S. Department of Defense (DoD) and U.S. Department of Veterans Affairs (VA) facilities. The purpose of the visit was to gain a better understanding of the current state of VA operations in Guam and to assess the feasibility and advisability of future partnerships between VA and DoD on the island.

Although no accurate count exists, it has been estimated that there are approximately 15,000 veterans living on Guam. Of these, about 1,500 are actively enrolled in the U.S. VA Healthcare System. This number is expected to grow as Guam has the highest per capita enlistment rate in the United States and the Guam National Guard is currently at over 150 percent capacity.

Currently, VA does not have any freestanding facilities of its own on Guam. Rather, it has entered into a sharing agreement whereby it reimburses DoD for the use of their facilities. VA has access only on a space available basis, but thus far, it has not been problematic. Other than a Naval Hospital, the only inpatient care on Guam is Guam Memorial Hospital which is unaccredited and chronically overcrowded. Currently, VA leases space for a Community Based Outpatient Clinic (CBOC) in a wing of the Naval Hospital, but they are in the process of constructing a freestanding CBOC.

Subcommittee Hearing—Post-Traumatic Stress Disorder Treatment and Research: Moving Ahead Toward Recovery

On April 1, 2008, the Subcommittee held an oversight hearing to review the current treatment and research programs for Post-Traumatic Stress Disorder (PTSD) at the U.S. Department of Veterans Affairs (VA). Treatments are most commonly done on an outpatient basis, but more intensive inpatient treatment is available as well. VA boasts the National Center for PTSD (NCPTSD), arguably the world's foremost PTSD research center.

The Subcommittee heard testimony from Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research; American Occupational Therapy Association; Committee on Treatment of Posttraumatic Stress Disorder; Virtual Reality Medical Center; National PTSD and Substance Abuse Committee at Vietnam Veterans of America; Iraq and Afghanistan Veterans of America; and, the U.S. Department of Veterans Affairs. See Post-Traumatic Stress Disorder Treatment and Research: Moving Ahead Toward Recovery, Serial No. 110–78.

Subcommittee Field Hearing—Women, Rural and Special Needs Veterans, Sanford, Maine

On April 21, 2008, the Subcommittee held a hearing to examine how well VA is serving women, rural, and other special veteran populations and look at ways in which the VA can improve access

to treatment for these populations. The hearing had specific emphasis on mental health care.

The Subcommittee heard testimony from a veteran from Maine; the Bureau of Veterans' Services for the State of Maine; Maine Veterans Coordinating Committee; Maine Veterans' Homes; Maine Rural Health Research Center; local veterans service organizations; and, the Director of the Togus Veterans Affairs Medical Center. See Women, Rural, and Special Needs Veterans, Field Hearing in Sandford, ME, Serial No. 110–84.

Staff Visit to Charleston, South Carolina

On April 28, 2008, minority staff accompanied the Honorable James B. Peake, M.D., Secretary of the U.S. Department of Veterans Affairs (VA), Ranking Member Steve Buyer and Congressman Henry Brown, Jr. on a tour of the new Medical University of South Carolina (MUSC) hospital and met with the President of MUSC and local VA medical center personnel to discuss the implementation of section 804 of Public Law 109–461 which authorized VA to enter into an agreement with MUSC for the planning and design of a co-located, joint-use medical facility to replace the existing Ralph H. Johnson Department of Veterans Affairs Medical Center in Charleston, South Carolina.

Site Visit to Hawaii

From May 11–16, 2008, majority and minority staff traveled to Hawaii to visit Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) medical facilities on the islands. The purpose of the trip was to gain a better understanding of the public health situation in Hawaii as well as the current state of VA operations, and to assess the feasibility and advisability of future VA and DoD partnerships.

Subcommittee Hearing—Human Resources Challenges within the Veterans Health Administration

On May 22, 2008, the Subcommittee held an oversight hearing to examine the challenges the Veterans Health Administration currently faces in hiring practices, including issues related to recruitment, retention and labor management.

The Subcommittee heard testimony from the American Federation of Government Employees; American Psychological Association; University of Minnesota Nurse Anesthesia Area of Study at the Minneapolis Veterans Affairs Medical Center; Vertical Alliance Group, Inc.; Paralyzed Veterans of America; Nurses Organization of Veterans Affairs; Disabled American Veterans; and, the U.S. Department of Veterans Affairs. See Human Resources Challenges within the Veterans Health Administration, Serial No. 110–88.

Site Visit to San Antonio, Texas

On May 28, 2008, majority staff traveled to San Antonio, Texas, to visit the Brooke Army Medical Center and the Center for the Intrepid. The purpose of the visit was to gain a better understanding of the services, operations and technologies supported by the centers.

The center provides traumatic amputee patients, burn patients requiring advanced rehabilitation and those requiring limb salvage

efforts with techniques and training to help them regain their ability to live and work productively. Staff toured the center's military performance laboratories, occupational therapy department, physical therapy department, prosthetics laboratory, case management and behavioral medicine departments. Staff also witnessed the Gait Lab which is fitted with 24 cameras on an automated truss which use infrared light to analyze human motion. Staff saw the CAREN—a computer assisted environment, which has a 21-foot simulated dome with a 300-degree screen that immerses patients using sensors and high-speed infrared cameras and a moving platform that reacts to the patients' movements.

Site Visit to Lewiston, Maine

On July 21, 2008, majority and minority staff accompanied Subcommittee on Health Chairman Michael H. Michaud to travel to Lewiston, Maine, to meet with members of the Auburn, Maine, Company of the 399th Combat Support Hospital. This unit recently returned from a mission in Iraq. The purpose of the meeting was for the unit to share personal experiences, discuss challenges they faced, and make recommendations for changes to the system.

Subcommittee CODEL to Kuwait, Iraq, and Germany

Michael H. Michaud, Chairman of the Subcommittee on Health, led a Congressional delegation to visit medical facilities in the chain of care (from Level 1 through Level 5) for OIF and OEF service members to see first-hand the level and quality of health care being provided to active duty service members in Iraq; from August 3–7, 2008. Accompanying Chairman Michaud were Subcommittee on Health Ranking Member, Jeff Miller; Congressman Ciro D. Rodriguez; Congressman Bill Sali; Congressman Phil Hare; Congressman John T. Salazar; majority and minority staff of the Committee; and, the Secretary of the U.S. Department of Veterans Affairs, The Honorable James B. Peake, M.D.

The Congressional delegation provided Committee members and staff with a first-hand look at evacuation routes, facilities, and health care delivery tools and capabilities available to service members serving in Operation Iraqi Freedom (OIF). Special attention was paid to U.S. Department of Defense (DoD) electronic medical records. The ability of DoD and the Department of Veterans Affairs (VA) to electronically communicate smoothly with each other is the foundation of a fluid transition from the DoD health care system to its VA counterpart. Complaints about missing or incomplete DoD medical records threaten to undermine the ability of separated service members to receive full and quality health care from VA.

Medical records were generally adequate. Each level of facility has different medical capabilities and therefore differing records. However, all records are ultimately stored in and accessible from the Clinical Data Repository (CDR). On-the-ground personnel appeared confident in the various systems. Although the Battlefield Information System Tactical-Joint (AHLTA Mobile), a computerized medical record entry system used at the point of injury, was not observed in operation, staff were assured that it is in use by far forward medics and corpsmen.

The CODEL also examined the extent and quality of mental health services available in theatre. Facilities offered a number of

outpatient services, including individual therapy, medication management, and anger and stress management. Short-term inpatient care was available as well. The Level II site offered a psychologist and psychiatrist who traveled to command outposts to monitor the mental health status of forward deployed service members.

Site Visit to Billings, Montana, and Denver, Colorado

From August 19–20, 2008, majority and minority staff traveled to Billings, Montana, to visit the Community Based Outpatient Clinic (CBOC) and to Denver, Colorado, to visit the site of a proposed VA Medical Center. The purpose of the visit was to better understand VA's new proposal for the Denver Medical Center, which would center around VA leasing beds at a new University of Colorado Hospital and expanding CBOC services in the surrounding areas rather than building a stand-alone hospital.

Site Visit to South Bend, Indiana, and Tucson, Arizona

From September 5–6, 2008, majority staff traveled to South Bend, Indiana, and Tucson, Arizona. The South Bend visit was intended to introduce Subcommittee staff to health care access issues facing veterans in the South Bend area. After visiting the South Bend Community Based Outpatient Clinic (CBOC) and the St. Joseph Regional Medical Center, staff attended a roundtable event hosted by Congressman Joe Donnelly in which local veterans, veterans service organizations, the U.S. Department of Veterans Affairs, and other interested parties discussed health care access issues in the region. Veterans noted issues accessing specialty care and also noted that the South Bend CBOC was already operating at capacity.

The Tucson leg of the trip began with a roundtable event hosted by Congresswoman Gabrielle Giffords. Veterans and policymakers discussed the state of mental health care available to veterans, both in Tucson and nationally. Veterans were concerned with issues as varied as the stigma of maladies such as Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury and constant access to emergency mental health care services for suicidal veterans.

Staff then visited the Tucson VA Medical Center which serves as the VISN 18 polytrauma network site and boasts an interdisciplinary team equipped to attack polytrauma injuries from a variety of angles. This center includes such specialists as neurologists and physical therapists, as well as a broad array of state-of-the-art equipment. The Tucson VAMC is also home to a new outpatient mental health clinic which has services that range from substance abuse treatment to intensive outpatient PTSD treatment.

Subcommittee Hearing—U.S. Department of Veterans Affairs Suicide Hotline

On September 16, 2008, the Subcommittee held an oversight hearing to examine the hotline's responsiveness to the needs of veterans, how suicidal veterans are helped, best practices for suicide prevention, and hotline staffing at the U.S. Department of Veterans Affairs.

The Subcommittee heard testimony from the U.S. Department of Health and Human Services; Vietnam Veterans of America; Amer-

ican Psychological Association; National Veterans Foundation; National Hopeline Network; MHN; and, the U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs Suicide Hotline, Serial No. 110–104.

Staff Visit to Honolulu, Hawaii, and Site Visit to Palo Alto, California

From September 28–30, 2008, majority and minority staff attended a conference hosted by the Honorable Dirk Kempthone, Secretary of the U.S. Department of Interior and co-chaired with the Honorable James B. Peake, M.D., Secretary of the U.S. Department of Veterans Affairs; Honorable David Chu, Under Secretary of Defense for Personnel and Readiness, U.S. Department of Veterans Affairs; and, Honorable Joxel Garcia, Assistant Secretary for Health, U.S. Department of Health and Human Services. The purpose of the summit was to create an Interagency Coordinated Assets for Insular Health Response (ICAIHR) with the four departments. The charge of the ICAIHR is: (1) to assess the health care needs of each of the seven insular areas including Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, U.S. Virgin Islands, Palau, Federated States of Micronesia, and the Republic of the Marshall Islands, in consultation with appropriate leaders from these areas; (2) develop a priority list of actions specific to each insular area that addresses the most critical health care needs; and, (3) prepare an action report for each insular area by June 2009.

Site Visit to Minneapolis, Minnesota

On November 14, 2008, majority and minority staff traveled to Minneapolis, Minnesota, to tour the Geriatric Research Education and Clinical Center (GRECC) at the Minneapolis U.S. Department of Veterans Affairs Medical Center. Additionally, staff was briefed on Project HERO (Healthcare Effectiveness through Resource Optimization).

The briefing on the GRECC's mission highlighted the importance of focusing on elderly-specific issues; the proportion of 65-year olds within the veteran population far outstrips its counterpart in the general population. GRECCs provide cutting-edge research into the effects of aging on the brain and other issues relevant to elderly veterans.

Project HERO, a demonstration project implemented in four Veterans Integrated Service Networks, explores the practice of filling health care access gaps in rural areas through the use of fee-based care. Staff noted the challenges the Minneapolis VAMC has met in recruiting providers to their network and examined the efforts made to evaluate Project HERO's effectiveness.

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OVERSIGHT ACTIVITIES

First Session

Subcommittee Hearing—Oversight Efforts of the U.S. Department of Veterans Affairs (VA) Inspector General: Issues, Problems and Best Practices at the VA

On February 15, 2007, the Subcommittee conducted a hearing on the best practices of the VA's Inspector General (IG). The purpose of this hearing was to gain the perspective of the IG and hear its take on the FY2008 budget.

The Subcommittee heard testimony from the Inspector General for the U.S. Department of Veterans Affairs. See Oversight Efforts of the U.S. Department of Veterans Affairs (VA) Inspector General: Issues, Problems and Best Practices at the VA, Serial No. 110–4.

Site Visit to Martinsburg, West Virginia

From February 22–25, 2007, majority staff conducted an unannounced site visit to the U.S. Department of Veterans Affairs Medical Center in Martinsburg, West Virginia.

The purpose of the trip was to train new staff members on how to conduct unannounced inspections, and to familiarize staff with a tertiary level VA medical center. Staff visited the nursing home, domiciliary, pharmacy, cardiac ward, and psychiatric ward unescorted before meeting with the Director and the Chief of Staff for the facility. Following the meeting, staff were given a guided tour of the Fourth Mission facilities.

Subcommittee Hearing—Information Security Management at the Department of Veterans Affairs—Current Effectiveness and the Need for Cultural Change

On February 28, 2007, the Subcommittee held a hearing to follow up on VA's commitment to improving its data security and information technology programs. Prior to the 110th Congress, the Committee held numerous hearings regarding data theft and security problems at the VA resulting in Public Law 109–461, The Veterans Benefits, Healthcare and Information Technology Act of 2006.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs; Government Accountability Office; and the Inspector General for the U.S. Department of Veterans Affairs. See Information and Security Management at the U.S. Department of Veterans Affairs—Current Effectiveness and the Need for Cultural Chang, Serial No. 110–5.

Subcommittee Hearing—Servicemembers Seamless Transition Into Civilian Live—The Heroes Return

On March 8, 2007, the Subcommittee held a hearing on the transition of service members from active duty to civilian life. Following the scandal at the Walter Reed Army Medical Center, the Subcommittee began holding investigations into how service members are welcomed into the U.S. Department of Veterans Affairs (VA) and what steps are taken to ensure a seamless transition.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs; the Government Accountability Office; Veterans

for Common Sense; a recently transitioned veteran from the Walter Reed Army Medical Center; VA Polytrauma Center in Richmond, Virginia; VA Polytrauma Center in Tampa, Florida; VA social worker liaisons for seamless transition at Walter Reed Army Medical Center and the National Naval Medical Center in Bethesda, Maryland; and, the mother of a transitioning veteran from Mesa, Arizona. See Servicemembers Seamless Transition Into Civilian Life—The Heroes Return, Serial No. 110–7.

Subcommittee Hearing—Surgical Services at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina

On April 19, 2007, the Subcommittee conducted a hearing on the quality of care at U.S. Department of Veterans Affairs Medical Centers using the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina, as a case study. The Subcommittee had been troubled by reports of numerous wrongful deaths at the Salisbury VA Medical Center, specifically in the surgical service, and requested VA's response to correct the problems.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs Inspector General; Chief of Staff for the Salisbury VA Medical Center; and the U.S. Department of Veterans Affairs. See Surgical Services at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina, Serial No. 110–14.

Subcommittee Hearing—Sharing of Electronic Medical Records Between the U.S. Department of Defense and the U.S. Department of Veterans Affairs

On May 8, 2007, the Subcommittee held a hearing on sharing electronic medical information between the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD). In an attempt to improve the sharing of health information, VA and DoD have been working since 1998 to gain the ability to exchange electronic health records for use by veterans, military personnel, and health care providers. VA and DoD are continuing with activities to support the sharing of health data; nonetheless, achieving the two-way electronic exchange of patient health information remains far from realized.

The Subcommittee heard testimony from the U.S. Government Accountability Office; the U.S. Department of Veterans Affairs; and, the U.S. Department of Defense; Interagency Communications for the TRICARE Management Activity; Western Regional Command Informatics and the Madigan Army Medical Center; and, a Joint Patient Tracking Application specialist. See Sharing of Electronic Medical Records Between the U.S. Department of Defense and the U.S. Department of Veterans Affairs, Serial No. 110–20.

Site Visit to Asheville, North Carolina

From May 14–15, 2007, majority staff conducted a site visit of the Asheville VA Medical Center in Asheville, North Carolina.

The purpose of travel was to inspect and assess: a) third party collection delivery; b) staff vacancies; and, c) cyber security. The Office of the Medical Inspector (OMI) issued a report on December 20, 2005, based on allegations of inadequate nurse staffing, patient safety and quality of care. In addition, three particular patient safety concerns were brought to OMI's attention, all occurring on

the inpatient surgical ward on June 2, 2005. The value of the trip to the Committee was to review and follow up on the OMI report dated December 20, 2005, to assess whether the problems stated in the report were corrected. The inspection comprised of group interviews and a guided tour of the facility, to include the nursing home, domiciliary, medical facility, and third party collection pilot center. The following department heads and staffs were also interviewed: VA Medical Center Director, nursing, IT, pharmacy, social workers, patient advocates, and procurement and acquisition. Majority staff also reviewed the Consolidated Patient Accounting Center demonstration.

Subcommittee Hearing—Senior Executive Service (SES) Bonuses: Ensuring VA's Process Works

On June 12, 2007, the Subcommittee held a hearing in response to troubling reports of the U.S. Department of Veterans Affairs (VA) handing out large bonuses to officials who had not deserved them. During the hearing, the process VA uses to award bonuses to members of its staff who qualify for the SES as directed by the Office of Personnel Management (OPM) was discussed. During the hearing and investigation it was determined that VA's system complies with OPM guidelines.

The Subcommittee heard testimony from the U.S. Government Accountability Office; the U.S. Department of Veterans Affairs; and, the Senior Executives Association. See Senior Executive Service (SES) Bonuses: Ensuring VA's Process Works, Serial No. 110–26.

Subcommittee Hearing—The U.S. Department of Veterans Affairs Internal Contracting Oversight Deficiencies

On June 27, 2007, the Subcommittee held a hearing on VA's deficiencies in contracting finding that, without oversight authority, it is impossible to keep track of contracts and how money is being spent. This hearing was held following a troubling Inspector General's report concerning contracting fraud at the Boston VA Medical Center, and briefings on the general acquisition and procurement functions at the VA.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs Inspector General and the Office of Acquisition and Material Management for the U.S. Department of Veterans Affairs. See The U.S. Department of Veterans Affairs Internal Contracting Oversight Deficiencies, Serial No. 110–31.

Subcommittee Hearing—U.S. Department of Veterans Affairs Information Technology Inventory Management

On July 24, 2007, the Subcommittee conducted a hearing on IT Inventory Management at the VA. The hearing served as the public release of the U.S. Government Accountability Office's (GAO) report entitled Inadequate Controls over IT Equipment at Selected VA Locations Pose Continuing Risk of Theft, Loss, and Misappropriation (GAO–07–505). The Subcommittee was troubled over the report's initial findings of continued negligence at various VA facilities so soon after major data loss problems and new directives.

The Subcommittee heard testimony from the U.S. Government Accountability Office; Assistant Secretary for Information & Tech-

nology, U.S. Department of Veterans Affairs; and, Assistant Secretary for Management, U.S. Department of Veterans Affairs. See the U.S. Department of Veterans Affairs Information Technology Inventory Management, Serial No. 110–36.

Site Visit to Washington, District of Columbia

On July 30, 2007, majority and minority staff conducted a site visit to Walter Reed Army Medical Center in Washington, DC.

This visit was in preparation for a number of site visits the Subcommittee had organized to review the seamless transition of wounded service members from active duty into the U.S. Department of Veterans Affairs. Attention was paid to electronic medical information transfers and case management. When dealing with staff at Walter Reed, Subcommittee staff made a point of noting patients who would be moving to the VA Polytrauma Rehabilitation Centers in Palo Alto, California, and Minneapolis, Minnesota, in preparation for seeing those patients. Additionally, staff toured Building 18 to view changes that have been made in outpatient living quarters since the exposure given to the hospital in February 2007.

Site Visit to Bethesda, Maryland

On July 31, 2007, majority staff conducted a site visit to the National Naval Medical Center in Bethesda, Maryland.

This visit was in preparation for a number of site visits the Subcommittee organized to review the seamless transition of wounded service members from active duty into the U.S. Department of Veterans Affairs. Attention was paid to electronic medical information transfers and case management. When dealing with staff at the medical center, Subcommittee staff made a point of noting patients who would be moving to the VA Polytrauma Rehabilitation Centers in Palo Alto, California and Minneapolis, Minnesota in preparation for seeing those patients.

Site Visit to Chicago, Illinois

From August 1–2, 2007, majority staff conducted a site visit to view the North Chicago VA Medical Center and Naval Health Clinic Great Lakes which are being merged into a federal hospital, and VA's National Acquisition Center (NAC) in Chicago, Illinois.

Two of the Subcommittee's main oversight topics are the centralization of procurement and acquisition functions at the VA, and the exchange of electronic medical records between the VA and DoD. The project being undertaken at the Great Lakes Naval Hospital and North Chicago VA Medical Center are of a joint facility working towards completely interoperable electronic records which is an important step towards the complete seamless transition of service members between DoD and VA.

VA currently runs the NAC as a central procurement facility, but many VHA facilities do not go through the NAC as it was historically a poorly run facility. In addition, the NAC has the Strategic National Stockpile Program for Centers for Disease Control and a Consolidated Mail Outpatient Pharmacy program. VA recently hired a new chief executive officer for the NAC (as of February/March 2007), and the Subcommittee staff wanted to view firsthand the changes he has made to the process.

Site Visit to Palo Alto, California

From August 6–7, 2007, Subcommittee majority and minority staff accompanied by the minority staff of the Subcommittee on Health conducted a site visit of the U.S. Department of Veterans Affairs Palo Alto Health Care System in Palo Alto, California.

This visit was made for the purposes of (1) reviewing the Polytrauma Rehabilitation Center (PRC) following a highly negative report from the Office of the Medical Inspector; (2) meeting with patients and families at the PRC and the polytrauma transitional unit; and, (3) reviewing the processes in place for transitioning patients from Walter Reed and Bethesda to the PRC and from the PRC to the subsequent placement designated for patients following completion of treatment at the PRC.

Site Visit to Seattle, Washington

From August 27–28, 2007, majority staff conducted a site visit of the U.S. Department of Veterans Affairs Puget Sound Health Care System (VAPSHCS) and Madigan Army Medical Center (MAMC) in Seattle, Washington.

Subcommittee staff used this trip as the first step in a larger series of site visits to view systems of sharing electronic medical information between the U.S. Department of Veterans Affairs (VA) and the U.S. Department of Defense (DoD). MAMC and the VAPSHCS have been the leaders for a number of years in sharing medical information between VA and DoD. Currently, they are using Bidirectional Health Information Exchange extensively, and the VAPSHCS has a program awaiting central office approval that will allow bidirectional exchange of discharge summaries.

The VAPSHCS has instituted a new Deployment Health Clinic at MAMC. When a recently separated service member presents at the hospital for any reason (emergency room, mental health issues, cold or flu), he/she is routed through the Deployment Health Clinic rather than the regular department in the hospital. At the clinic, veterans have access to doctors and nurses trained to deal with their recently separated status. All new veterans coming through the clinic are screened for PTSD and mild TBI, and the nursing staff of the clinic has received training in helping veterans with the veterans benefits process.

MAMC is one of the largest deployment and redeployment centers in the Army and is continually perfecting the screening process and they work closely with the VA in Benefits Delivered on Discharge program. Staff happened to meet with a soon-to-be separated soldier who was at Madigan for a joint physical to get his VA benefits.

Site Visit to Minneapolis, Minnesota

From August 28–29, 2007, Congressman Michael H. Michaud and majority staff of the Subcommittee on Oversight and Investigations traveled with majority staff from the Subcommittee on Health to the Minneapolis VA Medical Center to review one of VA's level one polytrauma centers (PRC). The purpose of the visit was to gain a better understanding of the level of care provided at PRCs and how that care is delivered within the VA health care system.

Site Visit to Anchorage, Alaska

From August 27–30, 2007, majority staff conducted a site visit of the Anchorage VA Health Care System and Elmendorf Air Force Medical Center (AFMC) in Anchorage, Alaska.

Subcommittee staff used this trip as part of a larger series of site visits to view systems of sharing electronic medical information between the Department of Veterans Affairs (VA) and the Department of Defense (DoD). Elmendorf is one of the newer pilot programs currently adopting Bidirectional Health Information Exchange and Federal Health Information Exchange (two systems used for recently separated active duty service members as they transition into the VA without going through a polytrauma center). Staff found that while BHIE had been installed at Elmendorf, it was not being used yet.

By contrast, the Joint Patient Tracking Application was being used extensively by the Elmendorf administration to identify wounded service members with home ties in Alaska, and bring them directly from Landstuhl to Elmendorf rather than through Walter Reed or Bethesda in order to reunite the wounded with family members. Additionally, the new commander at Elmendorf had begun accepting more VA surgical patients rather than having them sent out into the community. The partnership between the Anchorage VA Health Care System and the Elmendorf AFMC was unique in that leadership worked very closely together in order to make sure care was provided to all veterans and service members within their geographic scope.

Site Visit to Richmond, Virginia

On September 17, 2007, majority staff conducted a site visit of the Hunter Holmes McGuire U.S. Department of Veterans Affairs Medical Center in Richmond, Virginia, which houses one of the four level-one polytrauma centers in the Department of Veterans Affairs.

The Director of the facility, Dr. Shane McNamee, was part of an inspection team that reviewed Palo Alto's polytrauma center's practices for accepting patient transfers and has a different management style to that which is practiced in Palo Alto. His opinions were extremely helpful to staff as they planned for the upcoming hearing on VA polytrauma center management.

Subcommittee Hearing—U.S. Department of Veterans Affairs Polytrauma Rehabilitation Centers: Management Issues

On September 25, 2007, the Subcommittee conducted a hearing on the VA's Polytrauma Rehabilitation Centers: Management Issues. Following a staff visit to the polytrauma center in Palo Alto, California, numerous management deficiencies were brought to light at the particular facility. The purpose of the hearing was to ensure that similar problems are not occurring at the VA's other three Polytrauma Rehabilitation Centers.

The Subcommittee heard testimony from officials of the U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs Polytrauma Rehabilitation Centers: Management Issues, Serial No. 110–45.

Subcommittee Hearing—Disability Claims Ratings and Benefits Disparities within the Veterans Benefits Administration

On October 16, 2007, the Subcommittee conducted a hearing to examine the disparity in state average compensation paid to veterans by the U.S. Department of Veterans Affairs. The disparity ranges from an average of more than $12,000 per veteran in New Mexico to less than $8,000 in Ohio (the nationwide average in 2005 was $8,890).

The Subcommittee heard testimony from a Veteran Service Officer for Citrus County, Florida; a research staff member for IDA and the author of the July 2007 report; Office of the Inspector General of the U.S. Department of Veterans Affairs; veterans service organizations; and the Veterans Benefits Administration, U.S. Department of Veterans Affairs. See Disability Claims Ratings and Benefits Disparities within the Veterans' Benefits Administration, Serial No. 110–53.

Site Visit to Biloxi, Mississippi

From October 18–19, 2007, Subcommittee majority staff accompanied by the staff from the Subcommittee on Health conducted a site visit to the Keesler Air Force Base (AFB) and the U.S. Department of Veterans Affairs Gulf Coast Veterans Health Care System in Biloxi, Mississippi.

This visit was made for the purpose of reviewing the various sharing initiatives in place between the Air Force and medical systems at Keesler AFB, including the recently awarded Joint Incentive Fund projects in cardiac care and magnetic resonance imaging. An area of particular interest was how the Air Force and VA share electronic medical information. The Naval Hospital Pensacola Commander was also present, because the Air Force, Navy, and VA are all sharing resources in the Gulf Coast region.

Subcommittee Hearing—Sharing of Electronic Medical Records between the U.S. Department of Defense and the U.S. Department of Veterans Affairs

On October 24, 2007, the Subcommittee conducted a hearing on sharing medical data between the U.S. Department of Defense and the U.S. Department of Veterans Affairs. This hearing was a direct continuation of the previous hearings held on this issue by the Subcommittee.

Among others, the Subcommittee heard testimony from the 81st Medical Wing of the U.S. Air Force and the former Surgeon-General of CENTCOM; U.S. Government Accountability Office; Western Regional Medical Command for the U.S. Army and Madigan Army Medical Center; Regional Info System Officer for Military Sealift Command for the U.S. Navy; Office of Information and Technology at VA; Under Secretary for Health for VA; and Assistant Secretary of Defense for Health Affairs for DoD. See Sharing of Electronic Medical Records between the Department of Defense and Department of Veterans Affairs, Serial No. 110–57.

Subcommittee on Oversight and Investigation and Subcommittee on Health Hearing—Outpatient Waiting Times

On December 12, 2007, the Subcommittees conducted to assess whether issues identified as detrimental to the U.S. Department of Veterans Affairs Veterans Health Administration's outpatient waiting times have been corrected by VA.

The Subcommittees heard testimony from Licking County Veterans' Service Commission, Newark, Ohio; Unum US; Office of Inspector General at the U.S. Department of Veterans Affairs; and the Deputy Under Secretary for Health of the U.S. Department of Veterans Affairs. See Outpatient Waiting Times, Serial No. 110–62.

Site Visit to San Antonio, Texas

From December 19–20, 2007, majority staff visited University of Texas Health Science Center in San Antonio, Texas, and the U.S. Department of Veterans Affairs South Texas Health Care System for the purpose of discussing VA's agreements with medical school affiliates regarding research and information technology security.

Site Visit to Tampa, Florida

On December 28, 2007, minority staff joined Ranking Member Ginny Brown-Waite and the Honorable Gus Bilirakis to visit the James A. Haley U.S. Department of Veterans Affairs Medical Center (VAMC) in Tampa, Florida. The purpose was to discuss the credentialing and licensing of clinical psychologists at the VAMC in Tampa, and the supervision of the unlicensed psychologists working at that facility. Ranking Member Brown-Waite and minority staff also toured the Fisher House, and the VAMC Polytrauma unit, as well as visiting several veterans in the inpatient wards at the VAMC.

Second Session

Subcommittee CODEL to Kuwait, Iraq, Pakistan, Afghanistan and Germany

From January 6–15, 2008, Harry E. Mitchell, the Chairman of the Subcommittee on Oversight and Investigations, led a Congressional delegation to Kuwait, Iraq, Pakistan, Afghanistan, and Germany. Accompanying Chairman Mitchell on the trip were the Honorable Timothy Walz of the Committee on Veterans' Affairs, and the Honorable Charles Dent of the Committee on Homeland Security. The primary purpose of the CODEL was to examine the transfer of medical information from the point of injury in theatre through the military medical system to the U.S. Department of Veterans Affairs. The delegation visited a number of U.S. military medical facilities, including Balad Field Hospital in Iraq, the Combat Support Hospital in Baghdad, Bagram Field Hospital in Afghanistan, and Landstuhl Regional Medical Center in Germany. In addition, the delegation was briefed on the current situation in Iraq by General David Petraeus, Commanding General, MNF–I, and Ambassador Ryan Crocker.

In Islamabad, the delegation met with the Deputy Chief of Mission, Economics Officer, Political Officer, Military Liaison Officer, and AID representatives at the U.S. Embassy, to discuss the current political situation in Pakistan, military cooperation between

the U.S. and Pakistan, AID education assistance programs, and Pakistan's energy needs. Other meetings in Pakistan included the Director General of Pakistan's Strategic Plans Division (responsible for security of Pakistan's nuclear weapons) and the Minister of Religious Affairs.

At Bagram Airfield in Afghanistan, the delegation was briefed on a number of issues, including the military, political, and economic situations in the area, medical care and medevac systems, and Provincial Reconstruction Teams. The delegation also met with U.S. Embassy staff.

In Iraq, the delegation travelled by helicopter to Balad Airfield, the staging point for all medical evacuations from theatre. The delegation toured the Air Force field hospital located at the airfield, met with hospital staff and patients, and received extensive briefings on operations there. At Camp Victory near Baghdad, the delegation visited the detainee medical facility and met with staff. In Baghdad, the Multi-National Force/Corps-Iraq Surgeon and staff briefed the delegation, followed by the briefing with General Petraeus and Ambassador Crocker. In both Balad and Baghdad, members of the delegation met with service members from their home districts.

Concluding the trip, the delegation travelled to Germany, where the members were briefed by the Commander and staff of Landstuhl Regional Medical Center. The visit concluded with a tour of the Warrior Transition Unit and the Medical Transient Unit.

Site Visit to Philadelphia, Pennsylvania

On January 25, 2008, majority staff visited the U.S. Department of Veterans Affairs Veterans Benefits Administration Regional Office in Philadelphia, Pennsylvania, to observe the claims adjudication process and note areas that could be streamlined and/or made electronic.

Subcommittee Hearing—U.S. Department of Veterans Affairs Credentialing and Privileging: A Patient Safety Issue

On January 29, 2008, the Subcommittee conducted a hearing on VA's credentialing and privileging systems. This hearing was a direct result of Office of Medical Inspector and Office of the Inspector General reports on patient deaths at the VA medical center in Marion, Illinois.

The Subcommittee heard testimony from a spouse whose husband's death at Marion was investigated and determined to be the result of unauthorized physician care; Office of Inspector General, U.S. Department of Veterans Affairs; and, the Veterans Health Administration, U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs Credentialing and Privileging: A Patient Safety Issue, Serial No. 110–65.

