Bartlett (MD)	Gallegly	Murphy, Tim
Barton (TX)	Garrett (NJ)	Musgrave
Biggert	Gerlach	Myrick
Bilbray	Gohmert	Neugebauer
Bilirakis	Goode	Nunes
Bishop (UT)	Goodlatte	Paul
Blackburn	Granger	Pence
Blunt	Graves	Petri
Boehner	Hall (TX)	Pitts
Boozman	Hastings (WA)	Platts
Boustany	Hayes	Poe
Brady (TX)	Heller	Price (GA)
Brown (SC)	Hensarling	Putnam
Brown-Waite, Ginny	Herger	Radanovich
Buchanan	Hoekstra	Ramstad
Burgess	Hulshof	Regula
Burton (IN)	Inglis (SC)	Rehberg
Buyer	Issa	Rogers (AL)
Camp (MI)	Jindal	Rogers (KY)
Campbell (CA)	Johnson, Sam	Rogers (MI)
Cantor	Jordan	Rohrabacher
Carter	Keller	Ros-Lehtinen
Castle	King (IA)	Roskam
Chabot	Kirk	Royce
Coble	Kline (MN)	Ryan (WI)
Conaway	Kuhl (NY)	Sali
Crenshaw	Lamborn	Schmidt
Cubin	Latham	Sensenbrenner
Culberson	Lewis (CA)	Sessions
Davis, David	Lewis (KY)	Shuster
Deal (GA)	Linder	Smith (NE)
Dent	Lungren, Daniel E.	Smith (TX)
Diaz-Balart, L.	Mack	Souder
Diaz-Balart, M.	Manzullo	Stearns
Doolittle	Marchant	Terry
Drake	McCarthy (CA)	Tiahrt
Duncan	McCaul (TX)	Tiberi
Ehlers	McCotter	Turner
English (PA)	McCrery	Upton
Everett	McHenry	Walberg
Feeney	McHugh	Walden (OR)
Ferguson	McMorris Rodgers	Walsh (NY)
Flake	Mica	Wamp
Forbes	Miller (FL)	Weldon (FL)
Fossella	Miller (MI)	Westmoreland
Foxx	Miller, Gary	Whitfield
Franks (AZ)	Moran (KS)	Wicker
Frelinghuysen		Wilson (SC)
		Wolf

ANSWERED ''PRESENT''—1

Bachus

NOT VOTING—10

Bonner	Kanjorski	Millender-McDonald
Davis, Jo Ann	Klein (FL)	Thornberry
Emanuel	Lampson	
Fallin	McKeon	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The Speaker pro tempore (during the vote). Members are advised 2 minutes remain in this vote.

□ 1328

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SKELTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1538.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

WOUNDED WARRIOR ASSISTANCE ACT OF 2007

The SPEAKER pro tempore. Pursuant to House Resolution 274 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1538.

□ 1329

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, with Mr. BECERRA in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 1 hour and 20 minutes, with 60 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Armed Services, and 20 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Veterans' Affairs.

The gentleman from Missouri (Mr. SKELTON) and the gentleman from California (Mr. HUNTER) each will control 30 minutes, and the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 10 minutes.

The Chair recognizes the gentleman from Missouri.

□ 1330

Mr. SKELTON. Mr. Chairman, I yield myself such time as I might consume.

Mr. Chairman, I am pleased to bring forward for consideration this bill, H.R. 1538, the Wounded Warrior Assistance Act of 2007. This bill is the House Armed Services Committee's first step to address the challenges and the obstacles that wounded and injured servicemembers face during their recovery at Walter Reed Medical Center, and at all military medical facilities around the world.

Mr. Chairman, I am glad this bill is a product of a strong bipartisan effort to support our troops. While recognizing the ranking member of the committee, DUNCAN HUNTER, and the House Veterans Affairs Chairman, BOB FILNER, and STEVE BUYER, the ranking member, for their support and contributions to this bill, I would be remiss if I did not also acknowledge the substantial contributions of the Military Personnel Subcommittee chairman, VIC SNYDER, and JOHN MCHUGH, the ranking member, for their considerable help during the development of this bill in committee.

Their knowledge and insights and understanding of the complex medical and disability systems that our servicemembers and their families are undergoing help to ensure that the bill before us today will have an immediate and positive impact on the lives of the wounded servicemembers as well as their families.

Mr. Chairman, the committee moved expeditiously to make changes that can be adopted fairly quickly after hearing what our wounded soldiers and their families are continuing to face at Walter Reed Hospital. However, these soldiers were not alone. The committee has heard of similar challenges that other soldiers, sailors, airmen and marines that are experiencing the same type of treatment across the country.

Sadly, what happened at Walter Reed was more than just a leadership failure in the Army. It is symptomatic of the enormous and complex factors that affect military medicine.

Yet while those in military medicine provide outstanding quality health care to wounded and injured soldiers, other factors brought to bear on this system also contribute to the state of affairs at Walter Reed Hospital as well as other medical facilities throughout our Nation.

Over the past several years, military medicine has been forced to convert thousands of military medical positions to civilian positions. One could ask how this could have an impact on our wounded forces, and the answer is clear and simple; fewer uniformed medical providers means fewer providers left at military hospitals back home treating injured and treating the wounded servicemembers. It also means that those in uniform who do remain will continue to face a high and sustained operational tempo, greater deployments and more time away from home. And yet the Navy, for example, has proposed for fiscal year 2008 to cut an additional 900 medical providers, including, Mr. Chairman, 100 doctors that provide needed health care to servicemembers as well as their families. That is why the committee chose to move quickly on this bill that will provide quick and immediate help to our troops.

It is clear that continued and persistent problems that were highlighted at Walter Reed Hospital require closer inspection and may demand a significant and comprehensive overhaul of the entire process.

As the Armed Services Committee continues to work on the fiscal year 2008 Defense Authorization bill, we will continue our efforts to examine greater comprehensive reforms to ensure that our forces receive the high quality care that our Nation has an obligation to provide for those wonderful young people in uniform.

However, H.R. 1538 is vitally needed now to provide immediate support for our wounded warriors.

Mr. Chairman, I reserve the balance of my time.

Mr. HUNTER. Mr. Chairman, I want to add my voice to the eloquent voice of the chairman, Mr. SKELTON. I want to thank him, and thank also Dr. SNYDER and JOHN MCHUGH, the chairman and ranking member of Personnel, for their hard work on this bill. And for all the other Members who worked on this, I know Mr. FILNER and Mr. BUYER were also architects of this bill. But especially our chairman, who has a heart

for the military and perhaps is the most adept custodian of the history of military personnel matters in the Armed Services Committee; a guy with a great eye and ear for history and for the sense of tradition that kind of brings us together on the Armed Services Committee to find common ground on important issues to the folks that wear the uniform. This is one of those issues, Mr. Chairman.

Mr. Chairman, young people right now are serving this country in far away places like Ramadi and Fallujah and Mosul and Kabul, and many other places around the world where the war against terror brings them face to face with danger every day. Some of those, the great members of the U.S. military, give their last full measure of devotion. Some of them are wounded and come back through Landstuhl and then to Bethesda and Walter Reed.

And, Mr. Chairman, I am reminded of Ronald Reagan's speech in 1981, when he stood on the west steps of the Capitol and he gestured out to the west and he said, There's the Washington Monument, dedicated to the Father of our Country, and beyond that, the Lincoln Memorial, dedicated to the man who saved the Union. But beyond those monuments are thousands of monuments with crosses and Stars of David, dedicated to Americans who gave that full measure of devotion to the same degree that the Founding Fathers did, and that's Arlington Cemetery.

And he mentioned that under one of those markers lies a man named Martin Trepto, who was killed in World War I. He had gone to fight with the Rainbow Division in France, and after a few months or a few weeks in country, he was killed. When his friends found his body, they found that he kept a diary, and he had written these words, and I am paraphrasing: I must fight this war as if the success or failure of America depends on me alone.

I can tell you, Mr. Chairman, in going out to the warfighting theaters, that standard is the same standard that is carried by the young men and women of America's Armed Forces. And because of that, it is all the more compelling that we do everything possible to make sure that they have good care when they come home, and when they are wounded and when their families similarly are wounded by their wounds; and to make sure that we have a government which is friendly to them.

A lot of this problem at Walter Reed and Bethesda and the rest of our medical care apparatus is this; we need to have a system that is friendly, friendly to that 22-year-old marine wife who drives a couple hundred miles, maybe leaves the kids with the mother-in-law while she goes with her husband to undertake therapy at one of our hospitals. To be able to get in and get out without having to get bogged down in a mass of bureaucracy. It is toward those ends that we dedicated this bill.

And again, I think the chairman has done a great job, as have Mr. MCHUGH and Mr. SNYDER. And let me tell you a couple of the highlights here.

I like the idea that you have got a limitation on 17 cases per case manager. That means that each case manager is going to have a lot of time to spend with each case, with each individual. And you also have the family advocate who will help with housing and transportation and all those things. That is almost as important as the case manager, because that helps a family to be with their loved one while they are undertaking their treatment.

