

Department of Veterans Affairs Historical Project

Office of Congressional and Legislative Affairs (OCLA)

Executive Summary

Fall/Winter 2000

Introduction

Mission

The mission of the Office of Congressional and Legislative Affairs is to serve as the principal advisor to the Secretary and Department officials concerning all legislative and congressional liaison matters and to develop positive, cooperative relationships with Members of Congress and congressional committees and staff in order to accomplish the Department's legislative goals.

Organization

The organization of the Office of Congressional Affairs consists of an Assistant Secretary (appointed by the President by and with the consent of the Senate), a Deputy Assistant Secretary for Congressional Affairs, and a Deputy Assistant Secretary for Legislative Affairs. In addition, the Office maintains a Congressional Liaison Service located on the House and Senate sides of Capitol Hill.

The following significant events occurred during the 102nd through the 106th Congress from 1991 to 2000.

Significant Public Laws 102nd – 106th Congress

102nd Congress

P.L. 104-4 – Agent Orange Act of 1991

P.L. 102-25 – Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991; Persian Gulf War Veterans' Benefits Act of 1991; Persian Gulf Conflict Higher Education Assistance Act.

P.L. 102-405 – Omnibus Veterans Health Care Bill

P.L. 102-585 – Veterans' Health Care

P.L. 102-590 – Homeless Programs for Veterans

103rd Congress

P.L. 103-66 -- Omnibus Budget Reconciliation Act of 1993

P.L. 103-210 – Priority VA Health Care for Persian Gulf Veterans.

P.L. 103-446 – Veterans Benefits Improvements Act of 1994
P.L. 103-452 – Sexual Trauma Counseling

104th Congress:

P.L. 104-134 – Omnibus Consolidated Rescissions and Appropriations Act of 1996
P.L. 104-262 – Veterans' Health Care Eligibility Reform Act of 1996
P.L. 104-275 – Veterans' Benefits Improvements Act of 1996

105th Congress

P.L. 105-101 -- Veterans' Cemetery Protection Act of 1997
P.L. 105-111 -- Clear and Unmistakable Error
P.L. 105-368 -- Omnibus Veterans' Bill

106th Congress

P.L. 106-117 -- The Veteran Millennium Health Care and Benefits Act
P.L. 106-129 -- Healthcare Research and Quality Act of 1999
P.L. 106-265 -- Long-Term Care Security Act
P.L. 106-419 -- Veterans Benefits and Health Care Improvement Act of 2000
P.L. 106-475 -- Veterans Claims Assistance Act of 2000

Significant Hearing Issues 103rd – 106th Congress

103rd Congress

Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans)
Employee Complaints Resolution
Future of VA Health Care
Health Care
Homeless Veterans Programs
National Health Care Reform
State Health Care Reform
Veterans Benefits Administration
Women Veterans

104th Congress

Key Issues of the 104th Congress
Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans+
Eligibility Reform
Future of VA Health Care
Government Performance Results Act and the National Performance
Review

Government Shutdown: What's Essential?
VA Efforts to Improve Efficiency/Reorganization
VA/DoD Sharing
VA Security/ Law Enforcement
VA Vocational Rehabilitation Program
VBA Computer Modernization Program

105th Congress

Key Issues of the 105th Congress
Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans.
Filipino Veterans
Government Performance and Results Act
Information Technology, Y2K
National Cemetery System
Native American Veterans
Sexual Harassment/Sexual Trauma Counseling
Tobacco-Related Illnesses
VA Security/Law Enforcement
Veterans Benefits Administration
Veterans Health Administration

106th Congress

Agent Orange, Gulf War Veterans
Bioterrorism
Capital Assets Management
Complementary and Alternative Medicines
Congressional Commission on Servicemembers and Veterans Transition
Assistance
End-of-Life Care
Fraud and Mismanagement
Homeless Veterans Programs
Information Technology Programs
Medicare Subvention
National Cemetery Administration
VA Patient Safety Program
VA Pharmacy Program
VA Research
Veterans Benefits Administration
Whistleblower Protection

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Homeless Veterans Programs
National Health Care Reform
State Health Care Reform
Veterans Benefits Administration
Women Veterans

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Government Performance and Results Act
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Native American Veterans
Sexual Harassment/Sexual Trauma Counseling
Tobacco-Related Illnesses
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Veterans Benefits Administration
Veterans Health Administration

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Agent Orange, Gulf War Veterans
Bioterrorism
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Information Technology Programs
Medicare Subvention
National Cemetery Administration
VA Patient Safety Program
VA Pharmacy Program
VA Research
Veterans Benefits Administration
Whistleblower Protection

VA HISTORY PROJECT
OFFICE OF CONGRESSIONAL AFFAIRS
DRAFT OUTLINE

- A. Introduction/Overview
- B. Significant Public Law Summaries 102nd – 106th Congress
- C. Significant VA-Related Hearings/Testimony 103rd – 106th Congress

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Office of Congressional and Legislative Affairs (OCLA)

Fall/Winter 2000

Introduction

Mission

The dual mission of the Office of Congressional and Legislative Affairs is to serve as the principal advisor to the Secretary and Department officials concerning all legislative matters and as liaison with Members of Congress, their staff, and Congressional Committee staff. The staff of OCLA must develop positive, cooperative relationships with Members of Congress and congressional committees and staff in order to accomplish the Department's legislative goals, and to keep Congress apprised of VA's programs and policies.

The Office performs the following activities:

- Coordinates the Department's legislative program development,
- Monitors legislation pending in Congress and works to promote VA's legislative goals,
- Produces a variety of legislative-related reports including the White House/Cabinet report, the daily legislative report, and Public Law summaries reports,
- Maintains a close association with the Office of General Counsel and other program offices on legislative hearings,
- Monitors Administration positions on pertinent legislation and communicates Administration and VA's views and positions on legislative measures pending in Congress.
- Monitors legislative and appropriations processes related to VA issues including other authorizing or appropriating committees that may have a bearing on programs that affect VA (e.g. DoD, OPM, HHS),
- Manages compliance with congressionally mandated reports and congressional correspondence,
- Maintains the liaison function between VA and the General Accounting Office; coordinates meetings and reports due to the General Accounting Office,

- Manages VA's pre- and post-hearing activities associated with congressional hearings,
- Initiates plans and strategies to educate Congress about VA programs and policy issues,
- Manages the hearing process on oversight issues and Senate confirmations,
- Provides notifications to Congress on grants, regulations, awards, community based outpatient clinics, and other noteworthy issues of interest to Congress,

Organization

The organization of the Office of Congressional and Legislative Affairs consists of an Assistant Secretary (appointed by the President by and with the consent of the Senate), a Deputy Assistant Secretary for Congressional Affairs, and a Deputy Assistant Secretary for Legislative Affairs.

In addition, the Office maintains a Congressional Liaison Service located on the House and Senate sides of Capitol Hill. The Liaison offices: assess attitudes and the environment on Capitol Hill and report findings, which have a direct bearing on how VA may handle certain issues; maintain particular attention to issues concerning legislative and oversight activities of Members of Congress and Committees key to VA; receive and process constituent casework complaints brought to VA's attention by congressional offices; work closely with VA's authorizing committees on resolution of veteran casework problems; and serve as an information conduit in the department for Members of Congress, their staff, and Congressional Committees.

Staffing Levels

The Office of Congressional and Legislative Affairs has an authorized ceiling of 27 FTE for FY 2001. A reorganization proposal approved by the Secretary of Veterans Affairs in May 2000, allowed for an authorized ceiling of 40 FTE.

Significant Public Law Summaries 102nd – 106th Congress

102nd Congress

Health Care

P.L. 102-4 – Agent Orange Act of 1991. This bill established presumption of service connection for diseases associated with exposure to certain herbicide agents. This pertained specifically to veterans who, during active military, naval, or air service, served in the Republic of Vietnam during the Vietnam era. The diseases included in this initial legislation were: non-hodgkin's lymphoma; soft-tissue sarcoma; and chloracne or another acneform disease consistent with chloracne becoming manifest to a degree of disability of 10 percent or more within one year after the last date on which the veteran performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era.

P.L. 102-405 – Omnibus Veterans Health Care Bill. This bill increased the amount of VA's grant for home improvement and structural alterations. It required VA to begin a system-wide assessment of services to homeless veterans and to establish plans at each medical center and regional office to develop a comprehensive plan for the area served by the center or office. It required VA to establish a program of marriage and family counseling for veterans of the Gulf War and their spouses and children. The bill prohibited the appropriation of funds or the obligation or expenditure of funds for major medical construction or leasing unless funds have been specifically authorized by law. The bill also provided that the Chief Benefits Director and Chief Medical Director be Under Secretaries.

P.L. 102-585 -- Veterans' Health Care. This bill authorized a Gulf War health registry; authorized a new counseling program for women veterans who suffered sexual assault or harassment during military service; authorized VA/DoD sharing agreements to permit treatment of CHAMPUS and CHAMPVA beneficiaries in both VA and DoD facilities; revised locality based nurse pay system; permanently authorized the State Home Grant program; permanently authorized the respite care program, extended for four years the authority to contract for care in the Philippines; extended authority for the VA scholarship program; authorized a National Center for Preventive Health; directed VA to establish smoking areas in VA hospitals; and exempted the FSS and VA drug prices from the Medicaid best price calculation, establishing a minimum discount of 24% for VA drugs.

Benefits

P.L. 102-25 – Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991; Persian Gulf War Veterans' Benefits Act of 1991; Persian Gulf Conflict Higher Education Assistance Act. The bills: defined the Persian Gulf War period; increased active duty Montgomery GI Bill benefit; increased National Guard and Reserve Montgomery GI Bill benefit; provided VA guaranteed home loan eligibility after 90 days for active force members, including National Guard and Reserve forces called to active duty; provided for retraining for persons being reinstated to employment under the

Veterans Reemployment Rights law; and increased the maximum insurance coverage under the Servicemens' Group Life Insurance and Veterans' Group Life Insurance programs.

P.L. 102-568 – Education Benefits and DIC Reform.

Education – increased the monthly benefit under the Montgomery GI Bill by \$50 per month, and increased vocational rehabilitation subsistence allowance by 10 percent. Future increases were indexed to the CPI.

DIC reform – established a new base rate of \$750 per month plus \$165 per month for survivors of veterans who were totally disabled for at least 8 years before death. Increased payment for children from \$71 per month to \$200 per month by 1995.

P.L. 102-547 – Veterans Home Loan Bill. Included various provisions increasing eligibility for VA home loans.

Homeless Veterans' Programs

P.L. 102-590 – Homeless Programs for Veterans. This bill authorized: a pilot program to establish comprehensive service centers for homeless veterans; a program for VA to make grants to private and nonprofit entities that serve the homeless; per diem payments to homeless assistance providers who receive grants under the new grant program to help defray the costs of services provided; VA to lease and donate properties acquired after foreclosure of loans to entities serving the homeless; VA to provide financing to entities purchasing property from VA to help the homeless; VA to lease property at the West LA VAMC for a period in excess of three years to qualified homeless groups that agree to use the property to provide services to homeless veterans and their families.

P.L. 102-54. This bill authorized transitional housing for homeless veterans in VA's compensated work therapy program; made permanent the requirements for VA to provide notification, information, and counseling to veterans who default on VA-guaranteed home loans about the effect of, and alternatives to, foreclosure.

Miscellaneous

P.L. 102-190 – National Defense Authorization Act for FYs 1992 and 1993. This bill included a provision requiring the display of the POW-MIA Flag at each national cemetery and the Vietnam Veterans Memorial on Memorial Day, Veterans Day, and any day designated as POW-MIA Recognition Day. It also required the flag to be flown on POW-MIA Recognition Day at the State Department, the Pentagon, and the Office of the Director of the Secret Service.