Subcommittee Hearing—U.S. Department of Veterans Affairs FY 2009 Budget—Office of Inspector General and Office of Information & Technology

On February 13, 2008, the Subcommittee conducted a hearing to assess and evaluate the U.S. Department of Veterans Affairs Fiscal

Year 2009 budgets for the Office of the Inspector General (OIG) and Office of Information and Technology. The VA's OIG, an independent entity, evaluates VA's programs and operations. OIG provides independent oversight that addresses mission-critical activities and programs in health care delivery, benefits processing, financial management, procurement practices and information management.

The Subcommittee heard testimony from the Deputy Inspector General for the Office of the Inspector General; U.S. Government Accountability Office; and, Assistant Secretary of Information Technology for the U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs FY 2009 Budget—Office of Inspector General and Office of Information and Technology, Serial No. 110–69.

Site Visit to Philadelphia, Pennsylvania

On February 14, 2008, majority staff visited the University of Pennsylvania Medical School for the purpose of discussing the impact of U.S. Department of Veterans Affairs (VA) information technology centralization and new security requirements on joint VA—medical school research and clinical trials with the Dean of Research and the Chief Information Officer.

Site Visit to Salisbury, North Carolina

From February 19–20, 2008, majority staff visited the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina.

The purpose of travel was to inspect and assess: (a) third party collection delivery; (b) women's health program moved into new facility where special services are now provided; (c) the new construction project in Surgery; (d) investigative and educational center for the Mental Illness Research, Education, and Clinical Center, which focuses on post-deployment mental health; (e) contract nursing home program; (f) Quality Management Program; and, (g) surgical credentialing and privileging programs.

Site Visit to San Antonio, Texas

From February 20–21, 2008, minority Staff visited the Army Dental Command in San Antonio, Texas, to investigate issues relating to the transfer of dental cost of demobilizing Reserve Components to the U.S. Department of Veterans Affairs. There was further discussion of Dental Command's flawed cost estimates of accomplishing their dental mission in-house.

Subcommittee Hearing—Care of Seriously Wounded After Inpatient Care

On March 13, 2008, the Subcommittee conducted a hearing to assess how the Department of Veterans Affairs is caring for, and the manner in which care is administered, to our nation's most seriously wounded veterans after inpatient care and the transition home occurs.

The Subcommittee heard testimony from a U.S. Marine Corps combat veteran; a U.S. Army combat veteran; the wife of a U.S. Army combat veteran and veterans advocate; National Policy Director for the Wounded Warrior Project; Iraq and Afghanistan Veterans of America; and Chief Patient Care Services Officer for the

Veterans Health Administration, U.S. Department of Veterans Affairs. See Care of Seriously Wounded After In-Patient Car, Serial No. 110–76.

Site Visit to Palo Alto, California

On March 18–20, 2008, majority staff visited the Palo Alto VA Healthcare System and Polytrauma Unit in Palo Alto, California.

The Subcommittee held a hearing in September 2007, after disclosure of substantial turmoil at the Palo Alto Polytrauma Rehabilitation Center (PRC). While Palo Alto has made several management changes, the Palo Alto PRC continued to be the subject of complaints about quality of care from patients and families.

Site Visit to Newark, New Jersey

On March 27, 2008, majority staff visited the Veterans Benefits Administration Regional Office to observe the claims adjudication process and investigate claims that the office was not being run efficiently.

Subcommittee Hearing—Traumatic Brain Injury Related Vision Issues

On April 2, 2008, the Subcommittee conducted a hearing on vision issues related to traumatic brain injury (TBI). It had become clear that TBI is often associated with subsequent vision issues even in the absence of direct injury to the eye. Data from the only VA Polytrauma Rehabilitation Center (PRC) to keep track of this data shows that 75 percent of Level 1 polytrauma patients with TBI and 78 percent of Level II polytrauma patients with TBI reported vision complaints.

The Subcommittee heard testimony from a U.S. Army combat veteran; the wife of a U.S. Army combat veteran; a U.S. Navy combat veteran; Blinded Veterans Association; Professor of Clinical Neurology at Columbia University Medical Center; Associate Professor of Occupational Therapy at the University of Alabama at Birmingham; Neuro Vision Technology Pty. Ltd.; representatives of the U.S. Department of Veterans Affairs; and U.S. Department of Defense Center for Excellence for Psychological Health and Traumatic Brain Injury. See Traumatic Brain Injury (TBI) Related Vision Issues, Serial No. 110–79.

Site Visit to Chicago, Illinois

On May 1, 2008, majority staff visited the U.S. Department of Veterans Affairs (VA) National Acquisition Center (NAC) in Chicago, Illinois. At the time, staff was investigating resellers on VA's Federal Supply Schedules (FSS) following the IG report finding significant problems with some resellers resulting in millions of dollars in excess costs.

The NAC administers the FSS contracts and the contract files are at the NAC. Staff was briefed on the FSS contracts, how they are entered into and administered, and how they are modified. In addition, staff reviewed the contract files of the resellers examined in the IG report.

Site Visit to Washington, District of Columbia

On May 14, 2008, majority and minority staff visited the Washington Hospital Center in Washington, D.C. The purpose of this visit was to observe Microsoft's new multi-hospital shared electronic medical information system.

Site Visit to San Antonio, Texas

From May 28–29, 2008, majority staff visited the Brooke Army Medical Center for the Intrepid (BAMC); University of Texas (UT) Health Science Center, San Antonio, Texas, and the U.S. Department of Veterans Affairs South Texas Health Care System. The purpose of this visit was to tour and be briefed on the Center for the Intrepid and the BAMC in San Antonio and be briefed on UT–VA joint research and clinical trials. Subcommittee staff gained a better understanding of the services, operations and technologies at BAMC and the Center for the Intrepid, and will learn at VA and UT whether correspondence with VA about IT and research is having an effect on the local level.

Site Visit to Chicago, Illinois

From June 16–17, 2008, majority staff visited the Naval Health Clinic Great Lakes and the North Chicago U.S. Department of Veterans Affairs (VA) Medical Center to observe the pilot electronic medical records sharing program and joint facility being undertaken and operated by the Navy and the VA in the North Chicago/Great Lakes area. The project being undertaken at the Great Lakes Naval Hospital and North Chicago VA Medical Center of a joint facility working towards completely interoperable electronic records is an important step towards the complete seamless transition of service members between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.

Site Visit to Ft. McCoy, Wisconsin

From June 18–19, 2008, majority staff visited Ft. McCoy, Wisconsin, to visit with soldiers from the 325th Combat Support Hospital during their demobilization brief that coincides with the VA mandatory briefing session and ask questions regarding seamless transition back into the civilian life. Staff gained a better understanding of both the U.S. Department of Defense and the U.S. Department of Veterans Affairs interaction with service members, specifically in post-deployment. Staff will also gain more insight into the interaction between the two agencies, as it pertains to post-deployment seamless transition.

Subcommittee Hearing—U.S. Department of Veterans Affairs/U.S. Department of Defense Cooperation in Reintegration of National Guard and Reserves

On July 24, 2008, the Subcommittee held a hearing to evaluate the progress of the U.S. Department of Veterans Affairs and the U.S. Department of Defense in cooperating to improve the reintegration of members of the National Guard and Reserves to civilian life.

The Subcommittee heard testimony from veterans service organizations; U.S. Army Reserve; Office of Joint Manpower and Personnel, National Guard Bureau; National Guard and Reserve Coor-

dinator; and, the U.S. Department of Veterans Affairs. See U.S. Department of Veterans Affairs/U.S. Department of Defense Cooperation in Reintegration of National Guard and Reserves, Serial No. 110–94.

Subcommittee Hearing—Media Outreach to Veterans

On July 15, 2008, the Subcommittee held a hearing to explore the potential benefits veterans would receive if VA incorporates the power of advertising and marketing in their strategic outreach plan.

The Subcommittee heard testimony from a Veteran of Operation Iraqi Freedom; Iraq and Afghanistan Veterans of America; Robert Emmett McDonough School of Business, Georgetown University; Communication and Social Marketing Expert from Washington, DC; U.S. Department of Veterans Affairs. See Media Outreach to Veterans, Serial No. 110–98.

Subcommittee Hearing—Billions Spent on "Miscellaneous" Expenditures: Inadequate Controls at the VA

On July 31, 2008, the Subcommittee held a hearing to evaluate the findings of the GAO's audit of VA's use of "miscellaneous obligations" as a means of procuring goods and services. Miscellaneous obligations are used to obligate funds in circumstances where the amount to be spent is uncertain.

The Subcommittee heard testimony from the U.S. Government Accountability Office and U.S. Department of Veterans Affairs. See Billions Spent on "Miscellaneous" Expenditures: Inadequate Controls at the VA—Serial No. 110–100.

Site Visit to Austin, Texas

On September 4–5, 2008, majority staff traveled to the Austin Information Technology Center; Office of Business Oversight; and, the Office of Information and Technology contracting center. The purpose of the visit was to provide oversight and follow up on electronic interchange of information between the U.S. Department of Defense (DoD) and the U.S. Department of Veterans Affairs (VA); contracting by Office of Information and Technology; and, activities of the Office of Business Oversight. The staff also reviewed the current VA—DoD information exchange efforts, including electronic DD214s, VADIR, LC database, VA—DoD memorandum of understanding; Office of Information and Technology contracting activities; and, Office of Business Oversight compliance activities.

Subcommittee Hearing—Media Outreach to Veterans: An Update

On September 23, 2008, the Subcommittee conducted a hearing to assess the U.S. Department of Veterans Affairs (VA) efforts after the July 15, 2008, hearing on media outreach. The purpose of this hearing was to evaluate the progress VA has made since the last hearing held on this issue on July 15, 2008, entitled VA Media Outreach. The purpose of the previous hearing was to explore the benefits veterans would receive if VA incorporated the power of advertising and marketing in its strategic outreach plan. In addition, the Subcommittee investigated how much money the VA intended to budget for this initiative, how many personnel the VA was pre-

pared to allocate, and evaluated the VA's strategic outreach plan, specifically the advertisement and marketing aspect of the plan. This new hearing evaluated VA's progress.

The Subcommittee heard testimony from Operation Iraqi Freedom veterans; veterans service organizations; MDB Communications, Inc.; and, the U.S. Department of Veterans Affairs. See Media Outreach to Veterans: An Update—Serial No. 110–106.

Site Visit to Edinburgh, Indiana

On November 12, 2008, minority staff accompanied Ranking Republican Member Steve Buyer to review Dental Command's efforts to address Reserve Component dental reset plan for the 76th Brigade Combat Team and attend briefing on the Army Reserve Component Demo Dental Reset. This trip was a follow-up to the site visit to San Antonio, Texas, in February 2008.

SUMMARY OF VETERANS' AFFAIRS COMMITTEE ACTION
BILLS AND RESOLUTIONS REFERRED, HEARINGS, AND EXECUTIVE SESSIONS CONDUCTED

	98th	99th	100th	101st	102d	103d	104th	105th	106th	107th	108th	109th	110th
Bills and Resolutions Referred	229	198	147	194	215	174	128	134	146	194	253	239	345
Hearings Sessions	71	76	44	72	67	71	39	56	66	58	66	71	108
Meetings and Markup Sessions	16	20	16	26	20	23	19	18	13	14	16	18	25
Bills Reported	15	17	14	33	21	25	15	15	10	14	22	10	26
Bills in House	3	3	1	4	3	11	0	0	1	0	0	0	0
Pending in Senate Committees	6	8	9	23	7	11	10	1	1	10	7	11	38
Bills on Senate Calendar or in Senate	0	1	3	1	3	3	0	0	1	0	5	0	0
Laws Enacted	8	6	4	8	24	15	6	6	11	13	9	10	18

HEARINGS AND EXECUTIVE SESSIONS

(All hearings and executive sessions of the Committee are held in the Committee hearing room, Room 334, Cannon House Office Building unless otherwise designated.)

January 30, 2007. OPEN. 2:00 p.m. Full Committee. Meeting. Organizational and Oversight Plan.

February 8, 2007. OPEN. 9:30 a.m. Full Committee. Hearing. U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2008. (Serial No. 110–1)

February 12, 2007. OPEN. 1:00 p.m. Full Committee. Meeting. Stakeholders Roundtable Meeting.

February 14, 2007. OPEN. 2:00 p.m. Subcommittee on Health. Hearing. U.S. Department of Veterans Affairs Fiscal Year 2008 Health Budget. (Serial No. 110–2)

February 15, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Equity for Filipino Veterans. (Serial No. 110–3)

February 15, 2007. OPEN. 3:00 p.m. Subcommittee on Oversight and Investigations. Hearing. Oversight Efforts of the VA Inspector General: Issues, Problems and Best Practices at the Department of Veterans Affairs. (Serial No. 110–4)

February 27, 2007. OPEN. 2:00 p.m. House and Senate Veterans' Affairs Committees. Joint Hearing. Room 345 Cannon. The Legislative Priorities of the Disabled American Veterans.

February 28, 2007. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. Information and Security Management at the Department of Veterans Affairs—Current Effectiveness and the Need for Cultural Change. (Serial No. 110–5)

March 6, 2007. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 345 Cannon. The Legislative Priorities of the Veterans of Foreign Wars.

March 7, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Performance Review of Education, Loan Guaranty, Vocational Rehabilitation and Employment, and Veterans' Employment and Training Service Programs. (Serial No. 110–6)

March 8, 2007. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 106 Senate Dirkson. The Legislative Priorities of the Paralyzed Veterans of America, Jewish War Veterans, Blinded Veterans Association, and Vietnam Veterans of America.

March 8, 2007. OPEN. 3:30 p.m. Subcommittee on Oversight and Investigations. Hearing. Servicemembers Seamless Transition Into Civilian Life—The Heroes Return. (Serial No. 110–7)

March 13, 2007. OPEN. 10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Markup of H.R. 797 and H.R. 1284.

March 13, 2007. OPEN. 10:15 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. The Impact of OIF/OEF on the VA Claims Process. (Serial No. 110–8)

March 13, 2007. OPEN. 1:30 p.m. Subcommittee on Health. Markup of H.R. 327 and H.R. 612.

March 15, 2007. OPEN. 10:00 a.m. Full Committee. Markup of H.R. 327, H.R. 797, and H.R. 1284.

March 15, 2007. OPEN. 2:00 p.m. Subcommittee on Health. Hearing. Polytrauma Center Care and the TBI Patient: How Seamless is the Transition Between VA and DoD and Are Needs Being Met? (Serial No. 110–9)

March 22, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Education Benefits for the National Guard & Reserve Members of the U.S. Armed Forces. (Serial No. 110–10)

March 29, 2007. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committees. Joint Hearing. Room 226 Senate Dirksen. The Legislative Priorities of AMVETS, American Ex-Prisoners of War, Military Order of the Purple Heart, Fleet Reserve Association, The Retired Enlisted Association, Gold Star Wives, Military Officers Association of America, and National Association of State Directors of Veterans Affairs.

April 17, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Legislative Hearing on H.R. 67, H.R. 1435, H.R. 1444, H.R. 1490. (Serial No. 110–11)

April 18, 2007. OPEN. 10:00 a.m. Full Committee. Markup of H.R. 1642.

April 18, 2007. OPEN. 10:15 a.m. Full Committee. Hearing. H.R. 23 "Belated Thank You to the Merchant Mariners of World War II Act of 2007." (Serial No. 110–12)

April 18, 2007. OPEN. 2:00 p.m. Subcommittee on Health. Hearing. Access to VA Health Care: How Easy is it for Veterans' Addressing the Gaps. (Serial No. 110–13)

April 19, 2007. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Surgical Services at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina. (Serial No. 110–14)

April. 19, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. State Approving Agencies. (Serial No. 110–15)

April 24, 2007. OPEN. 10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Markup of H.R. 1660.

April 24, 2007. OPEN. 10:15 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. "Helping Those Left Behind: Are We Doing Enough for the Parents, Spouses and Children of Veterans?" (Serial No. 110–16)

April 26, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Legislative Hearing on H.R. 92, H.R. 315, H.R. 339, H.R. 463, H.R. 538, H.R. 542, H.R. 1426, H.R. 1470, H.R. 1471, H.R. 1527, H.R. 1944, and Discussion Draft of the "Rural Veterans Health Care Act of 2007." (Serial No. 110–17)

May 3, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Accelerated Education Benefits for Veterans. (Serial No. 110–18)

May 8, 2007. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Sharing of Electronic Medical Records Between Department of Defense and Department of Veterans Affairs. (Serial No. 110–20)

May 8, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Markup of H.R. 67.

May 8, 2007. OPEN. 2:15 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Veterans Cemeteries: Honoring Those Who Served. (Serial No. 110–19)

May 9, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. State of VA's Long-Term Care Programs. (Serial No. 110–21)

May 9, 2007. OPEN. 2:00 p.m. Full Committee. Hearing. The Results of the President's Task Force on Returning Global War on Terror Heroes. (Serial No. 110–22)

May 10, 2007. OPEN. 9:30 a.m. Subcommittee on Health. Room 340 Cannon. Markup of H.R. 1470 and H.R. 2199.

May 15, 2007. OPEN. 2:00 p.m. Full Committee. Markup of H.R. 612, H.R. 67, H.R. 1660, H.R. 1470, H.R. 2199, H.R. 2219, and H.R. 2239.

May 16, 2007. OPEN. 10:00 a.m. Full Committee. Meeting. PTSD Mental Health Care Symposium.

May 17, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Veterans' Entrepreneurship and Self Employment. (Serial No. 110–23)

May 22, 2007. OPEN. 10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. The Challenges Facing the U.S. Court of Appeals for Veterans Claims. (Serial No. 110–24)

May 23, 2007. OPEN. 10:00 a.m. Full Committee. Meeting. VA Disability Claims Roundtable: Looking for a Solution.

May 29, 2007. OPEN. 10:00 a.m. Full Committee. Joint House and Senate Meeting. Dover, Ohio. Issues Facing Veterans in the Rural Areas of Appalachia. (Senate Hearing Print 110–146)

June 7, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Specially Adaptive Housing. (Serial No. 110–25)

June 12, 2007. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. SES Bonuses: Ensuring VA's Process Works. (Serial No. 110–26)

June 14, 2007. OPEN. Subcommittee on Health. Hearing. Room 340 Cannon. Legislative Hearing on H.R. 1448, H.R. 1853, H.R. 1925, H.R. 2005, H.R. 2172, H.R. 2173, H.R. 2378, H.R. 2219, H.R. 2192, and H.R. 2623. (Serial No. 110–27)

June 19, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Legislative Hearing on H.R. 156, H.R. 585, and H.R. 704. (Serial No. 110–28)

June 20, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Priority Group 8 Veterans. (Serial No. 110–29)

June 21, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Legislative Hearing on H.R. 1750, H.R. 1824, H.R. 1598, H.R. 1315, H.R. 1240, H.R. 675, H.R. 513, H.R. 2259, H.R. 2475, H.R. 1632, H.R. 112, H.R. 2579, and H.R. 1370. (Serial No. 110–30)

June 27, 2007. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Room 340 Cannon. VA Internal Contracting Oversight Deficiencies. (Serial No. 110–31)

June 28, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Markup of H.R. 2623 and H.R. 2874.

June 29, 2007. OPEN. 9:30 a.m. Subcommittee on Economic Opportunity. Markup of H.R. 1315, H.R. 1750, H.R. 1240, and H.R. 1632.

July 9, 2007. OPEN. 9:30 a.m. Full Committee. Field Hearing. New Orleans, Louisiana. The Future of VA Health Care in South Louisiana. (Serial No. 110–32)

July 11, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Markup of H.R. 2874.

July 12, 2007. OPEN. 10:00 a.m. Joint Subcommittee on Health and Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Issues Facing Women and Minority Veterans. (Serial No. 110–33)

July 12, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Federal Procurement and the Three Percent Set Aside. (Serial No. 110–34)

July 17, 2007. OPEN. 2:00 p.m. Full Committee. Markup of H.R. 2623, H.R. 2874, H.R. 1315, H.R. 760, and H.R. 23.

July 18, 2007. OPEN. 10:00 a.m. Full Committee. Meeting. Traumatic Brain Injury Symposium

July 19, 2007. OPEN. 2:00 p.m. Subcommittee on Health. Hearing Vet Centers. (Serial No. 110–35)

July 24, 2007. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. VA IT Inventory Management. (Serial No. 110–36)

July 25, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. PTSD and Personality Disorders: Challenges for the VA. (Serial No. 110–37)

July 26, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Gulf War Exposures. (Serial No. 110–38)

July 26, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Contract Bundling Oversight. (Serial No. 110–39)

July 31, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Legislative Hearing on H.R. 674, H.R. 1273, H.R. 1900, H.R. 1901, H.R. 2346, H.R. 2696, and H.R. 2697. (Serial No. 110–40)

September 6, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Veterans' Preference. (Serial No. 110–41)

September 18, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. State of the U.S. Department of Veterans Affairs. (Serial No. 110–42)

September 19, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Findings of the President's Commission on Care for America's Returning Wounded Warriors. (Serial No. 110–43)

September 20, 2007. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committees. Joint Hearing. Room 345 Cannon. The Legislative Priorities of The American Legion.

September 20, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Licensure and Certification of Transitioning Veterans. (Serial No. 110–44)

September 25, 2007. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. U.S. Department of Veterans Affairs Polytrauma Rehabilitation Centers: Management Issues. (Serial No. 110–45)

September 25, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Board of Veterans' Appeals Adjudication Process and the Appeals Management Center. (Serial No. 110–46)

September 26, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. The U.S. Department of Veterans Affairs Information Technology Reorganization: How Far Has VA Come? (Serial No. 110–47)

September 27, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. The U.S. Department of Veterans Affairs Grant and Per Diem Program. (Serial No. 110–48)

October 3, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Funding the U.S. Department of Veterans Affairs of the Future. (Serial No. 110–49)

October 4, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. The U.S. Department of Veterans Affairs Research Programs. (Serial No. 110–50)

October 9, 2007. OPEN. 9:30 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Field Hearing. New Windsor, New York. Personal Costs of the U.S. Department of Veterans Affairs Claims Backlog. (Serial No. 110–51)

October 10, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Findings of the Veterans Disability Benefits Commission. (Serial No. 110–52)

October 16, 2007. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. Disability Claims Ratings and Benefits Disparities within the Veterans Benefits Administration. (Serial No. 110–53)

October 17, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Long-Term Costs of Current Conflicts. (Serial No. 110–54)

October 18, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Healthcare Professionals—Recruitment and Retention. (Serial No. 110–55)

October 18, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Updating the Montgomery G.I. Bill. (Serial No. 110–56)

October 24, 2007. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Sharing of Electronic Medical Records between the Department of Defense and Department of Veterans Affairs. (Serial No. 110–57)

October 25, 2007. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Markup of H.R. 513 and H.R. 3882.

October 25, 2007. OPEN. 2:15 p.m. Subcommittee on Economic Opportunity. Hearing. Oversight of the U.S. Department of Labor's Veterans Employment Training Service (VETS), Disabled Veteran Outreach Program (DVOP) and Local Veterans Employment Representative Program (LVOP). (Serial No. 110–58)

November 1, 2007. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. The U.S. Department of Veterans Affairs Construction Process. (Serial No. 110–59)

November 7, 2007. OPEN. 10:00 a.m. Full Committee. Markup of H.R. 3882.

November 8, 2007. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Legislative Hearing on H.R. 3047, H.R. 3249, H.R. 3286, H.R. 3415, H.R. 1137, H.R. 3954, and H.R. 4084. (Serial No. 110–60)

December 12, 2007. OPEN. 10:00 a.m. Full Committee. Hearing. Room 345 Cannon. Stopping Suicides: Mental Health Challenges Within the U.S. Department of Veterans Affairs. (Serial No. 110–61)

December 12, 2007. OPEN. 2:00 p.m. Joint Subcommittee on Health and Subcommittee on Oversight and Investigations. Hearing. Room 345 Cannon. Outpatient Waiting Times. (Serial No. 110–62)

January 17, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Room 340 Cannon. Legislative hearing on H.R. 2790, H.R. 3458, H.R. 3819, H.R. 4053, H.R. 4107, H.R. 4146, H.R. 4204, and H.R. 4231. (Serial No. 110–63)

January 17, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Legislative hearing on Review of Pending Montgomery G.I. Bill Legislation: H.R. 1102, H.R. 1211, H.R. 1214, H.R. 2247, H.R. 2385, H.R. 2702, and H.R. 2910. (Serial No. 110–64)

January 29, 2008. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Room 340 Cannon. VA Credentialing and Privileging: A Patient Safety Issue. (Serial No. 110–65)

January 29, 2008. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. The Use of Artificial Intelligence to Improve the VA's Claims Processing System. (Serial No. 110–66)

February 7, 2008. OPEN. 1:00 p.m. Full Committee. Hearing. The Department of Veterans Affairs Budget Request for Fiscal Year 2009. (Serial No. 110–67)

February 13, 2008. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Review of Expiring Programs. (Serial No. 110–68)

February 13, 2008. OPEN. 2:30 p.m. Subcommittee on Oversight and Investigations. Hearing. Room 210 Cannon. VA FY 2009 Budget—Office of the Inspector General and Office of Information and Technology. (Serial No. 110–69)

February 14, 2008. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. Examining the U.S. Department of Veterans Affairs Claims Processing System. (Serial No. 110–70)

February 26, 2008. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. The U.S. Department of Veterans Affairs Schedule for Rating Disabilities. (Serial No. 110–71)

February 27, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. VA Construction Authorization. (Serial No. 110–72)

February 28, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Mental Health Treatment for Families: Supporting Those Who Support Our Veterans. (Serial No. 110–73)

February 28, 2008. OPEN. 2:00 p.m. Subcommittee on Economic Opportunity. Hearing. Subprime Mortgage Crisis and America's Veterans. (Serial No. 110–74)

March 4, 2008. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 216 Senate Hart. The Legislative Priorities of the Veterans of Foreign Wars.

March 4, 2008. OPEN. 2:00 p.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 345 Cannon. The Legislative Priorities of the Disabled American Veterans.

March 6, 2008. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 345 Cannon. The Legislative Priorities of the Paralyzed Veterans of America, Jewish War Veterans, Blinded Veterans Association, Vietnam Veterans of America, Non Commissioned Officers Association, Air Force Sergeants Association, and American Ex-Prisoners of War.

March 11, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Substance Abuse/Comorbid Disorders: Comprehensive Solutions to a Complex Problem. (Serial No. 110–75)

March 13, 2008. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Room 340 Cannon. Care of Seriously Wounded After Inpatient Care. (Serial No. 110–76)

March 13, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. U.S. Paralympic Military Program. (Serial No. 110–77)

April 1, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. PTSD Treatment and Research: Moving Ahead Toward Recovery. (Serial No. 110–78)

April 2, 2008. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Traumatic Brain Injury (TBI) Related Vision Issues (Serial No. 110–79)

April 3, 2008. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committee. Joint Hearing. Room 216 Senate Hart. The Legislative Priorities of the AMVETS, Military Order of the Purple Heart, Gold Star Wives, Fleet Reserve Association, The Retired Enlisted Association, Military Officers Association of America, National Association of State Directors of Veterans Affairs.

April 9, 2008. OPEN. 10:00 a.m. Full Committee. Hearing. Ending Homelessness for Our Nation's Veterans. (Serial No. 110–80)

April 10, 2008. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Legislative hearing on Veterans Disability Benefits Claims Modernization Act of 2008 (H.R. 5892). (Serial No. 110–81)

April 15, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Legislative hearing on H.R. 2818, H.R. 5554, H.R. 5595, H.R. 5622, H.R. 5729, H.R. 5730. (Serial No. 110–82)

April 16, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Legislative hearing on H.R. 4883, H.R. 4884, H.R. 4889, H.R. 4539, H.R. 3646, H.R. 5664, H.R. 3798, H.R. 3393, H.R. 3298, H.R. 3467, H.R. 3889, H.R. 3681, and H.R. 5684. (Serial No. 110–83)

April 21, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Field Hearing. Sanford, Maine. Women, Rural and Special Needs Veterans. (Serial No. 110–84)

April 23, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Room 340 Cannon. Markup of H.R. 5684, H.R. 4884, H.R. 4883, H.R. 4889, H.R. 3681, H.R. 3889, and H.R. 5664.

April 23, 2008. OPEN. 2:30 p.m. Subcommittee on Health. Markup of H.R. 2790, H.R. 3819, H.R. 5729, H.R. 5554, and H.R. 5856.

April 24, 2008. OPEN. 11:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Room 340 Cannon. Markup of H.R. 5892.

April 30, 2008. OPEN. 10:00 a.m. Full Committee. Markup of H.R. 2790, H.R. 3819, H.R. 5729, H.R. 5554, H.R. 5856, H.R. 3681, H.R. 3889, H.R. 4883, H.R. 4884, H.R. 4889, H.R. 5664, H.R. 5684, H.R. 5826, and H.R. 5892.

May 2, 2008. OPEN. 12:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Field Hearing. Colorado Springs, Colorado. Is the VA Cemetery Construction Policy Meeting the Needs of Today's Veterans and Their Families? (Serial No. 110–85)

May 6, 2008. OPEN. 10:00 a.m. Full Committee. Hearing. The Truth about Veterans' Suicides. (Serial No. 110–86)

May 16, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Field Hearing. South Bend, Indiana. Transition Assistance Program for Guard and Reserve Forces. (Serial No. 110–87)

May 22, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Human Resources Challenges within the Veterans Health Administration. (Serial No. 110–88)

May 22, 2008. OPEN. 1:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. Examining the Effectiveness of VBA Outreach Efforts. (Serial No. 110–89)

June 5, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Markup of H.R. 2818 and H.R. 2192.

June 5, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Legislative Hearing on H.R. 4089, H.R. 4463, H.R. 5888, H.R. 6114, and H.R. 6112. (Serial No. 110–90)

June 11, 2008. OPEN. 10:00 a.m. Full Committee. Meeting. Approve Subcommittee Membership and Markup of H.R. 2818.

June 11, 2008. OPEN. 10:15 a.m. Full Committee. Hearing. Implementing the Wounded Warrior Provisions of the National Defense Authorization Act for Fiscal Year 2008. (Serial No. 110–91)

June 12, 2008. OPEN. 2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. Legislative Hearing on H.R. 1197, H.R. 3008, H.R. 3795, H.R. 4274, H.R. 5155, H.R. 5448, H.R. 5454, H.R. 5709, H.R. 5954, H.R. 5985, and H.R. 6032. (Serial No. 11–092)

June 19, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Legislative Hearing on H.R. 2721, H.R. 3786, H.R. 6070, H.R. 4255, H.R. 6221, H.R. 6224, H.R. 6225, and H.R. 6272. (Serial No. 110–93)

June 24, 2008. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. VA/DoD Cooperation in Reintegration of National Guard and Reserves. (Serial No. 110–94)

June 26, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Legislative Hearing on Draft Legislation. (Serial No. 110–95)

June 26, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Markup of H.R. 6225, H.R. 6224, H.R. 6221, H.R. 6272, H.R. 4255, H.R. 6070, H.R. 2910, H.R. 3298, and H.R. 2721.

July 9, 2008. OPEN. 10:00 a.m. Full Committee. Hearing. Why Does the VA Continue to Give a Suicide-Inducing Drug to Veterans with PTSD? (Serial No. 110–96)

July 10, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Markup of H.R. 1527, H.R. 6114, H.R. 6122, H.R. 6366, H.R. 6439, and H.R. 6445.

July 10, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Independent Living. (Serial No. 110–97)

July 15, 2008. OPEN. 2:00 p.m. Subcommittee on Oversight and Investigations. Hearing. Media Outreach to Veterans. (Serial No. 110–98)

July 16, 2008. OPEN. 10:00 a.m. Full Committee. Markup of H.R. 6445, H.R. 1527, H.R. 2192, H.R. 4255, H.R. 6225, H.R. 6221, and H.R. 674.

July 28, 2008. OPEN. 10:00 a.m. Subcommittee on Economic Opportunity. Field Hearing. Rapid City, South Dakota. Transitional Assistance Program. (Serial No. 110–99)

July 30, 2008. CLOSED. 10:00 a.m. Full Committee. Meeting. Commission on the Future for America's Veterans.

August 18, 2008. OPEN. 9:00 a.m. Subcommittee on Economic Opportunity. Field Hearing. Bentonville, Arkansas. Uniformed Services Employment and Reemployment Rights Act (USERRA) and Servicemembers Civil Relief Act (SCRA) Issues. (Serial No. 110–101)

September 9, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Room 340 Cannon. Legislative Hearing on H.R. 3051, H.R. 6153, and H.R. 6629. (Serial No. 110–102)

September 11, 2008. OPEN. 9:30 a.m. House and Senate Veterans' Affairs Committees. Joint Hearing. Room 345 Cannon. The Legislative Priorities of The American Legion.

September 11, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Oversight of G.I. Bill Implementation. (Serial No. 110–103)

September 16, 2008. OPEN. 10:00 a.m. Subcommittee on Health. Hearing. Room 340 Cannon. VA Suicide Hotline. (Serial No. 110–104)

September 17, 2008. OPEN. 10:00 a.m. Full Committee. Room 210 Cannon. Markup of H.R. 6897.

September 18, 2008. OPEN. 10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs. Hearing. Room 340 Cannon. Examining the Effectiveness of the Veterans Benefits Administration's Training, Performance Management and Accountability. (Serial No. 110–105)

September 23, 2008. OPEN. 10:00 a.m. Subcommittee on Oversight and Investigations. Hearing. Room 340 Cannon. Media Outreach to Veterans: An Update. (Serial No. 110–106)

September 24, 2008. OPEN. 1:00 p.m. Subcommittee on Economic Opportunity. Hearing. Room 340 Cannon. Follow-up Oversight Hearing on G.I. Bill Implementation. (Serial No. 110–107)

November 18, 2008. OPEN. 10:30 a.m. Subcommittee on Economic Opportunity. Hearing. VA Short and Long-Term Strategies for Implementing New G.I. Bill Requirements. (Serial No. 110–108)

November 19, 2008. OPEN. 10:00 a.m. OPEN. Full Committee. Meeting. CRISIS: The VA Shreds Veterans' Confidence.