I also like this handoff between the VA and DoD. We now have a physical meeting where you don't have the bureaucracy finally telling us after 3, 4 or 5 months that the records have been lost, that they have been misplaced or that there are some missing. And lastly, when we do the evaluation, to have experts who will assist the servicemember in making sure that his or her file is complete when they go for disability. That means if you've got that frag wound in your left leg, you make sure that you've got a record of that in that disability packet when you go before the board.

Now, there are lots of other good language in this bill and good provisions in this bill that will accrue to the benefit of the servicemember and their family, but I think those are especially important.

Lastly, I think the hotline is important, Mr. Chairman, where people can call in and let the system know that it's messed up and that it's not serving them well. And I know that the wonderful men and women who serve our U.S. military will respond to that and will make things right.

Thank you, Mr. Chairman, for letting me speak for a couple of minutes about this bill.

Mr. Chairman, I reserve the balance of my time.

Mr. SKELTON. Mr. Chairman, I think our country was shocked at the revelation as to what the conditions were at that certain part of Walter Reed Hospital, and I am pleased that we, on a very bipartisan basis, have addressed this through the Armed Services Committee.

Mr. Chairman, at this time, I yield 2 minutes to my friend, my colleague, the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Chairman, it was Presidents' Day weekend when The Washington Post story broke with the appalling and embarrassing story about the conditions under which our soldiers were living within the military health care system. I think as Americans, nothing could be more shocking and embarrassing than the notion that our own soldiers were isolated within the outpatient services of the military health care systems, in conditions with rotted walls, holes in the ceiling, mold growing. And I would give Mr. SKELTON and the ranking member of the Armed Services Committee all the credit because on March 8 the Armed Services Committee held a hearing, looked at the flaws that existed in the system and have come out with this legislation, which will do a lot to make sure that people will not be alone and isolated, with more case managers, with advocates that will be there, and a 1–800 emergency hotline to make sure they won't be, again, alone and isolated.

I do think, as Mr. HUNTER indicated, probably the biggest problem that is facing returning soldiers right now is the transition from the Department of Defense to the Department of Veterans Affairs. In the State of Connecticut today, the waiting period is over 600 days for over 2,500 veterans in the State of Connecticut trying to get their claims processed. And in section 10 of this bill, which will require a physical transfer of the files, the medical records of people leaving the Department of Defense system into the VA system will make sure that we are going to make a dent in reducing the length of time, which literally is threatening people's mortgage payments, their credit rating, and it is inexcusable that people who have served this country are being treated this poorly.

There was an amendment offered by myself on the Armed Services Committee which will also include State Veterans Affairs departments in that handoff because we have many benefits, property tax benefits, educational programs, preferential hiring within our State, like many other States, which returning veterans should be included and informed of immediately. I want to thank the chairman for including that language in the bill and strongly urge its passage.

Mr. HUNTER. I would like to yield 4 minutes to Dr. GINGREY, the gentleman from Georgia.

Mr. GINGREY. Mr. Chairman, I rise today in strong support of H.R. 1538, the Wounded Warrior Assistance Act.

This bipartisan bill was reported unanimously by the Armed Services Committee, and I am a proud, proud cosponsor, along with my friend, distinguished chairman, Mr. SKELTON, and my good friend, ranking member, Mr. HUNTER.

Mr. Chairman, we are debating this bill today because all of us here, Democrats and Republicans, want to ensure our soldiers are receiving the high quality care for which our military is known.

Indeed, Mr. Chairman, as a physician, I can tell you that access to care is critical to the health and well-being of our military, active, reserve and veteran. While it was a condition of some housing facilities at Walter Reed that led us to examine our military health care system, the fundamental problems with military medical care cannot be fixed with paint, putty and plaster.

I am relieved to know the run-down rooms have been refurbished, but I am proud that this bill starts addressing the system's fundamental problem of

overcrowding, delayed paperwork and a shortage of human capital to oversee soldiers' continuing health care and quality of life needs.

Soldiers I met on a recent visit to Walter Reed were frustrated with lost medical records, dupes to forms, paperwork that took a week to make it from one office to another. This system greatly delays our soldiers' ability to meet with their doctors and to eventually, Mr. Chairman, be discharged.

□ 1345

In fact, the average stay at Walter Reed is 350 days, and many of those days are spent as an outpatient assigned to the medical hold unit waiting for the paper trail to catch up with patient care.

This legislation starts addressing these problems by giving soldiers a louder voice in their medical care. It increases the personnel assigned to each servicemember and his or her family so that our soldiers have advocates helping them set appointments and understand the prescribed course of their care. As a physician, I know that caseload greatly affects the personal attention delivered to each patient. More staff means more time for each soldier and their individual needs.

Mr. Chairman, another problem facing our military health system is the difficulty personnel face when they are transitioning from active duty to the retired status, and I am pleased that this legislation includes a pilot program to examine this critical need. A fully electronic and integrated records system would allow the Department of Defense and the VA to share information in a timely fashion.

I would also encourage the Department of Defense to automate all in-patient health records. We know that in the private sector switching from paper files to electronic medical records cuts down on medical errors, saves time, and saves money. Our military should fully realize these benefits as well.

Mr. Chairman, I think it is important to recognize that the Wounded Warrior Act fixes a process that isn't serving the best interest of our warfighters or our military medical personnel. Our military doctors and nurses are an invaluable resource for their expertise, bravery, and dedication. We want to make sure that the system benefits these heroes as well.

The Wounded Warrior Assistance Act represents a significant step toward ensuring our soldiers and veterans are treated with the dignity and respect that they have earned and fully deserve, and I hope all my colleagues will join me in supporting this great piece of legislation.

Mr. SKELTON. Mr. Chairman, I am very, very pleased that this bill will directly address the transition between the Department of Defense and the Veterans Administration with the actual physical hand-off that is provided and required in this.

I yield now 2 minutes to my friend, my colleague, the gentleman from Maryland (Mr. CUMMINGS).

(Mr. CUMMINGS asked and was given permission to revise and extend his remarks.)

Mr. CUMMINGS. I thank the gentleman for yielding.

Mr. Chairman, today we have the opportunity to pass a bipartisan piece of legislation that will assist in correcting many of the wrongs that are rampant throughout our armed services health care system, as most recently illustrated in the reports and investigations surrounding Walter Reed.

I am pleased to join my colleagues in supporting this very vital piece of legislation that is an initial step, and I emphasize that, initial step in tearing down the bureaucratic red tape that can hold wounded service men and women in limbo for months and even years after they return home with injuries from the battlefield.

H.R. 1538, the Wounded Warrior Assistance Act, ensures better access to health care, better conditions in outpatient and inpatient treatment, a better means to report substandard conditions and, finally, better oversight.

H.R. 1538 responds to concerns raised by the men and women of our armed services and does the following things that are so important: Providing them with an assigned medical care case manager and limiting their caseload in order to prevent extensive backlogs; providing medical advocates to stand with soldiers before medical evaluations boards; and I think this is so important, providing a toll-free hotline that soldiers and their families can use to report inadequacies in care; and establishing a pilot program to ensure that our servicemembers have a seamless transition from Armed Forces to the Veterans Affairs agency.

Finally, let me say this, Mr. Chairman. I am pleased that our chairman, Mr. SKELTON, who has done an outstanding job, and Mr. HUNTER, our ranking member, were very significant, along with Mr. FILNER, in seeing that an amendment that I put forth was passed, and that was to give the head of Veterans Affairs two appointments to the Oversight Committee. So I urge my colleagues to vote in favor of this very outstanding piece of legislation.

Mr. HUNTER. Mr. Chairman, I would like to yield to the gentleman from New York (Mr. MCHUGH) as much time as he desires. And I would just note that Mr. MCHUGH, along with Dr. SNYDER, are chief architects of this legislation; and Mr. MCHUGH is the guy I like to refer to as the guy from the 10th Mountain Division in New York, a guy with enormous dedication to the men and women who wear the uniform.

Mr. MCHUGH. I thank the gentleman both for yielding and for his very, very gracious comments, and I thank Mr. Chairman.

I want to begin by giving thanks where thanks are certainly due. I want to express my particular appreciation to my chairman on the Personnel Subcommittee, a fellow I had the opportunity to work with when he was ranking member for a number of years when I had the opportunity to Chair that subcommittee, Dr. SNYDER; as well as and equally so with the chairman of the full committee, Mr. SKELTON; and, of course, my dear friend and such a great leader from the great State of California (Mr. HUNTER), for their leadership for recognizing the need to react to this, not in a bipartisan, not in a political way, but in a way that embodies the spirit of the Armed Services Committee.

One reason I am so proud and have been for now going on 15 years to serve on it and that is in the interest of those incredibly brave and unselfish men and women who don the uniform of the United States of America. We owe our thanks as well, as the gentleman from Maryland suggested, to the VA Committee, Mr. FILNER and Mr. BUYER, for their willingness to work together in addressing what we all recognize is a very, very serious problem.