P.L. 102-218. This bill provided for the designation of an Assistant Secretary of the Department of Veterans Affairs as the Chief Minority Affairs Officer of the Department.

103rd Congress

Health Care

P.L. 103-210 – Priority for VA Health Care for Persian Gulf Veterans. This bill: (1) required VA to provide health care on a priority basis through December 31, 1994, to Gulf War veterans for any condition that may have been the result of exposure to a toxic substance or environmental hazard in the Gulf War theater of operations; (2) provided that this care is not available for conditions which VA finds to have resulted from a cause other than exposure to a toxic substance or environmental hazard in the Gulf War theater; (3) required VA to reimburse, upon request, any Gulf War veteran for payments the veteran made to VA for VA care furnished on the basis that the veteran may have been exposed to a toxic substance or environmental hazard in the Gulf War theater; and (4) extended to June 30, 1994, VA's authority to furnish Vietnam veterans with care that may have been related to their exposure to Agent Orange, and to furnish veterans who participated in nuclear weapons tests or in the occupation of Hiroshima or Nagasaki with care that may have been related to their exposure to ionizing radiation.

P.L. 103-452 – Sexual Trauma Counseling. The bill: extended the time period during which VA could provide and contract for sexual trauma counseling to veterans; expanded the authority to include male veterans; repealed the limitation on the period within which a veteran may seek sexual trauma counseling; authorized treatment for physical conditions resulting from sexual trauma; required the establishment of a toll-free telephone number to provide information services; and required a report on the operation of the telephone program.

The bill also provided that VA shall ensure, whenever possible and appropriate, women and minority veterans are included as subjects in the conduct or support of clinical research; and required consultation with specified officials and groups as part of the effort to foster and encourage the initiation and expansion of research into women's health issues.

Benefits

P.L. 103-446 – Veterans Benefits Improvements Act of 1994. The bill included title provisions pertaining to: Gulf War Veterans; Board of Veterans' Appeals Administration; Adjudication Improvements; Veterans' Claims Adjudication Commission; Miscellaneous Benefits-Related Provisions; Education and Training Programs; Employment Programs; Cemeteries and Memorial Affairs; Housing Programs; Homeless Veterans Programs; and Reduction in VA Personnel.

Authorization/Appropriations

P.L. 103-139 – FY 1994 Defense Appropriations Act. Major VA-related provisions appropriated included: (1) \$20M of VA/DoD medical research; (2) \$1.2M for a research grant to the Louisiana Medical Foundation and Touro Infirmary to evaluate an anti-bacterial treatment for "Desert Storm Syndrome"; (3) \$300,000 for a study of low-level chemical sensitivities and \$425,000 for a study of exposure to depleted uranium by Gulf War veterans; (4) \$6.25 M for the Service Members Occupational Conversion and Training Program; (5) \$5.3M to pay death benefits on behalf of service members who died between October 29, 1992, and December 1, 1992, if they had not elected to decline increased SGLI coverage.

P.L. 103-66 – Omnibus Budget Reconciliation Act of 1993. This bill extended various VA authorities through September 30, 1998, and increased VA home loan fees by .75 percent of the loan amount (increasing the basic fee from 1.25 to 2 percent), and generally increased to 3 percent the fee for a veteran's second or subsequent VA-guaranteed home loan.

Miscellaneous

P.L. 103-424 -- Reauthorize the Office of Special Counsel. This bill: extended authorization of appropriations for the Office of Special Counsel as designated in P.L. 101-12, Whistleblower Protection Act of 1989, until 1997, and amended Title 5, U.S.C., to provide title 38 employees the same protections against reprisal for whistleblowing that apply to other Federal employees under the WPS and provided to title 38 employees the right to seek review of whistleblowing claims by the Merit Systems Protection Board. This bill also included other whistleblowing-related provisions.

P.L. 103-32 – World War II Memorial Act of 1993. This bill authorized the establishment of a memorial to honor members of the Armed Forces who served in World War II and commemorated the participation of the United States in that War.

104th Congress

Health Care

P.L. 104-262 – The Veterans' Health Care Eligibility Reform Act of 1996.

This bill changed dramatically the entire VA health care system. The bill reformed VA health care eligibility to provide the same rules for inpatient and outpatient care and eliminated the complex restrictions on outpatient care. The bill required VA to establish an enrollment system based on seven veteran priority group categories. Each year, the Secretary of VA must make an enrollment decision regarding the priority categories who will be able to enroll in the VA health care system. Thus far, all veterans in priorities 1 through 7 who have elected to enroll in the VA health care system have been able to do so.

This bill includes comprehensive provisions for the following titles: (1) eligibility reform; (2) authorization of major medical facility projects; and (3) health care and administration.

Benefits

P.L. 104-275 -- The Veterans' Benefits Improvements Act of 1996. This bill enhanced veterans benefits in the following areas: (1) education benefits; (2) housing and memorial affairs; (3) employment and training; (4) veterans' life insurance programs; and (5) VA administrative and other matters. Of note, the legislation established the Commission on Service Members and Veterans Transition Assistance designed to review the effectiveness of programs to assist service members transitioning to civilian life.

Authorization/Appropriations

P.L. 104-110. This bill extended VA's authorities to carry out various health care, home loans, homeless and other programs that expired in 1995. The bill also implemented additional reporting requirements on the Office of the Secretary.

P.L. 104-201 – National Defense Authorization Act for FY 1997. This bill contained several provisions of interest to VA. Among them, the bill required the Secretaries of Defense and VA to develop a plan for ensuring that children who have a congenital defect or catastrophic illness, proven to a reasonable degree of scientific certainty to have resulted from exposure of the service member to a chemical warfare agent or other hazardous material during military service, would be provided medical care.

P.L. 104-134 Omnibus Consolidated Rescissions and Appropriations Act of 1996. The bill rescinded a total of \$500 million of the funds available to executive branch agencies in FY 1996. Of this amount, VA's portion was \$24.5 million. In addition, limits on payroll costs and travel costs for the Office of the

Secretary were implemented. Travel cost restrictions were also placed on the Offices of the Assistant Secretary for Policy and Planning, the Assistant Secretary for Congressional Affairs, and the Assistant Secretary for Public and Intergovernmental Affairs.

105th Congress

Health Care

P.L. 105-368 – Omnibus Veterans' Bill. This bill included numerous provisions related to the following titles: (1) veterans of the Persian Gulf War and future conflicts; (2) education and employment; (3) compensation, pension, and insurance; (4) memorial affairs; (5) Court of Veterans Appeals; (6) housing; (7) construction and facilities matters; (8) health professionals educational assistance; (9) miscellaneous medical care and medical administration provisions; (10) other matters; and (11) cost-of-living adjustment.

Benefits

P.L. 105-111 – Clear and Unmistakable Error. This bill would allow certain individuals the right to prosecute an appeal to the Board of Veterans Appeals on the ground of "clear and unmistakable error."

Cemeteries

P.L. 105-101 -- Veterans' Cemetery Protection Act of 1997. This bill established criminal penalties for vandalism or theft at national cemeteries operated by the Department of Veterans Affairs. This bill was introduced in response to serious vandalism that occurred at the Punchbowl National Cemetery in Hawaii in April 1997.

P.L. 105-116. This bill prohibited interment or memorialization in the VA National Cemetery System or Arlington National Cemetery of a: (1) person convicted of a Federal capital crime for which a person was sentenced to death or life imprisonment; or (2) person convicted of a State capital crime for which the person was sentenced to death or life imprisonment without parole; or (3) person found guilty of either of the preceding but who had not been convicted due to death or flight to avoid prosecution.

Authorization/Appropriations

P.L. 105-65 – FY 98 VA-HUD-IA Appropriations Bill. The bill included the following significant provisions: (1) required VA to use \$12.5M of the Medical and Prosthetic Research budget for medical research relating to illnesses afflicting Gulf War veterans; (2) requested a report on how GW Illness Research money will be spent; (3) authorized \$10M for research into Parkinson's Disease; and (4) prohibited relocation of a loan guaranty office from St. Petersburg to Atlanta.

P.L. 105-56 -- FY 98 Defense Appropriations Bill. This bill appropriated \$14.5M for Cooperative VA/DoD research, of which \$4.5M was earmarked to the

Defense Health Program for Gulf War clinical trials to be established by DoD and VA.

106th Congress

Health Care

P.L.106-117 – The Veteran Millennium Health Care and Benefits Act. This bill includes numerous provisions enhancing veterans' health care and benefits services. Of significance, the bill authorizes VA to provide long-term care, reimbursement for emergency care in non-VA facilities, and chiropractic care. The bill's specific titles include provisions relating to: (1) access to care; (2) medical program administration; (3) miscellaneous medical provisions; (4) construction and facilities matters; (5) benefits and employment matters; (6) memorial matters; (7) education and housing matters; (8) VA administrative matters; (9) homeless veterans programs; (10) U.S. Court of Appeals for veterans claims; and (11) voluntary separation incentive program.

P.L. 106-129 – Healthcare Research and Quality Act of 1999. This bill established the Agency for Healthcare Research and Quality directed to identify and disseminate methods or systems used to assess health care research results, particularly to rate the strength of the scientific evidence behind health care practice and technology recommendations in the research. The Agency is charged with developing and managing a process to: (1) improve interagency coordination, priority setting, and the use and sharing of research findings and data pertaining to Federal quality improvement programs, technology assessment, and health services research; (2) strengthen the research information infrastructure, including databases pertaining to Federal health services research and health care quality improvement initiatives; (3) set specific goals for participating agencies and departments to further health services research and health care quality improvement; and (4) strengthen the management of Federal health care quality improvement programs.

P.L. 106-265 – Long-Term Care Security Act. This bill authorizes the Office of Personnel Management to establish a program under which long-term care insurance is made available to Federal employees, members of the uniformed services, and civilian and military retirees.

P.L. 106-419 – Veterans Benefits and Health Care Improvement Act of 2000. This bill includes numerous provisions pertaining to personnel matters affecting nurse, dentist and pharmacist pay. The bill also extends and modifies employee "buyout" legislation through December 31, 2002.

Benefits

P.L. 106-50 – The Veterans Entrepreneurship and Small Business Development Act of 1999. This bill authorizes VA to provide technical, financial, and procurement assistance to veteran-owned small businesses.

P.L. 106-475 - Veterans Claims Assistance Act of 2000. This bill defines a "claimant" who would be eligible to receive assistance from the Secretary as any person seeking veterans' benefits. The bill requires the Secretary to furnish all instructions and forms necessary when a request is made, or intent expressed, by any person applying for veteran's benefits. The bill also requires the Secretary to notify the veteran of any information or evidence needed in order to substantiate the claim, and eliminates the requirement that a claimant submit a "well-grounded" claim before the Secretary can assist in obtaining evidence. The Secretary must consider all information and lay and medical evidence of record and is required to give the benefit of the doubt to the claimant when there is an approximate balance of positive and negative evidence regarding an issue material to the determination of a matter.

P.L. 106-419 – Veterans Benefits and Health Care Improvement Act of 2000. This bill includes educational assistance provisions pertaining to: (1) Montgomery GI Bill Educational Assistance; (2) Survivors' and Dependents' Educational Assistance; and (3) General Educational Assistance. The bill also provides for (1) compensation program changes; (2) life insurance program changes; and (3) housing and employment program changes. The bill extends eligibility for burial in national cemeteries to those Philippine Commonwealth Army veterans who: (1) have either become citizens of the United States or have been lawfully admitted for permanent residence; and (2) who reside in the United States.