COMMITTEE WEB SITES

www.veterans.house.gov

www.republicans.veterans.house.gov

The Committee on Veterans' Affairs operates, maintains, and updates a website (veterans.house.gov), as well as a minority website (republicans.veterans.house.gov) containing comprehensive and timely information on Committee activities, Federal actions, and other news of interest to veterans. The websites contain thousands of pages of information: Committee Information; Committee Resources; Chairman's Welcome Message; Committee Schedule; Publications; Committee Hearings; Committee Spotlight; Legislation; Recent News; Multimedia Links; Veterans Benefits; Veterans Healthcare; Subcommittees; and Live Webcasting. The websites continue to be a resource for the veteran community for news and information relating to benefits and programs.

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON VETERANS' AFFAIRS

OVERSIGHT PLAN FOR 110th CONGRESS

In accordance with clause 2(d)(1) of Rule X of the House of Representatives, the Committee on Veterans' Affairs on January 30, 2007, adopted its oversight plan for the 110th Congress.

This oversight plan is directed at those matters most in need of oversight during the duration of this Congress. The Committee is cognizant that its oversight plans for the 110th Congress "have a view toward assuring effective, fact-based management." The Committee will consult, as necessary, with other House Committees having jurisdiction over the same or related laws affecting veterans.

Oversight will be accomplished through committee and subcommittee hearings, field and site visits by Members and staff, review of documentation, and meetings and correspondence with interested parties. Methods of oversight will include existing and requested reports, studies, estimates, investigations and audits by the Congressional Research Service, the Congressional Budget Office, the Government Accountability Office, and the Offices of the Inspectors General of the Departments of Veterans Affairs and Labor.

The Committee will seek the views of veterans' service organizations, military associations, other interest groups and private citizens. The Committee also welcomes communications from any individuals and organizations desiring to bring matters to its attention.

While this oversight plan describes the foreseeable areas in which the Committee expects to conduct oversight during the 110th Congress, the Committee and its subcommittees will undertake additional oversight activities as the need arises.

The full Committee may, at the discretion of the Chairman, after consultation with the Ranking Republican Member, conduct any of the oversight activities planned by the subcommittees.

Subcommittee on Disability Assistance and Memorial Affairs

1. **Review of the Department of Veterans Affairs (VA) disability claim process.** The Subcommittee plans to take a wholesale look at the VA disability claim process from the initial filing through the judiciary stage. This includes, but is not limited to, inter-governmental cooperation, training of claims adjudicators, uniformity of ratings, operation of the Board of Veterans Appeals and decisions handed down by the Court of Appeals for Veterans Claims. The Subcommittee will give special consideration to disability claims for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

2. **Examination of the Nonservice-Connected Pension Program.** The Subcommittee plans to examine whether this pension program is benefiting those who need it most. In addition, this Subcommittee will look to see if it is appropriate to expand the pension program to include veterans who may have been previously omitted and the pay-go costs associated with any expansion.

3. **Outreach.** The Subcommittee plans to take a close look at the outreach efforts conducted by the VA to ensure that every eligible veteran, surviving spouse or other candidate for assistance is aware of the benefits available to him or her. Furthermore, the Subcommittee will examine whether the rules and pay-go costs regarding veteran eligibility need to be expanded.

4. **Maintenance, Appearance, and Upkeep of National Cemeteries.** The Subcommittee will examine the immediate and long-term needs of the national cemetery system including the need for additional VA national cemeteries or national cemetery annexes. The Subcommittee will also review the condition of VA national cemeteries, both open and closed, to determine if their condition befits their status as national shrines to veterans.

5. **Insurance.** The Subcommittee will examine all of the insurance programs under the jurisdiction of the VA to ensure that they are providing the proper level of indemnification. In addition, the Subcommittee will examine the overall operation of these insurance programs.

6. **Burial Benefits.** The Subcommittee will look at the burial benefits provided by the VA to see if they are properly functioning and/or need to be expanded.

7. **Information Technology.** The Subcommittee will review current information technology programs related to the business lines under the Subcommittee's jurisdiction with a focus on VETSNET. The Subcommittee will also explore the applicability of rules-based applications to further automate adjudication of disability claims.

8. **Veterans' Disability Benefits Commission.** Public Law 108–136 established the Veterans' Disability Benefits Commission. The commission will examine and make recommendations concerning, among other things, the appropriateness of the level of benefits and the appropriateness of the level of benefits and the appropriate standard of standards for determining whether a disability or death of a veteran should be compensated. The Committee will review the recommendations of the Commission through briefings and hearings.

Subcommittee on Economic Opportunities

1. **Employment and self-employment opportunities for veterans—**The Subcommittee plans to conduct hearings to highlight servicemembers and veterans as a desirable business asset, with a focus on recently separated servicemembers returning from Iraq and Afghanistan, including demobilizing Reserve and National Guard personnel.

2. **Department of Labor workforce and transition services—**Public Law 107–288, the Jobs for Veterans Act, improved and modernized the Department of Labor's veterans' employment and training services, including providing veterans "first-in-line" priority in all DOL funded employment and training programs. Public Law 108–183 requires DOL to furnish pre-separation job placement services to servicemembers serving overseas. Public Law 109–461 modified and reorganized the Veterans Employment, Training and Employer Outreach Advisory Committee within the Department of Labor and the Subcommittee will examine the

progress and effectiveness related to the Advisory Committee as well.

3. **State Approving Agencies—**Veterans may only receive GI Bill benefits while attending a VA-approved course of instruction. VA contracts with state education agencies to approve and monitor education and training programs to ensure they meet the needs of veterans. The state agencies also provide local resources to investigate alleged violations of VA education regulations as well as a wide range of oversight functions on behalf of VA. Funding for the SAAs is scheduled to be decreased at the end of fiscal year 2008. The Subcommittee will explore the affects of any potential decrease in SAA funding and possible alternative to current funding schemes.

4. **Vocational Rehabilitation and Employment—**VA's Vocational Rehabilitation and Employment (VR&E) program provides services and assistance to enable veterans with service-connected disabilities to obtain and maintain suitable employment, and to enable certain other disabled veterans to achieve independence in daily living. The Subcommittee will examine VR&E's recent efforts to implement its 5-track program throughout the 57 regional offices. In addition the Subcommittee will likely focus on areas such as suitable employment including self employment assistance to the most seriously disabled veterans, contracted services, claims processing, employer outreach and quality assurance.

5. **Uniformed Services Employment and Reemployment Rights Act—**Uniformed Services Employment and Reemployment Rights Act (USERRA) provides a broad range of employment rights and responsibilities for veterans and employers. The law was recently amended to establish a demonstration project for improved enforcement by the Federal government. The Subcommittee will assess the effectiveness of USERRA with special emphasis on employers' willingness to hire National Guard and Reserve members and employment-related issues related to returning to the workforce following activation.

6. **Transition Assistance to Demobilizing Reserve and National Guard Personnel—**Due to the increased utilization of the Selected Reserve since September 11, 2001, many more citizen soldiers are being activated and serving on active duty. Consequently, as the Reserve and National Guard forces demobilize after their activation period, they like active duty troops require period of readjustment and transition services. The Subcommittee will continue to examine and focus its efforts to ensure that Selected Reserve personnel receive the assistance and benefits they may need to successfully transition into civilian workforce and lifestyle.

7. **VA Office of Small and Disadvantaged Business/Center for Veterans Enterprise—**Public Law 109–461 required the VA to set and meet certain procurement goals with respect to veteran and service-disabled veteran owned small businesses. The Subcommittee will examine VA's efforts to effectively implement this law and improve its contracting efforts with such concerns.

8. **GI Bill—**Congress, other than providing benefit increases, has not comprehensively modified, modernized or updated the Montgomery G.I. Bill since 1985. Due to advances in technology, dynamic workforce changes, and ever increasing demands on

servicemembers, as well as military recruiting efforts the time is right to seriously review the MGIB. The Subcommittee may hold a series of hearings to provide a comprehensive review of the program and to ascertain whether the current veterans' education system is adequate and reflects the way current society learns, studies and trains for success. The Subcommittee will also explore the effectiveness of various possible improvements as a means to increase the use of education benefits, as well as improving recruiting and retention in the armed forces.

9. **Information Technology—**VBA currently uses several information technology applications to assist administration of its education and vocational rehabilitation and employment programs. Despite this basic level of automation, significant backlogs persist. The Subcommittee will assess opportunities to increase the ability of rules-based systems to improve administration and decrease the backlogs.

Subcommittee on Health

1. **Provision of VA Health Care—**The Subcommittee will examine the manner in which VA provides care to veterans, and ways in which the VA's health care delivery can be improved. The Subcommittee plans to examine how technology can improve the delivery of health care, especially to rural and under-served veterans. The Subcommittee plans to explore the current efforts of the VA in meeting the health care needs of veterans' including quality of care and access issues, as well as how the VA can improve in the future. The Subcommittee also plans on conducting oversight over the VA's Project HERO ("Healthcare Effectiveness through Resource Optimization") initiative, as well as VA's current contract care practices.

2. **Health Care Personnel—**The Subcommittee plans on evaluating VA's current efforts to recruit and retain nurses, physicians, dentists, and other health care professionals. The Subcommittee plans on examining how best to ensure that VA personnel meet the health care needs of our veterans. The Subcommittee will explore innovative measures VA medical centers may use to attract and retain nursing personnel and support quality patient care, including the Magnet Recognition Program.

3. **VA Medical and Prosthetic Research—**The Subcommittee plans on examining the effectiveness of the VA's current research endeavors, how they match up with Congressional intent in regards to addressing injuries and illnesses in the veterans' population, and the importance of VA's clinical research efforts. The Subcommittee also plans on looking at such issues as the role of intellectual property in the research effort and the function and effectiveness of VA's research corporations.

4. **Prosthetics and Specialized Services—**The Subcommittee plans to examine VA's specialized services, such as blind rehabilitation, spinal cord injury, and prosthetics, including ways to improve these services and ways the VA can meet Congressional intent in these areas.

5. **Women Veterans' Programs—**With increasing numbers of women veterans, the Subcommittee will examine VA's provision of

health care services to women, and whether there are improvements that must be made.

6. **Long-term Care—**The Subcommittee plans to examine the current state of VA's long-term care programs, and explore ways to improve and augment the VA's efforts in this area, including issues relating to state veterans homes and contract community homes.

7. **CARES, VA Construction, and Facilities Management—**The Subcommittee plans on reviewing the current state of the VA's construction programs, including major and minor construction, facilities management efforts, and capital asset plans. Also of interest to the Subcommittee is the VA's historic preservation, and enhanced use lease endeavors. The Subcommittee also plans to continue monitoring the VA's collaborative efforts with other governmental and non-profit health care entities.

8. **VA Funding—**The Subcommittee plans to examine the adequacy of VA funding, and ways to improve the current funding system. The Subcommittee is interested in examining the efficacy of, and improvements to, the VA's financial controls and systems, in order to better stretch scarce health care resources. The Subcommittee plans on examining the Medical Care Collections Fund (MCCF). The Subcommittee plans to examine the VA's use of "management efficiencies," and other budget items that may serve to depress the Administration's annual budget requests, as well as looking at the VA's ability to budget for returning servicemembers and account for the long-term costs of these new veterans.

9. **PTSD and Mental Health Issues—**The Subcommittee plans to examine the VA's current efforts in the area of mental health and post-traumatic-stress-syndrome (PTSD) as they relate to returning servicemembers and veterans of previous conflicts.

10. **Traumatic Brain Injury and VA Polytrauma Centers—**The Subcommittee plans on examining the efforts of the VA in diagnosing and treating Traumatic Brain Injury (TBI) as well as the operation of the VA's Polytrauma Centers. Veterans returning from Iraq and Afghanistan have shown a marked increase in TBI. The Subcommittee wants to ensure that the VA is doing all it can in this area.

11. **Homelessness—**The Subcommittee plans to review the VA's current efforts to combat homelessness amongst veterans, and examine ways to improve services to homeless veterans.

12. **VA/DOD Cooperation—**The Subcommittee plans to examine how the VA and DOD health care systems can best work together to provide health care services to veterans. The Subcommittee plans to look into progress the agencies have made in ensuring that health information is shared, including electronic medical records, and other ways in which both agencies can improve services to returning servicemembers and veterans.

13. **VA's Fourth Mission—**The VA has an important role to play outside of the direct provision of health care to veterans. The Subcommittee plans to examine the VA's readiness to accomplish its fourth mission—to serve as backup to the Department of Defense health care system in times of war or other emergencies and to support communities following domestic terrorist incidents and natural disasters. The Subcommittee seeks to be assured that the VA has devoted adequate resources for its fourth mission contin-

gencies and that the VA's fourth mission duties do not detract from its first mission of caring for veterans.

Subcommittee on Oversight and Investigations

1. **Competitive Sourcing and Alternative Management Systems—**The VA is implementing the President's Management Agenda and Office of Management and Budget Directives through competitive sourcing and alternative management systems. The Subcommittee is interested in the factual basis for conduct of this program and the organizational benefits yielded.

2. **VA's Procurement and Acquisition System—**the Subcommittee will continue to monitor the performance of this system to determine its efficiency and effectiveness. VA spends over $6 billion annually for medical and surgical supplies, prosthetics, information technology, construction and other materials and services.

3. **VA Information Technology Programs—**VA has had problems fielding integrated information technology systems. The Subcommittee continues oversight of VA's progress.

4. **VA Information Security Management Program—**the loss of computer hardware containing the personal information of millions of veterans enhanced awareness of ongoing problems with VA's information security program. The Subcommittee has ongoing interest in the effectiveness of the program.

5. **VA's Fourth Mission—Are they ready?—**VA has a role in this nation's response to certain types of large scale incidents, whether natural or man-made. VA must maintain the capacity to meet its responsibilities under the National Response Plan and provide for its continuity of operations.

6. **Force Protection and Seamless Transition—**the Subcommittee will oversee DoD and VA efforts to assure that the transition between the two departments is seamless and responsive to the needs of veterans. The Subcommittee review will include DoD's referral of discharged Guard and Reeserve personnel to VA's dental program for their follow-up dental care.

7. **Enhanced Land Leases and Divestment of Federal Property—**VA has used expanded authorizations to engage in enhanced-use leases of its property and on occasion divests federally-owned property. The Subcommittee will assure that the decision process for these actions is sound and that revenues received and other benefits are appropriate. Also of interest to the Subcommittee is the VA's preservation of historic landmarks and buildings and the appropriate disposition of unused, unkempt, or hazardous facilities and properties.

8. **Evaluating Management Efficiency-based Budget Offsets—**This Committee and the Government Accountability Office have been critical of the VA's practice of offsetting budget requirements with claimed management efficiencies. Subcommittee interest in this issue is ongoing.

9. **Chemical, Radiological, Biological and other Test Veterans issues—**Since WWII, servicemembers have participated in tests with potentially harmful agents, to determine warfighting capability and the utility of protective equipment. The committee will assure that veterans who participated in these tests receive appropriate care for medical problems caused by the testing.

10. **Medical Recruitment, Retention and Staffing—to include nursing and certain medical specialties, pay and bonus issues, title 5/38 issues, and employment conditions—** Are the human resource needs of VA being met effectively?

11. **Human Subjects Protection—**Previous problems in the area of human testing led the committee to strengthen human subject protections. The Subcommittee will review this matter to assure the protections in place are working.

12. **Laboratory and Clinical select agent security—**VA Level 3 Laboratories and all VA Medical Centers are host to various chemical, biological and radiological agents. Are these agents secure?

13. **VA Inspector General—**Budget and Performance—The Subcommittee will examine the budget of the VA Inspector General (IG) and review how VA uses the recommendations of the IG to increase efficiency and effectiveness in providing services to veterans.

14. **Veterans Preference in Federal Hiring—Categorical Ranking Systems—**Veterans have complained that Federal Veterans Preference is not working. The Office of Personnel Management has implemented an alternative personnel system to enlarge selection pools of applicants. Is Veterans Preference lost in this process?

15. **Small Business Contracting Goals for Service Connected Disabled Business Owners—**The federal government has a poor result in assuring that small business contracting goals with service-connected disabled veteran small business owners are being met. The Subcommittee will explore the root cause for this underachievement.

16. **Electronic Medical Records—**Electronic medical record keeping offers a number of potential benefits. Implementing and integrating bi-directional electronic medical records should result in savings, added security, and safety. The Subcommittee will review the results of VA's efforts in this area.

17. **Medical Care Collections Fund—**The Subcommittee will conduct oversight on VA collection efforts.

18. **VA/DOD Benefits Delivery at Discharge Program—**This would implement a type of one-stop-shopping for servicemembers separating from the service. The Subcommittee will review and assess progress.

19. **EEO Complaint Resolution System—**Problems in the 1990's led to significant changes. New changes are being crafted by VA. The Subcommittee will conduct oversight to determine if these changes have the impact Congress intended.

20. **Worker's Compensation Program—**VA is evaluating the performance of this program. The Subcommittee will also review the program and recent program changes for effectiveness and adverse impact.

21. **Credentialing and Screening of VA Employees—**The Subcommittee will review the portfolio of background checks and reviews that involve current and potential VA employees with the goal of assuring that veterans and coworkers are safe.

22. **VA Reporting Requirements—**VA reports to Congress and to the Committees to meet a variety of requirements. The Sub-

committee will determine if it is possible to streamline or consolidate any of these requirements?

REPORT TO THE COMMITTEE ON THE BUDGET FROM THE COMMITTEE ON VETERANS' AFFAIRS, SUBMITTED PURSUANT TO SECTION 301 OF THE CONGRESSIONAL BUDGET ACT OF 1974, ON THE BUDGET PROPOSED FOR FY 2008, MARCH 1, 2007

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 1, 2007

Hon. JOHN M. SPRATT, Jr.,
Chairman, House Committee on the Budget
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to section 301(d) of the Congressional Budget Act of 1974, clause 4(f) of rule X of the Rules of the House of Representatives, and Rule 7 of the Rules of the Committee on Veterans' Affairs, the Committee on Veterans' Affairs hereby submits its views and estimates, along with Additional Views and Estimates with regard to programs and matters within the jurisdiction of the Committee to be set forth in the concurrent resolution on the budget for fiscal year 2008. The Minority will be submitting Additional and Dissenting Views under separate cover.

Caring for our veterans is an ongoing cost of war, and a continuing cost of our national defense. As a Congress, and a nation, we must fulfill our obligations to the men and women who have served. We hope that you will carefully consider these Committee views and estimates. We have a lot of work ahead of us if we are to keep our promises to veterans. Working together, we can make sure that our veterans are not forgotten, and that we meet our obligations to them as a nation.

Sincerely,

Bob Filner, *Chairman;* Corrine Brown, Vic Snyder, Michael H. Michaud, Stephanie Herseth, Harry E. Mitchell, John J. Hall, Phil Hare, Michael F. Doyle, Shelley Berkley, John T. Salazar, Ciro Rodriguez, Joe Donnelly, Jerry McNerney, Zachary T. Space, Timothy J. Walz.

DEMOCRATIC VIEWS AND ESTIMATES

MARCH 1, 2007

SECTION 1—DISCRETIONARY ACCOUNTS

DEPARTMENT OF VETERANS AFFAIRS

The Committee[1] is recommending a total of $41.028 billion for discretionary accounts for the Department of Veterans Affairs (VA). This recommendation is $4.562 billion, or 12.5 percent, above FY

[1] While the Views and Estimates reflect a consensus effort, the Committee wishes to note that not all Members of the Committee necessarily agree with every aspect of the report. Accordingly, the Committee reserves its flexibility to determine program needs and recognizes the potential for funding changes as the Committee and Congress work their will through the legislative process.

2007 levels, and $1.611 billion above the Administration's FY 2008 request. This recommendation includes an increase in appropriated dollars for VA medical care of $3.254 billion over FY 2007, and $1.310 billion above the Administration's request. The Committee believes these additional resources are necessary if we are to provide adequate funding for veterans' health care.

VA Medical Care

We are recommending a total of $35.512 billion in appropriated dollars for the three accounts comprising VA medical care (Medical Services, Medical Administration, and Medical Facilities). This amount is $1.310 billion above the Administration's FY 2008 budget request of $34.202 billion, and is a 10.1 percent increase over the FY 2007[2] levels, compared to the Administration's increase of 6 percent over FY 2007 levels. This recommended level is less than the $36.348 billion (which represents a 12.7 percent increase over FY 2007 levels) recommended by the Independent Budget, co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars. The Committee is recommending a total for the Veterans Health Administration (VHA) (which includes Medical Care accounts and Medical and Prosthetic Research) of $35.992 billion, $3.320 billion over FY 2007 levels and $1.379 billion above the Administration's FY 2008 request.

This recommended increase would better enable the VA to meet high-priority needs in the coming fiscal year. These increases would provide additional dollars for increased patient workload, including estimated increases due to servicemembers returning from Iraq and Afghanistan, mental health, long-term care, homeless programs, prosthetics, and Traumatic Brain Injury (TBI) and Polytrauma Centers, which care for our most grievously wounded veterans. The Committee's medical care recommendation also includes additional funding for the VA to begin to address urgent non-recurring maintenance needs at VA facilities.

Medical Services

FY 2007 enacted	25,512,000,000
FY 2008 request	27,167,671,000
Independent budget	28,979,000,000
FY 2008 recommendation	28,407,975,000
Recommendation vs. request	+1,240,304,000

The Medical Services appropriation provides for medical services of eligible veterans and beneficiaries in VA medical centers, outpatient clinic facilities, contract hospitals, State homes, and outpatient programs on a fee basis.

The Medical Services account comprises the majority of funding for VA health care—nearly 80 percent of the total of the three accounts that make up "VA medical care." The Committee is recommending a total increase in appropriated dollars, above the Administration's request, of $1.240 billion.

[2] Amounts for FY 2007 are from P.L. 110–5, H.J. Res. 20, a joint resolution making further continuing appropriations for the fiscal year 2007, and for other purposes. This measure was signed into law on February 15, 2007.

Workload Increases

The Committee is concerned that the Administration may have once again underestimated the total number of unique patients it expects to see in FY 2008. Over the five-year period from FY 2002 through FY 2007, the VA saw an average annual increase in unique patients of 4 percent, or approximately 203,000 additional patients per year.

The VA's FY 2008 budget request estimates a total of 5,819,176 total unique patients, a 134,030 increase above FY 2007 estimates of 5,685,146. This estimate is 2.4 percent above the FY 2007 level. Out of the 134,030 increase in patients, the VA estimates that 54,037 are attributable to an increase in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans.

The Committee is recommending increased funding to care for an additional 25,000 OEF/OIF veterans. In the FY 2007 VA budget submission, the VA estimated that it would see 110,566 OEF/OIF veterans in FY 2006 and 109,191 in FY 2007. In the current submission, the VA now estimates 155,272 for FY 2006 and 209,308 for FY 2007. The Committee believes it is prudent to provide additional resources to account for increased OEF/OIF demand in case the Administration's estimates prove as divergent in the coming year as these estimates have been in the past.

The Committee has also requested additional funds to fully fund the level of the average annual increase the VA has experienced over the last five years (FY 2002–FY 2007). We note that we have estimated costs separately for our estimate of an additional 25,000 OEF/OIF veterans (which are a component of the overall increase of 70,000 additional patients). The committee has also included resources for an additional 30,000 patients (for a total overall increase including OEF/OIF veterans of 100,000), recognizing the inherent volatility of these estimates and the cost of health care, for a total recommended increase for additional workload of $534 million.

The Committee notes that a possible reason for the VA estimating a lower increase in workload may be attributable to the Administration's proposal to increase the pharmacy copayment from $8 to $15 for priority 7 and 8 veterans. The Administration's proposal to institute an annual enrollment fee would, if enacted, begin in FY 2009.

The Committee recommends an additional $534 million to account for increased workload and to bring the VA's estimates up to the average increase over the past five years.

- Increase attributable to additional demand from OEF/OIF veterans—$71 million
- Increase attributable to overall health care demand—$463 million

Priority Programs

Mental Health

VA Secretary R. James Nicholson testified before the Committee regarding the VA's FY 2008 budget request on February 8, 2007, and stated:

> The President's request includes nearly $3 billion to continue our effort to improve access to mental health services across the country. These funds will help ensure VA provides standardized and equitable access throughout the Nation to a full continuum of care for veterans with mental health disorders. The resources will support both inpatient and outpatient psychiatric treatment programs as well as psychiatric residential rehabilitation treatment services. We estimate that about 80 percent of the funding for mental health will be for the treatment of seriously mentally ill veterans, including those suffering from post-traumatic stress disorder (PTSD).

Colonel Charles W. Hoge, M.D., stated in testimony before the Subcommittee on Health on September 28, 2006 "[t]here are now robust data from different sources that indicate that approximately 10–15% of Soldiers develop PTSD after deployment to Iraq and another 10% have significant symptoms of PTSD, depression, or anxiety and may benefit from care. Alcohol misuse and relationship problems add to these rates. Conditions often overlap."

An article in the Miami Herald, Combat Stress Takes its Toll, But VA's Response Falls Short, from February 11, 2007, calls into question VA's response to the mental health crisis it faces, finding that mental health care is "wildly inconsistent from state to state" and that the "lack of adequate psychiatric care strikes hard in the western and rural states that have supplied a disproportionate share of the soldiers in the wars of Iraq and Afghanistan[.]"

Not only is the VA facing a surge in mental health needs due to servicemembers returning from Iraq and Afghanistan, but soldiers from previous conflicts are seeking more mental health treatment.

The Committee believes that the VA needs additional resources in this area, and believes that the VA should fully allocate resources dedicated to mental health. The Committee is recommending a $125 million increase to address increasing demand, as well as an additional $13 million for VA's Vet Centers. The VA currently operates 207 Vet Centers, community-based counseling centers that provide readjustment counseling and outreach services to all veterans who served in any combat zone. Vet Center services are also available for family members for military related issues. The Committee's recommendation for Vet Centers would provide for $125 million for Vet Centers, and enable the hiring of 100 veterans to provide outreach services, as mandated by P.L. 109–461.

VA's ability to treat veterans with substance abuse problems has continued to diminish. It has been reported that many veterans who suffer from mental illness also suffer from substance abuse. Also, early reports suggest that alcohol misuse will have a profound impact on the reintegration efforts of returning OEF/OIF veterans. The VA needs to be able to handle not only the increase, but the veterans of past wars who are on VA waiting lists to get into a substance abuse program.

The Committee recommends an additional $148 million for mental health, to enhance capacity to meet the needs of new veterans and veterans from previous conflicts who bear the psychological wounds of war.

- Increase to address the increasing demand on VA's mental health services—$125 million
- Increase funding for Vet Centers—$13 million
- Increase VA's capacity to provide substance abuse treatment—$10 million

Long-Term Care

The Administration is in violation of its statutory responsibility to maintain FY 1998 levels for the Average Daily Census (ADC) for VA nursing home care, as mandated by P.L. 106–117, the Veterans Millennium Health Care and Benefits Act. The VA's FY 2008 budget submission requests resources to support an estimated 11,000 ADC, an amount 2,391 below the 1998 figure.

The non-institutional programs are indeed a necessary part of VA's care continuum, but we should hold to the 1998 recommendations of the Federal Advisory Committee on the Future of VA Long-Term Care that VA should maintain its bed capacity, increase capacity in the state homes and double or triple capacity in its non-institutional long-term care settings. While telemedicine and home care are important components of long-term care, telemedicine cannot help a veteran to get out of bed or take a shower. Home care may not be suitable for many severely disabled veterans who need 24-hour care for complex medical and psychiatric conditions.

The Committee estimates that it would cost $567 million to bring the VA up to compliance with P.L. 106–117. We recommend increasing the VA's capacity to provide additional ADC in nursing home care over the next three years. We believe that this will enable veterans who need nursing home care to receive it and enable this Committee to better analyze the VA's argument that these nursing home beds are unnecessary. We therefore recommend an increase of $189 million to enable the VA to add an additional 800 ADC to its budget request of 11,000 and to begin to meet its statutory obligations.

While increasing the funding for VA to meet the statutory requirements of VA operated nursing home care, we also recommend that VA develop a long-term plan to meet the extended care needs of its patient population. VA projects that in FY 2008, the demand for VA-sponsored institutional care will be nearly 87,000 ADC. Neither VA, nor Congress, can ignore the urgent and increasing needs consequent to the exponential growth in the population of veterans who are frail and aging.

- Increase for VA long-term care—$189 million

Prosthetics

We recommend providing an additional five percent increase above the Administration's request for prosthetics. We remain very concerned that we are not providing the necessary resources to fund this area, especially in light of the increased needs of our servicemembers returning from Iraq and Afghanistan.

- Increase for prosthetics—$62 million

Homeless Veterans

VA is the largest single provider of direct service to homeless veterans, reaching 100,000 or 25 percent of the homeless veterans a

year through their various programs. Like their non-veteran counterparts, veterans are at high risk of homelessness due to extremely low or no livable income, extreme shortage of affordable housing, and lack of access to health care. But these factors combined with their military service put them at even greater risk of homelessness. Last Congress, P.L. 109–461, the Veterans Benefits, Health Care, and Information Technology Act of 2006, increased the authorization level for the VA's homeless grant and per diem program to $130 million. The VA estimates that it will spend $107 million in FY 2008. The Committee recommends that an additional $23 million be made available to fund this program.

- Increase in VA's grant and per diem program—$23 million

TBI/Polytrauma

VHA Directive 2005–024, Polytrauma Rehabilitation Centers, dated June 8, 2005, states that:

> While serving in Operations Iraqi and Enduring Freedom, military service members are sustaining multiple severe injuries as a result of explosions and blasts. Improvised explosive devices, blasts, landmines and fragments account for 65 percent of combat injuries. Congress recognized this newly emerging pattern of military injuries with the passage of Public Law 108–422, Section 302, and Public Law 108–447.
>
> Of these injured military personnel, 60–62 percent have some degree of traumatic brain injury (TBI). Operating under a national Memorandum of Agreement with the Department of Defense (DOD), the four current Department of Veterans Affairs (VA) TBI Lead Rehabilitation Centers have provided rehabilitation care to the majority of the severely combat injured personnel requiring inpatient rehabilitation. Consequently, they have developed the necessary expertise to provide the coordinated interdisciplinary care required. This experience has demonstrated that treatment of brain injury sequelae needs to occur before or in conjunction with rehabilitation of other disabling conditions.
>
> Recognizing the specialized clinical care needs of Polytrauma patients, VA has established four Polytrauma Rehabilitation Centers (PRCs). The mission of the PRCs is to provide comprehensive inpatient rehabilitation services for individuals with complex cognitive, physical and mental health sequelae of severe and disabling trauma and provide support to their families. Intensive clinical and social work case management services are essential to coordinate the complex components of care for polytrauma patients and their families. Coordination of rehabilitation services must occur seamlessly as the patient moves from acute hospitalization through acute rehabilitation and ultimately back to his or her home community.

The Committee notes that TBI is considered by many to be the signature injury of this war. We must ensure that the VA has the resources it needs to begin tackling the issues surrounding TBI, as

well as the resources it needs for VA Polytrauma centers to treat our most grievously wounded veterans.

- Increase funding for TBI/Polytrauma—$285 million

Other Areas of Concern

Priority 8 Veterans

The Committee believes that all veterans should have access to VA health care. In January, 2003, the Administration banned the enrollment of new Priority 8 veterans. The VA currently estimates that lifting this ban would result in approximately 1.6 million veterans seeking health care at a cost of $1.7 billion. The Independent Budget estimates a total expenditure of $366 million, but the Independent Budget's calculation uses a utilization rate and subtracts out estimated collections. Last year, in the Democratic Views and Estimates, the estimate was $341 million, which included subtracting estimated collections. The Committee will explore ways to re-open access to all veterans.

We note that the authority of the Administration to deny enrollment to an entire class of veterans was never meant to extend ad infinitum, but was provided to the VA as a management tool in order for it to address unexpected shortfalls that might arise during the course of the year. Finally, we note that these veterans are not necessarily "high income" veterans, as they are often described by some. These veterans, who may be combat-decorated, can make as little as $27,000 per year and be categorized as Priority 8 veterans and be shut out of the system.

Recruitment and Retention of Health Care Professionals

Over the past few years, VA has received accolades for the quality of health care it provides as an institution. To maintain that quality, it is essential that VA develop and execute an effective recruitment and retention program for highly qualified medical personnel.

Through the VA's affiliations with 107 medical schools and over 1,200 educational institutions, VA trains over 76,000 medical and associated health students, residents and fellows.

The Committee believes that it is essential that the VA address recruitment and retention issues in order to ensure that veterans receive quality health care not only today, but in the coming years.

Efficiencies

The VA, in its FY 2008 budget submission, claims it will achieve "clinical and pharmacy cost avoidance." The VA does not provide any estimates as to the totals of these "cost avoidances."

The VA's FY 2007 budget submission, estimated a base level of "efficiencies" of $884 million for FY 2006, and estimated additional "efficiencies" of $197 million ($107 million in clinical efficiencies and $90 million in pharmaceutical efficiencies) for a total level of "efficiencies" of $1.1 billion. The GAO last year found that the VA was unable to document previous claims of "efficiencies." The VA's clinical and pharmacy "efficiencies" language from the FY 2007 budget submission is remarkably similar to the language on "cost avoidance" in the FY 2008 budget submission.

The Committee is concerned that the VA is still relying on "efficiencies" without providing cost estimates for the level of "efficiencies" it is relying upon, nor justifications demonstrating that it is achieving "efficiencies" it has claimed to achieve.