This is not a perfect bill. It does not meet the entire range of challenges and problems that we know exist, the entire range and need of problems that, frankly, have been known to many of us for many, many years, particularly the disconnect between two very well-meaning systems, that of the Department of Defense, who cares for our wounded, and later, after retirement and disability ratings, the VA department, who cares for those who follow through.

Both of them tried to do the job, and they tried to do it in very distinct ways, and what we have understood now and what was demonstrated at least in part at Walter Reed is the challenges of helping those two well-meaning, independent agencies work better together.

But while it is not, Mr. Chairman, a perfect bill, it is a very, very good bill, an excellent first step, a place where we can put into effect mechanisms to better ensure the quality of service and, equally important, provide a continuum of care for the brave men and women who risk their lives in defense of our freedoms, of America's freedoms. And I think we can all agree as well we owe that to them. We owe it to their families. We owe them nothing less than the best that we can possibly provide, the absolute best; and this bill takes an important step towards effecting that kind of necessary change.

There will have to be things that follow. Once we hear from the recommendations of the Dole-Shalala Commission and from the DOD and Military Services' reviews and analysis, we will be in an even better position to take whatever additional actions are necessary to bring it together.

But you have heard my colleagues here on the floor today speak about the important components of this bill. We have looked at the problems, we have looked at the challenges that these folks have faced, and we have tried to

respond to them. Everything from hotlines to actual human hand-offs between the two systems, more case managers, more personal face-to-face responsiveness to the problems they may encounter, this bill provides it, with more to follow.

I also want to add, Mr. Chairman, that without the hard work of the staff on both sides of the Armed Services Committee we would not have had this legislation. Our particular thanks to Mike Higgins, Debra Wada, John Chapla, and Jeanette James, amongst others, who took our concerns, who took our feedback and made them into the bill that we receive here today; and we owe them as well.

Before I yield back, on a last note, Mr. Chairman, I would be remiss if I didn't once again add my words of deep appreciation to those incredible military medical professionals who through their hard work, who through their dedication are solely responsible for the best quality care. We are experiencing survival rates today coming out of Afghanistan and Iraq that we have never experienced in any theater of war in the history of this Nation, in fact, in the history of mankind, and that is because of the wonderful job that they do.

This challenge has never been about them, and I want them most importantly to recognize we understand the differences of the system and, in fact, two systems that need correcting and better oversight from their valiant efforts. We all owe them our deepest appreciation.

So I am proud to be associated with this bill, a bill that will take a quantitative and qualitative step forward in providing the best possible care to our wounded and fallen warriors.

Mr. SKELTON. Mr. Chairman, I yield 3 minutes to my colleague, my friend, a member of the Armed Services Committee, the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Chairman, I thank you; and I thank the chairman for yielding.

Chairman SKELTON and Chairman SNYDER, Ranking Member HUNTER, Ranking Member MCHUGH have shown great leadership on this bill; and I thank them for their efforts and salute them for their work. They led because they listened.

First of all, as my friend Mr. MCHUGH just said, it is important to note that the drafters of this bill listened to the good work that was being done by the many, many men and women in the military health care system, in the veterans health care system.

The system has been beleaguered lately with terrible news reports of intolerable treatment of the wounded warriors of this country. We deplore those reports. We deplore the facts that gave rise to those reports.

But we do want to commend the vast majority of people who work in each of these systems for the great work that they do and acknowledge the contribution they make to our country.

The leaders of this bill listened, and I think they have come up with a great work product that will help. They have listened to the family of the warrior who has sat for too long on a bed unattended, who has languished for too long in a bureaucracy, forgotten about, whose care and whose future situation has not been given the attention it deserves. And by requiring a medical case manager and an advocate for each one of those persons, I think we will find that fewer people will be forgotten about and more people will get top-quality care.

This bill shows that its drafters have listened to those who have experienced the gaps in care and the frustration where there has not been a continuity of care when they were in the military health care system and then moved over to the VA health care system; that the care they are receiving, the diagnosis, the treatment is not consistent of someone who has had a good quality of care for a period of time, finds that interrupted and finds that to be inappropriate. This bill will establish means by which we can merge the best qualities of both systems and address the needs of that wounded warrior.

Finally, this bill deals with the outrageous inconsistency that so many people have experienced in the disability system, where the same injury under the same circumstances is treated one way in one system and another way in the other and where it takes months or even years to find out what your final resolution is going to be. So this is a bill that shows that we can listen to those concerns and address them.

As Mr. MCHUGH says, the bill is not perfect, but the bill is sound, because it listens to the very real concerns of the wounded warriors. It addresses them in a way that puts aside politics. I am proud to support this bill, and I thank the authors for this opportunity.

Mr. HUNTER. I just want to take a second, Mr. Chairman, to thank the gentleman who just spoke as one of the finest members of our committee and to point out, too, and he went over a number of the high points in this bill, and this idea of having an independent medical officer who helps the service personnel, making sure that they have got in their files when they go before that evaluation board, making sure they have got that record of that shrapnel wound to the calf or to the side, that in cases in times past you would have service personnel who were highly frustrated because they have been wounded, they knew where the wounds were, and yet somehow the paperwork had disappeared. So having that professional to help prepare it is very, very important; and I thank the gentleman for his great service and work on putting this thing together.

Mr. Chairman, I reserve the balance of our time.

□ 1400

Mr. SKELTON. Mr. Chairman, as the gentleman from New Jersey (Mr. ANDREWS) stated about the disparity between the treatment regarding the disability ratings made by the Department of Defense on the one hand, and the Veterans Administration on the other, we hope that disparity will be done away with by the legislation that we pass today.

I yield 1 minute to the gentlewoman from New York (Mrs. MCCARTHY).

Mrs. MCCARTHY of New York. Mr. Chairman, I would like to thank Chairman SKELTON for his leadership on this issue, as well as the ranking member, Mr. HUNTER.

If you look back at what happened at Walter Reed, and it is on the outside of the care, not the inside care of the hospital that we are talking about, the Wounded Warriors Act certainly is a good first step.

One of the things that I want to address, I want to say thank you to Chairman MURTHA for the commitment he has made to our military as far as making sure the money is in there so that we can implement what we need to do.

As we all know, head trauma has become the focus of a lot of these veterans that are coming home. With the IEDs in Iraq, traumatic brain injury has become the signature wound of this conflict. Our soldiers receive outstanding acute medical care; but people have to understand, it used to be thought that after 6 months of treatment, someone with a head injury would be fine and they would just kind of let them go. That is not true.

Back in 1993, my son was shot in the head and he certainly sustained very traumatic head injury. It takes a long time, and we know that we can give treatment for years after. It is 13 years since my son's head treatment, and he is still receiving therapy. So this is a good first start, and I hope we continue with it.

Mr. SKELTON. Mr. Chairman, I yield 2 minutes to the gentlewoman from New Hampshire (Ms. SHEA-PORTER), a member of the Armed Services Committee.

Ms. SHEA-PORTER. I am pleased to rise today in support of H.R. 1538, the Wounded Warrior Assistance Act.

When men and women go to war, they are willing to give their bodies and their lives to this country. When they return, if they are broken, we have the obligation to try to restore them and to care for them and their families as they go about the long process of rehabilitation.

Our soldiers deserve a lot more than phrases such as ''support the troops'' and yellow ribbons and visits from celebrities. They deserve the right medical care and a seamless transition going from a military hospital to a veterans hospital for their care.

I urge my colleagues to support this bill. This is what we owe our soldiers and their families. When we talk about

supporting the troops, we honor our commitments to them, and this is a very solid bill that will do just that.

Mr. SKELTON. Mr. Chairman, I yield to the gentleman from Illinois (Mr. HARE) 1 minute.

Mr. HARE. Mr. Chairman, I rise today in support of H.R. 1538, the Wounded Warrior Assistance Act of 2007.

As a member of the House Veterans' Affairs Committee, I am deeply concerned about the lack of a seamless transition for our servicemembers into the VA health care system.

This bill changes that broken system by creating a pilot program within the Department of Defense requiring a more efficient movement of medical records and a better process for our separated or retiring troops.

It also provides soldiers and their families with a toll-free hotline for reporting problems. Complaints called into the hotline must be investigated and a plan to remedy them must be in place within 96 hours.

Additionally, the bill requires the Department of Defense and the Veterans' Administration to work together to improve their disability evaluation systems ending a lot of backlog.

Finally, this bill authorizes $50 million for wounded soldiers' support programs, ensuring that these soldiers don't fall through the cracks without any financial support. Our soldiers have fought bravely on the battlefield, and they shouldn't have to fight for the care they need and deserve. I urge my colleagues to support this bill.

Mr. HUNTER. Mr. Chairman, I yield such time as he may consume to the gentleman from Mississippi (Mr. WICKER).

Mr. WICKER. Mr. Chairman, I rise today in support of this and other efforts to correct deficiencies in our military health care system and to ensure that the men and women of our Armed Forces get the attention and quality they deserve. This is not a partisan issue; as a matter of fact, this is a bipartisan effort, and I am glad to be a part of it as ranking member of the Subcommittee on Military Construction and Veterans Affairs in the Appropriations Committee.

