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ACTIVITIES REPORT

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

Convened January 6, 2009

Adjourned December 23, 2009

SECOND SESSION

Convened January 5, 2010

Adjourned January 2, 2011



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January 2, 2009—Chairman Bob Filner and Ranking Minority Member Steve Buyer were appointed to the Committee.

January 9, 2009—Representatives Cliff Stearns of Florida; Jerry Moran of Kansas; Henry E. Brown, Jr. of South Carolina; Jeff Miller of Florida; John Boozman of Arkansas; Michael R. Turner of Ohio; Brian P. Bilbray of California; Gus M. Bilirakis of Florida, Vern Buchanan of Florida, and Steve Scalise of Louisiana were appointed to the Committee.

January 13, 2009—Representative Michael R. Turner of Ohio resigned from the Committee.

January 20, 2009—Representative Steve Scalise of Louisiana resigned from the Committee.

January 21, 2009—Representatives Corrine Brown of Florida; Vic Snyder of Arkansas; Michael H. Michaud of Maine; Stephanie Herseth Sandlin of South Dakota; Harry E. Mitchell of Arizona; John J. Hall of New York; Deborah L. Halvorson of Illinois; Thomas S.P. Perriello of Virginia; Harry Teague of New Mexico; Ciro D. Rodriguez of Texas; Joe Donnelly of Indiana; Jerry McNerney of California; Zachary T. Space of Ohio; Timothy J. Walz of Minnesota; John H. Adler of New Jersey; Ann Kirkpatrick of Arizona; and Glenn C. Nye of Virginia were appointed to the Committee.

January 22, 2009—Representative Doug Lamborn of Colorado was appointed to the Committee to rank after Representative Bilbray. David P. Roe of Tennessee was appointed to the Committee.

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LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
Washington, DC, December 3, 2010.

Hon. LORRAINE MILLER,
Clerk of the 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 111th 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 servicemembers returning home from battle. There are hundreds of thousands of new veterans from Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn 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 111th Congress delivered significant accomplishments and made progress in meeting the needs of returning servicemembers while keeping the promises that have been made to our Nation's heroes of the past, present, and future.

Building on the historic investment of the 110th Congress, the House Committee on Veterans' Affairs successfully increased funding for veterans' health care. As a result, veterans' health care services are more comprehensive, accessible, and timely. In the past four years, the health care system has been strengthened for the 5.8 million veterans who receive health care services from the VA.

On October 22, 2009, President Obama signed historic legislation to secure timely funding for veterans' health care, a top priority of many veterans advocacy groups. The new law provides Congress greater ability to develop appropriations bills that provide sufficient funding to meet the best estimate of anticipated demand for VA health care services in future years by allowing funding for medical accounts one year in advance. The VA is now required to report to Congress if it has the resources it needs for the upcoming fiscal year and Congress is authorized to approve medical care appropriations one year in advance. This will help to safeguard against the VA facing budget shortfalls such as it faced just a few years ago.

Major Committee Legislation: Health Care—The Caregivers and Veterans Omnibus Health Services Act of 2009 (Public Law 111–163) represents the voices of veterans and their advocates from around the country. The new law goes a long way in helping caregivers of injured veterans, women veterans, rural veterans, homeless veterans, and veterans with mental health issues. The provisions of this law provide support to those that care for America's wounded warriors and represent an understanding that the sacrifices of our veterans are shared among us all as Americans. The comprehensive new law not only provides caregiver support, but

also welcomes home women veterans by expanding and improving VA services for the 1.8 million women veterans currently receiving VA health care, and goes one step further by anticipating the expected increase of women warriors over the next five years. The Caregiver Act also increases mental health access by addressing the troubling reality of post-traumatic stress and troubling incidents of suicide among the veteran population. The new law requires a much-needed and long-awaited study on veterans' suicide and requires the VA to provide counseling referrals for members of the Armed Forces who are not otherwise eligible for readjustment counseling.

Major Committee Legislation: Benefits—The Veterans Benefits Act of 2010 (Public Law 111–275) takes a major step to comprehensively modernize many of the benefits veterans have earned as a result of their military service. The new law ensures the welfare of veterans and their families by increasing many of the outdated insurance policy amounts and terms for our veterans, many who are severely disabled or have suffered traumatic injury. The Veterans' Benefits Act honors fallen servicemembers and their families by increasing burial and funeral benefits and allows a parent whose child gave their life in service to our country to be buried in a national cemetery with that child when their veteran child has no living spouse or children. The law increases the number of veterans to receive independent assisted living services and the quality of those benefits, provides greater automobile and adaptive equipment to veterans with severe burn injuries, and increases the automobile allowance for disabled veterans. Public Law 111–275 contains provisions to empower veterans to become part of the Nation's economic recovery. The Veterans' Benefits Act of 2010 reauthorizes a significant VA work-study program and expands the type of work available for participating veterans. The new law increases job opportunities for veterans by reimbursing energy employers for the cost of providing on-the-job training for veterans in the energy sector with the creation of the pilot "Veterans Energy Related Employment Program." The law also supports veteran-owned businesses by requiring VA to verify small business ownership and operate a database of veteran-owned small businesses and service-connected veteran-owned small businesses.

Oversight—During the 111th Congress, the House Committee on Veterans' Affairs conducted 103 hearings to better understand the needs of America's heroes on a wide-range of topics that affect veterans and passed 64 quality veterans bills to address those needs. The joint hearings process allowed 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 roundtable discussions on meeting the unique needs of rural veterans, innovative treatments for injured veterans, veterans' employment, issues facing transitioning veterans during the homecoming process, and vet-

erans in the court system. The Committee also held a roundtable discussion on the implications of VA rules concerning veterans suffering from post-traumatic stress disorder. After Congressional pressure drew attention to the challenges of veterans, VA simplified the process to immediately help combat veterans get the help they need. Now, proof of service in uniform in a war zone, combined with a later diagnosis of post-traumatic stress disorder, will be all that is required. Veterans can now focus on treatment and recovery, instead of proving that invisible wounds incurred as a result of their military service.

Acknowledgments—Special thanks are in order for my distinguished colleagues who guided and developed the key measures of the 111th Congress. I would like to thank the Honorable Steve Buyer, Ranking Republican Member of the Committee, for his dedication to our Nation's veterans and their loved ones. I want to thank the Chairs and Ranking Republican 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 on Economic Opportunity; Honorable Michael H. Michaud and Honorable Henry E. Brown, Jr. of the Subcommittee on Health; and, Honorable Harry E. Mitchell and Honorable David Roe of the Subcommittee on Oversight and Investigations.

Our legislative success was only possible due to the cooperation of our counterparts in the Senate, Chairman Daniel K. Akaka and Ranking Member Richard Burr of the Senate Committee on Veterans' Affairs. I would like to thank the Senate Committee 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. 420

111TH CONGRESS }
2d Session } HOUSE OF REPRESENTATIVES { REPORT
111-697

ACTIVITIES OF THE COMMITTEE ON VETERANS' AFFAIRS FOR THE 111TH CONGRESS

DECEMBER 30, 2010.—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 servicemembers 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 111th Congress had 29 members; 18 members in the majority and 11 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 16 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 280,000 men and women who serve a large portion of the nation's 23.4 million veterans.

Health care is available to nearly 8 million patients that are enrolled for health care in 153 medical centers, nearly 780 community-based outpatient clinics, and hundreds of other sites of care. Annually, the VA's inpatient facilities treat more than 937,000 patients, and its outpatient clinics register more than 83 million visits. In addition, VA has become a health care industry leader in research, rehabilitation, use of technology and patient safety.

Approximately one 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 \$43.1 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 VA maintains 131 national cemeteries in 39 states and Puerto Rico. With the largest national cemetery expansion since the Civil War underway, by 2012, 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 in-

cludes 152 medical centers, with at least one in each state other than New Hampshire, Puerto Rico, District of Columbia, and Hawaii. As of the third quarter of FY 2010, VA operates more than 1,400 sites of care, including 152 medical centers, 942 ambulatory care and community-based outpatient clinics, 134 nursing homes, 96 residential rehabilitation treatment programs, 264 Vet Centers and nine 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 2010. By the end of FY 2010, approximately 37 percent of all veterans had enrolled with VA for health care; 64 percent of these enrolled veterans were treated by VA. As of the third quarter of FY 2010, VA inpatient facilities treated 507,825 admissions and VA's outpatient clinics registered more than 56 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.

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 2010. When veterans 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: those 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 activities, plus supportive social services to veterans and family members. There are currently 275 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 servicemembers 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 450 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 140,000 volunteers in VA's Voluntary Service who donate 11 million hours each year to bring companionship and care to hospitalized veterans.

Research

In FY 2010, Congress appropriated \$580 million to VA research. Funding from non-VA sources, such as the National Institutes of Health, other government agencies and pharmaceutical companies, will contribute another \$710 million to VA research. VA currently supports over 3,300 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 clinicians. Because of their dual roles, VA research often immediately benefits patients. Functional electrical stimulation, a technology using controlled 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 treatments for Alzheimer's disease and post-traumatic stress disorder (PTSD) symptoms; surgical approaches for heart disease; and, comparing screening methods for colorectal 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 2009, VA provided more than \$43 billion in disability compensation, death compensation and pension to 3.9 million people. About 3.3 million veterans received disability compensation or pensions from VA. Also receiving VA benefits were 341,000 spouses, children and parents of deceased veterans. Among them are 157,000 survivors of Vietnam-era veterans and 92,116 survivors of World War II veterans.

Education and Training

Since 1944, when the first G.I. Bill began, more than 21.8 million veterans, servicemembers and family members have received \$83.6 billion in G.I. Bill benefits for education and training. The number of G.I. Bill recipients includes 7.8 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 has also assisted in the education of more than 784,000 dependents of veterans whose deaths or total disabilities were service-connected. Since the Vietnam-era, there have been approximately 2.7 million veterans, servicemembers, reservists and National Guardsmen who have participated in the Veterans' Educational Assistance Program, established in 1977, and the Montgomery G.I. Bill, established in 1985.

Since the implementation of the Post-9/11 G.I. Bill in 2008, over 700,000 students have expressed an interest by applying for a Certificate of Eligibility, the first step in the application process. Of those, 705,942 received a decision. The number of Post-9/11 G.I. Bill recipients since May 1, 2009, has been 398,041. The number of servicemembers and veteran who have enrolled in the fall 2010 and wish to use the Post 9/11 G.I. Bill as of November 1, 2010, is 320,025.

In 2010, 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 G.I. Bill, through September 2010, more than 18.7 million VA home loan guarantees have been issued, with a total value of 1.04 trillion. VA ended FY 2008 with almost 2.1 million active home loans, reflecting amortized loans totaling \$220.8 billion.

In FY 2009, VA guaranteed 325,000 loans valued at \$68 billion. VA's programs for specially adapted housing helped about 1,260 disabled veterans with grants totaling more than \$52 million.

Insurance

VA operates one of the largest life insurance programs in the world. VA directly administers six life insurance programs. In addi-

tion, 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 the 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 2009, the VA life insurance programs returned \$310 million in dividends to 1 million veterans holding some of these VA life insurance policies, and paid an additional 2.3 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 131 national cemeteries in 39 states and Puerto Rico and 33 soldiers' lots and monument sites.

In 2010, VA national cemeteries conducted 111,828 interments. That number is likely to increase to 115,987 in 2013. In 2010, VA provided 353,000 headstones or markers for the graves of veterans and eligible family members in national, state and federally-administered cemeteries and for the graves of veterans buried in private cemeteries worldwide. Since taking over the veterans' cemetery program in 1973, VA has provided nearly 11 million headstones and markers.

Between 2001 and 2010, VA opened 12 new national cemeteries: Georgia National Cemetery serving Atlanta, Georgia; Great Lakes National Cemetery serving Detroit, Michigan; Fort Sill National Cemetery serving Oklahoma City, Oklahoma; National Cemetery of the Alleghenies serving Pittsburgh, Pennsylvania; Sacramento Valley National Cemetery in California; South Florida National Cemetery serving Miami, Florida; Sarasota National Cemetery in Florida; Jacksonville National Cemetery in Florida; Alabama National Cemetery serving Birmingham, Alabama; Fort Jackson National Cemetery serving Columbia, South Carolina; Bakersfield National Cemetery in California; and, Washington Crossing National Cemetery serving Southeastern Pennsylvania. In response to the National Cemeteries Expansion Act of 2009, H.R. 3544, VA instituted a new burial policy which was included in the FY 2011 budget that reduces the veteran population threshold from 170,000 to 80,000

veterans needed to establish a new national cemetery. This change will result in five new national cemeteries in Southern Colorado; East Central Florida; Tallahassee, Florida; Western New York; and, Omaha, Nebraska; serving an additional 500,000 veterans and their families.

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 over 803,000 certificates in 2010.

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 establish, expand or improve veterans cemeteries operated and maintained by the states and tribal organizations. More than \$438 million has been awarded for 79 operational veterans' cemeteries in 38 states, Guam and Saipan. Six new state cemeteries are under construction. In 2010, state cemeteries that received VA grants buried nearly 28,000 eligible veterans and family members.

Enacted on October 13, 2010, Section 502 of Public Law 111-275, cited as the Corey Shea Act, allows parents of servicemembers killed in a training incident or by hostile fire to be buried alongside their child in a national cemetery so long as the deceased servicemember did not have a spouse or child eligible for such burial. This provision is effective for servicemembers whose death occurred after the date of enactment and whose parent died on or after October 7, 2001.

DEPARTMENT OF LABOR

VETERANS' EMPLOYMENT AND TRAINING

The Veterans' Employment and Training Service 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 New Dawn. The cemetery conducts approximately 6,900 burials each year. In addition to in-ground burial, the cemetery has a large columbarium for cremated remains. Eight 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.

LEGISLATION ENACTED INTO LAW

Public Law 111-37

Veterans' Compensation Cost-of-Living Adjustment Act of 2009

(S. 407, AMENDED)

Title: To amend title 38, United States Code, to provide for an increase, effective December 1, 2009, in 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, to codify increases in the rates of such compensation that were effective as of December 1, 2008, and for other purposes.

Public Law 111-37 will:

Increase in 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 a 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:

May 21, 2009: Ordered reported by the Senate Committee on Veterans' Affairs.

June 4, 2009: Reported, as amended, S. Rept. 111–24.

June 10, 2009: Passed Senate, amended, by Unanimous Consent.

June 23, 2009: Passed the House by the Yeas and Nays: 403–0 (Roll No. 419).

June 30, 2009: Signed by the President.

Public Law 111–81

Veterans Health Care Budget Reform and Transparency Act of 2009

(H.R. 1016, AMENDED)

Title: To amend title 38, United States Code, to provide advance appropriations authority for certain medical care accounts of the Department of Veterans Affairs, and for other purposes.

Public Law 111–81 will:

- Amend title 31, United States Code, to require the inclusion of additional budget estimates for certain VA accounts for the fiscal year following the fiscal year for which the budget is submitted.

- Amend title 38, United States Code, to provide authority for advance appropriations; to require the VA to provide additional detailed budget estimates in support of advance appropriations for certain VA accounts in the annual information it provides to Congress in support of the VA's budget request; and, to require an annual report of the sufficiency of resources for the provision of medical care services for the upcoming fiscal year.

- Require the Government Accountability Office to conduct a study regarding the adequacy and accuracy of the budget projections made by the VA's Enrollee Health Care Projection Model.

Legislative History:

Apr. 29, 2009: Hearing held by the Committee on Veterans' Affairs.

Jun. 10, 2009: Ordered reported, as amended, by the Committee on Veterans' Affairs.

Jun. 19, 2009: Reported, as amended, H. Rept. 111–171.

Jun. 23, 2009: Passed the House by the Yeas and Nays: 409–1 (Roll No. 420).

Aug. 6, 2009: Senate struck all after the Enacting Clause and substituted the language of S. 423. Passed by Unanimous Consent.

Oct. 8, 2009: House agreed to Senate amendment with an amendment pursuant to H. Res. 804.

Oct. 13, 2009: Senate agreed to House amendment to Senate amendment by Unanimous Consent.

Oct. 22, 2009: Signed by the President in a bill signing ceremony.

Public Law 111-82

Authorize Major Medical Facility Leases for FY 2010

(S. 1717)

Title: A bill to authorize major medical facility leases for the Department of Veterans Affairs for fiscal year 2010, and for other purposes.

Public Law 111-82 will:

Authorize the Secretary of Veterans Affairs to carry out major medical facility leases in fiscal year 2010 in specified locations in Alabama, California, Florida, Georgia, Kansas, North Carolina, Pennsylvania, South Carolina, and Texas.

Legislative History:

Sept. 25, 2009: Passed the Senate by Unanimous Consent.

Oct. 7, 2009: House agreed to suspend the rules and pass the bill by voice vote.

Oct. 26, 2009: Signed by the President.

Public Law 111-97

Military Spouses Residency Relief Act

(S. 475)

Title: To amend the Servicemembers Civil Relief Act to guarantee the equity of spouses of military personnel with regard to matters of residency, and for other purposes.

Public Law 111-97 will:

- Prohibit, for purposes of voting for a federal, state, or local office, deeming a person to have lost a residence or domicile in a state, acquired a residence or domicile in any other state, or become a resident in or of any other state solely because the person is absent from a state because the person is accompanying the person's spouse who is absent from the state in compliance with military or naval orders.

- Prohibit a servicemember's spouse from either losing or acquiring a residence or domicile for purposes of taxation because of being absent or present in any U.S. tax jurisdiction solely to be with the servicemember in compliance with the servicemember's military orders if the residence or domicile is the same for the servicemember and the spouse.

- Prohibit a spouse's income from being considered income earned in a tax jurisdiction if the spouse is not a resident or domiciliary of such jurisdiction when the spouse is in that ju-

risdiction solely to be with a servicemember serving under military orders.

- Suspend land rights residency requirements for spouses accompanying servicemembers serving under military orders.

Legislative History:

May 21, 2009: Ordered reported by the Senate Committee on Veterans' Affairs.

July 15, 2009: Reported, S. Rept. 111–46.

Aug. 4, 2009: Passed the Senate by Unanimous Consent.

Nov. 2, 2009: House agreed to suspend the rules and pass the bill by voice vote.

Nov. 11, 2009: Signed by the President.

Public Law 111–98

Major Medical Facility Project at Walla Walla, Washington, VAMC

(S. 509)

Title: To authorize a major medical facility project at the Department of Veterans Affairs Medical Center, Walla Walla, Washington, and for other purposes.

Public Law 111–98 will:

Authorize appropriations of \$71 million for the VA's construction and major projects account in fiscal year 2009 to design and construct a 65,000 square foot outpatient clinic.

Legislative History:

July 15, 2009: Passed the Senate by Unanimous Consent.

Nov. 2, 2009: Passed the House by the Yeas and Nays: 352–0 (Roll No. 834).

Nov. 11, 2009: Signed by the President.

Public Law 111–137

Expand Veteran Eligibility for Reimbursement of Emergency Treatment Received in a Non-VA Facility

(H.R. 1377, AMENDED)

Title: This bill amends title 38 to expand veteran eligibility for reimbursement by the VA for emergency treatment received in a non-VA facility.

Public Law 111–137 will:

- Expand veteran eligibility to require the VA to pay for emergency treatment for a non-service connected condition if a third party is not responsible for paying for the full cost of care.
- Set limitations on reimbursement as follows:
 - a. Defines the VA as a secondary payor where a third-party insurer covers a part of the veteran's medical liability.
 - b. Explains that the VA is only responsible for the difference between the amount paid by the third-party insurer and the VA allowable amount. Veterans would con-

tinue to be responsible for co-payments owed to the third-party insurer.

- c. Protects veterans by clarifying that they are not liable for any remaining balance due to the provider after the third-party insurer and the VA have made their payments.
- Make the effective date as the date of the enactment of the Act. In addition, the Secretary of the VA has the authority to reimburse certain veterans for emergency treatment provided before the effective date if he determines that it is appropriate to do so.

Legislative History:

Mar. 19, 2009: Ordered reported, amended, by the Subcommittee on Health.

Mar. 25, 2009: Ordered reported, amended, by the Committee on Veterans' Affairs.

Mar. 26, 2009: Reported, as amended, H. Rept. 111–55.

Mar. 30, 2009: House agreed to suspend the rules and pass the bill by voice vote.

Dec. 18, 2009: Passed Senate without amendment by Unanimous Consent.

Feb. 1, 2010: Signed by the President.

Public Law 111–156

Recognizing and honoring the Blinded Veterans Association on its 65th anniversary

(H.J. RES. 80)

Title: Recognizing and honoring the Blinded Veterans Association on its 65th anniversary of representing blinded veterans and their families.

Public Law 111–156 will:

- Express appreciation for the efforts of the Blinded Veterans Association in improving the rehabilitation services, education, and benefits for blinded veterans of the United States.
- Support the goals and ideals of Blinded Veterans Day.
- Call upon the people of the United States to observe Blinded Veterans Day with appropriate programs and activities.

Legislative History:

Mar. 23, 2010: Passed the House by the Yeas and Nays: 416–0 (Roll No. 174).

Mar. 26, 2010: Passed the Senate by Unanimous Consent.

Apr. 7, 2010: Signed by the President.

Public Law 111–163

Caregivers and Veterans Omnibus Health Services Act of 2010

(S. 1963, AMENDED)

Title: To amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

Public Law 111–163 will:

- Create a caregiver support program where caregivers of veterans of all eras would receive supportive services such as caregiver training and education, counseling and mental health services, and respite care (including 24-hour, in-home respite care).
- Provide additional caregiver support benefits to those caring for certain eligible OEF/OIF veterans, which includes lodging and subsistence payments when accompanying the veteran on medical care visits, health care coverage, and a monthly financial stipend.
- Require the Secretary to submit a report to Congress, advising on the extension of the more comprehensive benefits provided to the caregivers of OEF/OIF veterans to caregivers of veterans of all other eras, no later than two years after the implementation of the program. Help women veterans by providing for a study on barriers to health care access, training for mental health care professionals caring for veterans with sexual trauma, a reintegration and readjustment pilot program, a child care pilot program, and up to seven days of post-delivery health care for newborn children.
- Require the VA to establish a grant program for veteran service organizations to provide transportation options to veterans living in highly rural areas.
- Raise the payment cap on the Education Debt Reduction Program and create a new educational assistance program for visual impairment, orientation and mobility professionals.
- Authorize a demonstration project to expand care for veterans in rural areas by having the VA partner and coordinate with the Centers for Medicare and Medicaid Services and Indian Health Service of the Department of Health and Human Services.
- Require a program on readjustment counseling and mental health services for OEF/OIF veterans, which includes a peer outreach and support component and authorizes the VA to contract with community mental health centers and other qualified entities in areas that are not adequately served by VA facilities.
- Authorize an increase in the travel reimbursement for veterans receiving care at VA facilities to 41.5 cents per mile and allow reimbursements for airfare when that is the only practical way to reach a VA facility.
- Create a pilot program providing a financial incentive for VA physicians who maintain inpatient privileges at community hospitals in health professional shortage areas.
- Establish a grant program for veterans service organizations to provide innovative transportation options to veterans in highly rural areas.
- Clarify the definition of eligible veterans who are covered under an existing pilot program of enhanced contract care authority for rural veterans by changing the eligibility requirement from distance in miles to driving distance in minutes to the nearest VA facility.
- Provide VA readjustment services to any member of the Armed Forces and require the VA to make referrals for non-VA counseling services for former members of the Armed

Forces who are not otherwise eligible for readjustment counseling.

- Require the VA to conduct a veterans' suicide study by coordinating with the Secretary of Defense, veteran service organizations, Centers for Disease Control and Prevention, and state public health offices and veterans agencies.

- Repeal two annual reports, one relating to pay adjustments for registered nurses because the annual General Schedule comparability increases are now mandatory and no longer at the discretion of the facility Director, and one relating to VA's long-range health planning because this information is captured in the VA's annual budget submission.

- Modify the date for submitting the annual report on Gulf War research from March 1 to July 1 of each year and sunset the reporting requirement in 2013.

- Clarify that VA payments to providers who furnish medical care to a beneficiary covered under CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) shall constitute full payment, thereby removing any liability of the beneficiary to the provider.

- Permit VA health care practitioners to disclose the relevant portions of certain VA records to surrogate decision-makers who are authorized to make decisions on behalf of patients who lack the capacity to make decisions.

- Create a National Quality Management Officer to act as the principal officer responsible for the Veteran Health Administration's quality assurance program.

- Provide for a pilot program studying the use of community organizations and local and state government entities in providing care and benefits to veterans.

- Authorize the VA to contract for specialized residential care and rehabilitation services for certain OEF/OIF veterans with traumatic brain injury (TBI), and allow veterans with TBI to use non-VA facilities when the VA is unable to provide treatment or services at the frequency or for the duration required by the individual's treatment plan.

- Require the VA to contract with the Institute of Medicine to study the health impact of Project Shipboard Hazard and Defense.

- Create a pilot program, which would provide specified dental services to veterans, survivors, and dependents of veterans through a dental insurer.

- Prohibit the VA from collecting copayments from veterans who are catastrophically disabled.

- Provide higher priority status for enrolling in the VA health care system to certain veterans who are Medal of Honor recipients.

- Require the VA to provide hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and Gulf War era veterans who have insufficient medical evidence to establish a service-connected disability.

- Establish a position for the Director of Physician Assistant Services in the central VA office reporting to the Chief of the Office of Patient Services.

- Create a Committee on Care of veterans with traumatic brain injury.
- Increase the amount the VA is authorized to pay under the Home Improvements and Structural Alterations program from \$4,100 to \$6,800 for veterans with service-connected disabilities and from \$1,200 to \$2,000 for veterans with non-service connected disabilities.
- Extend the statutorily defined copayments for certain veterans for hospital care and nursing home care to September 30, 2012, and extend the authority to recover the cost of certain care and services from disabled veterans with health plan contracts to October 1, 2012.
- Provide the Secretary with the authority to apply the title 38 hybrid employment system to additional health care occupations to meet the recruitment and retention needs of the VA.
- Aid in the recruitment and retention efforts for VA health care professionals by providing for pay increases, bonuses, and alternative work schedules, as well as placing limitations on overtime and weekend duty.
- Re-establish the Health Professionals Educational Assistance Scholarship Program and provide for a loan repayment program for clinical researchers from disadvantaged backgrounds.
- Authorize the VA to make per diem payments to organizations that meet some, but not all, of the criteria for the receipt of payments under the Grant and Per Diem Program.
- Authorize the establishment of multi-medical center research corporations by merging single facility nonprofit research corporations.
- Provide for some clarifying changes regarding the composition of the board of directors for the corporations and the powers of the corporations to disburse funds.
- Improve the accountability and oversight of nonprofit research corporations by modifying the revenue thresholds for obtaining audits and require nonprofit research corporations to submit the Internal Revenue Service return form for organizations exempt from income tax.
- Authorize funds for major medical facilities in fiscal year 2010, which includes funding for facility projects in Livermore, CA; Louisville, KY; Dallas, TX; St. Louis, MO; Denver, CO; and, Bay Pines, FL.
- Provide for the designation of the Merrill Lundman VA Outpatient Clinic in Havre, MT; the William C. Tallent VA Outpatient Clinic in Knoxville, TN; and, the Max J. Beilke VA Outpatient Clinic in Alexandria, MN.
- Authorize additional authorities to VA uniformed police officers to be consistent with the powers granted to other Federal law enforcement officers, and provide for a higher uniform allowance.
- Requires the VA to submit reports to Congress in electronic format.

Legislative History:

Nov. 19, 2009: Passed the Senate without amendment by Yea-Nay Vote: 98–0. Record Vote Number 352.

Apr. 21, 2010: Passed the House, as amended, by the Yeas and Nays: 419–0 (Roll No. 214).

Apr. 22, 2010: Senate agreed to the House amendment by Unanimous Consent.

May 5, 2010: Signed by the President in a bill signing ceremony.

Provisions of H.R. 402, H.R. 919, H.R. 1211, H.R. 1293, H.R. 2770—which includes H.R. 2734, H.R. 2738, H.R. 2898, H.R. 3155, H.R. 3157, H.R. 3219—which includes H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2180, H.R. 2379, H.R. 2770, H.R. 2774, H.R. 2926, H.R. 2968, H.R. 3796, H.R. 3949—which includes H.R. 32, H.R. 228, H.R. 761, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2874, and H.R. 4166 are included in this legislation.

Public Law 111–164

To designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the “Major Charles Robert Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center”

(H.R. 4360)

Title: To designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the “Major Charles Robert Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center”.

Public Law 111–164 will:

Designate the Department of Veterans Affairs blind rehabilitation center in Long Beach, California, as the *Major Charles Robert Soltes, Jr., O.D. Department of Veterans Affairs Blind Rehabilitation Center*.

Legislative History:

Mar. 25, 2010: Passed the House by the Yeas and Nays: 417–0 (Roll No. 192).

Apr. 19, 2010: Passed the Senate by Unanimous Consent.

May 7, 2010: Signed by the President.

Public Law 111–246

Nursing home care to parents whose children died on active duty

(H.R. 4505)

Title: To enable State homes to furnish nursing home care to parents any of whose children died while serving in the Armed Forces.

Public Law 111–246 will:

Authorize the Secretary of Veterans Affairs to permit a state home to provide VA nursing home care to parents who had any children who died while serving in the Armed Forces.

Legislative History:

June 30, 2010: Passed the House by the Yeas and Nays: 420–0 (Roll No. 408).

Sept. 20, 2010: Passed the Senate by Unanimous Consent.

Sept. 30, 2010: Signed by the President.

Public Law 111-247**Veterans' Compensation Cost-of-Living Adjustment Act of 2010**

(H.R. 4667)

Title: To increase, effective as of December 1, 2010, 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, and for other purposes.

Public Law 111-247 will:

Increase in 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. 10, 2010: Ordered reported by the Committee on Veterans' Affairs.

Mar. 22, 2010: Reported, as amended, H. Rept. 111-452.

Mar. 22, 2010: Passed the House by the Yeas and Nays: 407-0 (Roll No. 171).

Sept. 22, 2010: Passed the Senate by Unanimous Consent.

Sept. 30, 2010: Signed by the President.

Public Law 111-275**Veterans' Benefits Act of 2010**

(H.R. 3219, AMENDED)

Title: To amend title 38, United States Code, and the Servicemen's Civil Relief Act to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes.

Public Law 111-275 will:

TITLE I—EMPLOYMENT, SMALL BUSINESS, AND EDUCATION MATTERS

- Extend authority for certain qualifying work-study activities for purposes of the educational assistance programs of the Department of Veterans Affairs.
- Reauthorize the Veterans' Advisory Committee on Education to December 31, 2013.

- Provide an 18-month period for training of new disabled veterans' outreach program specialists and local veterans' employment representatives by National Veterans' Employment and Training Services Institute.
- Clarify responsibility of the Secretary of Veterans Affairs to verify small business ownership.
- Establish a demonstration project for referral of USERRA claims against federal agencies to the Office of Special Counsel.
- Establish a pilot program for veterans' energy-related employment program.
- Provide a list and link of organizations that provide scholarships to veterans on the Department of Veterans Affairs' Web site.

TITLE II—HOUSING AND HOMELESSNESS MATTERS

- Reauthorize appropriations for Homeless Veterans Reintegration Program through 2011.
- Make grants to programs and facilities to provide dedicated services for homeless women veterans and homeless veterans with children.
- Develop new assistive technologies for specially adapted housing.
- Waive the housing loan fee for certain veterans with service-connected disabilities called to active service.

TITLE III—SERVICEMEMBERS CIVIL RELIEF ACT MATTERS

- Include residential and motor vehicle leases.
- Allow the termination of telephone service contracts.
- Allow enforcement of the Attorney General and by private right of action.

TITLE IV—INSURANCE MATTERS

- Increase in amount of supplemental insurance for totally disabled veterans.
- Create a permanent extension of duration of Servicemembers' Group Life Insurance coverage for totally disabled veterans.
- Adjust coverage of dependents under the Servicemembers' Group Life Insurance.
- Allow the opportunity to increase the amount of Veterans' Group Life Insurance.
- Eliminate the reduction in amount of accelerated death benefit for terminally-ill persons insured under Servicemembers' Group Life Insurance and Veterans' Group Life Insurance.
- Consider the loss of the dominant hand in prescription of schedule of severity of traumatic injury under Servicemembers' Group Life Insurance.
- Enhance veterans' mortgage life insurance.
- Expand the number of individuals qualifying for retroactive benefits from traumatic injury protection coverage under Servicemembers' Group Life Insurance.

TITLE V—BURIAL AND CEMETERY MATTERS

- Increase in certain burial and funeral benefits and plot allowances for veterans.
- Allow interment in national cemeteries of parents of certain deceased veterans.
- Require a report on the selection of new national cemeteries.

TITLE VI—COMPENSATION AND PENSION

- Enhance disability compensation for certain disabled veterans with difficulties using prostheses and disabled veterans in need of regular aid and attendance for residuals of traumatic brain injury.
- Provide a cost-of-living increase for temporary dependency and indemnity compensation payable for surviving spouses with dependent children under the age of 18.
- Pay dependency and indemnity compensation to survivors of former prisoners of war who died on or before September 30, 1999.
- Exclude certain amounts from consideration as income for purposes of veterans pension benefits.
- Commence a period of payment of original awards of compensation for veterans retired or separated from the uniformed services for catastrophic disability.
- Apply limitation to pension payable to certain children of veterans of a period of war.
- Extend reduced pension for certain veterans covered by Medicaid plans for services furnished by nursing facilities.
- Codify the 2009 cost-of-living adjustment rates of pension for disabled veterans and surviving spouses and children.

TITLE VII—EMPLOYMENT AND REEMPLOYMENT RIGHTS OF MEMBERS OF THE UNIFORMED SERVICES

- Clarify that USERRA prohibits wage discrimination against members of the Armed Forces.
- Clarify the definition of “successor in interest.”
- Make technical amendments.

TITLE VIII—BENEFITS MATTERS

- Increase in number of veterans for which programs of independent living services and assistance may be initiated.
- Allow payment of unpaid balances of Department of Veterans Affairs guaranteed loans.
- Expand eligibility of disabled veterans and members of the Armed Forces with severe burn injuries for automobiles and adaptive equipment.
- Enhance automobile assistance allowance for veterans. [\$18,900 indexed to CPI-U]
- Allow for National Academies review of best treatments for Gulf War illness.

- Extend and modify National Academy of Sciences reviews and evaluations regarding illness and service in Persian Gulf War and Post 9/11 Global Operations Theaters.
- Extend authority for the regional office in the Republic of the Philippines.
- Extend an annual report on equitable relief.
- Authorize the performance of medical disability examinations by contract physicians.

TITLE VIII—CONSTRUCTION

- Authorize fiscal year 2011 major medical facility leases.
- Authorize the Department of Veterans Affairs Medical Center in New Orleans. [up to \$995,000,000—amending current law]
- Authorize seismic corrections on buildings 7 and 126 at the Long Beach Department of Veterans Affairs Medical Center. [up to \$117,845,000—amending P.L. 109–461]
- Authorize appropriations for major construction projects and leases authorized herein.
- Require that bid savings on major medical facility projects of Department of Veterans Affairs be used for previously authorized other major medical facility construction projects of the Department.

Legislative History:

July 15, 2009: Ordered reported by the Committee on Veterans' Affairs.

July 23, 2009: Reported by the Committee on Veterans' Affairs, H. Rept. 111–223.

July 27, 2009: House agreed to suspend the rules and pass the bill (amended) by voice vote.

Sept. 28, 2010: Passed the Senate (amended with compromise language and an amendment to the title) by Unanimous Consent.

Sept. 29, 2010: House agreed to suspend the rules and agree to the Senate amendments by voice vote.

Oct. 13, 2010: Signed by the President.

Includes the provisions of H.R. 174, H.R. 293, H.R. 761, H.R. 1037, H.R. 1088, H.R. 1089, H.R. 1170, H.R. 1171, H.R. 1172, H.R. 1474, H.R. 2180, H.R. 2379, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2713, H.R. 2774, H.R. 2874, H.R. 2968, H.R. 2980, H.R. 3219, H.R. 3407, H.R. 3484, H.R. 3485, H.R. 3575, H.R. 3949, H.R. 4044, H.R. 4045, H.R. 4592, and H.R. 5642.

Public Law 111–

Post-9/11 Veterans Educational Assistance Improvements Act of 2010

(S. 3447)

Title: To amend title 38, United States Code, to improve educational assistance for veterans who served in the Armed Forces after September 11, 2001, and for other purposes.

Public Law 111– will:

- Expand the definition of eligible members of the National Guard/Reserves, One Station Unit Training and requires Honorable Service Discharge. It would also align Coast Guard Academy service to other academies for eligibility purposes under Chapter 33.
- Provide tuition assistance at a private or foreign institution of higher learning in the amount of either (whichever is less) the net costs incurred after the application of scholarships and other tuition assistance programs, or \$17,500. This section provides a housing stipend to individuals pursuing the following programs of education: individuals attending a program of education on a more than half time basis, veterans attending an institution of higher learning on a more than half time basis at a foreign institution, and veterans attending long distance learning on more than half time basis.
- Provides active duty servicemembers educational assistance in the amount equal to the lesser of the net cost for tuition and fees incurred for a program of education, \$17,500, or the amount equal to the academic year beginning on any subsequent August 1 of every year.
- Establish the new tuition assistance in the amount equal to the net (out-of-pocket) cost for tuition and fees.
- Pay the following tuition assistance for individuals pursuing a certificate, or other non-college degree: the lesser of the net cost for tuition and fees of \$17,500, or the amount of the previous academic year beginning on August 1 of every year. Provide a reduced housing stipend and book allowance for non-college degree program of education on more than a half-time basis. This section expands programs of education to: OJT, apprenticeships, flight training, correspondence courses, and other programs.
- The monthly housing stipend rate beginning the academic year on August 1 will be determined by the rates in effect on January 1.
- Amend current law to allow more than one license or certification test.
- Cover national tests for admissions at an institution of higher learning or a national test to provide course credit at an institution of higher learning.
- Allow individuals who received recruitment and retention or kickers to convert that assistance into Post-9/11 G.I. Bill benefits.
- Permit members of the U.S. Public Health Service and National Oceanic and Atmospheric Administration to transfer benefits to their dependents.
- Bar duplication of benefits for certain education programs.
- Provide Technical Amendments.
- Extend the delimiting date for primary caregiver, transferees, and persons acting as a primary provider to a veteran or conditions beyond the person's control.
- Bar duplication of educational assistance benefits for National Call to Service participants.
- Provide the Department of Veterans Affairs Secretary certain authority to approve or disapprove accredited programs, compliance and oversight purposes.

- Increase the amount of reporting fees from \$7 to \$12 and from \$11 to \$15.
- Afford veterans to elect to receive a subsistence allowance under Chapter 33.
- Allow for interval payment when established by an Executive order or emergency situation.

Legislative History:

Dec. 13, 2010: Passed the Senate with an amendment by Unanimous Consent.

Dec. 14, 2010: Referred to the Committee on Veterans' Affairs, and in addition to the Committees on Armed Services, and the Budget.

Dec. 16, 2010: House agreed to suspend the rules and pass the bill by the Yeas and Nays: (2/3 required) 409–3 (Roll No. 642).

Contains provisions of H.R. 5933.

Public Law 111–339

Reports on the Management of Arlington National Cemetery

(S. 3860)

Title: To require reports on the management of Arlington National Cemetery.

Public Law 111–339 will:

Require reports to Congress on the management of Arlington National Cemetery, including gravesite discrepancies, the management and oversight of contracts, and the implementation of recent Army directives.

Legislative History:

Dec. 4, 2010: Passed the Senate with an amendment by Unanimous Consent.

Dec. 16, 2010: House agreed to suspend the rules and pass the bill by the Yeas and Nays: (2/3 required) 407–3 (Roll No. 641).

Dec. 22, 2010: Signed by the President.

Bill includes provisions of H.R. 6496 and H.R. 6503.

Public Law 111–

Helping Heroes Keep Their Homes Act of 2010

(S. 4058)

Title: To extend certain expiring provisions providing enhanced protections for servicemembers relating to mortgages and mortgage foreclosure.

Public Law 111– will:

- Maintain the protection against mortgage foreclosure until December 31, 2012.
- Maintain the stay of proceedings period until January 1, 2013.

Legislative History:

Dec. 22, 2010: Passed the Senate by Unanimous Consent.

Dec. 22, 2010: Passed the House by Unanimous Consent.

Bill includes provisions of H.R. 3976.

ACTIVITIES OF THE COMMITTEE

LEGISLATIVE ACTIVITIES

First Session

Full Committee Markup of H.R. 1171, Homeless Veterans Reintegration Program Reauthorization Act of 2009; H.R. 1377, to amend title 38 to expand veteran eligibility for reimbursement by the VA for emergency treatment received in a non-VA facility; and, H.R. 1513, Veterans' Compensation Cost-of-Living Adjustment Act of 2009.

On March 25, 2009, the full Committee met and marked up three bills which were ordered reported favorably to the House by voice vote: H.R. 1171, as amended (see H. Rept. 111-54); H.R. 1377, as amended (see H. Rept. 111-55); and, H.R. 1513 (see H. Rept. 111-56).

On March 30, 2009, the House agreed to suspend the rules and pass: H.R. 1171, as amended; H.R. 1377, as amended; and, H.R. 1513 by voice vote.

On December 18, 2009, the Senate passed H.R. 1377 by Unanimous Consent.

On February 1, 2010, H.R. 1377 became Public Law No. 111-137.

Full Committee Markup of H.R. 23, Belated Thank You to the Merchant Mariners of World War II Act of 2009; H.R. 466, Wounded Veteran Job Security Act; H.R. 1088, Mandatory Veteran Specialist Training Act of 2009; H.R. 1089, Veterans Employment Rights Realignment Act of 2009; and, H.R. 1170, to amend chapter 21 of title 38, United States Code, to establish a grant program to encourage the development of new assistive technologies for specially adapted housing.

On May 6, 2009, the full Committee met and marked up five bills which were ordered reported favorably to the House by voice vote: H.R. 23, as amended (see H. Rept. 111-99); H.R. 466, as amended (H. Rept. 111-118); H.R. 1088 (see H. Rept. 111-110); H.R. 1089 (H. Rept. 111-111); and, H.R. 1170, as amended (see H. Rept. 111-109).

On May 12, 2009, the House agreed to suspend the rules and pass H.R. 23, as amended, by voice vote.

On May 19, 2009, the House agreed to suspend the rules and pass H.R. 1088 by voice vote; H.R. 1089 by a vote of 423-0 (Roll No. 270); and, H.R. 1170, as amended, by voice vote.

On June 8, 2009, the House agreed to suspend the rules and pass H.R. 466, as amended, by voice vote.

Full Committee Markup of H.R. 952, Compensation Owed for Mission Based Activities in Theater (COMBAT) Act; H.R. 1016, Veterans Health Care Budget Reform and Transparency Act of 2009; H.R. 1037, Pilot College Work Study Programs for Veterans Act of 2009; H.R. 1098, Veterans' Worker Retraining Act of 2009; H.R. 1172, to direct the Secretary of Veterans Affairs to include on the Internet website of the Department of Veterans Affairs a list of organizations that provide scholarships to veterans and their survivors; H.R. 1211, Women Veterans Health Care Improvement Act; H.R. 1821, Equity for Injured Veterans Act of 2009; and, H.R. 2180, to amend title 38, United States Code, to waive housing loan fees for certain veterans with service-connected disabilities called to active service.

