

FY 2011 Defense Appropriations-Military Construction & VA Request

1. **Project Name:** Welding School Shop Consolidation
Project Location: Pearl Harbor, Hawaii
Project Purpose: For the renovation and construction of a building to house the welding school. The current buildings, 92 (built 1926), 391 (built 1942), 392 (built 1942) and 388 (built 1944) are semi-permanent structures and are part of the Region's FY09 Demolition program. These old and deteriorating structures have created safety concerns.
Request: \$5.780 million
2. **Project Name:** Modify Building 39 for Fleet S9G FIDE Trainer
Project Location: Pearl Harbor, Hawaii
Project Purpose: This project will construct an area within a portion of the second floor of Building 39 at NAVSTA Pearl Harbor, Ford Island to house a S9G Submarine Fleet Interactive Display Equipment (FIDE) trainer, administrative and classroom spaces for associated personnel and trainer space support equipment. A FIDE is required to: train Fleet operators to perform a full range of operational, abnormal, and casualty scenarios that cannot be performed, or as effectively executed on the shipboard propulsion plant; make up for the loss of steaming time by providing realistic training opportunities to improve and maintain crew proficiency and enhance individual and watch team operational readiness, by permitting the execution of complex casualty control drills; allows crews to be able to devote more of their limited underway time to those plant evolutions that can be performed only at sea; provide for training for qualification and recertification of crews and shipyard personnel for Submarines currently undergoing refit and overhaul at the Pearl Harbor Naval Shipyard.
Request: \$3.960 million
3. **Project Name:** Replace North LP Electrical Distribution System
Project Location: Pacific Missile Range Facility
Project Purpose: Project replaces the existing primary incoming electrical power distribution system and transformer, and the 50-year old electrical distribution system with a more reliable and secure underground distribution system. Reconfiguration of the electrical power system will provide optimal system safety, decreased power system downtime, increased ease of maintenance and increased reliability.
Request: \$10.310 million

4. **Project Name:** Equipment Maintenance and Storage Facility
Project Location: Pohakuloa Training Area, Hawaii
Project Purpose: Funding will allow the construction of an equipment storage facility at the Pohakuloa Training Area (PTA) on the Big Island of Hawaii. It would save in transportation and manpower costs by allowing the storage of Marine Corps equipment at the training facility reducing the need to transport equipment from home base to the training area.
Request: \$8.370 million

5. **Project Name:** Breach Ku Tree Dam
Project Location: Schofield Barracks, Hawaii
Project Purpose: Funding will allow the planning and design work for a channel structure at Ku Tree Dam and Reservoir. This project is required to provide a long term and permanent solution to the unsafe conditions at the Ku Tree Dam and Reservoir. Ku Tree Dam and Reservoir were originally constructed as a source of water supply for the U.S. Army at Schofield Barracks. In 1938, a deep well pumping station was constructed and became the potable water supply source for the Army.
Request: \$0.9 million

6. **Project Name:** Construct Pre-Fabricated Bridge at Nohili Ditch
Project Location: Pacific Missile Range Facility
Project Purpose: Funding will allow the planning and design work for a pre-fabricated, 6 m by 24.4 m two-lane bridge to replace the one in place. Nohili Road serves as the primary north-south roadway system for the Pacific Missile Range Facility (PMRF) at Barking Sands, Kauai. PMRF currently supports research for missile defense programs for the Kauai Testing Facility (KTF) located on the northern end of PMRF. The only access to KTF is via North Nohili Road across Nohili Bridge. Missile components are transported via Nohili Road and assembled at the MAB facilities, subjecting the road to large heavy loads.
Request: \$0.3 million

Family Caregivers. The Committee is in the final stages of bringing forward a compromise version of S. 1963, which would establish a caregiver program within VA. This program would authorize VA to provide training and supportive services to family members and other loved ones who wish to care for a disabled veteran in the home. The newly authorized supportive services would include training and certification, a living stipend, and health care – including mental health counseling, transportation benefits, and respite. The Committee believes the score assigned to this legislation by the Congressional Budget Office (CBO) is incorrect due to several errors in interpretation, including:

- Grossly overestimating the population of veterans who will be eligible for caregiver services. A more correct estimate provided by Center for Naval Analyses (CNA) is 720 veterans per year as opposed to 48,850 as estimated by CBO. CBO and VA assume that the proposed new program will apply to all injured veterans regardless of how seriously they are injured or when they were injured. The legislation clearly states it applies only to “seriously injured or very seriously injured” (SI/VSI) veterans who were injured or aggravated an injury in the line of duty on or after September 11, 2001.
- Overestimating the length of time a veteran will require caregiver services. CBO and VA assume it will be indefinite. CNA’s study finds the average requirement is for 18 months. Only 43 percent of veterans require caregiver services in the long-term.
- CBO also assumes that all enrolled veterans will need a full-time caregiver, whereas CNA has found that, on average, veterans need only 21 hours of services per week.

Based on these points, I strongly recommend funding the new caregiver program using the Committee’s estimate of \$57 million in FY11.