The Wounded Warrior Assistance Act is an important first step in improving the delivery of medical care and quality of life for our injured military personnel and their families. I say a first step, Mr. Chairman, because I hope it is the first of several to focus the necessary resources and enhance the facilities for overall delivery of service.

I am particularly interested in simplifying and speeding the paperwork process associated with both the initial care of these heroes and their transition to the programs administered through the Department of Veterans Affairs.

Our wounded warriors, their families and the dedicated health care professionals committed to serving their needs should not have to face bureaucratic stumbling blocks that prevent the timely administration of care and the processing of claims to help these heroes get back on their feet. I support provisions in this legislation that will provide more resources to address the problem, especially the medical evaluation delays. As the bill moves forward, I will say to the leadership of the full committee, I encourage the authors of this legislation to consider adding additional judge advocates to assist the medical evaluation process.

In conversations with soldiers at Walter Reed, I learned of a shortfall of properly trained full-time attorneys to assist and represent patients during the formal evaluations. This occurs during the process leading up to the board and during the board. In many instances, the backlog was so long that soldiers retained outside counsel for hearings at their own cost. Those who could not afford to do this were forced to wait. In fact, the March 12 inspector general report highlighted this problem and recommended an increase in trained attorneys.

I am grateful for the full committee leadership of the Appropriations Committee for accommodating me in my amendment in this regard. While we await the full Army Tiger Team report in May, I hope my colleagues will recognize the need and right of our wounded soldiers to proper representation.

I participated in hearings on this issue as ranking member of the MILCON VA Appropriations Subcommittee, and as a member of the Defense Subcommittee. I have visited Walter Reed Army Hospital and talked to soldiers receiving treatment there and elsewhere in our military and VA systems. While the recent problems have stained our military health care system, I have been encouraged by the bipartisan manner in which we have approached this issue. I have also been encouraged to hear very positive reviews also with regard to our VA health care system, and I know it can be improved on, but certainly we get very, very positive reviews from the constituents who actually use these facilities.

These oversight activities have been very helpful in identifying steps we can take immediately to put the focus back on caring for our wounded soldiers. I look forward to working with the chairman and others of my colleagues to advance this legislation as it moves through the process.

Mr. SKELTON. Mr. Chairman, it is my pleasure to yield 3 minutes to the gentleman from Texas (Mr. ORTIZ), the chairman of the Readiness Subcommittee of the Committee on Armed Services.

(Mr. ORTIZ asked and was given permission to revise and extend his remarks.)

Mr. ORTIZ. Mr. Chairman, today we begin the process of keeping our promise, our unique moral responsibility to the troops returning home to their families' arms.

Many of those warfighters are deeply wounded in body, mind and soul, and it is our responsibility to care for them, to treat their bodies and their minds.

I want to thank Chairman SKELTON for his work in marking this bill with great speed, also the ranking member, Mr. HUNTER, and the House leadership for moving this bipartisan bill so quickly.

This legislation provides more funding for caregivers at military hospitals along with training and oversight to guarantee that America's wounded troops will also receive committed quality care.

When we marked this bill in the Committee on Armed Services, I added an amendment which places a 1-year moratorium on all unannounced public-private competitions for work performed at medical facilities. It also requires a report from DOD on each competition still underway to allow Congress to understand the actual cost savings, and the effects of contracting on the quality of work and the workforce personnel before allowing the contracting to go forward.

Like many of my colleagues, I am a frequent visitor not only to Walter Reed, but to Bethesda as well. In the aftermath of the investigative series about the substandard services and housing at Walter Reed, it turns out that the mismanagement of the health care of our troops had much to do with a flawed contracting process.

This bill imposes a 1-year moratorium on future A–76 competitions at the Department of Defense for work at medical facilities. The problems we discovered with the contract at Walter Reed Army Medical Center are only the tip of the iceberg. At the moment Walter Reed should have been ramping up to care for the increased number of wounded warriors, they were single-sourcing a maintenance contract and watching some of their best talent walk out the door as they were caring for a large and growing number of patients.

In a September 2006 memo, the garrison commander admitted that he had difficulties in retaining and hiring skilled personnel.

This came about for several reasons: DOD wanted to contract out the maintenance work; the proposed firings of former workers; and, of course, BRAC.

We need to step back and review whether contracting is the right way to find cost savings and efficiencies for military medical facilities. And we must make certain that we have not sacrificed service or performance of the health care mission for our wounded fighters.

I urge my colleagues to pass this bill to reform the administrative process and restore the confidence in the integrity and efficiency of the disability evaluation system and begin a better transition of servicemembers to the Department of Veterans' Affairs programs.

Mr. HUNTER. Mr. Chairman, I would like to yield to the gentleman from New Jersey (Mr. SAXTON) 4 minutes.

Mr. SAXTON. Mr. Chairman, I thank the gentleman from San Diego for yielding me this time.

I rise in support of this legislation and want to highlight two key components of the Wounded Warrior Assistance Act that have significant relevance to some of my own constituents who are currently recovering at Walter Reed Mologne House.

Section 101 of the bill concerns improving the medical and dental care for servicemembers assigned to hospitals in outpatient status. Under this section, medical care case managers will have the training and resources to enable them to work closely with servicemembers in managing patient care and ensuring that patients fully understand his or her status and has a realistic expectation of the process ahead.

One of my constituents has been at Walter Reed for close to 10 months now after being evacuated from Iraq. During this time, he has had challenges in knowing his status in the disability determination process. He has been told that he had anywhere from 30 to 60 days left, although Walter Reed is working hard to get him home sooner. He is eager to get back home to his family and employer. His employer is holding his job for him. It is difficult for him to plan accordingly, however, because without being fully informed of his status in the system, it makes his future uncertain.

This bill would ensure that going forward, this individual would have up-to-date information on his status so that he is no longer kept in the dark about when he can expect to go home.

Section 101 of the bill also includes the establishment of the service-member advocate who will assist the patient in ensuring quality of life issues are taken care of, assisting in resolving problems related to financial or administrative matters, and overall ensure the patient and the family members are informed of benefits and program issues.

□ 1415

Both of my constituents who are currently at Walter Reed could have benefited greatly from the servicemember advocate. They have both encountered various administrative problems that have since been resolved with the assistance of their chain of command. However, I believe these problems would have been avoided in the first place had they been in contact with an advocate mandated to assist in these types of issues.

During discussions with these two soldiers and Walter Reed officials, the pattern that I have seen is that the actual medical care these wounded warriors receive is actually quite outstanding. The problems have really occurred in the red tape and bureaucracy that surrounds the administrative requirements and disability process. It should not take 3 or 4 months to begin receiving combat-related injury rehabilitation pay, for example. Servicemembers should receive accurate information in a timely manner when they inquire about their recovery plan or about specific benefits for which they might be eligible.

It is difficult at best for care managers to provide the necessary attention to a patient when they are handling caseloads beyond their capability. This bill goes a long way towards addressing this problem by limiting the number of cases for managers to oversee.

This bill and any other actions that this Congress can do to improve this system to ensure servicemembers receive the attention they deserve merits our full support; and I, therefore, urge everyone to support this bill.

Mr. SKELTON. Mr. Chairman, may I inquire as to the time remaining on each side?

The Acting CHAIRMAN (Mr. ROSS). The gentleman from Missouri (Mr. SKELTON) has 11½ minutes remaining. The gentleman from California (Mr. HUNTER) has 5½ minutes remaining.

PARLIAMENTARY INQUIRY

Mr. SKELTON. Parliamentary inquiry.

The Acting CHAIRMAN. The gentleman is recognized to state his parliamentary inquiry.

Mr. SKELTON. As soon as the gentleman from California and I finish our allotted time, is it not correct that the Veterans' Affairs Committee chairman and ranking member will assume leadership on this bill?

The Acting CHAIRMAN. A separate period of general debate is allocated to that committee.

Mr. SKELTON. Thank you.

Mr. Chairman, I yield myself such time as I may consume.

The sad situation of Walter Reed hospital regarding the outpatients has alarmed all of us, whether we be in Congress or not, and this bill has some excellent provisions. It is truly a bipartisan effort. I thank Mr. HUNTER and Dr. SNYDER, our chairman of our Subcommittee on Personnel, JOHN MCHUGH from New York. All have done superb work on this bill.

It makes some improvements to the medical and dental care for members in an outpatient status.

It establishes a toll-free hotline for reporting deficiencies in medical-related support facilities.

It requires Members of Congress to be notified of combat-wounded servicemembers who have been hospitalized.

It creates an independent medical advocate for members undergoing a medical evaluation board.

It improves the training and reduces the workload for Physical Evaluation Board Liaison Officers.

It standardizes the training program and curriculum for the Department of Defense Disability Evaluation System.

It enhances the training for health care professionals.

It would improve the transition for servicemembers between the Department of Defense and the Department of Veterans Affairs.

It provides a $50 million fund to support programs and activities related to medical treatment and care.

It would create an Oversight Board for Wounded Warriors.

It requires an annual report of the state of military medical facilities.

It requires an evaluation and report on the Department of Defense and the Department of Veterans Affairs Disability Evaluation Systems.