On June 10, 2009, the full Committee met and marked up eight bills which were ordered reported favorably to the House: H.R. 952, as amended, by voice vote; H.R. 1016, as amended, (see H. Rept. 111-171) by a record vote of 17-8; H.R. 1037, as amended, (see H. Rept. 111-162) by voice vote; H.R. 1098, as amended, by voice vote; H.R. 1172, as amended, (see H. Rept. 111-164) by en bloc voice vote; H.R. 1211, as amended, (see H. Rept. 111-165) by voice vote; H.R. 1821, as amended, by en bloc voice vote; and, H.R. 2180 by en bloc voice vote.

On June 23, 2009, the House agreed to suspend the rules and pass H.R. 1016, as amended, by a vote of 409-1 (Roll No. 420); H.R. 1172, as amended, by a vote of 411-0 (Roll No. 422); H.R. 1211, as amended, by a vote of 408-0 (Roll No. 421).

On July 14, 2009, the House agreed to suspend the rules and pass H.R. 1037, as amended, by a vote of 422-0 (Roll No. 535).

On August 6, 2009, the Senate further amended H.R. 1016 with the language of S. 423 by Unanimous Consent.

On October 8, 2009, the House agreed to the Senate amendment with an amendment pursuant to H. Res. 804.

On October 22, 2009, H.R. 1016, as amended, became Public Law No. 111-81.

Full Committee Markup of H.R. 1293, Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009; H.R. 2770, Veterans Nonprofit Research and Education Corporations Enhancement Act of 2009; H.R. 3155, Caregiver Assistance and Resource Enhancement Act; and, H.R. 3219, to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, and for other purposes.

On July 15, 2009, the full Committee met and marked up four bills which were ordered reported favorably to the House: H.R. 1293, as amended, (see H. Rept. 111-226) by voice vote; H.R. 2770, as amended, (see H. Rept. 111-225) by voice vote; H.R. 3155, as amended, (see H. Rept. 111-224) by voice vote; and, H.R. 3219, to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, and for other purposes. H.R. 3219

includes the provisions of H.R. 1197, H.R. 1302, H.R. 1546, H.R. 1335, H.R. 2379, H.R. 2774, H.R. 2926, and H.R. 2968 (see H. Rept. 111-223).

On July 27, 2009, the House agreed to suspend the rules and pass H.R. 2770, as amended; H.R. 3155, as amended; and, H.R. 3219, as amended, by voice vote.

On July 28, 2009, the House agreed to suspend the rules and pass H.R. 1293, as amended, by a vote of 426-0 (Roll No. 650).

On September 28, 2010, the Senate passed H.R. 3219 with amendments by Unanimous Consent.

On September 29, 2010, the House agreed to the Senate amendments by voice vote.

On October 13, 2010, H.R. 3219, as amended, became Public Law No. 111-275.

Full Committee Markup of H.R. 1168, Veterans Retraining Act of 2009 and H.R. 3949, to amend title 38, United States Code, and the Servicemembers Civil Relief Act, to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes.

On October 28, 2009, the full Committee met and marked up two bills which were ordered reported favorably to the House: H.R. 1168, as amended, (see H. Rept. 111-323) and H.R. 3949 which includes the provisions of H.R. 32; H.R. 228; H.R. 761, H.R. 2461, H.R. 2614, H.R. 2696, as amended; H.R. 2874, as amended; and, H.R. 3223 (see H. Rept. 111-324).

On November 2, 2009, the House agreed to suspend the rules and pass H.R. 1168, as amended, by a vote of 356-0 (Roll No. 832).

On November 3, 2009, the House agreed to suspend the rules and pass H.R. 3949, as amended, by a vote of 382-2 (Roll No. 835).

Second Session

Full Committee Markup of H.R. 4810, End Veteran Homelessness Act of 2010; H.R. 4592, Energy Jobs for Veterans Act; H.R. 3976, as amended, The Veterans Employment and Home Preservation Act of 2010; H.R. 1879, as amended, National Guard Employment Protection Act of 2010; and, H.R. 4667, Veterans' Compensation Cost-of-Living Adjustment Act of 2010.

On March 10, 2010, the full Committee met and marked up five bills which were ordered reported favorably to the House by voice vote: H.R. 4810 (see H. Rept. 111-449); H.R. 4592 (see H. Rept. 111-453); H.R. 3976, as amended (see H. Rept. 111-451); H.R. 1879, as amended (see H. Rept. 111-450); and, H.R. 4667 (see H. Rept. 111-452).

On March 22, 2010, the House agreed to suspend the rules and pass H.R. 4810 by a vote of 413-0 (Roll No. 170) and H.R. 4667 by a vote of 407-0 (Roll No. 171).

On March 23, 2010, the House agreed to suspend the rules and pass: H.R. 3976, as amended, by a vote of 416-4 (Roll No. 176) and H.R. 4592, as amended, by a vote of 397-19 (Roll No. 177).

On March 24, 2010, the House agreed to suspend the rules and pass H.R. 1879, as amended, by a vote of 416-0 (Roll No. 184).

On September 22, 2010, the Senate passed H.R. 4667 by Unanimous Consent.

On September 30, 2010, H.R. 4667 became Public Law No. 111-247.

Full Committee Markup of H.R. 1017, as amended, Chiropractic Care to All Veterans Acts; H.R. 5145, Assuring Quality Care for Veterans Act; and H.R. 3885, Veterans Dog Training Therapy Act.

On May 12, 2010, the full Committee met and marked up three bills which were ordered reported favorably to the House by voice vote: H.R. 1017, as amended (see H. Rept. 111-488); H.R. 5145 (see H. Rept. 111-489); and, H.R. 3885 (see H. Rept. 111-490).

On May 24, 2010, the House agreed to suspend the rules and pass H.R. 1017, as amended, by a vote of 365-6 (Roll No. 292).

On May 25, 2010, the House agreed to suspend the rules and pass H.R. 5145, as amended, by a vote of 413-2 (Roll No. 294) and H.R. 3885 by a vote of 403-4 (Roll No. 298).

Full Committee Markup of H.R. 6132, The Veterans Benefits and Economic Welfare Improvement Act of 2010; H.R. 3685, Promotion of the VetSuccess Internet Website; H.R. 5630, Qualification for Vocational Rehabilitation Counselors and Employment Coordinators; H.R. 5360, as amended, The HELP Veterans Act of 2010; H.R. 3787, as amended, Veteran Status for Certain Reserve Components; and, H.R. 5993, as amended, SAVINGS Act of 2010.

On September 15, 2010, the full Committee met and marked up six bills which were ordered reported favorably to the House by voice vote: H.R. 6132 which included H.R. 929, H.R. 4541, H.R. 5064, H.R. 5484, and H.R. 5549 (see H. Rept. 111-630); H.R. 3685 (see H. Rept. 111-624); H.R. 5630 (see H. Rept. 111-627); H.R. 3787, as amended (see H. Rept. 111-625); H.R. 5360, as amended to include H.R. 293, H.R. 297, H.R. 1098, H.R. 1171, as amended, H.R. 1336, H.R. 1821, H.R. 2614, H.R. 3484, H.R. 3561, H.R. 3579, H.R. 4079, H.R. 4319, H.R. 4359, and H.R. 4765 (see H. Rept. 111-626); and, H.R. 5993, as amended (see H. Rept. 111-628).

On September 28, 2010, the House agreed to suspend the rules and pass, by voice vote: H.R. 6132, as amended; H.R. 5630; H.R. 3787, as amended; and, H.R. 5360, as amended.

On September 29, 2010, the House agreed to suspend the rules and pass H.R. 3685 by a vote of 425-0 (Roll No. 551); H.R. 5993, as amended, by a vote of 358-66 (Roll No. 552).

OVERSIGHT ACTIVITIES

First Session

Full Committee Roundtable—Veterans Service Organizations and Military Associations Discussion of Legislative Priorities for the 111th Congress

On January 27, 2009, the full Committee held a roundtable meeting to develop a legislative agenda for the first session of the 111th Congress.

Members of the Committee on Veterans' Affairs, veterans service organizations, and military associations provided ideas for the Committee's agenda.

Full Committee Hearing—The State of the VA

On February 4, 2009, 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 issues facing today's veterans, including the need to transform the VA into a 21st Century Department. The Secretary also discussed proposals and goals for the VA to include teamwork, reward initiatives, seek innovation, demand the highest levels of integrity, transparency and performance in leading the Department through the fundamental and comprehensive changes needed. The backlog of benefits claims and the need to move to a paperless, electronic benefits claims system in order to expedite and streamline claims processing, and the goal of receiving a timely budget for the VA to eliminate the need for continuing resolutions that hamper planning are among those issues where change is needed.

The Secretary noted that there has been improvement in post-traumatic stress disorder diagnosis and treatment as well as a good working relationship with the National Suicide Prevention Hotline. The VA and the Department of Defense are working together to improve the transition process from the military to civilian life stressing the need for one single electronic medical record that follows the veteran from the military to the VA. See The State of the U.S. Department of Veterans Affairs, Serial No. 111-1.

Full Committee Hearing—VA Budget Request for FY 2010

On March 10, 2009, the full Committee held a hearing to address the Administration's budget request for the U.S. Department of Veterans Affairs.

The Honorable Eric K. Shinseki, Secretary of the U.S. Department of Veterans Affairs, and the veterans service organizations provided testimony. See U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2010, Serial No. 111-6.

Site Visit to Frederick, Maryland

On April 16, 2009, majority and minority staff visited the Department of Veterans Affairs Acquisition academy in Frederick, Maryland, to obtain an update on the status of the Acquisition Academy and to tour the new facility and meet with students in the internship program. Staff met with Lisa Doyle, Chancellor of the VFA Acquisition Academy; Melissa Starinsky, Vice-Chancellor of the Internship School Program; Richard Garrison, Vice-Chancellor Program Management School; and, Jan Fry, Deputy Assistant Secretary of the Office of Acquisition and Logistics.

The VA Acquisition Academy was built in 2008, and started training its inaugural class of interns in September 2008 with 30 students. They plan to add another class of 30 in the summer and a third class in the fall. The Academy anticipates that each class will contain around 30-45 students, and in three years, the interns will spread out through the VA as journeymen to continue their training. According to information provided during the staff brief-

ing, other government agencies have expressed interest in its progress, and may consider utilizing the Academy for a similar program within their agencies. Other than DoD and DHS, no other government agency has a program such as this. The funding for the Academy comes through the revolving fund. Offering the program to other agencies would help mitigate the cost.

Full Committee Field Hearing—Building the Critical Health Infrastructure for Veterans in Jacksonville, Florida

On April 20, 2009, the full Committee held a hearing to provide general oversight and to receive updates on the Gainesville Towers Project which will correct deficiencies in patient privacy. The new bed tower will have 245,000 gross square feet and consist of four floors which will house 226 single-bed patient rooms with private baths and a ground floor which will house supportive services. The contract for the bed tower was awarded in June of 2008, and the construction will be completed in April of 2011. The Committee hearing focused on the status of the construction which, to date, is about 10 percent completed.

Witnesses from the City of Jacksonville, veterans service organizations, Jacksonville National Cemetery Advisory Committee, and the U.S. Department of Veterans Affairs provided testimony. See Building the Critical Health Infrastructure for Veterans in Jacksonville, Florida, Serial No. 111–11.

Full Committee Field Hearing—Building the Critical Health Infrastructure for Veterans in Orlando, Florida

On April 21, 2009, the full Committee held a hearing to discuss how to build the critical health infrastructure for veterans in Orlando. Specifically, assess the progress of the new Orlando VA Medical Center to date. The new Orlando VA Medical Center at Lake Nona is a \$665 million project and will be a 134-bed hospital; a 120-bed community living center; a 60-bed domiciliary; an outpatient clinic; and, a veterans benefits mini-service center. The state-of-the-art medical complex will address key deficiencies in the VISN 8 central market. The extra space will allow the VA to expand its delivery of primary, specialty, diagnostic and mental health care and allow VA to make acute care, complex specialty care, and advanced ancillary and diagnostic services available to the veterans of east central Florida.

Witnesses from the Central Florida Veterans Memorial Park Foundation, veterans service organizations, and the U.S. Department of Veterans Affairs provided testimony. See Building the Critical Health Infrastructure for Veterans in Orlando, Florida, Serial No. 111–12.

Full Committee Hearing—Funding the VA of the Future

On April 29, 2009, the full Committee held a hearing on how best to fund the VA of the future and meet the needs of returning servicemembers, as well as veterans from previous conflicts. The goal is to make sure that the VA has sufficient budgets to meet the needs of veterans and that the budgets are provided in a timely fashion in order for the VA to make the most out of these dollars. The Committee explored the idea of advance appropriations as a budgeting mechanism for the Department of Veterans Affairs and

examined the efficacy of the VA's budget forecasting model in making sound out-year budget projections.

The U.S. Department of Veterans Affairs, veterans service organizations, RAND Corporation, Congressional Research Service, U.S. Department of Health and Human Services, and the U.S. Government Accountability Office provided testimony. See *Funding the U.S. Department of Veterans Affairs of the Future*, Serial No. 111–16.

Full Committee Hearing—Innovative Technologies and Treatments Helping Veterans

On May 13, 2009, the full Committee held a hearing to learn about the innovative technologies and treatments which are currently available, or are in development, to help veterans.

Witnesses from Zila, Inc.; Brainport Technologies, Wicab, Inc.; Alkermes, Inc.; Mobile Medical International Corporation; TeleMed Network; Fate Therapeutics, Inc.; Georgetown University; BrainCells Inc.; and, Harmonex, Inc., CliniCom devoted resources into researching the unique maladies that affect veterans of all conflicts. See *Innovative Technologies and Treatments Helping Veterans*, Serial No. 111–18.

Full Committee Roundtable—The Growing Needs of Women Veterans: Is the VA Ready?

On May 20, 2009, the full Committee held a roundtable to address issues confronting women veterans and to assess the ability of the U.S. Department of Veterans Affairs to provide the right services to the country's 1.8 million women veterans. Participants discussed the need for a coordinated and national effort to provide programs and services for women throughout the VA. Participants discussed issues that affect or impact female veterans differently than male veterans and the need for increased training for administrative and medical VA personnel. Also discussed was the misconception that women do not participate in combat, and therefore, are not eligible for service-connected benefits. Women discussed the prevalence of military sexual trauma and the difficulty women continue to face as they transition from military to civilian life and shared the emotional and bureaucratic difficulty of receiving service-connection for mental health care as a result of the trauma they endured.

Participants included the Society for Women's Health Research, Service Women's Action Network, Grace After Fire, veterans service organizations, military associations, and the U.S. Department of Veterans Affairs.

Full Committee Hearing—A National Commitment to End Veterans' Homelessness

On June 3, 2009, the full Committee held a hearing focused on four specific programs operated by the Department of Veterans Affairs: Grant and Per Diem (GDP), outreach to veterans, Special Needs Grants, and prevention efforts. According to recent VA reports, approximately one-third of the adult homeless population served in the Armed Services. Studies have shown an indirect connection between combat exposure and homelessness.

Witnesses discussed the need to increase the annual authorization for the GPD program in order to increase the number of beds available for veterans as well as to enhance the supportive services offered. Service providers also reported that the current mechanism used to determine the per diem amount is outdated and inequitable.

Veterans service organizations, homeless service providers, homeless prevention organizations and the U.S. Department of Veterans Affairs provided testimony. See A National Commitment to End Veterans' Homelessness, Serial No. 111–25.

Site Visit to Indianapolis

On July 1, 2009, minority staff attended a forum in Indianapolis on implementing the new Post 9/11 G.I. Bill. The forum provided college and university administrators the chance to speak with VA personnel on the new bill and to address any problems.

Full Committee Hearing—Meeting the Needs of Injured Veterans in the Military Paralympic Program

On July 29, 2009, the full Committee held a hearing focused on the U.S. Military Paralympic Program with specific focus on the VA's Office of National Veterans Sports Programs and Special Events. The U.S. Paralympics host Military Sports Camps, which are multi-day events for veterans with physical disabilities. During each camp, participants attend sports clinics conducted by paralympic athletes and coaches and participate in light competitive events.

Paralymians provided testimony detailing rehabilitation, resilience, and regaining their inherent competitive spirit as a result of their participation. In addition, the Committee heard testimony from veterans service organizations; Disabled Sports USA, Inc.; National Recreation and Park Association; U.S. Department of Defense; U.S. Olympic Committee; and, the U.S. Department of Veterans Affairs. See Meeting the Needs of Injured Veterans in the Military Paralympic Program, Serial No. 111–38.

Vietnam Veterans of America Convention—Louisville, Kentucky

From July 30–August 2, 2009, majority staff attended Vietnam Veterans of America Convention to discuss the legislative priorities of the Committee on Veterans' Affairs. In addition, staff participated in seminars on issues including women veterans and participated in POW/MIA ceremonies and general sessions in order to gain a better understanding of the needs of Vietnam veterans.

Site Visit to Indianapolis

On August 5, 2009, minority staff attended a forum on transitioning student veterans to campus life. The event featured a roundtable discussion on best practices.

The American Legion Convention—Louisville, Kentucky

From August 21–22, 2009, majority staff spoke at the "Legislation & Rules" segment of The American Legion Convention to discuss the legislative priorities of the Committee on Veterans' Affairs.

Disabled American Veterans Convention—Denver, Colorado

From August 22–25, 2009, majority and minority staff spoke at the “Service and Legislative Seminar” of the Disabled American Veterans Convention to discuss the legislative priorities of the Committee on Veterans’ Affairs.

Full Committee Roundtable—Veterans Court

On September 16, 2009, the full Committee held a roundtable to discuss judicial courts which only hear cases involving veterans and provide judges greater latitude in sentencing for non-violent crimes. Modeled after drug and mental health treatment courts, judges are able to order counseling, substance abuse treatment, mentoring, job training, housing assistance, and job placement services as alternatives to incarceration. Participants discussed their efforts to help veterans avoid jail by connecting them to necessary treatment and support. Currently, Veterans’ Treatment Courts operate in New York, Alaska, California, Oklahoma, Illinois, and Pennsylvania, with other states working to establish similar programs.

Representatives from the Buffalo City Court in New York; Veterans Court Mentoring Program; Eric County Veterans Service Agency; Committee on Veterans and Service-Members Legal Issues; National Association of Drug Court Professionals; Madison County Circuit Court; Pittsburgh Civil Division; and the U.S. Department of Veterans Affairs Medical Center in Buffalo, New York; participated.

Full Committee Hearing—Energy Efficiency at the VA

On September 30, 2009, the full Committee held a hearing to examine the efforts made by the Department of Veterans Affairs to meet its Green Initiatives set out in Presidential Executive Order 13423, which sets goals for federal agencies to improve energy efficiency, reduce water consumption, and generally increase the sustainability of building and work practices. The hearing further explored green initiatives within the hospital environment and the importance of greening all federal buildings.

Witnesses from the Center for Maximum Potential Building Systems; U.S. Green Building Council; Green Building Initiative; Center for Environmental Innovation in Roofing; U.S. General Services Administration; U.S. Department of Energy; and the U.S. Department of Veterans Affairs provided testimony. See Energy Efficiency at the U.S. Department of Veterans Affairs, Serial No. 111–46.

Full Committee Hearing—Update on the State of the VA

On October 14, 2009, the full Committee held a hearing to receive an update from the U.S. Department of Veterans Affairs Secretary Eric K. Shinseki. The Secretary provided a nine-month progress report on the state of the VA since becoming Secretary in January 2009. The Secretary announced that a Department of Veterans Affairs Strategic Plan would soon be released which would outline the strategic goals that will drive decision-making over the next five years. He addressed specific concerns that include improving access to health care, reducing the time it takes for a disability claim to be fairly adjudicated, and the need for addressing the downward spiral that can lead to homelessness for veterans. The

Secretary also discussed the VA's emergency procedures to issue checks to veterans after initial delays of the Post-9/11 G.I. Bill. The Secretary also addressed challenges, missed opportunities, and gaps in providing care and services to veterans. See Update on the State of the U.S. Department of Veterans Affairs, Serial No. 111-49.

Full Committee Hearing—VA Health Care Funding: Appropriations to Programs

On December 2, 2009, the full Committee held a hearing to explore how the Department of Veterans Affairs determines its resource needs and executes its spending plans for providing local medical care for veterans. The hearing specifically focused on how VA Central Office distributes and tracks the federal resources and how oversight is conducted to ensure that federal dollars reach the various programs and initiatives at the local VA medical centers. Despite the robust budget increases, concerns have been raised that allocations to some local VA medical centers have either remained stagnant or have not been proportional to the unprecedented increase in overall funding for VA medical care. During the hearing, Committee Members agreed to send a joint letter requesting a Government Accountability Office review of the budget planning and allocation process to determine the resources needed to provide proper medical care to veterans.

A former Veterans Integrated Services Network director and the U.S. Department of Veterans Affairs provided testimony. See U.S. Department of Veterans Affairs Health Care Funding: Appropriations to Programs, Serial No. 111-53.

Second Session

Full Committee Meeting—Discussion of Congressional Priorities with Veterans Service Organizations

On January 20, 2010, the full Committee held a meeting with 40 veterans service organizations to discuss priorities for the second session of the 111th Congress.

Participants discussed the priorities of each of the 40 different veteran advocacy organizations. Many discussed how the disability claims backlog impacts veterans while they are most vulnerable. The lengthy wait for some veterans' disability claims has contributed to financial problems and a domino effect that can result in economic turmoil from which some veterans never recover. Additional issues addressed included caregiver needs, the importance of strong reintegration programs, and the immediate need for greater VA outreach to alert veterans of available benefits and programs.

Full Committee Roundtable—Meeting the Unique Health Care Needs of Rural Veterans

On January 27, 2010, the full Committee held a roundtable to better understand the health care challenges facing the rural veteran population and seek to develop an action plan based on the recommendations of the roundtable participants.

Studies show that rural Americans have a higher propensity to serve in the military than the general population. Nineteen percent of the nation lives in rural areas, yet 44 percent of the new recruits

of Operations Enduring Freedom and Iraqi Freedom come from rural areas. Of the nearly 8 million veterans who are currently enrolled in the VA health care system, about 3 million are from rural areas, making up about 40 percent of all enrolled veterans. For the 3 million veterans living in rural areas, access to health care remains a key barrier, as they cannot see a doctor or a health care worker to receive the care and treatment they need. The limited access to care is especially a concern to the Committee. Current data tells us that rural communities have the highest percentage of disabled veterans and that veterans who live in rural areas have worse health outcomes compared to the general population.

Full Committee Hearing—VA Budget Request for FY 2011 and FY 2012

On February 4, 2010, the full Committee conducted a hearing to address the Administration's budget request for the Department of Veterans Affairs. Under Public Law 111-81, the Administration is required to request two budgets for the VA: one to provide fiscal year 2011 total funding and another to provide fiscal year 2012 funding for certain VA medical accounts.

The U.S. Department of Veterans Affairs and veterans service organizations provided testimony. See U.S. Department of Veterans Affairs Budget Request for FY 2011 and FY 2012, Serial No. 111-59.

Full Committee Hearing—Exploring the Relationship between Medication and Veteran Suicide

On February 24, 2010, the full Committee conducted a hearing to explore the relationship between medication and veteran suicide. The hearing specifically focused on the dangers posed by certain medications, the possible benefits of the same medications, the recent increase in suicide among servicemembers and veterans, and initiatives implemented by the Department of Veterans Affairs and Department of Defense to prevent such deaths.

Physicians from a wide range of institutions provided testimony. Representatives from the Department of Defense and Department of Veterans Affairs also provided testimony. See Exploring the Relationship Between Medication and Veteran Suicide, Serial No. 111-62.

Full Committee Hearing—Structuring of VA of 21st Century

On March 10, 2010, the full Committee conducted a hearing to better understand the challenges that face the Department of Veterans Affairs in the future and what is needed to transform the agency into a 21st Century organization. The Secretary of the U.S. Department of Veterans Affairs offered his assessment of how to improve the structure and implement necessary changes to provide veterans with the best care and benefits in the most effective and efficient way possible.

Current law provides for "not more than seven Assistant Secretaries" and limits the number of Deputy Assistant Secretaries to a number "not exceeding 19, as the Secretary may determine." As part of its restructuring efforts, the VA is seeking legislation that would authorize an additional Assistant Secretary and eight Deputy Assistant Secretaries. This section was last amended in 2002,

when one Assistant Secretary, one Deputy Assistant Secretary, and an additional Assistant Secretary function covering “[o]perations, preparedness, security, and law enforcement.” See Structuring of U.S. Department of Veterans Affairs of 21st Century, Serial No. 111–66.

Full Committee Roundtable—Discussion to Identify Specific Reintegration Issues Facing Veterans

On March 17, 2010, the full Committee held a roundtable discussion to identify reintegration challenges faced by servicemembers and veterans, and to explore potential legislative solutions to these challenges. The roundtable format allows participants to share relevant information in a more conversational and less-formal setting.

Ideas for improving the process for reintegration included immediate screenings for all veterans upon their return from deployment, a “de-boot” camp to decompress from the stress of deployment, and more effective electronic medical records transfer between the Department of Defense and the VA. Although it was noted that both DoD and VA operate a number of effective programs, participants reported an ongoing difficulty in connecting the service with the veteran that needs it. Additional programming challenges include duplication of services, difficulty in approving newer treatments, and the lack of peer-to-peer options. It was suggested that each veteran with VA health care eligibility should be presented a card to access private health services in the case of an emergency.

Full Committee Summit—Claims Summit 2010: A Call for Solutions

On March 18, 2010, the full Committee held a summit to meet with stakeholders, industry leaders, and veteran service organizations to address new and unique ways of reducing the claims backlog at the Veterans Benefits Administration. With more than one million claims and appeals backlogged in a fatally-flawed system, the need for reform of the veterans’ benefits claims processing system is well known. The claims backlog represents veterans who have sustained wounds as a result of serving our country and are waiting for the help they have been promised.

Full Committee Hearing—Health Effects of the Vietnam War—The Aftermath

On May 5, 2010, the full Committee conducted a hearing to examine the health effects that veterans sustained during the War in Vietnam as a result of being exposed to the toxic dioxin-based concoctions that we now generally refer to as Agent Orange and discuss related legislation. The Committee will also follow-up on the outstanding directive to the Department of Veterans Affairs to conduct the National Vietnam Veterans Longitudinal Study.

Many stakeholders, including DoD, Institute of Medicine, Congress, the Court of Appeals for Veterans Claims, veteran service organizations, and several researchers, conclude that a veteran’s exposure to Agent Orange cannot be properly determined solely based on troop movement. See Health Effects of the Vietnam War-The Aftermath, Serial No. 111–75.

Full Committee Roundtable—Veterans Employment

On May 26, 2010, the full Committee held a roundtable discussion to review the status of veteran employment, highlight the success of top military-friendly businesses, discuss stakeholder plans for improving veteran employment access in all sectors, and identify steps Congress can take to assist veterans in obtaining employment.

Participants discussed the current rates of unemployment among veterans, and the issue of veterans' employment in the federal government. At the moment, veteran unemployment rates are hovering at 10.2 percent for Iraq and Afghanistan veterans, as compared to 7.8 percent unemployment for other veterans, and 9.1 percent unemployment of their non-veteran counterparts. Ideas for improving employment options included enhanced transition programs and career counseling for separating servicemembers, improved promotion and advertisement of existing federal programs, and acceptance of military training to obtain related state occupational licensing. Participants relayed a need for veterans to better translate military experience into civilian skills as well as a centralized index of veteran resumes for private sector positions.

Full Committee Hearing—U.S. Department of Veterans Affairs Office of Inspector General's Open Recommendations: Are We Fixing the Problems?

On June 9, 2010, the full Committee conducted a hearing to evaluate and examine the progress made by the Department of Veterans Affairs in complying with VA's Office of Inspector General's (OIG) recommendations. The OIG's target date for VA implementation of OIG recommendations on how to improve in a specific area is within one year of publication of the report. Currently, there are a total of 115 open reports with 694 open recommendations. Most of the open recommendations are tracking the target date; however, 16 reports containing 45 recommendations are over one year old.

The OIG has summarized the open recommendations for each report by each office in the department responsible for implementing them, and the total monetary benefit that has yet to be realized because they are still open. According to the OIG Semiannual Report to Congress released in March 2010, the total monetary benefit that has yet to be realized is \$92,714.

In addition, recommendations in the annual audit report on the VA information security program that is required by the Federal Information Security Management Act of 2002 are tracked separately by OIG's independent auditor. Presently, there are 40 open recommendations, of which 34 are carried over from prior years, and six are new recommendations. Department of Veteran Affairs representatives and the Office of the Inspector General provided testimony. See U.S. Department of Veterans Affairs Office of Inspector General's Open Recommendations: Are We Fixing the Problems?, Serial No. 111–83.

Site Visit to St. Louis, Missouri

From July 12–13, 2010, minority staff visited both the Jefferson Barracks division and the John Cochran division of the St. Louis VAMC. At the Jefferson Barracks division, staff toured the facili-

ties, including the adjacent Jefferson Barracks National Cemetery and the newly constructed Fisher House, and received briefings on upcoming campus renovations and geriatric medicine. At the John Cochran division, staff received a briefing on the improper sterilization of dental equipment and toured the call center and Emergency Dental Clinic that was set up to provide information, counseling, and testing to at-risk veterans.

Full Committee Field Hearing—Veterans at Risk: The Consequences of the VA Medical Center Non-Compliance in St. Louis, Missouri

On July 13, 2010, the full Committee conducted a hearing to examine an incident involving reusable dental equipment and veteran patient safety at the John Cochran VA Medical Center in St. Louis, Missouri. In December 2008, the Committee was notified of improper reprocessing of endoscopes which put thousands of veterans in Murfreesboro, Tennessee, and Miami, Florida, at possible risk of hepatitis and HIV. In February 2009, another 1,000 veterans in Augusta, Georgia, received notifications that they were at risk for hepatitis and HIV because of improper processing of ear, nose, and throat endoscopes. Additionally, the Department notified 79 additional veterans in Florida, whom they failed to notify previously, that they were also at risk.

Veterans Susan Maddux and Terri Odom provided testimony, as well as, representatives from The American Legion, the U.S. Department of Veterans Affairs, The Honorable Claire McCaskill and The Honorable Phil Hare also provided testimony. See Veterans at Risk: The Consequences of the U.S. Department of Veterans Affairs Medical Center Non-Compliance, Serial No. 111-90.

Full Committee Roundtable—Innovative Treatments for Traumatic Brain Injury and Post-Traumatic Stress Disorder

On July 21, 2010, the full Committee held a roundtable discussion to review innovative treatment options for veterans injured while serving in Afghanistan and Iraq. More than 20 participants shared relevant information concerning treatment tools that have been developed or are in development concerning traumatic brain injury and combat stress, which are viewed as the signature wounds of Operations Enduring Freedom and Iraqi Freedom.

Representatives from the VA Boston Healthcare System, U.S. Department of Veterans Affairs, Pikes Peak Behavioral Health Group, Soul Medicine Institute, Emory University, Duke University Medical Center, Advanced Pain Centers, S.C, Navy Medical Research and Development Center, EPI-SOAR Consulting, Westat, North Florida Foundation for Research and Education, Inc, Healthcare Solutions Network of North Carolina, Inc, Center of Excellence, International Hyperbaric Medical Association, University of Pittsburgh, Ross & Ross, Department of Veterans Affairs and Department of Defense, participated in the discussion.

Full Committee Hearing—Continued Oversight of Inadequate Cost Controls at the VA

On July 28, 2010, the full Committee conducted a hearing to assess recent actions taken by the Department of Veterans Affairs to

improve its oversight of procurement practices. Specifically, the Committee reviewed the procurement mechanism known as miscellaneous obligations, which is used when funds need to be obligated to ensure they are available when the actual expenditures occur, but the amount to be spent is uncertain. In fiscal year 2009, the VA spent almost \$12 billion on miscellaneous obligations, up nearly \$6 billion from reported fiscal year 2007 levels.

VA officials report that new policies and procedures have been crafted in response to Congressional oversight and recommended by reports from the Government Accountability Office. Members pressed to see an itemized list of miscellaneous obligations spending, which VA witnesses could not provide, and insisted that new policies be implemented with expedience. Witnesses included the U.S. Government Accountability Office and the U.S. Department of Veterans Affairs. See Continued Oversight of Inadequate Cost Controls at the U.S. Department of Veterans Affairs, Serial No. 111-95.

Disabled American Veterans—Atlanta, Georgia

From July 31–August 1, 2010, majority and minority staff participated in the Disabled American Veterans National Convention in Atlanta, Georgia. Staff spoke to the membership and addressed numerous questions. Some key issues discussed included the VRE program and the Post-9/11 GI Bill program. Staff discussed the rate for VRE was raised by 7 percent in a bill that passed the House which included child care, and provided an additional month of assistance for veterans seeking employment.

Site Visit to Atlanta, Georgia

On August 1, 2010, minority staff visited the VA Regional Office in Atlanta to review the claims processes in place and see if and how recent initiatives were being implemented and whether they were having the intended impact on processing claims expeditiously.

Site Visit to Quantico, Virginia

On August 16, 2010, majority and minority staff traveled to the Marine Corps Base in Quantico, Virginia. In Quantico, staff visited the Wounded Warrior Regiment, which performs important services to transitioning Marines, including outreach and coordination with the VA health care system as well as the Sergeant Merlin German Wounded Warrior Call Center, which supports the Wounded Warrior Regiment's effort by providing wounded warriors and their families with a 24/7 point of contact.

The American Legion—Milwaukee, Wisconsin

From August 29–September 1, 2010, majority staff participated in The American Legion National Convention in Milwaukee, Wisconsin. Staff participated in the legislative panel and met with veterans attending the Economic Commission's workshops. Concerns were raised about the low number of veterans employed in VA regional offices; the small number of VA employment representatives who attend job fairs; extensive paperwork required by VA to process a VA home loan; and veteran-owned small business owners

raised concerns that HUBZone firms take priority over veteran-owned small business firms.

Full Committee Hearing—Personality Disorders Discharges: Impact on VA Benefits

On September 15, 2010, the full Committee conducted a hearing to review how a military discharge of personality disorder can impact veterans' benefits. Categorized by the military with having a pre-existing condition, separating servicemembers are unable to prove to the Department of Veterans Affairs that their condition is a result of military service—potentially barring them from access to health care and benefits. The hearing specifically reviewed what health care options and benefits are available to these veterans, recent Department of Defense policy changes for personality disorder discharges, and why the military continues to send servicemembers with pre-existing mental conditions into combat.

Chuck Luther, a former Sergeant in the U.S. Army; Joshua Kors; the United States Army; the U.S. Department of Defense; and, the Department of Veterans Affairs provided testimony. See Personality Disorders Discharges: Impact on Veterans' Benefits, Serial No. 111–97.

Full Committee Hearing—The True Cost of the War

On September 30, 2010, the full Committee conducted a hearing on the true cost of the war. Economists, veteran advocates, retired military leaders, veterans and their families discussed the real life consequences of war, not just in financial terms but in the practical reality of day-to-day living. The hearing specifically focused on the rising estimates of the cost of veterans' care provided by the U.S. Department of Veterans Affairs, how veterans and their families have coped with post-combat life, and how the government could prepare to keep the promises made to America's fighting troops and veterans.

Testimony was provided by Linda J. Bilmes, MBA, Professor, John F. Kennedy School of Government Harvard University; Joseph E. Stiglitz, Nobel Laureate, Professor, Columbia University; Joseph A. Violante, National Legislative Director, Disabled American Veterans; Major General John Batiste, USA (Ret.); Major General William L. Nash, USA (Ret.); Colonel James McDonough, USA (Ret.); Paul Sullivan, Executive Director, Veterans for Common Sense; Lorrie Knight-Major, mother of a veteran from Silver Spring, Maryland; Corey Gibson, a veteran from Terre Haute, Indiana; and, LTC Donn Van Derveer, USA (Ret.), a veteran from Ashville, Alabama. See The True Cost of the War, Serial No. 111–103.

ACTIVITIES OF THE SUBCOMMITTEE ON DISABILITY
ASSISTANCE AND MEMORIAL AFFAIRS

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Markup of H.R. 952 and H.R. 2270

On June 3, 2009, the Subcommittee met and marked up H.R. 952, the Compensation Owed for Mission Based Activities in The-

ater (COMBAT) Act and H.R. 2270, the Benefits for Qualified World War II Veterans Act of 2009. H.R. 952 was amended and forwarded to the full Committee by voice vote. H.R. 2270 was forwarded to the full Committee by voice vote.

Subcommittee Markup of H.R. 2379, H.R. 2774, and H.R. 2968

On July 9, 2009, the Subcommittee met and marked up H.R. 2379, the Veterans' Group Life Insurance Improvement Act of 2009; H.R. 2774, the Families of Veterans Financial Security Act; and, H.R. 2968, to amend title 38, United States Code, to eliminate the required reduction in the amount of the accelerated death benefit payable to certain terminally-ill persons insured under the Servicemembers' Group Life Insurance or Veterans' Group Life Insurance. All three bills were forwarded to the full Committee by voice vote.

Subcommittee Markup of H.R. 761 and H.R. 3485

On October 21, 2009, the Subcommittee met and marked up H.R. 761, eligibility for parents of deceased veterans for interment in a national cemetery and H.R. 3485, the Veterans Pensions Protection Act. Both bills were forwarded to the full Committee by voice vote.

Subcommittee Markup of H.R. 4121

On November 18, 2009, the Subcommittee met and marked up H.R. 4121, the Veterans Appeals Improvement and Modernization Act of 2009 which was forwarded to the full Committee by voice vote.

Second Session

Subcommittee Markup of H.R. 3787, H.R. 4541, H.R. 5064 and H.R. 5549

On July 27, 2010, the Subcommittee met and marked up H.R. 3787, to amend title 38, United States Code, to recognize the service in the reserve components of certain persons by honoring them with status as veterans under law; H.R. 4541, Veterans Pensions Protection Act of 2010; H.R. 5064, Fair Access to Veterans Benefits Act of 2010; and, H.R. 5549, RAPID Claims Act. H.R. 3787 and H.R. 4541 were amended and forwarded to the full Committee. H.R. 5064 and H.R. 5549 were forwarded to the full Committee by voice vote.

OVERSIGHT ACTIVITIES

First Session

Subcommittee on Disability Assistance and Memorial Affairs and the Subcommittee on Oversight and Investigations Joint Hearing—Document Tampering and Mishandling at VBA

On March 3, 2009, the Subcommittees held a hearing to focus on three primary issues that have come to public attention wherein the Veterans Benefits Administration (VBA) has tampered with or mishandled documents from veterans and their families in the 57 regional offices. These issues include misdating of claims at the

New York Regional Office, shredding documents wrongly placed in shredder bins, and denying widows their survivor benefits.

The Subcommittees heard from veterans service organizations; National Veterans Legal Service Program; a senior veterans service representative of the VBA Regional Office in Winston-Salem, North Carolina, on behalf of the American Federation of Government Employees; and, the U.S. Department of Veterans Affairs. See, Document Tampering and Mishandling at the Veterans Benefits Administration, Serial No. 111–4.

Subcommittee Oversight Hearing—The Nexus between Engaged in Combat with the Enemy and PTSD in an Era of Changing Warfare Tactics

On March 24, 2009, the Subcommittee held a hearing on the issues surrounding the VA application of the provisions found in 38 United States Code § 1154 and the definition of “engaged in combat with the enemy.”

The Subcommittee heard testimony from veterans service organizations; the Committee on Veterans’ Compensation for Posttraumatic Stress Disorder for the Institute of Medicine of the National Academies; Invisible Wounds of War; the RAND Corporation; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See, Nexus between Engaged in Combat with the Enemy in an Era of Changing Warfare Tactics, Serial No. 111–9.

Subcommittee Legislative Hearing on H.R. 952

On April 23, 2009, the Subcommittee held a legislative hearing on the Compensation Owed for Mental Health Based on Activities in Theater Post-traumatic Stress Disorder or the Combat PTSD Act, H.R. 952. This hearing focused on the clarification of the meaning of “combat with the enemy” as referenced in 38 United States Code § 1154(b) by adding “(A) in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war; (B) or in combat against a hostile force during a period of hostilities.”

The Subcommittee heard testimony from the Disabled American Veterans; the National Veterans Legal Service Program; American Ex-Prisoners of War; National Organization of Veterans’ Advocates, Inc.; and, the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 952, the Compensation Owed for Mental Health Based on Activities in Theater Post-Traumatic Stress Disorder Act, Serial No. 111–13.

Subcommittee Oversight Hearing—Examining Appellate Processes and their Impact on Veterans

On May 14, 2009, the Subcommittee held a hearing examining the appellate processes regarding the Board of Veterans’ Appeals, the Appeals Management Center, and the United States Court of Appeals for Veterans Claims. In examining the appeals process, the hearing evaluated the efficiency and effectiveness of the agencies tasked with handling appeals, including ways to reduce backlog and expedite decisions on claims. In light of an increase in appeals requiring adjudicative action and the amount of time required for appeals to be adjudicated, backlog and drawn out appeals processes plague the system.

The Subcommittee heard testimony from the U.S. Court of Appeals for Veterans Claims; the American Association of Government Employees Local 17; Board of Veterans Appeals; Disabled American Veterans; National Veterans Legal Services Program; National Organization of Veterans' Advocates; the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs; and, the Appeals Management Center of the Veterans Benefits Administration. See *Examining Appellate Processes and Their Impacts on Veterans*, Serial No. 111–19.

Subcommittee Legislative Hearing—H.R. 1522, H.R. 1982, H.R. 2270

On May 21, 2009, the Subcommittee held a legislative hearing on H.R. 1522, the United States Cadet Nurse Corps Equity Act; H.R. 1982, the Veterans Entitlement to Service Act of 2009; and, H.R. 2270, Benefits for Qualified World War II Veterans Act of 2009.

The Subcommittee heard testimony from the Honorable Nita M. Lowey of New York; a World War II Cadet Nurse from Galesferry, Connecticut; the Honorable Carolyn C. Kilpatrick of Michigan; the World War II American Volunteer Group of the Flying Tigers; and, the U.S. Department of Veterans Affairs. The Disabled Veterans of America; the American Federation of Government Employees; and, the Honorable Steve Buyer of Indiana submitted testimony for the record. See *Legislative Hearing on H.R. 1522, H.R. 1982, and H.R. 2270*, Serial No. 111–23.

Subcommittee Oversight Hearing—Addressing the Backlog: Can VA Manage One Million Claims?

On June 18, 2009, the Subcommittee held a hearing on the problems plaguing the Department of Veterans Affairs' disability claims processing system which is predicted to reach one million backlogged claims by the next fiscal year. The hearing focused on exploring VA's strategy to manage its claims workload and to analyze VA's compliance with various requirements outlined in Public Law 110–389.

The Subcommittee heard testimony from veterans service organizations; a veteran from Gladstone, Oregon; Service Women's Action Network; Advisory Committee on Disability Compensation of the U.S. Department of Veterans Affairs; Decision Review Officer, Veterans Affairs Cleveland Regional Office on behalf of the American Federation of Government Employees, AFL–CIO; U.S. Department of Veterans Affairs; and, the DoD/VA Interagency Program Office. See *Addressing the Backlog: Can the U.S. Department of Veterans Affairs Manage One Million Claims?*, Serial No. 111–30.

Subcommittee Legislative Hearing—H.R. 2379, H.R. 2713, H.R. 2774 and H.R. 2968

On June 24, 2009, the Subcommittee held a legislative hearing on H.R. 2379, The Veterans' Group Life Insurance Improvement Act of 2009; H.R. 2713, the Disabled Veterans Life Insurance Enhancement Act; H.R. 2774, Families of Veterans Financial Security Act; and, H.R. 2968, to amend title 38, United States Code, to eliminate the required reduction in the amount of the accelerated death benefit payable to certain terminally-ill persons insured

under Servicemembers' Group Life Insurance or Veterans' Group Life Insurance.