Significant Hearings 103rd – 106th Congress

103rd Congress

Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans)

On June 8, 1993, the HVAC, Subcommittee on Compensation, Pension, and Insurance held a hearing on Gulf War veterans' claims for disability compensation. The Deputy Under Secretary for Benefits provided testimony. He described VA's efforts to process Gulf War claims, especially those involving claims for disability that the veteran claims resulted from exposure to environmental hazards in the Gulf War. A panel of three Veterans' Service Organization representatives provided recommendations as to how they believed VA should give Persian Gulf War veterans' claims more favorable consideration.

On June 9, 1993, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the health care concerns and problems of Persian Gulf War veterans and related issues. The Under Secretary for Health was VA's principal witness. Testimony was also heard from Gulf War veterans, veterans advocacy groups, environmental physicians, and DoD officials. Rep. Kennedy (D-MA) announced his intention to introduce a bill requiring VA to provide medical care to Gulf War veterans with symptoms consistent with exposure to environmental hazards prevalent during the war.

On July 27, 1993, the Senate Committee on Veterans' Affairs held a hearing on a National Academy of Sciences (NAS) review of the health effects of exposure to Agent Orange and similar herbicides used during the Vietnam war. The VA Secretary was the principal VA witness. The NAS identified two diseases which the research indicates were associated with exposure to herbicides used in Vietnam, in addition to the three for which VA was already compensating Vietnam veterans. The Secretary announced that VA would provide compensation to Vietnam veterans suffering from the two newly identified diseases, Hodgkin's disease and porphyrai cutanea tarda.

On August 4, 1993, the House Committee on Veterans' Affairs held a hearing on the NAS review of the health effects of exposure to Agent Orange and similar herbicides used during the Vietnam War. In addition to the three diseases for which the VA was already providing compensation to veterans exposed to Agent Orange (soft tissue sarcoma, non-Hodgkins lymphoma, and chloracne), the NAS report conclusively linked two more diseases to exposure to herbicides (porphyrai cutanea tarda, a metabolic liver disorder, and Hodgkin's disease, a lymphoma cancer. The VA Secretary indicated that VA would add these two diseases to the list of disorders that entitled affected Vietnam veterans to compensation.

On November 16, 1993, the House and Senate Veterans' Affairs Committees held separate hearings at which VA provided testimony on the progress VA had been making with respect to medical care and compensation of Persian Gulf War veterans. Committee members seemed generally pleased that VA was moving forward with efforts to determine the cause and treatment of symptoms that certain Persian Gulf War veterans were experiencing.

On February 1, 1994, the House Committee on Veterans' Affairs held a hearing on VA's activities to help Persian Gulf War veterans suffering from unexplained illnesses. The VA Secretary testified that the Department's goal is to find out what was causing the health problems of these veterans and to provide them with the help they needed. The Secretary and other principal witnesses described activities that VA, DoD, and HHS were pursuing related to clinical, research, and disabilities/compensation issues. Members of the Committee expressed concern about how long the process was taking to find out what was causing the health problems of Persian Gulf War veterans.

On February 8, 1994, the House Committee on Veterans' Affairs held a hearing on radiation experiments conducted by the VA. The VA Secretary discussed the steps VA had taken to determine if inappropriate radiation-related VA research had ever occurred at any VA facilities. The Secretary sought to assure the Committee members that every possible action was being taken by VA, in concert with other concerned Federal Departments and Agencies, to determine the nature, location, and possible effects of radiation-related experimentation.

On June 9, 1994, the HVAC, Subcommittee on Compensation, Pension, and Insurance held a hearing on a bill introduced by Chairman G. V. (Sonny) Montgomery (D-MS), the "Veterans' Persian Gulf War Benefits Act." The bill would, for a three-year period, provide VA disability compensation to Persian Gulf War veterans suffering from disabilities resulting from undiagnosed illnesses possibly incurred during service in the SW Asia theater of operations. The VA Secretary testified in support of the legislation.

Employee Complaints Resolution

On March 30, 1993 the House Committee on Veterans Affairs held a hearing on H.R. 1032, a bill to establish within the VA an office of Employment Discrimination Complaints Resolution to handle all complaints of discrimination, including complaints of sexual harassment. The Secretary testified in opposition to the bill, stating that the problem could best be addressed by administrative changes.

Future of VA Health Care

On May 19, 1993, the Senate Committee on Veterans' Affairs held the fourth in a series of hearings on the present and future roles of the VA health care system. Chairman Rockefeller stated that improving long-term care was an essential part of national health reform.

Health Care

On May 19, 1993, the HVAC, Subcommittee on Oversight and Investigations held a third hearing since 1987, concerning VA's authority to enter into contracts for scarce medical specialty services. The Subcommittee's primary concern, over the past six years, has been how VA manages the contracting and ethical aspects of the sole source contracts with affiliated medical schools.

On June 29, 1993, the HVAC, Subcommittee on Hospitals and Health Care held a hearing on VA care of chronically mentally ill veterans, including the status of VA's use of alternatives to long-term institutional care of these patients. The Subcommittee Chairman expressed concern that VA needed to de-emphasize long-term inpatient care in favor of outpatient care, especially focusing on aiding patients in the transition back into the community. Concern was also expressed that mental health care funding was often funneled to more attractive areas, such as information technology and tertiary care.

On October 27, 1993, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the GAO and IG reports recommending improvements in outpatient care management. The hearing focused on deficiencies in providing outpatient health care to the nation's veterans. The principal witness from GAO summarized the findings from their survey of VA outpatient health care service delivery and stressed that changes could be made relatively easily and inexpensively to improve the system. Witnesses from various Veterans' Service Organizations expressed their frustrations about having to wait for hours in a VA clinic before receiving treatment. They also expressed their concerns about the length of time it takes to schedule "specialty" care service. They were of the unanimous opinion that the inpatient care "mentality" in VA had to be changed and that VA outpatient clinics had to direct their focus on providing customer service. They also urged that reforms be made in eligibility criteria.

On April 20, 1994, the HVAC, Subcommittee on Oversight and Investigations held a hearing on veterans' perceptions of VA health care. The tone of the hearing was generally positive. All VA witnesses acknowledged certain areas where improvement was needed in the VA health care system (i.e., patient access, eligibility, and patient waiting time); however, there was a consensus that health care reform could greatly aid in solving these problems.

All VA witnesses supported the concept of health care reform and VA's efforts in developing implementation plans.

Homeless Veterans' Programs

On February 23, 1994, the Senate Committee on Veterans' Affairs held a hearing on programs and services to assist homeless veterans. The VA Secretary testified that homeless veterans were a top priority at VA, but that the Department had neither the legislative authority nor the resources to solve the problem on its own. The Secretary also discussed the Department's efforts in this area to coordinate with federal, state, and local agencies to address this problem.

National Health Care Reform

On March 31, 1993, the Senate Committee on Veterans' Affairs held an oversight hearing on how national health care reform might affect the use of VA facilities by veterans and the costs of care in VA versus non-VA facilities.

On April 28, 1993, the HVAC, Subcommittee on Hospitals and Health Care held a hearing on the impact of national health care reform on VA health care. The Committee subsequently released a nine point agenda outlining principles that "should govern the development of VA's role under national health care reform."

On July 21, 1993, the HVAC, Subcommittee on Oversight and Investigations, chaired by Rep. Lane Evans (D-IL), held a hearing to examine veterans' access to outpatient facilities. Inconsistencies in access to VA outpatient care were examined within the context of changes that will result from eligibility reform and national health care reform. The Subcommittee members, and respective witnesses, were in general agreement that outpatient eligibility criteria were very difficult to apply to individual circumstances and that eligibility reform was necessary. The general consensus was that VA should provide a continuum of care to a certain segment of the veteran population and a benefits package to other types of veterans.

On October 13, 1993, the Senate Committee on Veterans' Affairs held the first veterans-related hearing dealing with the topic of health care reform since the Administration released its proposal for national health care reform. The Senators present conveyed their strong support for keeping the VA an independent health care system, and lauded the Administration's efforts in creating the national health care reform proposal.

On March 23, 1994, the HVAC, Subcommittee on Hospitals and Health Care held a hearing on VA's plans for implementing the Administration's national health care reform proposal. The Subcommittee Chairman stated that it was the

Subcommittee's responsibility to build on Title VII of H.R. 3600 (veterans-related provisions) and improve it as best they could. He said that regardless of individual views on other elements of the Administration's bill, a national health care reform bill provided the Subcommittee an opportunity to establish meaningful eligibility reform and a stable funding base to support it.

The Acting Deputy Under Secretary for Health testified for VA and outlined measures VA had already taken in order to participate competitively in national health care reform. He highlighted the two key challenges faced by VA as a health plan provider. First, all levels of the organization must focus on customer service and second, VA must be positioned to establish an integrated managed delivery system with a focus on providing care to enrollees in VA health plans in a timely and easily accessible manner.

Members expressed their concerns about VA's ability to remain autonomous under the Administration's proposal and VA's ability to continue to provide core specialized services such as spinal cord injury care, blind rehabilitation, and post-traumatic stress disorder treatment.

On June 29, 1994, the HVAC, Subcommittee on Oversight and Investigations held a hearing to review the barriers and risks for VA health care competitiveness under national health care reform. GAO representatives testified that there were at least 25 significant barriers that could hinder VA's ability to establish competitive health plans. They also stated concerns about the potential risks involved with granting VA exemptions from certain laws, as proposed in the Health Security Act, in order to enable VA to compete as a managed health care provider. VA witnesses countered that the proposed exemptions do not eliminate VA's liability under Federal criminal laws, ethics laws, or any other conflict of interest regulations, especially with regard to the Federal procurement process.

State Health Care Reform

On February 9, 1994, the Senate Committee on Veterans' Affairs held a hearing on the role of VA in State health care reform programs. VA field witnesses from several VA facilities were asked to testify. The Chairman asked each of the field witnesses to address two issues, including: (1) the status of health care reform efforts in their respective States; and (2) the legislative changes they felt were needed in order for their facilities to be competitive participants in any State health care reform pilot project.

Veterans Benefits Administration

On March 24, 1993, the Senate Committee on Veterans' Affairs held a hearing on delays in adjudication of VA disability compensation benefits and the FY 94 disability compensation COLA. Regarding adjudications, VA testified that

it was developing methodology to reduce the time necessary to adjudicate claims. In reference to the COLA, representatives from Veterans' Service Organizations indicated that they would not oppose a cap on the FY 94 COLA, as long as no other groups, such as social security recipients, were excepted from the cap.

On April 21, 1993, the HVAC, Subcommittee on Compensation, Pension, and Insurance held an oversight hearing on improvements needed in the VA's benefit claims adjudication process.

On February 23, 1994, the HVAC, Subcommittee on Compensation, Pension, and Insurance held a hearing focusing on the budgetary needs of the Veterans Benefits Administration, specifically, the Compensation and Pension Service and its adjudication divisions, and the Board of Veterans' Appeals. Committee members questioned if the budget for FY 1995 was adequate to meet the needs of either VBA or BVA, in light of increasing time requirements for processing disability claims and appeals. Witnesses from Veterans' Service Organizations testified that the Administration's budget would result in the reduction of too many FTEE positions involved in the adjudication process and that the result would be longer processing times. They urged that the Independent Budget be seriously considered as a step toward remedying a potential dilemma.

On May 25, 1994, the HVAC, Subcommittee on Education, Training, and Employment held an oversight hearing to evaluate the implementation and effectiveness of the Transition Assistance Program (TAP) and Disabled transition Assistance Program (DTAP) for separating servicemembers and the implementation of the Service Members Occupational Conversion and Training Act (SMOCTA).