It requires a study of the support services available for families of recovering servicemembers.

And at the behest of Mr. ORTIZ, it places a 1-year moratorium on A–76 studies at any military medical facility.

It is clear, Mr. Chairman, that the continued and persistent problems that were highlighted at the Walter Reed Hospital require closer inspection and may demand a significant and comprehensive overhaul of the process.

Mr. Chairman, I reserve the balance of my time.

Mr. HUNTER. Mr. Chairman, I yield as much time as he might consume to the gentleman from South Carolina (Mr. WILSON), who has done an excellent job on this bill.

Mr. WILSON of South Carolina. Mr. Chairman, I thank Congressman HUNTER. I appreciate your service here in Congress, and I appreciate you being the parent of a veteran who has served in Iraq.

Mr. Chairman, I rise today in support of H.R. 1538, the Wounded Warrior Assistance Act of 2007, a bipartisan bill authored by Chairman IKE SKELTON.

Our men and women in the U.S. Armed Forces deserve the best medical care we can provide. As a 31-year veteran of the South Carolina Army National Guard, with four sons currently serving in the military, I was greatly concerned when learning of the inadequate living conditions our Nation's wounded veterans have been made to endure at Walter Reed Medical Center.

My eldest son served for a year in Iraq and came under enemy fire twice. Had he been injured, I would have expected him to receive top-notch health care which should be provided to every soldier.

While Walter Reed is renowned as a world-class facility, recent management neglected to provide adequate care. We have the best military medicine in world history, saving more lives than ever before and providing for the maximum recovery for patients.

I know firsthand from Major David Rozelle of the successes at Walter Reed Army Hospital for our amputees, where dedicated staff members are so caringly effective helping our troops recover. In fact, Major Rozelle wrote an excellent book, ''Back in Action,'' the inspiring true story of the first amputee to return to active command in Iraq.

I am pleased Congress is coming together to improve the paperwork complications and ensure our military medical system remains the best there is. I urge all of my colleagues to support this bill and provide America's brave, injured warriors the care they so deserve.

In conclusion, God bless our troops, and we will never forget September 11.

Mr. SKELTON. Mr. Chairman, I reserve the balance of my time.

Mr. HUNTER. Mr. Chairman, I would yield the balance of my time to any other Members that would like to speak on the majority side, and if there are not, Mr. Chairman, give the chairman of the Veterans' Affairs Committee the option of us simply yielding back our time or if he would like to have some of our time, giving that to him.

Mr. SKELTON. On our time, I have no more speakers, and I would judge that any further speakers would be on the time of the Veterans' Affairs Committee.

Mr. HUNTER. Mr. Chairman, I yield back the balance of our time.

Mr. SKELTON. Mr. Chairman, I yield back the balance of the Armed Services time.

The Acting CHAIRMAN. For what purpose does the gentleman from California rise?

Mr. FILNER. Mr. Chairman, as the chairman of the Veterans Affairs Committee, I rise in strong support of the Wounded Warrior Assistance Act; and I yield to myself what time I might consume.

I want to thank Congressman SKELTON and Congressman HUNTER. This is a great bill. As a Nation and as a Congress, we were faced with a test, a real challenge, whether we can respond to the conditions of our Nation and of our veterans and our active duty troops. The revelations of what happened at Walter Reed presented us that challenge, gave us that test, and I say with confidence that this Congress is meeting that test.

This is step two in meeting that test. Step one was to make sure we had sufficient resources in the budget of this Nation to meet the needs not only of our existing veterans who have more and more need, whether they are from World War II or Vietnam or the first Persian Gulf war or the great influx of veterans that we are going to have from Iraq and Afghanistan. We already have over 700,000 returning troops who are now veterans, and we are going to get hundreds of thousands more.

In the so-called continuing resolution that was passed by this Congress a few weeks ago, the Veterans Administration was the only agency that got a significant increase from last year's budget; and this Congress added $3.6 billion to veterans in that one continuing resolution.

The supplemental for war that passed this House last week, led by Speaker PELOSI, Chairman SKELTON, Chairman OBEY, and Chairman EDWARDS, we said that the supplemental for war has to also have a supplemental for the warrior—for the health care of our returning veterans. Both in the Defense Department and the VA, we put in almost $3.5 billion; and in the budget resolution that we will be considering today and voting on tomorrow, the Democrats have put in $6.6 billion above the 2007 levels. That, in 90 days, is over $13.5 billion added to last year's budget for the care of our veterans.

George Washington said it very clearly, that the morale of our active duty troops is dependent on the sense of how they are going to be treated when they come home.

The first step of infusion of money, the second step of the Wounded Warrior Assistance bill, says that we are going to meet the challenge, that we understand that the costs of caring for our veterans is part of the cost of war, and that no matter what we think about the war in Iraq, we are united in this Congress and in this Nation that every returning young man and woman gets all the care and love and respect and honor that this Nation can deliver. That is what this bill says, that we are all committed to making sure that the care of these veterans is first in our consciousness.

Both the Defense health care system and the VA system is stretched to its limits. We have underfunded it over the years. We are asking from very dedicated professionals in the VA system to do more and more with less and less resources.

The strain is evident wherever you look. The strain is evident at Walter Reed. The strain is evident when a young Marine shows up at a VA hospital in Minnesota and says, I think I have PTSD and I am having thoughts of suicide, and he was told that you are 28th on the waiting list, come back in a few weeks or a few months, and he went home and he committed suicide. The strain on our system is shown by events like that, and we are committed to making sure that they do not continue.

So we have to live up to our responsibilities, both for the returning Iraqi and Afghanistan veterans and to those who have served our Nation going back to World War II.

In many instances, the problems are exacerbated because of jurisdictional and procedure roadblocks between the Defense and the Veterans Administration. So we have to remove those roadblocks; and, as chairman of the Veterans Affairs Committee, I have worked closely with other members of our committee who will speak today, with Chairman SKELTON and Ranking Member HUNTER of the Committee on Armed Services, to make sure we are working off the same page.

This legislation takes important steps in making the servicemember's transition from the Department of Defense to the VA a seamless transition. We have been using that word for a long time, but we still have great cracks in that system. It is not seamless, but this bill would mandate the Department of Defense to provide disabled servicemembers who are being separated or returned from the Armed Forces with a written transition plan, a road map pointing the way to programs and benefits offered to them as veterans.

It would institute a formal process for transmitting reports and other information to the Veterans Administration from the active duty situation.

It would require both the Department of Defense and the Veterans Administration to establish a joint separation and evaluation physical.

□ 1430

Physicals now are done by two different agencies and with two different standards and with two different bureaucracies. It is sometimes a hellish situation for returning active duty troops. We have to have a fully interoperable medical information system so that two agencies can speak to one another, so that the veteran coming home will have on his record in the VA all the things that occurred to him when he was on active duty in the military.

If we are going to make the handoff in the continuum of care successful, if we are going to make sure there is a seamless transition, if we want to make sure that we don't fumble information that puts at risk the returning servicemembers, we have to take these steps. These steps have are not newly invented. They were first expressed in earlier reports, the President's Task Force, for example, to Improve Health care for our Nation's Veterans, talked about this transition. I hope we are providing both departments with the resources and the tools they need to get that transition right.

Mr. Chairman, our concern is for the health of our fighting men and women when they come home that they get that health care taken care of, both in the Defense Department hospitals and in the VA system. Let's work seamlessly. I urge support for H.R. 1538.

Mr. Chairman, I reserve the balance of my time.

Mr. BUYER. Mr. Chairman, I yield myself 5 minutes.

I rise in favor of this bill, the Wounded Warrior Assistance Act. For over 15 years, whether it was on the House Armed Services Committee or chairman of the personnel responsible for the military health delivery system or now at the VA, issues on seamless transition have been around. It appears that we can only measure success incrementally. For that, it is also unfortunate, because we deal with bureaucracies with both of these very large Departments and their subagencies.

Mr. SKELTON had some challenges in front of him because his leadership rushed him to get this bill to the floor. He also then convinced Chairman FILNER to waive the jurisdiction of the VA Committee so that this bill could get here.

I want to thank Chairman FILNER for complementing the amendment that I had offered in the Armed Services Committee, and I also want to thank Chairman SKELTON. I want to thank Duncan Hunter. I want to thank Dr. VIC SNYDER and JOHN MCHUGH for working with me on the amendment that was offered at the Armed Services Committee that profoundly enhances the seamless transition.

In its original form, the bill required a year-long pilot position on transition. Pilot programs can be useful in exploring new ground. But when it comes to seamless transition, and especially during a war, this is not new ground, and we need to proceed.

Back in 1982, is when Congress directed VA and DOD to work collaboratively together on health care. That was 25 years ago. I believe this collaboration is still being stymied by bureaucrats protecting their respective rice bowls. My amendment replaced the pilot project with system changes. It required a written transition plan for wounded servicemembers.

The bill would require an interoperable electronic exchange of critical medical information between the Departments and the use of the electronic DD Form 214, which DOD would provide to the VA. That allows VA real-time access to veterans' medical history.