Medical Administration

FY 2007 enacted	3,177,000,000
FY 2008 request	3,442,000,000
Independent budget	3,378,067,000
FY 2008 recommendation	3,442,000,000
Recommendation vs. request	0

The Medical Administration appropriation provides funds for the expenses of management and administration of the VA health care system. Included under this heading are provisions for costs associated with operation of VA medical centers, other facilities, and VHA headquarters, plus the costs of VISN offices and facility director offices, chief of staff operations, quality of care oversight, all information technology hardware and software, legal services, billing and coding activities, and procurement.

The Committee is proposing the same level of funding for Medical Administration as requested by the VA.

Medical Facilities

FY 2007 enacted	3,569,000,000
FY 2008 request	3,592,000,000
Independent budget	3,991,152,000
FY 2008 recommendation	3,661,974,000
Recommendation vs. request	+69,974,000

The Medical Facilities appropriation provides funds for the operation and maintenance of the VA health care system's vast capital infrastructure. Included under this heading are provisions for costs associated with utilities, engineering, capital planning, leases, laundry and food services, groundskeeping, garbage, housekeeping, facility repair, and property disposition and acquisition.

The Committee is recommending an additional $70 million in order to provide for a 25 percent increase for non-recurring maintenance.

- Provide additional resources to equal a 25 percent increase for Non-Recurring Maintenance obligations over FY 2007 level—$70 million

The Committee notes that the VA's FY 2008 request transfers $400 million and 5,689 FTE for Food Services from this account to the Medical Services account. The Committee hopes that this transfer does not obfuscate the resource requirements of either the Medical Facilities or Medical Services accounts, and will be monitoring these accounts to ensure that adequate resources are in place to meet the needs of veterans.

Medical and Prosthetic Research

FY 2007 enacted	413,700,000
FY 2008 request	411,000,000
Independent budget	480,000,000
FY 2008 recommendation	480,000,000
Recommendation vs. request	+69,000,000

This account includes medical, rehabilitative and health services research. Medical research is an important aspect of the Depart-

ment's programs, providing complete medical and hospital services for veterans. The prosthetic research program is also essential in the development and testing of prosthetic, orthopedic and sensory aids for the purpose of improving the care and rehabilitation of eligible disabled veterans, including amputees, paraplegics and the blind. The health service research program provides unique opportunities to improve the effectiveness and efficiency of the health care delivery system. In addition, budgetary resources from a number of areas including appropriations from the medical care accounts; reimbursements from the Department of Defense; and grants from the National Institutes of Health, private proprietary sources, and voluntary agencies provide support for the Department's researchers.

The Committee recommends $480 million, an increase of $69 million above the Administration's FY 2008 request of $411 million. The Administration is seeking a $2.7 million cut below the FY 2007 level.

The Committee recommends $2.7 million to restore the Administration's proposed cut in its FY 2008 request. The Committee also recommends $15.3 million to account for the effects of biomedical inflation on VA research. The Biomedical Research and Development Price Index, which was developed by the Department of Commerce's Bureau of Economic Analysis for use by the National Institutes for Health (NIH) estimates a 3.7 percent increase to account for inflation. By restoring funds cut from the FY 2007 level and by more accurately projecting the impact of inflation on VA's research dollars we signal a strong commitment to VA's research program and achieve stability for ongoing projects.

The Committee also recommends $3.5 million to restore proposed cuts to VA's Centers of Excellence. The Administration proposes $45.8 million in obligations for these Centers, down from a level of $49.3 million for FY 2007.

The Committee also recommends an additional $47.5 million in order for VA research to advance its efforts in areas such as deployment health, genetic medicine, and chronic disease management.

Deployment health includes prospective research to get baseline information on the health status of military personnel being deployed in combat zones. Research funding is needed to collect predeployment health information to assist researchers and clinicians in better assessing the health needs of returning personnel. Deployment health is also responsive to conflict-related conditions faced by returning military from Iraq and Afghanistan. Such health needs currently include TBI, PTSD, and injuries related to multiple-blast wounds.

Research into genetic medicine recognizes the need to unlock the potential of applying genetics to improving individual patient care and systems of care for veterans. Funding is needed to understand the genetic composition of individual veterans and how unique genetic profiles need to change the way health care is provided. For example, genetic information could help prevent adverse drug reactions known to happen with individuals with unique genetic profiles. Additionally, veterans with known genetic predisposition to certain diseases could be monitored before diseases develop, placed

on preventative therapy where it exists, be closely monitored and provided earlier intervention when appropriate. Not only does genetic medicine have the ability to improve individual patient care, it has the potential to improve systems of care for our veterans.

Veterans of all ages and theaters of conflict suffer from long-term chronic diseases. These diseases include mental health disorders, lung diseases, diabetes, and heart conditions. Research is needed to both improve clinical tools to treat and cure these chronic diseases, but also to research how systems of care can improve both individual patient care and care of the veterans' population.

The Committee notes that the VA's expectation of receiving additional federal dollars outside of monies appropriated in this account may not be realized with the Administration's proposed flat FY 2008 budget request for the National Institutes of Health (NIH). This makes increased appropriated dollars in the Medical and Prosthetic Research account even more vital to this important program. There was a concerted effort to double the research budget of the NIH. The Committee would like to see a similar effort undertaken for VA research.

The Committee recommendation of $480 million, an increase of $69 million above the Administration's request, is comprised of the following increases:

- Restore the proposed cuts from the FY 2007 level—$2.7 million
- Provide a 3.7 percent increase to account for estimates of biomedical research inflation—$15.3 million
- Restore proposed cuts to VA's Centers of Excellence—$3.5 million
- Provide additional resources for VA research to address high priority projects—$47.5 million

General Operating Expenses

FY 2007 enacted	1,480,764,000
FY 2008 request	1,471,837,000
Independent budget	2,233,841,000
FY 2008 recommendation	1,668,925,000
Recommendation vs. request	+197,088

The General Operating Expenses appropriation provides for the administration of all VA non-medical benefits and support functions for the entire VA. The account is subdivided into two activities; the Veterans Benefits Administration (VBA) and General Administration.

Veterans Benefits Administration

VBA consists of five programs: Disability Compensation, Pensions and Burial; Education; Housing; Vocational Rehabilitation and Employment; and Insurance.

Compensation and Pension Service

VA provides service-connected compensation to veterans with disabilities incurred or aggravated during military service, dependency and indemnity compensation (DIC) to surviving spouses, children and low-income dependent parents of veterans, pension benefits to elderly and disabled low-income wartime veterans, death

pension to the surviving spouses and children of wartime veterans and benefits to certain children of veterans who were disabled by spina bifida or other congenital conditions related to their parent's military service.

Education Service

VA provides education assistance to servicemembers, veterans, and certain eligible survivors and dependents in exchange for military service. VA education assistance, popularly known as the Montgomery GI Bill, is used by the Armed Forces as a recruiting and retention tool, as well as a readjustment benefit for servicemembers seeking to achieve educational and vocational goals in the civilian workforce.

Housing (Loan Guaranty Service)

VA assists veterans and servicemembers to purchase and retain homes in recognition of their service to the Nation. VA's partial guarantee on loans made by private lenders enables veterans and servicemembers to purchase homes with little or no down payment, thereby making home ownership affordable to many veterans.

Vocational Rehabilitation and Employment (VR&E)

VR&E provides employment services and assistance to enable veterans with service-connected disabilities to obtain suitable employment and, to the maximum extent possible, achieve independence in daily living.

Insurance

The Insurance Program provides servicemembers and their families with universally available life insurance, as well as traumatic injury protection insurance. It also provides for the conversion to a renewable term insurance policy after a servicemember's separation from service and provides life insurance to veterans who have lost the ability to purchase commercial insurance at standard (healthy) rates due to lost or impaired insurability resulting from military service.

The Administration's request would provide resources for 13,065 FTE (9,559 in Disability Compensation, Pensions and Burial; 894 in Education; 893 in Housing; 1,260 in Vocational Rehabilitation and Employment, and 459 in Insurance).

General Administration

General Administration funds the Office of the Secretary, six Assistant Secretaries, the Board of Veterans' appeals, and the Office of the General Counsel.

Recommendation

The Administration's request for the GOE account is comprised of $1,198,294,000 for VBA, an increase of $30.4 million over the FY 2007 level, and $273,543,000 for General Administration, a decrease of $39.4 million from the FY 2007 level.

The Committee is recommending $1.628 billion for this account, an increase of $156 million over the Administration's FY 2008 re-

quest. This increase would restore the proposed cuts to the General Administration component of GOE, while adding an additional 1,370 FTE, in line with the recommendation of the Independent Budget for FTE, in order for the VA to begin to address its enormous claims backlog. The Committee notes that funding for the Board of Contract Appeals, effective January 7, 2007, was transferred to the General Services Administration (GSA) as part of a government-wide plan to consolidate contract appeals within GSA. The Committee has restored proposed cuts in general Administration, but believes that any resources not fully needed by the VA for this activity should be made available to VBA in order to address the claims backlog.

As of February 17, 2007, the total number of compensation and pension claims pending at the VA was 626,429, an increase of 5,107 from the previous week (Source: VA Monday Morning Workload Report, February 17, 2007). The number of pending claims last year at this same time was 573,597 (Source: VA Monday Morning Workload Report, February 18, 2006). The Administration's request provides for 8,320 "direct labor FTE" and an "output per FTE" of 101. The VA also estimates that it will receive the same number of claims in FY 2008 as it projects it will receive in FY 2007. Based on the VA's estimates, an additional 1,000 FTE should decrease the claims backlog in FY 2008 by 100,000 claims. The Committee recommends that an adequate number of FTE be added to the VBA Education Services Program to ensure that timely and accurate service claims processing is provided at the educational services Regional Processing Centers.

- Provide for an additional 1,370 FTE to begin to address claims backlog—$153 million
- Restore proposed cuts in General Administration from FY 2007 level—$44 million

Information Technology Systems

FY 2007 enacted	1,213,820,000
FY 2008 request	1,859,217,000
Independent budget	1,340,098,000
FY 2008 recommendation	1,832,517,000
Recommendation vs. request	-26,700,000

The Information Technology Systems account was first instituted in the FY 2006 VA appropriations bill (P.L. 109–114). The VA is undergoing a significant change in its information technology (IT) activities, consolidating all IT staffing and budgetary resources under a Chief Information Officer. The VA's FY 2008 request reflects staff transfers for maintenance and operations, but does not include costs for development employees, who are expected to be transferred at a later date. Of the request, $1.3 billion is non-pay, and $555 million is pay.

The VA's base request represents an increase of $90 million over the FY 2007 level—the additional monies are attributable to the transfer of $555 million and 5,529 FTE into the IT account.

The Committee is recommending $26.7 million less than the Administration's request. We are recommending decreases in funding for the Financial and Logistics Integrated Technology Enterprise (FLITE) program, and Compensation and Pension Maintenance and Operations program.

The VA requested $35 million for FLITE. The Committee believes that $20 million is sufficient for this program for FY 2008. The FLITE program is the successor to the VA's Core FLS program. In an article last year, a spokesman for Pricewaterhouse Coopers, which was hired by the VA after the VA had spent $342 million on Core FLS, stated that "business standardization is the first step. IT comes later." "VA plans CoreFLS Successor," Government Computer News, March 2, 2006. The Committee believes that there is much the VA must accomplish first before it should be spending $35 million on this program.

The Committee is also recommending a decrease of $11.7 million for the VA's Compensation and Pension Maintenance and Operations activities. The VA is seeking an increase from $6 million, the FY 2007 level; to $31.7 million, a total increase of $25.7 million. The Committee believes that this increase is sought without sufficient supporting documentation and is therefore recommending a FY 2008 level of $20 million, an increase of $14 million above FY 2007 levels and a decrease of $11.7 million below the FY 2008 requested level.

- Decrease in funding for FLITE and Maintenance and Operations funding—$26.7 million

National Cemetery Administration

FY 2007 enacted	160,733,000
FY 2008 request	166,809,000
Independent budget	217,910,000
FY 2008 recommendation	166,809,000
Recommendation vs. request	0

The National Cemetery Administration was established in accordance with the National Cemeteries Act of 1973. It has a fourfold mission: to provide for the interment in any national cemetery with available grave space the remains of eligible deceased servicepersons and discharged veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to mark graves of eligible persons in national and private cemeteries; to administer the grant program for aid to States in establishing, expanding, or improving State veterans' cemeteries; and to administer the Presidential Memorial Certificate Program. This appropriation provides for the operation and maintenance of 125 national cemeteries and 33 other cemeterial installations in 39 states, the District of Columbia, and Puerto Rico.

The Administration's requested level for FY 2008 of $167 million represents a 3.8 percent increase over the FY 2007 level of $161 million.

The Committee concurs with the Administration's request.

Office of Inspector General

FY 2007 enacted	69,500,000
FY 2008 request	72,599,000
Independent budget	73,233,000
FY 2008 recommendation	84,445,000
Recommendation vs. request	+11,846,000

The Office of Inspector General was established by the Inspector General Act of 1978 and is responsible for the audit, investigation and inspection of all Department of Veterans Affairs programs and

operations. The overall operational objective is to focus available resources on areas which would help improve services to veterans and their beneficiaries, assist managers of Department programs to operate economically in accomplishing program goals, and prevent and deter recurring and potential fraud, waste and inefficiencies.

In testimony before the Subcommittee on Oversight and Investigations on February 15, 2007, the VA Inspector General George J. Opfer stated that from FY 2001–2006:

OIG delivered a return on investment of $31 for every dollar invested in OIG operations. We produced $11.6 billion in monetary benefits from recommended better use of funds, savings, costs avoidances, recoveries, questioned costs, restitutions, and civil judgments. We issued 1,169 audit and inspection reports with 6,601 recommendations to improve services to veterans and to improve the economy and efficiency of VA programs, operations, and facilities. Almost 90 percent of these recommendations have been implemented by VA to date.

The Administration has requested $72.6 million for FY 2008, an increase of $3.1 million above FY 2007 levels. The VA's request assumes a total FTE level of 470, 13 fewer than FY 2007. The Committee recommends $84.4 million for FY 2008, an increase of $11.8 million, or 21.5 percent over FY 2007 levels and $11.8 million, or 16.3 percent, above the VA's FY 2008 request.

The Committee believes that as the OIG is being expected to do more, and the economic benefit of investment in the OIG has been clearly demonstrated, that an increase in FTE is necessary. The Committee recommends restoring the proposed cut in FTE and adding an additional 87 FTE, to provide for a total FTE of 570.

- Increase to restore proposed FTE cut of 13—$1.5 million
- Provide for an additional 87 FTE—$10.3 million

Construction, Major Projects

FY 2007 enacted	399,000,000
FY 2008 request	727,400,000
Independent budget	1,602,000,000
FY 2008 recommendation	727,400,000
Recommendation vs. request	0

The Construction, Major Projects, appropriation provides for constructing, altering, extending, and improving any VA facility, including planning, architectural and engineering services, assessments, and site acquisition, where the estimated cost of a project is $10 million, or where funds for a project were made available in a previous appropriation under Construction, Major Projects.

For FY 2008, the Administration is requesting $727.4 million, an increase of $328.4 million, or 82.3 percent, over FY 2007 levels. This recommendation includes $560 million for VHA-related construction and $167.4 million for National Cemetery Administration (NCA).

The NCA portion of the request seeks funds for Phase 1 Development for cemeteries in the Columbia/Greenville-area; Sarasota-area; Jacksonville-area; Southeastern Pennsylvania-area; Birmingham-area; and Bakersfield-area. The request also seeks funding for Gravesite Development for the Ft. Sam Houston National Cemetery and the Advance Planning Fund.

The VHA-related construction request, totaling $560 million, seeks funding for the following projects:

Pittsburgh, PA—Consolidation of Campuses

- Total Estimated Cost—$248 million; Funded through FY 2006—$102.5 million; FY 2008 Request—$40 million

Denver, CO—New Medical Center Facility

- Total Estimated Cost—$646 million; Funded through FY 2006—$55 million; FY 2008 Request—$61.3 million

Orlando, FL—New Medical Facility, Land Acquisition

- Total Estimated Cost—$553.9 million; Funded through FY 2006—$25 million; FY 2008 Request—$35 million

Las Vegas, NV—New Medical Center Facility

- Total Estimated Cost—$600.4 million; Funded through FY 2006—$259 million; FY 2008 Request—$341.4 million

Syracuse, NY—Spinal Cord Injury (SCI) Center

- Total Estimated Cost—$77.7 million; Funded through FY 2006—$53.9 million; FY 2008 Request—$23.8 million

Lee County, FL—Outpatient Clinic

- Total Estimated Cost—$109.4 million; Funded through FY 2006—$10.5 million; FY 2008 Request—$9.9 million

The Additional $48.6 million is for various components of the Major Construction account, such as the Advanced Planning Fund, Claims Analysis, Asbestos, Hazardous Waste Abatement, and other activities.

Construction, Minor Projects

FY 2007 enacted	198,937,000
FY 2008 request	233,396,000
Independent budget	541,000,000
FY 2008 recommendation	248,396,000
Recommendation vs. request	+15,000,000

The Construction, Minor Projects, appropriation provides for constructing, altering, extending, and improving any VA facilities, including planning, assessment of needs, architectural and engineering services, site acquisition and disposition, where the estimated cost of a project is less than $10 million, with a minor improvement component costing $500,000 or more.

The Administration has requested $233.4 million, an increase of $34.5 million, or 17.3 percent, over FY 2007 levels.

The Committee notes that the VA's 5–Year Capital Plan 2007–2012, submitted as part of the Administration's FY 2008 budget request, lists over 1,200 "FY 2008–2012 Potential Department-wide Minor Construction Projects." The Committee hopes that the VA is prioritizing these projects and is seeking sufficient funding to meet these needs and other needs that arise and can be best addressed through the Minor Construction account.

The Committee is recommending an additional $15 million above the VA's FY 2008 request to provide funding to upgrade and modernize research facilities. The Subcommittee on Health, in a hearing on the VHA's FY 2008 budget request held on February 14, 2007, received testimony from the Friends of VA Medical Care and Health Research (FOVA). FOVA recommended "an annual appropriation of $45 million in the minor construction budget dedicated to renovating existing research facilities[.]" The Committee notes that the FY 2007 VA appropriations bill as passed by the House

of Representatives included $12 million in the minor construction account "to be used solely for a program of upgrade and modernization of research facilities to ensure they maintain or attain state-of-the-art status." H.Rept. 109–464, to accompany H.R. 5385, the Military Quality of Life and Veterans Affairs and Related Agencies Appropriations Bill, at 64. The Committee on Appropriations directed the VA to conduct a comprehensive review of its research facilities and to report to Congress by March 1, 2007. The VA has indicated that this review may take three years to complete.

- Increase to upgrade and modernize research facilities—$15 million

Grants for Construction of State Extended Care Facilities

FY 2007 enacted	85,000,000
FY 2008 request	85,000,000
Independent budget	150,000,000
FY 2008 recommendation	120,000,000
Recommendation vs. request	+35,000,000

This program provides grants to assist States to construct State home facilities, for furnishing domiciliary or nursing home care to veterans, and to expand, remodel or alter existing buildings for furnishing domiciliary, nursing home or hospital care to veterans in State homes. A grant may not exceed 65 percent of the total cost of the project.

State homes play an important role in VA's long-term care strategy by filling the gap of available beds for elderly and sick veterans who need them. In FY 2006, there were 80 priority group 1 projects for a total of $420 million. Priority group 1 projects are those projects that already have the State funding to start construction. In FY 2007, VA's priority group 1 projects totaled $491 million with 22 of the top 23 needing life safety corrections.

- Increase for Construction of State Extended Care Facilities—$35 million

Grants for Construction of State Veterans Cemeteries

FY 2007 enacted	32,000,000
FY 2008 request	32,000,000
Independent budget	37,000,000
FY 2008 recommendation	32,000,000
Recommendation vs. request	0

This program provides grants to states for 100 percent of the cost for the establishment, expansion or improvement of state cemeteries. The states are responsible for on-going maintenance. State cemeteries provide a last resting place for veterans who live in areas not reasonably served by a national cemetery.

DEPARTMENT OF LABOR

Veterans Employment and Training

Department of Labor—Veterans Employment and Training Service (VETS)

The Assistant Secretary for VETS serves as the principal advisor to the Secretary of Labor on all policies and procedures affecting veterans' employment matters. VETS furnishes employment and

training services to servicemembers and veterans through a variety of programs, including providing grants to States, public entities and non-profit organizations, including faith-based organizations, to assist veterans seeking employment. VETS also investigates complaints filed under veterans' preference and re-employment laws. Specifically, VETS administers the following programs: DVOP/LVER state grant program; Transition Assistance Program; Veterans' Preference and Uniformed Services Employment and Re-employment Rights Act (USERRA); Homeless Veterans' Reintegration Program (HVRP); Veterans Workforce Investment Program (VWIP); Federal Contractor Program; and the National Veterans' Training Institute (NVTI). The Administration requested a total of $228.1 million in FY 2008 to support the staffing and grant-making ability of VETS. This is a $5.1 million, or 2.3 percent, increase over FY 2007. For FY 2008, the Committee recommends an increase of $5 million for VETS, for a total of $233.1 million. This recommended level would provide an additional $3 million for HVRP, bringing that program up to $26.6 million; $1 million for NVTI; and $1 million for additional FTE, including one additional FTE in each of the six regional offices to address complaints and investigations arising under USERRA.

OTHER AGENCIES

American Battle Monuments Commission

FY 2007 enacted	41,988,000
FY 2008 request	53,300,000
Independent budget	N/A
FY 2008 recommendation	53,300,000
Recommendation vs. request	0

Includes appropriation for salaries and expenses, and foreign currency fluctuations.

The American Battle Monuments Commission (ABMC) is responsible for the administration, operation and maintenance of cemetery and war memorials to commemorate the achievements and sacrifices of the American Armed Forces where they have served since April 6, 1917. In performing these functions, the Commission maintains 24 permanent American military cemetery memorials and 31 monuments, memorials, markers and offices in 15 foreign countries, the Commonwealth of the Northern Mariana Islands, and the British dependency of Gibraltar. In addition, six memorials are located in the United States: the East Coast Memorial in New York; the West Coast Memorial, the Presidio in San Francisco; the Honolulu Memorial in the National Memorial Cemetery of the Pacific in Honolulu, Hawaii; and, the American Expeditionary Forces Memorial and the World War II and Korean War Veterans Memorials in Washington, D.C.

The ABMC is seeking a total of $53.3 million for FY 2008, consisting of $42.1 million for salaries and expenses, and $11.2 million for costs associated with foreign currency fluctuations.

U.S. Court of Appeals for Veterans Claims

FY 2007 enacted	20,100,000
FY 2008 request	21,217,000
Independent budget	N/A
FY 2008 recommendation	21,217,000
Recommendation vs. request	0

The Veterans' Judicial Review Act, P.L. 100–687, established the U.S. Court of Appeals for Veterans Claims. The Court has exclusive jurisdiction to review decisions of the Board of Veterans' Appeals. The court, one of four Article I courts in the federal judicial system, may affirm, vacate, reverse, or remand decisions of the Board of Veterans' Appeals. Out of the total denials from the Board in FY 2006 of 18,107, the Court received 3,729 filings, or 21 percent of the number of total denials from the Board.

The Court's request for FY 2008 includes $1,120,000 for the Pro Bono Representation Program. This program is administered by the Legal Services Corporation. The Court includes the Program's FY 2008 request as an appendix to its submission, and applauds the "Program's high success in providing, along with others, counsel to reduce the percentage of unrepresented appellants before the Court. Since 1997, the percentage unrepresented appellants at the decision point of their appeals has dropped from 48-percent in FY 1997 to 24-percent or less in FY 2006."

SECTION 2—MANDATORY ACCOUNTS

Full Equity for World War II Filipino Veterans who Served in the U.S. Army

Many World War II Filipino veterans, who served and fought alongside American servicemembers during World War II, do not receive veterans' benefits. Shortly after the war, Congress passed the Rescission Acts which stripped away many veterans' benefits for Filipino service members who served in the U.S. Army. For the past 60 years, Congress has taken a piece-meal approach to restoring these benefits.

We recommend an additional $900 million be included to complete the last step of the process of restoring these veterans' benefits.

- Increase for Filipino World War II veterans who served in the U.S. Army—$900 million

Belated Thank You to Merchant Mariners

World War II Merchant Mariners suffered the highest casualty rate of any of the branches of service while they delivered troops, tanks, food, airplanes, fuel and other needed supplies to every theater of the war. Despite their efforts during the war, Merchant Mariners were not covered by the original G.I. Bill of Rights. No legislation to benefit merchant seamen was passed by Congress until 1988 when the Seaman Acts of 1988 finally granted them a "watered down" G.I. Bill of Rights. To make up for lost benefits and opportunities, we recommend an additional $400 million be included in the budget resolution to permit Merchant Mariners, and their surviving spouses, to receive a monthly benefit of $1,000.

- Increase for Merchant Mariners—$400 million

Other Areas of Concern

There are several mandatory veterans' programs where there is room for improvement. These are programs that provide monetary assistance to disabled veterans and their families.

Compensation and Pension Benefits

Dependency and Indemnity Compensation (DIC) for survivors with dependent children under 18.

DIC is a monthly benefit paid to eligible survivors of a military service member who died while on active duty, a veteran whose death resulted from a service-related injury or disease, or a veteran whose death resulted from a nonservice-related injury or disease, and who was receiving, or was entitled to receive, VA Compensation for service-connected disability that was rated as totally disabling for at least 10 years immediately before death, or since the veteran's release from active duty and for at least five years immediately preceding death, or for at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.

In May of 2001, the Program Evaluation of Benefits for Survivors of Veterans with Service-connected Disabilities recommended that surviving spouses with dependent children receive an additional amount per month for the first five years after the veterans' death. Public Law 108–422 provided an increase, but only for the first two years of eligibility.

Pension and death pension benefits for veterans and surviving spouses and children

Veterans who have honorably served the Nation during a period of war and who have reached age 65 or who are under age 65 and are totally and permanently disabled as the result of nonservice-connected disabilities are eligible to receive a pension benefit if they meet certain income criteria. Surviving spouses and children of such wartime veterans, including adult disabled children, are eligible for a death pension. According to a 2004 evaluation of VA's pension program, the pension program is not meeting Congressional intent because it is not allowing veterans and their survivors to live in dignity.

Insurance

Base premiums for Service-Disabled Veterans Life Insurance (SDVI) on current actuarial tables

The SDVI program provides life insurance to veterans with service-connected disabilities who apply within two years of being service-connected and who would be insurable but for their service-connected disabilities. At the time the SDVI program began, premium rates were based on the then current (1941) actuarial tables used by commercial life insurance companies. Although commercial life insurance tables have been updated several times since 1941 (most recently in 2001), service-connected disabled veterans, including those injured in Afghanistan and Iraq, are subjected to premiums approximately three times higher than the original program intended because the actuarial tables are more than 60 years out of date.

In May of 2001, the Program Evaluation of Benefits for Survivors of Veterans with Service-connected Disabilities recommended that veterans' premiums should be based on current mortality rates.

SDVI maximum insurance

In May of 2001, the Program Evaluation of Benefits for Survivors of Veterans with Service-connected Disabilities recommended that SDVI coverage limits should be increased. The basic amount of SDVI available has not been increased from $10,000 since 1951.

Veterans Mortgage Life Insurance (VMLI)

VMLI is a type of mortgage life insurance available only to those veterans disabled enough by a service-connected disability to qualify for a specially adapted housing grant. Today, VMLI covers only about 55 percent of the mortgages of these veterans. The mortgage coverage has been the same since 1992.

Readjustment Benefits

Total Force GI Bill

The Montgomery GI Bill (MGIB), implemented over 20 years ago, was a landmark piece of legislation that provided education and training benefits to many veterans. The time has come to update, modernize, and provide greater flexibility within the VA's educational assistance programs. For GI Bill education benefits to remain a relevant recruitment, retention, as well as readjustment benefit, we must ensure that VA's education and training programs reflect the manner in which individuals earn and learn in the 21st Century.

Congress, other than providing benefit increases, has not significantly modified administrative or process provisions of the GI Bill since 1985. Due to advances in technology, recognition of the lifetime learning concept, dynamic workforce changes, and ever-increasing demands on military recruiting efforts, Congress should review the current veterans' education system and make necessary changes to provide servicemembers, veterans and their families relevant education and training benefits that meet their educational and vocational goals for success.

The Committee plans, on a bipartisan basis, to explore a number of options to improve and modernize the GI Bill. The VA's Advisory Committee on Education and the Partnership for Veterans Education—a group made up of traditional veterans and military service organizations, as well as higher education advocates all have endorsed a proposal termed the "Total Force GI Bill." The proposal has three features: one, a clearer alignment of education benefit rates according to service rendered; two, establishment of a readjustment element to reservists' MGIB benefits earned during activation for a contingency operation (presently, activated reservists eligible for the new 'Chapter 1607' MGIB can only retain unused entitlement by remaining in the Selected Reserve—there is no portability of benefits after completion of a Selected-Reserve service contract; three, to achieve the first and second objectives and to ensure future correlation of active duty, veterans, and National Guard and Reserve benefits in an equitable and proportional manner, Chapters 1606 and 1607 in Title 10 and Chapter 30 in Title 38 need to be reorganized together under Title 38.

State Approving Agencies/Montgomery GI Bill

State Approving Agencies (SAA) have partnered with the VA in the administration of veterans educational and training programs for nearly 60 years. Through the program approval and supervision process, they ensure that money spent on the Montgomery GI Bill is money well spent. Moreover, SAA provide critical assistance in reducing the opportunities for fraud, waste and abuse throughout the system. For FY 2006 and 2007 the VA's Education Service was allocated $19 million from the Readjustment Benefits Account to enter into contracts with SAA for purposes of approving courses of education under the Montgomery GI Bill and other related activities. Per section 301 of P.L. 107–330 at the end of fiscal year 2007, the SAA funding will decrease to $13 million. The Committee believes that Congress must find a way to restore this proposed cut to this activity.

Section 3—Chart

DEPARTMENT OF VETERANS AFFAIRS DISCRETIONARY ACCOUNTS FY 2008

(In thousands)

Account	FY 2007	FY 2008 President's Request	FY 2008 Request vs. FY 2007	FY 2008 Independent Budget	FY 2008 Committee Recommendation	FY 2008 Committee vs. FY 2007	FY 2008 Committee vs. FY 2008 Request
Medical Services	25,512,000	27,167,671	1,655,671	28,979,220	28,407,975	2,895,975	1,240,304
Medical Administration	3,177,000	3,442,000	265,000	3,378,067	3,442,000	265,000	0
Medical Facilities	3,569,000	3,592,000	23,000	3,991,152	3,661,794	92,794	69,794
Total, Medical Care	32,258,000	34,201,671	1,943,671	36,348,439	35,511,769	3,253,769	1,310,098
Medical and Prosthetic Research	413,700	411,000	–2,700	480,000	480,000	66,300	69,000
Total, Veterans Health Administration	32,671,700	34,612,671	1,940,971	36,828,439	35,991,769	3,320,069	1,379,098
General Operating Expenses	1,480,764	1,471,837	–8,927	2,233,841	1,668,925	188,161	197,088
Information Technology Systems	1,213,820	1,859,217	645,397	1,340,098	1,832,517	618,697	–26,700
National Cemetery Administration	160,733	166,809	6,076	218,335	166,809	6,076	0
Office of Inspector General	69,500	72,599	3,099	73,233	84,445	14,945	11,846
Construction, Major Projects	399,000	727,400	328,400	1,602,000	727,400	328,400	0
Construction, Minor Projects	198,937	233,396	34,459	541,000	248,396	49,459	15,000
Grants for Construction of State Extended Care Facilities	85,000	85,000	0	150,000	120,000	35,000	35,000
Grants for Construction of State Veterans Cemeteries	32,000	32,000	0	37,000	32,000	0	0
Total Departmental Administration	3,639,754	4,648,258	1,008,504	6,195,507	4,880,492	1,240,738	232,234
Other Discretionary	154,548	155,572	1,024	158,629	155,572	1,024	0
Total Discretionary	36,466,002	39,416,501	2,950,499	43,182,575	41,027,833	4,561,831	1,611,332

REPUBLICAN LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 1, 2007

Hon. JOHN SPRATT,
Chairman, Committee on the Budget
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the Congressional Budget Act of 1974 and House Rule X, clause 4(f), I herewith submit to the Committee on the Budget the Views and Estimates of the Republican Members of the Committee on Veterans' Affairs regarding the Administration's FY 2008 budget request for veterans' programs.

In recommending record discretionary funding for veterans' health care and benefits, the Republican Budget Views and Estimates reflects our enduring priorities: to care for veterans who have service-connected disabilities, those with special needs, and the indigent; to ensure a seamless transition from military service to the care of the Department of Veterans Affairs (VA); and to provide veterans every opportunity to live full, healthy lives.

Reflecting the cost of war, Republican Members recommend funding that honors our returning servicemembers with truly seamless transition from the military to quality VA health care and benefits. Our recommendations further increase access to VA health care and preserve the high quality of care for which VA has justly become the envy of the medical community. Funding recommended by Republican Members will resource VA to slash the backlog in disability claims with a progressive blend of personnel increases, leveraged technology, and an energized network of intergovernmental collaboration.

The Republican views and estimates take into consideration information provided to the Committee in February 2007 during hearings on the budget at which written and oral testimony was provided by the Secretary of Veterans Affairs, the national leadership of some veterans' service organizations (VSOs), and other authorities.