Women Veterans' Programs

On June 23, 1993, the HVAC, Subcommittee on Oversight and Investigations held an oversight hearing to examine the adequacy of VA services to women veterans. The Deputy Under Secretary for Health for Administration and Operations served as VA's principal witness. In addition, testimony was provided by Congresswoman Patricia Schroeder (D-CO), Congresswoman Rosa DeLauro (D-CT), and representatives from veterans' service organizations.

On March 9, 1994, the HVAC, Subcommittee on Oversight and Investigations held a hearing to examine VA's progress in delivering services to women veterans. The Subcommittee members heard testimony from women veterans, VA field employees, VA program officials, the GAO, VA's IG, the National Organization of VA Nurses, and Veterans' Service Organizations. Overall, members praised VA for strengthening services to women veterans and

for placing this issue in the spotlight. Members criticized VA's performance in two areas: (1) local VA managers were not held fully accountable for failure to provide appropriate services and accommodations for women veterans; and (2) patient privacy for women veterans at VA facilities needed significant improvement.

104th Congress

Key Issues for the 104th Congress

On February 1, 1995, the Senate Committee on Veterans' Affairs held a meeting to adopt rules and discuss their agenda for the 104th Congress. The Committee adopted the 103rd Congress' Senate Veterans' Affairs Committee rules without amendment. New Committee Chairman, Alan K. Simpson (R-WY), stated that the items most likely to be taken up by the Committee were as follows: resources, health care eligibility, hospital occupancy rates, medical construction, declining veteran population and how it relates to VA operations, presumptive diseases, disability ratings, and claims backlog. Ranking Member, John D. Rockefeller, IV, (D-WV), concurred with these items and added that he would like to see oversight hearings on Gulf War issues, Agent Orange, and ionizing radiation. He further stated that he would like to see the enactment of the State pilot health care reform legislation to enable VA to participate competitively in States that have enacted their own health care reform. He also wanted to craft appropriate legislation to relieve VA from certain liabilities as a result of the Gardner decision by the Supreme Court. Chairman Simpson stated that he would expect VA to provide better service within existing resources and would seek to assist VA in doing so. He stated that he expected a no growth or, at the most, a slow growth budget for VA.

On February 14, 1995, the House Committee on Veterans' Affairs met to approve a plan for their oversight activities for the 104th Congress. Major topics that the Committee expected to review included: (1) major construction prioritization and methodology; (2) VHA management and reorganization; (3) State health care reform impact on VA; (4) VBA claims processing; (5) VBA modernization; and (6) VBA's Vocational Rehabilitation and Counseling Program and its coordination with DoL's Veterans Employment and Training Service.

Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans)

On March 9, 1995, the HVAC, Subcommittee on Hospitals and Health Care held a hearing on research related to the illnesses of Persian Gulf War (PGW) veterans. Dr. Kenneth Kizer, Under Secretary for Health, testified about VA research efforts, planned and underway. Members expressed concern about how long it was taking to find the causes of the unexplained illnesses of the PGW veterans. Dr. Kizer explained that while medical care and compensation were currently being provided, science took time and that he, too, was anxious for answers. Dr. Kizer also discussed new outreach and educational efforts.

On March 11, 1996, the House Government Reform and Oversight Committee, Subcommittee on Human Resources and Intergovernmental Relations, held the first of three hearings on the illnesses of Persian Gulf War veterans. Chairman Christopher Shays (R-CT) stated that these oversight

hearings would examine how ongoing efforts to diagnose, treat and compensate PGW veterans could be "more sharply focused and more imbued with the same sense of urgency with which we committed our troops" to the Persian Gulf War. He said that without this focus and urgency "we risk literally studying the problem to death." The Chairman stated that, after four years of veterans' complaints and VA study, the research plan was still not coherent, treatment protocols were still inconsistent, and disability determinations remained stalled. He further stated that he "was not impressed at all with VA's registry." PG veterans testified about illnesses affecting them and their family members. They urged VA to provide better continuity of care and outreach to PG veterans. Witnesses from the Presidential Advisory Committee on Gulf War Veterans' Illnesses and the Institute of Medicine testified about their findings and recommendations to date. VSO representatives stressed the need for VA to continue its efforts to provide appropriate care for these veterans and to improve compensation to them.

On April 30, 1996, the HVAC Subcommittee on Compensation, Pension, Insurance and Memorial Affairs held a hearing to review VA's efforts to determine the effects of exposure to ionizing radiation, subsequent treatment for exposure, and compensation for resulting disabilities. Representatives from three "atomic" veterans' groups testified that they are displeased with the Defense Nuclear Agency's dose reconstruction (which is the method for determining the amounts of radiation to which a veteran may have been exposed). The groups said that they believed the money spent on dose reconstruction should have been spent on atomic veterans and their survivors. They also testified that they felt the dose reconstruction estimates were inaccurate and should not be used in determining eligibility for VA compensation.

On June 25, 1996, the House Government Reform and Oversight Committee, Subcommittee on Human Resources and Intergovernmental Relations, held the third of three hearings on the illnesses of Persian Gulf War veterans. Chairman Christopher Shays (R-CT) stated that during the two previous hearings, it became clear that information on pre- and post- deployment physicals, exposure risks and troop location data were not being shared effectively by VA and DoD. In particular, he expressed doubts about the adequacy of data on neoplasms occurring in Gulf War veterans. He emphasized that there have been denials: denials by VA doctors that Gulf War veterans' illnesses are physiologically based, denials by VA of service-connection for cancer claims, denials by VA of compensation claims, and blanket denials by the Pentagon that chemical or biological agents were present in the Gulf War.

Eligibility Reform

On March 20, 1996, the Senate Committee on Veterans' Affairs held the first of two hearings on VA health care eligibility reform. Representatives from VA, the GAO and VSOs provided testimony. GAO disagreed with VA's position that VA's eligibility reform proposal was cost-neutral and found CBO's cost estimate

of approximately \$3 billion more accurate. Most VSO representatives were in favor of eligibility reform but stated that VA needed to have more funding streams available such as reimbursement for care of Medicare eligible veterans and third-party co-payments. Chairman Simpson (R-WY) stated that he failed to understand, in this time of limited resources and when so many people are talking about funding problems for Medicare, how veterans could expect to continue to get more funding. He further stated that VA did not manage its resources well. The Chairman was, however, complimentary of the Under Secretary for Health's efforts to open up more access points for veterans and for placing more emphasis on outpatient care. However, he pointed out that these efforts seemed to be inconsistent with the proposed FY 97 construction budget, which included funding for hospitals in Florida and California. Senator Wellstone (D-MN) expressed concern for how VA eligibility reform would actually be funded

On May 8, 1996, the Senate Committee on Veterans' Affairs held a hearing on the different outstanding proposals to reform VA health care eligibility rules. Dr. Kenneth Kizer, Under Secretary for Health testified that VA believed its proposal for eligibility reform was budget neutral, in spite of CBO's cost estimate to the contrary. He noted that savings would be generated through the increased use of outpatient care and moving the VA system towards managed care. Dr. Kizer also stated that the managed care environment encouraged development of access points as a method of focusing on primary and preventive care, rather than more costly forms of inpatient care.

Future of VA Health Care

On June 26, 1996, the HVAC, Subcommittee on Hospitals and Healthcare held the first in a series of two hearings on the future of VA health care. Dr. Kizer, Under Secretary for Health, testified that there were a number of key objectives, the most important of which was better health care value which encompasses five factors: cost, accessibility, quality, functional status of patients, and customer service.

Government Performance and Results Act and the National Performance Review

On June 27, 1995, the House Government Reform and Oversight Committee, Subcommittee on Government Management, held a hearing on implementation of the Government Performance Results Act and the National Performance Review. The New York, New York, VA Regional Office adjudication pilot program was featured.

Government Shutdown: What's Essential?

On December 6, 1995, the House Government Reform and Oversight Committee, Subcommittee on Civil Service held an oversight hearing entitled:

"The Government Shutdown: What's Essential?" The Assistant Secretary for Human Resources and Administration served as the principal witness for VA. *VA Efforts to Improve Efficiency/Reorganization*

On March 13, 1995, the House Committee on Governmental Reform and Oversight, Subcommittee on Human Resources and Intergovernmental Relations held a hearing on VA's vision for a more efficient Department. VA Secretary Jesse Brown was the lead witness. The Secretary advised Subcommittee Chairman, Chris Shays (R-CN), and other Members in attendance of VA's successes in reinventing the Department and in streamlining it. He also spoke of ongoing and future Department initiatives in this area.

On April 6, 1995, the HVAC, Subcommittee on Hospitals and Health Care, held a hearing on the Veterans Health Administration (VHA) reorganization proposal. Dr. Kizer, Under Secretary for Health, was the principal witness. Dr. Kizer explained the need for VHA to change, citing technological advances, economic factors, the rise of managed health care systems, and a variety of other factors as having a profound impact in recent years in how health care was delivered in this country. He also noted the marked shift away from inpatient care to outpatient care and emphasized the need for VA to become more flexible, customer-oriented, decentralized, and cost-effective. Dr. Kizer then outlined in detail the Veterans Integrated Service Networks (VISNs) restructuring concept.

On May 11, 1995, the Senate Committee on Veterans' Affairs held a hearing on the proposed VHA reorganization and the possibility of repealing or amending Section 510 (b) of Title 38. Dr. Kenneth Kizer, Under Secretary for Health, served as the principal witness for VA. Chairman Alan Simpson (R-WY) commended Dr. Kizer for his leadership and his proposal to reorganize the VHA into Veterans Integrated Service Networks (VISNs). In general, there was considerable support for the proposed VISN reorganization. Dr. Kizer explained that the VISN boundaries were established in accordance with existing patient referral patterns; aggregations of patients and facilities needed to support primary, secondary, and tertiary care; and, to a lesser extent, political jurisdictional boundaries. The Minority Staff Director, on behalf of Senator Rockefeller (D-WV), raised concerns about West Virginia being divided into four separate VISNs and potential budget allocation implications for facilities in West Virginia.

Another issue raised included the level of authority the VISN directors would be provided particularly in the context of whether or not they would have the authority to close a facility. Dr. Kizer responded that there could possibly be some mission changes among facilities but that all stakeholders would be involved in any such decision. In addition, there was discussion about how the VISN directors would be held accountable for their performance and whether there would be measurable performance indicators. Dr. Kizer explained that performance contracts would be established between each VISN director and the

Under Secretary for Health. These contracts would be based on measurable performance indicators such as timeliness of service, quality of care, customer satisfaction, and cost of care.

On March 8, 1996, the Senate Appropriations Subcommittee on VA, HUD, and Independent Agencies held a hearing to get an assessment of the recent reorganization of VHA and other initiatives designed to move VHA towards a modern, cost-effective and high quality health care delivery system. Chairman Christopher (Kit) Bond (R-MO) generally expressed enthusiasm for recent changes undertaken in VHA. Dr. Kenneth Kizer, Under Secretary for Health, served as the principal witness for VA and discussed recent accomplishments, areas of current concern, and ways that Congress could be helpful in the future.

On April 24, 1996, the HVAC, Subcommittee on Hospitals and Health Care held a hearing on VA Community Primary Care Clinics. Dr. Kenneth Kizer, Under Secretary for Health, presented testimony in support of VA's efforts to establish primary care access points to veterans in areas remote from VA medical centers and already established clinics. Dr. Kizer discussed the challenges of transitioning the VA health care system from a large primarily inpatient system to a system that was in line with current medical practices. In response to GAO's criticism that VA had not developed clear and consistent criteria for establishing access points, Dr. Kizer said that VA was in the process of obtaining an experiential base in order to be able to do that.