The Subcommittee heard testimony from Members of Congress on their respective bills; Tragedy Assistance Program for Survivors, Inc.; Disabled American Veterans; and, the VA Regional Office Insurance Center of the Veterans Benefits Administration, U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 2379, H.R. 2713, H.R. 2774, and H.R. 2968, Serial No. 111–31.

**Subcommittee on Disability Assistance and Memorial Affairs
and Subcommittee on Health Oversight Joint Hearing—
Eliminating the Gaps: Examining Women Veterans'
Issues**

On July 16, 2009, the Subcommittees held a hearing to further explore the overarching issues that women veterans face when entering the VA benefits and health care systems. Statistics show that women are 20 percent less likely to be awarded a disability claim than their male counterparts. With a growing proportion of women veterans entering the military, the hearing addressed various issues, including: military sexual trauma, fragmented and gendered disparities in health care, insufficient numbers of clinicians specified for women veterans, lack of outreach to women veterans, and a male dominated culture at the VA.

The Subcommittees heard testimony from Disabled American Veterans; Service Women's Action Network; Wounded Warrior Project; National Association of State Women Veterans Coordinators, Inc.; Texas Veterans Commission; Grace Under Fire; U.S. Government Accountability Office; Society for Women's Health Research; Department of Psychiatry Director, Trauma and Loss Program, Georgetown University Medical Center on behalf of the Committee on Veterans' Compensation for Posttraumatic Stress Disorder, Institute of Medicine and National Research Council, the National Academies; and, the U.S. Department of Veterans Affairs. See *Eliminating the Gaps: Examining Women Veterans' Issues*, Serial No. 111–34.

**Subcommittee Hearing—Examining Ancillary Benefits and
Veterans' Quality of Life Issues**

On July 23, 2009, the Subcommittee held a hearing to discuss secondary service-connected disability benefits that are considered when evaluating claims for compensation, including special monthly compensation, aid and attendance, housebound, automotive and adaptive equipment, and the clothing allowance. Studies have found that ancillary benefits available to veterans and their families are based on different eligibility criteria and entitlements, which are sometimes confusing and complicated. The hearing focused on ways to improve ancillary benefit standards in order to better serve veterans.

The Subcommittee heard testimony from veterans service organizations; National Veterans Legal Services Program; Institute of Medicine; Economic Systems Inc.; Quality of Life Foundation; National Organization on Disability; and, the U.S. Department of Veterans Affairs. See *Examining Quality of Life and Ancillary Benefits Issues*, Serial No. 111–37.

Subcommittee Hearing—Honoring the Fallen: How Can We Better Serve America’s Veterans and Their Families?

On September 24, 2009, the Subcommittee held a hearing to examine the VA’s National Cemetery Administration, Arlington National Cemetery, the national cemeteries administered by the U.S. Department of Interior, and the overseas cemeteries under the jurisdiction of the American Battle Monuments Commission. The hearing provided a comprehensive exploration of all current burial benefits and explored the current burial benefits and policies provided for veterans, and any additional measures needed for properly memorializing our nation’s veterans and their families.

Witnesses for the hearing included the American Battle Monuments Commission; Arlington National Cemetery; the U.S. Department of the Interior; veterans service organizations; National Funeral Directors Association; American Federation of Government Employees, AFL–CIO, Local 2241; and, the U.S. Department of Veterans Affairs. See *Honoring the Fallen: How Can We Better Serve America’s Veterans and Their Families?*, Serial No. 111–44.

Subcommittee Legislative Hearing—H.R. 761, H.R. 2243, H.R. 3485, H.R. 3544, and Draft Legislation

On October 8, 2009, the Subcommittee held a legislative hearing on H.R. 761, to amend title 38, United States Code, to provide for the eligibility of parents of certain deceased veterans for interment in national cemeteries; H.R. 2243, Surviving Spouses’ Benefit Improvement Act of 2009; H.R. 3485, Veterans Protection Act; H.R. 3544, National Cemeteries Expansion Act; and draft legislation, the Veteran Appellate Review Modernization Act.

Witnesses included The Honorable Barney Frank; a Gold star Mother; The Honorable Brian Higgins; the U.S. Court of Appeals for Veterans Claims; National Veterans Legal Service Program; National Funeral Directors Association; veterans service organizations; National Organization of Veterans’ Advocates Inc.; the U.S. Department of Veterans Affairs; Board of Veterans’ Appeals; National Military Family Association; The Retired Enlisted Association; and, the Military Officers Association of America. See *Legislative Hearing on H.R. 761, H.R. 2243, H.R. 3485, H.R. 3544, and Draft Legislation*, Serial No. 111–48.

Second Session

Site Visit to Providence, Rhode Island

On January 26, 2010, majority and minority staff conducted a site visit to Providence, Rhode Island, to assess the Veterans Benefits Administration’s Regional Office. Staff evaluated the progress of the Business Transformation Lab and was able to see first-hand how the Lab operated. Staff also discussed concerns with the regional office staff on how the Lab was being implemented.

Site Visit to Little Rock, Arkansas

On January 19, 2010, majority and minority staff conducted a site visit to Little Rock, Arkansas, to assess the Veterans Benefits Administration’s Regional Office claims processing capabilities. The staff was briefed by the director and her team with an overview of

the regional office operations and its performance on the progress of the claims processing pilot.

Subcommittee Hearing—Implementation and Status Update on the Veterans’ Benefits Improvement Act, P.L. 110-389

On February 3, 2010, the Subcommittee held a hearing to analyze VA’s compliance with various claims processing-related requirements outlined in Public Law 110-389. The hearing also provided an opportunity to continue the Subcommittee’s oversight into the problems plaguing the VA disability claims processing system and to explore VA’s strategy to manage its claims workload, including electronic and paperless processing.

Witnesses for the hearing included veterans service organizations; National Organization of Veterans’ Advocates, Inc.; Rating Specialist from the Los Angeles, California, Veterans Benefits Administration Regional Office, U.S. Department of Veterans Affairs on behalf of the American Federation of Government Employees, AFL-CIO; and, the U.S. Department of Veterans Affairs. See Implementation and Status Update on the Veterans’ Benefits Improvement Act, P.L. 110-389, Serial No. 111-58.

Subcommittee Hearing—Examination of the VA Benefits Delivery Discharge and Quick Start Programs

On February 24, 2010, the Subcommittee held a hearing to examine two pre-discharge initiatives, the Benefits Delivery at Discharge (BDD) and Quick Start programs. Both programs were established by the Departments of Defense and Veterans Affairs to streamline service members’ transition from active duty to veterans’ status. The BDD and Quick Start programs are mechanisms that if implemented effectively, can help significantly reduce or eliminate the growing VA compensation and pension claims backlog.

Witnesses included the U.S. Government Accountability Office; veterans service organizations; Wounded Warrior Care and Transition Policy for the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See Examination of VA Benefits Delivery Discharge and Quick Start Program, Serial No. 111-63.

Subcommittee Hearing—Examination of VA Regional Office Disability Claims Quality Review Methods

On March 24, 2010, the Subcommittee held a hearing on VA’s Systematic Technical Accuracy Review program to assess one of VBA’s quality review systems which serves as VA’s primary method for improving claims processing timeliness and accuracy.

Witnesses included the U.S. Department of Veterans Affairs; the U.S. Government Accountability Office; National Veterans Legal Services Program; veterans service organizations; and, the U.S. Department of Veterans Affairs. See Examination of VA Regional Office Disability Claims Quality Review Methods—Is VBA’s Systematic Technical Accuracy Review (STAR) Making the Grade?, Serial No. 111-68.

Site Visit to Baltimore, Maryland

On April 14, 2010, majority and minority staff visited the Baltimore Regional Office to review the Veterans Benefits Management

System initiative, the Virtual Regional Office (VRO) pilot, Disability Evaluation System initiative, and the overall operation of the office's compensation and pension claims processing system. Staff observed that the paperless processing capability offered by the VRO presented promise, yet, there was no clear indication of how the automated system would ensure high accuracy rates as well as increased timeliness. In addition, the VRO did not appear to be completed by the target date. Nonetheless, VA's staff managing the VRO was motivated and appeared open to considering issues concerning the system.

Subcommittee Hearing—Examining VA's Fiduciary Program

On April 22, 2010, the Subcommittee held a hearing to examine VA's fiduciary program and ways that Congress and VA can work together to better protect those veterans that are in need of fiduciary services. The hearing also provided an opportunity to examine limitations on owning, possessing, and/or operating guns imposed relating to veterans whose affairs are managed by VA fiduciaries.

Witnesses included U.S. Department of Veterans Affairs; the U.S. Government Accountability Office; veterans service organizations; and, the American Federation of Government Employees, AFL-CIO. See, *Examining VA's Fiduciary Program: How Can VA Better Protect Vulnerable Veterans and their Families*, Serial No. 111-72.

Subcommittee Hearing—Quality vs. Quantity

On May 5, 2010, the Subcommittee held a hearing to examine VBA's employee work credit and management systems and evaluate their effectiveness in ensuring accountability and quality in processing compensation and pension claims and appeals. The hearing also sought to examine a report examining the VBA work credit and management systems that was mandated by legislation developed in the 110th Congress, the Veterans Disability Benefits Claims Modernization Act of 2008, H.R. 5892, which later was incorporated into Public Law 110-389.

Witnesses included the Institute for Public Research CNA; National Organization of Veterans' Advocates, Inc.; National Veterans Legal Service Program; veterans service organizations; the American Federation of Government Employees; and, the U.S. Department of Veterans Affairs. See *Quality vs. Quantity: Examining the Veterans Benefits Administration's Employee Work Credit and Management Systems*, Serial No. 111-77.

Subcommittee on Disability Assistance and Memorial Affairs and the Subcommittee on Health Joint Hearing—Healing the Wounds: Evaluating Military Sexual Trauma Issues

On May 20, 2010, the Subcommittees conducted a hearing to evaluate military sexual trauma (MST) issues which refers to the experiences of sexual harassment and/or sexual assault that occurred while a veteran was in the military. The hearing focused on ways in which the Veterans Benefits Administration, Veterans Health Administration, and the Department of Defense can better

address the needs of veterans impacted by MST and identify ways to better prevent, treat and properly compensate them.

Witnesses included the Society for Women's Health Research, Helen Benedict author of *The Lonely Solider: The Private War of Women Serving in Iraq*; RAINN—Rape, Abuse, and Incest National Network; Disabled American Veterans; Iraq and Afghanistan Veterans of America; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *Healing the Wounds: Evaluating Military Sexual Trauma Issues*, Serial No. 111–79.

Subcommittee Hearing—The State of the Veterans Benefits Administration

On June 15, 2010, the Subcommittee conducted a hearing to examine the state of the Veterans Benefits Administration at the Department of Veterans Affairs, specifically, the VBA compensation and pension system, including staff training requirements, inter-agency communication strategies, regional and national workload management challenges, accuracy goals, and targeted pilot programs.

Representatives from the National Organization for Veterans' Advocates, Inc.; American Federation of Government Employees; Veterans for Common Sense; Disabled American Veterans; Veterans Law Section of the Federal Bar Association; Veterans for Common Sense; and, the Advisory Committee on Disability Compensation, provided testimony. See *The State of the Veterans Benefits Administration*, Serial No. 111–85.

Site Visit to Pittsburgh, Pennsylvania

On June 17, 2010, majority and minority staff conducted a site visit to the Veterans Benefits Administration in the Pittsburgh, Pennsylvania, Regional Office to assess the Case-Managed Development pilot program, the station's provision of services to veterans living overseas, and other aspects of the regional office operations. Staff received a briefing by the Director and senior management team on an overview of the operations and performance.

Subcommittee Legislative Hearing—H.R. 3407, H.R. 3787, H.R. 4541, H.R. 5064, H.R. 5549, and Draft Legislation

On July 1, 2010, the Subcommittee held a legislative hearing on H.R. 3407, Severely Injured Veterans Benefit Improvement Act of 2009; H.R. 3787, to amend title 38, United States Code, to recognize the service in the reserve components of certain persons by honoring them with status as veterans under law; H.R. 4541, the Veterans Protection Act of 2010; H.R. 5064, The Fair Access to Veterans Benefits Act of 2010; H.R. 5549, Rapid Claims Act; and, draft legislation.

Members of Congress testified on their respective bills; veterans service organizations; and, the U.S. Department of Veterans Affairs provided testimony. The National Guard of the United States; the Association of the United States Navy; the Military Officers Association of America; National Guard Association of the United States; Reserve Officers Association of the United States; Reserve Enlisted Association; and, The Retired Enlisted Association provided testimony. See *Legislative Hearing on H.R. 3407, H.R. 3787,*

H.R. 4541, H.R. 5064, H.R. 5549, and Draft Legislation, Serial No. 111–89.

Site Visit to Cleveland, Ohio

From August 2–6, 2010, majority and minority staff attended the VBA Leadership Conference 2010 in Cleveland, Ohio. The Conference, “Breaking the Back of the Backlog,” provided staff with the opportunity to participate in various sessions on claims, compensation, pension, vocational rehabilitation, employment, and education.

Subcommittee Hearing—Examining Training Requirements of Veterans Benefits Administration Claims Processing Personnel

On September 16, 2010, the Subcommittee conducted a hearing on the effectiveness of personnel training within the Veterans Benefits Administration to address the backlog of unresolved claims. Representatives of the Department of Veterans Affairs reported improvements in both the quantity and quality of VBA’s training model, and were confident that over time, with continued focus, pending benefit claims will begin to dramatically decrease.

Representatives from the U.S. Government Accountability Office; VBA Regional Office of the Winston-Salem, North Carolina, Department of Veterans Affairs; Disabled American Veterans; National Veterans Legal Services Program; Cost Analysis and Research Division; Institute for Defense Analyses; and, The American Legion, provided testimony. See Examining Training Requirements of Veterans Benefits Administration Claims Processing Personnel, Serial No. 111–98.

ACTIVITIES OF THE SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Markup of H.R. 228, H.R. 466, H.R. 1088, H.R. 1089, and H.R. 1171

On March 19, 2009, the Subcommittee met and marked up H.R. 228, 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; H.R. 466, Wounded Veteran Job Security Act; H.R. 1088, Mandatory Veteran Specialist Training Act of 2009; H.R. 1089, Veterans Employment Rights Realignment Act of 2009; and, H.R. 1171, Homeless Veterans Reintegration Program Reauthorization Act of 2009.

H.R. 1089, as amended, was forwarded favorably to the full Committee. H.R. 228, H.R. 466, H.R. 1088, and H.R. 1171 were forwarded favorably to the full Committee.

Subcommittee Markup of H.R. 1037, H.R. 1098, H.R. 1172, H.R. 1821, and H.R. 2180

On June 4, 2009, the Subcommittee met and marked up H.R. 1037, Pilot College Work Study Programs for Veterans Act of 2009; H.R. 1098, Veterans’ Worker Retraining Act of 2009; H.R. 1172, to direct the Secretary of Veterans Affairs to include on the Internet

website of the Department of Veterans Affairs a list of organizations that provide scholarships to veterans and their survivors; H.R. 1821, Equity for Injured Veterans Act of 2009; and, H.R. 2180, to amend title 38, United States Code, to waive housing loan fees for certain veterans with service-connected disabilities called to active service.

H.R. 1037, H.R. 1098, H.R. 1172, and H.R. 1821 were amended and forwarded favorably to the full Committee. H.R. 2180 was forwarded favorably to the full Committee.

Subcommittee Markup of H.R. 2696, H.R. 2874, H.R. 1182, H.R. 2416, H.R. 2614, H.R. 1168, and H.R. 2461

On October 8, 2009, the Subcommittee met and marked up H.R. 2696, Servicemembers' Rights Protection Act; H.R. 2874, Helping Active Duty Deployed Act of 2009; H.R. 1182, Military Spouses Residency Relief Act; H.R. 2416, to require the Department of Veterans Affairs to use purchases of goods or services through the Federal supply schedules for the purpose of meeting certain contracting goals for participation by small business concerns owned and controlled by veterans, including veterans with service-connected disabilities; H.R. 2614, Veterans' Advisory Committee on Education Reauthorization Act of 2009; H.R. 1168, Veterans Retraining Act of 2009; and, H.R. 2461, Veterans Small Business Verification Act .

H.R. 2696, H.R. 2874, and H.R. 1168 were amended and forwarded favorably to the full Committee. H.R. 1182, H.R. 2416, and H.R. 2461 were forwarded favorably to the full Committee.

Second Session

Subcommittee Markup of H.R. 3948, H.R. 3484, H.R. 3976, H.R. 4079, H.R. 4592, H.R. 950, H.R. 3561, H.R. 3577, H.R. 3579, H.R. 1879, and H.R. 1169

On March 4, 2010, the Subcommittee met and marked up H.R. 3948, Test Prep for Heroes Act; H.R. 3484, to amend title 38 United States Code, to extend the authority for certain qualifying work-study activities for purposes of the educational assistance programs of the Department of Veterans Affairs; H.R. 3976, Helping Heroes Keep Their Homes Act of 2010; H.R. 4079, to amend title 38, United States Code, to temporarily remove the requirement for employers to increase wages for veterans enrolled in on-the-job training programs; H.R. 4592, Energy Jobs for Veterans Act; H.R. 950, to amend chapter 33 of title 38, United States Code, to increase educational assistance for certain veterans pursuing a program of education offered through distance learning; H.R. 3561, to amend title 38, United States Code, to increase the amount of educational assistance provided to certain veterans for flight training; H.R. 3577, Education Assistance to Realign New Eligibilities for Dependents Act of 2009; H.R. 3579, to amend title 38, United States Code, to provide for an increase in the amount of the reporting fees payable to educational institutions that enroll veterans receiving educational assistance from the Department of Veterans Affairs, and for other purposes; H.R. 1879, National Guard Employment Protection Act of 2010; and, H.R. 1169, to amend title 38, United States Code, to increase the amount of assistance provided

by the Secretary of Veterans Affairs to disabled veterans for specially adapted housing and automobiles and adapted equipment.

H.R. 3948, H.R. 3484, H.R. 3976, H.R. 4079, H.R. 4592, H.R. 950, and H.R. 1879 were amended and forwarded favorably to the full Committee. H.R. 3561, H.R. 3577, H.R. 3579, and H.R. 1169 were forwarded favorably to the full Committee.

Subcommittee Mark up of H.R. 929, H.R. 3685, H.R.4359, H.R. 4469, H.R. 4765, H.R. 5360, and H.R. 5484

On July 15, 2010, the Subcommittee met and marked up H.R. 929, to amend title 38, United States Code, to require the Secretary of Veterans Affairs to carry out a program of training to provide eligible veterans with skills relevant to the job market, and for other purposes; H.R. 3685, to require the Secretary of Veterans Affairs to include on the main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website and to publicize such Internet website; H.R. 4359, WARMER Act; H.R. 4469, to amend the Servicemembers Civil Relief Act to provide for protection of child custody arrangements for parents who are members of the Armed Forces deployed in support of a contingency operation; H.R. 4765, to amend title 38, United States Code, to authorize individuals who are pursuing programs of rehabilitation, education, or training under laws administered by the Secretary of Veterans Affairs to receive work-study allowances for certain outreach services provided through congressional offices, and for other purposes; H.R. 5360, HELP Veterans Act of 2010; and, H.R. 5484, VetStar Veteran-Friendly Business Act of 2010.

H.R. 5360 and H.R. 929 were amended and forwarded favorably to the full Committee. H.R. 3685, H.R. 4359, H.R. 4469, H.R. 4765, and H.R. 5484 were forwarded favorably to the full Committee.

OVERSIGHT ACTIVITIES

First Session

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

On February 26, 2009, the Subcommittee held a hearing leading up to the implementation of the Chapter 33, Post-9/11 New GI Bill benefits on August 1, 2009, to ensure benefits will be delivered on time. The hearing provided the VA with an opportunity to give an update on the progress, milestones they have met, identify issues with implementation, short and long-term strategies, and plan phases.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs and Space and Naval Warfare Systems Center, Atlantic. See VA’s Update on Short and Long-Term Strategies for Implementing New G.I. Bill Requirements, Serial No. 111–2.

Subcommittee Legislative Hearing—H.R. 147, H.R. 228, H.R. 297, H.R. 466, H.R. 929, H.R. 942, H.R. 950, H.R. 1088, H.R. 1089, and H.R. 1171

On March 4, 2009, the Subcommittee conducted a legislative hearing on H.R. 147, to amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax pay-

ment to provide assistance to homeless veterans, and for other purposes; H.R. 228, 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; H.R. 297, Veteran Vocational Rehabilitation and Employment Subsistence Allowance Improvement Act of 2009; H.R. 466, Wounded Veteran Job Security Act; H.R. 929, to amend title 38, United States Code, to require the Secretary of Veterans Affairs to carry out a program of training to provide eligible veterans with skills relevant to the job market, and for other purposes; H.R. 942, Veterans Self-Employment Act of 2009; H.R. 950, to amend chapter 33 of title 38, United States Code, to increase educational assistance for certain veterans pursuing a program of education offered through distance learning; H.R. 1088, Mandatory Veteran Specialist Training Act of 2009; H.R. 1089, Veterans Employment Rights Realignment Act of 2009; and, H.R. 1171, Homeless Veterans Reintegration Program Reauthorization Act of 2009.

The Members of Congress testified on their respective bills. See Legislative Hearing on H.R. 147, H.R. 228, H.R. 297, H.R. 466, H.R. 929, H.R. 942, H.R. 950, H.R. 1088, H.R. 1089, and H.R. 1171, Serial No. 111–5.

Site Visit to St. Petersburg, Florida

From March 8–9, 2009, majority staff attended the U.S. Department of Veterans Affairs Lender Training Extravaganza. The training conference allowed staff to address several VA housing loan issues as well as to learn about the lender process. Some of the issues discussed include loan origination, underwriting, loan policy, and other issues of concern.

Subcommittee Hearing—Vocational Rehabilitation and Employment Programs

On April 2, 2009, the Subcommittee held a hearing to learn more about the Department of Veterans Affairs' Vocational Rehabilitation and Employment Program and its relationship with the Department of Labor in assisting our veterans obtain meaningful employment while healing from the wounds sustained while in military service.

Witnesses from the veterans service organizations; the U.S. Department of Labor; and, the U.S. Department of Veterans Affairs provided testimony. See Vocational Rehabilitation and Employment (VR&E) Programs, Serial No. 111–10.

Subcommittee Hearing—Contracts and Contracting Policy at the VA

On April 23, 2009, the Subcommittee held a hearing to determine if there is a need to retrain Federal employees on existing laws and regulations concerning contracts at VA; if there is a majority of Federal agencies not meeting the three percent set aside for veteran owned small businesses; if there is a need to streamline existing programs; and, if there is a lack of enforcement of existing laws and regulations.

The Subcommittee heard testimony from Oak Grove Technologies; MicroTech, LLC; MCB Lighting and Electrical; CSSS.NET; Federal Sources, Inc.; National Veteran-Owned Busi-

ness Association, Veterans Enterprise Training and Services Group, Inc.; National American Veterans; U.S. Small Business Administration; and, the U.S. Department of Veterans Affairs. Testimony for the record included Greentree Environmental Services, Inc. and JBC Corp. See Contracts & Contracting Policy at the VA, Serial No. 111–14.

Subcommittee Hearing—Federal Contractor Compliance

On May 14, 2009, the Subcommittee held a hearing to review the current state of federal contractor compliance. The hearing offered a look at this important issue and insight into the issue and awareness of concerns surrounding contractor compliance. The Subcommittee previously received concerns from veterans complaining about federal contractors not complying with the regulations.

The Subcommittee heard testimony from North Carolina Employment Security Commission; DirectEmployers Association, Inc.; veterans service organizations; the U.S. Department of Labor; and, the U.S. Department of Veterans Affairs. See Federal Contractor Compliance, Serial No. 111–20.

Subcommittee Legislative Hearing—H.R. 1037, H.R. 1098, H.R. 1168, H.R. 1172, H.R. 1821, H.R. 1879, and H.R. 2180

On May 21, 2009, the Subcommittee held a hearing on H.R. 1037, Pilot College Work Study Programs for Veterans Act of 2009; H.R. 1098, Veterans' Worker Retraining Act of 2009; H.R. 1168, Veterans Retraining Act of 2009; H.R. 1172, to include in the Department of Veterans Affairs' website a list of organizations that provide scholarships to veterans and their survivors; H.R. 1821, Equity for Injured Veterans Act of 2009; H.R. 1879, National Guard Employment Protection Act of 2009; and, H.R. 2180, to waive housing loan fees for certain veterans with service-connected disabilities called to active service.

The Members of Congress testified on their respective bills. See Legislative Hearing on H.R. 1037, H.R. 1098, H.R. 1168, H.R. 1172, H.R. 1821, H.R. 1879, and H.R. 2180, Serial No. 111–24.

Subcommittee Hearing—Post-9/11 G.I. Bill: Is the VA ready for August 1st?

On June 25, 2009, the Subcommittee held a hearing to allow the VA and its contractor to update the Subcommittee on the on-going and evolving short and long-term strategies that will be used to implement the Post-9/11 G.I. Bill; the short-term and long-term plans; and, providing an overview of the milestones that have been met.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs and Space and Naval Warfare Systems Center. See Post-9/11 G.I. Bill: Is the VA ready for August 1st?, Serial No. 111–32.

Site Visit to El Paso, Texas

From June 30–July 3, 2009, majority staff traveled to El Paso, Texas to meet with the leadership from the U.S.-Mexico International Boundary & Water Commission about contracting activities with local veterans. Staff also met with the VA hospital staff and Vocational Rehabilitation and Employment staff. Additionally,

staff met with contracting individuals at Ft. Bliss to discuss set aside challenges and the Small Business Consortium.

Site Visit to Philadelphia, Pennsylvania

On July 14, 2009, majority staff traveled to Philadelphia, Pennsylvania, to attend the VA's Vocational Rehabilitation and Employment Service (VR&E) Workload Management and Leadership Training. During the site visit, staff was able to discuss the impact that the new G.I. Bill will have on V&RE programs. The housing stipend in the Post-9/11 G.I. Bill is more generous and the concern is that veterans will forgo needed counseling to use the G.I. Bill. Other issues of concern were the Independent Living program cap of 2600 and the contracting system that VR&E is currently using.

Subcommittee Hearing—The Evolution of State Approving Agencies

On July 16, 2009, the Subcommittee held a hearing to determine the future role of State Approving Agencies, their level of funding, expanded duties, and the growing demands being placed by the new Post-9/11 G.I. Bill.

Witnesses included Congressman Timothy Bishop of New York; veterans service organizations; the National Association of State Approving Agencies; and, the U.S. Department of Veterans Affairs. See *The Evolution of State Approving Agencies*, Serial No. 111–35.

Site Visit to Las Vegas, Nevada

From July 20–23, 2009, majority staff traveled to Las Vegas, Nevada, to attend the 5th Annual National Veteran Small Business Conference & Expo. The conference provided veteran-owned and service-disabled veteran owned small businesses the opportunity to learn more about development and contracting opportunities within the Federal government.

Subcommittee Hearing—Vocational Rehabilitation and Employment Contracts for Veteran Counseling

On July 30, 2009, the Subcommittee held a hearing to discuss the contract under a National Acquisition Strategy to deliver counseling services to veterans and complaints against the VA from prime contractors tasked to provide counseling services to Vocational Rehabilitation and Employment Service participants.

Witnesses included the Heritage of America, LLC; Sygnetics, Inc.; Paralyzed Veterans of America; Veterans Entrepreneurship Task Force; and, the U.S. Department of Veterans Affairs. See *Vocational Rehabilitation and Employment Contracts for Veteran Counseling*, Serial No. 111–40.

Site Visit to Nashville, Tennessee

From August 3–5, 2009, majority staff traveled to Nashville, Tennessee, to attend the National Association of State Approving Agencies (NASAA) Annual Training and Business Meeting. Because the Post-9/11 G.I. Bill permanently funds State Approving Agencies at \$19 million annually, staff was given the opportunity to participate in a discussion regarding current and new legislation and the Post 9/11 G.I. Bill. This meeting provided staff the oppor-

tunity to listen to the agencies and representatives on how the new education benefit and funding are affecting NASAA and schools.

Site Visit to Corpus Christi, Texas

From August 7–9, 2009, majority staff traveled to Corpus Christi, Texas, to attend the American GI Forum 61st Annual American Conference. The American GI Forum provided workshops regarding resources available for veterans on economic opportunity and local leaders were available to address any concerns from veterans.

Subcommittee Hearing—Review of Space and Naval Warfare Systems Center Atlantic and the VA’s Interagency Agreement

On September 10, 2009, the Subcommittee held a hearing for the VA and Space and Naval Warfare Systems (SPAWAR) to respond to the VA’s Inspector General’s report release in June of 2009. The report titled, “Review of Interagency Agreement between the Department of Veterans Affairs and Department of Navy, Space Naval and Warfare Systems Center” indicated that both the VA and SPAWAR have been irresponsible in implementing the Interagency Agreement.

Witnesses included the Office of Inspector General; the U.S. Department of Veterans Affairs; and, the Space and Naval Warfare Systems Center, Atlantic. See Review of Space and Naval Warfare Systems Center Atlantic and the U.S. Department of Veterans Affairs’ Interagency Agreement, Serial No. 111–41.

Site Visit to Alaska

From September 14–18, 2009, minority and majority staff traveled to Alaska to visit the Transition Assistance Program classes that were being held at Fort Richardson and Fort Wainwright Air Force Bases at Elmendorf and Eileson.

Subcommittee Legislative Hearing—H.R. 294, H.R. 1169, H.R. 1182, H.R. 2416, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2874, H.R. 2928, H.R. 3223, H.R. 3554, H.R. 3561, H.R. 3577, and H.R. 3579

On September 24, 2009, the Subcommittee held a legislative hearing on H.R. 294, Veteran-Owned Small Business Promotion Act of 2009; H.R. 1169, to amend title 38, United States Code, to increase the amount of assistance provided by the Secretary of Veterans Affairs to disabled veterans for specially adapted housing and automobiles and adapted equipment; H.R. 1182, Military Spouses Residency Relief Act; H.R. 2416, to require the Department of Veterans Affairs to use purchases of goods or services through the Federal supply schedules for the purpose of meeting certain contracting goals for participation by small business concerns owned and controlled by veterans, including veterans with service-connected disabilities; H.R. 2461, Veterans Small Business Verification Act; H.R. 2614, Veterans’ Advisory Committee on Education Reauthorization Act of 2009; H.R. 2696, Servicemembers’ Rights Protection Act; H.R. 2874, Helping Active Duty Deployed Act of 2009; H.R. 2928, to amend title 38, United States Code, to provide for an apprenticeship and on-job training program under the Post-9/11 Veterans Educational Assistance Program; H.R. 3223,

to amend title 38, United States Code, to improve the Department of Veterans Affairs contracting goals and preferences for small business concerns owned and controlled by veterans; H.R. 3554, National Guard Education Equality Act; H.R. 3561, to amend title 38, United States Code, to increase the amount of educational assistance provided to certain veterans for flight training; H.R. 3577, Education Assistance to Realign New Eligibilities for Dependents (EARNED) Act of 2009; and, H.R. 3579, to amend title 38, United States Code, to provide for an increase in the amount of the reporting fees payable to educational institutions that enroll veterans receiving educational assistance from the Department of Veterans Affairs, and for other purposes.

The Members of Congress testified on their respective bills. See Legislative Hearing on H.R. 294, H.R. 1169, H.R. 1182, H.R. 2416, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2874, H.R. 2928, H.R. 3223, H.R. 3554, H.R. 3561, H.R. 3577, Serial No. 111–45.

Subcommittee Hearing—VA Status Report on Post-9/11 G.I. Bill

On October 15, 2009, the Subcommittee held a hearing to review the VA's progress on the implementation of the Post-9/11 G.I. Bill. The hearing addressed issues of concern that have been raised by veteran service organizations, the media and to clarify any misinterpretation by these entities. The VA provided an overview on how they process housing and book stipend payments to students and tuition payments to universities.

The U.S. Department of Veterans Affairs provided testimony. See VA Status Report on Post-9/11 G.I. Bill, Serial No. 111–51.

Site Visit to San Antonio, Texas

From October 21–23, 2009, majority staff visited San Antonio, Texas, to attend the VA Lender Training Conference sponsored by the VA. The conference provided staff the opportunity to assess the VA's work to provide lenders with the knowledge and understanding of the VA home loan program. In addition, staff was able to assess how well lenders know the program, their concerns, and potential improvements needed. Some of the issues covered were loan guaranty, VA appraisals, energy efficient mortgages and eligibility requirements.

Subcommittee Hearing—Adaptive Housing Grants

On November 19, 2009, the Subcommittee conducted a hearing to review current adaptive housing grants and the need to update them. The primary concerns raised included the need to increase the grant amounts; the number of Temporary Residence Assistance grants recipients have been low; and, the need to expand the scope of adaptations and injuries.

The testifying witnesses included veterans service organizations; Homes for our Troops; and, the U.S. Department of Veterans Affairs. See Adaptive Housing Grants, Serial No. 111–52.

Subcommittee Roundtable—Education

On December 3, 2009, the Subcommittee conducted an Education Roundtable to allow stakeholders to express their concerns and provide specific recommendations regarding the various VA education

programs. The Subcommittee reviewed and discussed the legislative recommendations provided by the veterans service organizations and schools to expand and improve existing veteran education programs administered by the VA.

Second Session

Site Visit to Muskogee, Oklahoma

From January 14–15, 2010, majority and minority staff visited the VA’s Education Regional Processing Center in Muskogee to examine the processing of Chapter 33 benefits. Staff viewed a demonstration of processing claims, conducted a town hall with senior leadership as well as processing staff, and reviewed the regional education call center.

Subcommittee Hearing—Long-Term Solution for Post-9/11 G.I. Bill

On January 21, 2010, the Subcommittee held a hearing to provide the VA with an opportunity to present clear details about the VA’s schedule for designing, developing, and implementing the educational benefits promised to veterans as required by Public Law 110–252.

The Subcommittee heard testimony from the U.S. Department of Labor; the U.S. Department of Veterans Affairs; and, the Space and Naval Warfare Systems Center Atlantic. See Long-Term Solution for Post-9/11 G.I. Bill, Serial No. 111–56.

Subcommittee Legislative Hearing—H.R. 3257, H.R. 3484, H.R. 3579, H.R. 3813, H.R. 3948, H.R. 3976, H.R. 4079, H.R. 4203, H.R. 4359, H.R. 4469, and H.R. 4592

On February 25, 2010, the Subcommittee held a legislative hearing on H.R. 3257, Military Family Leave Act of 2009; H.R. 3484, to extend the authority for certain qualifying work-study activities for purposes of the educational assistance programs of the Department of Veterans Affairs; H.R. 3579, to amend title 38, United States Code, to provide for an increase in the amount of the reporting fees payable to educational institutions that enroll veterans receiving educational assistance from the Department of Veterans Affairs, and for other purposes; H.R. 3813, Veterans Training Act; H.R. 3948, Test Prep for Heroes Act; H.R. 3976, Helping Heroes Keep Their Home Act; H.R. 4079, to temporarily remove the requirement for employers to increase wages for veterans enrolled in on-the-job training programs; H.R. 4203, to direct the Secretary of Veterans Affairs to provide veterans certain educational assistance payments through direct deposit; H.R. 4359, Warmer Act; H.R. 4469, to amend the Servicemembers Civil Relief Act to provide for protection of child custody arrangements for parents who are members of the Armed Forces deployed in support of a contingency operation; and, H.R. 4592, Energy Jobs for Veterans Act.

The Members of Congress testified on their respective bills; the U.S. Department of Veterans Affairs; the U.S. Department of Defense; veterans service organizations; New York Bureau of Veterans Education; and the Law Offices of Mark E. Sullivan provided testimony. The American Bar Association; an Army National Guard Blue Star Wife; National Association of Veterans’ Program

Administrators; National Military Family Association; Pennsylvania Association of Private School Administrators; and, Student Veterans of America submitted statements for the record. See Legislative Hearing on H.R. 3257, H.R. 3484, H.R. 3579, H.R. 3813, H.R. 3948, H.R. 3976, H.R. 4079, H.R. 4203, H.R. 4359, H.R. 4469 and H.R. 4952, Serial No. 111–64.

Subcommittee Hearing—VA’s Center for Veteran Enterprise

On March 11, 2010, the Subcommittee conducted a hearing to examine the role the Center for Veterans Enterprise (CVE) plays for veteran-owned small business which is operated by the Department of Veterans Affairs. CVE is responsible for verifying businesses for participation in the set-aside program, improve the business climate for veterans, minimize access barriers, and inform the public about the benefits of working with veteran-owned small businesses.

Witnessed included the National Veteran-Owned Business Association; veterans service organizations; and, the Office of Small and Disadvantage Business Utilization of the U.S. Department of Veterans Affairs. See U.S. Department of Veterans’ Affairs Center for Veteran Enterprise, Serial No. 111–67.

Site Visit to Japan

From April 4–10, 2010, majority and minority staff conducted several site visits to U.S. Military installations in Japan and Okinawa to observe the Transition Assistance Program training. Staff also had the opportunity to speak with U.S. Embassy staff in Toyoko and medical personnel from Yokosuka, Massawa, Iwakuni, and Camp Hanson regarding the ability of U.S. veterans to obtain disability medical examinations in Japan.

Subcommittee Hearing—Status of Veterans Employment

On April 15, 2010, the Subcommittee conducted a hearing to examine the status of veterans’ employment, review existing VA programs that assist homeless veterans in finding employment, as well as some of the barriers to employment in the public and private sectors, hiring authorities, and causes of high unemployment rates among younger veterans and female veterans.

The Congressional Research Service; Bureau of Labor Statistics; the U.S. Department of Labor; veteran service organization; the Office of Personnel Management; and, the U.S. Department of Veterans Affairs provided testimony. See Status of Veterans Employment, Serial No. 111–71.

Subcommittee Hearing—Status of Veterans Small Business

On April 29, 2010, the Subcommittee conducted a hearing to determine major obstacles faced by veterans, the status of small business prospects with the Federal government, and how the overall downturn in the economy is affecting veterans.

Representatives from the U.S. Government Accountability Office; the U.S. Small Business Administration; The American Legion; Vietnam Veterans of America; International Franchise Association; Export-Import Bank of the United States; and, the U.S. Department of Veterans Affairs provided testimony. See Status of Veteran Small Business, Serial No. 111–74.

Subcommittee Hearing—Vocational Rehabilitation and Employment Program

On May 6, 2010, the Subcommittee conducted a hearing to examine the status of Vocational Rehabilitation and Employment (VR&E) programs managed by the VA, review all the programs that fall under VR&E, their status and effectiveness, and current funding levels. The VR&E program is developing new ways to improve the quality of its services such as increasing relevant training for its staff, and also developing user-friendly online testing methods that will save veterans time and enable face-to-face counseling with program staff.

The Director of the Vocational Rehabilitation and Employment Service, Veteran Benefits Administration, U.S. Department of Veterans Affairs provided testimony. See Vocational Rehabilitation and Employment Program, Serial No. 111–76.

Subcommittee Hearing—Loan Guaranty Program

On May 20, 2010, the Subcommittee conducted a hearing to examine the status of the loan guaranty program managed by VA which acts as an underwriter of the loans ensuring that the lender is protected against loss if the veteran fails to repay the loan and eliminating the need for a veteran to provide a downpayment. VA guaranteed loans are made by private lenders, such as banks, savings & loans, or mortgage companies to eligible veterans for the purchase of a home which must be for their own personal occupancy.

The Subcommittee heard testimony from the American Bankers Association; NC Mortgage Bankers Association; National Association of REALTORS; veteran service organizations; and the U.S. Department of Veterans Affairs. See Loan Guaranty Program, Serial No. 111–80.

Subcommittee Legislative Hearing—H.R. 114, H.R. 3685, H.R. 4319, H.R. 4635, H.R. 4664, H.R. 4765, H.R. 5360, and H.R. 5484

On June 10, 2010, the Subcommittee held a legislative hearing on H.R. 114, Veterans Entrepreneurial Transition Business Benefit Act; H.R. 3685, to require the Secretary of Veterans Affairs to include on the main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website and to publicize such Internet website; H.R. 4319, Specially Adapted Housing Assistance Enhancement Act of 2009; H.R. 4635, Foreclosure Mandatory Mediation Act of 2010; H.R. 4664, to amend the Servicemembers Civil Relief Act to provide for a one-year moratorium on the sale or foreclosure of property owned by surviving spouses of service members killed in Operation Iraqi Freedom or Operation Enduring Freedom; H.R. 4765, to authorize individuals who are pursuing programs of rehabilitation, education, or training under laws administered by the Secretary of Veterans Affairs to receive work-study allowances for certain outreach services provided through congressional offices, and for other purposes; H.R. 5360, HELP Veterans Act of 2010; H.R. 5484, VetStar Veteran Friendly Business Act of 2010.

The Members of Congress testified on their respective bills. See Legislative Hearing on H.R. 114, H.R. 3685, H.R. 4319, H.R. 4635,

H.R. 4664, H.R. 4765, H.R. 5360, and H.R. 5484, Serial No. 111-84.

Site Visit to Chicago, Illinois

On July 12, 2010, majority and minority staff participated in the Department of Veterans Affairs Vocational Rehabilitation and Employment (VR&E) Service Workload Management Leadership Training Conference in Chicago, Illinois. Staff had an opportunity to address and interact with about 100 senior VR&E staff from across the country. Issues discussed included, the need for more computers and new software to better track the veterans being served by VR&E. The conference was also an opportunity for the senior leadership to propose ideas for legislative consideration.

Site Visit to Las Vegas, Nevada

On July 19, 2010, majority and minority staff attended the Department of the Army Small Business Expo conducted in part with the Department of Veterans' Affairs. Staff was invited to address the main body of small business veteran entrepreneurs and hear their concerns regarding issues being considered by the House Veterans' Affairs Committee and the Small Business Committee. The main concern was the issue of "may" versus "shall" in the Federal Acquisition Regulations. The authority to change the language rests with the Small Business Committee and it seems that they prefer to change the language to "may" for everyone.

Subcommittee Hearing—Licensure and Certification

On July 29, 2010, the Subcommittee held a hearing to examine programs developed by the U.S. Department of Labor, U.S. Department of Defense, and the VA to assist servicemembers transitioning from the military to a civilian career. The Subcommittee was informed of what is currently being done for transitioning veterans and what areas need to be further reviewed to make the transition smoother. The Department of Labor, VA, and the Department of Defense highlighted the programs they have developed and instituted to track military training requirements and the civilian equivalent. The Subcommittee was also informed which occupations are transitioning well and lead to employment and which military occupations are not transferring to civilian employment.

Representatives from the veterans service organizations; Military.com/Monster Worldwide; 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, Serial No. 111-96.

Site Visit to Denver, Colorado

From August 7-11, 2010, the majority staff participated in the National Association of State Approving Agencies, Inc., panel in Denver, Colorado, to discuss the Post-9/11 G.I. Bill. Among the many concerns raised was the elimination of the interval payments, the impact on the yellow ribbon program in the state of New York and the impact on five states that have a higher dollar amount than the proposed \$20,000 national cap.

Site Visit to New York, New York

From August 25–26, 2010, majority staff traveled to New York to conduct oversight visits to the Manhattan VA Medical Center, James J. Peters VA Medical Center, and New York VA Regional Office. The purpose of the visit was to ensure that the centers were following the proper procedures and were in compliance with VA Central Office Directives. In addition, staff evaluated the Vocational Rehabilitation and Employment Program, education and employment services.