These views and estimates consider insights gathered in the 109th Congress, during which the Committee enhanced input from VSOs and military service organizations (MSOs) by holding hearings during development of the views and estimates and boosting the number of these groups which testified. In February 2006, 19 of these organizations testified on the budget, and in September 2006, 20 testified in a fiscal-year review. Many of these views retain their validity. Contending with the Majority's decision to restrict the hearing process and curtail the opportunity for veterans' groups to testify early in the budget cycle, the Republican views and estimates continue to implement insights of last year.

In developing these views and estimates, we commend the President and the Secretary of Veterans Affairs for sending to the Congress a strong request. The Administration's FY 2008 budget submission reflects the priorities of a nation at war and the commitment of Americans to care for their veterans. The President has proposed substantial increases in the budgets of agencies focused on fighting the war on terror, the Department of Defense and the

Department of Homeland Security. Consistent with his focus, the Department of Veterans Affairs, with its mission of caring for those who have borne the battle, again this year received a substantial increase. Much of the rest of government received very modest, if any, augmentation.

Medical services funding recommended within this Budget Views and Estimates strengthens our ability to respond directly to the needs of servicemembers returning from the global war on terror. Many of these warriors have suffered traumatic brain injury and other grievous and complex injuries requiring the most advanced treatments and rehabilitation. Veterans and the families at their side will see dramatic increases in medical care accounts, mental health care, and funding for polytrauma care. Republicans recommend increases in research, prosthetics, sensory aids, and blind rehabilitation. As we expand current access to quality health care and long-term care, our recommendations will dramatically improve VA's future ability to care for veterans with aggressive construction spending on the kind of medical facilities that veterans need, where they need them.

Sports at all levels of skill provide the opportunity for service-disabled veterans to accelerate their rehabilitation and improve their overall lives. In 2005, VA joined with the U.S. Olympic Committee to provide increased opportunities for service-disabled veterans to participate in sports and we recommend funding to defray the program's modest expenses.

The backlog of disability compensation and pension claims continues to climb. It is now well past 600,000, with another 137,000 appeals awaiting decision. Just since the beginning of February 2007, nearly 10,000 claims have been added to the backlog. Each claim is a veteran waiting for the government to act, and possibly dying before that happens. We recommend funding 1,000 additional full-time employee equivalents over the Administration's request, 600 for compensation and pension adjudication, and 400 for education and veterans' rehabilitation and employment programs. We would also increase hiring for the Board of Veterans' Appeals above the Administration's request.

Additional hiring is only part of the solution to improving quality, accuracy, and timeliness in claims processing. Republican Members recommend funds for mobile claims offices, training and performance support systems, and skills certification and improved processes. Innovations such as rules-based technology could help speed accurate decision making, as will closer partnerships with municipal, county and state veterans offices and veterans groups; our recommendations include funding for pilot projects in these areas.

Our young men and women returning from military service are a national treasure. During the 109th Congress, the Committee determined the need to modernize the Montgomery GI Bill for both active duty and reserve component servicemembers. Consequently, we propose additional mandatory spending to improve these education and training benefits, which have proven since 1944 to be one of our nation's greatest investments.

The nation lost some 688,000 veterans in 2006, with similar numbers projected for the near future, most from our "Greatest

Generation." More than 1,600 veterans pass from us each day, most of whom served during World War II and the Korean War. To assure our veterans a final resting place in a national shrine, the Republican Membership recommends additional funds for operations, maintenance and minor construction of National Cemeteries, and for an accelerated expansion of some existing cemeteries which are near or at capacity.

The cause of America's veterans has long been a bipartisan cause calling forth the best efforts within the community of legislators. The Republican Membership looks forward to working with the Committee's Majority Members and the Budget Committee on this salutary basis as we develop a FY 2008 veterans' budget that continues to honor this nation's commitment to those who have borne the battle and to their families.

Sincerely,

Steve Buyer, *Ranking Republican Member*; Cliff Stearns, Committee Member; Dan Burton, Committee Member; Jerry Moran, Committee Member; Richard H. Baker, Committee Member; Henry E. Brown, Jr., Committee Member; Jeff Miller, Ranking Republican Member, Subcommittee on Health; John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity; Ginny Brown-Waite, Ranking Republican Member, Subcommittee on Oversight & Investigations; Michael R. Turner, Committee Member; Brian P. Bilbray, Committee; Doug Lamborn, Subcommittee on Disability Assistance and Memorial Affairs; Gus M. Bilirakis, Committee Member.

REPUBLICAN VIEWS AND ESTIMATES FOR FY 2008

March 1, 2007

OVERVIEW

For veterans healthcare and program costs in FY 2008, the Republican Members of the Committee on Veterans' Affairs recommend $1.411 billion above the Administration's request for discretionary spending in FY 2008. In addition, we recommend $1.5 billion for a legislative initiative to modernize GI Bill education and training benefits for servicemembers of the Reserves and National Guard.

Veterans Benefits Administration

Mandatory Funding

The Veterans Benefits Administration (VBA) administers a broad range of non-medical benefits to veterans, their dependents, and survivors through 57 regional offices. These programs include disability compensation, non service-connected pension, education, vocational rehabilitation, burial, insurance, and home loan guaranty.

The Republican Members support the Administration's FY 2008 budget request of $45 billion in mandatory funding for veterans'

programs, a 6.6 percent increase over the enacted level for FY 2007.

Discretionary Funding

With the exception of the recommendations noted below, the Republican Members support the Administration's FY 2008 request of $1.2 billion in discretionary funding for the management of the benefits programs—disability compensation, pension, education, vocational rehabilitation and employment, housing, burial, and life insurance.

Disability Compensation—The Administration requests $941 million in budget authority to fund the discretionary portion of the Disability Compensation, Pension, and Burial programs, including administrative expenses of 9,559 Full Time Equivalent Employees (FTEE), an overall increase of 114 FTEE over FY 2007. This accounts for a transfer of 334 FTEE to VA Office of Information and Technology (OI&T), a loss of 9 FTEE in Management Direction and Support, and a gain of 457 FTEE for Compensation and Pension (claims adjudicators).

For FY 2008, VBA projects the same number of claims it received in FY 2007: 800,000. The backlog of compensation and disability claims has grown since February 2006 by more than 52,000 to a total of 626,429 on February 17, 2007. This backlog has grown by some 9,742 claims just since the beginning of February 2007.

The Administration estimates the backlog of pending rating related compensation and pension claims will decrease to 330,000 from the current 401,700 and the average days to complete such a claim from 177 to 145 by the end of FY 2008. The evidence from early 2007, however, does not support that estimate. We recommend 1,000 additional FTEE over the Administration's request, for a cost of $109,375,000. Of this 1,000 FTEE, we recommend 600 FTEE for direct compensation for Compensation and Pension over the Administration's request of 457 FTEE, at a cost of approximately $65,400,000. The remainder of this additional 1,000 FTEE would serve in Education and Vocational Rehabilitation.

The Republican Members recognize that additional direct compensation FTEE will not improve quality, accuracy, and timeliness in claims processing without corresponding increases in training resources. Therefore, we recommend an additional $400,000 for Training and Performance Support Systems and an additional $400,000 for Skills Certification.

The Department has spent more than $600 million over the past decade in an attempt to automate the compensation and pension claims processing system. This complicated paper-driven process is more than 25 years old. With the growing demands on the system, VBA needs to reexamine its Business Process Reengineering (BPR) focus to implement changes necessary in the field. The Republican Members recommend $25 million for BPR to reengineer and streamline the claims process and implement major business process changes.

Pilot Program for Rules Based Adjudication System—The Republican Members recommend $5 million for a pilot program to develop a rules-based adjudication system for compensation and pension programs. This could reduce the backlog by allowing a com-

puter to accurately adjudicate simple claims, allowing human adjudicators to work on more complex cases at a faster rate.

Intergovernmental Partnerships—The Republican Members also recommend $6 million for a pilot program to explore the feasibility of intergovernmental partnerships in the development of compensation and pension claims between VA and municipal, county and state veterans departments and service officers, as well as veterans' and military service organizations. We recommend the pilot occur in three states: New York, Missouri, and Wyoming, or other states with varied veteran demographics. This expanded pilot would build on findings from the 2002 intergovernmental pilot conducted between VA's Buffalo, NY, regional office and the New York State Division of Veterans Affairs.

Education Service—VBA estimates a workload increase of over 16,000 education claims, but the Administration requests only 14 additional direct support FTEE. As of February 17, 2007, the backlog of education claims was 76,000, and average processing times for original and supplemental claims were 40 and 17 days respectively, with targets of 35 and 15 days. While this is an improvement over the previous year, it is insufficient to meet the needs of veterans.

The loss of experienced staff from retirements, increased workloads, and the pending backlog of claims convince us that an additional 100 FTE are needed for the Education Service with a projected discretionary cost of $7.8 million.

Vocational Rehabilitation and Employment—The Administration requests an additional 39 direct service FTEE for the Vocational Rehabilitation & Education program. We applaud the Department's efforts to realign functions and duties to allow counseling and employment staff to concentrate on increasing rehabilitation rates. However, we believe current average caseload, which now exceeds 130 per counselor nationally, should be about 100 per counselor to provide appropriate levels of service. Therefore, we recommend $28.5 million to fund an additional 300 professional level FTEE.

VA–USOC Military Paralympic Program—Competition at elite levels of athletic events requires significant dedication to training, especially for service-disabled athletes. Therefore, we believe it is appropriate for VA to defray expenses for service-disabled athletes participating at elite levels in the program. We estimate the cost at $1 million per year. The Department recently announced an expanded agreement with the U.S. Olympic Committee (USOC) to promote participation in athletics by service-connected disabled veterans. This includes competition at elite levels culminating in the USOC Paralympic Program. The Republican Members recommend an additional $2 million to offset administrative and other costs for this program.

Mobile Claims Offices—The Republican Members are aware that access to Regional Offices can be difficult for many veterans. We recommend $2 million for a pilot program on Mobile Claims Offices. VBA staff members in mobile offices helping veterans with their claims could speed up the claims process by improving communication and access for veterans.

Board of Veterans' Appeals

The Administration requests $58.5 million to support 468 FTEE for the Board of Veterans' Appeals (BVA), an increase of $2.5 million and 31 FTEE over FY 2007. The Republican Members recommend an additional $4,055,000 to this request to support an additional 32 FTEE for a total BVA staffing of 500 FTEE. The BVA provides independent reviews of VA regional office decisions and makes the final administrative decision on behalf of the Secretary of Veterans Affairs. While BVA has made improvements, it continues to experience difficulties meeting the production levels needed to reduce the backlog of over 137,000 appeals.µThe average time to decide an appeal is now over 400 days. We believe that additional staff is necessary if BVA is to provide timely and accurate decisions to veterans and their families.

National Cemetery Administration

National Shrine Commitment—The Administration requests $362.3 million in discretionary funding for the National Cemetery Administration (NCA). This includes $166.8 million for operations and maintenance of VA's national cemeteries and 1,582 FTEE, an increase of $7 million and decrease of 7 FTEE over the FY 2007 Administration request. Additionally, the Administration requests $24.4 million in minor construction to address cemetery infrastructure improvements.

Cemetery Operations and Maintenance—The Republican Members recommend an additional $9 million to the Administration's request of $166.8 million NCA operations and maintenance, and an additional $5 million for minor construction.

Gravesite Expansion—Additionally, the Republican Members recommend an additional $60 million to accelerate VA's five-year strategic plan to fund National Cemetery gravesite expansion. The nation lost some 688,000 veterans in 2006, with similar projections for the near future, most from our "Greatest Generation." The Republican Membership believes accelerated expansions are an appropriate response to assure veterans a final resting place in a national shrine. Expansions funded in FY 2008 would include National Cemeteries in Calverton, NY, Houston, TX, Dayton, OH, and Phoenix, AZ.

Alternative for Headstones—The Republican Members recommend $100,000 for VA to offer a bronze V as an alternative to a headstone to mark the graves of veterans whose graves are marked by a non-VA marker.

Veterans Health Administration

For FY 2008, the Administration requests $34.2 billion in appropriations for discretionary spending on veterans' medical care, an increase of $1.943 billion or 6 percent over the FY 2007 appropriated level.

Medical Services—The Administration requests $27.2 billion for medical services. We recommend an $850.2 million increase above the Administration's request as follows:

Medical Patient Workload—We recommend a $100 million increase to provide timely and accessible high-quality health

care to core constituency veterans—the service-connected disabled, injured and indigent;

Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF)—We recommend a $100 million increase to provide medical care to military personnel who served in OIF/OEF;

Prosthetic and Sensory Aids—We recommend a $65 million increase to cover the increased costs of providing, repairing and replacing prosthetics and sensory aids;

Polytrauma System of Care—We recommend a $50 million increase to enhance specialized treatment in VA's polytrauma rehabilitation centers for servicemembers and veterans with traumatic brain injuries;

Mental Health—We recommend a $200 million increase to continue implementation of mental health initiatives begun in 2005 to address deficiencies and gaps in services. While this amount is substantial, last September the Government Accountability Office (GAO) reported that VA had not used all of the mental health funds Congress allocated. We expect better performance in VA's use of these resources to meet the emerging demand for mental health services, especially post traumatic stress disorder (PTSD). VA must plan for and fund those programs that have been identified as particularly relevant to the needs and requirements of our servicemembers;

Case Management—We recommend $10 million to hire 100 new social workers to provide case management at military treatment facilities.

Blind Rehabilitation Services—We recommend a $25 million increase to increase the number of Blind Rehabilitation Outpatient Specialists at VA facilities as required by Public Law 109–461 and enhance access and quality of services for blinded veterans.

Dental Care—We recommend a $100 million increase to provide dental care for the increasing number of returning veterans from OIF/OEF. Many OIF/OEF active duty, Guard, and Reserve servicemembers are returning with serious dental problems, and are not receiving corrective dental care prior to separation from active duty. VA is then obligated to treat these separated servicemembers, often through costly contract care.

Medical Care Collections Fund (MCCF)—We recommend a $60 million increase in medical services as we remain concerned that VA cannot meet its estimated collections goal.

Emergency Preparedness—We recommend a $60 million increase to fulfill VA's fourth mission responsibilities. We remain committed to achieve the readiness necessary by supporting emergency preparedness activities.

Long-term Care—We recommend an $80.2 million increase to support increased demand for long-term care services.

Medical Administration—The Administration requests $3.4 billion for medical administration, and we concur with this request.

Medical Facilities—We recommend an $80 million increase above the Administration's request for necessary costs associated with operating and maintaining VA's health care system infrastructure.

Medical and Prosthetic Research—The Administration requests $411 million in appropriations for medical and prosthetic research,

a decrease of $2.7 million below the FY 2007 appropriated level. We place a high premium on conducting research into injuries and illnesses related to military service that benefit the clinical treatment needs of veterans. While the Department intends to place additional reliance on outside federal grants to realize a net gain in research funding, we recommend a $51 million increase above the Administration's request. This increase includes an additional $20 million for research to promote the successful rehabilitation, psychological adjustment and reintegration of veterans who suffer with traumatic brain injuries.

Legislative Proposals—The Administration includes proposals for three legislative initiatives. These proposals would: (1) allow VA to establish a tiered annual enrollment fee for priority groups 7 and 8 veterans based on family income; (2) increase pharmacy co-payments for priority groups 7 and 8 veterans from $8 to $15; and (3) eliminate the practice of offsetting or reducing VA first-party co-payment debts with collection recoveries from third-party health plans. These legislative requests differ from those proposed in the past, in that they do not reduce the Administration's request for discretionary medical care appropriations. The additional revenue would be classified as mandatory receipts to the Treasury and would not be retained in VA for veterans' health care programs. The Republican Members reject these legislative proposals.

VHA Major Construction Projects—The Administration requests $560 million for VHA major construction projects. We recommend a $231.12 million increase above the Administration's request. Of this amount, we recommend $164 million to continue projects that were partially funded and that VA did not request additional funding for in FY 2008; $30.32 million for the advanced planning fund for advancing several of the FY 2008 prioritized major construction projects; and $36.8 million to carry out section 804 of Public Law 109–461 for the design of a co-located joint-use medical facility in Charleston, South Carolina.

Grants for Construction of State Extended Care Facilities—The Administration requests $85 million in appropriations for grants for the construction of state extended care facilities, the same amount as the FY 2007 appropriated level. The partnership between the federal government and States is a longstanding and honored tradition of cost sharing. We recommend a $35 million increase above the Administration's request.

Office of Information and Technology

The Republican Members concur with the administration's request for $1.86 billion for the Office of Information and Technology (OI&T). However, we recommend reallocation of funding amounts to individual accounts or programs within the budget for OI&T due to poor performance or failures, as follows:

Reduced funding: We recommend reducing funding in the amount of $20 million to the Financial and Logistics Integrated Technology Enterprise (FLITE), due to poor performance.

Reduced funding: In the amount of $20 million to the Compensation & Pension Maintenance and Operations fund that was to be allocated to VETSNET.

Additional funding: In the amount of $20 million to the Office of the Inspector General for Information Security Risk Assessment for Forensic Analysis.

Additional funding: In the amount of $10 million for Cyber Security.

Additional funding: In the amount of $10 million for the Office of Information and Technology Oversight and Compliance Office.

Additional funding: In the amount of $1 million to accelerated development of The Expert Education System.

We note that as part of the VA centralization of its IT accounts and personnel under the auspices of the Chief Information Officer, an additional $555 million for FY 2007 has been reallocated in pay transfers from other accounts to support 5,529 FTE for operations and maintenance activities that were previously included in other accounts throughout the Department.

Office of the Inspector General

The VA Office of Inspector General (OIG) is responsible for the audit, investigation, and inspection of all VA programs and operations. For FY 2008, the Administration requests $72.6 million and 445 Full Time Equivalent Employees (FTEE) to support the activities of the OIG. This compares with the FY 2007 request of $69.5 million for administrative expenses and 458 FTEE. However, this FY 2008 funding level would result in a reduction of 40 FTEE from current staffing levels. Major audits, reviews and investigations would have to be cancelled should this reduction in staffing occur. During FY 2006, OIG identified over $900 million in monetary benefits, for a return of $12 for every dollar expended on OIG oversight. The Republican Members of the Committee recommend adding $4.153 million to the FY 2008 funding request, in order to provide for a total of 558 FTEE.

U.S. Department of Labor—Veterans' Employment and Training Service

The Administration has increased the request for all programs administered by the Veterans Employment and Training Service with the exception of the Veterans Workforce Integration Program. We support the increased funding levels and recommend three additional increases, as follows:

National Veterans Training Institute—In Public Law 109–461, Congress mandated several changes in the state grant program that will require greater training capacity at the National Veterans Training Institute in Denver, CO. We recommend an additional $1 million to fund NVTI operations.

USERRA Training and Enforcement—The Veterans Employment and Training Service has primary responsibility for enforcing veterans' employment and reemployment rights under USERRA. VETS federal staff located in each of the six regions are responsible for administration and training VETS staff located in each state. With the high operational tempo of members of the Selected Reserve, case loads are climbing and additional resources are required to ensure timely resolution of USERRA-related cases. Therefore, we

recommend an additional $1 million to fund six additional professional investigators.

Homeless Veterans Reintegration Program—This program has been cited by GAO and others as an effective model employment program for homeless veterans. The Administration has requested an additional $2 million for the program. Because we are concerned about the apparent increase in homeless veterans from the first Gulf War and current conflicts in the global War on Terror, we recommend an additional $3 million above the President's request to enable VETS to expand the number of grantees serving homeless veterans while maintaining quality standards for grantee performance.

Proposed Legislation

GI Bill—During the 109th Congress, the Economic Opportunity Subcommittee conducted a series of hearing and site visits to determine the need to modernize the Montgomery GI Bill for both active duty and members of the Selected Reserve. MGIB benefit levels for active duty members have not nearly kept pace with the increasing cost of higher education, and extensive utilization of the Reserve Components in the Global War on Terror justifies increases in the basic levels of their benefits. Therefore, we propose an additional $1.5 billion in mandatory spending to improve education benefits. This includes indexing the basic payment at 100% of the Department of Education average four year public school cost.

ADDITIONAL VIEWS AND ESTIMATES

HONORABLE STEVE BUYER

The Administration's requested FY 2008 budget for veterans' programs includes legislative proposals to change the Department of Veterans Affairs (VA) fee structure for health care. The proposals for certain fees and co-payments are more fully described in the Republican Views and Estimates for FY 2008. According to the legislative proposals, the revenue generated by these fees and co-payments would be mandatory receipts to be deposited in the U.S. Treasury, rather than retained by the VA for the benefit of veterans. I strongly believe that any revenue generated from enrollment fees and co-payments should be retained by the VA for its veterans programs.

The Administration's proposal includes fees, copayments related to enrollment of category 7 and 8 veterans in medical care. The Administration proposed a tiered enrollment fee based on income. The fees would range from $250 per year for a veteran with an income of $50,000 to $750 per year for a veteran with an income of $100,000 or greater. Copayments for pharmaceuticals would rise from the current $8 to a new level of $15 per 30-day supply. VA would also be authorized to discontinue the current practice of offsetting or reducing a patient's first party co-payment debt from funds received from third-party insurance for non service-connected treatment. I support these initiatives that would generate $355.2 million in the first year and $4.866 billion over 10 years, if the revenues generated were retained by the VA.

The first priority should be to improve the GI Bill education and training benefits for members of the National Guard and Reserves. These dedicated men and women are bulwarks in the Global War on Terror who are serving shoulder to shoulder with their active duty counterparts in Iraq, Afghanistan and wherever they are needed. However, their GI Bill education and training benefits are significantly less. They should have greater parity with the active duty forces in these benefits. The application of the revenues from the Administration's proposed fees and copayments to GI Bill increases for the Reserve Components would be a fitting way to recognize their service to our Nation.

REPORT TO THE COMMITTEE ON THE BUDGET FROM THE COMMITTEE ON VETERANS' AFFAIRS, SUBMITTED PURSUANT TO SECTION 301 OF THE CONGRESSIONAL BUDGET ACT OF 1974, ON THE BUDGET PROPOSED FOR FY 2009, FEBRUARY 28, 2008

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, February 28, 2008

Hon. JOHN M. SPRATT, Jr.,
Chairman, House Committee on the Budget
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to § 301(d) of the Congressional Budget Act of 1974, and House Rule X, clause 4(f), and Rule 7 of the Rules of the Committee on Veterans' Affairs, the Committee on Veterans' Affairs hereby submits its Views and Estimates with regard to programs and matters within the jurisdiction of the Committee to be set forth in the concurrent resolution on the budget for fiscal year 2009. The Minority will be submitting Additional and Dissenting Views under separate cover.

Caring for our veterans is an ongoing cost of war, and a continuing cost of our national defense. As a Congress, and a nation, we must fulfill our obligations to the men and women who have served. We hope that you will carefully consider these Committee views and estimates. We have a lot of work ahead of us if we are to keep our promises to veterans. Working together, we can make sure that our veterans are not forgotten, and that we meet our obligations to them as a nation.

Sincerely,

Bob Filner, *Chairman;* Corrine Brown; Vic Snyder; Michael H. Michaud; Stephanie Herseth Sandlin; Harry E. Mitchell; John J. Hall; Phil Hare; Michael F. Doyle; Shelley Berkley; John T. Salazar; Ciro Rodriguez; Joe Donnelly; Jerry McNerney; Zachary T. Space; Timothy J. Walz.

DEMOCRATIC VIEWS AND ESTIMATES

FEBRUARY 28, 2008

SECTION 1—DISCRETIONARY ACCOUNTS

DEPARTMENT OF VETERANS AFFAIRS

The Committee [1] is recommending an overall level of $48.6 billion for the discretionary accounts of the Department of Veterans Affairs (VA) for FY 2009. This recommendation is $5.5 billion, or 12.7 percent, above the FY 2008 level of $43.1 billion, and $3.8 billion, or 8.6 percent, above the Administration's FY 2009 request of $44.8 billion.

[1] While the Views and Estimates reflect a consensus effort, the Committee wishes to note that not all Members of the Committee necessarily agree with every aspect of the report. Accordingly, the Committee reserves its flexibility to determine program needs and recognizes the potential for funding changes as the Committee and Congress work their will through the legislative process.

This recommended discretionary level includes an increase for VA medical care of $4.5 billion, or 12.3 percent, above FY 2008, and $2.5 billion, or 6.5 percent, above the Administration's request. The Committee believes these additional resources are necessary if we are to provide sufficient funding for veterans' health care, restore many of the cuts proposed by the Administration, and keep our promises to our veterans.

VA Medical Care

For VA medical care (the Medical Services, Medical Administration, and Medical Facilities accounts) the Committee is recommending $41.2 billion in appropriated dollars, $2.5 billion above the Administration's FY 2009 budget request of $38.7 billion, and is a $4.5 billion, or 12.3 percent, increase over the FY 2008 levels. The Administration requests a 5.5 percent increase over FY 2008 levels.

Including total available resources (including medical collections), the Committee recommendation would provide $43.7 billion for VA Medical Care. This recommended level in total medical care resources is $882 million above the amount recommended by the Independent Budget, co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars.[2] Including funding for the VA's Medical and Prosthetics Research account, the Committee is recommending a total for the Veterans Health Administration (VHA) of $41.8 billion ($44.3 billion including collections), $4.6 billion above the FY 2008 level and $2.6 billion above the Administration's FY 2009 request.

The Committee recommendation would better enable the VA to provide quality health care in a timely fashion and to meet high-priority needs in the coming fiscal year. The recommended funding level would provide additional dollars to account for a higher level of inflation than estimated by the Administration to ensure the health care received by veterans tomorrow is not less than the care received today. The Committee recommends additional resources to account for a greater workload level and health care demand than estimated by the VA, including a greater-than-estimated number of veterans returning from Iraq and Afghanistan. The Committee provides additional resources for mental health care and services, long-term care, homeless programs, prosthetics, and Traumatic Brain Injury (TBI) care and treatment. The Committee recommendation restores proposed cuts to Non-Recurring Maintenance funding, funding that is essential if the VA is not to experience deteriorating medical facilities that impede the delivery of quality health care. The Committee also recommends providing

[2] In prior years, the Independent Budget recommendation did not include amounts attributable to medical collections. This year, the Independent Budget changed its methodology and included amounts attributable to medical collections in its FY 2008 Medical Services baseline and is recommending that these amounts be fully provided for in the Medical Services appropriation, in accordance with its long-standing position that these amounts should be "a supplement to, not a substitute for" appropriated levels. In FY 2008, medical collections amounted to 6.2 percent of the amount available for VA medical care; in FY 2009, these collections are 6 percent of the VA's request. If the collection amounts estimated for FY 2009 are subtracted from the Independent Budget recommendation, the Independent Budget is requesting $40.3 billion for VA Medical Care, which compares to the Administration request of $38.7 billion ($1.6 billion above the Administration's request) and the Committee recommendation of $41.2 billion ($900 million below the Committee's recommendation).

funding to end the Administration's ban on enrollment of Priority 8 veterans (veterans with incomes above the geographically adjusted Housing and Urban Development threshold for low-income housing—$28,430 in some communities—and who do not have compensable service-connected conditions) first instituted by the Administration in January 2003.

As Congress contemplates further spending on the war in Iraq through the supplemental funding process, the Committee plans to seek opportunities to add additional resources for veterans' programs—for we should not forget the warrior as we fund the war.

Medical Care—Total Resources

[Including collections]

FY 2008 Enacted	39,135,220,000
FY 2009 Request	41,203,363,000
Independent Budget	42,821,903,000
FY 2009 Recommendation	43,703,870,000
Recommendation vs. Request	2,500,507,000

The Committee, as it has every year they have been proposed, emphatically rejects the Administration's proposal to institute enrollment fees and increase co-payments for certain veterans. The Administration estimates that instituting an enrollment fee and increasing pharmaceutical co-payments would result in $2.3 billion (over 5 years) and $5.2 billion (over 10 years) in mandatory receipts. The Administration proposes that these dollars be considered "mandatory" as compared to "discretionary dollars" and would direct that they be deposited in the Treasury instead of being retained by the VA. According to the VA, as many as 444,000 veterans next fiscal year would choose not to be enrolled in the VA and 146,000 individual veterans would not seek VA health care if the Administration's fee and co-payment proposals were accepted by Congress. The Committee remains puzzled as to why the Administration requests these proposals annually in the face of consistent Congressional opposition, and is concerned about the effect these proposals have, especially in terms of workload and resource estimates, on VA budget estimates and planning for future years.

MEDICAL CARE—TOTAL RESOURCES

[By account]

	FY 2008 enacted	FY 2009 request	Independent budget	FY 2009 HVAC recommendation	Recommendation vs. request
Medical Services	29,104,220,000	29,465,503,000	32,153,138,000	31,656,100,000	+2,190,597,000
Medical Administration	3,517,000,000	4,610,000,000	3,625,762,000	4,610,000,000	0
Medical Facilities	4,100,000,000	4,661,000,000	4,576,143,000	4,971,000,000	+310,000,000
Total, Medical Care	36,721,220,000	38,736,503,000	40,355,043,000	41,237,100,000	+2,500,597,000
MCCF Collections	2,414,000,000	2,466,860,000	2,466,860,000	2,466,860,000	0
Total, Medical Care (with Collections)	39,135,220,000	41,203,363,000	42,821,903,000	43,703,960,000	+2,500,597,000

** Important Notes:*

- For comparison purposes, and unless otherwise noted, amounts attributable to medical collections have been subtracted from the Independent Budget's Medical Services recommendation (and, when appropriate, are displayed on the MCCF Collections line). Medical collections are not included in the discretionary estimates relied upon by the Committee on the Budget. In a departure from previous recommendations, the Independent Budget has included collections in its baseline for Medical Services for FY 2008 and is advocating that these amounts be fully appropriated in the Medical Services account for FY 2009. Therefore, the Independent Budget is recommending $34.6 billion in Medical Services to account for this. The Independent Budget has not provided clear recommendations regarding how Congress and the Administration are to treat the $2.5 billion, or 6 percent of the VA health care budget, received in collections. The Administration's request, and the Committee recommendation, does not include appropriating medical collections in the Medical Services account.
- The Administration's FY 2009 budget submission proposed abolishing the Medical Administration account and including these activities in the Medical Services account. Under this structure, the VA is requesting $34.1 billion for the Medical Services account. The Views and Estimates displays the VA's request in the traditional three-account structure and amounts attributable to the Medical Administration account have been subtracted from the Medical Services account and restored to the Medical Administration account.

Medical Services

FY 2008 enacted	29,104,220,000
FY 2009 request	29,465,503,000
Independent budget	32,153,138,000
FY 2009 recommendation	31,656,100,000
Recommendation vs. request	+2,190,597,000

Description [3]

This appropriation provides for medical services of eligible veterans and beneficiaries in Department medical centers, outpatient clinic facilities, contract hospitals, State homes, and outpatient programs on a fee basis. Hospital and outpatient care is also provided by the private sector for certain dependents and survivors of veterans under the civilian health and medical programs for the Department of Veterans Affairs.

Recommendation

For FY 2009, the Administration has requested $29.5 billion for the Medical Services account, an increase of $400 million above the FY 2008 level of $29.1 billion. The Committee recommends $31.7 billion, $2.6 billion above FY 2008 levels and $2.2 billion above the Administration's request.

The Committee recommendation would:

[3] Unless otherwise noted, account descriptions are from H. Rept. 110–186.

- Provide additional resources for medical inflation—$166 million;
- Provide for additional workload, including increased number of OEF/OIF veterans—$613 million;
- Provide additional funding for mental health—$223 million;
- Provide additional funding for long-term care—$332 million;
- Provide additional amounts for homeless veterans by matching the authorization level for the Grant and Per Diem program—$8 million;
- Provide for an additional 5 percent increase for the VA's Prosthetics program—$66 million;
- Provide additional resources for TBI care and treatment—$32 million;
- Provide funding to end the Administration's ban on enrollment of Priority 8 veterans—$750 million.

Inflation: The VA is estimating an overall medical inflation rate of 4.63 percent. According to the Bureau of Labor Statistics, "[f]or the 12 months ended in December, the medical care index rose 5.2 percent, its largest annual advance since a 5.4 percent increase in 1993." (Bureau of Labor Statistics, Consumer Price Index: December 2007, released January 16, 2008). Although as with any forward-looking estimate the future remains uncertain, the Committee believes that it is more likely than not that medical inflation will be closer to the level experienced in 2007 than the amount estimated by the VA. The Committee, therefore, recommends that an additional $166 million be provided to match the estimated rate of medical inflation in FY 2009.

Workload: The Committee is concerned that the Administration may have, once again, underestimated the total number of unique patients it expects to see in FY 2009. From FY 2003 through FY 2008, the VA saw an average annual increase in unique patients of 2.7 percent and from FY 2002 through FY 2008 the VA saw a 3.3 percent average annual increase. For FY 2009, the VA estimates a 1.6 percent increase, including an increase of only 2,621 Priority 7 and 8 veterans. As part of this 1.6 percent increase, the VA expects it will see 333,275 OEF/OIF veterans, an increase of 39,930 from the FY 2008 current estimate. The VA is now estimating it will see 293,345 OEF/OIF veterans in 2008, an increase of 87,717 over FY 2007 while initially estimating last year that this increase would only amount to 57,717. The Committee recommends $613 million in additional funding to provide for an increased number of OEF/OIF veterans that more closely matches the VA's recent experiences and ongoing combat activities in Iraq and Afghanistan, as well as to provide a modest increase in overall unique patients that more closely tracks the VA's average annual workload increases.