VA/DoD Sharing

On October 18, 1995, the HVAC, Subcommittee on Hospitals and Health Care, held a hearing on VA/DoD sharing. The Director, Health Care Delivery and Quality Issues, General Accounting Office, provided a history of VA/DoD sharing and discussed actions taken by Congress and the two departments to further expand the program. He discussed the benefits of sharing, as well as opportunities to more fully utilize certain medical resources. Dr. Kenneth Kizer, Under Secretary for Health, stated that he was highly supportive of the principles behind sharing and joint ventures. A representative for DoD also testified that DoD supported the sharing concept and was firmly committed to working out problems with joint ventures. VHA field directors discussed joint ventures, participation in TRICARE, and the treatment of CHAMPUS eligible patients. Veterans Service Organization representatives also testified in support of VA/DoD sharing.

VA Security/Law Enforcement

On September 27, 1995, the HVAC, Subcommittee on Hospitals and Health Care, held a hearing to discuss VA's policies pertaining to illegal activities on the grounds of VA facilities. The following individuals testified for VA: Deputy Assistant Secretary for Security and Law Enforcement, Director, VA Medical

Center, Brooklyn, NY, and the Inspector General. There was a particular focus on the Brooklyn VAMC due to an undercover investigation and arrest of several VA employees and patients for illegal drug activities. The VAMC Director discussed drug problems at the facility and subsequent establishment of the Specialized Investigations Regional Task Force to address the problem. In concluding the hearing, several members emphasized to the Inspector General the importance of making drug investigations a number one priority. They suggested that public perception that illegal drug activities were a VA system-wide problem could seriously undermine the credibility of VA as a responsible health care provider.

VA's Vocational Rehabilitation Program

On May 3, 1995, the HVAC, Subcommittee on Education, Training, Employment and Housing, held an oversight hearing on the cooperation between the VA's Vocational Rehabilitation and Counseling Service and the Department of Labor's Veterans Employment Training Service (VETS). Representatives from several Veterans' Service Organizations provided testimony indicating their desire for a greater cooperative effort between VA and Labor programs, with service to severely and catastrophically disabled veterans receiving priority. They also testified that timeliness of service to veterans was a weakness in the program and recommended that additional FTE and funds could serve as remedies to this problem.

Mr. R. John Vogel, Under Secretary for Benefits, presented VA's testimony and noted that Labor and VA were drafting a Memorandum of Understanding in order to better focus VA's programs to "work better and smarter" for our veterans. The Subcommittee Chairman, Rep. Buyer (R-IN), indicated that legislation moving the VETS program from the Department of Labor to VA could be a possibility.

VBA Computer Modernization

On June 22, 1995, the HVAC, Subcommittee on Compensation, Pension, Insurance, and Memorial Affairs held a hearing on the Veterans Benefits Administration's computer modernization program. The Deputy Under Secretary for Benefits was the principal witness for VA.

On June 19, 1996 the HVAC, Subcommittee on Compensation, Pension, Insurance and Memorial Affairs held a hearing on VBA's computer modernization. Chairman Everett (R-AL) praised the dedicated front line employees of the VA but asserted that the employees' efforts could not make up for weak management practices and noted the VBA's modernization effort had continued through three Administration and five Congresses.

105th Congress

Key Issues for the 105th Congress

Resource Allocation Within the Veterans Health Administration – Beginning on April 1, 1997, VA would initiate a new national methodology for allocating resources to VA hospital networks. The new methodology was known as the Veterans Equitable Resource Allocation (VERA).

Gulf War Veterans: Undiagnosed Illnesses – Undiagnosed illnesses among Gulf War veterans would be a topic of consideration by the House and Senate Committees on Veterans' Affairs, as well as the House Committee on Government Reform and Oversight, Subcommittee on Human Resources and Intergovernmental Affairs.

Veterans Health Care Eligibility Reform Act of 1996 – On October 9, 1996, the President signed the Veterans' Health Care Eligibility Reform Act into law. This legislation represented a major shift in the way VHA would do business. Interest in changes to take place on the national and at the local level at VA medical centers was prevalent among Members.

Medicare Subvention – The Secretary of Veterans Affairs and the Secretary of Health and Human Services would be required to implement a pilot project for Medicare to reimburse VA for health care VA provides to certain Medicare-eligible veterans.

Veterans Benefits Issues – Issues of concern included: (1) VBA modernization; and (2) VBA restructuring, i.e., the reengineering of the existing compensation and pension claims process to reduce the claims backlog.

Agent Orange, Gulf War Veterans, Ionizing Radiation (Atomic Veterans)

On January 9, 1997, the Senate Committee on Veterans' Affairs held hearing on the illnesses of Persian Gulf veterans. Chairman Specter (R-PA) indicated that this hearing was the first in a series of hearings planned both in Washington and in the field on the issue of Persian Gulf veterans. He stated two major issues: (1) whether PG veterans were being treated and compensated appropriately; and (2) what actions were being taken by DoD and other federal agencies regarding exposures to chemical warfare agents. The VA Secretary served as the principal witness and testified that he, with the President's approval, would be reviewing the need to extend the two-year presumptive period for compensation for undiagnosed illnesses and reporting back to the President within 60 days. Chairman Specter and Ranking Member John D. Rockefeller IV, strongly urged the Secretary to extend the presumptive period right away, instead of taking 60 days to review the issues.

On January 21, 1997, the House Government Reform and Oversight Committee, Subcommittee on Human Resources and Intergovernmental Relations, held its seventh hearing on the illnesses of Persian Gulf War veterans. Chairman Christopher Shays (R-CT) was critical of VA, noting that Gulf War veterans had "consistently told the Subcommittee their evidence of toxic exposures was being minimized or ignored. The Chairman noted that VA's testimony indicated that those closest to the chemical detonations at Khamisiyah appeared to be sicker than other veterans who received VA registry exams. He also criticized VA for not including in its registry exam protocol before 1995 questions related to chemical agent exposure. Rep. Bernard Sanders (I-VT) stressed the need for VA to pursue the alternative treatment methodologies espoused by environmental physicians.

VA's principal witnesses, the Under Secretary for Health, responded to these criticisms by stating that while PGW veterans are suffering from real illnesses, there was no evidence of a unique disease or syndrome. He also stated that VA was keeping an open mind with regards to alternative treatments.

On January 29, 1997, the Senate Committee on Veterans' Affairs held a hearing on the illnesses of Gulf War veterans. Chairman Specter noted that there were many questions that had still not been answered to his satisfaction. These included: What caused the veterans' unexplained illnesses? What had been DoD's efforts to uncover the potential causes of Gulf War veterans illnesses? Had DoD made public all information that it had concerning possible exposures to chemical or biological weapons or other potential causes of the illnesses of Gulf War veterans? Had DoD genuinely looked for such information even if it might challenge their prior theories on exposures and potential causes of the illnesses?

General Schwarzkopf served as a principal witness and testified about the military measures taken to eliminate Iraq's chemical and biological threat as well as to protect servicemembers from that threat. In response to questioning, he agreed that VA should err on the side of the veteran with respect to the provision of treatment and compensation. He said that he was not aware that pyridostigmine bromide pills given as a nerve agent pre-treatment were not licensed by the FDA. The General testified that something was making Gulf War veterans sick but he didn't think that it was just exposure to chemical warfare agents because there were many different exposures servicemembers experienced during the Persian Gulf War that could have contributed to their illnesses.

On February 11, 1997, the House Committee on Veterans' Affairs held its 11th hearing on issues related to Persian Gulf War veterans. The Deputy Under Secretary for Health testified about VA's efforts to improve and expand services for Gulf War veterans through medical care, research, compensation, education, and outreach. VA's efforts were generally deemed insufficient by the

representatives from the Veterans' Service Organizations (VSOs) who provided testimony.

On February 27, 1997, the Senate Armed Services Committee held a hearing on issues related to Persian Gulf War veterans. General Norman Schwarzkopf and officials from DoD and the Presidential Advisory Committee on Gulf War Veterans' Illnesses testified. The DoD Deputy Secretary testified about the case narrative report on the demolitions at Khamisiyah. He stated that DoD had identified at least two instances in which the possibility of chemical weapons at Khamisiyah was considered in 1991. The Deputy Secretary indicated that he expected more revelations and discoveries as DoD's investigations of tens of thousands of documents proceeded.

On April 24, 1997, the House Government Reform and Oversight Committee, Subcommittee on Human Resources held its eighth hearing on the illnesses of Persian Gulf War veterans, focusing on incomplete medical records and missing chemical logs. Chairman Christopher Shays (R-CT) indicated that Gulf War Veterans' military medical records that would document use of anti-nerve agent tablets and toxic exposures were missing. He said that extending the presumptive period for undiagnosed illnesses, while a necessary and constructive step, was not enough because too often the presumptive diagnosis is stress, the disability compensation rating low, and treatment biased in favor of psychiatry over neurobiology. Chairman Shays stated that DoD and VA treatment programs for Gulf War veterans had been found wanting and that clinicians needed further training in treating those exposed to chemical agents. Other members expressed their belief that there had been a poor response to Persian Gulf War veterans' concerns by DoD and VA.

DoD and CIA officials testified about military and intelligence efforts to evaluate possible chemical warfare agent exposures at Khamisiyah, communicate risks and outreach to veterans, and investigate missing logs.

On June 19, 1997, the HVAC, Subcommittee on Health held a hearing on Persian Gulf War veterans' clinical and treatment issues, as well as research on health outcomes. The VA Under Secretary for Health testified on behalf of the Department. Chairman Stearns (R-FL) indicated that the purpose of the hearing was to focus on how VA cared for the thousands of Gulf War veterans with undiagnosed or ill-defined conditions. He questioned whether VA had a comprehensive and well-designed health care program for these veterans. The VA Under Secretary for Health's testimony outlined VA's overall response to Gulf War veterans' health care needs, describing specific elements of VA's approach to the diagnosis, treatment, and research of the illnesses of these veterans.

On June 24, 1997, the House Government Reform and Oversight Committee, Subcommittee on Human Resources held its ninth hearing on the illnesses of Gulf War veterans, specifically to address the GAO report, "Gulf War

Illnesses: Improved Monitoring of Clinical Progress and Reexamination of Research Emphasis Needed." GAO found that: (1) neither DoD nor VA had systematically attempted to determine whether ill Gulf War veterans were any better or worse today than they were when first examined; (2) the majority of research was focused on epidemiological studies and without accurate exposure information, such research may result in little return; and (3) support for some government conclusions regarding stress, leishmaniasis, and exposure to chemical agents was weak or subject to alternative interpretations. Chairman Shays (R-CT) stated that Gulf War veterans had found federal research unfocused, diagnoses skewed toward stress, and treatments inconsistent and ineffective. He praised GAO's work as being the first to subject the government's efforts related to Gulf War veterans to peer review.

On February 5, 1998, the House Committee on Veterans' Affairs held its 15th hearing on issues related to Gulf War veterans. The Under Secretary for Health was the principal witness and testified about VA's response to the illnesses of Gulf War veterans. He said there is no medical model for treating Gulf War veterans and that trying to determine cause and effect with respect to their illnesses was difficult. He stated that, while Gulf War veterans suffer from a diverse array of conditions, most have been diagnosed and successfully treated. The Under Secretary discussed clinical demonstration projects, case management, the development of guidelines for compensation and pension exams, clinical education programs, and the need to continue the government's wide-ranging research program.