Subcommittee Hearing—Update of the Post-9/11 G.I. Bill

On September 16, 2010, the Subcommittee conducted a hearing on the ongoing effort to successfully implement the long-term solution of a centralized web-based benefits delivery system and the current status of the Post-9/11 G.I. Bill program for the fall 2010 semester.

Representatives from the National Association of Veterans' Program Administrators; American Association of State Colleges and Universities; Veterans of Modern Warfare; National Veterans Service; veterans service organizations; Space and Naval Warfare Systems Center Atlantic; and the U.S. Department of Veterans Affairs provided testimony. See Update of Post-9/11 G.I. Bill, Serial No. 111–99.

Subcommittee Hearing—Federal Contractor Compliance

On September 29, 2010, the Subcommittee conducted a hearing to review the current level of federal contractor compliance enforcement with VA contractors. Concerns about the government's ability to enforce current contracting laws geared toward employing veterans were discussed.

Representatives from the National Association of State Workforce Agencies; The American Legion; American Veterans; Veterans Entrepreneurship Task Force; Office of Federal Contract Compliance Programs; the U.S. Department of Labor; and the U.S. Department of Veterans Affairs provided testimony. See Federal Contractor Compliance, Serial No. 111–102.

Site Visit to Las Vegas, Nevada

From October 19–22, 2010, majority and minority staff traveled to Las Vegas, Nevada, to attend the National Association of Veterans' Program Administrators Conference. Staff attended several workshops for school certifying officials to include on-the-job apprenticeship, vocational rehabilitation, and G.I. Bill benefits. Congressional staff participated in a legislative session with the Senate majority staff and led a discussion regarding current and new legislation on education.

ACTIVITIES OF THE SUBCOMMITTEE ON HEALTH

LEGISLATIVE ACTIVITIES

First Session

Subcommittee Markup of H.R. 1377

On March 19, 2009, the Subcommittee met and marked up H.R. 1377, to amend title 38, United States Code, to expand veteran eli-

gibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes, which was forwarded favorably, as amended, to the full Committee by voice vote.

Subcommittee Markup of H.R. 1211

On June 4, 2009, the Subcommittee met and marked up H.R. 1211, the Women Veterans Health Care Improvement Act, which was forwarded favorably, as amended, to the full Committee by voice vote.

Subcommittee Markup of H.R. 1197, H.R. 1293, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2770, H.R. 2926, and a Draft Discussion on Family Caregivers

On July 9, 2009, the Subcommittee met and marked up H.R. 1197, the Medal of Honor Health Care Equity Act of 2009; H.R. 1293, the Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009; H.R. 1302, 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. 1335, 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. 1546, the Caring for Veterans with Traumatic Brain Injury Act of 2009; H.R. 2770, the Veterans Nonprofit Research and Education Corporations Enhancement Act of 2009; H.R. 2926, to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide, without expiration, hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and for veterans of the Persian Gulf War; and a Draft Bill, to amend title 38, United States Code, to provide certain caregivers of veterans with training, support, and medical care, and for other purposes. H.R. 1197, H.R. 1293, H.R. 1302, H.R. 1546, and the Draft Bill were reported favorably to the full Committee by voice vote. H.R. 1335, H.R. 2770, H.R. 2926 were forwarded favorably, as amended, to the full Committee by voice vote.

Subcommittee Markup of H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3885, and Draft Bill

On October 22, 2009, the Subcommittee met and marked up H.R. 2504, to amend title 38, United States Code, to provide for an increase in the annual amount authorized to be appropriated to the Secretary of Veterans Affairs to carry out comprehensive service programs for homeless veterans; H.R. 2559, the Help Our Homeless Veterans Act; H.R. 2735, to amend title 38, United States Code, to make certain improvements to the comprehensive service programs for homeless veterans; H.R. 3885, the Veterans Dog Training Therapy Act, and Draft Legislation to amend title 38, United States Code, to authorize appropriations for the Department of Veterans Affairs program to provide financial assistance for supportive services for very low-income veteran families in permanent housing.

H.R. 2504, H.R. 3885, and the Draft Bill were ordered reported favorably to the full Committee by voice vote. H.R. 2559 and H.R.

2735 were forwarded reported favorably, as amended, to the full Committee by voice vote.

Second Session

Subcommittee Markup of H.R. 1017 and H.R. 5145

On April 29, 2010, the Subcommittee met and marked up H.R. 1017, the Chiropractic Care Available to All Veterans Act; and H.R. 5145, the Assuring Quality Care for Veterans Act.

H.R. 5145 was ordered reported favorably to the full Committee by voice vote. H.R. 1017 was forwarded favorably, as amended, to the full Committee by voice vote.

OVERSIGHT ACTIVITIES

First Session

Site Visit to San Diego

From February 5–6, 2009, majority and minority Subcommittee staff visited the San Diego VA Medical Center. During the tour, staff was briefed on the work being done by the Spinal Cord Injury (SCI) Center located at the VAMC, one of several within the VA health care system. The San Diego SCI center supports family caregivers of veterans undergoing SCI treatment. Facility staff has developed a Personal Care Attendant training program to introduce caregivers to the challenges they will face in caring for an SCI patient and help with the tools they will need to provide the best care possible.

Subcommittee Legislative Hearing—H.R. 784, H.R. 785, H.R. 1211, and a Discussion Draft on Emergency Care Reimbursement

On March 3, 2009, the Subcommittee held a legislative hearing on H.R. 784, to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to submit to Congress quarterly reports on vacancies in mental health professional positions in Department of Veterans Affairs medical facilities; H.R. 785, to direct the Secretary of Veterans Affairs to carry out a pilot program to provide outreach and training to certain college and university mental health centers relating to the mental health of veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and for other purposes; H.R. 1211, the Women Veterans Health Care Improvement Act; and a Discussion Draft to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes (H.R. 1377).

Members of Congress testified on their respective bills and, in addition, veterans service organizations and the U.S. Department of Veterans Affairs provided testimony. The Subcommittee received submissions for the record from the Honorable Bob Filner and veterans service organizations. See Legislative Hearing on H.R. 784, H.R. 785, H.R. 1211, and Discussion Draft on Emergency Care Reimbursement, Serial No. 111–3.

Subcommittee Hearing—Closing the Health Gap of Veterans in Rural Areas: Discussion of Funding and Resource Coordination

On March 19, 2009, the Subcommittee held an oversight hearing to provide oversight of the U.S. Department of Veterans Affairs rural health funding, spending, and resource coordination, and to explore whether resources are used efficiently to narrow the health disparities of veterans living in rural areas.

The Subcommittee heard testimony from the Disabled American Veterans, the South Carolina Office of Rural Health, and the U.S. Department of Veterans Affairs. See Closing the Health Gap of Veterans in Rural Areas: Discussion of Funding and Resource Coordination, Serial No. 111–8.

CODEL to Kuwait, Afghanistan, and Germany

From April 13–18, 2010, the Chairman of the Subcommittee on Health led a Congressional delegation to visit medical facilities in the chain of care for Operation Enduring Freedom (OEF) servicemembers. This visit offered a first-hand look at the level and quality of care being provided to active duty servicemembers in Afghanistan. Accompanying Chairman Michael H. Michaud were Congressman Thomas S.P. Perriello; Congressman Glenn C. Nye; Congresswoman Deborah Halvorson; Congressman David P. Roe; LTG Eric Schoomaker, Surgeon General of the U.S. Army, VADM Adam M. Robinson; and, majority and minority staff of the Committee.

The Congressional Delegation provided members with a detailed look at medical facilities and technology and health care delivery tools being used to treat servicemembers in OEF. Of particular importance to Subcommittee members was the quality of U.S. Department of Defense electronic records. Smooth electronic communication between DoD and the VA is a critical underpinning of a smooth transfer from the DoD medical system to the VA health care system.

While in Afghanistan, the CODEL visited two forward operating bases, to observe the care available to servicemembers injured on the front lines, and to study the first steps on the chain of care for injuries in theater. In addition, the CODEL toured Camp Bagram. Home to the most advanced hospital in the area of operations, Camp Bagram treats patients injured on the front lines, after they have been transferred out of the forward operating bases. The hospital at Camp Bagram, a level III facility, has an emergency room, operating room, and an intensive care unit.

After departing Afghanistan, the CODEL toured Landstuhl Regional Medical Center (LRMC), located in Landstuhl, Germany. Possessing the most advanced medical technology available and a staff drawn from across the armed services, LRMC receives all servicemembers evacuated from theater due to injury. As a level IV medical facility, LRMC offers a wide variety of specialty care.

Site Visit to Bay Pines, Florida

On April 22, 2009, majority Subcommittee staff traveled to the Bay Pines VA Medical Center. At the VAMC, staff met with facility personnel to discuss Project HERO (Healthcare Effectiveness through Resource Optimization), a pilot program intended to en-

hance the efficiency of VA's contracted care. VA personnel responded to a variety of questions giving staff a better understanding of Project HERO. This trip was part of a larger effort by Subcommittee staff to assess Project HERO by visiting all four sites at which it was being piloted.

Subcommittee Hearing—Charting the VA's Progress on Meeting the Mental Health Needs of Our Veterans: Discussion of Funding, Mental Health Strategic Plan, and the Uniform Mental Health Services Handbook

On April 30, 2009, the Subcommittee held an oversight hearing to provide oversight of the U.S. Department of Veterans Affairs mental health funding; the Mental Health Strategic Plan; and the Uniform Mental Health Services Handbook.

The Subcommittee heard testimony from veterans service organizations, the U.S. Department of Veterans Affairs Office of Inspector General, and the U.S. Department of Veterans Affairs. In addition, the Subcommittee received submissions for the record from the following: The Honorable Marcy Kaptur, AMVETS, and a former Mental Health Program Specialist within the U.S. Department of Veterans Affairs. See Charting the U.S. Department of Veterans Affairs' Progress on Meeting the Mental Health Needs of Our Veterans: Discussion of Funding, Mental Health Strategic Plan, and the Uniform Mental Health Services Handbook, Serial No. 111–17.

Subcommittee Hearing—VA Medical Care: The Crown Jewel and Best Kept Secret

On May 19, 2009, the Subcommittee held an oversight hearing to assess the efficacy and responsibility of the Veterans Health Administration's outreach activities to veterans and the community, and to gain a better understanding of what VHA does to inform veterans of the availability of the wide range of services. The hearing also sought to better understand how the outreach strategies differ for younger Operation Enduring Freedom and Operation Iraqi Freedom veterans versus veterans of older generations.

The Subcommittee heard testimony from veterans service organizations, the Altarum Institute, Give an Hour, Trilogy Integrated Resources, Easter Seals, the American Psychological Association, and the U.S. Department of Veterans Affairs. In addition, the Subcommittee received submissions for the record from the Florida Department of Veterans Affairs. See U.S. Department of Veterans Affairs Medical Care: The Crown Jewel and Best Kept Secret, Serial No. 111–22.

Site Visit to San Francisco, California

From May 27–28, 2009, majority and minority Subcommittee staff traveled to San Francisco to attend the “Brain at War” conference. Hosted at the San Francisco VA Medical Center and sponsored by the Veterans Health Research Institute, the “Brain at War” conference brings together academic and medical experts, clinicians, and policy-makers in a discussion on the neuropsychological consequences of war. The conference strengthens collaboration on crucial issues concerning care for veterans and active duty servicemembers suffering from traumatic brain injury, PTSD, and other mental or physical disorders.

While in San Francisco, staff also toured the San Francisco VAMC to see the medical advances being pioneered at the facility. These included a non-invasive imaging system used for the early detection of colon cancer and research undertaken by the Parkinson's Disease Research, Education, and Clinical Center. Subcommittee staff were also briefed on energy conservation initiatives at the VAMC, a leader in the field among VA facilities.

Subcommittee Hearing—Meeting the Needs of Family Caregivers of Veterans

On June 4, 2009, the Subcommittee held an oversight hearing to assess how the U.S. Department of Veterans Affairs meets the needs of family caregivers of veterans and to identify any gaps in supportive services for family caregivers.

The Subcommittee heard testimony from veterans service organizations; the ARCH National Respite Coalition; the National Family Caregivers Association; Addus Healthcare, Inc.; and, the U.S. Department of Veterans Affairs. In addition, the Subcommittee received a submission for the record from the Disabled American Veterans. See Meeting the Needs of Family Caregivers of Veterans, Serial No. 111-26.

Subcommittee Hearing—Assessing Capital Asset Realignment for Enhanced Services and the Future of the VA

On June 9, 2009, the Subcommittee held an oversight hearing to assess the implementation and the effectiveness of the Capital Asset Realignment for Enhanced Services as a capital planning tool, and to explore whether CARES should continue in the future or if the U.S. Department of Veterans Affairs should adopt an alternate capital planning mechanism.

The Subcommittee heard testimony from veterans service organizations, a representative of the CARES Commission, the U.S. Government Accountability Office, and the U.S. Department of Veterans Affairs. See Assessing Capital Asset Realignment for Enhanced Services and the Future of the U.S. Department of Veterans Affairs, Serial No. 111-27.

Subcommittee Legislative Hearing—H.R. 2770, H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2898, and Draft Discussion Legislation

On June 18, 2009, the Subcommittee held a legislative hearing on H.R. 2770, the Veterans Nonprofit Research and Education Corporations Enhancement Act of 2009; H.R. 1293, the Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009; H.R. 1197, the Medal of Honor Health Care Equity Act of 2009; H.R. 1302, 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. 1335, 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. 1546, the Caring for Veterans with Traumatic Brain Injury Act of 2009; H.R. 2734, the Health Care for Family Caregivers Act of 2009; H.R. 2738, to amend title 38, United States Code, to provide travel expenses for family caregivers accompanying veterans to

medical treatment facilities; H.R. 2898, the Wounded Warrior Caregiver Assistance Act; a Discussion Draft to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide, without expiration, hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and veterans of the Persian Gulf War (H.R. 2926); and a Discussion Draft to annually conduct a survey of family caregivers of disabled veterans, and for other purposes.

Members testified on their respective bills and the Vietnam Veterans of America provided testimony before the Subcommittee. In addition, the Subcommittee received submissions for the record from veterans service organizations, the Honorable Bob Filner, the Honorable Steve Buyer, the Honorable Jerry Moran, the American Academy of Physician Assistants, the National Association of Veterans' Research and Education Foundations, and the U.S. Department of Veterans Affairs. See Legislative Hearing on H.R. 2770, H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2898, and Draft Discussion Legislation, Serial No. 111–29.

**Subcommittee on Health and the Subcommittee on Disability Assistance and Memorial Affairs Joint Hearing—
Eliminating the Gaps: Examining Women Veterans' Issues**

On July 16, 2009, the Subcommittees held an oversight hearing to explore the overarching issues that women veterans face when entering the Department of Veterans Affairs benefits and health care systems.

The Subcommittees heard testimony from veterans service organizations; the Service Women's Action Network; the National Association of State Women Veteran Coordinators, Inc.; Grace After Fire; the U.S. Government Accountability Office; the Society for Women's Health Research; the Institute of Medicine; and, the U.S. Department of Veterans Affairs. In addition, the Subcommittees received a submission for the record from The Honorable Michael H. Michaud. See *Eliminating the Gaps: Examining Women Veterans' Issues*, Serial No. 111–34.

Site Visit to Jackson, Mississippi

From August 6–7, 2009, majority and minority staff traveled to Jackson, Mississippi, to speak to VA personnel at the Jackson VA Medical Center about the Project HERO pilot program. This trip was part of the Subcommittee's effort to study the effectiveness of the pilot program through conversations with staff at each of the four demonstration sites.

In addition, staff met with facility personnel dealing with family caregivers to discuss the issues impacting caregivers. VA staff cited the informal training process for caregivers, the high cost of traveling to the facility, and the heavy physical and mental toll on the caregiver.

Site Visit to Anchorage and Fairbanks, Alaska, and Seattle, Washington

From August 23–27, 2009, majority and minority staff traveled to Anchorage, Alaska; Fairbanks, Alaska; and Seattle, Washington.

In Anchorage, staff toured the Alaska VA Health Care System facility to be briefed on collaboration between the VA and Elmendorf Air Force Base, located in Anchorage. In Fairbanks, they visited a vet center and community based outpatient clinic to discuss with local VA staff how they meet the challenges presented by the need to provide services to a highly rural population.

In Seattle, staff were briefed on a wide variety of topics, ranging from information technology interfacing and collaboration with the Department of Defense, to community-based outreach initiatives. Staff also discussed the work being done by the Seattle Polytrauma Center, one of several polytrauma network sites within the VA system. However, the focus of the briefing was the view of local staff on the effectiveness of the Project HERO pilot program. This was the final leg in the Subcommittee's objective to visit all four Project HERO demonstration sites as part of an effort to assess the program.

Subcommittee Hearing—Is the VA Meeting the Pharmaceutical Needs of Veterans? An Examination of the VA National Formulary, Issues of Patient Safety, and Management of the Pharmacy Benefits Program

On September 22, 2009, the Subcommittee held an oversight hearing to assess whether the U.S. Department of Veterans Affairs is adequately meeting the pharmaceutical needs of our veterans. The hearing specifically focused on the issues surrounding the U.S. Department of Veterans Affairs' national formulary, patient safety, and the U.S. Department of Veterans Affairs' management of the pharmacy benefits program.

The Subcommittee heard testimony from a Professor from Georgetown University, a Professor from Columbia University, the National Council on Patient Information and Education, Vietnam Veterans of America, the U.S. Federal Drug Administration, the U.S. Department of Veterans Affairs Office of Inspector General, and the U.S. Department of Veterans Affairs. See *Is the U.S. Department of Veterans Affairs Meeting the Pharmaceutical Needs of Veterans? An Examination of the VA National Formulary, Issues of Patient Safety, and Management of the Pharmacy Benefits Program*, Serial No. 111-42.

Subcommittee Legislative Hearing—H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs

On October 1, 2009, the Subcommittee held a legislative hearing on H.R. 1017, the Chiropractic Care Available to All Veterans Act; H.R. 1036, the Veterans Physical Therapy Services Improvement Act of 2009; H.R. 2504, to amend title 38, United States Code, to provide for an increase in the annual amount authorized to be appropriated to the Secretary of Veterans Affairs to carry out comprehensive service programs for homeless veterans; H.R. 2735, to amend title 38, United States Code, to make certain improvements to the comprehensive service programs for homeless veterans; H.R. 3073, To amend title 38, United States Code, to direct the Secretary of Veterans Affairs establish a grant program to provide assistance to veterans who are at risk of becoming homeless; H.R.

3441, to provide for automatic enrollment of veterans returning from combat zones into the VA medical system, and for other purposes; H.R. 2506, Veterans Hearing and Assessment Act; a Draft Discussion, to amend title 38, United States Code, to improve per diem grant payments for organizations assisting homeless veterans (H.R. 3796); a Draft Discussion, to reform and expand the Veterans Affairs Supportive Housing Program carried out by the Department of Housing and Urban Development and the Department of Veterans Affairs; a Draft Discussion, to reform and expand the Veterans Affairs Supportive Housing Program carried out by the Department of Housing and Urban Development and the Department of Veterans Affairs; a Draft Discussion, to direct the Secretary of Veterans Affairs to transfer funds to the Secretary of Health and Human Services for a graduate psychology education program; and a Draft Discussion, the Veterans Dog Training Therapy Act (H.R. 3885).

Members testified on their respective bills, and in addition, veterans service organizations and the U.S. Department of Veterans Affairs provided testimony. In addition, the Subcommittee received submissions for the record from the American Chiropractic Association, the American Physical Therapy Association, and the American Tinnitus Association. See Legislative Hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506, and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs, Serial No. 111-47.

Subcommittee Hearing—Identifying the Causes of Inappropriate Billing Practices by the VA

On October 15, 2009, the Subcommittee held an oversight hearing to identify inaccurate billing practices of the U.S. Department of Veterans Affairs and their insurers and explore ways to correct them.

The Subcommittee heard testimony from veterans service organizations, the U.S. Government Accountability Office, and the U.S. Department of Veterans Affairs. See Identifying the Causes of Inappropriate Billing Practices by the U.S. Department of Veterans Affairs, Serial No. 111-50.

OVERSIGHT ACTIVITIES

Second Session

Site Visit to San Diego, California

From January 28-30, 2010, majority and minority staff traveled to San Diego, California. In San Diego, staff visited Wounded Warrior Battalion West at Camp Pendleton, and the Balboa Naval Medical Center. Staff was briefed on what Battalion leadership does to ensure a smooth transition from the DoD health care system to the VA health care system. Central to this discussion was the Balboa Naval Medical Center, which provides care to members of the Battalion. Of particular interest to the Committee was the process through which clinicians and personnel at the Balboa Naval Medical Center identify servicemembers with traumatic brain injury, because diagnosing and tracking these patients

throughout both the DoD and VA health care systems is critical to providing them with appropriate care.

While in San Diego, staff also visited the San Diego VA Medical Center to learn more about an information technology pilot program that allows VA and Kaiser Permanente to share medical information, with the goal of improving efficiency through reduced referrals, consultations, and documentation. VAMC personnel provided staff with a demonstration of the program and a briefing on its use.

Subcommittee Hearing—Review of the VA Contract Health Care: Project HERO

On February 3, 2010, the Subcommittee held an oversight hearing to examine whether the Project HERO contract care pilot program is meeting its goal to provide efficient, high-quality contract care to veterans for those services that are not available directly through the VA.

The Subcommittee heard testimony from veterans service organizations; the Congressional Research Service of the Library of Congress; the U.S. Department of Veterans Affairs Office of Inspector General; Humana Veterans Healthcare Services, Inc.; Delta Dental of California; and, the U.S. Department of Veterans Affairs. See Review of the U.S. Department of Veterans Affairs Contract Health Care: Project HERO, Serial No. 111–57.

Subcommittee Hearing—The Veterans Health Administration’s Fiscal Year 2011 Budget

On February 23, 2010, the Subcommittee held an oversight hearing to examine the Veterans Health Administration’s fiscal year 2011 budget and assess how it meets committee priorities for the coming year. A special emphasis was placed on budgetary issues relating to construction of facilities.

The Subcommittee heard testimony from veterans service organizations and the U.S. Department of Veterans Affairs. Additionally, the Subcommittee received a submission for the record from the National Association for Veterans’ Research and Education Foundations. See The Veterans Health Administration’s Fiscal Year 2011 Budget, Serial No. 111–61.

Subcommittee Legislative Hearing—H.R. 4241

On March 3, 2010, the Subcommittee held a legislative hearing on H.R. 4241, to amend chapter 17 of title 38, United States Code, to allow for increased flexibility in payments for State veterans homes.

The Honorable Michael H. Michaud testified on his bill and, in addition, the National Association of State Veterans Homes, Maine Veterans’ Homes, Nevada State Veterans Home, Yukio Okutsu State Veterans Home, Tennessee State Veterans Homes Board, and the U.S. Department of Veterans Affairs provided testimony. In addition, the Subcommittee received submissions for the record from veterans service organizations. See Legislative Hearing on H.R. 4241, Serial No. 111–65.

Subcommittee Legislative Hearing—H.R. 949, H.R. 1075, H.R. 2698, H.R. 2699, H.R. 2879, H.R. 3926, H.R. 4006, H.R. 84, and 3 Discussion Drafts

On March 25, 2010, the Subcommittee held a legislative hearing on H.R. 949, to amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs, and for other purposes; H.R. 1075, RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery); H.R. 2698, Veterans and Survivors Behavioral Health Awareness Act; H.R. 2699, Armed Forces Behavioral Health Awareness Act; H.R. 2879, Rural Veterans Health Care Improvement Act of 2009; H.R. 3926, Armed Forces Breast Cancer Research Act; H.R. 84, Veterans Timely Access to Health Care Act; a Draft Discussion, to amend title 38, United States Code, to make certain improvements in the laws relating to performance pay and collective bargaining rights for certain employees of the Department of Veterans Affairs; a Draft Discussion, to amend title 38, United States Code, to improve the continuing professional education reimbursement provided to health professionals employed by the Department of Veterans Affairs; and a Draft Discussion, to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to waive certain requirements relating to mental health counselors.

Members testified on their respective bills, veterans service organizations and the U.S. Department of Veterans Affairs. The Subcommittee received submissions for the record from the following parties: the American Federation of Government Employees, National Association of Government Employees, and National Federation of Federal Employees. See, Legislative Hearing on H.R. 949, H.R. 1075, H.R. 2698, H.R. 2699, H.R. 2879, H.R. 3926, H.R. 4006, H.R. 84, and 3 Discussion Drafts, Serial No. 111–69.

Subcommittee Field Hearing—Providing Essential Services and Benefits to Veterans in New Mexico and Across America

On March 29, 2010, the Subcommittee held a field hearing in Las Cruces, New Mexico, to examine the service provided to veterans in New Mexico. Issues of focus at the hearing included access to care and the quality of rural health care.

The Subcommittee heard testimony from the Mesilla Valley Community of Hope, a veteran, Veterans of Foreign Wars of the United States, Department of New Mexico, the New Mexico Department of Veterans' Services, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs. See Providing Essential Service and Benefits to Veterans in New Mexico and Across America, Serial No. 111–70.

Site Visit to El Paso, Texas and Salt Lake City, Utah

From March 30–31, 2010, majority and minority staff conducted a site visit to the William Beaumont Army Medical Center and the El Paso VAMC in El Paso, Texas. Subcommittee staff met with leadership from VISN 18, the El Paso VAMC, and the William Beaumont Army Medical Center (WMAMC) to discuss VA's role in a proposed replacement army medical center. Currently, the VAMC is co-located with WMAMC, immediately adjacent to the military

medical facilities. However, there are plans to open a new facility for WMAMC and a decision has not yet been made on what role, if any, VA will have in this new facility. Subcommittee staff was briefed by VA and WMAMC leadership on the status of discussions surrounding this issue.

On March 31, majority staff traveled from El Paso to Salt Lake City to tour the Salt Lake City VA Medical Center. Staff was briefed on VA's suicide prevention efforts, especially relating to outreach. In addition, staff was briefed on the Salt Lake City VAMC's work to serve rural and Native American veterans. The VAMC has made heavy use of telemedical equipment and mobile mental health clinics to meet the needs of rural veterans, and has attempted to recognize the unique concerns of Native American veterans, and create an atmosphere welcoming them. Most notably, they have built a sweat lodge on the campus of the VAMC.

Site Visit to Salt Lake City, Utah

From April 18–21, 2010, minority staff traveled to Salt Lake City to tour the Salt Lake City VA Medical Center. Staff was briefed on the VAMC's initiatives regarding recreation therapy, prosthetics, seamless transition including the Post-Deployment Integrated Care Clinic, rural health programs including collaborations with the Indian Health Service, caregivers and the medical foster home program, and collaborative activities with various medical affiliates.

Subcommittee Hearing—VA's Implementation of the Enhanced Contract Care Pilot Program

On April 29, 2010, the Subcommittee held an oversight hearing to assess VA's implementation of an enhanced contract care pilot program authorized in the 110th Congress. The Subcommittee studied VA's progress in moving forward with this program and enhancing access to care for veterans in rural areas.

The Subcommittee heard testimony from the U.S. Department of Veterans Affairs. See VA's Implementation of the Enhanced Contract Care Pilot Program, Serial No. 111–73.

Site Visit to San Antonio, Texas

From May 16–18, 2010, majority and minority staff traveled to San Antonio, Texas, to attend the Association of the Army's Annual Medical Symposium and Exhibition. At the symposium, staff heard from expert speakers from the U.S. Army medical system as they discussed health care issues relevant at all levels of the military health care system, from on the battlefield, to military treatment facilities within the U.S. Staff was also briefed on issues concerning the transition of servicemembers from the military health care system to the VA health care system.

Subcommittee on Health and the Subcommittee on Disability Assistance and Memorial Affairs Joint Hearing—Healing the Wounds: Evaluating Military Sexual Trauma Issues

On May 20, 2010, the Subcommittees conducted a hearing to evaluate military sexual trauma (MST) issues. The Department of Veterans Affairs refers to MST as the experiences of sexual harassment and/or sexual assault that occurred while a veteran was in

the military. The hearing focused on ways in which the Veterans Benefits Administration, Veterans Health Administration, and the Department of Defense can better address the needs of veterans impacted by MST and identify ways to better prevent, treat and properly compensate them.

Witnesses discussed the barriers faced by servicemembers who are exposed to sexual trauma during their military service. Society for Women's Health Research, Helen Benedict, author of *The Lonely Soldier: The Private War of Women Serving in Iraq*, RAINN—Rape, Abuse, and Incest National Network, Disabled American Veterans, Iraq and Afghanistan Veterans of America, U.S. Department of Defense, and U.S. Department of Veteran Affairs. See *Healing the Wounds: Evaluating Military Sexual Trauma Issues*, Serial No. 111–79.

Subcommittee Legislative Hearing—H.R. 4062, H.R. 4465, H.R. 4505, Draft Legislation Improve VA Outreach Act of 2010, and Draft Legislation World War II Hearing Aid Treatment Act

On May 27, 2010, the Subcommittee held a legislative hearing on H.R. 4062, the Veterans' Health and Radiation Safety Act; H.R. 4465, to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to take into account each child a veteran has when determining the veteran's financial status when receiving hospital care or medical services; H.R. 4505, to enable state homes to furnish nursing home care to parents any of whose children died while serving in the Armed Forces; Draft Legislation, Improve VA Outreach Act of 2010; and, Draft Legislation, World War II Hearing Aid Treatment Act.

Members testified on their respective bills. Veterans service organizations and the U.S. Department of Veterans Affairs provided testimony and in addition, the Subcommittee received submissions for the record from the Disabled American Veterans, Paralyzed Veterans of America, and the Gold Star Wives of America, Inc. See Legislative Hearing on H.R. 4062, H.R. 4465, H.R. 4505, and Draft Legislation, Serial No. 111–81.

Subcommittee Hearing—Recreation Therapy and Healing Our Wounded Warriors, New Port Richey, Florida

On June 8, 2010, the Subcommittee held a field hearing in New Port Richey, Florida, to examine the practice of recreational therapy. Recreational therapy entails the use of sports and other recreational activities to treat veterans suffering from a wide variety of mental and physical injuries. This therapy can provide benefits ranging from a decrease in stress and depressive symptoms to an enhancement in motor function and confidence.

Witnesses at the hearing included recipients of recreational therapy, private providers of such therapy, and the U.S. Department of Veterans Affairs. See *Recreation Therapy and Healing our Wounded Warriors*, Serial No. 111–82.

Site Visit to San Francisco, California

From June 16–18, 2010, majority and minority staff traveled to San Francisco, California, to attend "The Brain at War: Neurocognitive Consequences of Combat," an annual symposium

sponsored by the NCIRE Veterans Health Research Institute. At this conference, Subcommittee staff heard from expert VA clinicians and researchers examining the latest treatments and data on TBI and PTSD. In addition, representatives of the U.S. Department of Defense and the Armed Forces branches discussed the latest strategies for resiliency training and battlefield management of stress and brain trauma.

Following the symposium, staff toured the Monterrey Community Based Outpatient Clinic. They were briefed by clinic leadership on how VA is collaborating with DoD.

Subcommittee Hearing—Overcoming Rural Health Care Barriers: Use of Innovative Wireless Health Technology

On June 24, 2010, the Subcommittee held a hearing to learn more about innovative wireless health technologies and to explore their potential application at the Department of Veterans Affairs. Wireless health is an emerging field where technologies enable physicians, patients and their caregivers to prevent and diagnose health ailments, as well as monitor and manage treatments.

AirStrip™ Technologies, Continua Health Alliance MedApps, Scottsdale Cogon Systems, Inc.; the University of Virginia; Three Wire Systems; the U.S. Department of Defense; the U.S. Department of Veterans Affairs; West Wireless Health Institute; The Brookings Institution; and, the Nursing University of Virginia Health System provided testimony. See *Overcoming Rural Health Care Barriers: Use of Innovative Wireless Health Technology*, Serial No. 111–87.

Subcommittee Field Hearing—Serving Virginia’s Rural Veterans in Bedford, Virginia

On July 19, 2010, the Subcommittee held a field hearing to focus on rural veterans in southwest Virginia. The Subcommittee heard testimony to further outline the needs of rural veterans in Southwest Virginia and examine how VA can meet these needs through this pilot program, telemedicine, and other efforts.

Witnesses at the hearing included the Virginia Army National Guard, veterans service organization, and the U.S. Department of Veterans Affairs provided testimony. See *Serving Virginia’s Rural Veterans, Bedford, Virginia*, Serial No. 111–92.

Subcommittee Hearing—Healing the Physical Injuries of War

On July 22, 2010, the Subcommittee held a hearing to evaluate the specialized medical services that VA makes available to veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The highly complex physical wounds that many younger veterans have suffered demand specialized care, such as prosthetics services, burn treatment, spinal cord injury treatment, and polytrauma services. This hearing evaluated VA’s system-wide capacity to handle this demand.

Witnesses at the hearing included veterans service organizations, the U.S. Department of Veterans Affairs, and the U.S. Department of Defense. See *Healing the Physical Injuries of War*, Serial No. 111–93.

Site Visit to Quantico, Virginia

On August 16, 2010, majority staff of the Subcommittee on Health and the Subcommittee on Economic Opportunity traveled to the Marine Corps Base Quantico in Quantico, Virginia. In Quantico, staff visited the Wounded Warrior Regiment, which performs important services to transitioning Marines, including outreach and coordination with the VA health care system.

Site Visit to Denver and Colorado Springs, Colorado

From August 30–September 3, 2010, majority and minority staff visited Denver and Colorado Springs, Colorado. In Denver, they were briefed by VAMC leadership on the status of construction of the new VAMC, which is scheduled to be open and ready to replace the current facility by June 2014. In addition, Subcommittee staff were briefed by leadership at VA's Denver-based Health Administration Center on the important issues facing them today. The Health Administration Center administers health care programs for dependents and survivors of veterans, including the spina bfida health care program, the children of women Vietnam veterans health care program, and the foreign medical program.

In Colorado Springs, staff visited Fort Carson, where they attended a resiliency training session led by the Magis Group, an organization that helps servicemembers returning from theatre transition from a combat environment and reintegrate into the home environment. In particular, the Magis Group focuses on resiliency training, whereby servicemembers are taught techniques to deal with stress.

Subcommittee Hearing—Veterans Health Administration Contracting and Procurement Practices

On September 23, 2010, the Subcommittee held a hearing to provide oversight of the contracting and procurement practices by the Veterans Health Administration at the Department of Veterans Affairs. The hearing specifically focused on existing deficiencies and explored potential remedies in order to improve practices so that they are fair, fiscally responsible, and effective.

Representatives from the Mobile Medical International Corporation; Robert Bosch Healthcare; Ramtech Building Systems, Inc.; Wise Knowledge Systems Goold Health Systems; the U.S. Government Accountability Office; and, the U.S. Department of Veterans Affairs provided testimony. See, Veterans Health Administration Contracting and Procurement Practices, Serial No. 111–100.

Legislative Hearing—H.R. 3843, H.R. 4041, H.R. 5428, H.R. 5543, H.R. 5516, H.R. 5641, H.R. 5996, Draft Legislation on Traumatic Brain Injury and Pending Legislation

On September 29, 2010, the Subcommittee held a legislative hearing on H.R. 3843, the Transparency for America's Heroes Act; H.R. 4041, to authorize certain improvements in the Federal Recovery Coordinator program, and for other purposes; H.R. 5428, to direct the Secretary of Veterans Affairs to educate certain staff of the Department of Veterans Affairs and to inform veterans about the Injured and Amputee Veterans Bill of Rights, and for other purposes; H.R. 5516, the Access to Appropriate Immunizations for Veterans Act of 2010; H.R. 5543, to amend title 38, United States

Code, to repeal the prohibition on collective bargaining with respect to matters and questions regarding compensation of employees of the Department of Veterans Affairs other than rates of basic pay, and for other purposes; H.R. 5641, the Heroes at Home Act; H.R. 5996, to direct the Secretary of Veterans Affairs to improve the prevention, diagnosis, and treatment of veterans with chronic obstructive pulmonary disease; H.R. 6123, the Veterans' Traumatic Brain Injury Rehabilitative Services' Improvements Act of 2010; H.R. 6127, the Extension of Health Care Eligibility for Veterans Who Served at Qarmat Ali; H.R. 6220, the Inform All Veterans Act; Draft Legislation, to amend title 38, United States Code, to make certain improvements in programs for homeless veterans administered by the Secretary of Veterans Affairs, and for other purposes; and Draft Legislation, to amend title 38, United States Code, to make certain improvements in laws relating to health care for veterans, and for other purposes.

Members testified on their respective bills, veterans service organizations and the U.S. Department of Veterans Affairs provided testimony. In addition, the Subcommittee received submissions for the record from the American Federation for Government Employees, the Honorable Bob Filner, the Honorable Steve Buyer, the Independence through Enhancement of Medicare and Medicaid Coalition, the National Coalition for Homeless Veterans, the National Association for the Advancement of Orthotics and Prosthetics, National Nurses United, Veterans of Foreign Wars of the United States, and the Vietnam Veterans of America. See Legislative Hearing on H.R. 3843, H.R. 4041, H.R. 5428, H.R. 5516, H.R. 5543, H.R. 5641, H.R. 5996, H.R. 6123, H.R. 6127 H.R. 6220, and Draft Legislation, Serial No. 111–101.

Site Visit to Chicago, Illinois

On October 1, 2010, majority and minority staff of the Subcommittee on Health, Subcommittee on Oversight and Investigations, and Subcommittee on Economic Opportunity traveled to Chicago, Illinois, to attend the dedication ceremony of the James Lovell Joint Health Care Facility.

Site Visit to Phoenix and Tucson, Arizona

From November 1–5, 2010, majority and minority staff traveled to Phoenix, Arizona, to attend the Association of Military Surgeons of the U.S. Conference and to visit the VA medical center in Phoenix. Staff also toured the Consolidated Mail Order Pharmacy facility in Tucson, Arizona, and the Warrior Transition Unit in Fort Huachuca.

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

OVERSIGHT ACTIVITIES

First Session

Site Visit to Seattle, Washington

On January 29, 2009, majority staff conducted a site visit to the Puget Sound VA Medical Center/Madigan Army Medical Center in Seattle, Washington.

The purpose of this site visit was to discuss the programs for sharing electronic medical information between VA and DOD at Madigan Army Medical Center and Puget Sound VAMC. Staff also discussed the impact of centralization over VistA innovation within the Veterans Health Administration and the Office of Information and Technology.

Site Visit to Albuquerque, New Mexico; and Los Angeles, California

From February 18–20, 2009, majority and minority staff conducted a site visit to Kirkland Air Force Base and the VA Medical Center in Albuquerque, New Mexico, as well as the Greater Los Angeles Health Care System Research Program.

In Albuquerque, staff visited with VA and DoD Directors of the New Mexico VA Health Care System and the 377th Medical Group to observe joint ventures between the VA and the Air Force, and to review the Research and Development Cooperative Studies Program.

In Los Angeles, staff reviewed the activities of the Internal Review Board and Research and Development Committee at the Los Angeles VA Health Care System.

Site Visit to Little Rock, Arkansas; Montgomery, Alabama; and Austin, Texas

From February 22–25, 2009, majority and minority staff conducted a site visit to the Little Rock VA Medical Center, the Central Alabama VA Health Care System, and the Austin Management Quality Assurance Service Center.

The purpose of this trip was to review the Little Rock VAMC's new independent Internal Review Board and Research & Development Committee and meet with the Research Compliance Officer. Staff also inspected the Montgomery VAMC contracting procedures cited by Office of Inspector General reports, while reviewing patient safety issues, third-party collections, waiting times and seamless transition protocols. Staff was briefed by VA's Office of Business Oversight on contract management and miscellaneous obligations.

Subcommittee Hearing on Oversight and Investigations and Disability Assistance and Memorial Affairs Joint Hearing—Document Tampering and Mishandling at VBA

On March 3, 2009, the Subcommittee on Oversight and Investigations and the Subcommittee on Disability Assistance and Memorial Affairs evaluated three issues including misdating of claims at the New York VA Regional Office, shredding of documents wrongly placed in shredder bins, and the denial of widow's survivor benefits. The purpose was to further explore the manner in which VBA personnel are directed and trained to handle sensitive materials from veterans and their survivors.

Witnesses from the Disabled American Veterans; National Veterans Legal Services Program; Gold Star Wives of America, Inc.; the American Federation of Government Employees; Office of the VA Inspector General; and the Veterans Benefits Administration of the U.S. Department of Veterans Affairs provided testimony. See

Document Tampering and Mishandling at the Veterans Benefits Administration, Serial No. 111-4.

Site Visit to Baltimore, Maryland

On March 12, 2009, majority staff visited the Research and Development Center, which is home for the Office of Research and Development's research IT Department which develops and manages the Office of Research and Development's software applications.

The purpose of this visit was to explore the capabilities of the current systems, while looking at the plans for IT research in the future.

Subcommittee Hearing—Vision Center of Excellence: What Has Been Accomplished in Thirteen Months?

On March 17, 2009, the Subcommittee conducted a hearing to evaluate the progress of DoD and VA on the Vision Center of Excellence (VCOE) and the registry mandated by the National Defense Authorization Act of 2008. The Subcommittee assessed, to the extent possible, DoD's efforts in furthering the communication and efforts with VA. The Subcommittee also evaluated VA's efforts in transitioning vision-injured veterans from DoD care to VHA and, what roll VA plays in creating and supporting the VCOE.

The Subcommittee heard testimony from three veterans and family members; the Blinded Veterans Association; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *The Vision Center of Excellence: What Has Been Accomplished in Thirteen Months?*, Serial No. 111-7.

Site Visit to Washington, District of Columbia

On April 14, 2009, majority staff traveled to the Washington VA Medical Center. The purpose of this trip was to observe and learn about the VistA system and Bar Code Medication Administration Demonstration. Staff met with the Director of the VA Medical Center, as well as the Associate Chief of Staff and Chief of Informatics at the medical facility.

Site Visit to Baltimore, Maryland

On April 15, 2009, majority staff traveled to the Baltimore Regional Office to meet with the Director, the Veterans Service Center Manager, and the Supervisory Veterans Service Representative for the Public Contact Team.

The purpose of this trip was to educate staff on the functions and tasks required of a Regional Office, as well as the challenges that the ROs face to include backlog issues, manning issues, constraints of space and personnel. Staff toured the facility to review the claims processing flow, outreach and public contact, and training facilities.

Site Visit to Tampa and Bay Pines, Florida

From April 19-21, 2009, majority and minority staff conducted a site visit to the James A. Haley VA Medical Center, the Tampa Polytrauma Rehabilitation Center and the Bay Pines Regional Office.

Staff visited the James Haley VA Medical Center to review endoscopy procedures leading up to the Subcommittee's June 16, 2009, hearing. Staff also followed up on document handling procedures at the Bay Pines Regional Office. Staff also took part in the naming ceremony of the new Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center located at the Tampa Polytrauma Rehabilitation Center.

Subcommittee Hearing—Leaving No One Behind: Is the Federal Recovery Coordination Program Working?

On April 28, 2009, the Subcommittee conducted a hearing to evaluate the newly implemented Federal Recovery Coordination Program (FRCP). The memorandum of understanding between DoD and VA was signed on October 30, 2007, and the federal recovery coordinators (FRCs) began working with patients as recently as January 28, 2008. Although this is a new program, its mission is vital to injured veterans and their families. The FRCP was designed to empower injured veterans and their families. The FRCs ensure that the assistance and guidance needed to provide a healthy recovery is readily available, and the veterans enrolled in the program are receiving their earned benefits as expeditiously as possible. The purpose of this hearing was to provide oversight of this program to make certain it is working as intended and those responsible for directing this office have the support they need to succeed.