Mental Health: For FY 2009, the VA has requested a 9 percent increase in mental health care spending. With the VA facing an ever-growing demand for mental health services, especially from veterans returning from Iraq and Afghanistan, the Committee is recommending a 15 percent increase for FY 2009, or $212 million in additional resources. The Committee recommendation also pro-

vides funding for an additional 15 Vet Centers, bringing the total for FY 2009 up to 247. The VA estimates 232 for FY 2009, which matches the current estimate for FY 2008 and is 23 more than the number in FY 2007.

Long-Term Care: The Committee recommends an additional $332 million for VA's Long-Term Care program. The Administration is in violation of its statutory responsibility to maintain FY 1998 levels for the Average Daily Census (ADC) for VA nursing home care, as mandated by P.L. 106–117, the Veterans Millennium Health Care and Benefits Act. The VA's FY 2009 budget submission requests resources to support an estimated 11,000 ADC, an amount 2,391 below the 1998 figure, and equal to its FY 2008 budget request. The Committee recommends additional long-term care funding for the VA to begin to meet its statutory obligations. In addition, the Committee recommends additional funding for non-institutional and community-based services, especially those programs targeting the unique needs of younger, wounded veterans returning from Iraq and Afghanistan who need long-term care services.

Homeless Veterans: The Committee recommends an additional $8 million to bring the VA's Grant and Per Diem program up to the levels authorized in the 109th Congress. Although Congress has authorized this program at a level of $130 million, the VA is requesting $122 million. The Committee plans to explore changes to the Grant and Per Diem program where appropriate in order to begin to effectively address the tragedy of homeless veterans.

Prosthetics: The Committee recommends providing an additional 5 percent increase for the VA's Prosthetics program. This will assist the VA in meeting the needs of a new generation of wounded veterans needing technologically advanced prosthetics, while not forgetting the needs of our older veterans.

TBI Care and Treatment: VA's budget estimate regarding spending for TBI states that data used to make these estimates are preliminary and "based on stable growth patterns with small increases thru 2009 and beyond." (FY 2009 VA Budget Submission, Volume 2, 1H–18). The Committee understands that insufficient data may not provide an accurate or realistic picture of the needs of veterans with TBI, from mild to more severe cases. TBI is often called the signature wound of the current conflict, and the Committee believes the VA must be in the forefront of providing health care to our veterans with TBI. The Committee recommends an additional $32 million for TBI care and treatment, a 15 percent increase above FY 2009 estimated levels. Additionally, the Committee believes that VA should look at innovative programs, such as increasing the number of patient or bedside advocates to help insure that our seriously wounded veterans receive the health care and services they need, as well as rapidly meeting its responsibilities under title XVII of the FY 2008 National Defense Authorization Act (P.L. 110–181).

Women Veterans: Although the Committee is pleased that the VA has requested an additional $14 million over FY 2008 levels for the Women Veterans Outreach Program, the Committee believes that the VA must ensure that women veterans get the care and treatment they have earned. Additional resources may well be necessary

in order to meet the needs of an ever-increasing cohort of women veterans.

VA/DoD Health Care Sharing Incentive Fund: The VA has transferred $15 million to this cooperative effort in FY 2008, but plans to provide no funding in FY 2009. In FY 2007, $35 million was transferred. The Committee believes it is essential that the VA find the needed resources to continue this important endeavor.

The Committee urges the VA to work closely with the DoD to institute and operate an innovative program to address the needs of returning servicemembers, especially regarding mental health care, and their families. We believe that an approach involving servicemembers and their families receiving information on benefits, necessary training and support, as well as specific services in a joint and comprehensive manner at the point of discharge or immediately prior to discharge offers a unique manner in which the VA and DoD can address the needs of veterans returning from Iraq and Afghanistan who are beginning the process of integrating back into civilian life.

Ending Enrollment Ban on Priority 8 Veterans: The Committee recommendation includes $750 million to meet the costs associated with ending the Administration's enrollment ban on Priority 8 veterans. The Committee requested a detailed report from the VA regarding the costs the VA believes it would incur if the enrollment ban was lifted. This report was promised to the Committee by January 1, 2008. The Committee finally received a copy on February 26, 2008.

The Committee is disappointed at the level of detail provided by the VA. The report provides no specific information regarding how the VA ended up estimating that it would "require $3.1 billion dollars to provide health care services to the additional 1.4 million enrollees and approximately 750,000 patients during the first year of implementation," nor does it include detailed information regarding facility requirements and staffing levels. The VA believes that 2013 would be the first year it would be able to allow enrollment of new Priority 8 veterans by putting into place "needed infrastructure to accommodate increases in demand" and questions its ability to meet staffing requirements by this time.

The VA argues that "[a]ccounting for the increased growth expected under the current enrollment policy and reopening enrollment in 2013 to new Priority 8 veterans will result in a total growth in enrollees of 22 percent and a total growth in users of 21 percent." According to the VA, growth under the current policy of banning enrollment of new Priority 8 veterans would result in an increase of 4 percent (enrollees) and 6 percent (patients).

The Independent Budget bases its estimate as to net cost ($600 million) to lift the enrollment ban on a projection of 1.9 million new users and a utilization rate of 20 percent. The VA's estimate is based on 1.4 million enrollees and a utilization rate of 54 percent. The Committee is concerned that the VA's estimates are filled with apparent contradictions. The VA argues that lifting the enrollment ban is not necessary since "almost 91 percent of Priority 8 enrollees report having some form of health insurance coverage other than VA." At a hearing on Priority 8 veterans held last year, a witness testified that as many as 2 million veterans may be without health

insurance and not have access to VA care. The VA also argues that new enrollees would mainly utilize "ambulatory, diagnostic and pharmacy services." The VA states that "[a]pproximately 75 percent of current enrollees report that they do not intend to use VA as their primary source of health care in the future." The VA then bases its cost estimate assuming a utilization rate of 54 percent for new enrollees, a figure that seems unduly high considering VA's statements regarding reliance and utilization.

The Committee would like to see more specific details regarding its estimates as to costs over the first year ($3.1 billion), 5-year period ($16.9 billion), and ten-year period ($39.3 billion). The Committee does not put great faith in these estimates. For example, the 5-year cost of $16.9 billion seems to provide for slightly more than an annual increase based upon its first year estimate, even though the VA states elsewhere in its report that "once enrollment in Priority 8 is reopened, VA expects a significant surge in the first year" which would seem to necessitate a higher first-year cost and lower costs for future years.

The Committee wants to ensure that the VA has the resources it needs to lift the ban and ensure that veterans currently in the system do not see a diminution of service or access. The Committee believes that $750 million in additional funding is sufficient to meet the increased demand for services that would occur once the enrollment ban is lifted, but retains its flexibility to recommend additional resources if it is convinced that additional resources are needed. The Committee agrees with VA that the it would face an increased demand for additional infrastructure when the enrollment ban is lifted, not only to care for new Priority 8 veterans, but all veterans seeking access, and has recommended substantial increases in both Major and Minor construction accounts in part to address these concerns. With a faltering economy, it is even more essential that we re-open access to VA health care to all veterans.

Medical Administration

FY 2008 enacted	3,517,000,000
FY 2009 request	4,610,000,000
Independent budget	3,625,762,000
FY 2009 recommendation	4,610,000,000
Recommendation vs. request	0

Description

The Medical Administration appropriation provides funds for the expenses of management and administration of the Department's health care system. Included under this heading are provisions for costs associated with operation of department medical centers, other facilities, and VHA headquarters, plus the costs of VISN offices and facility director offices, chief of staff operations, quality of care oversight, legal services, billing and coding activities, procurement, financial management, and human resources management.

Recommendation

For FY 2009, the Administration has requested $4.6 billion for the Medical Administration account, an increase of $1.1 billion, or 31 percent, above the amount provided in FY 2008.

The Committee recommends that the Administration's requested funding level be provided. The Committee notes the large requested increase for Medical Administration, and hopes that by providing this level of funding it will assist the VA in maintaining the quality of its health care system and responding to problems when they arise.

Medical Facilities

FY 2008 enacted	4,100,000,000
FY 2009 request	4,661,000,000
Independent budget	4,576,143,000
FY 2009 recommendation	4,971,000,000
Recommendation vs. request	310,000,000

Description

The Medical Facilities appropriation provides funds for the operation and maintenance of the Department's health care system's capital infrastructure. Included under this heading are provisions for costs associated with utilities, engineering, capital planning, leases, laundry, groundskeeping, garbage, housekeeping, facility repair, and property disposition and acquisition.

Recommendation

For FY 2009, the Administration has requested $4.7 billion for the Medical Facilities account, an increase of $561 million above the FY 2008 level. The Committee recommends $5 billion for this account, an increase of $310 million above the Administration's request and $871 million above the FY 2008 level.

The Administration has proposed cutting funding for Non-Recurring Maintenance by $300 million below the FY 2008 current estimate and $15 million below the level provided in FY 2007. The Committee recommendation restores this proposed cut. It is vital that resources be made available to meet the maintenance needs of VA medical facilities. The Committee recommendation also proposes increases for Community-Based Outpatient Clinics (CBOCs) and for facility activations in order for the VA to provide greater access to medical services for veterans, especially those residing in rural and under-served areas.

The Administration's FY 2009 budget request states that the VA plans to open 51 CBOCs in FY 2009, and is estimating that it will open 64 new CBOCs in FY 2008. The Committee desires the VA to move forcefully to open needed CBOCs in Maine (Dover-Foxcroft), Wisconsin (Green Bay), Illinois (Moline and Madison County), and Florida (Gainesville).

The Committee recommendation would:

- Restore proposed cuts to Non-Recurring Maintenance—$300 million;
- Increase resources for CBOCs by 50 percent—$5 million;
- Increase funding for facility activations by 50 percent—$5 million.

Medical and Prosthetic Research

FY 2008 enacted	480,000,000
FY 2009 request	442,000,000
Independent budget	555,000,000

Medical and Prosthetic Research—Continued

FY 2009 recommendation	555,000,000
Recommendation vs. request	+113,000,000

Description

This account includes medical, rehabilitative and health services research. Medical research is an important aspect of the Department's programs, providing complete medical and hospital services for veterans. The prosthetic research program is also essential in the development and testing of prosthetic, orthopedic and sensory aids for the purpose of improving the care and rehabilitation of eligible disabled veterans, including amputees, paraplegics and the blind. The health service research program provides unique opportunities to improve the effectiveness and efficiency of the health care delivery system. In addition, budgetary resources from a number of areas including appropriations from the medical care accounts; reimbursements from the Department of Defense; and grants from the National Institutes of Health, private proprietary sources, and voluntary agencies provide support for the Department's researchers.

Recommendation

For FY 2009, the Administration has requested $442 million for the VA Medical and Prosthetic Research account, $38 million below the FY 2008 level. The Committee recommendation of $555 million for Medical and Prosthetic Research is $75 million above the FY 2008 level and $113 million above the Administration's request.

The Committee recommends $38 million to restore the Administration's proposed cut in this account. Especially troubling to the Committee are proposed cuts in eight of the 21 Designated Research Areas, including cuts in research on mental illness, acute and traumatic injury, central nervous system and associated disorders, diabetes, special populations, and military occupation and environmental exposures.

The Committee recommends $17 million to account for the effects of biomedical inflation on VA research. The Biomedical Research and Development Price Index, developed by the Department of Commerce's Bureau of Economic Analysis for use by the National Institutes of Health (NIH) and updated on February 4, 2008, estimates that a 3.5 percent increase is needed to compensate for increases due to inflation and to maintain research purchasing power.

The Committee is concerned that VA estimates are unduly optimistic regarding expected revenues from other Federal sources, especially in light of the Administration's proposed flat-lined budget for the NIH. The VA estimates it received $668 million in Federal resources in 2007. Last year, in its FY 2008 budget submission, the VA estimated it would receive $769 million in FY 2008; it now estimates it will receive $708 million. For FY 2009, the VA estimates that it will receive $751 million, an increase of $43 million. The Committee doubts that the VA will meet its estimate of $751 million in Federal resources and believes that an increased appropriation is essential if the VA research program is to meet the challenges it faces.

The Committee recommendation provides $58 million for additional research projects, especially those concentrating on the unique needs of veterans returning from Iraq and Afghanistan. This increase would also ameliorate any possible effects of a shortfall in other Federal resources. In addition, the Committee believes that caps on investigator-initiated awards should be increased from the current $125,000 annually to the previous level of $150,000, in accordance with recommendations made by the Friends of VA Medical Care and Health Research (FOVA) and the Independent Budget.

The Committee recommendation would:

- Restore proposed FY 2009 cuts—$38 million;
- Provide for a 3.5 percent increase for estimated biomedical inflation—$17 million;
- Increase overall funding for research projects, particularly those addressing needs of servicemembers returning from Iraq and Afghanistan—$58 million.

General Operating Expenses

FY 2008 enacted	1,605,000,000
FY 2009 request	1,699,867,000
Independent budget	1,985,602,000
FY 2009 recommendation	1,896,126,000
Recommendation vs. request	+196,259,000

Description

The General Operating Expenses appropriation provides for the administration of non-medical veterans' benefits through the Veterans Benefits Administration and departmental management and support.

The General Operating Expenses account funds activities of the Veterans Benefits Administration and General Administration.

Veterans Benefits Administration

VBA consists of five programs: Disability Compensation, Pensions and Burial; Education; Housing; Vocational Rehabilitation and Employment; and, Insurance.

Compensation and Pension Service

VA provides service-connected compensation to veterans with disabilities incurred or aggravated during military service, dependency and indemnity compensation (DIC) to surviving spouses, children and low-income dependent parents of veterans, pension benefits to elderly and disabled low-income wartime veterans, death pension to the surviving spouses and children of wartime veterans and benefits to certain children of veterans who were disabled by spina bifida or other congenital conditions related to their parent's military service.

Education Service

VA provides education assistance to servicemembers, veterans, and certain eligible survivors and dependents in exchange for military service. VA education assistance, popularly known as the Montgomery GI Bill, is used by the Armed Forces as a recruiting and retention tool, as well as a readjustment benefit for

servicemembers seeking to achieve educational and vocational goals in the civilian workforce.

Housing (Loan Guaranty Service)

VA assists veterans and servicemembers to purchase and retain homes in recognition of their service to the Nation. VA's partial guarantee on loans made by private lenders enables veterans and servicemembers to purchase homes with little or no down payment, thereby making home ownership affordable to many veterans.

Vocational Rehabilitation and Employment (VR&E)

VR&E provides employment services and assistance to enable veterans with service-connected disabilities to obtain suitable employment and, to the maximum extent possible, achieve independence in daily living.

Insurance

The Insurance Program provides servicemembers and their families with universally available life insurance, as well as traumatic injury protection insurance. It also provides for the conversion to a renewable term insurance policy after a servicemember's separation from service and provides life insurance to veterans who have lost the ability to purchase commercial insurance at standard (healthy) rates due to lost or impaired insurability resulting from military service.

GENERAL ADMINISTRATION

General Administration funds the Office of the Secretary, six Assistant Secretaries, the Board of Veterans' Appeals, the Office of the General Counsel, and the Office of Construction and Facilities Management.

Recommendation

For FY 2009, the Administration is requesting $1.7 billion for the General Operating Expenses (GOE) account, an increase of $95 million, or 5.9 percent, above the $1.6 billion provided in FY 2008. This request includes $1.4 billion for VBA, an increase of $44.8 million over the FY 2008 level, and $328 million for General Administration, an increase of $50.1 million over FY 2008.

The Committee is recommending $1.9 billion, an increase of $291 million above FY 2008 and $196 million above the Administration's request.

The Committee recommendation would:

- Provide an additional 1,500 FTE for the Compensation, Burial, and Pension program to better address the claims backlog and other deficiencies—$117 million
- Provide an additional 130 FTE for the Education program—$10 million
- Provide an additional 150 FTE for the Vocational Rehabilitation and Counseling Program—$14 million
- Double the amount provided for the Compensation, Burial and Pension training program—$6 million
- Provide resources to explore innovative pilot programs and other solutions to address the claims backlog—$50 million

Claims Backlog: As of February 16, 2008, the inventory of compensation and pension claims pending at the VA was 663,319, an increase of 5,351 from the previous week and 36,890 above the 626,429 pending this time last year. (VA Monday Morning Workload Report, February 16, 2008).

The Committee is concerned that VA is not moving swiftly enough to hire the additional 3,100 FTE provided so far by the 110th Congress. On July 31, 2007, VA submitted a "White Paper on the VA Disability Claims Processing Workforce" to the Committees on Appropriation. The report listed a total of 3,100 new hires funded through the FY 2007 appropriation (400), the FY 2007 supplemental (800), and the FY 2008 House Appropriations recommended level (1,900). The VA projected an end-of-year staffing level for Compensation and Pension of 9,068 FTE (direct) and 10,998 FTE (direct) for FY 2008.

The VA's FY 2009 budget submission provides a 2007 level of 8,353 FTE (direct) and estimates an FY 2008 level of 10,304 FTE (direct). The VA's estimate for 2009 is 10,998 FTE (direct), the same level it projected in July for the end of 2008. The VA's budget request for FY 2009 estimates an additional 694 direct FTE (for a total of 10,998) over the FY 2008 current level (10,304). Therefore, the VA is estimating the same FTE levels for FY 2009 as projected for the end of FY 2008 in its July 2007 White Paper.

Although the Committee's recommendation includes a substantial increase in FTE above the Administration's request, the Committee believes that merely adding FTE is not the sole answer to addressing the claims backlog issue. We believe the VA must vigorously explore alternative methods of addressing once and for all this intolerable backlog.

The Veterans' Disability Benefits Commission noted that in 2006, two-thirds of compensation claims were from veterans previously determined to have a service-connected disability and that most of these veterans were from previous conflicts. The average age of veterans filing claims is 55. As the number of claims increases, the ability of the VBA to process these claims in a timely fashion under the current system is increasingly called into question. The Committee is concerned that since 2002, and the inception of the Claims Improvement Processing Model, the VBA has failed to meet its major strategic goals in the Compensation and Pension program. In addition to more rigorous training, addressed by the Committee in its recommendation, there simply must be greater accountability for failure to meet strategic goals.

In fact, according to the VA's FY 2007 Performance and Accountability Report, released on November 15, 2007, the VBA missed the vast majority of its compensation and pension rating-related and non-rating-related performance targets. The Committee believes there must be a closer coordination between performance goals and the VA's actual experience; for goals that are never met are useless in measuring any real progress or increasing accountability.

The Systematic Technical Accuracy Review (STAR) is the VBA's system-wide program for measuring compensation and pension claims processing accuracy. The Committee believes VBA should significantly increase the level of FTE devoted to STAR in order to

increase accountability, reduce avoidable errors, and ensure more uniform decisions between Regional Office ratings.

The Committee recommends an additional $5.5 million for training expenses, doubling the amount proposed by the Administration. Training is essential for all employees, especially new hires, in order to make sure claims are processed speedily and correctly. The Committee also believes that VBA should reinstitute administration of the skills certification test with sustained input on development from all interested parties.

The Committee is also concerned that tools already provided to the VA are not being utilized fully. The VA has testified before the Subcommittee on Disability Assistance and Memorial Affairs that it is not fully utilizing the pre-stabilization rate mechanism as outlined in regulations. We believe the VA must fully utilize this tool in addressing the claims of returning servicemembers.

The Committee believes there must be a greater attempt by the VA to embrace possible technological improvements to its current practices, including innovative information technology and artificial intelligence applications that offer the hope of reducing the average time for a claims decision to be made. The Committee also strongly recommends that the VA take the necessary steps to reduce the amount of paper involved in the process as it moves toward the goal of a "paperless" claims process. The Committee awaits the final report from IBM, which VA contracted with, to evaluate its business lines and provide long-range strategies.

Although more properly under the Information Technology Systems account, the Committee wishes to note that the Administration's IT request includes funding for the Virtual VA program, but this is only to scan in VBA's paper records. While this is an essential task, it does little to create a true electronic claims processing system that would benefit veterans by applying technological solutions to the impediments faced by processes that are rooted in the previous century. The Committee recommends that VA reassess its plan and maximize available information technologies and artificial intelligence applications to modernize its claims processing system.

The Committee believes VA must embrace radical ideas to solve the claims backlog issue and is recommending that $50 million be provided to explore various pilot programs and initiatives that could revolutionize the process by which veterans receive the benefits they have earned. The Committee believes that one such initiative could include the creation of a Veterans Advocates Training Institute to provide consistent and improved training of State service officers and others who assist veterans in filing claims.

Burial Claims: The Committee notes that the Administration's FY 2009 request assumes a decrease in FTE for burial claims of 17 below the FY 2008 current estimate, and 50 below the FY 2008 budget estimate. The FY 2009 estimate is also 25 FTE below the FY 2007 level. As the number of interments is expected to increase, and VA has missed many of its performance and accountability targets, the Committee believes that additional FTE should be detailed to this activity.

Vocational Rehabilitation and Employment: The Committee is concerned that VR&E counselors are overloaded and are managing an excessively large caseload. Currently, each counselor has a case-

load of 130 cases where minimal contact is made with the veteran. While the VA maintains that this is a proper level of cases for providing services, the Committee is not convinced that such a caseload leads to the optimum level of service to veterans and is recommending an additional 150 FTE to properly staff the division and provide adequate services to veterans.

Education: The Committee is recommending an additional 130 FTE to handle education claims. With the enactment of the National Defense Authorization Act for FY 2008 (P.L. 110–181), which included the addition of portability of Chapter 1607 benefits, the Committee anticipates an increase in workload and recommends an additional 80 FTE to meet this expected increase. The Education program also recently started a call center in Muskogee, Oklahoma, and has pulled 50 FTE from other areas to staff this call center. These 50 FTE have not been replaced and the Education program would benefit from maintaining a stable level of personnel. The Committee believes the VA should also explore ways to increase outreach to improve participation of returning servicemembers and veterans in pursuing opportunities to achieve college educations with their respective benefits.

Information Technology Systems

FY 2008 enacted	1,966,465,000
FY 2009 request	2,442,066,000
Independent budget	2,164,938,000
FY 2009 recommendation	2,442,066,000
Recommendation vs. request	0

Description

The Information Technology Systems account was established in the FY 2006 VA Appropriations bill, P.L. 109–114. The account previously encompassed the entire non-pay information technology portfolio for the Department of Veterans Affairs, including all automation efforts in all administrations. Starting in fiscal year 2007, and reflected for the first time in the budget request for fiscal year 2008, this account also includes pay and associated costs for information technology maintenance and operations staff.

In describing the new structure of the VA's IT budget submission, the VA states that:

> The proposed FY 2009 budget has been realigned from previous submissions to delineate veteran strategic issues into two major classifications—*veteran facing IT systems* and *internal facing IT systems. Veteran facing IT systems* include IT programs that directly impact current and future veterans' services and account for $1.295 billion or 75.6 percent of resources. *Internal facing IT systems* indirectly affect veterans' services through IT administrative and infrastructure support at $418 million or 24.4 percent of resources.
>
> Within each of the two classifications, IT programs and initiatives were further classified to reflect the two core processes of development and operations and maintenance. These changes complement the Department's Performance and Accountability Report structure, thereby enabling better communication of performance results and outcomes.

> As a result, all *veteran facing IT systems* fall under one of the following eight Performance Accountability Report categories: medical care, compensation, pension, education, vocational rehabilitation, housing, insurance, and burial. *Internal facing IT systems* are mapped to eight programs for corporate management, financial resources management, asset management, human capital management, IT infrastructure, cyber security, privacy, and E-Government (E-Gov). Additionally, infrastructure activities are aligned as a sub-cost for each Performance Accountability Report category. (Emphasis in original). (FY 2009 VA Budget Submission, Volume 2, 4A–3).

Recommendation

For FY 2009, the Administration has requested $2.442 billion for the Information Technology Systems account, an increase of $476 million, or 24 percent, over the amount provided in FY 2008.

The Committee recommends that the Administration's requested funding level be provided.

The Committee understands that as the VA moves to a centralized IT system that the IT budget is, by necessity, a "work in progress." The Committee believes that the VA should be nearing the point where it has a clear and consistent view of its IT funding requirements. The Government Accountability Office, in testimony before the Subcommittee on Oversight and Investigations regarding the VA's FY 2009 IT budget request, noted that the VA is "in the initial stages of implementing new management process that are critical to centralizing its control over the IT resources and budget". The GAO also testified that "it remains too early to assess [the new management processes] their overall impact because most of the actions taken have only recently become operational or have not yet been fully implemented. Thus, their effectiveness in ensuring accountability for the resources and budget has not yet been clearly established." (Testimony before the Subcommittee on Oversight and Investigations, House Committee on Veterans' Affairs, February 13, 2008 (GAO–08–449T)).

As the Committee noted under the General Operating Expenses account, the VA must act vigorously to realize a true electronic benefits system. Although Virtual VA is a step forward, merely scanning in paper documents does not begin to realize the advantages that a true electronic benefits system can yield to veterans seeking benefits.

The Committee notes with approval the VA's assurance that Medical Center Innovations will be funded in FY 2009, contrary to the Administration's FY 2009 budget submission. The Committee also looks to the VA to provide assurances that it has sufficient resources to provide the "gold standard" in data security.

National Cemetery Administration

FY 2008 enacted	195,000,000
FY 2009 request	180,959,000
Independent budget	251,975,000
FY 2009 recommendation	210,250,000
Recommendation vs. request	+29,291,000

Description

The National Cemetery Administration was established in accordance with the National Cemeteries Act of 1973. It has a fourfold mission: to provide for the interment in any national cemetery with available grave space the remains of eligible deceased servicepersons and discharged veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to mark graves of eligible persons in national and private cemeteries; to administer the grant program for aid to States in establishing, expanding, or improving State veterans' cemeteries; and to administer the Presidential Memorial Certificate Program. This appropriation provides for the operation and maintenance of 158 cemeterial installations in 39 states, the District of Columbia, and Puerto Rico.

Recommendation

For FY 2009, the Administration has requested $181 million for the National Cemetery Administration, $14 million, or 7 percent, below FY 2008 levels. The Committee recommends $210 million for FY 2009, $15 million above the FY 2008 level and $29 million above the Administration's request.

The Administration request proposes to cut funding for recurring maintenance and repair projects by $27 million below FY 2008 levels, and $5 million below the amount provided in FY 2007. The Committee recommendation restores this cut.

The Committee applauds the Administration's proposal to "establish a non-recurring maintenance (NRM) program focusing on the correction of deficiencies cited in the Facility Condition Assessments and Five Year Plan." The Administration proposes $2 million for this activity. The Committee recommends doubling this amount to $4 million.

The Committee recommendation would:

- Restore proposed cuts to the Maintenance and Repair (Recurring) budget—$27 million;
- Double the amount provided for Non-Recurring Maintenance—$2 million.

Office of Inspector General

FY 2008 enacted	80,500,000
FY 2009 request	76,500,000
Independent budget	83,158,000
FY 2009 Recommendation	89,645,000
Recommendation vs. request	+13,145,000

Description

The Office of Inspector General was established by the Inspector General Act of 1978 and is responsible for the audit, investigation and inspection of all Department of Veterans Affairs programs and operations. The overall operational objective is to focus available resources on areas which would help improve services to veterans and their beneficiaries, assist managers of Department programs to operate economically in accomplishing program goals, and prevent and deter recurring and potential fraud, waste and inefficiencies.

Recommendation

The Administration has requested $76.5 million for the Office of Inspector General for FY 2009, a decrease of $4 million below the FY 2008 level of $80.5 million. The VA's request assumes a total FTE level of 465, 56 fewer than the total currently estimated for FY 2008 and five fewer FTE than in 2007.

The Committee recommends $89.6 million for FY 2009, an increase of $9.1 million, or 11 percent over FY 2008 levels and $13.1 million, or 17 percent, above the VA's FY 2009 request.

The Committee recommendation restores the proposed FTE cuts and adds additional FTE to match last year's Committee-recommended FTE level.

In testimony before the Subcommittee on Oversight and Investigations on February 13, 2008, Jon A. Wooditch, Deputy Inspector General, Office of Inspector General, U.S. Department of Veterans Affairs stated that "[t]he OIG seeks to help VA become the best-managed service delivery organization in Government. OIG audits, health care inspections, investigations, and Combined Assessment Program (CAP) reviews recommend improvements in VA programs and operations, and act to deter waste, fraud, abuse, and mismanagement. For 2007, OIG funding supported 443 FTE from appropriations. An additional 25 FTE was funded under a reimbursable agreement with VA to perform pre-award and post-award contract reviews. During 2007, the OIG exceeded its overall performance goals. For example, monetary benefits for the year were $820 million, for a return on investment of $12 for every dollar expended. Collectively, the OIG issued a total of 217 audit, health care inspection, and contract review reports, with over 500 recommendations for corrective action. We also completed 1,181 criminal investigations, which led to 2,061 arrests, indictments, convictions, and administrative sanctions. We also responded to over 19,000 contacts received by the OIG Hotline."

The Committee believes that vigorous oversight of the VA is essential to ensure that the Department provides quality health care and benefits to veterans in an efficient, fair and cost-effective manner. Since the beginning of this Congress, the Committee has embarked on an ambitious oversight agenda, and the OIG is an important partner in this ongoing initiative. The economic benefit realized to taxpayers by investment in the OIG, as well as programmatic improvements resulting from the Inspector General's activities, have been clearly demonstrated. As the OIG is being expected to do more, it is vital that proposed cuts to FTE be restored and the overall FTE level be increased to meet expected workload increases.

The Committee recommendation would:

- Restore proposed cuts of 56 FTE—$7 million;
- Provide for an additional 49 FTE, for a total FTE level of 570—$6 million.

Construction, Major Projects

FY 2008 enacted	1,069,100,000
FY 2009 request	581,582,000
Independent budget	1,275,000,000
FY 2009 Recommendation	1,092,094,000
Recommendation vs. request	+510,512,000

Description

The Construction, Major Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction or for the use of the Department of Veterans Affairs, including planning, architectural and engineering services, assessments, and site acquisition where the estimated cost of a project is $10,000,000 or more.

Recommendation

For FY 2009, the Administration is requesting $582 million, a decrease of $488 million, or 46 percent, from the FY 2008 level of $1.1 billion. The Administration's request includes $472 million for VHA-related construction and $105 million for NCA-related construction.

The NCA portion of the request seeks funds for gravesite expansion and cemetery improvements at the Puerto Rico National Cemetery, Massachusetts National cemetery, and the Calverton National Cemetery. The request also seeks funding for the Advance Planning Fund, NCA Land Acquisition Fund, and Sustainability and Energy Fund.

The VHA-related construction request, totaling $472 million, seeks funding for the following projects:

Denver, CO—New Medical Facility

- Total Estimated Cost—$769.2 million; Funding through FY 2008—$168.3 million; FY 2009 Request—$20 million

Orlando, FL—New Medical Facility

- Total Estimated Cost—$656.8 million; Funding through FY 2008—$74.1 million; FY 2009 Request—$120 million

San Juan, PR—Seismic Corrections Bldg. 1

- Total Estimated Cost—$225.9 million; Funding through FY 2008—$69.9 million; FY 2009 Request—$64.4 million

Lee County, FL—Outpatient Clinic

- Total Estimated Cost—$131.8 million; Funding through FY 2008—$20.4 million; FY 2009 Request—$111.4 million

St. Louis (JB), MO—Medical Facility Improvements and Cemetery Expansion

- Total Estimated Cost—$134.5 million; Funding through FY 2008—$7 million; FY 2009 Request—$5 million

Bay Pines, FL—Inpatient/Outpatient Improvements

- Total Estimated Cost—$174.3 million; Funding through FY 2008—$0 million; FY 2009 Request—$17.4 million

Tampa, FL—Polytrauma Expansion and Bed Tower Upgrades

- Total Estimated Cost—$223.8 million; Funding through FY 2008—$0 million; FY 2009 Request—$21.1 million

Palo Alto, CA—Centers for Ambulatory Care and Polytrauma Rehabilitation Center

- Total Estimated Cost—$450.3 million; Funding through FY 2008—$0 million; FY 2009 Request—$38.3 million

The Committee recommends a funding level of $1.1 billion, $511 million above the Administration's request and $23 million above the level provided in FY 2008. The Administration has requested funding for the CARES priority projects 1–3 (Bay Pines, FL; Tampa, FL; and Palo Alto, CA). The Committee recommendation includes planning funding for CARES priority projects 4–20:

- Seattle, WA—Seismic NHCU Bldg. 100 (#4)
- Seattle, WA—Mental Health Building 101 Seismic (#5)
- Dallas, TX—Spinal cord Injury Center (#6)
- Louisville, KY—New Medical facility (#7)
- Roseburg, OR—Mental Health Bldg. 2 Seismic (#8)
- Los Angeles, CA—Seismic Corrections of 13 Buildings (#9)
- Bronx, NY—Spinal cord Injury Center (#10)
- Butler, PA—Outpatient Clinic (#11)
- American Lake, WA—Seismic corrections Bldg. 81 (#12)
- Dallas, TX—Clinical Expansion for Mental Health (#13)
- Walla Walla, WA—Multi-specialty Clinic (#14)
- San Francisco, CA—Seismic Corrections Buildings 1, 6, 8, and 12 (#15)
- Wichita, KS—Med/Surg Bed Modernization/Ambulatory Expansion (#16)
- Fayetteville, NC—Outpatient Addition (#17)
- Salisbury, NC—Clinical Addition (#18)
- Columbia, SC—Diagnostics and Specialty Care Clinics Renovation (#19)
- Birmingham, AL—Huntsville Outpatient Clinic (#20)

Although not on the CARES list, the Committee believes the needs of veterans in South Texas have gone unmet for far too long, and believes that the VA should undertake a major project that will meet the inpatient and outpatient needs of these veterans in a centrally located facility.

In addition, the Committee believes that the VA should enter into a sharing agreement with the Department of Defense to make inpatient care available to veterans at Eglin Air Force Base in Florida, as well as begin constructing a joint VA/DoD outpatient medical facility.