On February 24, 1998, the House Government Reform and Oversight Committee, Subcommittee on Human Resources held a hearing on research related to Gulf War veterans. Chairman Christopher Shays (R-CT) stated that the federal research effort was "blind to scientifically important, but politically inconvenient, hypotheses about neurotoxic exposures." He noted that the Committee's report recommended "shifting control of the research agenda to an agency free of the institutional biases and doctrinal restraints that hobble the joint VA and DoD program."

VA's Chief Research and Development Officer discussed his role as chairman of the Research Working Group of the Persian Gulf Veterans Coordinating Board and discussed ongoing government research projects focusing primarily on those funded by VA and DoD. GAO witnesses testified that the government: (1) was not proactive in researching GW veterans' illnesses; (2) in its early research emphasized stress as a cause of the illnesses and gave other hypotheses little attention; (3) didn't pursue research on the health effects of low level chemical agents; (4) didn't adequately pursue research on treatment; and (5) would not get conclusive answers from most of the ongoing epidemiological research.

On March 5, 1998, the House Government Reform and Oversight Subcommittee on Human Resources held a hearing on "the federal response to the human health threats posed by the Hepatitis C Virus (HCV). VA's Chief Patient Care Services Officer was VA's principal witness.

On March 17, 1998, the Senate Committee on Veterans' Affairs held a hearing on the shortcomings in medical readiness and chemical and biological warfare (CBW) preparedness during the Gulf War, lesson learned, and DoD strategies for future deployments. Chairman Specter (R-PA) said that there were egregious problems that occurred during the Gulf War that should not be repeated in future deployments. The GAO witness testified that there were shortages in individual protective equipment, inadequate CBW agent detection devices, inadequate command emphasis on CBW capabilities, and deficiencies in medical training and quantities of supplies. Senator Rockefeller (D-WV), Ranking Member, said that DoD is now "acknowledging for the first time that an experimental drug should not have been used against the nerve agent sarin" and that the "troops were given a drug to protect against a nerve agent DoD knew the enemy did not have."

On April 21, 1998, the Senate Committee on Veterans' Affairs held a hearing on radiation issues including S. 1385, a bill to expand the list of presumptive conditions with respect to radiation exposure, and S. 1822, a VA-initiated bill to authorize health care for veterans who received nasopharyngeal (NP) radium irradiation in service. Discussion also touched on the role of dose reconstruction in the claims process and the adequacy of current laws governing eligibility for disability compensation due to radiation exposure. Senator Wellstone (D-MN) expressed strong concern about VA's opposition to S. 1385, the low grant rate under the current law, and the lack of evidence available to assist atomic veterans in proving their claims. He stated that atomic veterans are treated unfairly in comparison with the compensation available for Gulf War veterans and veterans exposed to Agent Orange. The Under Secretary for Health testified that VA should treat veterans who received NP radium treatments because there was a direct link between their service and the need for treatment. He also said that VHA was trying to find veterans who received NP radium treatments, but that the process was very laborious.

On July 16, 1998, the HVAC, Subcommittee on Benefits held a hearing on the standards for adjudicating claims presented by Gulf War veterans and veterans suffering from hepatitis C and cerebral malaria. Chairman Quinn (R-NY) questioned whether the decentralization of Gulf War veterans' claims was working. He also expressed concern that current laws may prohibit a veteran with hepatitis C who received tainted blood from a transfusion while in service from getting appropriate compensation.

Rep. Filner (D-CA), Ranking Democratic Member, criticized VA's compensation program saying that VA "awards compensation claims when it must, denies when

it can." He criticized VA's late submission of testimony and supporting data related to Gulf War veterans. He characterized the data as "worthless" and noted that it appeared that VA was trying to hide something or make the issue seem less important. VA witnesses discussed compensation programs, health care, and research related to veterans with hepatitis C, malaria and those who served in the Gulf War.

Filipino Veterans

On July 22, 1998, the House Committee on Veterans' Affairs held a hearing on H.R. 836, a bill "to amend title 38, United States Code, to deem certain service in the organized military forces of the Government of the Commonwealth of the Philippines and the Philippine Scouts to have been active service for purposes of benefits under programs administered by the Secretary of Veterans Affairs."

Government Performance and Results Act

On May 14, 1997, the HVAC, Subcommittee on Benefits held an oversight hearing on: (1) operations of the Compensation and Pension Service using Government Performance and Results Act (GPRA) principles; (2) the processing of Persian Gulf War veterans' claims; and (3) VA's proposed legislation to limit the liability for compensating and treating veterans with smoking-related diseases. Rep. Filner (D-CA) stated that he felt that the President and the Secretary of Veterans Affairs should both be involved in the satellite training of VA Regional Office employees who were going to be handling Persian Gulf War veterans' claims to show the level of importance and seriousness of the issues. He further stated that it should be made clear that no casual attitudes or airs would be tolerated in the processing of these claims.

On June 5, 1997, the HVAC, Subcommittee on Benefits held a hearing on VA's use of Government Performance Results Act (GPRA) principles in relation to VA education and vocational rehabilitation programs. The Director, Education Service, VBA, testified for VA. Subcommittee Members addressed three general issues: (1) the need to determine if programs are improving the lives of veterans and maximizing available resources; (2) improving links between Federal and State agencies with shared mission goals and objectives; and (3) concern that VA is focusing on data collection as the goal of GPRA compliance rather than a means to improve the provision of benefits and services to veterans.

On March 26, 1998, the HVAC, Subcommittee on Benefits held a hearing on the Government Performance and Results Act (GPRA) principles for the five business lines at VBA: compensation and pension, education, vocational rehabilitation, insurance, and loan guaranty. GPRA requires each executive agency to devise a strategic plan containing goals and objectives that are to be results oriented, with specific performance measures.

Information Technology, Y2K

On February 24, 1997, the House Government Reform and Oversight Committee, Subcommittee on Government Management, Information and Technology held a hearing entitled, "Will Federal Government Computers be Ready for the Year 2000?" The Assistant Secretary for Finance and Information Resources Management testified for VA and expressed confidence that "VA information systems will be well prepared for the coming millennium." He detailed the steps that VA was taking to accomplish this goal.

On June 18, 1997, the House Government Reform and Oversight Committee, Subcommittee on Government Management, Information, and Technology held a hearing examining implementation of the electronic funds transfer provisions of the Debt Collection Improvement Act. The Assistant Secretary for Management testified on behalf of VA.

On September 23, 1998, the Senate Committee on Governmental Affairs held a hearing on computer security government-wide, with an emphasis on VA and the Social Security Administration. The Acting Assistant Secretary for Information and Technology served as the principal VA witness. Chairman Thompson (R-TN) expressed concern with the state of computer security throughout the government. He noted that, during a recent review, GAO was able to gain unauthorized access to VA's information systems. The VA witness acknowledged the discrepancies noted by GAO and described the corrective actions that VA had implemented to address them. He assured the Chairman that VA would see to it that the corrective actions would achieve the intended results.

On September 24, 1998, the HVAC, Subcommittee on Oversight and Investigations held a hearing on Y2K issues as they related to biomedical equipment. Members of the Subcommittee acknowledged that, while much was yet to be done, VHA had been a leader in the efforts to ensure Y2K compliance. Chairman Terry Everett (R-AL) criticized the Food and Drug Administration for being slow to address the problem and for not seeking a legislative remedy that would require manufacturers of medical devices to provide full public information of the compliance status of their products.

National Cemetery System

On January 28, 1998, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the granting of waivers to the eligibility regulations for burial at Arlington National Cemetery. There was no specific mention of VA's National Cemetery System or how VA handles waivers for burials at VA cemeteries. Members expressed concern that the Army had not fully disclosed all information relating to waivers granted for burial at Arlington National Cemetery. Acting Secretary West noted that he had signed a memo

prior to leaving his post as Secretary of the Army that would improve the process of providing information to Congress and the public on waivers granted for burial at Arlington. He said it was his understanding this memo was being implemented by the Army. Mr. West said that it needs to be determined if Arlington National Cemetery is a military cemetery only for heroes who were members of the Armed Services or a cemetery where we also honor civilian heroes.

On April 29, 1998, the HVAC, Subcommittee on Benefits held an oversight hearing on National Cemetery System (NCS) operations. Chairman Quinn (R-NY) praised the NCS for doing a good job with limited resources; however, he stressed the importance of providing appropriate burial options for veterans through the combination of Arlington National Cemetery, VA's National Cemetery System, and the network of State Veterans' cemeteries, as anticipated interment demands would likely peak between the years 2008-2013. A witness from GAO also testified that NCS' Strategic Plan did not demonstrate how VA would meet veterans' burial needs beyond 2003. Rep. Filner (D-CA), Ranking Democratic Member, supported GAO's contention that NCS' Strategic Plan was inadequate.

Native American Veterans

On May 21, 1997, the Senate Committee on Indian Affairs held a hearing on VA programs designed to assist Native American veterans. The Secretary testified for VA. In addition, six witnesses representing various Native American tribal entities provided testimony.

The VA Secretary testified that VA had established the Center for Minority Veterans which monitors VA policies and promotes minority veterans use of VA benefits and services. He then discussed the VA Native American Veterans' Direct Home Loan Program under which VA makes direct home loans to Native American veterans living on trust lands. The Secretary also testified that VA was working hard at making health care available to Native American veterans and that VA had increased significantly the number of access points where veterans could receive health care services. He cited two VA Medical Centers, Prescott and Phoenix, as having Native American Traditional Counselors under fee-basis appointment. However, he agreed that more needed to be done to respond to the extraordinary incidence of PTSD among Native American veterans.

Sexual Harassment/Sexual Trauma Counseling

On April 17, 1997, the HVAC, Subcommittee on Oversight and Investigations held a hearing on sexual harassment in the VA. The impetus for this hearing was a well-publicized case in the media about a former director at the Fayetteville, NC VA Medical Center who was then employed at the St. Petersburg, FL VA Medical Center. Testimony was provided by complainants in the Fayetteville case, the Equal Employment Opportunity Commission, VA's Inspector General, several professional organizations, and a panel of VA

witnesses. Most Members present strongly criticized VA's handling of the Fayetteville cares. Chairman Everett (R-AL) announced at the close of the hearing that he intended to hold follow-up hearings on sexual harassment.

On May 15, 1997, the Senate Committee on Veterans' Affairs held a hearing on sexual harassment in the VA. The VA Deputy Secretary served as the principal witness.

On July 17, 1997, the HVAC, Subcommittee on Oversight and Investigations held a hearing to review the Department's further investigation into the Fayetteville, NC, VA Medical Center and the steps taken to address sexual harassment issues. The Acting Secretary served as the principal VA witness. The witness provided an update on the progress achieved at the Fayetteville VA Medical Center; findings that came out of VA's review of its internal EEO program; VA's views on H.R. 1703, a bill that would change significantly the EEO system in VA; and the results of a sexual harassment survey of VA employees. The Subcommittee Members were pleased with VA's progress regarding the Fayetteville VAMC and review of possible additional allegations against the former Medical Center Director

On April 23, 1998, the HVAC, Subcommittee on Health held a hearing on: (1) VA's sexual trauma counseling program; and (2) on a Subcommittee bill to expand authority for special eligibility for health care currently provided to Gulf War veterans to all combat veterans and to establish a national center for the study of war-related illnesses.

Tobacco-Related Illnesses

On March 31, 1998, the Senate Committee on Veterans' Affairs held a hearing on tobacco-related illnesses and VA compensation. The Acting Secretary served as VA's principal witness. Two former VA General Counsels and representatives of VSOs testified as well. With the exception of Senator Larry Craig (R-ID), the SVAC Members present challenged the Administration's position that veterans with illnesses resulting from tobacco use should not be entitled to compensation. VSO representatives adamantly disagreed with the Administration's legislative proposal as well. VA witnesses testified that compensation veterans for illnesses resulting from their tobacco use during military service was not the government's responsibility, and doing so would compromise the integrity of VA's compensation program.