There are countless examples of veterans seeking care at a VA facility, only to discover that their paper and military health records are not available. The lack of prior DOD health services is especially critical for badly wounded warriors returning from Iraq and Afghanistan. The ability to transmit data between DOD and VA will speed the recovery of these warriors by avoiding duplication of unnecessary treatment or, more importantly, failing to provide lifesaving procedures.

Electronic exchange of critical medical information might also prevent bureaucratic intransigence on the part of VA. For example, I recently heard from a former Indiana National Guard member who was wounded in the neck and shoulder by an improvised explosive device. When he eventually filed a disability claim, the VA said the documentation in his military medical record was not sufficient to prove the injury was service connected.

Hopefully this rapid exchange of information will put an end to such bureaucratic injustices. Further, H.R. 1538, as amended, would require the use of a uniformed separation and evaluation of physical by DOD and the VA, but the VA could use more disability ratings. This cornerstone seamless transition eliminates the frustrating requirement for a servicemember to have two physicals, one at the military and one at VA.

I associate my comments with Mr. FILNER. Too often, recently discharged veterans filing VA disability claims must undergo a VA physical because their discharge physical failed to address issues affecting the veteran's claim for benefits.

Corporal Murphy, for example, in a hypothetical, gets his discharge physical from Fort Hood, Texas, on June 3. A week later he files a disability claim to the VA for his bad knee. Meanwhile, 90 days later, his physical records at the National Records Center in St. Louis arrive. During that period of time, his medical records are not available to process his claim, and our corporal has already lost 3 months. This is foolishness.

The result is not only costly but also delays the processing of a veteran's claim and possibly entry into life-changing programs, like the VA's vocational rehab program. Finally, the amended wounded warriors bill would collocate VA benefit teams at military treatment facilities and other agreed upon sites to facilitate the transition of recovering servicemembers. Why should a wounded warrior undergo a lengthy period of convalescence and be required to seek out VA benefits counselors at VA offices that are usually far away from the MTF where the veteran is living.

Instead of making Airman Mendez, for example, go to the VA, it is time to mandate the VA to be present where the airman is undergoing treatment. This will give him timely access to VA counselors and benefits that process needed benefits.

These teams would provide preseparation counseling for recovering servicemembers, and records would be transmitted electronically from DOD to VA before the date of separation or retirement, thereby reducing delays, which now bedevil the system. Access to these teams would enable most veterans to leave the treatment facility with their VA benefit in hand.

My own personal experience over the past decade validates the importance of these reforms.

Mr. Chairman, I reserve the balance of my time.

The Acting CHAIRMAN. The gentleman's time has expired.

Mr. FILNER. Mr. Chairman, I would ask unanimous consent to use 10 minutes that were yielded back from the Armed Services time to be split evenly between the majority and minority.

The Acting CHAIRMAN. The Committee of the Whole cannot change the scheme of control for general debate.

Mr. FILNER. A point of order, Mr. Chairman, I had understood that they had yielded the time that they had left back to the Veterans' Affairs Committee for use if we needed it, and we do need it. I think Mr. BUYER needs some time, and I do also.

If I could yield to Mr. HUNTER for that.

Mr. HUNTER. Mr. Chairman, if we could ask unanimous consent that on Armed Services we could reclaim our time that we yielded back, we would like to yield it to the Veterans' Affairs Committee.

The Acting CHAIRMAN. The gentleman from California could ask unanimous consent to reclaim his time, but could not yield control to another manager.

Mr. HUNTER. I would ask unanimous consent to reclaim my time.

The Acting CHAIRMAN. Is there an objection? Hearing none, so ordered.

Mr. HUNTER. Mr. Chairman, I yield to the gentleman from California.

Mr. FILNER. I appreciate that.

PARLIAMENTARY INQUIRY

Mr. BUYER. Mr. Chairman, I have a parliamentary inquiry.

The Acting CHAIRMAN. The gentleman will state it.

Mr. BUYER. Was the time yielded to the Veterans' Affairs Committee 10 minutes or 20 minutes?

The Acting CHAIRMAN. Ten minutes per side.

Mr. BUYER. So we have 20 minutes. So as of right now we are still operating under the Veterans Affairs Committee time, not Mr. HUNTER's time, would that be correct?

The Acting CHAIRMAN. Mr. HUNTER has 3½ minutes remaining. The gentleman from California has 2½ minutes remaining, and the gentleman from Indiana has 5 minutes remaining.

Mr. BUYER. So to the Chair it doesn't matter, with regard to the utilization. All right. Thank you.

Mr. FILNER. Mr. Chairman, we yield 3 minutes to the command sergeant major from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. Mr. Chairman, I rise today in support of H.R. 1538, the Wounded Warriors Assistance Act of 2007.

First of all, I would like to thank the chairman from California. I would like to thank the ranking member from Indiana for his leadership and colleagues on both sides of the aisle for introducing this timely bill that responds to the needs of our soldiers. Their leadership on both sides of the aisle is a testament to the 110th Congress' commitment to caring for this Nation's active duty forces and veterans. The commitment to veterans can show no political ideology.

As a 24-year veteran of the Army National Guard of this Nation, and the highest ranking enlisted soldier to ever serve in this Congress, I know that taking care of active duty forces and our veterans is one of the most important issues facing this country and this Congress. I, as all Americans, was outraged and saddened when we read reports of substandard care and unacceptable conditions at Walter Reed. Our Armed Forces and their families sacrificed too much to receive poor active duty care and difficulties in transitioning to veterans care. H.R. 1538 will fix these problems.

It will be done in a bipartisan manner and this piece of legislation has the possibility of starting to heal some of the divisions amongst this Nation, as we all agree, on the care of our veterans as a priority. This bill will provide more staff to work with outpatient servicemembers. It will improve training for medical staff. It will

find ways to better transition from active duty to veterans care, and it will create an oversight board for wounded warriors that they will properly investigate the quality of care our veterans are receiving in a timely manner.

I urge all my colleagues on both sides of the aisle, regardless of political ideology, to support this bill. We must give our brave servicemen and -women the care they deserve, while serving our Nation. We must continue to address the need for their ongoing care once they hang up their uniforms, that they have performed their service to this Nation with honor, pride and dignity.

Now this Congress must do its job, provide the tools, the funding and the oversight necessary to ensure quality care for every soldier that serves this Nation.

Mr. SKELTON. Mr. Chairman, may I confirm the fact that when I yielded back a few moments ago, that I have 8 minutes remaining?

The Acting CHAIRMAN. The gentleman from Missouri had 8½ minutes remaining. However, one manager may not yield control of time to another manager.

Mr. SKELTON. I understand. I do ask that I be able to reclaim the time, the 8½ minutes.

The Acting CHAIRMAN. Is there objection? Without objection it is so ordered. To clarify, the gentleman from Missouri (Mr. SKELTON) now has 8½ minutes remaining. The gentleman from California (Mr. HUNTER) has 3½ minutes remaining. The gentleman from California (Mr. FILNER) is out of time, and the gentleman from Indiana (Mr. BUYER) has 5 minutes remaining.

Mr. SKELTON. I yield 3 minutes to the gentlelady from Arizona (Ms. GIFFORDS).

Ms. GIFFORDS. Mr. Chairman, we have before us today an excellent piece of legislation, the Wounded Warriors Assistance Act, that I believe will help untangle problems in military health care such as the ones that we recently saw at the Walter Reed Hospital. This legislation came before us in the Armed Services Committee recently, and I am convinced that the provisions will dramatically improve the treatment for our brave, wounded servicemembers and their families by the Department of Defense health care system.

One issue of particular importance that was addressed in this bill is the mental health services and screenings that we will provide to our troops. I want to thank Members for supporting my amendment, that directly impacts mental health treatment for our men and women in uniform.

Ongoing military operations in Iraq and Afghanistan are creating a brand-new generation of veterans, many have seen extreme stresses of war. According to the VA, post-traumatic stress syndrome rates are starting to appear about 20 percent. You look back during the Vietnam War era, those rates were close to 30 percent. So, I believe we are just beginning to see the tip of the iceberg.

PTSD is an issue that will face thousands of American combat veterans for years into the future. This legislation will help ensure that these soldiers don't face this problem alone.

I am proud to vote with my colleagues from the Armed Services Committee to report this bill favorably to the House. I will be very pleased to vote for this outstanding piece of legislation when it appears here on the House floor. I want to thank Chairman SKELTON and Ranking Member HUNTER, for bringing this piece of legislation forward, and, of course, the staff of the Armed Services Committee for their dedication to this issue.

In closing, not every American signs up to put on the uniform. Not every American puts their life on the line for our principles and our values. But for those Americans that do, we owe it to be there with them when they need help.

Mr. BUYER. Mr. Chairman, I yield 5 minutes to the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. I thank the gentleman from Indiana for yielding time to me. I express my appreciation to the Chair for recognizing me.

Mr. Chairman, I am here today in support of this legislation, but I think this legislation could be significantly improved. I come today to advocate on behalf of veterans who live in rural America, as well as servicemen and -women on leave from active duty.