It is essential that the VA invest the resources needed to address its aging infrastructure and provide state-of-the-art modern medical facilities. This will require a sustained commitment to providing adequate funding levels for the VA's Major Construction program. This will also require a commitment from the VA to substantially increase its in-house ability to manage large and complex construction projects. Assisting the VA in improving its abilities and expertise in this area was a driving force behind the creation of the office of Director of Construction and Facilities Management last Congress.

The Committee also desires to see the VA begin to take action to begin planning and development of new national cemeteries in Southern Colorado, Nevada (which does not have a national cemetery), and Eastern Nebraska (Sarpy County).

The recommended increase would also provide the remaining funding needed for the Pittsburgh, PA Campus Consolidation project, and additional resources, above the Administration's request, for the Orlando, Florida, Medical Facility project. The recommendation would provide additional funding for the VA's Advanced Planning Fund and the Sustainability and Energy Fund.

The Committee trusts that as major facilities come on-line in the years ahead, that sufficient funding for equipment, staffing, and activation are provided for fully and included early in the VA's budg-

et process in order not to require shifting funds from other areas of the VA budget.

The Committee recommendation would:

- Provides planning funding for top-20 priority CARES projects not previously funded (or funded in FY 2009 request) and other projects—$187 million;
- Provides an additional $231 million for the Orlando, Florida project;
- Provides remaining $62 million needed for Pittsburgh, Pennsylvania campus consolidation project;
- Provides an additional $25 million for the Advance Planning Fund;
- Doubles the amount provided for the Sustainability and Energy fund for VHA—$5 million.

Construction, Minor Projects

FY 2008 enacted	630,535,000
FY 2009 request	329,418,000
Independent budget	621,000,000
FY 2009 recommendation	673,718,000
Recommendation vs. request	+344,300,000

Description

The Construction, Minor Projects, appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction or for the use of the Department, including planning, assessment of needs, architectural and engineering services, and site acquisition, where the estimated cost of a project is less than $10,000,000.

Recommendation

For FY 2009, the Administration has requested $329 million, a decrease of $301 million, or 48 percent below the level provided in FY 2008. The Committee recommends $674 million, $43 million above FY 2008 and $344 million above the Administration's request.

Based upon the Administration's 5-year Capital Plan list of "FY 2008 Prioritized VHA Minor Construction Projects,"[4] the average total estimated cost for the top 50 listed projects is $5.7 million. The Committee recommendation includes $287 million to provide for an additional 50 projects for FY 2009. The Committee notes that this amount funds the complete average cost of these projects: the VA may be able to undertake additional projects above the 50 provided for since total costs of each project are not required to be provided all at once. The Committee desires the VA to be more aggressive in tackling its backlog of minor construction projects.

The Committee recommendation also provides a 50 percent increase for minor construction for the National Cemetery Administration (NCA). The Administration proposes $25 million for this construction for FY 2009, an amount equal to the FY 2007 funding level and $50 million below the FY 2008 current estimate. The Committee recommendation would add an additional $12.5 million for NCA minor construction projects.

[4] FY 2009 VA Budget Submission, Volume 4, 7–90 et seq.

The Committee is recommending $45 million to provide funding to upgrade and modernize VA research facilities. The Subcommittee on Health, in a hearing on the VHA's FY 2008 budget request held on February 14, 2007, received testimony from the Friends of VA Medical Care and Health Research (FOVA). FOVA recommended "an annual appropriation of $45 million in the minor construction budget dedicated to renovating existing research facilities[.]" The Committee notes that the FY 2007 VA appropriations bill, as passed by the House of Representatives, included $12 million in the minor construction account "to be used solely for a program of upgrade and modernization of research facilities to ensure they maintain or attain state-of-the-art status." (H. Rept. 109–464, to accompany H.R. 5385, the Military Quality of Life and Veterans Affairs and Related Agencies Appropriations Bill, at 64). The Committee on Appropriations directed the VA to conduct a comprehensive review of its research facilities and to report to Congress by March 1, 2007. The VA has indicated that this review may take three years to complete. Funding for VA research facilities was not provided in FY 2008. The Committee's recommended level of $45 million mirrors the recommendation made by FOVA.

The Committee would also like the VA to take action in repairing and remodeling existing facilities in Livermore, California, to provide for a PTSD Rehabilitation clinic.

The Committee recommendation would:

- Provide full funding for an additional 50 Minor Construction projects—$287 million;
- Provide a 50 percent increase above the FY 2009 request for NCA minor construction projects—$13 million;
- Provide funding to begin to upgrade and modernize VA research facilities—$45 million.

Grants for Construction of State Extended Care Facilities

FY 2008 enacted	165,000,000
FY 2009 request	85,000,000
Independent budget	200,000,000
FY 2009 Recommendation	200,000,000
Recommendation vs. request	+115,000,000

Description

This program provides grants to assist States to construct State home facilities, for furnishing domiciliary or nursing home care to veterans, and to expand, remodel or alter existing buildings for furnishing domiciliary, nursing home or hospital care to veterans in State homes. A grant may not exceed 65 percent of the total cost of the project.

Recommendation

For FY 2009, the Administration requests $85 million for the Grants for Construction of State Extended Care Facilities account, $80 million below the level provided in FY 2008. The Committee is recommending $200 million, an increase of $35 million above FY 2008 and $115 million above the Administration's request.

The VA's "Priority List of Pending State Home Construction Grant Applications for FY 2008" lists a total of $553 million in Priority 1 applications. In FY 2007, these projects totaled $491 mil-

lion. In FY 2006, there were 80 priority group 1 projects for a total of $420 million. Priority 1 projects are those projects that have State funding in place to start construction and are awaiting VA funding. State homes play an important role in VA's long-term care strategy by filling the gap of available beds for elderly and sick veterans who need them. As the VA is facing an aging veteran population, the Committee believes it is essential to provide the resources needed to begin to tackle the project backlog.

The Committee recommendation would:

- Provide additional resources to enable the VA to begin to reduce the State Home project backlog—$115 million.

Grants for Construction of State Veterans Cemeteries

FY 2008 enacted	39,500,000
FY 2009 request	32,000,000
Independent budget	42,000,000
FY 2009 recommendation	39,500,000
Recommendation vs. request	+7,500,000

Description

This program provides grants to assist States with the establishment, expansion, and improvement of State veterans' cemeteries which are operated and permanently maintained by the States. Grants under this program fund up to 100 percent of construction costs and the initial equipment expenses when the cemetery is established. The States remain responsible for providing the land and for paying all costs related to the operation and maintenance of the State cemeteries, including the costs for subsequent equipment purchases.

Recommendation

The Administration, for FY 2009, requests $32 million for the Grants for Construction of State Veterans Cemeteries program, a level $7.5 million, or 19 percent, below the FY 2008 level. The Committee recommends a funding level equal to the amount provided in FY 2008.

The Committee recommendation would:

- Restore proposed Administration cut—$7.5 million.

DEPARTMENT OF LABOR

Veterans Employment and Training

Department of Labor—Veterans Employment and Training Service (VETS)

The Assistant Secretary for VETS serves as the principal advisor to the Secretary of Labor on all policies and procedures affecting veterans' employment matters. VETS furnishes employment and training services to servicemembers and veterans through a variety of programs, including providing grants to States, public entities and non-profit organizations, including faith-based organizations, to assist veterans seeking employment. VETS also investigates complaints filed under veterans' preference and re-employment laws. Specifically, VETS administers the following programs: DVOP/LVER state grant program; Transition Assistance Program;

Veterans' Preference and Uniformed Services Employment and Reemployment Rights Act (USERRA); Homeless Veterans' Reintegration Program (HVRP); Veterans Workforce Investment Program (VWIP); Federal Contractor Program; and the National Veterans' Training Institute (NVTI). The Administration requested a total of $238.4 million in FY 2009 to support the staffing and grant-making ability of VETS. This is a $10 million, or 4 percent, increase over FY 2008. For FY 2009, the Committee recommends an increase of $60 million for VETS, for a total of $298 million. This recommended level would provide an additional $31 million for State Grants to bring up the level of DVOPs/LVERs from the current 2,100 to the original 2,500. This will help VETS better manage the One Stop Centers and provide better priority services to veterans. The recommended funding will also provide an additional $10 million to HVRP. Although accurate numbers are impossible to come by—no one keeps national records on homeless veterans—the VA estimates that nearly 200,000 veterans are homeless on any given night and nearly 400,000 experience homelessness over the course of a year. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23 percent of all homeless people in America. The Committee also recommends increasing the funding level for VWIP to $30 million. This program currently operates only in 11 states and should be expanded to more areas, especially those with a heavy veteran population. The funding for NVTI should be increased by $1 million to assist NVTI in providing the training necessary to be a successful DVOP/LVER. This training is required to be provided within three years of the appointment of the DVOP/LVER. Finally, the Committee urges the Department of Labor to explore innovative job training efforts for returning servicemembers to assist them in integrating into civilian life.

OTHER AGENCIES

American Battle Monuments Commission

FY 2008 enacted	44,600,000
FY 2009 request	47,470,000
Independent budget	N/A
FY 2009 recommendation	47,470,000
Recommendation vs. request	0

Description

The American Battle Monuments Commission is responsible for the administration, operation and maintenance of cemetery and war memorials to commemorate the achievements and sacrifices of the American Armed Forces where they have served since April 6, 1917. In performing these functions, the Commission maintains 24 permanent American military cemetery memorials and 31 monuments, memorials, markers and offices in 15 foreign countries, the Commonwealth of the Northern Mariana Islands, and the British dependency of Gibraltar. In addition, six memorials are located in the United States: the East Coast Memorial in New York; the West Coast Memorial, the Presidio in San Francisco; the Honolulu Memorial in the National Memorial Cemetery of the Pacific in Hono-

lulu, Hawaii; and, the American Expeditionary Forces Memorial and the World War II and Korean War Veterans Memorials in Washington, D.C.

Recommendation

The American Battle Monument Commission is seeking a total of $64.6 million for FY 2009, consisting of $47.5 million for salaries and expenses, and $17.1 million for costs associated with foreign currency fluctuations.

The Committee recommends the requested level of $47.5 million be provided in FY 2009.

U.S. Court of Appeals for Veterans Claims

FY 2008 enacted	22,717,000
FY 2009 request	23,975,000
Independent budget	N/A
FY 2009 recommendation	23,975,000
Recommendation vs. request	0

Description

The Veterans' Judicial Review Act [P.L. 100–687] established the U.S. Court of Appeals for Veterans Claims. The Court reviews appeals from Department of Veterans Affairs' claimants seeking review of a benefit denial. The Court has the authority to overturn findings of fact, regulations, and interpretations of law.

Recommendation

The Court's request for FY 2009 of $24 million includes $1.7 million for the Pro Bono Representation Program. This program is administered by the Legal Services Corporation. The Court includes the Program's FY 2009 request as an appendix to its submission; although having "no comment on that request" applauds the "Program's continuing success in reducing the percentage of unrepresented appellants before the Court. Since 1997, the percentage of appellants who are unrepresented at the decision point of their appeals has dropped from 48% in FY 1997 to 19% or less in FY 2007."

The Committee recommends the requested level of $24 million be provided in FY 2009.

MERCHANT MARINERS

World War II Merchant Mariners suffered the highest casualty rate of any of the branches of service while they delivered troops, tanks, food, airplanes, fuel and other needed supplies to every theater of the war. Despite their efforts during the war, Merchant Mariners were not covered by the original G.I. Bill of Rights. No legislation to benefit merchant seamen was passed by Congress until 1988 when the Seaman Acts of 1988 finally granted them a "watered down" G.I. Bill of Rights. To make up for lost benefits and opportunities, the House of Representatives passed H.R. 23, the Belated Thank You to the Merchant Mariners of World War II Act of 2007. This measure provides authorization for $120 million in FY 2008 and $108 million in FY 2009. The Committee recommends that this funding be made available to recognize the service and sacrifice of our Merchant Mariners.

SECTION 2—MANDATORY ACCOUNTS

Full Equity for World War II Filipino Veterans Who Served in the U.S. Army

Many World War II Filipino veterans, who served and fought alongside American servicemembers during World War II, do not receive veterans' benefits. Shortly after the war, Congress passed the Rescission Acts which stripped away many veterans' benefits for Filipino servicemembers who served in the U.S. Army. For the past 60 years, Congress has taken a piecemeal approach to restoring these benefits.

- The Committee plans to work with the leadership of the House of Representatives and our counterparts in the Senate to end this inequity once and for all and provide VA benefits and services to these deserving veterans.

Total Force GI Bill

The Montgomery GI Bill (MGIB), implemented over 20 years ago, was a landmark piece of legislation that provided education and training benefits to many veterans. The time has come to update, modernize, and provide greater flexibility to meet the needs of today's veterans. For GI Bill education benefits to remain a relevant recruitment, and readjustment benefit, we must ensure that VA's education and training programs reflect the manner in which individuals earn and learn in the 21st Century.

Due to advances in technology, recognition of the lifetime learning concept, dynamic workforce changes, and ever-increasing demands on military recruiting efforts, Congress should continue to review current MGIB entitlements and make necessary changes to provide servicemembers, veterans and their families relevant education and training benefits that meet their educational and vocational goals for success.

The Committee plans, on a bipartisan basis, to explore a number of options to improve and modernize the GI Bill. The VA's Advisory Committee on Education and the Partnership for Veterans Education—a group made up of traditional veterans and military service organizations, as well as higher education advocates all have endorsed a proposal termed the "Total Force GI Bill." The proposal has two unmet features which include: providing parity of education benefit rates according to service rendered; and ensuring future correlation of active duty, veterans, and National Guard and Reserve benefits in an equitable and proportional manner, Chapters 1606 and 1607 in Title 10 and Chapter 30 in Title 38 need to be reorganized together under Title 38.

Congress recently expanded MGIB entitlements for our nation's Guard and Reserve Forces. The National Defense Authorization Act for Fiscal Year 2008 (P.L. 110–181) includes language that would allow certain members of the Reserve Forces to use their REAP (Chapter 1607 of Title 10) education benefits during the 10-year period beginning on the date which they separated.

President Bush proposed, in his State of the Union Address, that Congress expand on MGIB entitlements to allow servicemembers and veterans to transfer their unused benefits to their spouses and

children. While the President did not request funding for this proposal in his FY 2009 budget request, Congress will explore the idea of transferring education benefits to dependents along with other proposals.

Major legislative proposals that have been highlighted by veteran service organizations include: eliminating MGIB benefits from being considered as income for eligibility requirements for Federal grants or loans; expand accelerated benefits to all areas; increase the monthly benefit amount; eliminate the $1,200 enrollment fee for MGIB; allow servicemembers to use the GI Bill to repay loans once they are eligible for the GI Bill, they can pay $6,000 up to the amount they are qualified; protect servicemembers with education interruptions due to military service; and expand the period of use for educational entitlements.

Mandatory Funding for VA Health Care

Facing years of insufficient VA health care budgets provided consistently after the start of the fiscal year, a coalition of veterans service organizations formed the Partnership for Veterans Health Care Budget Reform, to advocate for providing mandatory, or "assured" funding for VA health care. The Committee held a hearing in October 2007 on funding the VA of the future at which the Partnership, budget experts, and the VA testified. At this hearing, there was much discussion regarding how the VA would fare in direct competition with other mandatory programs, as well as the sufficiency and flexibility of a mandatory funding formula.

Veterans have fared better at the hands of Congress than they have with this Administration. From FY 2002–FY 2008, the Administration's health care budget requests represent slightly less than half of the amount finally provided to the VA. The 110th Congress has provided unprecedented increases for veterans' programs, although we note that funding for the VA was not finally put in place until nearly three months after the start of the current fiscal year.

Many on the Committee believe that funding VA health care with mandatory dollars as compared to discretionary dollars, as advocated by the Partnership, would provide the VA with stable and adequate funding to meet the needs of veterans.

The Committee urges Congress to seriously consider the best manner in which to fund VA health care, and provide sufficient and timely funding for veterans. Providing a mandatory funding mechanism for VA health care will require cooperation in Congress, and cooperation between Congress, the Administration, and the VA, in order to insure that the funding mechanism decided upon meets the needs of the Department, and the veterans who rely on the VA for the health care they need.

Section 3—Charts

DEPARTMENT OF VETERANS AFFAIRS FY 2009—FEBRUARY 2008

[In thousands]

Account	FY 2008	FY 2009 President's Request	FY 2009 Request vs. FY 2008	FY 2009 Independent Budget	FY 2009 Committee Recommendation	FY 2009 Committee vs. FY 2008	FY 2009 Committee vs. FY 2009 Request
Medical Services	29,104,220	29,465,503	361,283	32,153,138	31,656,100	2,551,880	2,190,597
Medical Administration	3,517,000	4,610,000	1,093,000	3,625,762	4,610,000	1,093,000	0
Medical Facilities	4,100,000	4,661,000	561,000	4,576,143	4,971,000	871,000	310,000
Total, Medical Care	36,721,220	38,736,503	2,015,283	40,355,043	41,237,100	4,515,880	2,500,597
MCCF Collections	2,414,000	2,466,860	52,860	2,466,860	2,466,860	52,860	0
Total, Medical Care (with Collections)	39,135,220	41,203,363	2,068,143	42,821,903	43,703,960	4,568,740	2,500,597
Medical and Prosthetic Research	480,000	442,000	–38,000	555,000	555,000	75,000	113,000
Total, Veterans Health Administration (excluding collections)	37,201,220	39,178,503	1,977,283	40,910,043	41,792,100	4,590,880	2,613,597
General Operating Expenses	1,605,000	1,699,867	94,867	1,985,602	1,896,126	291,126	196,259
Information Technology Systems	1,966,465	2,442,066	475,601	2,164,938	2,442,066	475,601	0
National Cemetery Administration	195,000	180,959	–14,041	251,975	210,250	15,250	29,291
Office of Inspector General	80,500	76,500	–4,000	83,158	89,645	9,145	13,145
Construction, Major Projects	1,069,100	581,582	–487,518	1,275,000	1,092,094	22,994	510,512
Construction, Minor Projects	630,535	329,418	–301,117	621,000	673,718	43,183	344,300
Grants for Construction of State Extended Care Facilities	165,000	85,000	–80,000	200,000	200,000	35,000	115,000
Grants for Construction of State Veterans Cemeteries	39,500	32,000	–7,500	42,000	39,500	0	7,500
Total Departmental Administration	5,751,100	5,427,392	–323,708	6,623,673	6,643,399	892,299	1,216,007
Other Discretionary	155,572	158,237	2,665	160,084	158,237	2,665	0
Total Discretionary (Excludes Collections)	43,107,892	44,764,132	1,656,240	47,693,800	48,593,736	5,485,844	3,829,604

* Amounts attributable to medical collections have been subtracted from the Independent Budget recommendation for Medical Services and added to the MCCF Collections line.

DEPARTMENT OF VETERANS AFFAIRS ACCOUNT COMPARISONS FY2009—FEBRUARY 28, 2008

[In thousands]

Account	FY 2008	Administration's Request	IB	HVAC	HVAC v. IB	HVAC vs. Administration	HVAC v. FY 2008
Medical Services	29,104,220	29,465,503	32,153,138	31,656,100	−497,038	2,190,597	2,551,880
Medical Administration	3,517,000	4,610,000	3,625,762	4,610,000	984,238	0	1,093,000
Medical Facilities	4,100,000	4,661,000	4,576,143	4,971,000	394,857	310,000	871,000
Total, Medical Care	36,721,220	38,736,503	40,355,043	41,237,100	882,057	2,500,597	4,515,880
MCCF Collections	2,414,000	2,466,860	2,466,860	2,466,860	0	0	52,860
Total, Medical Care (with Collections)	39,135,220	41,203,363	42,821,903	43,703,960	882,057	2,500,597	4,568,740
Medical and Prosthetic Research	480,000	442,000	555,000	555,000	0	113,000	75,000
Total VHA (Medical Care and Research excluding Collections)	37,201,220	39,178,503	40,910,043	41,792,100	1,764,114	5,114,194	9,212,480
General Operating Expenses	1,605,000	1,699,867	1,985,602	1,896,126	−89,476	196,259	291,126
Information Technology Systems	1,966,465	2,442,066	2,164,938	2,442,066	277,128	0	475,601
National Cemetery Administration	195,000	180,959	251,975	210,250	−41,725	29,291	15,250
Office of Inspector General	80,500	76,500	83,158	89,645	6,487	13,145	9,145
Construction, Major Projects	1,069,100	581,582	1,275,000	1,092,094	−182,906	510,512	22,994
Construction, Minor Projects	630,535	329,418	621,000	673,718	52,718	344,300	43,183
Grants for Construction of State Extended Care Facilities	165,000	85,000	200,000	200,000	0	115,000	35,000
Grants for Construction of State Veterans Cemeteries	39,500	32,000	42,000	39,500	−2,500	7,500	0
Total, Departmental Administration	5,751,100	5,427,392	6,623,673	6,643,399	19,726	1,216,007	892,299
Other Discretionary	155,572	158,237	160,084	158,237	−1,847	0	2,665
Total, VA Discretionary	43,107,892	44,764,132	47,693,800	48,593,736	899,936	6,330,201	10,107,444

*Amounts attributable to medical collections have been subtracted from the Independent Budget recommendation Medical Services and added to the MCCF Collections line.

REPUBLICAN LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, February 28, 2008

Hon. JOHN SPRATT,
Chairman, Committee on the Budget
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to House Rule X, clause 4(f)(1), I herewith submit to the Committee on the Budget the Views and Estimates of the Republican Members of the Committee on Veterans' Affairs regarding the Administration's FY 2009 budget request with regard to programs and matters within the jurisdiction of the Committee, along with Supplemental Views and Estimates.

In recommending record discretionary funding for veterans' health care and benefits, the Republican Budget Views and Estimates reflects our enduring priorities: to care for veterans who have service-connected disabilities, those with special needs, and the indigent; to ensure a seamless transition from military service to the care of the Department of Veterans Affairs (VA); and to provide veterans every opportunity to live full, healthy lives.

We look forward to working with the Committee's Majority Members as well as the Members of the Budget Committee to put forth a budget that will honor and enhance the lives of our nation's veterans, as well as remain fiscally responsible to the American taxpayer.

Sincerely,

Steve Buyer, *Ranking Republican Member*; Cliff Stearns, Deputy Ranking Republican Member; Jerry Moran, Committee Member; Henry E. Brown, Jr., Committee Member; Jeff Miller, Ranking Republican Member, Subcommittee on Health; John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity; Ginny Brown-Waite, Ranking Republican Member, Subcommittee on Oversight & Investigations; Michael R. Turner, Committee Member; Brian P. Bilbray, Committee member; Doug Lamborn, Ranking Republican Member, Subcommittee on Disability Assistance and Memorial Affairs; Gus M. Bilirakis, Committee Member; Vern Buchanan, Committee Member.

REPUBLICAN VIEWS AND ESTIMATES FOR FISCAL YEAR 2009

February 28, 2008

OVERVIEW

For veteran's healthcare and program costs in FY 2009, the Republican Members of the Committee on Veterans' Affairs recommend $3.831 billion above the Administration's request for discretionary spending in FY 2009. In addition, we recommend $2 billion for a legislative initiative to modernize GI Bill education and

training benefits for servicemembers of the Reserves and National Guard.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

Veterans Benefits Administration

Mandatory Funding

The Veterans Benefits Administration (VBA) administers a broad range of non-medical benefits to veterans, their dependents, and survivors through 57 regional offices. These programs include disability compensation, non service-connected pension, education, vocational rehabilitation, burial, insurance, and home loan guaranty.

The Republican Members support the Administration's FY 2009 budget request of $46.4 billion in mandatory funding for veterans' programs, a 3.5 percent increase over the enacted level for FY 2008, except for the additional $2 billion we recommend to modernize the GI Bill.

Discretionary Funding

With the exception of the recommendations noted below, the Republican Members support the Administration's FY 2009 request of $1.371 billion in discretionary funding for the management of the benefits programs—disability compensation, pension, education, vocational rehabilitation and employment, housing, burial, and life insurance.

Disability Compensation and Pension Service—The Administration requests $1.113 billion in budget authority to fund the discretionary portion of the disability compensation, pension, and burial programs. This includes administrative expenses for 12,120 Full Time Equivalent Employees (FTEE), an overall increase of 703 FTEE over the FY 2008 level. This increase includes an additional 694 Direct FTEE over the FY 2008 level.

For FY 2009, VBA projects receipt of 872,002 claims, an increase of 17,098 claims over FY 2008 levels. Though the accumulation of the claims backlog has slowed, the Republican Members remain concerned that VBA still has an inventory of over 400,000 claims. Of this inventory, 103,410 claims (or 25.8 percent), have been pending over 180 days.

VBA intends to address this large workload in three ways:

First, VBA plans to enhance its use of information technology to help with claims processing. VBA plans to increase collaboration with the Department of Defense to obtain medical and discharge information electronically. VBA will also begin funding a paperless claims processing initiative (known as Virtual VA), which will reduce reliance on burdensome paper claims files. Additionally, VBA will utilize rules-based technology to help claims adjudicators make rating decisions in a more accurate and timely manner. VA has spent more than $600 million over the past decade in an attempt to automate the compensation and pension (C&P) claims processing system. This complicated, paper-driven process is more than twenty-five years old.

The Republican Members applaud this initiative, which reflects our long-held position favoring increased use of information tech-

nology, and recommend an additional $10 million to fund this initiative. This increase is reflected in our recommended increase in the Virtual VA account of the Office of Information and Technology.

Second, VBA expects to reduce the backlog of claims by continuing to consolidate all original pension claims processing to three pension maintenance centers. This will take the burden of adjudicating pension claims off regional offices.

Third, VBA expects to reduce the backlog by continuing to train and prepare the 2,900 direct FTEE that VBA plans to hire for C&P service by the end of FY 2009. This includes funding for 1,830 direct FTEE for C&P service that was appropriated with the contingent emergency funding in the Consolidated Omnibus Appropriations Act of 2008.

All three of these are part of VBA's overall strategy to reduce the average processing time for C&P claims to 145 days. This would represent a thirty eight day (or 26 percent) improvement in processing timeliness from FY 2007, and a twenty seven day (or 18 percent) reduction in the amount of time required to process claims in FY 2008. The Republican Members believe that in order to realistically reach this strategic goal the C&P service will need additional FTEE and recommend an additional $31.2 million to fund an additional 300 FTEE for the C&P service.

Since it takes new raters an average of up to two years before most C&P employees become fully productive, increased training of new hires is vital to reducing the backlog. Therefore, the Republican Members recommend an additional $8 million for Training and Performance Support Systems, and an additional $2 million for skills certification. The Republican Members also recommend an additional $1.88 million to fund 20 additional FTEE for VBA's National Training Academy in Baltimore, MD.

The Republican Members recognize that additional direct compensation FTEE will not improve quality, accuracy, and timeliness in claims processing without corresponding increases in training resources.

Intergovernmental Partnerships—The Republican Members recommend $15 million for a pilot program to explore the feasibility of intergovernmental partnerships in the development of compensation and pension claims between VA and municipal, county and state veterans departments and service officers, as well as veterans' and military service organizations. This pilot program would also use information technology to assist in the development and transmittal of veterans claims to VA regional offices. We recommend the pilot occur in three states: New York, Missouri, and Wyoming, or other states with varied veteran demographics. This expanded pilot would build on findings from the 2002 intergovernmental pilot conducted between the VA regional office in Buffalo and the New York State Division of Veterans Affairs.

Veterans Choice in Filing Pilot Program—The Republican Members also recommend $5 million for a two-year pilot program where veterans who live in the jurisdiction of VA regional offices in New York, NY; Newark, NJ; Atlanta, GA; and Detroit, MI would be able to submit their disability claims to any VA regional office for adju-

dication. This pilot program would give veterans a choice about where they would like to have their claim adjudicated.

Systematic Technical Accuracy Review (STAR) Reviews—STAR reviews are one of many ways that VBA reviews the quality of their ratings decisions. Despite the recent increase in the number of STAR reviews, the Republican Members believe that too much emphasis is placed on the number of claims decided by VBA instead of the quality of decisions made. The Republican Members would rather the adjudication of a disability claim take longer and be right than not take as long and be wrong. The Republican Members recommend $4 million to increase the number of claims reviewed by STAR reviewers and increase the amount of STAR staff training at regional offices.

Education Service—The Republican Members were pleased with the results of the pilot call center project during FY 2007 and understand VA intends to implement a permanent education call center in Muscogee, OK during FY 2008. They believe this project is vital to continuing the progress made in reducing the processing times for education claims. VBA estimates a workload increase of about 13,000 education claims, but the Administration requests only 23 additional direct support FTEE. As of February 11, 2008, the backlog of education claims was nearly 66,000, and average processing times for original and supplemental claims were 24 and 11 days respectively, with targets of 19 and 10 days. While this is an improvement over the previous year, it is insufficient to meet the needs of veterans. Passage of the FY 2008 National Defense Authorization Act included several provisions such as post-discharge use of chapter 1607 education benefits for members of the Guard and Reserves that will increase the workload of the Education Service.

It is difficult to determine the exact magnitude of the increased workload due to those provisions and expanding participation in nearly all other education programs administered by VA. However, the continuing loss of experienced staff from retirements, increased workloads, staffing the call center and the pending backlog of claims convince the Republican Members that an additional 160 FTEE are needed for the Education Service with a projected discretionary cost of $12.32 million.

Vocational Rehabilitation and Employment Service—With the continuing Global War on Terror producing large numbers of severely wounded service Members and the challenges entailed in rehabilitating those with multiple trauma including significant numbers of traumatic brain injury, the Republican Members are disappointed that the Administration did not request additional staff for the VR&E program. We applaud the Department's continuing efforts to realign functions and duties to allow counseling and employment staff to concentrate on increasing rehabilitation rates. However, we believe current average caseload, which now exceeds 130 per counselor nationally, should be not more than 100 per counselor to provide appropriate levels of service including oversight of cares served through contract counselors. Therefore, we recommend $13.5 million to fund an additional 150 professional level FTEE. The Republican Members also recommend an addi-

tional $18.02 million to contract for continued rehabilitation services for veterans.

Loan Guaranty Service—The Republican Members recommend an additional 40 FTEE at a cost of $3.656 million to improve the percentage of loans transmitted through VA's Foreclosure Avoidance through Closing (FAC) system within the Loan Guaranty Service.

VA–USOC Military Paralympic Program—This coming summer, America's Olympic and Paralympic teams will compete in the Beijing Olympics. In 2005, at the urging of then Chairman Buyer, VA signed a Memorandum of Understanding (MOU) with the US Olympic Committee (USOC) to begin a cooperative effort to increase disabled veteran participation in sports at all levels, including elite events such as the Paralympics.

Over the three years since the MOU, the USOC has held a series of military sports summits for recently-injured veterans of the War on Terror, and VA has assisted by providing medical and recreational therapy staff and disabled veterans undergoing rehabilitation. As a result of this collaboration, as well as interest by the disabled veteran's community in general, it is possible that as many as eight disabled veterans will compete in Beijing.

Competition at elite levels of athletic events requires significant dedication to training, especially for service-disabled athletes. Therefore, we believe it is appropriate for VA to defray expenses for service-disabled athletes participating at elite levels in the program. We estimate the cost at $2 million per year. The Republican Members also recommend an additional $5 million to improve opportunities for these veterans to participate in sporting or other special events. To facilitate these opportunities the Republican Members recommend an additional $1.05 million to fund and additional 10 FTEE for the National Programs and Special Events.

Board of Veterans' Appeals

The Administration requests $64.744 million to support 487 FTEE for the Board of Veterans' Appeals (BVA), an increase of $2.475 million and 21 FTEE over FY 2008 level. The Republican Members recommend an additional $14.865 million to support an additional 113 FTEE for a total BVA staffing of 600 FTEE. The BVA provides independent reviews of VA regional office decisions and makes the final administrative decision on behalf of the Secretary of Veterans Affairs. While BVA has made improvements, it continues to experience difficulties meeting the production levels. We believe that additional staff is necessary if BVA is to provide timely and accurate decisions to veterans and their families. The Republican Members recommend $79.609 million for the BVA program account.

National Cemetery Administration

The Administration requests $425 million in discretionary funding for the National Cemetery Administration (NCA). This includes $181 million for operations and maintenance of VA's national cemeteries and 1,603 FTEE, a decrease of $14 million and increase of 51 FTEE over the FY 2008 level. This also includes $25 million in

minor construction to address cemetery infrastructure improvements. The administration also requested $6 million to create an advance planning account that will give NCA flexibility in purchasing land for future cemeteries.

Cemetery Operations and Maintenance—The Republican Members recommend an additional $19 million to the Administration's request of $181 million for a total of $200 million for NCA operations and maintenance, and an additional $144 million for minor construction.

NCA Major Construction and Gravesite Expansion—The Republican Members recommend an additional $100 million to accelerate VA's five-year strategic plan to fund National Cemetery gravesite expansion. VA will inter an estimated 111,000 veterans in 2009, with similar projections for the near future, most from our "Greatest Generation." The Republican Members believe accelerated expansions are an appropriate response to assure veterans a final resting place in a national shrine. Expansions funded in FY 2009 would include National Cemeteries in Annville, PA, Fort Mitchell, AL, Dayton, OH, Kent, WA, Triangle, VA, Houston, TX, Elwood, IL, St. Louis, MO, Phoenix, AZ, and Riverside, CA. The Republican Members also recommend an additional $100 million to fund the construction of additional columbarium space for veteran interments in populated areas.