VA Security/Law Enforcement

On May 22, 1997, the HVAC, Subcommittee on Oversight and Investigations held a hearing to review safety and security issues in VA. The programs reviewed were security and law enforcement, pharmacy controls on controlled substances, and VA's fire departments. The primary focus of the hearing was

the pilot program to arm VA police officers and the type and location of the training VA officers would receive. Chairman Terry Everett (R-AL) indicated that he hoped VA would proceed cautiously with the plan to arm VA police officers. The Chairman requested some reports from VA on this issue and indicated that the Subcommittee would review the method by which VA officers were trained.

Veterans Benefits Administration

On July 16, 1997, the HVAC Subcommittee on Benefits held a hearing on legislation related to education benefits and reemployment rights. The Director, VA Education Service, served as the principal witness. Committee Members expressed concern about problems in three general areas, including: (1) Montgomery GI Bill benefits have not kept pace with inflation and do not adequately meet the needs of veterans pursuing a traditional baccalaureate education at a four-year college; (2) out of a \$35 billion Administration education budget, \$200 million for an MGIB benefits increase of 10% over five years was not included, and VA was not aggressively pursuing a larger share of the available Administration budget for veterans' education; and (3) the needs of veterans were not being adequately identified or addressed by the Department of Labor' Veterans' Employment and Training Administration.

On February 4, 1998, the HVAC, Subcommittee on Benefits held a hearing on VA vocational rehabilitation programs. Representatives from the Veterans Advisory Committee on Rehabilitation (VACOR) noted that leaving the program without leadership for over nine months was not helpful to the field. VSO representatives were concerned that VBA was not implementing the new performance standards for the Vocational Rehabilitation Counselors. The VSOs called for more resources for the VR&C program, citing the high caseload per counselor ratio.

Veterans Health Administration

On March 18, 1997, the House Government and Reform Committee, Subcommittee on Human Resources and Intergovernmental Relations held a hearing on management issues facing the VA. The Deputy Inspector General testified on VA's efforts to improve the economy and efficiency of its health care operation, to improve the timeliness and accuracy of claims processing, and to establish and enhance management accountability within the Department

On October 8, 1997, the HVAC, Subcommittee on Health held a hearing to review the Veterans Health Administration's risk management policy. The Under Secretary for Health testified for VA. Chairman Stearns (R-FL) asked the Under Secretary for assurance that the VA's new risk management policy would be adhered to, unlike his perception that previous risk management policies had not been. The Under Secretary responded that VA has implemented an effective quality care framework, including a new risk management policy. He

acknowledged that while VA has done a good job analyzing hospital-specific problems, it needs to communicate lessons learned more effectively nationwide. Chairman Stearns also expressed concern that the perceived lack of quality care resulting in the death of three patients (one each at VA Medical Centers Miami, Boston, and Muskogee) could be representative of a system-wide problem. There was extensive press coverage of this hearing.

On October 23, 1997, the HVAC, Subcommittee on Oversight and Investigations held a hearing on alleged mismanagement issues which were the subject of Office of Inspector General reports pertaining to VA Medical Centers in Charleston, SC and Pittsburgh, PA. The Deputy Inspector General discussed the role of the OIG and their procedures for following-up allegations of wrongdoing, as well as specific issues in their two reports. The Chief Network Officer also provided testimony and discussed VHA's new organizational structure and how it would improve oversight of operations. He noted the clear set of performance measures and appraisal systems in place to improve operations. Chairman Terry Everett (R-AL) stated that VA has to move to correct a culture that tolerates mismanagement and must come to grips with problems related to harassment, favoritism, and reprisals against employees. The Chairman further stated that he was convinced that VA wasted millions of dollars each year because of mismanagement.

On March 19, 1998, the HVAC, Subcommittee on Health held a hearing to discuss the effectiveness of quality management at the Veterans Health Administration (VHA). A number of VA officials testified on behalf of the Department. Chairman Stearns (R-FL) opened the hearing noting the critical importance of quality management in the VA health care system. Other Members concurred but raised some concerns about the VA health care system being driven by financial concerns at the expense of providing health care quality. Concern was also expressed that decentralization may have an impact on quality management.

The Deputy Under Secretary for Health testified that patient outcomes are health care quality's bottom line and that there is significant data demonstrating marked improvement in the quality of VA health care in a number of areas during a period of unprecedented change. He also discussed VHA's new Quality Management Integration Council (QMIC) and noted that to further promote the integration of quality activities, the Office of Performance and Quality was going to report directly to the Under Secretary for Health.

On May 14, 1998, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the GAO review of the VA's Inspector General investigation of the alleged cover-up of deaths in 1992 at the Harry S. Truman VA Medical Center, Columbia, Missouri. The hearing also examined VA's management

response and corrective actions in developing a quality assurance/risk management reporting system to monitor adverse events.

On June 17, 1998, the HVAC, Subcommittee on Health held a hearing to discuss the changes underway in the VA health care system and the future direction of the system. The Under Secretary for Health served as the principal witness for VA. He emphasized that VA health care was in rapid evolution, as was American health care in the private sector. He further discussed VA's efforts to fundamentally re-invent itself, including: (1) reengineering VHA's operational structure; (2) diversifying its funding base; (3) streamlining processes; (4) implementing "best practices"; (5) improving information management; (6) reforming eligibility rules; (7) expanding contracting authority; and (8) changing the culture of VA health care.

Testimony provided by a representative of the Office of the Medical Inspector focused on an OMI report that concluded that VHA had many reasonable quality management policies designed to ensure good quality care. However, these policies ensured effective, high-quality care at minimal risk only if the clinicians consistently implemented them. Consistent implementation of VA's quality management policies was a problem, as was data validation.

On September 22, 1998, the Senate Committee on Veterans' Affairs held a hearing to address the issue of quality of care within the Veterans Health Administration. The Under Secretary for Health served as the principal witness for VA. Senator Hutchinson (R-AR) raised the issue of the perception that there are too many VA hospitals and asked the Under Secretary if he felt that some VA hospitals should be closed. The Under Secretary referenced the closing of several inpatient units at four of VA's facilities but indicated that VA has still arranged for care to be provided in these areas. He emphasized that his focus is on providing care to veterans and not on "bean counting" the number of VA hospitals

Senator Rockefeller (D-WV), Ranking Member, noted that his staff's report on quality issues highlighted that VA does not have systems in place to support quality. He emphasized that there is a difference between having systems in place to support quality compared with providing quality care. He further noted that the majority of facilities his staff surveyed were unable to demonstrate whether or not quality of care had improved significantly under the Under Secretary's tenure.

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Agent Orange, Gulf War Veterans

On April 22, 1999, the House Government Reform Committee, Subcommittee on National Security, Veterans Affairs, and International Relations, held a hearing on implementation of P.L. 105-277, the "Persian Gulf War Veterans Act of 1998." There was considerable discussion about the time-frames in P.L. 105-277, as they pertain to the NAS studies and whether contract modifications are warranted. The NAS representative stated that NAS was doing the work as quickly as possible while maintaining necessary scientific standards.

On October 26, 1999, the HVAC Subcommittee on Benefits held a hearing on the adjudication of claims of Gulf War veterans. VA testimony focused on re-adjudicated Gulf War veterans' claims, quality assurance efforts, and VA's research efforts.

On November 16, 1999, the HVAC, Subcommittee on Health and the Subcommittee on Oversight and Investigations held a joint hearing on the possible health effects of the drug pyridostigmine bromide (PB) as it relates to Gulf War veterans. Chairman Terry Everett (R-AL) stated that veterans have lost confidence in the government's ability to find answers to the health problems of GW veterans. He stated that after eight years there were still no real answers and urged that the "right" research be appropriately funded.

On February 2, 2000, the Subcommittee on National Security, Veterans Affairs and International Relations held an oversight hearing on research programs pertaining to Gulf War veterans. The hearing focused on findings, recommendations, and responses to the GAO's report on "Gulf War Illnesses: Management Actions Needed to Answer Basic Research Questions."

On March 15, 2000, the Subcommittee on National Security, Veterans Affairs, and International Relations held an oversight hearing on the status of the Ranch Hand Agent Orange study. Chairman Chris Shays (R-CT) stated that the government is obligated to veterans to search for long latent illnesses associated with exposure to herbicides in Vietnam. Rep. Sanders (I-VT) stated that dioxin is one of the most toxic chemicals but that the government, including VA, had been less than candid about its effects. He said that many veterans believe that health problems associated with Agent Orange exposure are more widespread than the government acknowledges.

On September 27, 2000, the House Government Reform Subcommittee on National Security, Veterans' Affairs, and International Relations held an oversight hearing on the first literature review of scientific studies related to Gulf War veterans conducted by the Institute of Medicine (IOM). Chairman Shays (R-CT) stated that the significance of the IOM's report is that they found "virtually no

evidence that would rebut a presumption of a causal association" between the exposures they studied – sarin, pyridostigmine bromid, depleted uranium, and vaccines against anthrax and botulinum toxin – and many of the maladies suffered by Gulf War veterans. Rep. Sanders (I-VT) stated that the federal government has "failed miserably" in taking care of Gulf War veterans.

Bioterrorism

On March 16, 1999, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies and the SVAC held a joint hearing on bioterrorism. Issues emphasized included the need: (1) for well-trained health professionals who can recognize and treat exposure to biological warfare agents; (2) to recognize that different agents require different remedies; (3) to correct the problems of shortages of vaccines; and (4) for close coordination between the involved government agencies.

On March 8, 2000, the Subcommittee on National Security, Veterans Affairs, and International Relations held an oversight hearing on government pharmaceutical stockpiles for use in the event of a chemical or biological terrorist attack. Chairman Chris Shays (R-CT) stated that pharmaceutical and vaccine stockpiles constitute a vital and growing element of the national domestic preparedness effort against terrorism. He noted that in the event of a chemical, biological, or nuclear incident, local hospitals will need extraordinary quantities of antidotes, antibiotics, and serum to treat victims. He said that GAO assessed the stockpiles and found inventory shortfalls, record keeping discrepancies, and security lapses that compromise the ability to respond to chemical or biological incidents.

Capital Assets Management

On March 11, 1999, the HVAC Subcommittee on Health held a hearing on VA Capital Assets Management. Dr. Thomas Garthwaite, Deputy Under Secretary for Health, described the steps VA is already taking to improve capital asset management, including the institution of new processes for the review of all capital construction and the development of programs to teach our executives new ways of thinking about their capital assets.

On July 22, 1999, the HVAC Subcommittee on Oversight and Investigations held a hearing to evaluate VA's progress in developing their capital assets realignment plan for enhancing services to veterans.

On April 5, 2000, the HVAC, Subcommittee on Health held a hearing on VA's capital asset needs, planning, and budgeting. Four primary issues were addressed by the hearing including: (1) the pilot program to contract for inpatient medical care in Florida; (2) the timeliness of VHA's implementation of Capital

Asset Realignment for Enhanced Services (CARES); (3) the role of stakeholders in CARES; and (4) the CARES decision-making methodology.

Complementary and Alternative Medicines

On February 24, 1999, the House Government Reform Committee held a hearing on Complementary and Alternative Medicine (CAM). Chairman Dan Burton (R-IN) noted a 1997 survey in the Journal of the American Medical Association that found over 42% of Americans used at least one of sixteen alternative therapies during the previous year. The Chairman stressed the need for the government to support proven CAM practices. VHA, Chief, Patient Care Services Officer, noted that VA recently awarded a contract to survey CAM practices in the Department's health care system.