The witnesses testifying at this hearing included two Operation Iraqi Freedom veterans; the spouse of an OIF/OEF veteran; the mother of an injured veteran and TBI Awareness Advocate; the Blinded Veterans Association; and, the U.S. Department of Veterans Affairs. See *Leaving No One Behind: Is the Federal Recovery Coordination Program Working?*, Serial No. 111–15.

Site Visit to Lexington, Kentucky

On May 11, 2009, majority staff visited the Lexington VA Medical Center. Staff conducted a follow-up visit to the Subcommittee's March 17, 2009, hearing on the Vision Center of Excellence. Staff met with ophthalmologists to discuss care of veterans with severe eye injuries to ensure that their records are easily transferred to each medical facility to ensure timely and accurate treatment.

Subcommittee Hearing—Gulf War Illness Research: Is Enough Being Done?

On May 19, 2009, the Subcommittee conducted the first of a series of hearings evaluating the development of research by the VA and Institute of Medicine (IOM) on Gulf War Illnesses. The purpose of the series of hearings was to provide background information, an overview of research and the methodology that the VA utilizes to determine the parameters relating to Gulf War Illness and to examine whether enough has been done for Gulf War Veterans. The Subcommittee traced the history, scope, and impact of toxins and pesticides used during the Vietnam and Gulf War; assessed the methodology utilized in the first Gulf War Illness Report offered by the VA, while examining the relationship between the IOM and the VA, and reviewed the scientific findings and rec-

ommendations of the Research Advisory Committee on Gulf War Illnesses.

The Subcommittee heard testimony from a Gulf War veteran; the Veterans for Common Sense; Vietnam Veterans of America; the Research Advisory Committee on Gulf War Veterans' Illnesses; Central Intelligence Agency; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *Gulf War Illness Research: Is Enough Being Done?*, Serial No. 111–21.

Site Visit Austin, Texas

On May 21, 2009, majority staff visited the Central Texas VA Health Care System located in Temple, Texas.

The purpose of this trip was to investigate allegations of mismanagement, waste of funds and abuse of authority at the Central Texas Veterans Health Care System and the Brain Imaging and Recovery Laboratory.

Site Visit to Detroit, Michigan

From June 1–2, 2009, the Chairman and Ranking Member of the Subcommittee, along with majority and minority staff traveled to the Detroit VA Regional Office.

The purpose of the trip was to follow up on the March 3, 2009, hearing on the mishandling of documents and to learn more about why and how often “Amnesty Days” are held at the Regional Office. Staff was briefed on lost cases and shredding allegations, as well as incidents documented by the VA Office of Inspector General. Staff also toured the facility and met with union leadership.

Subcommittee Hearing—Endoscopy Procedures at the VA: What Happened, What Has Changed?

On June 16, 2009, the Subcommittee held a hearing to evaluate the safety of VA’s endoscopic procedures and while specifically evaluating the three VA medical center facilities identified as having problems with endoscopy procedures, assess the protocol and procedures in place throughout VHA to ensure veterans are not being placed at unnecessary risk. The three subject facilities were: Tennessee Valley Health Care System, the Alvin C. York VA Medical Center in Murfreesboro, Tennessee; the Charlie Norwood VA Medical Center in Augusta, Georgia; and the Bruce W. Carter Medical Center in Miami, Florida. The Subcommittee evaluated Inspector General reports to determine the improvements VA has made and explore, with the assistance of the IG, the risks veterans are exposed to and how VA can eliminate them.

Witnesses in attendance were the Office of Inspector General and the U.S. Department of Veterans Affairs. See *Endoscopy Procedures at the U.S. Department of Veterans Affairs: What Happened, What Has Changed?*, Serial No. 111–28.

Site Visit to Mountain Home, Tennessee

From June 30, 2009 through July 1, 2009, the Ranking Member of the Subcommittee, along with minority staff traveled to the Department of Veterans Affairs Medical Center in Mountain Home, Tennessee, to discuss possible collaborative efforts between the medical center and the East Tennessee State University, as well as conduct an oversight visit to investigate the handling of endoscope

equipment at the medical center as a follow up to the June 16, 2009 Subcommittee hearing on endoscopy procedures.

Subcommittee Hearing—Interagency Program Office: Examining the Progress of Electronic Health Record Interoperability Between VA and DOD

On July 14, 2009, the Subcommittee conducted a hearing to evaluate the progress that the Interagency Program Office (IPO) has made with regard to the mandate in the National Defense Authorization Act (NDAA) of 2008, Section 1635. The deadline to achieve this interoperable health record is September 30, 2009. Within the NDAA of 2009, there was an amendment to Section 1635 of the NDAA 2008 that requires DoD and VA to develop one standard for use by both agencies in their pursuit of interoperable electronic personal health information. The Subcommittee evaluated the progress of the IPO in spite of not meeting its deadline and to understand the expectations of what will be provided at that time.

The Subcommittee heard testimony from the U.S. Government Accountability Office; the DoD/VA Interagency Program Office; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See Interagency Program Office: Examining the Progress of Electronic Health Record Interoperability Between VA and DoD, Serial No. 111-33.

Subcommittee Hearing—Enforcement of U.S. Department of Veterans Affairs' Brachytherapy Program Safety Standards

On July 22, 2009, the Subcommittee held a hearing on the Department of Veterans Affairs' brachytherapy program's safety standards while assessing what actions VA took to ensure that the procedures and directives in place were sufficient to protect veterans receiving treatment. Brachytherapy is a form of nuclear radiotherapy to treat prostate cancer where small radioactive seeds are implanted in the prostate to destroy cancerous cells.

The Subcommittee heard testimony from the University of Pennsylvania's Department of Radiation Oncology; the U.S. Nuclear Regulatory Commission; the American Society of Radiation Oncology; the Joint Commission; and, the U.S. Department of Veterans Affairs. See Enforcement of U.S. Department of Veterans Affairs' Brachytherapy Program Safety Standards, Serial No. 111-36.

Subcommittee Hearing—Implications of U.S. Department of Veterans Affairs' Limited Scope of Gulf War Illness Research

On July 30, 2009, the Subcommittee held a hearing to evaluate the scientific information and analyze the different schools of thought on Gulf War Illness Research. The Subcommittee focused on the current direction of the research, and the speed at which it is moving. The Subcommittee also discussed the disparity in the Institute of Medicine reports and conclusions with that of the Research Advisory Committee report findings, and evaluated the VA's role in Gulf War Research.

The Subcommittee heard testimony from the Institute of Medicine of the National Academies; the Research Advisory Committee

on Gulf War Veterans' Illnesses; the University of Texas Southwestern Medical Center; the Boston University School of Public Health's Department of Environmental Health; a Gulf War Veteran; and, the U.S. Department of Veterans Affairs. See *The Implications of U.S. Department of Veterans Affairs' Limited Scope of Gulf War Illness Research*, Serial No. 111–39.

Site Visit to Chicago, Illinois

From August 11–13, 2009, majority staff conducted a site visit to the North Chicago VA Medical Center, the Great Lakes Naval Facility, the Jesse Brown VA Medical Center, and the Hines VA Medical Center.

The purpose of this visit was to gain further information and monitor the progress made by the U.S. Department of Veterans Affairs and the U.S. Navy in partnering to implement a jointly administered medical facility in North Chicago, Illinois. In support of this effort, staff also visited the North Chicago VA Medical Center and the Great Lakes Naval Health Clinic. Staff visited the Hines and Jesse Brown VA Medical Centers to gain a better understanding of the work being performed at these facilities.

Subcommittee Hearing—Senior Executive Service Bonuses and Other Administrative Issues at the U.S. Department of Veterans Affairs

On September 23, 2009, the Subcommittee held a hearing to (1) review SES bonuses VA officials have received during fiscal year 2008 and assess improvements made in the bonus determination process; (2) evaluate the current hiring process and the Human Resources structure of the VA; and (3) assess the minority hiring trend of lower level GS positions compared to middle and upper management and Senior Executive Service positions.

The Subcommittee heard testimony from the Office of Inspector General and the U.S. Department of Veterans Affairs. See *Senior Executive Service Bonuses and Other Administrative Issues at the U.S. Department of Veterans Affairs*, Serial No. 111–43.

Site Visit to Philadelphia, Pennsylvania

On October 6, 2009, majority and minority staff conducted a site visit to the Philadelphia VA Medical Center in Pennsylvania.

The purpose of this visit was to follow up on the Subcommittee's July 22, 2009, hearing on brachytherapy procedures at the Philadelphia VA Medical Center. Additionally, recent media articles pointed to more problems at the Center, citing that personnel at the VAMC took blood samples from patients without consent, as well as possible patient neglect by medical staff at the Community Living Center (CLC). Staff toured the facilities and met with the Director of the medical center and other VA personnel to discuss the ongoing problems at the VAMC.

Site Visit to Fairfield and Palo Alto, California

From October 7–9, 2009, majority staff traveled to Travis Air Force Base and the Palo Alto VA Polytrauma Center.

The purpose of travel to Travis Air Force Base was to conduct oversight of the implementation deadline of Essentris, the electronic inpatient medical record, one of the six requirements that

the Interagency Program Office had to meet for the deadline of September 30, 2009. Staff found that VA and DoD had separate computers to access their individual electronic records systems. Travis Air Force Base also had to execute a separate contract to have the capability to transmit radiographic images. At the Palo Alto VA Polytrauma Center, staff toured the facility with specific emphasis on document sharing with DoD, as well as Federal Recovery Coordination Program implementation.

Subcommittee Hearing—Acquisition Deficiencies at the U.S. Department of Veterans Affairs

On December 16, 2009, the Subcommittee held a hearing to provide a framework for the Committee’s legislative efforts in targeting significant reform in acquisition at the Department and to improve the procurement structure at the U.S. Department of Veterans Affairs, to provide better transparency, accountability, and oversight in acquisition at the VA. Several U.S. Government Accountability Office and VA Office of Inspector General reports cited prolific material weaknesses, and detailed how Small Disabled Veteran Owned Businesses were possibly being denied several hundred million dollars in contract opportunities due to insufficient or no oversight.

The Project on Government Oversight; the Scott Group of Virginia, LLC; Microtech; Vetpreneur LLC; the U.S. Government Accountability Office; VA’s Office of Inspector General; and, the U.S. Department of Veterans Affairs provided testimony. See Acquisition Deficiencies at the U.S. Department of Veterans Affairs, Serial No. 111–54.

Second Session

Site Visit to Chicago, Illinois; and San Diego and San Francisco, California

From January 3–7, 2010, majority and minority staff of the Subcommittee on Oversight and Investigations and the Subcommittee on Health traveled to North Chicago to discuss the progress of the joint U.S. Department of Defense and U.S. Department of Veterans Affairs venture of the Captain James A. Lovell Federal Health Care Center. The staff also traveled to VA and DoD facilities in San Diego and San Francisco to receive briefings on the Bi-Directional Health Information Exchange, the Virtual Lifetime Electronic Record pilot between the VA and Kaiser Permanente, as well as DoD’s inpatient electronic health record system Essentris.

Subcommittee Hearing—Transitioning Heroes: New Era, Same Problems

On January 21, 2010, the Subcommittee conducted a hearing to evaluate the social work case management which is essential to coordinating complex components of care for polytrauma patients and their families. The hearing focused on how the U.S. Department of Defense and the U.S. Department of Veterans Affairs cooperate to support wounded veterans during the transition process and the specific specialized services offered to injured veterans who are transitioning to civilian life.

The Subcommittee heard testimony from an Operation Iraqi Freedom Veteran; The American Legion; Iraq and Afghanistan Veterans of America; the Wounded Warrior Project; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *Transitioning Heroes: New Era, Same Problems?*, Serial No. 111-55.

Subcommittee Hearing—The VA Office of Inspector General and Office of Information and Technology Budget Requests for Fiscal Year 2011

On February 23, 2010, the Subcommittee held a hearing to examine the U.S. Department of Veterans Affairs Office of Inspector General and VA's Office of Information and Technology budgets for fiscal year 2011. The VA Office of the Inspector General ensures transparency and accountability within the VA, and the VA Office of Information and Technology enhances VA's business processes, and allows VA's medical technology to remain at the forefront of today's technology.

The Subcommittee heard testimony from the VA Office of Inspector General and the VA Office of Information and Technology. See U.S. Department of Veterans Affairs Office of Inspector General and Office of Information Technology Budget Requests for Fiscal Year 2011, Serial No. 111-60.

Site Visit to Knoxville, Iowa; Sheridan, Wyoming; and, Ft. Harrison, Montana

On April 5, 2010, majority staff conducted a site visit to the Knoxville VA Medical Center, the Sheridan VA Medical Center, and the Ft. Harrison VA Medical Center. The primary focus of this trip was to follow up and provide oversight of activities recently reported by the Office of Inspector General, including patient quality of care and quality management, environment of care, as well as quality assurance, peer review and credentialing and privileging issues within the Department of Optometry at the Ft. Harrison VA Medical Center. Staff also followed up on outreach activities and activities involving care to rural veterans.

Site Visit to Chicago, Illinois

From April 29-30, 2010, majority and minority staff traveled to the North Chicago/Great Lakes Naval Station to follow up and assess interoperability efforts between the Department of Defense and the Department of Veterans Affairs, as well as monitor progress made by the Department of Veterans Affairs and the United States Navy in implementing a jointly administered medical facility.

Site Visit to Roanoke and Richmond, Virginia

From May 13-14, 2010, majority staff traveled to the Roanoke VA Regional Office and the Richmond VA Medical Center to discuss the programs for sharing electronic medical information between the U.S. Department of Veterans Affairs and the U.S. Department of Defense and to see improvements in mail handling and destruction of document procedures at the VA Regional Office. Staff also evaluated current brachytherapy procedures and inspected the Richmond VA Medical Center.

Subcommittee Hearing—Assessing Information Security at the VA

On May 19, 2010, the Subcommittee conducted a hearing to examine the current status of information security at the U.S. Department of Veterans Affairs and its ability to guard against both malicious and accidental sensitive information breaches. The hearing also evaluated the VA's compliance with traditional Federal Information Security Management Act requirements, as well as their progress in conforming to updated security requirements mandated by the Office of Management and Budget.

The Subcommittee heard testimony from the U.S. Government Accountability Office; and the U.S. Department of Veterans Affairs Office of Information and Technology. See *Assessing Information Security at the U.S. Department of Veterans Affairs*, Serial No. 111-78.

Subcommittee Hearing—Emergency Preparedness: Evaluating the VA's Fourth Mission

On June 23, 2010, the Subcommittee conducted a hearing to examine the current capabilities of the U.S. Department of Veterans Affairs Office of Operations, Security and Preparedness. The purpose of this hearing was to review the VA's role in emergency preparedness and evaluate the impact on their primary health care missions, the resource implications for its budget, and the merits of enhancing its capabilities relative to other federal alternatives in how VA can best serve the Nation's homeland security interests.

The Subcommittee heard testimony from BT Marketing; the Healthcare Coalition for Emergency Preparedness; The American Legion; the American Red Cross; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *Emergency Preparedness: Evaluating the U.S. Department of Veterans Affairs' Fourth Mission*, Serial No. 111-86.

Subcommittee Hearing—Evaluating the VA Office of General Counsel

On June 30, 2010, the Subcommittee conducted a hearing to evaluate the Office of General Counsel at the Department of Veterans Affairs. The purpose of this hearing was to assess the current state of the VA's Office of General Counsel including the seven professional staff groups that comprise the Office of General Counsel. This hearing also sought to hear the challenges the Office of General Counsel is facing and the solutions being implemented to correct long-standing issues. Additionally, this hearing examined the role the Office of General Counsel has regarding contracting in the VA as well as the role of balanced legal recommendations and its impact on both the VA and veterans.

The Subcommittee heard testimony from the law firm of Tully, Rinckey and Associates, PLLC, and the U.S. Department of Veterans Affairs Office of General Counsel. See *Evaluating the U.S. Department of Veterans Affairs Office of General Counsel*, Serial No. 111-88.

Site Visit to Chicago, Illinois

On July 8, 2010, the full Committee Ranking member, accompanied by majority and minority staff, traveled to the U.S. Depart-

ment of Defense and the U.S. Department of Veterans Affairs Joint Medical Facility to review progress being made on the joint VA/DoD venture. This trip provided the Committee with the most current information on the status of the VA/DoD Joint activities at the medical facility.

Subcommittee Hearing—Examining the Progress of Suicide Prevention Outreach Efforts at the VA

On July 14, 2010, the Subcommittee conducted a hearing to examine the progress of suicide prevention outreach efforts at the U.S. Department of Veterans Affairs. The Subcommittee evaluated the current state of VA's ability to educate the public of their services concerning suicide prevention and discussed the effectiveness of the media campaign to encourage veterans to seek help at the VA.

The Subcommittee heard testimony from a Gulf War and Operation Iraqi Freedom Veteran; the mother of an Operation Iraqi Freedom Veteran; Iraq and Afghanistan Veterans of America; The American Legion; Vietnam Veterans of America; the U.S. Department of Defense; and, the U.S. Department of Veterans Affairs. See *Examining the Progress of Suicide Prevention Outreach Efforts at the U.S. Department of Veterans Affairs*, Serial No. 111–91.

Subcommittee Hearing—Gulf War Illness: The Future of Dissatisfied Veterans

On July 27, 2010, the Subcommittee conducted its third in a series of hearings focused on Gulf War Illness. The purpose of the final hearing in the series was to gauge the outlook going forward for veterans suffering from Gulf War Illness, specifically examining how the U.S. Department of Veterans Affairs administers health care and benefits to this group of veterans.

The Subcommittee heard testimony from the Veterans of Modern Warfare; The American Legion; Veterans for Common Sense; the VA's Advisory Committee on Gulf War Veterans; the Institute of Medicine; the Research Advisory Committee on Gulf War Veterans' Illnesses; and, the U.S. Department of Veterans Affairs. See *Gulf War Illness: The Future of Dissatisfied Veterans*, Serial No. 111–94.

Site Visit to Iron Mountain, Michigan

On August 4, 2010, majority staff conducted a site visit of the Iron Mountain VA Medical Center located in the Upper Peninsula of Michigan. The purpose was to evaluate quality management issues and patient care at the facility. Additionally, staff followed up on VA Office of Inspector General reports citing unsecured patient records and sensitive documents, and lack of medical equipment inspection by staff.

Site Visit to Saint Louis, Missouri

From August 17–18, 2010, majority staff visited the St. Louis Regional Office, the St. Louis VA Medical Center at Jefferson Barracks, and the John Cochran St. Louis VA Medical Center. The primary focus was to conduct a general site visit to ensure that proper procedures were being followed to ensure quality of care and patient safety. Additionally, staff followed up on a recent issue involv-

ing the improper sterilization of dental equipment and reprocessing procedures and the April 20, 2010, VA Office of Inspector General Report on “Endoscope Reprocessing Issues.” Staff toured the regional office to ensure proper procedures are being followed in relation to shredding and claims processing. Finally, staff met with veterans service organizations to discuss various issues and be sure veteran’s needs are being met by the VA in the St. Louis region.

Site Visit to Pittsburgh, Pennsylvania

From August 22–23, 2010, majority staff conducted a site visit to the Pittsburgh VA Medical Center. The purpose of this visit was to evaluate quality management issues and patient care at the facility. Additionally, in 2007, the facility admitted to the loss of Legionella biological samples in its testing laboratory, resulting in the firing of a doctor who acted as a whistleblower for this issue. Staff was able to re-assess this issue and discuss how this situation was handled.

Site Visit to New York, New York

From August 25–26, 2010, majority staff of the Subcommittee on Oversight and Investigations and the Subcommittee on Economic Opportunity conducted an unannounced site visit of the Manhattan VA Medical Center, as well as announced visits to the Manhattan VA Regional Office and the Bronx VA Medical Center. The purpose of the visit was to evaluate quality management, the process of credentialing and privileging to ensure compliance with U.S. Department of Veterans Affairs Central Office directives, coordination of care, medication management, as well as procedures in place to ensure the safeguard of veterans Personal Identifiable Information. Staff also evaluated the services provided including education benefits, the Vocational Rehabilitation Program, employment services and the home loan guaranty program at the VA Regional Office.

Site Visit to Canandaigua and Buffalo, New York

From September 8–10, 2010, majority staff conducted a site visit to the Canandaigua and Buffalo VA Medical Centers. The purpose of these visits was to conduct a general site visit to ensure that proper procedures are being followed to ensure quality of care and patient safety. Following numerous hearings on suicide prevention, staff was able to tour the VA’s National Suicide Prevention Hotline Center and evaluate the operations at the Canandaigua facility. In Buffalo, NY, staff also discussed information technology security issues and patient privacy at the facility.

Site Visit to Chicago, Illinois

On October 1, 2010, majority and minority staff traveled to the U.S. Department of Defense and U.S. Department of Veterans Affairs Joint Health Care facility to take part in the dedication ceremony of the facility.

SUMMARY OF VETERANS' AFFAIRS COMMITTEE ACTION
BILLS AND RESOLUTIONS REFERRED, HEARINGS, AND EXECUTIVE SESSIONS CONDUCTED

	99th	100th	101st	102nd	103rd	104th	105th	106th	107th	108th	109th	110th	111th
Bills and Resolutions Referred	198	147	194	215	174	128	134	146	194	253	239	345	360
Hearings Sessions	76	44	72	67	71	39	56	66	58	66	71	108	103
Meetings and Markup Sessions	20	16	26	20	23	19	18	13	14	16	18	25	36
Bills Reported	17	14	33	21	25	15	15	10	14	22	10	26	33
Bills in House	3	1	4	3	11	0	0	1	0	0	0	0	1
Pending in Senate Committees	8	9	23	7	11	10	1	1	10	7	11	38	39
Bills on Senate Calendar or in Senate	1	3	1	3	3	0	0	1	0	5	0	0	0
Laws Enacted	6	4	8	24	15	6	6	11	13	9	10	18	14

HEARINGS AND EXECUTIVE SESSIONS

(All hearings and executive sessions of the Committee are open to the public and held in the Committee hearing room, Room 334, Cannon House Office Building unless otherwise designated.)

January 27, 2009.—1:00 p.m. Room 345 Cannon. Full Committee Roundtable with the Veterans Service Organizations and Military Associations to Discuss Legislative Priorities for the 111th Congress.

February 4, 2009.—10:00 a.m. Full Committee Meeting on Organization and Oversight Plan.

February 4, 2009.—10:30 a.m. Full Committee Hearing on The State of the U.S. Department of Veterans Affairs. (Serial No. 111-1)

February 24, 2009.—2:00 p.m. Room 345 Cannon. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Disabled American Veterans.

February 26, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on U.S. Department of Veterans Affairs' Update on Short- and Long-Term Strategies for Implementing New GI Bill Requirements. (Serial No. 111-2)

March 3, 2009.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 784, H.R. 785, H.R. 1211, and Discussion Draft on Emergency Care Reimbursement. (Serial No. 111-3)

March 3, 2009.—1:30 p.m. Joint Subcommittee on Disability Assistance and Memorial Affairs and the Subcommittee on Oversight and Investigations Hearing on Document Tampering and Mishandling at the U.S. Department of Veterans Affairs. (Serial No. 111-4)

March 4, 2009.—1:00 p.m. Room 340 Cannon. Subcommittee on Economic Opportunity Legislative Hearing on H.R. 147, H.R. 228, H.R. 297, H.R. 466, H.R. 929, H.R. 942, H.R. 950, H.R. 1088, H.R. 1089, and H.R. 1171. (Serial No. 111-5)

March 5, 2009.—9:30 a.m. Room 106 Dirksen. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Paralyzed Veterans of America, Blinded Veterans Association, Jewish War Veterans, Wounded Warrior Project, Iraq and Afghanistan Veterans of America, American Ex-Prisoners of War, and Gold Star Wives of America.

March 10, 2009.—2:00 p.m. Full Committee Hearing on U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2010 (Serial No. 111-6)

March 12, 2009.—9:30 a.m. Room 106 Dirksen. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the American Veterans (AMVETS), Fleet Reserve Association, The Retired Enlisted Association, Vietnam Veterans of America, Military Officers Association of America, National Association of State Directors of Veterans Affairs, Air Force Sergeants Association, Non Commissioned Officers Association, and Military Order of the Purple Heart.

March 17, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on The Vision Center of Excellence: What Has Been Accomplished in Thirteen Months? (Serial No. 111-7)

March 18, 2009.—9:30 a.m. Room 334 Cannon. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Veterans of Foreign Wars.

March 19, 2009.—10:00 a.m. Subcommittee on Health Markup of H.R. 1377.

March 19, 2009.—10:15 a.m. Subcommittee on Health Hearing on Closing the Health Gap of Veterans in Rural Areas: Discussion of Funding and Resource Coordination. (Serial No. 111–8)

March 19, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Markup of H.R. 228, H.R. 466, H.R. 1088, H.R. 1089, and H.R. 1171.

March 24, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on The Nexus Between Engaged in Combat with the Enemy and PTSD in an Era of Changing Warfare Tactics. (Serial No. 111–9)

March 25, 2009.—10:00 a.m. Full Committee Markup of H.R. 1171, H.R. 1377, and H.R. 1513.

April 2, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Vocational Rehabilitation and Employment Programs. (Serial No. 111–10)

April 20, 2009.—10:00 a.m. Jacksonville, Florida. Full Committee Field Hearing on Building the Critical Health Infrastructure for Veterans in Jacksonville, Florida. (Serial No. 111–11)

April 21, 2009.—10:00 a.m. Orlando, Florida. Full Committee Field Hearing on Building the Critical Health Infrastructure for Veterans in Orlando, Florida. (Serial No. 111–12)

April 23, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Legislative Hearing on H.R. 952. (Serial No. 111–13)

April 23, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Contracts and Contracting Policy at the U.S. Department of Veterans Affairs. (Serial No. 111–14)

April 28, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Leaving No One Behind: Is the Federal Recovery Coordination Program Working? (Serial No. 111–15)

April 29, 2009.—10:00 a.m. Full Committee Hearing on Funding the U.S. Department of Veterans Affairs of the Future. (Serial No. 111–16)

April 30, 2009.—10:00 a.m. Subcommittee on Health Hearing on Charting the U.S. Department of Veterans Affairs' Progress on Meeting the Mental Health Needs of Our Veterans: Discussion of Funding, Mental Health Strategic Plan, and the Uniform Mental Health Services Handbook. (Serial No. 111–17)

May 6, 2009.—10:15 a.m. Full Committee Markup of H.R. 23, H.R. 466, H.R. 1088, H.R. 1089, and H.R. 1170.

May 13, 2009.—10:00 a.m. Full Committee Hearing on Innovative Technologies and Treatments Helping Veterans. (Serial No. 111–18)

May 14, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examining Appellate Processes and Their Impacts on Veterans. (Serial No. 111–19)

May 14, 2009.—1:30 p.m. Subcommittee on Economic Opportunity Hearing on Federal Contractor Compliance. (Serial No. 111-20)

May 19, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Gulf War Illness Research: Is Enough Being Done? (Serial No. 111-21)

May 19, 2009.—2:00 p.m. Subcommittee on Health Hearing on U.S. Department of Veterans Affairs Medical Care: The Crown Jewel and Best Kept Secret. (Serial No. 111-22)

May 20, 2009.—10:00 a.m. Full Committee Roundtable on The Growing Needs of Women Veterans: Is the VA Ready?

May 21, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Legislative Hearing on H.R. 1522, H.R. 1982, and H.R. 2270. (Serial No. 111-23)

May 21, 2009.—1:00 p.m. Room 340 Cannon. Subcommittee on Economic Opportunity Legislative Hearing on H.R. 1037, H.R. 1098, H.R. 1168, H.R. 1172, H.R. 1821, H.R. 1879, and H.R. 2180. (Serial No. 111-24)

June 3, 2009.—10:00 a.m. Full Committee Hearing on A National Commitment to End Veterans' Homelessness. (Serial No. 111-25)

June 3, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Markup of H.R. 952 and H.R. 2270.

June 4, 2009.—10:00 a.m. Subcommittee on Health Markup of H.R. 1211.

June 4, 2009.—10:15 a.m. Subcommittee on Health Hearing on Meeting the Needs of Family Caregivers of Veterans. (Serial No. 111-26)

June 4, 2009.—1:00 p.m. Room 340 Cannon. Subcommittee on Economic Opportunity Markup of H.R. 1037, H.R. 1098, H.R. 1172, H.R. 1821, and H.R. 2180.

June 9, 2009.—10:00 a.m. Subcommittee on Health Hearing on Assessing Capital Asset Realignment for Enhanced Services and the Future of the U.S. Department of Veterans Affairs' Health Infrastructure. (Serial No. 111-27)

June 10, 2009.—10:00 a.m. Full Committee Markup of H.R. 1016, H.R. 1211, H.R. 952, H.R. 1037, H.R. 1098, H.R. 1172, H.R. 1821, and H.R. 2180.

June 16, 2009.—10:30 a.m. Room 340 Cannon. Subcommittee on Oversight and Investigations Hearing on Endoscopy Procedures at the U.S. Department of Veterans Affairs: What Happened, What Has Changed? (Serial No. 111-28)

June 18, 2009.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 1293, H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2734, H.R. 2738, H.R. 2770, H.R. 2898 and Draft Discussion Legislation. (Serial No. 111-29)

June 18, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Addressing the Backlog: Can the U.S. Department of Veterans Affairs Manage One Million Claims? (Serial No. 111-30)

June 24, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Legislative Hearing on H.R. 2379, H.R. 2713, H.R. 2774, and H.R. 2968. (Serial No. 111-31)

June 25, 2009.—1:30 p.m. Subcommittee on Economic Opportunity Hearing on Post-9/11 GI Bill: Is the U.S. Department of Veterans Affairs Ready for August 1st? (Serial No. 111-32)

July 9, 2009.—10:00 a.m. Subcommittee on Health Markup of H.R. 1197, H.R. 1293, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2770, H.R. 2926, and Draft Discussion on Family Caregivers.

July 9, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Markup of H.R. 2379, H.R. 2774, and H.R. 2968.

July 14, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Examining the Progress of Electronic Health Record Interoperability Between the U.S. Department of Veterans Affairs and U.S. Department of Defense. (Serial No. 111-33)

July 15, 2009.—10:15 a.m. Full Committee Markup of Draft Legislation to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, H.R. 2770, H.R. 1293, and H.R. 3155.

July 16, 2009.—10:00 a.m. Joint Subcommittee on Disability Assistance and Memorial Affairs and the Subcommittee on Health Hearing on Eliminating the Gaps: Examining Women Veterans' Issues. (Serial No. 111-34)

July 16, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on The Evolution of State Approving Agencies. (Serial No. 111-35)

July 22, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Enforcement of the U.S. Department of Veterans Affairs' Brachytherapy Program Safety Standards. (Serial No. 111-36)

July 23, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examining Quality of Life and Ancillary Benefits Issues. (Serial No. 111-37)

July 29, 2009.—10:00 a.m. Full Committee Hearing on Meeting the Needs of Injured Veterans in the Military Paralympic Program. (Serial No. 111-38)

July 30, 2009.—10:00 a.m. Room 340 Cannon. Subcommittee on Oversight and Investigations Hearing on The Implications of the U.S. Department of Veterans Affairs' Limited Scope of Gulf War Illness Research. (Serial No. 111-39)

July 30, 2009.—1:30 p.m., Room 340 Cannon. Subcommittee on Economic Opportunity Hearing on Vocational Rehabilitation Employment Contracts for Veteran Counseling. (Serial No. 111-40)

September 10, 2009.—9:30 a.m. Room 345 Cannon. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of The American Legion.

September 10, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Review of the Space and Naval Warfare Systems Center Atlantic and the U.S. Department of Veterans Affairs' Interagency Agreement. (Serial No. 111-41)

September 16, 2009.—10:00 a.m. Full Committee Veterans Court Roundtable.

September 22, 2009.—2:00 p.m. Subcommittee on Health Hearing on Is the U.S. Department of Veterans Affairs Meeting the Pharmaceutical needs of Veterans? (Serial No. 111-42)

September 23, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Senior Executive Service Bonuses and Other Administrative Issues at the U.S. Department of Veterans Affairs. (Serial No. 111-43)

September 24, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Honoring the Fallen: How Can We Better Serve America's Veterans and Their Families? (Serial No. 111-44)

September 24, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Legislative Hearing H.R. 294, H.R. 1169, H.R. 1182, H.R. 2416, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2874, H.R. 2928, H.R. 3223, H.R. 3554, H.R. 3561, H.R. 3577, and H.R. 3579. (Serial No. 111-45)

September 30, 2009.—10:00 a.m. Full Committee Hearing on Energy Efficiency at the U.S. Department of Veterans Affairs. (Serial No. 111-46)

October 1, 2009.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 1017, H.R. 1036, H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3073, H.R. 3441, H.R. 2506 and Draft Discussions on Homelessness, Graduate Psychology Education, and Psychiatric Service Dogs. (Serial No. 111-47)

October 7, 2009.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Roundtable on Implications of the Department of Veterans Affairs' PTSD Rule-Making.

October 8, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Legislative Hearing on H.R. 761, H.R. 2243, H.R. 3485, H.R. 3544, and Draft Legislation. (Serial No. 111-48)

October 8, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Markup of H.R. 2696, H.R. 1182, H.R. 2416, H.R. 2461, H.R. 2614, H.R. 2874, and H.R. 1168.)

October 14, 2009.—10:00 a.m. Full Committee Hearing on Update on the State of the U.S. Department of Veterans Affairs. (Serial No. 111-49)

October 15, 2009.—10:00 a.m. Subcommittee on Health Hearing on Identifying the Causes of Inappropriate Billing Practices by the U.S. Department of Veterans Affairs. (Serial No. 111-50)

October 15, 2009.—2:00 p.m. Subcommittee on Economic Opportunity Hearing on U.S. Department of Veterans Affairs Status Report on Post-9/11 GI Bill. (Serial No. 111-51)

October 21, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Markup of H.R. 761 and H.R. 3485.

October 22, 2009.—10:00 a.m. Subcommittee on Health Markup of H.R. 2504, H.R. 2559, H.R. 2735, H.R. 3796, H.R. 3073, and H.R. 3885.

October 28, 2009.—10:00 a.m. Full Committee Markup of H.R. 1168 and Veterans' Small Business Assistance and Servicemembers Protection Act of 2009.

November 18, 2009.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Markup of the Veterans Appeals Improvement and Modernization Act of 2009.

November 19, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Adaptive Housing Grants. (Serial No. 111-52)

December 2, 2009.—10:00 a.m. Full Committee Hearing on U.S. Department of Veterans Affairs Health Care Funding: Appropriations to Programs. (Serial No. 111-53)

December 3, 2009.—1:00 p.m. Subcommittee on Economic Opportunity Education Roundtable.

December 16, 2009.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Acquisition Deficiencies at the U.S. Department of Veterans Affairs. (Serial No. 111-54)

January 20, 2010.—10:00 a.m. Room 345 Cannon. Full Committee Roundtable with the Veterans Service Organizations and Military Associations to Discuss Legislative Priorities for 2010.

January 21, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Transitioning Heroes: New Era, Same Problems? (Serial No. 111-55)

January 21, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Long-Term Solution for Post-9/11 GI Bill. (Serial No. 111-56)

January 27, 2010.—10:00 a.m. Room 345 Cannon. Full Committee Roundtable on Meeting the Unique Health Care Needs of Rural Veterans.

February 3, 2010.—10:00 a.m. Subcommittee on Health Hearing on Review of the U.S. Department of Veterans Affairs Contract Health Care: Project HERO. (Serial No. 111-57)

February 3, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Implementation and Status Update on the Veterans' Benefits Improvement Act, P.L. 110-389. (Serial No. 111-58)

February 4, 2010.—10:00 a.m. Full Committee Hearing on U.S. Department of Veterans Affairs' Budget Request for FY 2011 and FY 2012. (Serial No. 111-59)

February 23, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on U.S. Department of Veterans Affairs Office of Inspector General and Office of Information Technology Budget Requests for Fiscal Year 2011. (Serial No. 111-60)

February 23, 2010.—1:00 p.m. Subcommittee on Health Hearing on the Veterans Health Administration's Fiscal Year 2011 Budget. (Serial No. 111-61)

February 24, 2010.—10:00 a.m. Full Committee Hearing on Exploring the Relationship Between Medication and Veteran Suicide. (Serial No. 111-62)

February 24, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examination of the U.S. Department of Veterans Affairs Benefits Delivery at Discharge and Quick Start Programs. (Serial No. 111-63)

February 25, 2010.—2:00 p.m. Subcommittee on Economic Opportunity Legislative Hearing on H.R. 3257, H.R. 3484, H.R. 3579,

H.R. 3813, H.R. 3948, H.R. 3979, H.R. 4079, H.R. 4203, H.R. 4359, H.R. 4469, and H.R. 4592. (Serial No. 111-64)

March 2, 2010.—2:00 p.m. Room 345 Cannon. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Disabled American Veterans.

March 3, 2010.—2:00 p.m. Subcommittee on Health Legislative Hearing on H.R. 4241. (Serial No. 111-65)

March 4, 2010.—1:30 p.m. Subcommittee on Economic Opportunity Markup of H.R. 3948, H.R. 3484, H.R. 3976, H.R. 4079, H.R. 4592, H.R. 950, H.R. 3561, H.R. 3577, H.R. 3579, H.R. 1879, and H.R. 1169.

March 4, 2010.—9:30 a.m. Room 345 Cannon. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Paralyzed Veterans of America, Jewish War Veterans, Military Order of the Purple Heart, Ex-Prisoners of War, Blinded Veterans Association, Military Officers Association of America, Air Force Sergeants Association, and Wounded Warrior Project.

March 9, 2010.—9:30 a.m. Room G-50 Dirksen. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the Veterans of Foreign Wars.

March 10, 2010.—10:00 a.m. Full Committee Markup of H.R. 3976, H.R. 4592, H.R. 1879, H.R. 4667, and Discussion Draft of End Veteran Homelessness Act of 2010.

March 10, 2010.—10:15 a.m. Full Committee Hearing on Structuring the U.S. Department of Veterans Affairs of the 21st Century. (Serial No. 111-66)

March 11, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on U.S. Department of Veterans Affairs' Center for Veteran Enterprise. (Serial No. 111-67)

March 17, 2010.—10:00 a.m. Full Committee Roundtable on Heroes Homecoming.

March 18, 2010.—9:30 a.m. Room G-50 Dirksen. Full Committee Joint House and Senate Hearing to Receive the Legislative Presentation of the American Veterans (AMVETS), National Association of State Directors of Veterans Affairs, Non Commissioned Officers Association, Gold Star Wives, The Retired Enlisted Association, Fleet Reserve Association, Vietnam Veterans of America, and the Iraq and Afghanistan Veterans of America.

March 18, 2010.—2:00 p.m. Room 345 Cannon. Full Committee Claims Summit 2010.

March 24, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examination of the U.S. Department of Veterans Affairs Regional Office Disability Claims Quality Review Methods. (Serial No. 111-68)

March 25, 2010.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 949, H.R. 1075, H.R. 2698, H.R. 2699, H.R. 2879, H.R. 3926, H.R. 4006, H.R. 84, and 3 Discussion Drafts. (Serial No. 111-69)

March 29, 2010.—2:00 p.m. Las Cruces, New Mexico. Subcommittee on Health Field Hearing on Providing Essential Services and Benefits for Veterans in New Mexico and across America. (Serial No. 111-70)

April 15, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Status of Veterans Employment. (Serial No. 111-71)

April 22, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examining the U.S. Department of Veterans Affairs Fiduciary Program: How Can VA Better Protect Vulnerable Veterans and Their Families? (Serial No. 111-72)

April 29, 2010.—10:00 a.m. Subcommittee on Health Markup of H.R. 1017 and H.R. 5145.

April 29, 2010.—10:15 a.m. Subcommittee on Health Hearing on The U.S. Department of Veterans Affairs' Implementation of the Enhanced Contract Care Pilot Program. (Serial No. 111-73)

April 29, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Status of Veterans Small Businesses. (Serial No. 111-74)

May 5, 2010.—10:00 a.m. Full Committee Hearing on Health Effects of the Vietnam War—The Aftermath. (Serial No. 111-75)

May 6, 2010.—10:00 a.m. Subcommittee on Economic Opportunity Hearing on Vocational Rehabilitation and Employment Program. (Serial No. 111-76)

May 6, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Quality vs. Quantity: Examining the Veterans Benefits Administration's Employee Work Credit and Management Systems. (Serial No. 111-77)

May 12, 2010.—10:00 a.m. Full Committee Markup of H.R. 1017, H.R. 5145, and H.R. 3885.

May 19, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Assessing Information Security at the U.S. Department of Veterans Affairs. (Serial No. 111-78)

May 20, 2010.—10:00 a.m. Joint Subcommittee on Disability Assistance and Memorial Affairs and the Subcommittee on Health Hearing on Healing the Wounds: Evaluating Military Sexual Trauma Issues. (Serial No. 111-79)

May 20, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Loan Guaranty Program. (Serial No. 111-80)

May 26, 2010.—10:00 a.m. Full Committee Roundtable on Veterans Employment.

May 27, 2010.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 4062, H.R. 4465, H.R. 4505, and Draft Legislation. (Serial No. 111-81)

June 8, 2010.—8:30 a.m. New Port Richey, Florida. Subcommittee on Health Field Hearing on Recreation Therapy and Healing Our Wounded Warriors. (Serial No. 111-82)

June 9, 2010.—10:00 a.m. Full Committee Hearing on U.S. Department of Veterans Affairs Office of Inspector General's Open Recommendations: Are We Fixing the Problems? (Serial No. 111-83)

June 10, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Legislative Hearing on H.R. 114, H.R. 3685, H.R. 4319, H.R. 4635, H.R. 4664, H.R. 4765, H.R. 5360, and H.R. 5484. (Serial No. 111-84)

June 15, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on The State of the Veterans Benefits Administration. (Serial No. 111–85)

June 23, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Emergency Preparedness: Evaluating the U.S. Department of Veterans Affairs' Fourth Mission. (Serial No. 111–86)

June 24, 2010.—10:00 a.m. Subcommittee on Health Hearing on Overcoming Rural Health Care Barriers: Use of Innovative Wireless Health Technology Solutions. (Serial No. 111–87)

June 30, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Evaluating the U.S. Department of Veterans Affairs Office of General Counsel. (Serial No. 111–88)

July 1, 2010.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Legislative Hearing on H.R. 3407, H.R. 3787, H.R. 4541, H.R. 5064, H.R. 5549, and Draft Legislation. (Serial No. 111–89)

July 13, 2010.—1:00 p.m. St. Louis, Missouri. Full Committee Field Hearing on Veterans at Risk: The Consequences of the U.S. Department of Veterans Affairs Medical Center Non-Compliance. (Serial No. 111–90)

July 14, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Examining the Progress of Suicide Prevention Outreach Efforts at the U.S. Department of Veterans Affairs. (Serial No. 111–91)

July 15, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Markup of H.R. 929, H.R. 3685, H.R. 4469, H.R. 5360, and H.R. 5484.

July 19, 2010.—8:30 a.m. Bedford, Virginia. Subcommittee on Health Field Hearing on Serving Virginia's Rural Veterans. (Serial No. 111–92)

July 21, 2010.—10:00 a.m. Full Committee Roundtable on Innovative Treatments for TBI and PTSD.

July 22, 2010.—10:00 a.m. Subcommittee on Health Hearing on Healing the Physical Injuries of War. (Serial No. 111–93)

July 27, 2010.—10:00 a.m. Subcommittee on Oversight and Investigations Hearing on Gulf War Illness: The Future for Dissatisfied Veterans. (Serial No. 111–94)

July 27, 2010.—2:00 p.m. Subcommittee on Disability Assistance and Memorial Affairs Markup of H.R. 3787, H.R. 4541, H.R. 5064, and H.R. 5549.