I failed to have the opportunity to attempt to amend this bill in the Veterans' Affairs Committee because of the waiver of its jurisdiction. I appeared yesterday before the Rules Committee seeking the opportunity to offer an amendment today on the House floor. That authorization for offering that amendment was not allowed, was denied.

□ 1445

And I am concerned that as we look at veterans and our military retirees, as we look at those actively engaged in the military today and we try to address the needs that they face, there is a large area of veterans, there is a significant veteran and military active military population that are disadvantaged. That is those who live in rural America.

I represent a district, a congressional district the size of the State of Illinois, and yet, although we have more hospitals, private community hospitals than any congressional district in the country, there is no VA Hospital. There is no military hospital. And so you can be distanced from that access to care by hours, by 3, 4, 5 and 6 hours.

Legislation that I have introduced would try diligently to address that issue, to allow access to the private sector health care providers. If you live further away from a VA Hospital or an outpatient clinic, that you can take your VA card, you can take your active military benefits and see your hometown physician.

Examples from my own constituents. A veteran in the community of Hoxie was told he couldn't see the local optometrist, despite the fact that the optometrist is down the street. But, no, he has to go to Wichita, 4 hours away, in order to have his glasses adjusted.

Another veteran, who is incapable of travel, was told that, no, the local physician can't refill his prescription. He has got to travel to the VA Hospital in order to do that.

This legislation would correct that by allowing, in those circumstances where distances are so great, that the VA can enter into contracts with the private sector to meet the needs of those veterans and that a physician, a private physician, could fill a prescription.

So, Mr. Chairman, I regret that, although this bill brings to the forefront and addresses many issues that our servicemen and women face, it fails in, at least in my belief, to address the needs that we see from rural veterans.

I was pleased that Mr. BARROW, the gentleman from Georgia, who I have joined with in past efforts to try to increase the reimbursement rate for mileage for rural veterans as they travel to a VA Hospital, his amendment was made in order. And I am pleased and will support that, would love to have the opportunity again to speak in favor of it.

But these are the kind of issues that we cannot let this Congress ignore. We are not a one-size-solution fits all. And those of us who have concerns for those who choose to live in rural America, we believe we can make this legislation better. So, Mr. Chairman, I appreciate the time to speak in favor.

Mr. BUYER. Mr. Chairman, I reserve the balance of my time.

Mr. SKELTON. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. SKELTON and Mr. HUNTER, your committee, working with the Veterans Committee, has produced an outstanding piece of legislation; and I hope that that cooperation, I know that cooperation will continue, because we have other things to do.

The gentleman from Kansas expressed what is on the minds of many of our colleagues, and that is to make sure that our rural veterans are served, also. We will do that; and I know my ranking member, Mr. BUYER, joins me in that commitment.

As I said earlier, Mr. Chairman, we have a test as a Nation. Are we going to make sure that every returning young man and woman from Iraq and Afghanistan has the best facilities, the best health care, the best treatment, the best love, the best commitment that we, as a Nation, can offer? And are we going to make sure that their predecessors, from World War II to the present, are also given that same care and commitment?

There are 200,000 homeless vets on the street tonight, mainly from the Vietnam era. We cannot allow that to continue.

We have a 600,000 claim backlog for disability payments. We cannot allow that to continue.

We have facilities that need to be repaired and rebuilt. We have needs for Agent Orange veterans and atomic veterans. We, as a Nation, must take up this challenge and must meet it.

We had significant new resources provided in the budget matters that have come before us in the last 60 days. This Wounded Warrior Assistance Act is the next step as we try to make sure that those who faced danger and life-threatening situations in Iraq do not have to face a bureaucracy which threatens to kill them off. This is a step to change that. We are going to have a seamless transition, and I thank the Chair for his commitment.

Mr. BUYER. Mr. Chairman, I yield myself such time as I may consume.

In the 1990s, Mr. SKELTON, you can remember well that we drew down the size of the military. We cut all the divisions and the wings and the squadrons; and then we had to figure out how we could maintain all those military hospitals and the medical treatment facilities, all the forts and bases. And we found out, with limited dollars, we really couldn't do all of that to the level which we wanted, so we created three centers of excellence, at Brooke and at Bethesda and at Walter Reed.

And I do not want this debate today, for anyone who is working at Walter Reed, to feel as though this Congress is not proud of the level of respect and the enduring appreciation that we have of the doctors and the nurses and the technicians that provide the health care at Walter Reed, Bethesda, Brooke or any other medical facility, from the battlefield throughout the entire process.

We are very disappointed that we had single soldiers that were wounded, convalescing, being held in an unhealthy building. But for that to then be interpreted as though bad care was being delivered at Walter Reed is not a factual basis.

It is a curious thing, though, that one of our centers of excellence ended up on the BRAC; and that is an issue, Mr. SKELTON, we are going to have to address.

I do want to also extend though a compliment to Mr. HUNTER and Mr. SKELTON, because you saw this one coming in 2004, because in the 2005 Defense bill you then created the Disability Claims Commission. It has been extended now and will not report until September of this year. So I want to thank you for seeing this one coming; and I wish that we could have gotten to those results much, much sooner.

Mr. HUNTER. Mr. Chairman, I yield myself such time as I may consume.

I just want to mention that in 2005, and working with Mr. BUYER and working with Mr. SKELTON and other Members of the Armed Services Committee and Veterans' Affairs Committee, we put together this Disability Claims Commission with an eye toward trying to make the evaluations that are arrived at in DOD and the VA system consistent. In this bill that we are passing today, we are directing DOD and VA to go back and, as this commission meets and continues to work, to focus on their work product and what they are doing; and, hopefully, we can have some value added as a result of their focusing on the commission that currently is in place.

Mr. BUYER. Mr. Chairman, will the gentleman yield?

Mr. HUNTER. I yield to the gentleman from Indiana.

Mr. BUYER. What this means, Mr. Chairman, is we still have work to do. And I didn't want to be overcritical about the pressure the leadership gave you to get this bill to the floor. I think you and I both would have liked to have done something more comprehensive. But with this Disability Claims Commission sitting out there, and they have given 2 years now of labor, we are going to have to come back at this one in earnest. And I am most hopeful that you will continue your work with the Veterans' Affairs Committee as we work in this endeavor of a seamless transition.

Mr. HUNTER. Mr. Chairman, if I have got a couple of minutes left, if any member of the Veterans' Affairs or the Armed Services Committee would like to use the rest of the time, I would be happy to yield to them.

Appearing that there isn't anybody, I yield back at this point, Mr. Chairman.

Mr. SKELTON. Mr. Chairman, I yield myself such time as I may consume.

I wish to mention Mr. BUYER and I have had this discussion about there is more work to do. We will do it. We will do our very best I know in the Armed Services Committee as well as in the Veterans' Affairs Committee; and I appreciate your mentioning the fact that this is a step, although in my opinion, it is a major step. We still have a great deal of work to do regarding the wounded warriors.

Now, Mr. Chairman, I have mentioned the positive work done by DUNCAN HUNTER, by VIC SNYDER, by JOHN MCHUGH, by BOB FILNER, by STEVE BUYER, but I would be remiss if I didn't brag on and thank the wonderful staff that we have on our Armed Services Committee and also in the Veterans' Affairs Committee. They have worked long and very efficiently, and the product before us is a work of art by the members of our staff, and I certainly thank them for their tremendous professionalism.

Mr. ELLSWORTH. Mr. Chairman, I rise in strong support of H.R. 1538, the Wounded Warrior Assistance Act of 2007.

Throughout our history, we have asked generations of Americans to protect the freedoms we enjoy. As the newest generation of brave Americans steps forward to answer the call at great personal sacrifice, we must honor them with a renewed commitment to providing the medical care they deserve.

The brave men and women of our armed forces proudly serve this great nation by putting their lives on the line in missions that take them far away from their homes and families. We must never forget the debt owed to our soldiers when they return home from the battlefield.

This bill addresses some of the patient care problems at Walter Reed Medical Center recently brought to light in news accounts and Congressional hearings. It requires every wounded service-member to be assigned a case manager to review and supervise the soldier's medical care.

The problems experienced at Building 18 should not overshadow the otherwise exceptional care the doctors and nurses at hospitals and clinics throughout the country provide our men and women in uniform. This will requires us to provide those doctors and nurses with reinforcements to ensure none of our wounded soldiers are left behind again.

Our obligations to our wounded soldiers do not stop when they become wounded veterans. By streamlining the transition process from soldier to veteran, our local VA clinics and hospitals can ensure our veterans continue to receive exceptional medical care without bureaucratic interruption.

Mr. Chairman, H.R. 1538, the Wounded Warrior Assistance Act of 2007, takes necessary strides toward ensuring that all of our wounded soldiers receive the best possible medical care. I am proud to support this bill and will continue to stand up for our service members in the future.

Mr. ETHERIDGE. Mr. Chairman, I rise in support of H.R. 1538, Wounded Warrior Assistance Act of 2007, and I urge my colleagues to join me in voting in favor of it.