On October 3, 2000, the HVAC, Subcommittee on Health held a hearing on chiropractic services in VA. A great deal of dissatisfaction was expressed by the Members in attendance with regard to VA's policy on chiropractic care. Chairman Stearns (R-FL) also questioned whether VA had met with chiropractic associations prior to developing its chiropractic policy. The VA witness responded that it had.

Congressional Commission on Servicemembers and Veterans Transition Assistance

On February 23, 1999, the House Committee on Veterans' Affairs held a hearing to receive the Report of the Congressional Commission on Servicemembers and Veterans Transition Assistance. Mr. Anthony J. Principi, Chairman of the Commission, and Senator Bob Dole testified. Chairman Stump thanked the Commission members for their hard work and the 100 recommendations they developed. Mr. Principi testified that the Commission's report is probably the most extensive revision of veterans' benefits and services since the Bradley Commission of 1946. He stated that "employment is the door to a successful transition from military to civilian life but that education is the key to that door." Committee members were supportive of the report, indicating that it would serve as a good base for deliberations.

End-of-Life Care

On October 19, 1999, the House Government Reform Committee held a hearing on end-of-life care and alternative and complementary medicine. Chairman Dan Burton (R-IN) stated that the most recognized issue in end-of-life care is pain management. The Chief Consultant, Geriatrics and Extended Care Strategic Healthcare Group, discussed VA's commitment to improving end-of-life care for veteran patients. Her testimony included discussion of the following VA initiatives and programs: national performance measure of palliative care; hospice services; national pain management strategy; palliative care services;

end-of-life care and supportive services; complementary therapies; and national conference on pain management.

Fraud and Mismanagement

On March 2, 1999, the House Government Reform Subcommittee on National Security, Veterans Affairs and International Relations held a hearing on "Vulnerability to Waste, Fraud, and Abuse: Views of the Departments of Defense, State and Veterans Affairs." The hearing examined the major performance and management challenges confronting the three Departments.

On September 23, 1999, the HVAC, Subcommittee on Oversight and Investigations held an oversight hearing to examine fraud and mismanagement in VA. The hearing was prompted by two cases involving theft of funds through the use of fraudulent VA claims and by erroneous billing in the VA health care system. VA witnesses testified regarding safeguards and internal controls that have been instituted to prevent fraud. They also addressed VA's efforts to get the zero tolerance message for fraud and mismanagement out to all VA facilities. GAO testified that VA's billing practices have improved and are on the right track.

On September 30, 1999, the HVAC Subcommittee on Oversight and Investigations held a hearing to review VA's implementation of the section of P.L. 105-114 that changed VA's complaint resolution system and established the Office of Resolution Management and the Office of Employment Discrimination Complaint Adjudication. Booz-Allen & Hamilton (the contractor tasked with assessing the Department's implementation of the law) discussed the report they issued on April 30, 1999, characterizing VA efforts very positively. When asked what "grade" they would give VA, the Booz-Allen representative responded by saying they felt VA deserved an A-.

Homeless Veterans Programs

On March 9, 2000, the HVAC, Subcommittee on Health and Subcommittee on Benefits held a hearing to examine homelessness among veterans. Prior to the hearing, Ms. Heather French, Miss America 2000, and Rep. Lane Evans (D-IL), Ranking Democratic Member, HVAC, held a press conference. Ms. French called for \$750,000 to be earmarked in the HUD budget to go to the National Coalition for Homeless Veterans. She said that the funding would go toward providing technical assistance for community-based homeless service providers. The technical assistance would be to aid them in writing applications for grants.

Information Technology Programs

On April 15, 1999, the HVAC, Subcommittee on Oversight and Investigations held an oversight hearing on the readiness of VA for the Year 2000, including emergency preparedness of VA's medical facilities and

coordination with the Federal Emergency Management Agency. Both Chairman Terry Everett (R-AL) and Ranking Democratic Member Corrine Brown (D-FL) credited VA for the work it had done in ensuring Y2K compliance. The VA Deputy Secretary testified that VA had worked very hard to ensure that it was ready for the year 2000. He stated that he was confident that benefits payments would be made without interruption and that health care facilities would be operational on January 1, 2000. He also stated VA would continue to test information systems and all supportive equipment.

On October 28, 1999, the HVAC Subcommittee on Oversight and Investigations held a hearing on VA's system readiness for the year 2000. The Deputy Secretary testified that VA benefits' payments and health care services would be provided without interruption. He acknowledged that VA may encounter some Y2K problems but that VA was well-positioned to address any unanticipated problems which might arise.

On May 11, 2000, the HVAC, Subcommittee on Oversight and Investigations held a hearing on VA's information technology (IT) programs. VA's Inspector General provided an overview of the numerous IG reviews of VA's IT programs, with an emphasis on security controls. The Principal Deputy Assistant Secretary for Information and Technology discussed VA's success in preparing for the year 2000 and in developing a replacement wide area network and an IT Strategic Plan. He also highlighted VA's various capital planning and information security initiatives, as well as the current initiatives to support the One VA concept.

On September 21, 2000, the HVAC, Subcommittee on Oversight and Investigations held a hearing on VA' IT programs. Chairman Terry Everett (R-AL) expressed concern about the return on VA's IT budget investment, IT security issues, lack of an integrated IT architecture, and the utility of VHA's Decision Support System.

Medicare Subvention

On May 4, 1999, the Senate Committee on Finance held a hearing on Medicare subvention that would give VA authority to conduct a limited demonstration project to allow VA to bill Medicare for health care services provided to certain Medicare-eligible veterans. The Secretary provided testimony and indicated that the Administration has proposed and supported a Medicare subvention demonstration project for several years. He emphasized the importance of this initiative to VA. The Secretary argued that Medicare subvention could only be a win-win situation. First, it would provide additional revenues to VA for providing health care services to Medicare-eligible veterans, and second, VA could provide these services at a discounted rate to the Medicare Trust Fund as opposed to private sector rates.

National Cemetery Administration

On May 20, 1999, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the National Cemetery Administration. The predominant issue brought up by the Committee was the perceived lack of planning for new national cemeteries by VA. Other points stressed were the need for additional maintenance funding, the idea that the State Grant Program was being used by the VA as a substitute for building National Cemeteries, and the need for additional funding for the State Grant Program.

VA Patient Safety Program

On January 25, 2000, the Senate Veterans' Affairs Committee and the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education held a joint hearing to discuss patient safety and the Institute of Medicine's (IOM) December 1999 report on patient safety entitled, "To Err is Human: Building a Safer Health System." The Acting Under Secretary for Health testified that, "all of the IOM recommendations have either been in place or were in the process of being implemented prior to the release of the report." He added that in 1997, VA launched its formal patient safety program with the establishment of the National Center for Patient Safety (NCPS).

On February 9, 2000, a joint hearing on "Medical Errors: Improving Quality of Care and Consumer Information" was held by the House Committee on Commerce, Subcommittee on Health and Environment and Subcommittee on oversight and Investigation, and the HVAC, Subcommittee on Health. The Acting Under Secretary for Health discussed VA's ongoing activities and initiatives to ensure the safety of patients who receive care from VA. He explained that all of the IOM recommendations applicable to VA have either been in place or were in the process of being implemented prior to the release of the report. He indicated that in 1997, VA intensified its efforts in quality improvement by launching a major initiative on patient safety and by establishing a National Patient Safety Partnership, a public-private consortium of organizations with a shared interest and commitment to patient safety improvement. The Acting Under Secretary described the principles VA has used to design its patient safety reporting systems, including: (1) a system that is non-punitive, voluntary, confidential and de-identified; (2) one that makes extensive use of narratives; (3) one that has interdisciplinary review teams; and (4) one that focuses on identifying vulnerabilities rather than attempting to define rates of error.

On February 10, 2000, the House Ways and Means, Subcommittee on Health held a hearing on medical errors. The hearing focused on issues similar to those discussed at the February 9 hearing.

On February 22, 2000, the Senate Committee on Health, Education, Labor, and Pensions and the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education held a joint hearing to discuss medical errors and the Administration's response to the Institute of Medicine report on the high number of medical errors occurring annually in the nation's hospitals. Issues similar to those discussed in previous hearings were addressed.

VA Pharmacy Program

On May 25, 2000, the HVAC, Subcommittee on Oversight and Investigations held a hearing on joint procurement of pharmaceuticals by VA and the DoD. Chairman Terry Everett (R-AL) stated that the hearing was being held to examine the progress VA and DoD had made in jointly procuring pharmaceuticals. The Chairman cited GAO's contention that if VA and DoD could do most of their drug spending through such joint contracts, an estimated savings of \$150 million to \$300 million could result. Rep. Baron Hill (D-IN) stated that the focus of the hearing was to see how VA and DoD could better use their joint market power to purchase medical products and how they could work together to improve the distribution of prescription drug refills.

On July 25, 2000, the HVAC, Subcommittee on Health held a hearing on VA pharmaceutical procurement policy. The hearing was to examine the status, legality, intended result and potential effects of a proposed agreement between VA and OPM to allow a Federal Health Plan provider, Special Agents Mutual Benefit Association (SAMBA), access to the Federal Supply Schedule (FSS) for pharmaceuticals.

VA Research

On September 28, 2000, the HVAC, Subcommittee on Oversight and Investigations held a hearing on the protection of human subjects in VA research. Chairman Terry Everett (R-AL) opened the hearing by stating that it was designed to review the progress VA had made in protecting veterans who volunteer in its medical research programs since the suspension of all medical research at the West Los Angeles VA Medical Center. The Chairman noted that GAO's written statement described a "disturbing pattern of noncompliance" at eight VA medical centers.

Veterans Benefits Administration

On March 25, 1999, the HVAC Subcommittee on Benefits held a hearing on the Veterans Benefits Administration. The GAO praised the VA's efforts at quality assurance but stated that VBA needed to collect better data on processing errors and on medical deficiency errors in order to address those problems. GAO also noted that VBA needed to address vulnerabilities in the

integrity of their performance data and adhere more closely to internal control standards. GAO also stated that greater efficiency and effectiveness could result from consolidation of the claims processing function to fewer locations. The Under Secretary for Benefits testified that VBA has 80 initiatives that are a blend of new and ongoing initiatives designed to address the issues of quality, timeliness, customer satisfaction and employee training.

On May 20, 1999, the HVAC, Subcommittee on Benefits held a hearing on H.R. 1071, the Montgomery GI Bill Improvements Act of 1999, and H.R. 1182, the Servicemembers Educational Opportunities Act of 1999. The hearing focused on the future role of the Montgomery GI Bill with respect to military recruitment and veterans' readjustment.

On March 23, 2000, the HVAC Subcommittee on Benefits held a hearing on well-grounded claims, and H.R. 3193, a bill to amend title 38 to reestablish the duty of the Department of Veterans Affairs to assist claimants for benefits in developing claims and to clarify the burden of proof for such claims. The Under Secretary for Benefits testified that VA's proposed rule on well-grounded claims will liberalize the Court of Appeals for Veterans Claims decision in *Morton v West*. He noted that VA is only asking veterans to provide a claim that looks like it can be proven.

Whistleblower Protection

On March 11, 1999, the HVAC Subcommittee on Oversight and Investigations held a hearing on the protections in place for VA employees who engage in whistleblower activities, as well as for employees who may be subject to retaliation for whistleblowing or for filing various types of claims and complaints against VA. Chairman Terry Everett (R-AL) has expressed concern about protection for whistleblowers for several years, in particular, protection against reprisal of any sort. VA's testimony discussed the avenues of redress for employees who feel they have been retaliated against because of reporting being the victims of prohibited personnel practices or for exposing waste, fraud, and abuse.