July 28, 2010.—10:00 a.m. Full Committee Hearing on Continued Oversight of Inadequate Cost Controls at the U.S. Department of Veterans Affairs. (Serial No. 111–95)

July 29, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Licensure and Certification. (Serial No. 111–96)

September 15, 2010.—10:00 a.m. Full Committee Markup of Veterans Benefits and Economic Welfare Improvement Act of 2010, H.R. 3685, H.R. 5360, H.R. 5630, H.R. 3787, and H.R. 5993.

September 15, 2010.—10:00 a.m. Full Committee Hearing on Personality Disorder Discharges: Impact on Veterans' Benefits. (Serial No. 111–97)

September 16, 2010.—10:00 a.m. Subcommittee on Disability Assistance and Memorial Affairs Hearing on Examining Training Requirements of Veterans Benefits Administration Claims Processing Personnel. (Serial No. 111-98)

September 16, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Update of the Post-9/11 G.I. Bill. (Serial No. 111-99)

September 22, 2010.—10:00 a.m. Room 345 Cannon. Joint House and Senate Hearing to Receive the Legislative Presentation of The American Legion.

September 23, 2010.—10:00 a.m. Subcommittee on Health Hearing on Veterans Health Administration Contracting and Procurement Practices. (Serial No. 111-100)

September 29, 2010.—10:00 a.m. Subcommittee on Health Legislative Hearing on H.R. 3843, H.R. 4041, H.R. 5428, H.R. 5543, H.R. 5516, H.R. 5641, H.R. 5996, H.R. 6123, H.R. 6127, H.R. 6220, and Draft Legislation. (Serial No. 111-101)

September 29, 2010.—1:00 p.m. Subcommittee on Economic Opportunity Hearing on Federal Contractor Compliance. (Serial No. 111-102)

September 30, 2010.—10:00 a.m. Full Committee Hearing on The True Cost of the War. (Serial No. 111-103)

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.

OVERSIGHT PLAN FOR THE 111TH CONGRESS

Clause 2(d)(1) of Rule X of the Rules of the House of Representatives for the 111th Congress requires each standing committee, not later than February 15 of the first session, to adopt an oversight plan for the 111th Congress. The oversight plan must be submitted simultaneously to the Committee on Oversight and Government Reform and the Committee on House Administration.

The following agenda constitutes the oversight plan of the Committee on Veterans' Affairs for the 111th Congress. It includes areas in which the Committee and its subcommittees expect to conduct oversight during this Congress, but does not preclude oversight or investigation of additional matters or programs as they arise. Because the Committee generally conducts oversight through its subcommittees, the plan is organized by subcommittee. 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. Modernizing the Department of Veterans Affairs' (VA) Disability Benefits Claims Processing System. The Subcommittee plans to continue its oversight activities centered on modernizing and revising the VA disability benefits claims process, as well as the implementation of P.L. 110-389.

2. Benefits. The Subcommittee will examine veterans' benefits programs, such as special monthly compensation, home, auto, and clothing allowances, and burial benefits, to ensure effective operation and sufficient benefit levels.

3. Examination of the Nonservice-Connected Pension Programs. The Subcommittee plans to examine whether pension programs are benefiting those who need it most. In addition, this Subcommittee will explore the need to expand the pension program to include certain veterans or survivors who may have been previously omitted and the pay-go costs associated with any expansion.

4. Outreach. The Subcommittee plans to look at the outreach efforts conducted by the VA to ensure that eligible veterans, survivors and other beneficiaries are aware of benefits to which they may be entitled, paying special attention to geographic limitations and considerations.

5. Appeals. The Subcommittee will further explore the compensation and pension claims appeal process at the Board of Veterans Appeals (BVA), the Appeals Management Center (AMC) and the Court of Appeals for Veterans Claims (CAVC). The Subcommittee plans to focus on exploring avenues to simplify the current appeal process, increase accountability and reduce avoidable remands.

6. National and Overseas Cemeteries. The Subcommittee will examine the immediate and long-term needs of the VA National Cemetery Administration (NCA) and the American Battle Monuments Commission (ABMC) to provide burial or commemoration to America's fallen heroes. The Subcommittee will review the need for additional VA national cemeteries or grants to state cemeteries,

standards used to establish national cemeteries and the condition of existing cemeteries to determine if their condition befits their status as national shrines to our nation's veterans. Additionally, the Subcommittee will review the adequacy of benefits for the provision and placement of headstones and markers provided by VA and the expansion of the ABMC's interpretative program.

7. Information Technology. The Subcommittee will continue to review current information technology systems and software applications being used by the VBA with a focus on VETSNET and Virtual VA. The Subcommittee will explore the potential for web-based claim application capabilities and benefits management portals. It will also explore the applicability of rules-based and other expert systems to automate the adjudication of disability claims.

8. Insurance Matters. The Subcommittee will examine the insurance programs under the jurisdiction of VA to ensure the provision of the proper level of indemnification and appropriate categories of coverage. Additionally, the Subcommittee will review the overall operation of these insurance programs.

9. Presumptions. The Subcommittee will continue to examine the process for establishing presumptions of service-connection for the purpose of providing disability benefits compensation, focusing on veterans from both current and past conflicts.

10. Seamless Transition. The Subcommittee will continue to examine and support efforts to ensure that wounded warriors and other transitioning servicemembers are able to receive benefits in an accurate and timely manner, including the Transition Assistance Program (TAP), Disabled Transition Assistance Program (DTAP), Benefits Delivery at Discharge (BDD) program and implementation of a single VA/DoD disability exam process.

Subcommittee on Economic Opportunities

1. Employment and Self-Employment Opportunities for Veterans. The Subcommittee plans to review the efforts of the Department of Labor and the VA in providing employment opportunities to veterans, with a focus on recently separated service members returning from Iraq and Afghanistan, including demobilizing Reserve and National Guard personnel. The Subcommittee also plans to review federal contracting efforts to ensure veterans' employment.

2. Department of Labor Workforce and Transition Services. The Subcommittee plans to monitor the progress and effectiveness of the Veterans Employment, Training and Employer Outreach Advisory Committee within the Department of Labor, including the progress of the Credentialing Work Group.

3. Veterans' Employment and Training Service (VETS). VETS oversees several programs for the Department of Labor that directly impacts veterans' benefits and employment. VETS is currently provided funding for the State Grants for Local Veterans' Employment Representatives (LVERs) and Disabled Veterans' Program (DVOPs) Specialists, the National Veterans Training Institute (NVTI), the Homeless Veterans' Reintegration Program (HVRP), the Veterans' Workforce Investment Program (VWIP), and program administration.

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, and employer outreach.

5. **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. The Subcommittee is also interested in reviewing the demobilization process and the recommendations from the Task Force on Returning Global War on Terror Heroes Report.

6. **Veterans Preference in Federal Hiring/Categorical Ranking Systems.** Veterans have complained that the Federal Veterans Preference program is ineffective. The Office of Personnel Management has implemented an alternative personnel system to enlarge applicant selection pools. The Subcommittee will be reviewing the current personnel system.

7. **Veterans' Priority of Hiring and Federal Contractors.** Title 38 requires Federal contractors to provide hiring priority to certain qualified veterans and to report job openings to state and local employment services. The Subcommittee will review the effectiveness of current law with a view towards enforcement.

8. **Uniformed Services Employment and Reemployment Rights Act.** The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides a broad range of employment rights and responsibilities for veterans and employers. 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 as well as issues related enforcement.

9. **Servicemembers Civil Relief Act (SCRA).** As more Reservists and National Guard members are activated there is an increasing reliance on the protections offered under SCRA. The Subcommittee will continue to provide oversight over the SCRA.

10. **GI Bill.** The Subcommittee plans to closely monitor the VA's efforts to implement the Post-9/11 Veterans Educational Assistance Act of 2008, with a focus on ensuring that the VA will be ready to meet its August 2009 deadline for implementation. The Subcommittee will also examine ways in which to improve veterans'

educational benefits and ensure that these benefits are available to veterans when they need them.

11. State Approving Agencies. The Subcommittee will examine how State Approving Agencies can be streamlined, reduce areas of responsibility, become more accountable for expenditures and reduce multiple agency overlap in services to better improve education benefits for veterans.

12. Small Business Contracting Goals for Veteran and Service Connected Disabled Business Owners. The Federal government has poor results 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.

13. VA Federal Procurement, Contract Bundling, and Non-Competitive Contracts. The VA has the second largest Federal procurement budget after DoD. We should monitor how VA does business and how its procurement policies affect the VA and veterans seeking to do business with the VA. There is a concern that large corporations who secure large contracts with the VA and the Federal government at large generally fail to comply with their small business contract submission that incorporates veterans as subcontractors. To date the VA has imposed no penalty on any company for failing to execute their small business plan. We need to see what the Defense Acquisition University is doing to ensure that all contractors are in compliance with the small business goals.

14. 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 implement P.L. 109-461 which 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 the effectiveness of the Center for Veterans Enterprise and the Veterans Business Development Corporation.

15. VA Loan Guaranty Program. The Subcommittee will review existing veterans' loan programs to determine the effect of the current downturn in real estate on veteran home owners. The Subcommittee will include the views of the mortgage industry and other real estate experts to see if improvements can be made to the existing system including additional protections for mortgagors. The Subcommittee will also review VA operations in the secondary market.

16. Paralympics. The Subcommittee plans to monitor the progress of the VA's Paralympics grant program.

17. 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 VA's health care delivery structure to determine whether it is the most effective and efficient means of delivering the best care to our veterans. Among the issues the Subcommittee will explore include the adequacy of the existing VISN structure; the role of technology such as telehealth/telemedicine in improving care to rural and under-served veterans; and quality of care and access issues. The Subcommittee also plans on providing oversight of 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 as well as explore innovative solutions to recruit and retain nurses, physicians, dentists, and other health and mental health care professionals.

3. **Women Veterans' Programs.**—With the rapid and steady increase in the number of women veterans, the Subcommittee will examine VA's provision of health care services to women and identify service gaps where improvements can be made. A special effort will be made to ensure that VA is equipped to care for victims of military sexual trauma.

4. **Homelessness.**—The Subcommittee plans to review VA's current efforts to alleviate homelessness amongst veterans, and examine ways to improve services to homeless veterans including women veterans with children.

5. **Reintegration.**—The Subcommittee will assess means of improving health care services and reintegration efforts for returning servicemembers.

6. **VA Medical and Prosthetic Research.**—The Subcommittee plans on examining the effectiveness of the VA's current research endeavors and the degree to which the research translates into clinical applications. The Subcommittee also plans on looking at such issues as the role of intellectual property, the function, and effectiveness of VA's research corporations, and the effect of data security measures on research efforts.

7. **Prosthetics and Specialized Services.**—The Subcommittee plans to examine VA's specialized services, such as blind rehabilitation, spinal cord injury, and prosthetics. Specifically, the Subcommittee will explore ways to improve these services and ways the VA can meet Congress' intent.

8. **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 state veterans homes and contract community homes. The Subcommittee will assess the VA's efforts to provide more home and community-based care options to better provide long-term care services to veterans.

9. **CARES, VA Construction, and Facilities Management.**—The Subcommittee plans to monitor the VA's health-related capital asset program, including looking at innovative ways the VA can provide health care services in the future. 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. The Subcommittee plans to assess

VA's historic preservation, and enhanced use lease efforts to better utilize existing VA capital assets.

10. VA Funding.—The Subcommittee plans to examine the adequacy of VA funding, and assess whether a new budget projection model and a different appropriations measure can offer more efficient use of resources. Specifically, the Subcommittee will examine the VA's budget to determine whether it accurately funds services for returning servicemembers and whether it accounts for the long-term costs of these new veterans. In addition, the Subcommittee will examine the Medical Care Collections Fund (MCCF) and VA's forecast and planning efforts to ensure that the VA is taking steps to meet health care demand.

11. PTSD and Mental Health Issues.—The Subcommittee plans to continue its oversight of the VA's current efforts in the area of mental health and post-traumatic stress disorder (PTSD) as they relate to returning servicemembers and veterans of previous conflicts.

12. Traumatic Brain Injury and VA Polytrauma Centers.—The Subcommittee plans on examining the VA's efforts in diagnosing and treating Traumatic Brain Injury (TBI), as well as the operation of the VA's Polytrauma Centers. The Subcommittee seeks to learn whether the VA is meeting the needs of veterans returning from Iraq and Afghanistan who have shown a marked increase in TBI.

13. 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 at the progress the two agencies have made in ensuring that health information is shared, including electronic medical records, and other ways that VA and DOD can improve services to returning servicemembers and veterans.

14. Outreach and Education.—The Subcommittee plans on exploring VA's current outreach and education efforts and examine ways in which the VA can better provide information and guidance on veterans' health issues to veterans, the public, and other governmental and private entities.

15. 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 contingencies and that the VA's fourth mission duties do not detract from its first mission of caring for veterans.

16. VA Pharmaceutical Care.—The Subcommittee plans to monitor VA's efforts to offer affordable, safe, and diverse pharmaceutical services. The Subcommittee will explore whether the VA's process for updating the formulary is adequate; the accessibility of non-formulary drugs that are medically necessary; and VA's efforts in the area of medication management.

Subcommittee on Oversight and Investigations

1. **VA Inspector General.**—The Subcommittee plans to review how the VA implements the recommendations of the VA Inspector General (IG) to increase VA efficiency and effectiveness. The Subcommittee will work to ensure that the IG has the resources it needs to accomplish its mission and assist in restoring veterans' confidence in the system.

2. **VA Management.**—The Subcommittee plans to monitor and address the effectiveness of VA management in delivering veterans' benefits.

3. **Human Subjects Protection.**—Previous problems in VA Research involving human subjects led the committee to initiate several inquiries into protecting human subjects in VA studies, while ensuring affiliates respect and conform to the same level of protection. The Subcommittee will review this matter to assure the protections have been succinctly addressed and are working according to the Federal Policy for the Protection of Human Subjects.

4. **Seamless Transition.**—The Subcommittee will continue to monitor VA and Department of Defense (DoD) efforts to assure that the transition between the two departments is seamless and responsive to the needs of veterans. The Subcommittee plans on examining issues such as the progress of the Yellow Ribbon Reintegration Program and DoD's referral of discharged Guard and Reserve personnel to VA's dental program for their follow-up dental care.

5. **Fully Interoperable Electronic Personal Health Information between VA & DoD.**—Congress has mandated VA–DoD development of interoperable health records or systems. The Subcommittee will evaluate timelines and progress in this effort.

6. **Credentialing, Privileging, 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.

7. **VA's Fourth Mission.**—The Subcommittee plans to examine the VA's role in responding to natural or man-made disasters and as a backup to the Department of Defense health care system. The Subcommittee will explore whether the VA can meet its "fourth mission" responsibilities under the National Response Framework and provide for its continuity of operations.

8. **Financial and Logistics Integrated Technology Enterprise (FLITE).**—After the failure of the CoreFLS financial and logistics system, VA has embarked on a new effort called FLITE. VA intends to follow a multiple-year, phased approach that will integrate and standardize financial and asset management processes across all VA offices by 2014 at an estimated cost of \$570 million. The Subcommittee intends to maintain close oversight of this multi year project.

9. **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 informational security program. The Subcommittee has an ongoing interest in the effectiveness of the program.

10. **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 the underachievement.

11. Chemical, Radiological, Biological and other Test Veterans Issues.—The Subcommittee will continue to explore issues surrounding chemical, radiological, and biological testing of veterans, as well as issues related to Agent Orange and Gulf War exposures.

12. VA's Procurement and Acquisition Activities.—VA spends over \$6 billion annually for medical and surgical supplies, prosthetics, information technology, construction and other materials and services. The Subcommittee will examine contracting, logistics, and development of control systems at VA to ensure that Veterans' needs are met and the taxpayers' interests are protected.

13. Medical Care Collections Fund.—The Subcommittee will conduct oversight on VA collection efforts.

14. EEO Complaint Resolution System.—Following significant problems in VA's EEO process, Congress mandated the creation of an independent office to provide mediation and other dispute resolution services. The Subcommittee will examine how effective this office has been and whether it has adequate resources to function as Congress intended.

15. Laboratory and Clinical Select Agent Security.—VA Level 3 Laboratories and all VA Medical Centers are host to various chemical, biological and radiological agents. The Subcommittee will examine VA compliance with law and regulations governing use and storage of such materials.

16. Electronic Claims Processing.—The Veterans Benefits Administration must move to electronic processing of benefits claims if it is to address the claims backlog. O&I will conduct oversight of the cooperative efforts of VBA and the Office of Information and Technology to address this critical need.

**REPORT TO THE COMMITTEE ON THE BUDGET FROM
THE COMMITTEE ON VETERANS' AFFAIRS, SUB-
MITTED PURSUANT TO SECTION 301 OF THE CON-
GRESSIONAL BUDGET ACT OF 1974, ON THE BUDGET
PROPOSED FOR FY 2010**

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 13, 2009.

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 2010. 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, Deborah Halvorson, Thomas S.P. Perriello, Harry Teague, Ciro Rodriguez, Joe Donnelly, Jerry McNerney, Zachary T. Space, Timothy J. Walz, John H. Adler, Ann Kirkpatrick, Glenn C. Nye.

DEMOCRATIC VIEWS AND ESTIMATES

March 13, 2009

Introduction

On February 26, 2009, the Administration submitted its preliminary FY 2010 budget. This 134-page document, entitled *A New Era of Responsibility: Renewing America's Priorities*, provides scant detail regarding the VA's FY 2010 budget. By necessity, this year's Views and Estimates will not contain the same level of detailed analysis and individual account recommendations as in previous years.

Because of the lack of details regarding non-VA programs in this year's preliminary budget, the Committee will not be making recommendations regarding the Veterans Employment and Training Service of the Department of Labor, the American Battle Monuments Commission, and the U.S. Court of Appeals for Veterans Claims.

SECTION 1—DISCRETIONARY ACCOUNTS

DEPARTMENT OF VETERANS AFFAIRS

For FY 2010, the Administration is requesting \$52.5 billion for the discretionary accounts of the Department of Veterans Affairs (VA). This request is \$4.9 billion, or 10.3 percent, over FY 2009 enacted levels. The Administration is estimating a total resource level, including medical care collections, of \$55.9 billion for FY 2010. This overall level is \$1.3 billion over the recommendations of the Independent Budget, which is co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars. This year marks the first time in the 23-year history of the Independent Budget that an administration has proposed a budget that exceeds its recommendations.

For the second year, the Independent Budget has included amounts attributable to medical care collections in its funding level recommendation for the Medical Services account. The Independent Budget argues that amounts for discretionary programs of the VA should be fully appropriated and hence collections should not be included. The Independent Budget is silent regarding how resources realized through medical collections should be spent by the Department, or even if the VA should continue to collect for the provision of health care services for non-service-connected conditions. In order to more accurately compare budget numbers, amounts attributable to medical care collections should be added to the discretionary appropriations request, or conversely, the amount estimated for collections should be subtracted from the Independent Budget request.

The Committee¹ is recommending \$53.3 billion for the discretionary accounts of the Department of Veterans Affairs (VA) for FY

¹While 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.

2010. This recommendation is an increase of \$5.7 billion, or 12 percent over the FY 2009 enacted level of \$47.6 billion, and \$800 million, or 1.5 percent, above the Administration's request.

The Administration's number for total resources for discretionary programs for FY 2010 indicates an appropriations level of \$52.5 and an amount attributable to collections of \$3.4 billion. The VA saw an 11 percent increase in collections from FY 2007 to FY 2008, and is estimating \$2.5 billion in collections for FY 2009. The Administration's estimate would represent an increase in collections of \$900 million, or 36 percent, from FY 2009 estimated levels.

The Committee is estimating that the VA will realize at least \$2.8 billion in medical care collections in FY 2010. When this amount is added to the recommended level of appropriated discretionary funding the Committee is recommending an overall level of resources for the VA of \$56.1 billion. This represents an increase of \$200 million over the Administration's proposed total resource level of \$55.9 billion and \$1.5 billion above the Independent Budget recommendation of \$54.6 billion.

The Committee is concerned that the VA may find it difficult to realize an increase of 36 percent in collections using existing authorities, even with the increase in the number of Priority 8 veterans allowed into the system this fiscal year. The Committee recommends that an additional \$600 million above the Administration's request be provided in appropriated dollars in order to safeguard the provision of health care to veterans. The Committee believes this is a prudent step as it awaits further details regarding the Administration's budget request. As further details are provided and the Committee is assured that the VA can collect these additional revenues using current authorities, then the Committee would recommend that these additional dollars be used by the VA to further improve access to care and enhance specialty care programs, including long-term care.

The Committee's recommended funding level for FY 2010 also includes an additional \$200 million to augment the VA account that funds discretionary activities of the Veterans Benefits Administration and the Department's General Administration activities. The Committee recommends providing this increase to safeguard VA claims activities and to assist the Department in beginning its transformation into a 21st Century organization, a goal outlined by the new Administration.

FY 2010 VA DISCRETIONARY BUDGET REQUEST

[\$ In billions]

	FY 2009 Enacted	FY 2010 Independent Budget	FY 2010 President's Request	FY 2010 Committee Recommendation	Committee vs. Enacted	Committee vs. President's Request
VA Discretionary	\$47.6	*\$54.6 (\$51.8)	\$52.5	\$53.3	+\$5.7	+\$0.8
Medical Care Collections	\$2.5	\$0	\$3.4	\$2.8	+\$0.3	-\$0.6
Total Resources Discretionary (With collections)	\$50.1	\$54.6	\$55.9	\$56.1	+\$6.0	+\$0.2

*To assist in the analysis of the varying budget proposals, the figure in parentheses (\$51.8) represents the Committee's estimate as to collections subtracted from the recommended level in order to better compare realistic appropriations levels.

The Committee is pleased to note that the Administration's budget request marks a sharp departure from Bush Administration budgets in assuming out-year increases for veterans' spending. For FY 2009, the Bush Administration submitted a budget that assumed a net five-year cut of \$20 billion. The preliminary budget for FY 2010 assumes a five-year increase of \$25 billion over baseline estimates.

When the Administration submits a detailed budget in April, the Committee plans to revisit its recommended funding level, if warranted. The Committee believes that its recommended level of \$53.3 billion provides the resources to enable the VA to meet its responsibilities in FY 2010 in all VA accounts, but retains an interest in ensuring that specific accounts are funded at sufficient levels.

The Committee remains committed to working diligently to ensure that VA budgets are sufficient to meet the needs of veterans and are in place at the beginning of the fiscal year. The Committee plans on addressing innovative ideas, such as advanced appropriations and other budgetary reforms, to ensure that veterans get the dollars they need when they need them and the VA is better able to plan and forecast to meet the challenges ahead.

VA Medical Care

VA medical care is considered to be comprised of three accounts: Medical Services, Medical Support and Compliance, and Medical Facilities. These three accounts, and Medical and Prosthetic Research, make up the funding levels for the Veterans Health Administration (VHA).

Including the recommended additional funding, the Committee believes that the proposed FY 2010 budget provides sufficient resources to provide the necessary funding levels for veterans' medical care. When the Committee's estimated collections level is factored in, the Committee believes that VHA accounts should be funded at levels that at least match the Independent Budget request. The Committee expects the VA to provide a robust research budget that does not rely on the ability of VA researchers to obtain other Federal research dollars in order to achieve increases above FY 2009 levels.

Consistent with the Committee's focus on improving health care access for rural veterans, the Committee will work to ensure that the VA's Office of Rural Health is sufficiently funded and staffed at an appropriate level to spearhead and coordinate VA's efforts in this area.

The Committee applauds the Administration's efforts to end the enrollment ban on the enrollment of Priority 8 veterans and supports the VA's stated intent to accomplish this incrementally in order to safeguard current quality and timeliness standards. The Committee also looks forward to working with the Administration to improve mental health care treatment and services, as well as improve homeless programs and enhance outreach efforts. The Committee will also continue its focus on providing health care to returning servicemembers and veterans of past conflicts and look for ways to improve the VA's ability to address specific health care needs of veterans.

Departmental Administration
Veterans Benefits Administration
Information Technology Systems
Office of Inspector General

The General Operating Expenses (GOE) account provides discretionary funding for the Veterans Benefits Administration (VBA) and general administrative functions of the Department, including funding the Office of the Secretary, the Assistant Secretaries, the Office of the General Counsel, and the Board of Veterans Appeals. For FY 2009, GOE received \$1.8 billion in appropriated funding.

The Committee recommendation of \$53.3 billion includes an additional \$200 million for the GOE account. The Committee recommends providing this additional level of funding as it awaits further details regarding the Administration's proposal to shift the funding mechanism for contract examinations for disability compensation eligibility from mandatory to discretionary. The Committee is also looking to the Administration to provide the funding necessary to assist the VA as it begins its transformation into an organization more aligned with the needs of veterans and to beef up its strategic planning capabilities.

The Committee will also work to ensure that the VBA has the funding it needs in the short term to hire and train needed claims processors and to work to implement the reforms the VA's disability compensation system contained in P.L. 110-389, the Veterans Benefits Improvement Act of 2008. Over the long term, the Committee looks forward to working with the Administration and the VA to transform this system and utilize all available technologies and processes to address the claims backlog.

The Committee will look forward to receiving detailed funding information regarding the VA's Information Technology Systems (IT) account. The Committee will work to ensure that the VA has the resources to continue reforming its IT operation and that IT functions as a tool to improve the provision of benefits and services to veterans.

The Committee notes that the National Cemetery Administration received \$50 million as part of the American Recovery and Investment Act, P.L. 111-5. The Committee is hopeful that this account will be provided the resources it needs to maintain current services and that additional funding is provided for the National Shrine Initiative.

The Office of Inspector General will be expected to do more in the next fiscal year, and the committee will look to the Administration to provide sufficient funding for this vital operation.

Construction and Grant Programs

For FY 2009, the VA received \$1.9 billion for its Construction, Major Projects, Construction, Minor Projects, Grants for Construction of State Extended Care Facilities, and Grants for Construction of State Veterans Cemeteries. The Independent Budget has recommended \$2.3 billion for these accounts for FY 2010.

The American Recovery and Investment Act of 2009, P.L. 111-5, provided \$1.4 billion in funding for the VA, including \$150 million for Grants for Construction of State Extended Care Facilities. The VA, for FY 2009, identified \$434 million worth of Priority Group 1 projects. These projects have State matching funds in place. The FY 2009 appropriation of \$175 million and the \$150 million provided in the Recovery Act would still require an additional \$109 million to meet the total backlog in Priority Group 1 projects. A Funding level consistent with FY 2009 for this program would provide the \$109 million plus provide an additional \$66 million for new projects.

The Committee is hopeful that the Administration will request sufficient construction funding consistent with recent appropriations levels. The Committee looks forward to working with the Administration and the VA to better improve the VA's construction process and better enable the VA to provide the infrastructure needed to match current and future needs. The Committee also plans to work with the Administration and the VA to identify ways that VA can reduce energy consumption and costs and improve environmental sustainability.

SECTION 2—MANDATORY ACCOUNTS

On March 10, 2009, Secretary Shinseki testified before the Committee to outline the Administration's request for FY 2010. The Secretary indicated that the VA's mandatory account requirements would necessitate \$57 billion, an increase of \$9.7 billion, or 21 percent, over FY 2009 levels. The Committee is awaiting further details regarding this increase.

The Committee believes that there are many benefits programs administered by the VA that are in need of modernization, and many that need increases in order to fulfill the original intent of the underlying legislation. The Committee will also look to work with the VA and veterans to consider major overhauls in the manner in which benefits claims are handled to make the claims process a model of fairness and efficiency. Many of these reforms and changes will require additional mandatory expenditures, at least in the short term.

The Committee is cognizant of the need for fiscal restraint and the PAYGO requirements under the Rules of the House of Representatives to offset increases in mandatory spending, and plans on working with other committees, where appropriate, to improve benefits for veterans. The Committee encourages the Committee on the Budget to consider the creation of a reserve fund or other budgetary mechanism that may assist the Committee as it begins the process of examining ways in which to modernize the VA's disability claims system.

ADDITIONAL VIEWS AND ESTIMATES

Committee on Veterans' Affairs

Fiscal Year 2010

We agree with the Views and Estimates of the Committee on Veterans' Affairs Majority concerning the funding levels and prior-

ities for veterans health and benefits programs and services for fiscal year 2010. We believe that with these recommendations, the President's budget will meet the needs of today's veterans and begin to address many of the more important challenges facing the Department of Veterans Affairs in the future.

However, we believe there is one issue that is not sufficiently addressed, namely the vital need to reform the budget and appropriations process to ensure that veterans health care programs receive sufficient, timely, and predictable funding, not just today, but far into the future. While funding for veterans health care has increased significantly in recent years, we believe it is essential that the Committee remain dedicated to securing both adequate and timely funding for veterans health care.

The services and operations of the Department of Veterans Affairs have continuously been hampered by a lack of predictable funding. In July 25, 2007, testimony to the Senate Committee on Veterans' Affairs detailed the operational difficulties consistently encountered by VA managers and officials due to the uncertainty of funding and resources.² For too many years, the VA has had to make do with insufficient budgets resulting in restricted access for many veterans. We remain concerned that late and unpredictable funding for VA medical care programs will delay the provision of care, diminish the quality of service, and result in less efficient use of funds.

The VA requires an assured source of funding in order to meet the demand for services and adequately maintain operational facilities. We conclude that the budget and appropriations processes for VA medical care programs can be significantly improved through advanced appropriations—a mechanism already utilized by the Committee on the Budget for select federal programs. Earlier this year, legislation was introduced, H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act, which would authorize one-year advance appropriations for veterans medical care programs. An advance appropriation would provide the VA with up to a year in which to plan the most efficient and effective means to deliver care to an increasing number of veterans with increasingly complex medical conditions. The legislation would also improve the transparency of VA's budget forecasting process, in order to aid the Committee on the Budget and the Committee on Appropriations in future development of appropriation bills that provide sufficient funding to meet the best estimate of anticipated demand for veterans health care services.

This legislation has been endorsed by virtually every major veterans and military service organization, including the four co-authors of *The Independent Budget*, the nine members of *The Partnership for Veterans Health Care Budget Reform*, and *The Military Coalition*, comprised of 35 military and veterans organizations. The legislation is also actively supported by the American Federation of Government Employees (AFGE). Advance appropriations have also

² Joseph M. Manley, VA Medical Center Director (Retired), *Funding for VA Healthcare*, Senate Committee on Veterans' Affairs, 110th Congress 1st Session, 25 July 2007. James W. Dudley, *Mandated VA Funding*, Senate Committee on Veterans' Affairs, 110th Congress 1st Session, 25 July 2007. *Former VA Official's Perspective on VA Health Care Appropriations: Operational Difficulties and Political Demands*, Senate Committee on Veterans' Affairs, 110th Congress 1st Session, 25 July 2007.

been endorsed by two dozen former senior VA officials, regional and hospital directors, including former Secretary Anthony Principi, former Deputy Secretary Hershel Gober, and four prior Under Secretaries for Health, stretching back to 1994.

Our recommendation is that the Committee on the Budget work with the Committee on Veterans' Affairs to secure advanced appropriations to ensure that VA budgets are not only sufficient, but are available when needed. We intend to collaborate with our colleagues on the Committee on Veterans' Affairs to consider and report this legislation authorizing advance appropriations, working toward Congressional approval and final enactment this year. We ask the Budget Committee to remove any obstacles in the budget resolution to allow advance appropriations for veterans medical care in FY2011. Specifically, Section 302 of the FY2009 Budget Resolution (S. Con. Res. 70) provided a general point of order against advance appropriations. However, the FY2009 Budget Resolution delineated a specific list of programs not subject to that point of order. We recommend that the budget resolution for FY2010 include language that separately exempts all three VA medical care accounts (Medical Services, Medical Support and Compliance, and Medical Facilities) from any point of order against advance appropriations for FY2011.

Sincerely,

MICHAEL H. MICHAUD,
STEPHANIE HERSETH SANDLIN,
HARRY E. MITCHELL,
JOHN J. HALL,
HARRY TEAGUE,
TIMOTHY J. WALZ.

ADDITIONAL VIEWS AND ESTIMATES

Committee on Veterans' Affairs

Fiscal Year 2010

I write to submit an additional view into the record regarding the House Veterans' Affairs Committee's Views and Estimates on the budget for FY 2010. The Committee's funding levels and priorities for veterans' health care display an unparalleled and long overdue commitment to the men and women who served our nation in uniform. However, I write to urge a greater commitment to mental health services, specifically in awarding veterans the compensation owed for the incurrence of Post Traumatic Stress Disorder.

For too long we have heard the harrowing stories of soldiers returning from war, bearing the scars and wounds of battle, only to face an adversarial process in seeking treatment and compensation. This is especially true for soldiers who have Post Traumatic Stress Disorder. In the Iraq and Afghanistan wars alone, over 100,000 veterans have been diagnosed with PTSD. Tragically, however, only 42,000 have been granted service-connected disability for their condition.

This is true for past conflicts as well. The disability claims backlog at the VA tops 800,000, a great majority of which are Vietnam Veterans seeking compensation for PTSD. These facts are a clear indication that current regulations at the VA are too stringent for veterans seeking disability benefits.

Many veterans have lost faith in their government and elected officials because of the hoops they have to jump through at the VA as well as the presumption in current law that they are scamming the system. We must work to restore their trust.

The main prohibitive factor to making the necessary changes is cost, which is why it is imperative that the budget allow for the resources to improve the system. CBO estimates that lowering the burdensome threshold that is currently denying veterans their urgently needed benefits would cost \$4.7 billion over 10 years. While this may seem expensive, a RAND study has determined that the cost of untreated PTSD to our nation could total \$6.2 billion over two years. In order to prevent this catastrophe, the budget needs to adequately fund the compensation that veterans have earned.

There is consensus among veterans that we need to improve the way PTSD claims are handled; legislation to fix the problem has been endorsed by the American Legion, the VFW, DAV, Military Order of the Purple Heart, IAVA, and other VSOs. Addressing this issue in the budget would raise the profile of this need and publicly state to all those who serve their country that their government is indeed living up to its commitment to the men and women who sacrifice life and limb to defend it.

Again, I want to state that the Obama Administration and the House Veterans' Affairs Committee have both done a tremendous job in displaying their commitment to veterans. However, I recommend that the Committee on the Budget work with the Committee on Veterans' Affairs to secure the funding to address this urgent and growing need for mental health compensation.

Sincerely,

JOHN J. HALL.

REPUBLICAN LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 13, 2009.

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, House Rule X, clause 4(f), and Rule 7 of the Rules of the Committee on Veterans' Affairs, 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 fiscal year (FY) 2010 budget request for the Department of Veterans Affairs (VA) with regard to programs and matters within the jurisdiction of the Committee.

The Republican Views and Estimates address the major areas of focus that are critical to fulfilling our nation's commitment to veterans. This document reflects our enduring priorities, which include: providing care to veterans with service-connected disabilities, those with special needs, and the indigent; ensuring a seamless transition from military service to VA; and providing veterans with every opportunity to lead full, healthy lives. As you are aware, the Administration is still developing the details of its FY 2010 budget request. The budget summary it provided did not address the funding for any specific VA program or activity. Therefore, please note that in formulating the attached Views and Estimates, Republican Members of the Committee relied on FY 2009 appropriated amounts as a baseline for their recommendations.

We look forward to working with our 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., Ranking Republican Member, Subcommittee on Health; Jeff Miller, Committee Member; John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity; 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; David P. Roe, Ranking Republican Member, Subcommittee on Oversight and Investigations.

**REPUBLICAN VIEWS AND ESTIMATES FOR FISCAL YEAR
2010**

March 13, 2009

OVERVIEW

For veterans' healthcare and program costs in fiscal year (FY) 2010, the Republican Members of the Committee on Veterans' Affairs recommend \$1.9 billion above the Administration's request for FY 2010. This represents a \$550 million increase in discretionary spending and a \$1.36 billion increase in direct spending for veterans' programs.

The Republican Members further recommend out-year funding for veterans discretionary programs as follows: \$58.4 billion for FY 2011, \$63.6 billion for FY 2012, \$68.7 billion for FY 2013, and \$72.8 billion for FY 2014, a total increase of \$14.6 billion over the Administration's projections. These more realistic estimates would adequately fund VA for the five year period, assuming medical inflation of 2.6% and increased workloads due to the restoration of health care eligibility for many priority 8 veterans, the drawdown in Iraq, and increased demand for VA health care from the economic downturn. We believe the Administration's out-year funding projections would result in serious budget shortfalls for veterans' healthcare.

The Administration's budget submission contains only a request for overall levels of funding for the Department of Veterans Affairs (VA), and a detailed request for FY 2010 will not be submitted to Congress until sometime in April. Consequently, an in-depth analysis of the Administration's budget request is not possible at this time, and these views and estimates may be subject to revision when more information is available from VA. We recommended increases for the specific accounts use FY 2009 appropriated funding levels as a baseline.

Department of Veterans Affairs**Veterans Benefits Administration**

Disability Compensation and Pension Service—The Republican Members are deeply concerned about the growing size of the backlog of claims for disability compensation. Despite large increases in staffing at the compensation and pension service (C&P), the backlog of pending claims continues to grow. There must be greater emphasis on training and accountability with new employees. Because rating specialists require an average of two years before becoming fully productive, comprehensive training is crucial. Therefore, the Republican Members recommend an additional \$16 million for Training and Performance Support Systems, and an additional \$4 million for skills certification for C&P employees as described in P.L. 110–389. The Republican Members also recommend at least an additional \$2.5 million to fund 30 additional FTEE for VBA's National Training Academy in Baltimore, Maryland.

The Republican Members recognize that additional direct compensation FTEE alone will not improve quality, accuracy, consistency, and timeliness in claims processing without corresponding

increases in quality checks and business processing improvement. Therefore, we make the following recommendations to address this issue:

Systematic Technical Accuracy Review (STAR) Reviews—STAR reviews are one of many ways that VBA reviews the quality of their rating decisions. Despite the recent increase in the number of STAR reviews, Republican Members believe that too much emphasis continues to be placed on just quantity rather than on both quality and production. Deciding claims correctly the first time should be the emphasis, even if the initial adjudication period is somewhat longer. We recommend at least additional \$8 million to increase the number of STAR reviews and the FTTE that conduct STAR training at regional offices.

Rules Based Paperless Adjudication System—Additional staffing and training will not alone reduce the backlog. VBA plans to enhance its use of information technology to enhance claims processing abilities. They have begun this by funding a paperless claims processing initiative, known as Virtual VA, which will reduce reliance on burdensome paper claims files. Additionally, VBA must utilize rules-based technology to help claims adjudicators make rating decisions in a more accurate and timely manner. To replace the complicated, paper-driven process that is more than twenty-five years old, the Republican Members support such an initiative. This reflects our long-held position favoring increased use of information technology, and we recommend at least an additional \$170 million to fund this initiative.

Veterans Choice in Filing Pilot Program—The Republican Members also recommend \$5 million for a two-year pilot program in which veterans who live in the jurisdiction of VA regional offices in New York, New York; Newark, New Jersey; Atlanta, Georgia; and Detroit, Michigan would be able to submit disability claims to any VA regional office for adjudication. This pilot program would allow veterans to have their claims adjudicated at a VA regional office with a favorable performance record.

Concurrent Receipt—The Administration's budget request proposes concurrent receipt for veterans who are medically retired and eligible for VA disability compensation. The Republican Members support eligibility for concurrent receipt of disability benefits from VA in addition to Department of Defense retirement benefits.

Economic Security Programs—The GI Bill and the VA Vocational Rehabilitation and Employment (VR&E) program are designed to ultimately lead to gainful employment and productive lives for those veterans who are able to work. The VA Loan Guaranty program is designed to enable veterans to be a part of the American ideal of home-ownership, and VA insurance programs provide survivors with a measure of financial security. The VA Specially Adapted Housing and Adapted Auto grants provide severely disabled veterans increased mobility in and out of the home and for many severely disabled veterans make it possible for them to continue their working careers.

Increase in Vocational Rehabilitation Stipend—We must improve education and training opportunities for unemployed veterans to provide them with skills relevant to today's job market. We recommend \$357 million to allow an increase in the basic VR&E subsistence allowance from \$541 to \$1,200 per month. H.R. 297, to increase the VR&E subsistence allowance, would authorize such an increase to provide an adequate allowance for veterans and their families during participation in the program.

Re-authorize the VA Small Business Loan Program—Because small business creates the vast majority of jobs, we recommend re-authorization of VA's expired small business loan guaranty program with sufficient resources to guarantee \$1 billion in new loans to veteran-owned small businesses. H.R. 294, the Veteran-Owned Small Business Promotion Act of 2009, would authorize an updated small business loan guarantee. We also recommend \$400,000 in funding to support an additional 5 FTEE to manage the program, which would be operated under contract in a manner similar to VA's Insurance programs.

Improve SAH Funding—To improve the lives of severely injured veterans, we recommend that the Specially Adapted Housing (SAH) grants be increased to \$180,000 and \$36,000 respectively and the Adapted Auto grant should be increased to \$33,000. H.R. 1169, to improve Specially Adapted Housing, would authorize the increases.

Develop Assistive Technologies—We also recommend sufficient resources for the medical care account to include a grant program that would provide \$2 million per year to encourage development of advanced assistive technologies for the SAH program proposed in H.R. 1170, to develop assistive technologies for specially adapted housing.

Economic Opportunity Administration—The Republican Members believe that we should shift management of programs that promote economic security to a separate VA administration. Therefore, we recommend a budget with sufficient resources to create a fourth administration, the Veterans Economic Opportunity Administration, within the VA to manage the education, vocational rehabilitation and employment, loan guaranty, small business and homeless programs. Other than those related to the initial startup, there would not be significant costs to establish the new administration and it would not expand the federal bureaucracy.

National Cemeteries and Related Agencies

Four departments or agencies within the Federal Government maintain the final resting place of veterans and dependents. These are the VA's National Cemetery Administration (NCA), which has jurisdiction over 125 national cemeteries; the American Battle Monuments Commission, which has jurisdiction over 25 overseas military cemeteries; the Department of the Army, which has jurisdiction over Arlington National Cemetery and the United States Soldiers and Airman's National Cemetery; and the Department of the Interior, which has jurisdiction over 14 historic veteran cemeteries. Republican Members are concerned that with four different agencies overseeing these cemeteries, there are four different standards of upkeep and appearance.

To improve the overall upkeep and appearance at all our veterans' final resting places, we recommend a National Shrine Commitment for all veteran cemeteries. The funding from the commitment would be used on infrastructure projects such as irrigation improvements, renovation of historic structures, headstone cleansing, and road resurfacing. We recommend at least an additional \$300 million to continue the National Shrine Commitment at NCA. Additionally, we recommend at least \$3 million to fund a comprehensive and independent study of the cemeteries under the jurisdiction of other agencies besides NCA. This study would help identify areas that need to be improved to ensure the final resting place of all veterans is maintained in a manner that honors their sacrifices for our country. The Republican Members also recommend that the two open cemeteries under the jurisdiction of the National Parks Service be moved to the jurisdiction of the National Cemetery Administration and recommend at least \$4 million for such a move.

NCA Major Construction and Gravesite Expansion—The Republican Members recommend at least an additional \$125 million to accelerate NCA's five-year strategic plan to fund gravesite expansion. Republican Members also recommend at least an additional \$10 million for land acquisition construction initiative. This program provides the flexibility NCA needs to purchase land for future national cemeteries when it becomes available.