National Shrine Commitment—The Republican Members also recommend an additional $300 million to complete the NCA's National Shrine Commitment. The funding from the commitment would be used on infrastructure projects such as irrigation improvements, renovation of historic structures, and road resurfacing. This additional funding would be part of the NCA's major construction account. The total funding for the NCA major construction account recommended by the Republican Members is $610 million which is $500 million above the administration's request.

Grants for the Construction of State Cemeteries—The Republican Members also recommend an additional $10 million for grants for the construction of state cemeteries for a total of $42 million. This program gives funding to states to build national cemeteries and requires that the state then pay all operation and maintenance costs once the cemetery is built. This program continues to have a waiting list and additional funding would provide better access to veterans cemeteries for veterans and their families.

Veterans Health Administration

For FY 2009, the Administration requests $41.2 billion in appropriations for discretionary spending on veterans' medical care, an increase of $2 billion or 5.4 percent over the FY 2008 appropriated level.

Medical Services—The Administration requests $34.1 billion for medical services. In the FY 2009 request, VA merged the medical services and medical administration appropriation accounts. VA argues that merging these two accounts will improve the budget execution and allow VA to respond rapidly to unanticipated changes in the health care environment throughout the year.

The Republican Members recommend $35.2 billion for medical services which is $1.137 billion above the Administration's request. This increase is recommended as follows:

Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF)—We recommend a $50 million increase to account for the enactment of Public Law 110–181 that extends the period during which combat veterans can receive care in priority category 6 from two to five years from their date of discharge, and provides for multiple requirements for wounded warrior assistance programs. The Administration requests $1.267 billion to meet the needs of veterans from OIF/OEF, an increase of $216 million, or 21 percent from expected costs for FY 2008. The Republican recommendation would bring funding to $1.317 billion for OIF/OEF veterans;

Traumatic Brain Injury (TBI)—We recommend a $50 million increase to support the care of our wounded warriors with TBI and the needs of their family caregivers. VA should establish a centralized policy and procedures to ensure that best practices for both short and long-term TBI rehabilitation are rapidly disseminated and adopted throughout the VA system.

Rural Health Care—We recommend a $200 million increase to improve the access and quality of care for enrolled veterans residing in rural areas. This includes additional funding for the Office of Rural Health and improving access to care by utilizing existing non-VA rural health infrastructure;

Dental Care—We recommend a $100 million increase to provide dental care for the increasing number of returning OIF/OEF servicemembers accessing VA for dental care. Many OIF/OEF active duty, Guard, and Reserve servicemembers are returning with serious dental problems and are not receiving corrective dental care prior to separation from active duty. VA is then obligated to treat these separated servicemembers, often through costly contract care. Although we include this additional funding, we also anticipate enacting legislation that would require VA to seek reimbursement from DoD for the post-deployment dental care VA is providing;

Health Professional Educational Assistance Program—We recommend a $50 million increase to provide scholarships to employees pursing degrees or training in health care disciplines for which recruitment and retention of qualified personnel is difficult. We expect this additional funding to include support for the recruitment and retention of staff to provide mental health care in rural settings;

Mental Health Care—We recommend a $213 million increase for VA to continue to implement the Mental Health Strategic Plan and to enhance efforts to identify and respond to mental health problems of returning OIF/OEF service members, including members of the National Guard and Reserve;

Emergency Care—We recommend a $50 million increase to reimburse certain veterans enrolled in VA health care without a service-connected disability for the cost of emergency treatment received in a non-VA facility until such time as such veterans are transferred to a VA facility;

Medical Patient Workload—We recommend a $100 million increase to provide timely and accessible high-quality health care to

core constituency veterans—the service-connected disabled, injured and indigent;

Prosthetic and Sensory Aids—We recommend a $50 million increase to cover the increased costs of providing, repairing and replacing prosthetics and sensory aids;

Long-term care—We recommend a $200 million increase to support long-term care services;

Medical Care Collections Fund—We recommend a $74 million increase in medical services, as we remain concerned that VA cannot meet its estimated collections goal.

Medical Facilities—We recommend a $400 million increase above the Administration's request of $4.661 billion for necessary costs associated with operating and maintaining VA's health care system infrastructure.

Medical and Prosthetic Research—The Administration requests $442 million in appropriations for medical and prosthetic research, a decrease of $38 million below the FY 2008 appropriated level. We place a high premium on conducting research into injuries and illnesses related to military service that benefit the clinical treatment needs of veterans. While the Department intends to place additional reliance on outside federal grants to realize a net gain in research funding, we recommend an $83 million increase above the Administration's request for a total of $525 million for this program account.

Legislative Proposals—The Administration includes seven new legislative proposals as well as legislative policy proposals from last year. The Republican Members support the seven new health legislative proposals that would: exempt co-payments from all hospice care provided through VA from co-payments; allow VA to pay for specialized residential care and rehabilitation for OEF/OIF veterans in medical foster homes; update HIV testing policy; provide permanent authority for IRS income data matching for VA eligibility determinations; authorize VA to release certain health information to secure third-party reimbursement for care provided by VA; allow "in-lieu-of" reimbursement for certain continuing medical education; and extend the application time for post discharge dental benefits from 90 to 180 days. (The extension of dental benefits has already been enacted in Public Law 110–181.)

The Republican Members continue to reject the three policy proposals that would: allow VA to establish a tiered annual enrollment fee for priority groups 7 and 8 veterans based on family income; increase pharmacy co-payments for priority groups 7 and 8 veterans from $8 to $15 dollars; and eliminate the practice of offsetting or reducing VA first-party co-payment debts with collection recoveries from third-party health plans. These proposals do not reduce the Administration's request for discretionary medical care appropriations. The additional revenue would be classified as mandatory receipts to the Treasury and would not be retained in VA for veterans' health care programs.

VHA Major Construction Projects—The Administration requests $471.5 million for VHA major construction projects. We recommend a $752 million increase above the Administration's request. This increase includes funding to cover increased costs of construction and increased funding for the advanced planning fund for devel-

oping the design of major construction projects including public-private ventures to support the future demand for health care services. This would bring the total to $1.224 billion for this program account or $752 million above the Administration's request.

VHA Minor Construction Projects—The Administration requests $273.418 million for VHA minor construction projects and the Republican Members recommend a $200 million increase over the Administration's request, for a total of $473.418 for this account.

Grants for Construction of State Extended Care Facilities—The Administration requests $85 million in appropriations for grants for the construction of State extended care facilities, the same amount as the FY 2008 appropriated level. The partnership between the Federal government and the States is a long-standing and honored tradition of cost sharing. We recommend a $90 million increase above the Administration's request for a total of $175 million for this account.

Office of Information and Technology

The Republican Members concur with the Administration's request for $2.442 billion for the Office of Information and Technology (OI&T). This should be the last year for appropriations for VETSNET application development. Any further funding should be for code-conversion and operations and maintenance.

Additionally, the Committee recognizes the value of programs designed to reduce the backlog of claims, and provide improved services to veterans. Therefore, we recommend an additional funding amount of $10 million for Virtual VA.

The Republican Members also recommend an additional $100 million for 915 FTEE to provide for information technology services at all VA locations nationwide, and an additional $200 million to be used to consolidate the multiple infrastructures presently in existence at the VA. Without a significant injection of funds to consolidate, the VA will spend at least 10 years to slowly combine these multiple infrastructures into one. The Republican Members also believe in encouraging IT innovation at the outlying VA facilities, and therefore recommend an additional $16 million for field innovation in order to continue a program started in FY 2008 by the Office of Information and Technology.

The Republican Members recommend reducing funding to The Education Expert System (TEES) in the amount of $5.259 million until the VA can articulate a measurable performance outcome for the program for FY 2009.

The total recommended amount for the Office of Information and Technology is $2.762 billion, which is $320 million above the Administration's request.

Office of the Inspector General

The VA Office of Inspector General (OIG) is responsible for the audit, investigation, and inspection of all VA programs and operations. For FY 2009, the Administration requests $76.5 million and 440 FTEE to support the activities of the OIG. This compares with the FY 2008 request of $72.6 million for administrative expenses and 445 FTEE. However, this FY 2009 funding level would result

in a reduction of 48 FTEE from current staffing levels. In order to maintain the current level of audits, inspections, and investigations completed, as well as the monetary benefits identified, Congress would need to provide funding of $84.9 million (an $8.4 million increase over the Administration request). Major audits, reviews and investigations would have to be cancelled should this reduction in staffing occur. During FY 2007, OIG identified over $670.2 million in monetary benefits, for a return of $11 for every dollar expended on OIG oversight. The Republican Members recommend adding $8.9 million in FY 2009, in order to provide for a total of 540 FTEE at a cost of $93.8 million.

Additionally, the Republican Members recognize the importance of forward looking initiatives and investigations provided by the OIG. Therefore, the Republican Members also recommend an additional increase in funding to the OIG by $17.3 million for the following initiatives: $10.3 million and 60 FTEE for DoD/VA Transitional Health Care; $3.5 million and 20 FTEE for information technology security; and $3.5 million and 20 FTEE for acquisition reform. The total funding for the OIG account recommended by the Republican Members is $111.1 million which is $34.6 million above the Administration's request.

General Operating Expenses

The Republican Members recommend an additional $1.03 million be made available to fund an additional 10 FTEE to improve timeliness and customer service at the VA Office of Congressional and Legislative Affairs. The Republican Members also recommend an additional 19 FTEE at a cost of $2.09 million for the Center on Veterans Employment to improve implementation of the service disabled veteran-owned small business provisions in P.L. 109–461. The Republican Members further recommend an additional 10 FTEE for the Office of Small and Disadvantaged Business Utilization to improve small business procurement opportunities within VA at a cost of $1.1 million. These increases combined with other general operating expenses from VBA bring the Republican Member recommendation for general operating expenses to $1.841 billion, which is $142 million above the Administration's request.

UNITED STATES DEPARTMENT OF LABOR—VETERANS' EMPLOYMENT AND TRAINING SERVICE

Homeless Veterans Reintegration Program (HVRP)—The Republican Members are pleased with the increase in HVRP funding that will allow VETS to contract with an additional 7 grantees. The program has been cited by GAO as the most cost-effective employment program for the homeless, placing 65 percent of homeless veterans with an average cost per placement of about $2,400. We recommend an additional $1 million to bring the total number of potential new grantees to 10.

National Veterans Training Institute—In Public Law 109–461, Congress mandated several changes in the state grant program that will require greater training capacity at the National Veterans Training Institute in Denver, CO. The Committee recommends an additional $2 million to fund increased NVTI operations.

USERRA Training and Enforcement—The Veterans Employment and Training Service has primary responsibility for enforcing veterans' employment and reemployment rights under USERRA. Case loads are climbing and additional resources are required to ensure timely resolution of USERRA-related cases. Therefore, we recommend an additional $1 million to fund six additional professional investigators.

State Grants for DVOPS and LVERs & the Transitional Assistance Program—The Republican Members are concerned that the small increases over the past few years have resulted in a gradual reduction in state veterans' employment staff while demands related to the Transition Assistance Program (TAP) continue to increase. The economic downturn will also result in more veterans seeking employment. Therefore, we recommend an additional $1.5 million.

PROPOSED LEGISLATION

GI Bill—During the 109th Congress, the Economic Opportunity Subcommittee conducted a series of hearings and site visits to determine the need to modernize the Montgomery GI Bill (MGIB) for both active duty and members of the Selected Reserve. MGIB benefit levels for active duty members have not nearly kept pace with the increasing cost of higher education, and extensive utilization of the Reserve Components in the Global War on Terror justifies increases in the basic levels of their benefits. Therefore, we propose an additional $2 billion in mandatory spending to improve education benefits. This includes indexing the basic payment at 100 percent of the Department of Education average four year public school cost.

Disability Benefits Reform Bill—The Republican Members propose legislation that will implement disability compensation reform for VA and the Department of Defense. The bill is based on some of the recommendations of the President's Commission on Care of America's Returning Wounded Warriors, also known as the Dole-Shalala Commission and the Veterans Disability Benefits Commission. Our proposal would end dual disability systems run by the Department of Defense (DOD) and Department of Veterans Affairs (VA). Currently, servicemembers who are medically separated receive a physical evaluation and disability rating from their respective branch of service and then typically go to the VA for another physical and disability rating based on service-related conditions. Our proposal would use a single examination and rating, and take DOD out of the disability rating business altogether. Those deemed unfit for service due to injury would receive an annuity from DOD based on rank and years of service. VA would conduct a study to determine appropriate amounts of compensation under a new, modern disability compensation rating schedule. The new schedule would reflect average loss of earning capacity and loss of quality of life due to disability.

Comprehensive Heath and Benefit Improvements—The Republican Members recognize that improvements need to be made in a variety of VA programs so that they meet the emerging needs of both newly returning veterans from recent conflicts and our aging veterans from previous wars. Therefore, the Republican Members

plan to introduce comprehensive legislation that will address a variety of issues facing the VA, including a proposal to provide dental insurance to eligible veterans and expanding contract care for rural veterans. Other proposals will include increased funding for adaptive housing and auto grants, and make adjustments to the Home Loan Guarantee program to bring it in line with current market conditions. In addition, the legislation will address the current claims backlog by increasing training for veteran's service officers, establishing a paperless and rules based adjudication system, and establishing a pilot program to give veterans a choice of where they file their claims. Finally, the proposed legislation will increase the burial plot allowance for veterans.

SUPPLEMENTAL VIEWS OF THE HONORABLE STEVE BUYER

VIEWS AND ESTIMATES FOR FY 2009

February 28, 2008

The Administration's requested FY 2009 budget for veterans' programs includes legislative proposals to change the Department of Veterans Affairs (VA) fee structure for health care. These proposals for certain fees and co-payments are more fully described in the Republican Views and Estimates for FY 2009. According to the legislative proposals, the revenue generated by these fees and co-payments would be mandatory receipts to be deposited in the U.S. Treasury, rather than retained by the VA for the benefit of veterans.

The Administration proposal includes fees and co-payments related to enrollment of category 7 and 8 veterans in VA medical care. Tiered enrollment fees would range from $250 per year for a veteran with an income of $50,000 to $750 per year for a veteran with an income of $100,000 or greater. Copayments for pharmaceuticals would rise from the current $8 to a new level of $15 per 30-day supply. VA would also be authorized to discontinue the current practice of offsetting or reducing a patient's first party co-payment debt from funds received from third-party insurance for non service-connected treatment. I would only support these initiatives to generate $378.7 million in the first year and $5.204 billion over 10 years, if the revenues generated were retained by the VA for its veterans' health care programs.

MESSAGES FROM THE PRESIDENT AND EXECUTIVE COMMUNICATIONS

PRESIDENTIAL MESSAGES

Mar. 4, 2008:

Communication from the President of the United States, transmitting the Administration's 2008 National Drug Control Strategy, pursuant to 21 U.S.C. 1504.

EXECUTIVE COMMUNICATIONS

Jan. 5, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Extension of the Presumptive Period for Compensation for Gulf War Veterans (RIN: 2900–AM47) Received December 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A).

Jan. 5, 2007:

Letter from the Assistant to the Secretary for Regulations Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Filipino Veterans' Benefits Improvements (RIN: 2900–AK65) Received December 29, 2006, pursuant to 5 U.S.C. 801(a)(1)(A).

Jan. 5, 2007:

Letter from the Director of Regulations Management, Office of Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Transfer of Montgomery GI Bill-Active Duty Entitlement to Dependents (RIN: 2900–AM12) Received December 20, 2006, pursuant to 5 U.S.C. 801(a)(1)(A).

Feb. 6, 2007:

Letter from The American Legion, transmitting the financial statement and independent audit of The American Legion proceedings of the 88th annual National Convention of The American Legion, held in Salt Lake City, Utah from August 25–31, 2006, and a report on the Organizations' activities for the year preceding the Convention, pursuant to 36 U.S.C. 49.

Feb. 12, 2007:

Letter from the Chief, Office of Regulation Policy and Management, Department of Veterans' Affairs, transmitting the Department's final rule—Accrued Benefits (RIN: 2900–AM28) Received December 29, 2006, pursuant to 5 U.S.C. 801(a)(1)(A).

Mar. 14, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Traumatic Injury Protection Rider to Servicemembers' Group Life Insurance (RIN 2900–AM36) Received March 7, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Mar. 22, 2007:

Letter from the General Counsel, Department of Defense, transmitting the Department's requested legislative proposals as part of the National Defense Authorization Bill for Fiscal Year 2008.

Mar. 28, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Home Schooling and Educational Institution (RIN: 2900–AM37) Received February 27, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Mar. 28, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Priority for Partial Grants to States for Construction or Acquisition of State Home Facilities (RIN: 2900–AM42) Received February 27, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Mar. 29, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Cost Estimate 06–26 Schedule for Rating Disabilities; Appendices A, B, C (RIN: 2900–AM60) Received March 18, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Apr. 16, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Vocation Rehabilitation and Employment Program—Initial Evaluations (RIN: 2900–AM25) Received March 26, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Apr. 23, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Veterans and Dependent's Education: Topping-Up Tuition Assistance; Licensing and Certification Tests; Duty to Assist Education Claimants (RIN 2900–AK80) Received April 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Apr. 23, 2007:
Letter from the Deputy Secretary of Veterans Affairs, Department of Veterans Affairs and Department of Defense Joint Executive Committee, transmitting a copy of the report for Fiscal Year 2006 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Committee, pursuant to 38 U.S.C. 320.

May 23, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Administration of VA Educational Benefits—Centralized Certification (RIN: 2900–AL43) Received April 25, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

May 23, 2007:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Medical: Informed Consent—Designate Health Care Profes-

sionals to Obtain Informed Consent (RIN: 2900–AM21) Received April 1, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Jun. 7, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Delegations of Authority-National Cemetery Administration (RIN: 2900–AM18) Received March 18, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Jun. 7, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Department of Veterans Affairs Implementation of OMB Guidance on Non-procurement Debarment and Suspension (RIN: 2900–AM44) Received June 4, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Jun. 19, 2007:

Letter from the Adjutant General, the Veterans of Foreign Wars of the U.S., transmitting proceedings of the 107th National Convention of the Veterans of Foreign Wars of the United States, held in Reno, Nevada, August 26–August 31, 2006, pursuant to 36, U.S.C. 118 and 44 U.S.C. 1332.

Jul. 17, 2007:

Letter from the Secretary, Department of Labor, transmitting the 2005 Annual Report of the Assistant Report of the Assistant Secretary for Veterans' Employment and Training of the Department of Labor, pursuant to 38, U.S.C. 4107(c).

Jul. 17, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "To amend title 38, United States Code, to improve veterans' health care benefits, and for other purposes."

Jul. 23, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Data Breaches (RIN: 2900–AM63) Received June 25, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Jul. 25, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Increase in Rates Payable Under the Montgomery GI Bill-Selected Reserve and Other Miscellaneous Issues (RIN: 2900–AM50) Received July 18, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Aug. 3, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill to clarify the requirements for special monthly pension based on age and disability.

Aug. 3, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "Agent Orange Equitable Compensation Act."

Aug. 3, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "Veterans' Pride Initiative Act."

Sept. 25, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill, "to enhance the functioning and integration of formerly homeless veterans who reside in permanent housing, and for other purposes."

Oct. 10, 2007:

Letter from the Director, Regulations Management, Office of Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Disclosure of Information to Organ Procurement Organizations (RIN: 2900 AM65) Received September 4, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Oct. 24, 2007:

Letter from the Assistant Secretary for Reserve Affairs, Department of Defense, transmitting the biennial report entitled, "Report on the Montgomery G.I. Bill for Members of the Selected Reserve" for Fiscal Year 2006, pursuant to 10 U.S.C. 16137 Public Law 106–65, Sec. 546.

Oct. 29, 2007:

Letter from the Director of Regulations Management Office of Regulation Policy and Management, VA Department of Veterans Affairs, transmitting the Department's final rule—Government-Furnished Headstone and Marker Regulations (RIN: 2900–AM64) Received September 18, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Oct. 29, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Accreditation of Service Organization Representatives and Agents (RIN: 2900–AM29) Received October 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Dec. 4, 2007:

Letter from the National Adjutant, the Disabled American Veterans, transmitting the 2006 National Convention Proceedings of the Disabled American Veterans, pursuant to 36 U.S.C. 90i and 44 U.S.C. 1332.

Dec. 10, 2007:

Letter from the Acting Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "America's Wounded Warriors Act."

Dec. 11, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Reasonable Charges for Medical Care or Services (RIN: 2900–AM35) Received December 3, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Dec. 12, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Transfer of Duties of Former VA Board of Contract Appeals (RIN: 2900–AM73) Received November 19, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Dec. 17, 2007:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Extension of the Presumptive Period for Compensation for Gulf War Veterans (RIN: 2900–AM47) Received December 4, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Dec. 19, 2007:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "Veterans' Authorities Expansion Act of 2007."

Jan. 15, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Veterans Education: Incorporation of Miscellaneous Statutory Provisions (RIN: 2900–AL28) Received January 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A).

Jan. 18, 2008:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill, "To amend title 38, United States Code, to establish within the Department of Veterans Affairs, the position of Assistant Secretary for Acquisition, Logistics, and Construction, and for other purposes."

Jan. 18, 2008:

Letter from the Director, Office Personnel Management, transmitting the Office's Fiscal Year 2006 annual report on Veteran's Employment in the Federal Government.

Jan. 29, 2008:

Letter from the Director of Regulations Management, Office of Regulation Policy and Management, VA, Department of Veterans Affairs, transmitting the Department's final rule—Dependents' Educational Assistance (RIN: 2900–AM72) Received January 4, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jan. 29, 2008:

Letter from the Director of Regulations Management (00REG), Department of Veterans Affairs, transmitting the Department's final rule—Education: Approval of Accredited Courses for VA Education Benefits (RIN: 2900–AM80) Received January 4, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jan. 29, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—VA Acquisition Regulation: Plain Language Rewrite (RIN: 2900–AK78) Received January 4, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Feb. 7, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Loan Guaranty: Loan Servicing and Claims Procedures Modifications (RIN: 2900–AL65) Received January 28, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Feb. 12, 2008:

Letter from The American Legion, transmitting the financial statement and independent audit of The American Legion proceedings of the 89th annual National Convention of The American Legion, held in Reno, Nevada, from August 24–30, 2007, and a report on the Organization's activities for the year preceding the Convention, pursuant to 36 U.S.C. 49.

Feb. 27, 2008:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill to authorize major medical facility projects for the Department of Veterans Affairs for fiscal year 2009.

Apr. 15, 2008:

Letter from the Chairman, Board of Veterans' Appeals, Department of Veterans Affairs, transmitting a copy of the Report of the Chairman for fiscal year 2007.

Apr. 15, 2008:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "To amend title 38, United States Code, to improve veterans' health care benefits and for other purposes."

Apr. 18, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Data Breaches (RIN: 2900–AM63) Received April 14, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

May 19, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Notice and Assistance Requirements and Technical Correction (RIN: 2900–AM17) Received April 30, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

May 20, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Accreditation of Agents and Attorneys: Agent and Attorney Fees (RIN: 2900–AM62) Received May 13, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

May 20, 2008:

Letter from the Director, Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Provision of Hospital Care and Medical Services During Certain Disasters or Emergencies (RIN: 2900–AM40) Received May 9, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

May 20, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—VA Veteran-Owned Small Business Verification Guidelines (RIN: 2900–AM78) Received May 9, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

May 20, 2008:

Letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill entitled, "The Veterans' Benefits Enhancement Act of 2008."

May 20, 2008:

Letter from the Acting General Counsel, Department of Defense, transmitting a copy of legislative proposals that would implement initiatives concerning military spousal benefits presented by the President of the United States in his State of the Union Address.

May 21, 2008:

Letter from the Director, Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Graves Marked with a Private Headstone or Marker (RIN: 2900–AM93) Received May 14, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jun. 3, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Survivors' and Dependents' Educational Assistance Program Period of Eligibility for Eligible Children and Other Miscellaneous Issues (RIN: 2900–AL44) Received May 27, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jun. 10, 2008:

Letter from the General Counsel, Department of Defense, transmitting the Department's requested legislative proposals as part of the National Defense Authorization Bill for Fiscal Year 2009.

Jun. 25, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Prohibition of Interment or Memorialization in National Cemeteries and Certain State Cemeteries Due to Commission of Capital Crimes (RIN: 2900–AM86) Received June 19, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jul. 9, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Beneficiary Travel Under 38 U.S.C. 111 Within the United States (RIN: 2900–AM02) Received July 1, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Jul. 16, 2008:

Letter from the Adjutant General, the Veterans of Foreign Wars of the U.S., transmitting proceedings of the 108th National Convention of the Veterans of Foreign Wars of the United States, held in Kansas City, Missouri, August 18–23, 2007, pursuant to 36 U.S.C. 118 and 44 U.S.C. 1332.

Jul. 21, 2008:

Letter from the Assistant Secretary for Veterans' Employment and Training, Department of Labor, transmitting the 2006 and 2007 annual report on the Department's Veterans' Employment and Training Service, pursuant to 38 U.S.C. 4107(c).

Jul. 21, 2008:

Letter from the Deputy Secretary, Department of Veterans Affairs and Department of Defense, transmitting a copy of the report for Fiscal Year 2007 regarding the activities and accomplishments of the Department of Veterans Affairs and Department of Defense Joint Executive Committee, pursuant to 38 U.S.C. 320.

Jul. 31, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Supplemental Statement of the Case (RIN: 2900–AM49) Received July 18, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Sept. 8, 2008:

Letter from the Disabled American Veterans, transmitting the 2008 National Convention Proceedings of the Disabled American Veterans, pursuant to 36 U.S.C. 90i and 44 U.S.C. 1332.

Sept. 25, 2008:

Letter from the Director, Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Schedule of Rating Disabilities; Evaluation of Residuals of Traumatic Brain Injury (TBI) (RIN: 2900–AM75) Received September 23, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Sept. 25, 2008:

Letter from the Director, Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Presumption of Service Connection for Amyotrophic Lateral Sclerosis (RIN: 2900–AN05) Received September 19, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Sept. 25, 2008:

Letter from the Assistant Secretary of the Army, Department of Defense, transmitting a report entitled, "Report on Alternative Measures to Address Cracks in the Monument at the Tomb of the Unknowns at Arlington National Cemetery, Virginia," pursuant to Public Law 110–181, Section 2873.

Sept. 26, 2008:

Letter from the Director, Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Schedule for Rating Disabilities; Evaluation of Scars (RIN: 2900–AM55) Received September 19, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Sept. 29, 2008:

Letter from the Director, Office of Agency Management and Budget, Department of Labor, transmitting the Department's final rule—Annual Report From Federal Contractors (RIN: 1293–AA12) Received September 26, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Schedule for Rating Disabilities; Eye (RIN: 2900–AH43) Received November 5, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Grants to States for Construction and Acquisition of State Home Facilities (RIN: 2900–AJ43) Received October 7, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Posttraumatic Stress Disorder (RIN: 2900–AN04) Received October 29, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Board of Veterans' Appeals: Expedited Claims Adjudication Initiative—Pilot Program (RIN: 2900–AM77) Received November 5, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Civilian Health and Medical Program of the Department of Veterans Affairs (RIN: 2900–AM22) Received November 5, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Disclosure of Information to Organ, Tissue and Eye Procurement Organizations (RIN: 2900–AM65) Received November 7, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 19, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Dental Care-Provision of One-Time Outpatient Dental Care for Certain Veterans (RIN: 2900–AM95) Received October 7, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 20, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Increase in Rates Payable Under the Montgomery GI Bill Active Duty and Other Miscellaneous Issues (RIN: 2900–AM45) Received November 5, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 20, 2008:
Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Elimination of Co-payment for Weight Management Counseling (RIN: 2900–AM59) Received November 5, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Nov. 20, 2008:

Letter from the Acting Director, Office of Personnel Management, transmitting a report entitled, "Employment of Veterans in the Federal Government—Fiscal Year 2007."

Dec. 9, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Servicemembers' Group Life Insurance Traumatic Injury Protection Program (RIN: 2900–AN00) Received November 25, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

Dec. 9, 2008:

Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Assistance to States in hiring and Retaining Nurses at State Veterans Homes (RIN: 2900–AM26) Received December 2, 2008, pursuant to 5 U.S.C. 801(a)(1)(A).

STATISTICAL DATA—WAR VETERANS AND DEPENDENTS

Current information on statistical data on War Veterans and Dependents can be found on the Web at http://www1.va.gov/opa/fact/amwars.asp. Listed below is the current information as of November 2008.

AMERICAN REVOLUTION (1775–1783)

Total U.S. Servicemembers	[1] 217,000
Battle Deaths	4,435
Non-mortal Woundings	6,188

WAR OF 1812 (1812–1815)

Total U.S. Servicemembers	286,730
Battle Deaths	2,260
Non-mortal Woundings	4,505

INDIAN WARS (approx. 1817–1898)

Total U.S. Servicemembers (VA estimate)	106,000
Battle Deaths (VA estimate)	1,000

MEXICAN WAR (1846–1848)

Total U.S. Servicemembers	78,718
Battle Deaths	1,733
Other Deaths (In Theater)	11,550
Non-mortal Woundings	4,152

CIVIL WAR (1861–1865)

Total U.S. Servicemembers (Union)	2,213,363
Battle Deaths (Union)	140,414
Other Deaths (In Theater) (Union)	224,097
Non-mortal Woundings (Union)	281,881
Total Servicemembers (Conf.)	[2] 1,050,000
Battle Deaths (Confederate)	[3] 74,524
Other Deaths (In Theater) (Confederate)	[3, 4] 59,297
Non-mortal Woundings (Confederate)	Unknown

SPANISH-AMERICAN WAR (1898–1902)

Total U.S. Servicemembers (Worldwide)	306,760
Battle Deaths	385
Other Deaths in Service (Non-Theater)	2,061
Non-mortal Woundings	1,662

WORLD WAR I (1917–1918)

Total U.S. Servicemembers (Worldwide)	4,734,991
Battle Deaths	53,402
Other Deaths in Service (Non-Theater)	63,114
Non-mortal Woundings	204,002
Living Veterans	1

WORLD WAR II (1941–1945)

Total U.S. Servicemembers (Worldwide)	16,112,566
Battle Deaths	291,557
Other Deaths in Service (Non-Theater)	113,842
Non-mortal Woundings	671,846
Living Veterans	[5] 2,306,000

KOREAN WAR (1950–1953)

Total U.S. Servicemembers (Worldwide)	5,720,000
Battle Deaths	33,739
Other Deaths (In Theater)	2,835
Other Deaths in Service (Non-Theater)	17,672
Non-mortal Woundings	103,284
Living Veterans	2,307,000

VIETNAM WAR (1964–1975)

Total U.S. Servicemembers (Worldwide)	[6] 8,744,000
Deployed to Southeast Asia	[7] 3,403,000
Battle Deaths	[8] 47,434
Other Deaths (In Theater)	[8] 10,786
Other Deaths in Service (Non-Theater)	[8] 32,000
Non-mortal Woundings	[9] 153,303
Living Veterans	[5, 10] 7,125,000

DESERT SHIELD/DESERT STORM (1990–1991)

Total U.S. Servicemembers (Worldwide)	2,322,000
Deployed to Gulf	694,550
Battle Deaths	147
Other Deaths (In Theater)	235
Other Deaths in Service (Non-Theater)	1,590
Non-mortal Woundings	467
Living Veterans	[5, 10] 2,269,000

AMERICA'S WARS TOTAL (1775–1991)

U.S. Military Service during Wartime	41,891,368
Battle Deaths	651,030
Other Deaths (In Theater)	308,800
Other Deaths in Service (Non-Theater)	230,279
Non-mortal Woundings	1,431,290
Living War Veterans	17,456,000
Living Veterans (Periods of War & Peace)	23,442,000

GLOBAL WAR ON TERROR (OCT. 2001–)

(Data as of June 30, 2008)

Total U.S. Servicemembers (Worldwide)	1,385,122
Deployed to Iraq & Afghanistan	214,800

(Data as of December 6, 2008)

Battle Deaths	3,797
Other Deaths (In Theater)	1,026
Non-mortal Woundings	33,476

(The Global War on Terror (GWOT), including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), are ongoing conflicts.)

NOTES:
[1] Exact number is unknown. Posted figure is the median of estimated range from 184,000–250,000.
[2] Exact number is unknown. Posted figure is median of estimated range from 600,000–1,500,000.
[3] Death figures are based on incomplete returns.
[4] Does not include 26,000 to 31,000 who died in Union prisons.
[5] Estimate based upon new population projection methodology.
[6] Covers the period 8/5/64–1/27/73 (date of cease fire).
[7] Department of Defense estimate.
[8] Covers period 11/1/55–/15/75.
[9] Excludes 150,341 not requiring hospital care.
[10] VA estimate, as of 5/08, does not include those still on active duty and may include veterans who served in Iraq and Afghanistan.

Source: Department of Defense (DOD), except living veterans, which are VA estimates as of September 2008.

U.S. VETERANS AND DEPENDENTS ON BENEFITS ROLLS

[As of September 2008]

	Veterans	Children	Parents	Surviving spouses
Civil War	.....	2	.....	.....
Indian Wars	.....	.....	.....	.....
Spanish-American War	.....	94	.....	90
Mexican Border	.....	15	.....	60
World War I	.....	3,169	.....	4,873
World War II	274,052	14,403	117	223,895
Korean Conflict	156,842	3,170	257	60,948
Vietnam Era	1,015,151	8,843	2,932	165,376
Gulf War [1]	896,288	13,688	926	15,945
Non service-connected	315,763	18,103	2	182,236
Service-connected	2,951,587	28,016	5,385	320,979

[1] For compensation and pension purposes, the Persian Gulf War period has not yet been terminated and includes veterans of Operations Iraqi and Enduring Freedom.

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