Medical and Prosthetic Research. VA medical and prosthetic research is key to advancing health care in the nation, not only for veterans but for the population at large. I am concerned by the Administration’s request for only an additional \$9 million over the FY10 funding level, with no planned increase in FTE. I recommend \$34.5 million over the FY10 level, for a total of \$624.5 million for FY11.

An Integrated Approach to PTSD-TBI. Returning servicemembers from Iraq and Afghanistan have a one-in-eight chance of having PTSD or a TBI. The statistics for Pacific Islanders, especially Samoans, are even worse. Other conditions affecting the brain, such as substance abuse and other disorders are also common among Pacific Islander veterans. I believe it would benefit all veterans to have an integrated approach to diagnosing and treating PTSD and TBI, especially when an individual is suffering from the two conditions. An ideal forum for carrying out such an effort would be the VA’s Pacific Island Division of the National Center for PTSD, working with the University of Hawaii. I urge that the Committee direct that such an effort be undertaken.

Women Veterans Health Care Technology. While VA is currently working on any number of important improvements to women's health care, I highlight the advantages of digital colposcopy. This device images a woman's cervix with digital technology, allowing providers to detect cervical cancer at an earlier stage. Some digital colposcopies on the market today are compatible with VA's electronic medical record, allowing providers to compare abnormalities from visit to visit. I urge the Committee to provide funding for this important advance in women's health care.

Virtual Colonoscopy. This non-invasive technology to accurately detect colorectal cancer has been used since 2005, with President Obama choosing to use this method himself just last February. Given the high prevalence of colorectal cancer in the veterans' population and the fact that fewer than half of those age 50 and older who should be screened for the disease opt to receive the traditional exams, it would behoove VA to more actively use this technology. I urge the Committee to fund efforts to make this technology more available throughout VA.

Inspector General. The VA Office of Inspector General has contributed significantly to management effectiveness throughout VA. Its independent oversight of VA's programs and activities has resulted in a return on investment over the last three years of \$128 for every \$1 spent. I recommend an additional \$18.3 million above the amount included in the President's request. Funding at this level will allow for an additional 100 FTE to support additional auditors, health care inspectors, and criminal investigators to ensure enhanced quality and safety of VA health care and services.

Vocational Rehabilitation and Employment. The Vocational Rehabilitation and Employment (VR&E) Program provides training, education, and other services to enable veterans to obtain and maintain employment after sustaining service-connected disabilities. The President's FY11 budget request calls for a decrease of nine in the number of direct FTE for VR&E. The VR&E workload in 2009 continued to grow and the program experienced a 13.3 percent increase in the number of applications received. I believe that in light of the growth in the program and the anticipated demands generated by the new and expanded initiatives – including an expansion in the number of veterans enrolled in the program of Independent Living Services – that an increase of 200 FTE is supported. This would mean an increase of \$20.5 million above the President's recommendation.

Specially Adapted Housing Grants. The Committee has identified inadequacies in VA's Specially Adapted Housing (SAH), Special Home Adaptation (SHA), and Temporary Residence Adaptation (TRA), which allow severely disabled service-connected veterans and servicemembers to adapt their home or build a new home to accommodate their particular disability. I recommend that the appropriations bill include adequate funding for a reasonable increase to the Specially Adapted Housing Grants in FY11.

Cost-of-Living Adjustment. Under current law, the COLA applied to veterans' disability compensation and survivors' DIC is rounded down to the next lowest whole dollar. VA compensation is sometimes the sole source of income for a veteran and his or her family. Over time, the effect of a COLA round-down can be substantial. I recommend that the appropriations bill include sufficient funding to preclude the need to provide for a COLA round-down.

VBA Document Conversion. At present, the Committee has begun to explore the need for VA to undertake some systematic method of converting paper files relating to claims to electronic medium in order to conserve space and make files more useful and searchable. There are a number of firms specializing in this area – including non-profit companies serving economically-distressed communities by creating job opportunities and stimulating community development such as the Council for Native Hawaiian Advancement. I urge the Committee to encourage VA to fund some demonstration and pilot programs in this area.

Courthouse for the United States Court of Appeals for Veterans Claims. The Court's budget request of roughly \$90 million for FY11 is approximately \$63 million more than the FY10 level—\$62 million of this proposed increase is attributable to the construction of a new courthouse. The construction estimate is consistent with the General Services Administration's estimate of the costs of land acquisition and construction for a new, clearly needed facility. I recommend that the appropriations bill include this funding in order to provide an appropriate courthouse for the Court.

Recent Legislation Ordered Reported by the Committee on Veterans' Affairs on Exposures. At the Committee's January Markup of pending legislation, a bill to authorize health care for certain individuals exposed to environmental hazards at Camp Lejeune and the Atsugi Naval Air Facility, and to establish an Advisory Board to examine exposures to environmental hazards during military service was unanimously ordered reported. The legislation would require that an Advisory Board present recommendations to VA and DoD regarding health care and benefits that should be available to veterans, servicemembers, and dependents. Although the Advisory Board is merely tasked with making recommendations, it is my understanding that the Congressional Budget Office will assign both significant mandatory and discretionary costs to this legislation. Therefore, I recommend that the appropriations bill include sufficient funding to carry out this much-needed legislation.