Grants for the Construction of State Cemeteries—The Republican Members also recommend an additional \$10 million for grants for the construction of state cemeteries. This program provides funding to states to build national cemeteries and requires that the state then pay all operation and maintenance costs once the cemetery is built. The 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

Medical Services—The Republican Members recommend \$35.3 billion for medical services which is \$4.3 billion above the enacted FY 2009 amount for this account. This increase accounts for health care inflation, estimated workload, and the following initiatives:

Rural Health Care—We recommend at least a \$605 million increase to implement section 403 of Public Law 110-387 which establishes a three-year pilot program in five Veterans Integrated Service Networks (VISNs) for veterans in highly rural areas who elect to receive healthcare from non-VA healthcare providers;

Prosthetic Limb Program Modernization—We recommend at least a \$100 million increase to modernize VA's prosthetic limb program, especially to meet the needs of the younger and more active amputees with the latest technology. It is vitally important that VA is capable of providing consistent and coordinated state-of-the-art care regardless of where the veteran amputee lives;

Mental Health Initiatives—We recommend at least a \$250 million increase to support the progress being made to imple-

ment the Mental Health Strategic Plan and hire additional new mental health professionals to ensure all veterans have access to these vital services at all VA medical centers and clinics throughout the system;

Military Vision Centers of Excellence and Eye Trauma Registry—We recommend at least a \$9 million increase for VA's participation in the establishment of these joint Department of Defense/VA centers and the eye trauma registry;

Caregiver Assistance—We recommend at least a \$25 million increase to expand current programs to support family caregivers and respite services under VA's Home Health Care services;

Home Improvement Structural Alterations (HISA) Grants—We recommend a \$5.5 million increase for a pending legislative change that would raise the maximum amount of the grants to \$6,800 for service-connected veterans and \$2,000 for non-service connected veterans;

Health Professional Educational Assistance Program—We recommend a \$25 million increase to provide scholarships to employees pursuing 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 mental health care and other staff in rural settings;

Medical Care Collections Fund—According to the Congressional Research Service and VA budget data, medical care collections have fallen significantly under projections in four of the past five years for an average shortfall of 21%. While there was a 6% improvement for FY 2008, the Republican Members are concerned that VA will fall considerably short of meeting the ambitious 33% increase in collections projected in the Administration's FY 2010 budget request. Therefore, we recommend a \$536 million increase in medical services to ensure adequate funding will be available to support quality and timely health care for veterans.

CPAC Collections Program—The Republican Members recommend that the VA compress the five year timeline to three years for initiating seven Consolidated Patient Accounting Centers (CPAC). We appreciate VA Secretary Shinseki's willingness to consider this proposal. We support compressing the implementation timelines and reprioritizing the order of establishing the CPAC regions to three years in order to improve third-party collections and to maximize collections potential. We also support funding for the facilities, IT equipment, and personnel necessary for the consolidations.

Possible Administration Legislative Proposal—The Republican Members are very concerned about a proposal the Administration is considering to bill third-party insurers of service-connected veterans for the treatment of their disability or injury incurred in the line of duty. We strongly believe that the same military values that guided these servicemembers in service to our country should define how our government provides services and assistance to them now as veterans. The prospect of VA collecting from third-party insurers for care provided for service-connected

conditions is contrary to these military values and our obligation as a grateful Nation. In addition, such action could result in higher health care premiums and have the effect of requiring service-connected veterans to pay for their own care. We intend to protect and honor the service of our highest priority veterans with the investment of tax dollars adequate to provide for all service-connected care and we strongly oppose any attempt to allow VA to offset this absolute obligation with collections from private insurers.

Medical Facilities—The Republican Members recommend at least \$5.179 billion for medical facilities which is \$150 million above the enacted FY 2009 amount for this account.

Energy Initiatives—We recommend at least a \$150 million increase to implement planned energy initiatives and establish a long-term strategy for energy conservation and sustainability. This includes selected energy and water conservation measures, conducting renewably fueled electric/steam generation feasibility studies, and installing building level electric meters in medical facilities;

Medical and Prosthetic Research—We place a high premium on conducting research into injuries and illnesses related to military service that improve the medical treatment of veterans. We recommend at least \$51 million above the \$510 million enacted for this account in FY 2009.

VHA Major Construction Projects—We recommend at least \$1 billion, which is \$182 million above the FY 2009 level, to move forward with advance planning, completion of partially funded FY 2009 projects and to begin new projects on VA's prioritized list. The recommended amount for the advance planning fund is \$178.1 million and includes \$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.

VHA Minor Construction Projects—We recommend at least \$691.3 million, which is \$66.06 million above the FY 2009 level. The increase includes funding for the installation of solar photovoltaic roof applications at medical facilities in coordination with other energy initiatives.

Office of Information and Technology

The Republican Members believe that a top VA priority should be information technology (IT) systems that are standardized, integrated, secure, function properly, and should be funded sufficiently. We commend VA Secretary Shineski for his support of continuing the consolidation of the department's IT infrastructure and funding. VA must increase funding to accelerate its migration of Veterans' Health Information System of Technology Architecture (VistA) into VA's new integrated enterprise health care system. The new system needs to incorporate data standards that allow data sharing with other federal departments and agencies and also with private and public sector organizations. More importantly, VA and the Department of Defense (DoD) must be able to exchange critical medical and personnel information on all patients transitioning from DoD to VA. This information exchange must be done securely in real time, bi-directionally, and inter-operably.

All VETSNET application development should be finalized and any further funding should be limited to final code conversion and operations and maintenance. VA should immediately begin to move beyond this 20-year old project to automate compensation and pension claims processing system.

Financial and Logistics Integrated Technology Enterprise (FLITE) is the follow-on to the failed Core-FLS system. It is essential that VA has an enterprise wide system that integrates financial management, asset management, logistics, accounting, purchasing, funds control, real property and inventory management. Funding levels should be sufficient to continue its implementation timelines. This program has been plagued with poor program management and dysfunctional procurements which need to be strengthened.

Virtual VA is a paperless delivery system that was conceptualized and demonstrated in 1999 as a VBA initiative to image all documents related to claims processing and benefits delivery. The serious document shredding incidents in various Regional Offices in 2008 reiterate the importance of electronically capturing all documents at the time of receipt. An additional \$170 million has been recommended under the compensation and pension service section.

Office of the Inspector General

For FY 2009, Congress appropriated \$72.5 million for the VA Office of the Inspector General (OIG). The OIG is responsible for the audit, investigation, and inspection of all VA programs and operations. Funding from appropriations at \$107 million and 537 FTEE provides resources to increase work on several oversight initiatives. These include expansion of the *Consolidated Financial Statement* (CFS) and *Federal Information Security Management Act* (FISMA) audits as well as expansion of OIG oversight in two sensitive and vulnerable VA program areas—health care for returning Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans and VA information technology (IT). OIG has recently begun cyclical inspections of VBA regional offices, all of which are in critical need of OIG oversight. For the 3-year cycle necessary to cover the 57 regional offices, the Republican Members recommend an additional \$5 million to resource a second field division of 20 FTEE for this purpose with a special emphasis on claims processing. The total funding for the OIG recommended by the Republican Members is at least \$112 million, \$39.5 million above the FY 2009 level.

Department of Labor

Veterans Employment and Training Service

In the past, an economic downturn or industrial evolution has displaced significant numbers of mid-career workers, making their skills irrelevant in the labor market. Such is the case today as the U.S. economy weakens and labor demands shift to new or expanding sectors. Therefore, the Republican Members recommend funding the Veterans Workforce Investment Program (VWIP) at a level of at least \$20 million. H.R. 295, More Training for Veterans Act of 2009, would authorize this funding. The VWIP program focuses

on employment and training services to veterans needing new skill sets.

We also recommend funding a new retraining program managed by VETS at the level of \$100 million and an additional \$400,000 to support 5 additional FTEE as proposed in H.R. 1168. The program would include relocation assistance to ensure unemployed veterans are able to move to areas where their new job skills are in demand.

The number of homeless veterans has been a persistent national problem and reducing the number of the homeless veterans has been difficult. But there has been modest progress. Increasingly, homeless veteran community includes veterans with dependent children; therefore, we recommend an additional \$10 million for HVRP grants to providers who focus on services to homeless veteran families including family-style housing. We will also seek legislation to extend the current HVRP authorization through FY 2014 and urge the Budget Committee to include funding at the full authorized \$50 million per year.

Department of Defense

Department of the Army

Improvements at Arlington National Cemetery—While recognizing that Arlington National Cemetery (ANC) is funded through the Department of the Army budget, ANC is a national cemetery over which the Committee on Veterans' Affairs has oversight. In order to ensure that this national shrine continues to have adequate capacity well into the future, the Republican Members recommend at least \$60.3 million for gravesite and columbarium expansion and utility improvements at ANC.

REPORT TO THE COMMITTEE ON THE BUDGET FROM THE COMMITTEE ON VETERANS' AFFAIRS, SUB- MITTED PURSUANT TO SECTION 301 OF THE CON- GRESSIONAL BUDGET ACT OF 1974, ON THE BUDGET PROPOSED FOR FY 2011

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 5, 2010.

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 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 2011. 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 obligation of our national defense. As a Congress, and a nation, we must fulfill our promises to the men and women who have served. Working together, we can ensure 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, Deborah Halvorson, Thomas S.P. Perriello, Harry Teague, Ciro Rodriguez, Joe Donnelly, Jerry McNerney, Zachary T. Space, Timothy J. Walz, John H. Adler, Ann Kirkpatrick, Glenn C. Nye.

DEMOCRATIC VIEWS AND ESTIMATES**March 5, 2010****SECTION 1—DISCRETIONARY ACCOUNTS****DEPARTMENT OF VETERANS AFFAIRS**

The Committee³ recommends \$57.537 billion for the discretionary accounts of the Department of Veterans Affairs (VA) for FY 2011. This recommendation is \$4.5 billion, or 8.5 percent, above the FY 2010 level of \$53.039 billion, and \$571 million above the Administration's FY 2011 request of \$56.966 billion.

This year marks the first budget submission after the enactment of P.L. 111–81, the Veterans Health Care Budget Reform and Transparency Act of 2009, which mandated that the Administration's budget request include amounts for the following fiscal year for VA medical care accounts. The Consolidated Appropriations Act of 2010, P.L. 111–117, enacted on December 16, 2009, for the first time included \$48.2 billion in advance appropriations for VA medical care for FY 2011. For FY 2012, the Administration has requested \$50.6 billion for VA medical care for FY 2012. This amount, along with an estimated \$3.7 billion in collections would provide a total resource level of \$54.3 billion for VA medical care, a \$2.8 billion increase above amounts provided for FY 2011.

For FY 2011, the Administration estimates that it will obtain \$3.4 billion in medical collections, for a total VA medical care resource level of \$51.5 billion. This is \$4.3 billion, or 9.1 percent, above FY 2010 levels. The Committee notes that the VA's current estimate for FY 2010 collections is \$72 million more than the amount assumed in the FY 2010 Consolidated Appropriations Act and is confident that the VA's estimate for FY 2011 can be matched or exceeded.

The Independent Budget, co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars has recommended a total resource level of \$52 billion for VA medical care. The Independent Budget has also requested that this sum be fully appropriated and is silent as to how third-party collections should be utilized in providing resource to the VA. The Independent Budget has not made any recommendations regarding FY 2012 medical care funding.

Although the Committee is not recommending medical care funding levels for FY 2012, the Committee believes that the Administration's request is consistent with a current services estimate, and plans to work closely with the Administration and other committees as the appropriations process moves forward to ensure that FY 2012 funding accurately reflects the resource requirements facing the VA on October 1, 2011.

³While 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.

VA MEDICAL CARE ACCOUNTS (FY 2010–FY 2012)

[in thousands]

	FY 2010	President's Request	
		FY 2011 ¹	FY 2012
Medical Services	\$34,707,500	\$37,136,000	\$39,649,985
Medical Support and Compliance	4,930,000	5,307,000	5,535,000
Medical Facilities	4,859,000	5,740,000	5,426,000
Total Medical Care	44,496,500	48,183,000	50,610,985
Medical Care Collections Fund (non-add) ¹	2,954,000	3,355,000	3,679,000
Total, Medical Care with Collections (non-add)	47,450,500	51,538,000	54,289,985

¹ On December 16, 2009, the Consolidated Appropriations Act of 2010 was signed into law. Division E of this Act included appropriations for the Department of Veterans Affairs (VA). This included VA funding for FY 2010, as well as advance appropriations for the VA medical care accounts in FY 2011. The President's Budget request for FY 2011 reflects the same amounts appropriated for 2011 in the Consolidated Appropriations Act of 2010.

For medical care, the Administration's FY 2011 budget request, submitted on February 1, 2010, requested no additional funding above the amounts provided in the FY 2010 Consolidated Appropriations Act. The Committee recommends an additional \$221 million be added to the Medical Facilities account to support non-recurring maintenance requirements. The Committee also recommends increases for the Medical and Prosthetic Research, General Operating Expenses, Office of Inspector General, Minor Construction, Grants for Construction of State Extended Care Facilities, and Grants for Construction of State Veterans Cemeteries accounts.

The Committee believes that the Administration's request and the additional resources recommended by the Committee will enable the VA to meet the wide-ranging health care needs of our veterans, begin to address the disabilities claims backlog, and improve the administration of non-medical benefits claims such as the post-9/11 GI bill. While the Committee will tirelessly advocate for the resources to enable the VA to meet its responsibilities to our veterans, the Committee remains cognizant that taxpayer dollars are scarce and that we must ensure that VA spends resources wisely. The Committee is proposing increased funding levels for the Office of Inspector General to assist in these efforts. The Committee has recommended increases for the VA's construction accounts and remains committed to ensuring that VA infrastructure is sufficient to deliver the highest quality health care to veterans.

ADDITIONAL FUNDING REQUIREMENTS

Should Congress consider additional stimulus, supplemental, or emergency spending, especially as relating to our current economic crisis, the Committee will seek additional funding to address VA's long-standing construction and facilities backlog. These projects, which have been identified, would not only improve health care and access to veterans but bolster employment opportunities throughout the nation. The Committee could seek an additional \$700 million to fund the following:

Non-Recurring Maintenance (NRM)	\$400 million
Minor Construction	\$200 million

Major Construction	\$100 million
Total	\$700 million

The VA has a large portfolio of capital assets, which consists of about 5,500 buildings and almost 34,000 acres of land. The VA monitors the condition of these facilities and according to the December 2009 Facility Condition Assessment Status Report, the VA estimates that \$9.4 billion is needed to correct all of the deficiencies and to upgrade the condition of VA facilities. The situation is particularly bleak for the VA research infrastructure because they must compete with the facility upgrade needs of the VA medical center. Currently, the VA is in the process of reviewing the research infrastructure needs of the VA medical center. Currently, the VA is in the process of reviewing the research infrastructure needs and by the end of FY 2009, 53 sites have been surveyed with about 20 sites that are waiting to be assessed in FY 2010. To date, the estimated funding needed to improve the research infrastructure exceeds \$570 million. Of this, about 44 percent or about \$250 million are priority 1 deficiencies where corrections are needed to resume normal operations, halt accelerated deterioration, replace items that are at or beyond their useful lifecycle, and correct life and safety hazards. The Committee recommendation of \$400 million will help the VA focus on the non-recurring maintenance backlog.

In addition to addressing the repairs and maintenance needs of existing capital assets, the VA requires significant investments to fully fund the capital projects that are in development. For example, the FY 2011 budget for VA major construction identifies 21 partially funded projects from prior years. An additional \$4.5 billion is needed to complete these projects, but the FY 2011 budget only requests \$790 million to fund just three of the 21 projects. This means that approximately \$3.7 billion remains to be funded in the out-years. The budget also prioritizes newly scored major construction projects submitted in the FY 2011 planning cycle. There were 61 such projects requiring \$8.4 billion. Of this, the VA only requests partial funding for two newly scored projects amounting to \$73 million. The Committee recommends \$200 million and \$100 million for minor and major construction respectively, so that the VA can fund additional projects. With the additional funding, the VA can improve access to VA health care, including funding additional Community Based Outpatient Centers (CBOCs) so that more veterans can receive medical care closer to their homes.

VETERANS HEALTH ADMINISTRATION (VHA)

[\$ in thousands]

	FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ¹	FY 2011 Committee Recomm.	Recomm. vs. Request
Medical Services	\$34,707,500	\$37,136,000	\$40,940,954	\$37,136,000	\$0
Medical Support and Compliance	4,930,000	5,307,000	5,314,595	5,307,000	0
Medical Facilities	4,859,000	5,740,000	5,706,507	5,961,000	221,000
Total, VA Medical Care	44,496,500	48,183,000	51,962,056	48,404,000	221,000
MCCF Collections	2,954,000	3,355,000		3,355,000	0
Total, VA Medical Care (with Collections)	47,450,500	51,538,000	51,962,056	51,759,000	221,000

VETERANS HEALTH ADMINISTRATION (VHA)—Continued

[\$ in thousands]

	FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ¹	FY 2011 Committee Recomm.	Recomm. vs. Request
Medical and Prosthetics Research	581,000	590,000	700,000	650,000	60,000
Total, Veterans Health Administration	48,031,500	52,128,000	52,662,056	52,409,000	281,000

¹The Independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services Account.

VA medical care consists of the Medical Services, Medical Support and Compliance, and Medical Facilities accounts. Funding for the Veterans Health Administration includes the medical care accounts, and the Medical and Prosthetic Research account. Other VA accounts, such as Information Technology Systems and the construction accounts assist the VHA in operating the largest integrated health care system in the nation.

The Committee recommends \$48.4 billion for VA medical care, which is \$221 million above the Administration's FY 2011 budget request of \$48.2 billion. When medical collections are included, the Committee recommends \$51.8 billion in total available resources for VA medical care. This level is \$200 million lower than the amount recommended by the Independent Budget.⁴

For VA Medical and Prosthetic Research, the Committee recommends an appropriated level of \$650 million, \$69 million above FY 2010 and \$60 million above the Administration's request of \$590 million.

MEDICAL SERVICES

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ²	FY 2011 Committee Recommendation	Recommendation vs. Request
\$34,707,500	\$37,136,000	\$40,940,954	\$37,136,000	\$0

*Description*⁵

This account 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. 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 VA.

Recommendation

For FY 2011, the Administration requests \$37.1 billion for the Medical Services account, an increase of \$2.4 billion or 7 percent above the FY 2010 level.

The Committee supports the funding level requested by the Administration. This funding has been provided in the FY 2010 Consolidated Appropriations Act. The Committee is confident that this

⁴The Independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services account.

⁵Account descriptions are adapted from H. Rept. 111–188, to accompany H.R. 3082, the Military Construction, Veterans Affairs, and related Agencies Appropriations Bill, 2010.

level will provide sufficient resources to enable the VA to provide high quality health care to veterans and to address many of the priorities shared by the Committee and the Administration. Some of these priorities include:

Mental Health—The Administration’s budget request will enable the VA to expand key programs for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), as well as the diagnosis and treatment of depression, substance abuse and other mental health problems. The Committee acknowledges the VA’s robust investments in mental health; however, addressing mental health issues continues to be a challenge. This is evidenced by the rising rates of suicide, incarceration, and homelessness among our veterans. The Committee believes that the VA must not only expand existing efforts but also must explore new evidence-based initiatives with a proven track record for yielding positive program results.

Homeless Veterans—It is estimated that about one-third of the adult homeless population served the country in the Armed Services. The current population estimates suggest that over 130,000 veterans are homeless on any given night and twice as many experience homelessness at some point during the course of the year. Homelessness is also a growing problem for our veterans returning from Iraq and Afghanistan, especially as they face higher rates of PTSD and TBI.

The Committee applauds the VA’s commitment to ending homelessness among our veterans. In addition to the various homeless proposals in the FY 2011 budget, the Committee encourages the VA to continue to increase resources dedicated to homeless prevention. While it is important to offer transitional housing and supportive services through such existing programs, it is equally important to make proper investments in preventing homelessness. The Committee recommends that initiatives to end homelessness not be targeted solely to the VHA, but also include the Veterans Benefits Administration (VBA) in coordinating the range of benefits available through the VA. This may include opportunities to obtain education and counseling along with other key benefits which may aid in preventing homelessness among our veterans.

Women Veterans—Today, there are approximately 1.7 million women veterans, or 7 percent of the nearly 25 million veterans. Assuming current enrollment rates, the number of female veterans who utilize the VA system will double in the next five years, making female veterans one of the fastest growing subgroups of veterans.

The Committee recognizes the VA’s efforts to improve health care for women veterans, which includes proposals to institute a new peer call center and a social networking site. In addition to these efforts, the Committee encourages the VA to identify and study the unique challenges and barriers that women veterans face when seeking health care through the VA. This would assist the VA in taking the necessary steps to improve health care for women veterans. The Committee notes that H.R. 1211, the Women Veterans Health Care Improvement Act, passed the House of Representatives last year. Among the provisions in the bill, the VA would be required to conduct a barriers study, offer child care, and provide

time-limited medical care for newborn children of women veterans receiving maternity care.

The Committee encourages the VA to explore new innovative ways of expanding access and improving the quality of medical care provided to women veterans. The Committee also urges the VA to develop and follow a long-term plan for ensuring that women veterans receive health care that is equal to what male veterans receive through the VA as the VA looks toward the future of providing quality health care to all of our veterans.

Rural Veterans—Of the almost 8 million veterans who are enrolled in the VA health care system, about 3 million, or almost 40 percent, live in rural areas. The Committee concurs with the VA's proposed investments in rural outreach, which include expanded use of home-based primary care and mental health care along with technology-based solutions, including the VA's telehealth and telemedicine efforts. Additionally, the Committee believes that the VA must work to strengthen the role and influence of the Office of Rural Health so that it can work to coordinate and improve health care for enrolled rural veterans and disseminate best practices.

OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) Veterans—In order to improve the VA's budget estimation capabilities and better forecast workload and demand, the Committee urges the VA to work with the Department of Defense to facilitate timely information exchange on the number of returning OEF/OIF servicemembers. Working more closely with the Department of Defense is even more crucial as additional troops are sent overseas and the VA works to update budget projection models to properly reflect current force levels.

The Committee recognizes the challenges of projecting medical care costs for OEF/OIF veterans given the range and types of health care services sought by our newest veterans. Some OEF/OIF veterans may only use VA occasionally for pharmacy benefits while others use VA extensively for treatment of catastrophic war injuries. VA's capability to accurately predict health care costs and demand for our newest veterans has a direct impact upon the VA's ability to provide health care to all of our veterans and the Committee encourages the VA to work towards more accurate per unit medical care cost projections for OEF/OIF veterans by refining their projection models.

Priority Group 8 Veterans—The VA expects to enroll more than 500,000 previously ineligible veterans into Priority Group 8 by FY 2013. Recent estimates also show that the VA will enroll about 193,000 veterans by the end of FY 2010. The Committee encourages the VA to improve outreach plans and work with veterans' groups as the VA works to undue the ban enrollment ban put in place in 2003.

Caregivers—Because the VA does not collect data on this population, the number of family members and friends who provide care for veterans is unknown. However, a July 2007 report released by the President's Commission on Care for America's Returning Wounded Warriors (the Dole-Shalala Commission) found that of the 1,730 injured OEF/OIF veterans surveyed, about 21 percent of active duty, 15 percent of the reserve, and 24 percent of retired or separated servicemembers had friends or family who gave up a job

to be the caregiver. As caregivers continue to play an important role as caretakers of veterans, the VA lags in offering supportive services for these caregivers.

The Committee commends the VA for recognizing the plight of caregivers by submitting several legislative proposals to help caregivers in the FY 2011 budget. These include providing health care, education, and training for caregivers, as well as paying for the travel expenses that caregivers may incur when accompanying the veteran to his or her medical appointments. However, these proposals lack key details about the target population of individuals who will receive these supportive services. We encourage the VA to work with the Committee to further define this target population and identify the range of supportive services that the Department proposes to offer.

MEDICAL SUPPORT AND COMPLIANCE

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$4,930,000	\$5,307,000	\$5,314,595	\$5,307,000	\$0

Description

The Medical Support and Compliance appropriation funds the expenses of management and administration of the VA health care system to include financial management, public health and environmental hazard, quality and performance management, medical inspection, human research oversight, training programs and continuing education, security, volunteer operations, and human resources.

Recommendation

For FY 2011, the Administration requests \$5.3 billion for the Medical Support and Compliance account, an increase of \$377 million, or 7.6 percent above the amounts provided in FY 2010.

The Committee supports the funding level requested by the Administration. This funding has been provided in the FY 2010 Consolidated Appropriations Act.

MEDICAL FACILITIES

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$4,859,000	\$5,740,000	\$5,706,507	\$5,961,000	\$221,000

Description

The Medical Facilities appropriation provides funds for the operation and maintenance of the VA 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 2011, the Administration requests \$5.7 billion for the Medical Facilities account, an increase of \$881 million or 18 percent above the FY 2010 level. Of the FY 2011 request, the Administration expects to obligate \$1.1 billion for non-recurring maintenance, which is a decrease of \$221 million from the updated obligations estimate for FY 2010.

The Committee recommends \$6 billion for this account, which is \$221 million above the Administration's request and \$1.1 billion above the FY 2010 level. The Committee recommendation would restore non-recurring maintenance funding to the FY 2010 level.

Non-Recurring Maintenance—In FY 2010, the Administration estimated that they would obligate \$972 million for non-recurring maintenance, but later revised this estimate to \$1.3 billion. The Committee recommendation would restore the proposed funding cut to non-recurring maintenance and provides additional resources to address the non-recurring maintenance backlog. Additionally, the Committee applauds the VA's commitment to allocate at least 5 percent of the total Medical Facilities appropriations for non-recurring maintenance and minor construction projects of research facilities. The Committee supports the VA's efforts to ensure that sufficient resources are dedicated to combat the deterioration of the existing VA research infrastructure so that the VA may continue to promote excellence in research in state of the art facilities.

MEDICAL AND PROSTHETIC RESEARCH

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$581,000	\$590,000	\$700,000	\$650,000	\$60,000

Description

This account includes medical, rehabilitative, and health services research. Medical research is an important aspect of the VA'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 services 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 (DOD), grants from the National Institutes of Health (NIH), private proprietary sources, and voluntary organizations provide support for the VA's researchers.

Recommendation

For FY 2011, the Administration requests \$590 million for Medical and Prosthetic Research, which is \$9 million or 1.5 percent above the FY 2010 level. VA also estimates additional program resources of \$1.3 billion from private and federal grants, grants from

the NIH, DOD, and Centers for Disease Control. The Committee notes that these estimates of additional program resources are never fully actualized by the VA, and has traditionally recommended increased appropriated funding levels to ensure that VA research receives the funding it needs to continue its world-class research efforts.

The Committee recommends \$650 million for Medical and Prosthetic Research, an amount \$60 million above the Administration's request and \$69 million above the FY 2010 level.

The Bureau of Economic Analysis in the U.S. Department of Commerce estimates a 3.2 percent increase in the Biomedical Research and Development Price Index in FY 2011. This translates to \$19 million, which is needed to maintain the research efforts at the FY 2010 level. The Committee recommended funding for Medical and Prosthetic Research provides \$10 million in addition to the \$9 million already included in the Administration's request. The Committee recommendation would also provide an additional \$50 million to increase funding for VA research grants.

GENERAL OPERATING EXPENSES

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$2,086,707	\$2,611,973	\$2,339,364	\$2,629,973	\$18,000

Description

The General Operating Expenses appropriation provides for the administration of non-medical veterans' benefits through the VBA and departmental management and support.

With the funding provided in this account, VBA administers the following programs:

- *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, including the Post-9/11 GI Bill and 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.

This account also supports all of the staff offices with General Administration, including the Office of the Secretary, the Board of Veterans' Appeals, General Counsel, Office of Management, Office of Human Resources and Administration, Office of Policy and Planning, Office of Operations, Security and Preparedness, Office of Public and Intergovernmental Affairs, Office of Congressional and Legislative Affairs, and the Office of Acquisition, Logistics and Construction.

Recommendation

For FY 2011, the Administration requests \$2.612 billion for the General Operating Expenses (GOE) account, which is an increase of \$525 million above the \$2.087 billion provided in FY 2010. This request includes \$2.1 billion for VBA, \$463 million for General Administration, and \$24 million for the Administration's Acquisition Improvement Initiative.

The Committee recommends \$2.630 billion, an increase of \$18 million above the Administration's request and \$543 million above the FY 2010 level. The Committee recommendation includes \$15 million for 150 additional vocational rehabilitation and employment counselors and \$3 million in additional funding for the Education division in order to assist with additional expenses, including any additional information technology expenses that are not covered within the Information Technology Systems account.

The Secretary, in his testimony before the Committee on February 4, 2010, stated, in regards to the VA's GOE request, that the:

[L]argest increase in our 2011 budget request, in percentage terms, is directed to the Veterans Benefits Administration as part of our mitigation of the increased workload. The President's 2011 budget request for VBA is \$2.149 billion, an increase of \$460 million, or 27 percent, over the 2010 enacted level of \$1.689 billion. The 2011 budget supports an increase of 4,048 FTEs, including maintaining temporary FTE funded through American Recovery and Reinvestment Act of 2009, P.L. 111-5. In addition, the budget also includes \$145.3 million in information technology (IT) funds in 2011 to support the ongoing development of a paperless claims processing system.

The Committee supports this FTE increase, especially those FTE involved in processing applications for Post-9/11 GI Bill benefits and those associated with the claims process.

One of the biggest challenges facing the Administration is the veterans' compensation and pension claims backlog and the increasing delays veterans and survivors face in receiving their benefits. The Committee has taken steps to address this chronic problem, including supporting additional resources to hire more claims processors and beginning systemic reforms, most notably in title II of P.L. 110–389, the Veterans Benefits Improvement Act of 2008. The next step in the process is to explore more comprehensive reform, a reform effort led by VA, and informed by Congress, veterans and other stakeholders. In order for VA to reach its stated paperless claims processing system goal by 2012, this reform must utilize 21st Century technology, including electronic rules-based processing. Additionally, for achieving its business transformation effort within the VBA, which VA is coupling with the above-stated IT effort, VA should develop further its strategic plan with realistic and well-informed metrics and milestones, focus on the quality versus the quantity of its work product and ensure enhanced training of VBA's claims processing personnel.

INFORMATION TECHNOLOGY SYSTEMS

[\$ in thousands]

FY 2010	2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$3,307,000	\$3,307,000	\$3,552,884	\$3,307,000	\$0

Description

The Information Technology Systems account was established in P.L. 109–114. The account previously encompassed the entire non-pay information technology portfolio for the VA, including all automation efforts in all administrations. Starting in FY 2007, and reflected for the first time in the budget request for FY 2008, this account also includes pay and associated costs for information technology staff.

Recommendation

For FY 2011, the Administration requests \$3.307 billion for the Information Technology (IT) Systems account, which is the same as the amounts provided in FY 2010. This includes \$1.3 billion in Medical IT investments; \$380 million for Benefits and Memorials IT investments; \$527 million in Corporate IT investments for the VA's Corporate 21st Century Core initiative; and \$158 million in Inter-agency IT investments, which includes funds for the Virtual Lifetime Electronic Record (VLER) and the Bi-directional Health Information Exchange (BHIE).

The Committee recommends the amount requested by the Administration as the VA plots a path forward in ensuring that the VA's IT efforts support the missions of the VA. We intend to closely monitor funding committed to support the VA's electronic medical records and IT efforts in the benefits and claims processing areas.

NATIONAL CEMETERY ADMINISTRATION

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$250,000	\$250,504	\$274,500	\$250,504	\$0

Description

The National Cemetery Administration was established in accordance with P.L. 93-43, the National Cemeteries Act of 1973. It has a fourfold mission: to provide for the interment of, in any national cemetery with available grave space, the remains of eligible deceased servicemembers and discharged veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to provide headstones for, and to mark graves of eligible persons in national, State, 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 will provide for the operation and maintenance of 164 cemeterial installations in 39 States, the District of Columbia, and Puerto Rico.

Recommendation

For FY 2011, the Administration requests \$250.5 million for the National Cemetery Administration, which is \$504,000 or 0.2 percent above the FY 2010 level. With the requested funding, the VA will determine where new national veterans cemeteries should be built based on a new population threshold of 80,000 veterans (170,000 veterans under current policy) living within 75 miles of a potential cemetery site. This reflects a significant decrease in the population threshold, which means that more veterans will have access to a veterans' cemetery burial option within 75 miles of their residence.

The Committee supports the Administration's requested funding level.

OFFICE OF INSPECTOR GENERAL

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$109,000	\$109,367	\$112,020	\$121,367	+\$12,000

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 VA 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 VA programs to operate economically in accomplishing program goals, and to prevent and deter recurring and potential fraud, waste, and inefficiencies.

Recommendation

In FY 2011, the Administration requests \$109.4 million for the Office of Inspector General (IG), which is an increase of \$367,000 or 0.3 percent above the FY 2010 level. With this funding request, the Office of Inspector General will be able to maintain 576 FTEs, the same staffing total funded with the amounts provided in FY 2010.

The Committee recommends an additional \$12 million for this account to better match the resource requirements of the IG for FY 2011.

At the Subcommittee on Oversight and Investigations budget hearing on the Office of Inspector General and Information Technology accounts, the Deputy Inspector General testified that a stagnant budget could limit the IG's ability to take on new oversight initiatives. The limited resources also would result in the IG conducting reactive investigations and would reduce their ability to conduct proactive investigations.

CONSTRUCTION, MAJOR PROJECTS

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$1,194,000	\$1,151,036	\$1,295,000	\$1,151,036	\$0

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 VA, 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 2011, the Administration requests \$1.2 billion, a decrease of \$43 million, or 3.6 percent below the FY 2010 level. The Administration's request includes \$1 billion for VHA-related construction and \$107 million for NCA-related construction.

The VHA-related construction request totaling \$1.2 billion includes the following:

Location	Description	Total Estimated Cost	Funding Through 2010	2011 Request
New Orleans, LA	New Medical Facility	\$995,000,000	\$625,000,000	\$310,000,000
Denver, CO	New Medical Facility	800,000,000	307,300,000	450,700,000
Palo Alto, CA	Polytrauma/Ambulatory Care	642,900,000	164,877,000	30,000,000
Alameda Point, CA	Outpatient Clinic and Columbarium (Design)	208,600,000	0	17,332,000
Omaha, NE	Replacement Facility (Design)	560,000,000	0	56,000,000
Advance Planning Fund	Various Stations .....	.....	.....	89,750,000
Facility Security Projects	Various Stations .....	.....	.....	41,390,000
Judgment Fund	Various Stations .....	.....	.....	6,000,000
BRAC Land Acquisition	Various Stations .....	.....	.....	13,000,000
Resident Engineers for Major Construction	Various Stations .....	.....	.....	23,964,000

The NCA-related construction request totaling \$107 million includes the following:

Location	Description	Total Estimated Cost	Funding Through 2010	2011 Request
Indiantown Gap, PA	Gravesite Expansion & Cemetery Improvements—Phase 4.	\$23,500,000	\$0	\$23,500,000
Los Angeles, CA	Columbarium Expansion	27,600,000	0	27,600,000
Tahoma, WA	Gravesite Expansion & Cemetery Improvements—Phase 2.	25,800,000	0	25,800,000
Advance Planning Fund	Various Stations			20,000,000
NCA Land Acquisition Fund	Various Stations			10,000,000

The Committee supports the Administration's requested funding level of \$1.2 billion. As stated previously, the Committee plans on working to include additional construction resources when any opportunities present themselves.

CONSTRUCTION, MINOR PROJECTS

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$703,000	\$467,700	\$785,000	\$632,700	+\$165,000

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 VA, 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 2011, the Administration requests \$467.7 million, a decrease of \$235 million, or 33.5 percent below the level provided in FY 2010. This request includes \$387 million for VHA, \$43 million for NCA, \$15 million for VBA, and \$23 million for General Administration staff offices.

The Committee recommends \$632.7 million, an increase of \$165 million above the Administration's request. The Committee's recommendation will bring the FY 2011 levels closer to the FY 2010 funding level for this account which provides funding for construction projects where the estimated cost is under \$10 million. The VA faces a huge backlog in these projects and additional resources will help address this backlog while supporting VA facilities across the nation.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$100,000	\$85,000	\$275,000	\$175,000	+\$90,000

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 2011, the Administration requests \$85 million, a decrease of \$15 million, or 15 percent below the level provided in FY 2010. The Committee recommends \$175 million, an increase of \$90 million above the Administration's request and \$75 million above the FY 2010 level.

According to the 2000 Census, there were 9.7 million veterans age 65 and older in the U.S and Puerto Rico. The number of men age 85 and older who are veterans has increased drastically from 150,000 in the 1990 Census to 400,000 in the 2000 Census, and is expected to increase drastically to 1.2 million by the 2010 Census. With this significant growth in the aging veteran population, the Committee recognizes the important role that state homes play in the VA's long-term care strategy. As such, the Committee believes that the VA must begin to address the state home backlog. With the Committee's recommended funding increase, the VA can begin to reduce the backlog of Priority Group 1 state home projects, which are those projects that have state funding to begin construction but are waiting for funding from the VA. According to the VA's "FY 2010 Priority List of Pending State Home Construction Grant Applications," there are 53 Priority Group 1 projects with an estimated \$405 million in VA grant costs.

GRANTS FOR CONSTRUCTION OF STATE VETERANS CEMETERIES

[\$ in thousands]

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$46,000	\$46,000	\$51,000	\$51,000	+\$5,000

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

For FY 2011, the Administration requests \$46 million, which is the same as the FY 2010 enacted level.

The Committee recommends a funding level of \$51 million, an increase of \$5 million above the Administration's request and \$5 mil-

lion above the FY 2010 level. The Committee recommendation would provide additional resources to match what the VA expects to obligate for these grants in FY 2010.

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 \$262.5 million in FY 2011 to support the staffing and grant-making ability of VETS. This is a \$6.4 million increase over amounts provided in FY 2010. The Committee recommends an increase of \$66 million for VETS, for a total funding level of \$328.5 million. This recommended level would provide an additional \$31 million for State Grants in order for States to hire more DVOP and LVER staff to better manage the One-Stop Career Centers, military facilities, VR&E offices, and HVRP to provide better priority services to veterans. Committee recommends an additional \$2 million to HVRP. Although accurate numbers are impossible to come by—no one keeps national records on homeless veterans—current estimates suggest that as many as 130,000 veterans are homeless on any given night and twice as many experience homelessness at some point during the course of the year. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Inter-agency 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. Not all States participate in VWIP grants. This is due not to a lack of eligible participants, but to a lack of resources. Providing an additional \$30 million will provide assistance to more participants and would further enable the Administration to provide more green energy-related jobs for veterans and afford veterans with more marketable skills in a tough economy. The Committee also recommends an additional \$3 million in funding for the NVTI. These additional resources will better assist NVTI in providing the training necessary to be a successful DVOP/LVER and provide sufficient resources to meet any expansion of the training requirement.

Other Agencies

AMERICAN BATTLE MONUMENTS COMMISSION

[\$ in thousands]

FY 2010 Enacted	FY 2011 Administration Request	Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$62,675	\$64,200	N/A	\$64,200	\$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 Honolulu, Hawaii; and the American Expeditionary Forces Memorial, the World War II, and Korean War Veterans Memorials in Washington, DC.

Recommendation

For FY 2011, the Administration is requesting a total of \$84.8 million for the ABMC consisting of \$64.2 million for salaries and expenses and \$20.2 million for costs associated with foreign currency fluctuations. The Committee recommends that the requested level be provided in FY 2011.

U.S. COURT OF APPEALS FOR VETERANS CLAIMS

[\$ in thousands]

FY 2010 Enacted	FY 2011 Administration Request	Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$27,115	\$90,147	N/A	\$90,147	\$0

Description

The Veterans' Judicial Review Act established the U.S. Court of Appeals for Veterans Claims. The Court reviews appeals from claimants seeking review of a benefit denial. The Court has the authority to overturn findings of fact, regulations, and interpretations of law.

Pro bono program.—The Legal Services Corporation administers a grant program to provide pro bono representation and legal assistance to claimants who file appeals with the Court. The Congress funds the grant program through the Court's appropriation. To maintain impartiality, the Court does not administer the program or comment on the program's budget estimate.

Recommendation

The Administration has requested a total appropriation for the Court of \$90.1 million. This includes \$62 million for the construction of a new courthouse that would be transferred to the General Services Administration. The Court's budget submission also includes \$2.5 million for the Pro Bono Representation Program administered by the Legal Services Corporation. The Committee recommends the requested level of \$90.1 million be provided in FY 2011.

Section 2—Mandatory Accounts

The Committee will look to improve veterans' benefits as well as address improvements to VA educational assistance programs. The Committee will also be facing a number of expiring authorities over the next few years which will need to be continued in order for veterans not to see a diminution in benefits. These efforts will require appropriate offsets or a commitment by Congress to improve these earned benefits.

Congress may also need to provide the Committee with some flexibility in mandatory spending as the Committee begins to take steps to improve the claims processing system and looks to bring the veterans benefits system into alignment with the current needs of veterans in a new century.

Section 3—Other Matters

Section 425 of S. Con. Res. 13, the FY 2010 Budget Resolution, states that:

[A]ll committees are directed to conduct rigorous oversight hearings to root out waste, fraud, and abuse in all aspects of Federal spending and Government operations, giving particular scrutiny to issues raised by the Federal Office of the Inspector General or the Comptroller General of the United States. Based upon these oversight efforts, the committees are directed to make recommendations to reduce wasteful Federal spending to promote deficit reduction and long-term fiscal responsibility. Such recommendations should be submitted to the House Committee on the Budget in the views and estimates reports prepared by committees as required under 301(d) of the Congressional Budget Act of 1974.

The Committee will continue its vigorous oversight efforts over the VA, the benefits we provide to veterans and the programs in place to serve them. The Committee is committed to working with the Administration to assist in efforts to transform the VA into a 21st Century organization that puts the needs of veterans first. As part of that effort we have pledged to look at programs and benefits for veterans anew and bring innovative ideas to the forefront.

The Committee will be working tirelessly to ensure that veterans receive the health care they deserve while we ensure that taxpayer dollars are used wisely and to their full extent; we will be looking at ways we can transform the manner in which VA provides benefits and services, and we will look at ways to make the VA more

accountable for the unprecedented resources we have provided. The Committee has recommended funding levels above the Administration's request for the IG in order to assist the Committee in identifying instances where VA resources are not spent as efficiently as possible or are spent inappropriately.

Section 4—Chart (on following page)

VIEWS AND ESTIMATES
FY 2011 BUDGET OF THE DEPARTMENT OF VETERANS AFFAIRS—MARCH 5, 2010
 (\$ in thousands)

Discretionary Accounts	FY 2010	FY 2011 Administra- tion Request	FY 2011 Independent Budget ¹	FY 2011 Committee Recommendation	Committee Rec- ommendation vs. FY 2010	Committee Rec- ommendation vs. Ad- ministration's Re- quest	Committee Rec- ommendation vs. Independent Budget ¹
Medical Services ¹	34,707,500	37,136,000	40,940,954	37,136,000	+2,428,500	0	-3,804,954
Medical Support and Compliance	4,930,000	5,307,000	5,314,595	5,307,000	+377,000	0	-7,595
Medical Facilities	4,859,000	5,740,000	5,706,507	5,961,000	+1,102,000	+221,000	+254,493
Total, Medical Care	44,496,500	48,183,000	51,962,056	48,404,000	+3,907,500	+221,000	-3,558,056
<i>Medical Care Collections Fund (non-add)</i> ^{3,1}	<i>2,954,000</i>	<i>3,355,000</i>	<i>.....</i>	<i>3,355,000</i>	<i>+401,000</i>	<i>0</i>	<i>+3,355,000</i>
Total, Medical Care with Collections (non-add)	47,450,500	51,538,000	51,962,056	51,759,000	+4,308,500	+221,000	-203,056
Medical and Prosthetic Research	581,000	590,000	700,000	650,000	+69,000	+60,000	-50,000
General Operating Expenses	2,086,707	2,611,973	2,339,364	2,629,973	+543,266	+18,000	+290,609
Information Technology Systems	3,307,000	3,307,000	3,552,884	3,307,000	0	0	-245,884
National Cemetery Administration	250,000	250,504	274,500	250,504	+504	0	-23,996
Office of Inspector General	109,000	109,367	112,020	121,367	+12,367	+12,000	+9,347
Construction, Major Projects	1,194,000	1,151,036	1,295,000	1,151,036	-42,964	0	-143,964
Construction, Minor Projects	703,000	467,700	785,000	632,700	-70,300	+165,000	-152,300
Grants for Construction of State Extended Care Facilities	100,000	85,000	275,000	175,000	+75,000	+90,000	-100,000
Grants for Construction of State Veterans Cemeteries	46,000	46,000	51,000	51,000	+5,000	+5,000	0
Total, Departmental Administration	7,795,707	8,028,580	8,684,768	8,318,580	+522,873	+290,000	-366,188
Other Discretionary ²	166,103	164,738	170,482	164,738	-1,365	0	-5,744
Total, VA Discretionary	53,039,310	56,966,318	61,517,306	57,537,318	+4,498,008	+571,000	-3,979,988
<i>Medical Care Collections Fund (MCCF)</i> ¹	<i>2,954,000</i>	<i>3,355,000</i>	<i>0</i>	<i>3,355,000</i>	<i>+401,000</i>	<i>0</i>	<i>+3,355,000</i>
Total, VA Discretionary with MCCF collections	55,993,310	60,321,318	61,517,306	60,892,318	+4,899,008	+571,000	-624,988

¹The independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services Account.
²Other Discretionary includes the administrative expenses for the Veterans Housing Benefit Program Fund and the Vocational Rehabilitation Loan Program, as well as the Native American Veterans Housing Loan Program. In addition, it includes the program fund and credit subsidy totals for the Vocational Rehabilitation Loan Program and the Native American Veteran Housing Loan Program.

**ADDITIONAL VIEWS AND ESTIMATES, COMMITTEE ON
VETERANS' AFFAIRS, FISCAL YEAR 2011**

REPRESENTATIVE JOE DONNELLY

I support many of the recommendations of the House Committee on Veterans' Affairs Views and Estimates of the Fiscal Year 2011 budget. I am proud to be part of a committee that continues to push for the expansion of eligibility for access to care for our veterans, tackle the disability claims backlog, and improve veterans' education benefits.

Additionally, I would support the committee seeking additional major construction funds should Congress consider any additional supplemental, emergency, or economic recovery appropriations; the backlog of projects both partially funded and completely unfunded is too deep to fulfill the needs of our veterans for reasonable access to care. However, I believe the committee should have requested more funds for major construction for regular FY 2011 appropriations. In the administration's FY 2011 budget request, only \$73 million is requested for a list of 61 newly scored major construction projects totaling well over \$8 billion.

Too often, veterans in my district—and across the country—are forced to drive hours and hundreds of miles to seek the care they were promised in return for their service and sacrifice to our country. But veterans and their families are not alone in recognizing the need for expanded healthcare services in north central Indiana.

In September 2008, a Subcommittee on Health roundtable discussion was held in South Bend. Representatives from the subcommittee, the local VA, local veterans service organizations, and the community discussed access to care in the South Bend area, where the South Bend CBOC has more than 8,000 veterans enrolled and sees approximately 200 patients each day. Following this discussion, the Department of Veterans Affairs announced in April 2009 plans for a new healthcare center in South Bend, raising the hopes of thousands of Hoosier veterans and the community that the days of hours-long travel for healthcare would soon be over. I was pleased to see it listed on the VA's major construction list but disappointed that the administration did not request funds for FY 2011 construction.

On behalf of the veterans and communities of my district, I recommend additional funds for the major construction accounts in order to accelerate the building of these projects and to provide veterans like those in north central Indiana with the access to healthcare they deserve and have spent years waiting for.

REPUBLICAN LETTER OF TRANSMITTAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 5, 2010.

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, House Rule X, clause 4(f), and Rule 7 of the Rules of the Committee on Veterans' Affairs, 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 fiscal year (FY) 2011 budget request for the Department of Veterans Affairs (VA) with regard to programs and matters within the jurisdiction of the Committee.

The Republican Views and Estimates address the major areas of focus essential to fulfilling our nation's commitment to veterans. Overall, the Republican Members generally agree with the President's FY 2011 budget proposal but believe additional funds are required in critical areas.

These areas include health care and benefits programs for wounded warriors, particularly for medical and prosthetic research programs, prosthetic services, and rehabilitation. We also strongly advocate a special emphasis on helping veterans qualify for and find meaningful employment during these difficult economic times, and on ensuring that veterans have access to VA health care regardless of where they live.

We look forward to working with our 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., *Ranking Republican Member, Subcommittee on Health*; Jeff Miller, *Committee Member*; John Boozman, *Ranking Republican Member, Subcommittee on Economic Opportunity*; 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*; David P. Roe, *Ranking Republican Member, Subcommittee on Oversight and Investigations*.

**REPUBLICAN VIEWS AND ESTIMATES FOR FISCAL YEAR
2011**

March 5, 2010

OVERVIEW

For veteran's healthcare and program costs in fiscal year (FY) 2011, the Administration has requested a total of \$125 billion. For discretionary spending, the Administration has requested \$60.3 billion, and for mandatory spending, the Administration has requested \$64.7 billion.

For veterans' program costs in FY 2011, Republican Members of the Committee on Veterans' Affairs recommend \$113.7 million above the Administration's request for discretionary spending, as follows: Compensation and Pension Training and Performance Support Systems, \$5 million; Compensation and Pension Skills Certification, \$10 million; Vocational Rehabilitation and Employment Service, 200 additional Full Time Equivalents (FTE), \$20.4 million; Training of State Veterans Employment Service staff at the National Veterans Training Institute, \$2 million; Veterans Training Program Veterans Employment and Training Service (VETS) Workforce Investment Program, \$11 million; National Cemeteries and Related Agencies National Shrine Commitment, \$10 million; Office of the Inspector General, 230 additional FTE, \$50 million; Department of Labor VETS program, 50 additional FTE, \$5.3 million.

For veteran's healthcare costs in FY 2011, Republican Members of the Committee on Veterans' Affairs recommend \$200 million above the Administration's request for discretionary spending, as follows: Veterans' Court, \$10 million; Medical and Prosthetic Research, \$50 million; Prosthetic Limb Program Modernization, \$20 million; Recreational Therapy, \$30.6 million; and Rural Health Initiative, \$89.4 million. These increases would be funded through a fee-basis care recovery program within the Veterans Health Administration (VHA) estimated to generate recoveries of at least \$200 million annually.

Finally, we recommend that \$2.3 billion be used from the Administration's \$100 billion jobs creation and economic recovery request to fund legislative initiatives to promote job readiness programs for veterans and a small business loan guarantee program for veterans.

In total, the Republican Members recommend an increase of \$2.66 billion in discretionary and mandatory spending above the Administration's request for veterans' healthcare and program costs, and for legislative initiatives in FY 2011.

DEPARTMENT OF VETERANS AFFAIRS**Veterans Benefits Administration**

Compensation and Pension Service—The President's FY 2011 budget request for Compensation and Pension Service (C&P) seeks \$53.5 billion.

The President has proposed a budget that provides an additional \$460 million to fund 4,048 additional permanent FTE to process

claims for benefits. Over 3,900 of those new employees are slated for the Compensation and Pension Service (C&P). Republican Members believe that an increase in Veterans Benefits Administration (VBA) personnel is in order, but allocating 97 percent to C&P does not meet the pressing needs also found in the Vocational Rehabilitation and Employment Service (VR&E) and the Education Service (ES). Therefore, Republican Members recommend an additional \$20.4 million to fund additional permanent FTE for VR&E and \$18.5 million for the ES.

It is important to note that according to VA, it takes at least two years for new C&P claims processors to become effective. However, the VR&E program hires highly credentialed staff who require little training beyond understanding the VA's paperwork program and are effective almost immediately. Similarly, the training period for education claims processors is measured in weeks rather than years and new ES staff are productive relatively soon after hiring.

Republican Members generally agree with the President's request for C&P, but recommend an additional \$5 million for Training and Performance Support Systems, and an additional \$10 million for skills certification required by P.L. 110-389.

Republican Members are deeply concerned about the growing size of the backlog of claims for VA disability compensation. The number of unresolved claims has soared over the past year. More than 400,000 new claims are now pending, with an additional 200,000 decisions being appealed. The numbers grew despite the nearly 4,000 additional employees VA has hired since 2007.

Additionally, VA recently established new regulations to make it easier for Vietnam veterans who were exposed to the Agent Orange herbicide to receive service-connected compensation. VA expects a significant increase in workload as a result of the regulatory change.

Republican Members believe a multifaceted approach is necessary for VA to overcome the challenges it faces. This approach includes a paradigm shift that involves placing a high level of priority on quality of work as well as quantity. To do so, VA must place greater emphasis on employee training and accountability.

We have long recognized the need for technological improvements in VA's business process, including the development of a paperless adjudication system. VA is striving to meet the requirements of the Veterans Disability Benefits Claims Modernization Act of 2008, which became part of P.L. 110-389. VA's efforts include creation of the Veterans Benefits Management System (VBMS) to replace its antiquated paper-driven process.

Vocational Rehabilitation and Employment (VR&E)—The President's budget proposes to reduce the VR&E staff by nine FTE. During the VA's Budget hearing testimony, the Department described the decrease as an artifact of how personnel costs are allocated. The President's budget estimates a 10 percent increase in caseload over FY 2010 and an increase of 20 percent over FY 2009. With the President's budget proposal, VR&E staff levels would result in an average caseload of approximately 150 per counselor. At the same time, the number of disabled veterans returning home from the current conflicts is increasing. Therefore, Republican Members believe it is imperative to increase the number of VR&E staff to de-

crease the average caseload and shorten the time it takes to begin rehabilitation.

The VR&E program has five tracks ranging from immediate employment services to long term education and training. Regardless of the track, all veterans desiring to participate in the VR&E program must complete the phases that include application for the benefit, determination of eligibility, evaluation, and planning. According to VA, this process typically takes about 171 days to complete. During that time, a significant number of veterans withdraw from the program, many because of the need to work to support their families. By increasing the VR&E staff levels, the extended period of application and evaluation should be reduced, resulting in fewer dropouts and a higher rehabilitation rate.

Therefore, we agree with the authors of the Independent Budget that VR&E direct service staff levels should be increased by 200 FTE with a cost of approximately \$20.4 million. Republican Members recommend an additional \$20.4 million above the President's request to fund the recommended 200 additional FTE for the VR&E Service. Such an increase would reduce the average caseload to just over 100.

The President's budget also proposed about \$165.4 million for the existing state grant program to fund the Disabled Veterans Outreach Program Specialists (DVOPS) and Local Veterans Employment Representatives (LVER). DVOPS and LVER are state employment service staff whose mission is to provide intensive job placement services to disabled veterans and outreach to employers to promote hiring veterans in general. The President also proposed \$8 million to fund additional DVOPS and LVER to support the Transition Assistance Program (TAP). While Republican Members are supportive of providing these employment services to veterans, the Members believe this additional \$8 million should be used to provide TAP services at U.S. bases through contract. By using contract personnel, Republican Members believe the President's proposal will enable DVOPS and LVER to focus on providing direct employment services to veterans.

Education—VA's strategic goal is 26 days to adjudicate an original claim for education benefits. It currently takes 47 days.

To meet the influx of the new Post 9/11 GI Bill claims, VA increased ES staffing to 1,889 FTE in FY 2010 by hiring several hundred short term personnel. The President's budget proposes to reduce ES direct FTE from 1,889 to 1,521. That decrease reflects shifting some of the term employees hired to augment the permanent claims processing staffs to permanent employees. Most of the remaining term employees would be released to reflect implementation of a new information technology system to automate education claims processing.

However, Republican Members remain skeptical of the Department's ability to meet the proposed December 2010 implementation date for the new IT system. Therefore, Republican Members recommend reallocating \$18.5 million in General Operating Expenses funds from the President's budget to maintain the current mix of 1,889 permanent and term FTE employees for the entire FY 2011. Maintaining the current level of FTE should enable VA to meet the VA's strategic processing goals in case of a slip in IT delivery and

to bridge the transition period from manual to automated processing.

National Cemeteries and Related Agencies

The President's FY 2011 budget request for the National Cemetery Administration (NCA) seeks \$251 million.

Republican Members generally concur with the President's request for NCA, but recommend an additional \$10 million be included to continue the National Shrine Commitment at NCA. This additional funding would ensure the highest possible standards for all of our veterans' final resting places, and would be used for infrastructure projects such as irrigation, renovation of historic structures, headstone cleansing, and road resurfacing.

Additionally, we recommend a comprehensive and independent study of the federal veterans' cemeteries under the jurisdiction of the VA National Cemetery Administration, the American Battle Monuments Commission, the Department of the Army, and the Department of the Interior. This study would identify areas for improvement to ensure a consistent, high standard is maintained for veterans' cemeteries. Republican Members are concerned that having four different agencies share this responsibility has led to four different standards of upkeep and appearance of veterans' cemeteries.

Veterans Health Administration

Medical Services—Republican Members recommend \$37.3 billion for medical services, which is \$200 million more than the Administration's request. Further, Republican Members recommend that VA conduct a recovery audit for outpatient medical services that we expect would provide additional resources of at least \$200 million. We expect that this recommendation would accommodate for health care inflation, estimated workload, and the following initiatives:

Rural Health Care—Republican Members are concerned that VA has not implemented section 403 of Public Law 110–387, which establishes a three-year pilot program in five Veterans Integrated Service Networks (VISNs) for veterans in highly rural areas who elect to receive healthcare from non-VA healthcare providers. Therefore, we recommend an additional \$89.4 million to move forward with this important initiative.

Prosthetic Limb Program Modernization—We are encouraged by VA's intent to obligate an additional \$148 million to modernize VA's prosthetic limb program. However, Republican Members recommend an additional \$20 million because it is vitally important that VA be capable, system-wide of meeting the needs of the younger and more active amputees with the latest technology and providing consistent and coordinated state-of-the-art care regardless of where the veteran amputee lives.

Mental Health Initiatives—We are also encouraged by VA's intent to obligate an additional \$410 million or nine percent increase to support the implementation of the Mental Health Strategic Plan and the hiring of additional new mental health professionals to en-

sure all veterans have access to these vital services throughout the system.

Recreation Therapy Services—Republican Members recommend an increase in obligations for recreation therapy services of \$30.6 million. We are concerned that recreation therapy services are not consistently funded system-wide. Further, the budget does not identify obligations for such services. Therefore, Republican Members also recommend that VA provide a separate budget line item to track and account for the allocation of funds for recreation therapy services at each VA medical center.

Republican Members believe this is important because VA recreation therapy supports wellness programs and provides the first opportunity to engage veterans in sports as a part of their rehabilitation. The Congress recognized the value of sports in rehabilitation with the enactment of Public Law 110–389. This law requires VA to award grants through the United States Olympic Committee to grassroots organizations to plan, develop, manage, and implement an integrated adaptive sports program for disabled veterans and disabled members of the Armed Forces.

Veterans Justice Outreach (VJO) Program—Republican Members wholeheartedly support the VJO program VA launched in 2009 to work with local justice system partners to provide outreach and alternative treatment for justice-involved veterans, including Veterans' courts, drug courts, and mental health courts. The budget request includes plans for 40 full time VJO specialist positions. Republican Members recommend an additional \$10 million for funding 113 more full time specialist positions to accommodate full time positions in each VA medical center.

Medical Care Collections Fund—We are pleased with the progress VA has made in improving third-party collections. In FY 2009, VA exceeded the projection level. Additionally, Republican Members are encouraged and pleased with the Secretary's decision to pursue a more aggressive timeline to consolidate their collection activities at seven Consolidated Patient Accounting Centers (CPAC).

Outpatient Audit and Recovery Program—The Office of Inspector General (IG) reported a net cost to the Department due to errors in the process VA uses for paying fee basis bills of \$865 million over five years. While VA currently employs a recovery audit for inpatient medical services, it has not yet used the authority Congress provided to conduct a recovery audit program for outpatient medical services. The current inpatient program has identified about \$6.8 million in overpayments in 2009 and over \$109 million in the program to date. We recommend that VA conduct a similar audit and recovery program for outpatient medical services. Through such a program, we believe VA could identify overpayments of at least 10 to 15 percent of the total amount VA spends on the outpatient fee basis program, which exceeded \$2 billion in FY 2009. We estimate that VA would realize at least \$200 million in savings from this program.

Medical Facilities—Republican Members recommend \$5.74 billion for medical facilities consistent with the Administration's request, which is \$881 million more than the enacted FY 2010 amount for this account.

Energy Initiatives—Republican Members place a high premium on advancing renewable energy projects at VA facilities. Savings from the use of alternative sources of energy result in additional resources for medical care for our veterans. We recommend at least \$325 million of this amount be obligated to implement planned energy initiatives and establish a long-term strategy for energy conservation and sustainability. VA has completed 29 feasibility studies to implement renewable energy projects at selected VA medical facilities. In FY 2010, VA expects to allocate about \$13 million to move forward with the procurement process on these projects. We expect that with the additional resources for FY 2011, VA will be able to fully fund all the identified projects.

Medical Support and Compliance—Republican Members recommend \$5.3 billion for Medical Support and Compliance, consistent with the Administration's request.

Medical and Prosthetic Research—Republican Members recognize the importance of medical and prosthetic research to ensure that our veterans are receiving the best possible in care, treatment, and medical practices. We recommend \$640 million in direct appropriations for medical and prosthetic research. This amount is \$50 million above the Administration's FY 2011 request and an increase of \$59 million more than the FY 2010 appropriation.

The signature injury of the War on Terror is traumatic brain injury (TBI). TBI can also be one of the most debilitating combat injuries, and every effort should be made to improve protective equipment such as helmets, which can substantially limit physiological damage sustained in combat.

Of particular interest in this regard is a new technology developed for race car drivers to measure G-force impact. We recommend VA direct funds in collaboration with the Department of Defense to conduct a series of similar tests and evaluations to improve combat helmets for servicemembers.

VHA Major Construction Projects—Republican Members recommend \$1.04 billion, consistent with the Administration's request for major medical construction projects. However, Republican Members are concerned with a shift in the priority and scope of a major medical facility project in Omaha, NE. In the VA FY 2010 budget submission, Omaha, NE, was described as having "HVAC and clinical deficiencies" with an estimated cost of \$256 million. In the FY 2011 Budget Submission, this project was elevated from the seventh to the number two priority without justification, and the scope of the project was changed to a replacement facility at a cost of \$560 million. Further, the budget request includes \$56 million for the design of the project. This project has been moved ahead of other FY 2010 scored projects in Lexington, KY; Columbia, SC; Reno, NV; West Los Angeles, CA; Lebanon, PA, and Portland, OR. Therefore, Republican Members recommend that \$56 million be instead appropriated for the Lexington, KY campus realignment. Finally, Republican Members request \$36.8 million of advance planning and design funds be used to carry out section 804 of Public Law 109-461 for the design of a co-located joint-use medical facility in Charleston, SC.

VHA Minor Construction Projects—For FY 2011, Republican members recommend \$387 million for minor construction costs to

maintain and improve an aging VA infrastructure, consistent with the Administration's request.

Advance Appropriations

The Administration's request includes \$50.6 billion in advance appropriations for FY 2012, consistent with Public Law 111-81. The purpose of the advance appropriations is to ensure continuity of funding in the areas of Medical Services (\$39.6 billion requested), Medical Support and Compliance (\$5.5 billion requested), and Medical Facilities (\$5.4 billion requested).

Republican Members are concerned that the Administration's request for advance appropriations for FY 2012 may not reflect the total resource amount projected by the Enrollee Health Care Projection Model. However, without having the ability to evaluate specific components of this advance appropriation request (Medical Care, long term care, CHAMPVA, Vet Centers, and State Home Per Diem), it is not possible to assess the sufficiency of the request.

The Government Accountability Office (GAO) is required by law to conduct a study of the adequacy and accuracy of the budget projection and report on whether the Administration's advance appropriations request for VA health care funding is consistent with expenditures estimated under the Model. However, the GAO study will not be available prior to the submission of our Views and Estimates, and it remains to be determined if the Administration's budget request is transparent for GAO assessments.

Office of Information and Technology

Republican Members believe that a top VA priority should be information technology (IT) systems that are standardized, integrated, and secure, function properly, and should be funded sufficiently. We commend VA Secretary Shinseki for his support of continuing the consolidation of the department's IT infrastructure and funding. We are pleased with the top down review of all VA IT programs utilizing the Program Management Accountability System, which has put 45 VA IT projects on hold because they have not met deadlines or have failed to be delivered.

The FY 2010 appropriated amount for the Office of Information and Technology (OI&T) was \$3.307 billion. Republican Members concur with the FY 2011 Administration request of \$3.307 billion for the OI&T.

During testimony provided at the Oversight and Investigations Subcommittee hearing on February 23, 2010, VA indicated there is a carry-over amount from the FY 2009 appropriations of \$700 million for OI&T. Republican Members believe the procurement and implementation of currently available technology applications to identify and monitor when previously entered clinical documentation has been copied and pasted into another electronic patient record document within VHA's computerized medical record system (CPRS) should come from a portion of the FY 2009 carry-over account. This procurement would provide mandatory monitoring of the copy and paste functions within the CPRS system. This issue was brought to the Committee's attention in a number of Inspector

General Combined Assessment Program (CAP) reviews of VA facilities.

Republican Members also recommend an additional amount of \$56.2 million to fund the development of the Purchased Care Claims Processing System and the Patient Accounting System for the automation of the fee-for-service program also to be procured out of the FY 2009 carry-over amount.

Office of the Inspector General

For FY 2010, Congress appropriated \$109 million for the VA Office of the Inspector General (OIG). The OIG is responsible for the audit, investigation, and inspection of all VA programs and operations. Funding from appropriations at \$109 million and 551 FTE provides resources to increase work on several oversight initiatives.

The President's request for FY 2011 remains at the FY 2010 appropriated level. While this was an increase from the appropriations from the FY 2009 level, Republican Members believe it still does not provide sufficient resources to allow the OIG to perform the amount of work consistent with the large agency for which it must provide oversight. Republican Members recommend adding \$50 million for the VA Office of Inspector General to provide an additional 230 FTE. The additional staffing resources would permit the OIG to perform much needed investigative and auditing work to include reduction of the Regional Office review cycle; appropriate oversight on the claims processes; more timely review of Outpatient Clinics, currently on a 20 year review cycle; and strengthening the OIG criminal investigations unit and their audit personnel. The additional resources would also allow new or increased oversight of the VA's homeless programs, elderly care programs, and non-VA care provided to veterans. This additional funding will allow the OIG to be more pro-active than reactive such as in the colonoscopy investigations.

The total funding for the OIG recommended by Republican Members is \$159 million, \$50 million above the Administration's request.

DEPARTMENT OF LABOR

Veterans Employment and Training Service—The U.S. Department of Labor's Veterans Employment and Training Service (VETS) manages programs intended to assist veterans seeking employment. For FY 2011, the President proposes \$262.5 million for VETS, an increase of \$6.4 million. The Homeless Veteran Reintegration Program (HVRP) will receive \$5 million of that increase. Overall, the Republican Members agree with the President's proposal but believe that the current economic climate requires additional funds to assist unemployed veterans.

Therefore, Republican Members recommend increasing funding for the basic infrastructure devoted to promoting veterans as ideal employees to businesses and providing the skills to qualify for good-paying jobs. To ensure that state employment service Disabled Veteran Outreach Program Specialists (DVOPS) and Local Veterans Employment Representatives (LVERs) are properly prepared to meet their statutory duties, Republican Members rec-

commend an additional \$2 million to fund the training operations at the National Veterans Training Institute (NVTI). This increase should enable NVTI to meet the training requirements of Public Law 109-461.

Lastly, to improve federal oversight of the DVOPS and LVERs, HVRP grantees, Veterans Workforce Investment Program (VWIP) grantees, and NVTI, Republican Members recommend an additional \$5.3 million to fund 50 additional federal staff.

LEGISLATIVE INITIATIVES

The Administration's budget request for other budget functions included a \$100 billion jobs creation and economic recovery package. Republican Members believe it is critical that veterans be explicitly targeted in any jobs creation and economic recovery package.

Veterans Small Business Loan Guarantees—Veterans comprise about 3.5 million or 13 percent of the 27 million U.S. small businesses. VA previously operated a small business direct and guaranteed loan program that terminated in 1986. H.R. 294, the Veteran-Owned Small Business Promotion Act of 2009, would reauthorize the VA's small business loan guaranty program. Therefore, Republican Members recommend that not less than \$1 billion of the \$100 billion be applied to this legislative proposal to authorize VA and Small Business Administration loans to veteran-owned small businesses.

Veterans Job Readiness—On January 1, 2010, there were 968,000 unemployed veterans. Of that number, 685,000 were between the ages of 35 and 64—the years when most people experience the largest financial burdens. Unlike younger veterans, this is the age group that has either passed eligibility for VA education and training programs and who also may not be able to afford to pursue a long-term degree program to improve their marketability. Therefore, it is vital to provide funds for shorter-term training to provide skills relevant to today's job market.

To meet these job readiness needs, Republican Members also recommend \$700 million from the Administration's \$100 billion jobs creation and economic recovery request to fund the training proposed in H.R. 4220, the Promoting Jobs for Veterans Act of 2009. Of that amount, VA would receive an additional \$470 million in mandatory funds and \$210 million in discretionary funds. Further, of that amount the Department of Labor would receive \$20 million.

Further, we anticipate a legislative proposal that would authorize eligibility for most unemployed veterans between the ages of 35 and 60 eligible for up to one year of education or training under the Chapter 30 Montgomery GI Bill. The program would be effective from FY 2011 through FY 2013. The estimated cost for FY 2011 would be \$645 million, also to be funded from the Administration's \$100 billion jobs creation and economic recovery request.

MESSAGES FROM THE PRESIDENT AND EXECUTIVE COMMUNICATIONS

PRESIDENTIAL MESSAGES

January 15, 2009: Communication from the President of the United States, transmitting the Administration's 2009 National Drug Control Strategy, pursuant to 21 U.S.C. 1504.

May 12, 2010: Communication from the President of the United States, transmitting the Administration's 2010 National Drug Control Strategy, pursuant to 21 U.S.C. 1504.

EXECUTIVE COMMUNICATIONS

January 14, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Increase in Rates Payable Under the Survivors' and Dependents' Educational Assistance Program and Other Miscellaneous Issues (RIN: 2900-AM67) Received January 7, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

January 21, 2009: Letter from the Secretary, Department of Veterans Affairs, transmitting a report for fiscal year 2005 through 2008 on expenditures from the Pershing Hall Revolving Fund for projects, activities, and facilities that support the mission of the Department, pursuant to Public Law 102-86, {403(d)(6)(A).

February 26, 2009: Letter from the Acting Secretary of Labor, Department of Labor, transmitting the Department's first quarterly report in response to USERRA amendments made by the Veterans' Benefits Improvement Act of 2008.

March 3, 2009: Letter from the Chairman, Department of Veterans Affairs, transmitting the Department's report on the Board of Veterans' Appeals' activities during fiscal year 2008.

March 10, 2009: Letter from the Director, National Legislative Commission, The American Legion, transmitting the financial statement and independent audit of The American Legion, proceedings of the 90th annual National Convention of the American Legion, held in Phoenix, Arizona from August 22-28, 2008 and a report on the Organization's activities for the year preceding the Convention, pursuant to 36 U.S.C. 49.

March 26, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Termination of Phase-In Period for Full Concurrent Receipt of Military Retired Pay and Veterans Disability Compensation Based on a VA Determination of Individual Unemployability (RIN: 2900-AN19) Received March 19, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

March 26, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—The Dr. James Allen Veteran Vision Equity Act of 2007 (RIN: 2900-AN03) Received March 19, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

March 30, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's "Major" final rule—Post-9/11 GI Bill (RIN: 2900-AN10) Received March 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

April 2, 2009: Letter from the Under Secretary for Benefits and Acting Under Secretary of Defense for Personnel and Readiness, Department of Veterans Affairs and Department of Defense, transmitting a report for fiscal year 2008 regarding the activities and accomplishments of both Departments, pursuant to 38 U.S.C. 320.

May 11, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Post-traumatic Stress Disorder (RIN: 2900-AN04) Received March 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

May 18, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Per Diem for Nursing Home Care of Veterans in State Homes (RIN: 2900-AM97) Received April 27, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

May 18, 2009: Letter from the Director of Regulation Management, Department of Veterans Affairs, transmitting the Department's final rule—Headstones and Markers (RIN: 2900-AN29) Received April 30, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

May 19, 2009: Letter from the Federal Register Liaison Officer, Department of Veterans Affairs, transmitting the Department's final rule—Reimbursement for Interment Costs (RIN: 2900-AM98) Received May 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 4, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Expansion of Enrollment in the VA Health Care System (RIN: 2900-AN23) Received May 18, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 4, 2009: Letter from the Office of Regulation Policy & Management, VA, Department of Veterans Affairs, transmitting the Department's final rule—Presumptive Service Connection for Disease Associated With Exposure to Certain Herbicide Agents: AL Amyloidosis (RIN: 2900-AN01) Received May 6, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 18, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Headstone and Marker Application Process (RIN: 2900-AM53) Received June 2, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 18, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Pension Management Center Manager (RIN: 2900-AN22) Received June 9, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 18, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Severance Pay, Separation Pay, and Special Separation Benefits (RIN: 2900-AN25) Received June 9, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 18, 2009: 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 June 9, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

June 23, 2009: Letter from the Secretary, Department of Veterans Affairs, transmitting a draft bill to authorize \$1,196,230,000 for the Department of Veterans Affairs major facility construction project for Fiscal Year 2010 and \$196,227,000 for major facility leases for fiscal year 2010.

July 15, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Vocational Rehabilitation and Employment Program-Duty to Assist (RIN: 2900-AM91) Received July 8, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

July 23, 2009: Letter from the Director, Regulation Policy & Management, Department of Veterans Affairs, transmitting the Department's final rule—Foreign Medical Program of the Department of Veterans Affairs—Hospital Care and Medical Services in Foreign Countries (RIN: 2900-AN07) Received July 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

July 30, 2009: Letter from the OSD Federal Register Liaison Officer, Department of Defense, transmitting the Department's final rule—Post 9/11 G.I. Bill [DOD-2009-OS-0021] (RIN: 0790-AI43) Received July 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

July 30, 2009: Letter from the Federal Register Liaison Officer, Department of Veterans Affairs, transmitting the Department's final rule—Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA): Preauthorization of Durable Medical Equipment (RIN: 2900-AM9) Received July 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

September 8, 2009: Letter from the Director, Regulation Policy & Management, Department of Veterans Affairs, transmitting the Department's final rule—Elimination of Requirement for Prior Signature Consent and Pre- and Post-Test Counseling for HIV Testing (RIN: 2900-AN20) Received July 28, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

September 23, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Medication Prescribed by Non-VA Physicians (RIN: 2900-AL68) Received September 3, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

September 23, 2009: Letter from the Director of Regulation Management, Department of Veterans Affairs, transmitting the Department's final rule—Presumption of Service Connection for Osteoporosis for Former Prisoners of War (POWs) and Former POWs diagnosed with Posttraumatic Stress Disorder (PTSD) (RIN:

2900-AN16) Received September 3, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

October 13, 2009: Letter from the Director, Regulation Policy & Management, Department of Veterans Affairs, transmitting the Department's final rule—Loan Guaranty; Assistance to Eligible Individuals in Acquiring Specially Adapted Housing; Cost-of-Construction Index (RIN: 2900-AN26) received September 24, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

October 14, 2009: Letter from the Secretary, Department of Labor, transmitting the 2008 Annual Report of the Assistant Secretary for Veterans' Employment and Training of the Department of Labor, pursuant to 38 U.S.C. 2009(b).

October 26, 2009: Letter from the National Adjutant, Chief Executive Officer, the Disabled American Veterans, transmitting the 2009 National Convention Proceedings of the Disabled American Veterans, pursuant to 36 U.S.C. 90i and 44 U.S.C. 1332.

October 26, 2009: Letter from the Deputy Secretary of Veterans Affairs, Department of Defense, transmitting recommendations concerning the extension of the Senior Oversight Committee.

November 16, 2009: 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: 2009-AN05) received November 3, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

December 11, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Servicemembers' Group Life Insurance-Dependent Coverage (RIN: 2900-AN39) Received November 17, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

December 15, 2009: Letter from the Director, Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—VA Acquisition Regulation: Supporting Veteran-Owned and Service-Disabled Veteran-Owned Small Business (RIN: 2900-AM92) received December 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

December 15, 2009: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Community Residential Care Program (RIN: 2900-AM82) Received December 1, 2009, pursuant to 5 U.S.C. 801(a)(1)(A).

January 12, 2010: Letter from the Secretary, Department of Veterans Affairs, transmitting a letter reporting the FY 2009 expenditures from the Pershing Hall Revolving Fund for projects, activities, and facilities that support the mission of the Department of Veterans Affairs, pursuant to Pub. L. 102-86, § 403(d)(6)(A).

January 26, 2010: Letter from the Assistant Attorney General, Department of Justice, transmitting fourth quarterly report of FY 2009 on Uniformed Services Employment and Reemployment Rights Act.

February 26, 2010: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Depart-

ment's final rule—Copayments for Medications (RIN: 2900–AN50) received January 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

March 2, 2010: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Vocational Rehabilitation and Employment Program—Basic Entitlement; Effective Date of Induction Into a Rehabilitation Program; Cooperation in Initial Evaluation (RIN: 2900–AN13) received January 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

March 2, 2010: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Vocational Rehabilitation and Employment Program—Self-Employment (RIN: 2900–AN31) received January 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

March 2, 2010: Letter from the Director of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule—Vocational Rehabilitation and Employment Program—Periods of Eligibility (RIN: 2900–AM84) received January 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

March 10, 2010: Letter from the Director, National Legislative Commission, The American Legion, transmitting the financial statement and independent audit of The American Legion, proceedings of the 91st annual National Convention of the American Legion, held in Louisville, Kentucky, from August 21–27, 2009, and a report on the organization's activities for the year preceding the Convention, pursuant to 36 U.S.C. 49.

March 12, 2010: 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 February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

March 22, 2010: Letter from the Assistant Attorney General, Department of Justice, transmitting First Quarterly Report of FY 2010 under The Veterans' Benefits Improvement Act of 2008, pursuant to Pub. L. 110–389.

April 15, 2010: Letter from the Director, Regulations Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Grants to States for Construction or Acquisition of State Home Facilities-Update of Authorized Beds (RIN: 2900–AM70) received April 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

April 26, 2010: Letter from the Director, Regulations Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Revision of 38 CFR 1.17 to Remove Obsolete References to Herbicides Containing Dioxin (RIN: 2900–AN56) received April 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

April 28, 2010: Letter from the Chairman, Board of Veterans' Appeals, Department of Veterans Affairs, transmitting a copy of the Report of the Chairman for fiscal year 2009.

May 11, 2010: Letter from the General Counsel, Department of Defense, transmitting proposed legislation for the National Defense Authorization Bill for Fiscal Year 2011.

June 9, 2010: Letter from the Director, Office of National Drug Control Policy, transmitting 2010 National Drug Control Strategy, pursuant to 21 U.S.C. 1504.

June 14, 2010: Letter from the Principal Deputy General Counsel, Department of Defense, transmitting a legislative proposal to be a part of the National Defense Authorization Bill for Fiscal Year 2011.

June 23, 2010: Letter from the Secretary, Department of Veterans Affairs, transmitting a draft of proposed legislation entitled, "Veterans Benefits Programs Improvement Act of 2010."

June 24, 2010: Letter from the Director, Regulations Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Copayments for Medications after June 30, 2010 (RIN: 2900-AN65) received June 10, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

June 24, 2010: Letter from the Director, Regulations Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Copayments for Medications (RIN: 2900-AN50) received June 10, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

June 29, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—State Cemetery Grants (RIN: 2009-AM96) received June 10, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

June 29, 2010: Letter from the Director, Regulation Policy and Management, Department of Veterans Affairs, transmitting the Department's final rule—Loan Guaranty: Elimination of Redundant Regulations (RIN: 2900-AN71) received June 15, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

July 13, 2010: Letter from the Adjutant General, the Veterans of Foreign Wars of the U.S., transmitting proceedings of the 109th National Convention of the Veterans of Foreign Wars of the United States, held in Phoenix, Arizona, August 15-20, 2009, pursuant to 36 U.S.C. 118 and 44 U.S.C. 1332.

July 13, 2010: Letter from the Adjutant General, the Veterans of Foreign Wars of the U.S., transmitting proceedings of the 110th National Convention of the Veterans of Foreign Wars of the United States, held in Phoenix, Arizona, August 15-20, 2009, pursuant to 36 U.S.C. 118 and 44 U.S.C. 1332.

September 14, 2010: Letter from the Director, Regulation Policy and Management Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Stressor Determinations for Post-traumatic Stress Disorder (RIN: 2900-AN32) received July 12, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

September 14, 2010: Letter from the Assistant Attorney General, Department of Justice, transmitting Second Quarterly Report of FY 2010 under The Veterans' Benefits Improvement Act of 2008, pursuant to Pub. L. 110-389.

September 14, 2010: Letter from the Assistant Attorney General, Department of Justice, transmitting third quarterly report of FY

2010 on Uniformed Services Employment and Reemployment Rights Act.

September 14, 2010: Letter from the Secretary, Department of Veterans Affairs, transmitting draft legislation “to amend title 38, United States Code, to improve veterans’ health care benefits and for other purposes.”

September 20, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s “Major” final rule—Diseases Associated With Exposure to Certain Herbicide Agents (Hairy Cell Leukemia and Other Chronic B Cell Leukemias, Parkinson’s Disease and Ischemic Heart Disease) (RIN: 2900–AN54) received September 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

September 24, 2010: Letter from the National Adjutant, Chief Executive Officer, the Disabled American Veterans, transmitting the 2010 National Convention Proceedings of the Disabled American Veterans, pursuant to 36 U.S.C. 90i and 44 U.S.C. 1332.

September 28, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s final rule—Disenrollment procedures (RIN: 2900–AN76) received September 1, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Secretary, Department of Veterans Affairs, transmitting a draft bill to authorize \$1,112,845,000 for the Department of Veterans Affairs major facility construction project for fiscal year 2011 and \$47,338,000 for major facility leases for Fiscal Year 2011.

November 15, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s final rule—Technical Revisions to Conform with the Veterans’ Mental Health Care Act of 2008 and Other Laws (RIN: 2900–AN52) received September 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulation Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s final rule—Loan Guaranty: Assistance to Eligible Individuals in Acquiring Specially Adapted Housing (RIN: 2900–AM87) received September 15, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s final rule—Deceased Indebted Servicemembers and Veterans: Authority Concerning Certain Indebtedness (RIN: 2900–AN14) received September 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department’s final rule—Presumptions of Service Connection for Persian Gulf Service (RIN: 2900–AN24) received September 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulations and Policy Management, Department of Veterans Affairs, transmitting the Department's final rule—Specially Adapted Housing and Special Home Adaptation (RIN: 2900-AN21) received September 23, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulation Policy and Management, Office of General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Economic Impact Analysis for RIN 2900-AN15, Charges billed to third parties for prescription drugs furnished by VA to a veteran for a non-service-connected disability received October 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Director, Regulations and Policy Management, Office of General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Compensation for Certain Disabilities Due to Undiagnosed Illnesses (RIN: 2900-AN68) received October 12, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

November 15, 2010: Letter from the Secretary, Department of Health and Human Services, transmitting a report entitled "Report to Congress of the Interagency Access to Health Care in Alaska Task Force."

December 1, 2010: Letter from the Assistant Attorney General, Department of Justice, transmitting fourth quarterly report of fiscal year 2010 on Uniformed Services Employment and Reemployment Rights Act of 1994.

December 2, 2010: Letter from the Deputy Director, Director Regulations Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Supportive Services for Veteran Families Program (RIN: 2900-AN53) received November 10, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

December 2, 2010: Letter from the Director, Office of National Drug Control Policy, transmitting 2011 National Drug Control Strategy, pursuant to 21 U.S.C. 1504.

December 7, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule—Responding to Disruptive Patients (RIN: 2900-AN45) received November 15, 2010, pursuant to 5 U.S.C. 801(a)(1)(A).

December 17, 2010: Letter from the Secretary, Department of Veterans Affairs, transmitting a letter reporting the fiscal year 2010 expenditures from the Pershing Hall Revolving Fund for projects, activities, and facilities that support the mission of the Department of Veterans Affairs, pursuant to Public Law 102-86, § 403(d)(6)(A).

December 21, 2010: Letter from the Director, Regulations Policy and Management, Office of the General Counsel, Department of Veterans Affairs, transmitting the Department's final rule — Payment for Inpatient and Outpatient Health Care Professional Services at Non-Departmental Facilities and Other Medical Charges

Associated with Non-VA Outpatient Care (RIN: 2900-AN37) received December 15, 2010, 2010, 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 May 2010.

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.....	670,846
Living Veterans ⁵	2,079,000

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	2,507,000

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}	7,569,000

DESERT SHIELD/DESERT STORM (1990–1991)

Total U.S. Servicemembers (Worldwide).....	2,322,000
Deployed to Gulf.....	694,550
Battle Deaths.....	148
Other Deaths (In Theater)	235
Other Deaths in Service (Non-Theater)	1,565
Non-mortal Woundings.....	467
Living Veterans ^{5 10}	2,254,000

AMERICA'S WARS TOTAL (1775–1991)

U.S. Military Service during Wartime	41,892,128
Battle Deaths.....	651,031
Other Deaths (In Theater)	308,800
Other Deaths in Service (Non-Theater)	230,254
Non-mortal Woundings.....	1,430,290
Living War Veterans ¹¹	16,962,000
Living Veterans (Periods of War & Peace)	22,795,000

GLOBAL WAR ON TERROR (OCT 2001–)

(Data as of September 30, 2010)	
Total U.S. Servicemembers (Worldwide).....	1,430,985
Deployed to Iraq & Afghanistan (Data as of December 13, 2010).....	202,100
Battle Deaths.....	4,591
Other Deaths (In Theater)	1,252
Non-mortal Woundings.....	41,771

(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 11/1/55–5/15/75.
9. Excludes 150,341 not requiring hospital care.
10. Defense Manpower Data Center (DMDC) estimate, as of 4/09, does not include those still on active duty and may include veterans who served in Iraq and Afghanistan.
11. Total will be more than sum of conflicts due to no “end date” established for Persian Gulf War.

Source: Department of Defense (DOD), except living veterans, which are VA estimates as of September 2009.

U.S. VETERANS AND DEPENDENTS ON BENEFITS ROLLS

[As of September 2009]

	Veterans	Children	Parents	Surviving spouses
Civil War		2		
Indian Wars				
Spanish-American War		82		69
Mexican Border		13		50
World War I		2,885		3,986
World War II	244,659	13,883	82	216,028
Korean Conflict	153,743	3,087	88	60,121
Vietnam Era	1,051,294	8,346	2,660	168,085
Gulf War ¹	998,751	13,239	1,026	16,659
Non service-connected	314,245	17,146	2	180,810
Service-connected	3,069,653	26,867	5,021	315,057

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.