I support H.R. 1538 because I believe our men and women in uniform who have served our country deserve the best possible care when they return home. The conditions that were recently uncovered at Walter Reed Army Medical Center were disturbing and unacceptable. In addition, thousands of soldiers are returning from Iraq and Afghanistan, and we need to further improve the conditions of the Department of Defense and Veterans Administration health care systems in order to meet this need. As the Representative for Fort Bragg and Pope Air Force Base, and as a veteran myself, I have always made the needs of our soldiers and veteran and their families high on the priority list.

H.R. 1538 is a bipartisan bill that improves the lives of our veterans in several ways. This legislation will improve the access to quality medical care for service members who are outpatients at military health care facilities, restore efficiency to the disability evaluation system, and streamline the transition of wounded service members from the Armed Forces to the Veterans Administration. By establishing a system or patient advocates and independent medical advocates, and improving the system of case managers for wounded service members, H.R. 1538 makes sure that veterans are getting the care that they need. In addition, this bill improves training and reduces caseloads for these managers so that service members and their families can get more individual attention. Finally, H.R. 1538 establishes a national toll-free hotline so that service members and families have a mechanism for

reporting problems and deficiencies in their treatment.

I urge my colleagues to join me in voting for H.R. 1538, Wounded Warrior Assistance Act of 2007, and improving the quality of care for our Nation's veterans.

Mr. BACA. Mr. Chairman, I rise today in support of H.R. 1538, the Wounded Warrior Assistance Act.

I voted against this war 5 years ago and believe we should never have gone into Iraq.

But as a veteran, I stand by our troops and am committed to supporting all of our troops—before, during and after service.

There are 32,000 wounded soldiers from the Iraq conflict alone and they need medical attention and assistance to get back on their feet.

However, our veteran healthcare system that is in shambles. Internal reports, the media, and Congressional hearings are revealing the same kind of problems across the board—chronic under-funding, neglect, improper conduct, and lack of accountability.

There will be hundreds of thousands of veterans who will need care over the next decade as they return from Iraq, Afghanistan and other fronts in the Global War on Terror.

And our military and veterans healthcare systems are not prepared. Unless we act now, the situation will fall apart.

The recent tragedies at Walter Reed Army Medical Center underscore the urgency of the issue and the hardships faced by our military families across the country.

Mr. Chairman, I recently visited our returning veterans at Walter Reed Medical Center and as I spoke to these men and women and listened to their stories, I was almost brought to tears.

They told me of doctors who weren't giving them the attention they needed. Others shared how they had to prove to the medical staff that they were really injured.

One wounded soldier and his father in particular really struck a chord in me. This young man is from my home state of California and he told me how his father completely shut down his business, packed his things, and flew 3,000 miles across the country to make sure his son got the proper support and attention.

As if this brave soldier's sacrifice wasn't enough. Now his family has to put their lives on hold to ensure that he recuperates fully from his battle wounds.

After my visit, I took a long time to think and reflect on what I had seen. And really at the end of the day, all could think was that it just wasn't fair.

This young man is one of the lucky ones. His family could afford to make that sacrifice.

But what about the countless military families who are barely making ends meet and simply can't afford to quit their jobs?

Mr. Chairman, the bottom line is the American people shouldn't have to do these things.

We're fighting all over the world to spread democracy and peace at the expense of these young men and women and their families.

And yet what kind of example are we setting for the rest of world when we don't honor those who bear the scars of battle?

Veterans and military healthcare is one of the most neglected programs in this country.

It is immoral, it is embarrassing, and it is just plain irresponsible.

We have a duty as a government to take care of each and every soldier who has been injured in the line of duty in defense of our great Nation.

H.R. 1538 takes a step in the right direction by comprehensively examining the cracks in military healthcare and fixing them.

The Wounded Warrior Assistance Act reduces the caseloads of our medical case managers so service members and their families get help when they need it.

It also creates a system of patient advocates for outpatient wounded service members so that they get the right treatment.

The bill also establishes a toll-free hot line so that service members and their families have someplace to turn to when they see neglect or improper conduct.

We're also going to look at the training all of our military healthcare employees get from top to bottom. We're going to make sure the people who are treating and working with our troops and veterans have the right tools and information to give them the best service possible.

The bill also creates an Army Wounded Warrior Battalion pilot program to track active-duty soldiers in ''outpatient status'' who still require medical care.

H.R. 1538 will also look at overhauling the disability evaluation process. Average disability claims take a year and appeals are taking about two years to process. We have an enormous backlog of claims within the VA system and we need to fix the problem immediately.

Finally, we're going to help our troops better transition from military healthcare systems to veterans' healthcare systems. The transition will include an official handoff between the two systems with the electronic transfer of all medical and personnel records before the member leaves active duty so that there are no gaps in coverage or service.

The American people have already paid too high a price for this war. 3,233 soldiers have died in Iraq, including 10 men from my own district.

We need this bill to ensure that we honor the sacrifices of all our troops and their families by at the very least providing quality, timely healthcare.

That's why I urge my colleagues to support H.R. 1538.

Mr. HOLT. Mr. Chairman, it's unfortunate that we even have to consider this bill. Proper care of our military wounded should be the top priority of our military medical establishment. As we know now, it was not a sufficient priority for the Secretary of the Army and several senior Army officers. Those individuals may be gone, but the problems they allowed to take root and fester must be eliminated. This bill is a good first step in that direction.

The Wounded Warrior Assistance Act seeks to correct the training, personnel, and oversight deficiencies that the Walter Reed Medical Center scandal revealed earlier this year. I want to be clear: the overwhelming majority of the men and women who work at Walter Reed are first-rate medical professionals who care deeply about the troops in their care. However, we now know that for several years, Walter Reed—and almost certainly other DoD and VA medical facilities across the country—had been strained beyond its capacity.

Ill-advised decisions—including the outsourcing of administrative and maintenance personnel—clearly contributed to the appalling living conditions experienced by some soldiers at Walter Reed. I applaud the chairman of the Armed Services Committee, Mr. SKELTON, for including a 1-year moratorium on such outsourcing pending a review of the entire practice. I have long argued that it is a myth that the private sector can invariably do a better job than the Federal government with these kinds of services. We've already seen in Iraq how corporate contracting giants like Haliburton can make hundreds of millions of dollars while providing substandard services to troops in the field. I'm grateful that my colleagues on multiple committees are looking at these issues, and I'm sure the reforms in this bill will only be the beginning of our effort to re-evaluate the use of contractors within the Federal government.

This bill also mandates a review of the status of all DoD medical facilities, which is another key step in providing the oversight needed to ensure that any other hospitals or clinics with deficient care are identified and remedial measures taken immediately. I am confident that my friend from California, Mr. FILNER, the chairman of the House Veterans Affairs Committee, is already taking the same steps. Indeed, another positive aspect of this bill is that it seeks to streamline and rationalize the transition process for veterans when they move from the DoD medical system to the VA for treatment and followup care.

This bill requires that DoD ensure the veteran's medical and related records are transferred in a timely fashion, and that veterans get pre-separation counseling so that they understand the benefits they are entitled to and how to best interact with the VA medical system. Establishing a clear-cut mechanism for ensuring that veterans transition seamlessly from one system to another will require both a congressionally mandated structure, but perhaps even more important, continuous congressional engagement. That is why I am especially pleased that this bill mandates that members of Congress be informed any time one of their wounded military constituents enters the military medical system.

Current law requires DoD to notify members of the death of military constituents. These notifications, while bearing tragic news, allow us to provide the maximum possible assistance to families who have lost a servicemember. By now ensuring that we are informed when military constituents are wounded, we will be able to work proactively with the families to ensure the needs of the wounded are met in a more timely manner, and to provide us with a roadmap for oversight actions early on.

Mr. Chairman, I thank my friend from Missouri, Mr. SKELTON, for the work that he and his committee colleagues have done to bring this measure before us today, and I urge my colleagues to join me in supporting it.

Mr. ENGEL. Mr. Chairman, I rise today in support of H.R. 1538, the Wounded Warrior Assistance Act of 2007. This bill will provide long overdue assistance to our wounded veterans.

I know every Member of this body has read some of the horrific stories that have come out of veterans' facilities such as Walter Reed, which is just a few miles from where we stand. Stories such as mold in the rooms, holes in the ceiling, and insect and rodent infestation became commonplace at what should be our preeminent Army healthcare facility.

We owe our war veterans the very best care that our country can provide, but these problems at Walter Reed are not isolated incidents. They are indicative of an Administration that has failed soldiers and veterans at every level. The Wounded Warrior Assistance Act will help remedy the problems that have become known over the past few years.

This bill will take a number of steps to improve the quality of life for injured veterans. For starters, it will reduce the workload of case managers handling the medical care of vets. Currently, these case managers are overwhelmed with thousands of soldiers who have come back wounded from Iraq.

In addition to reducing their caseload, this bill will also require that case managers are properly trained to handle the supervision of the soldiers in their care. These injured soldiers need an advocate to help them navigate the paperwork and potential obstacles they face.

H.R. 1538 will also direct the Department of Defense to create a toll free hotline for soldiers to report problems with their medical care, or with the facilities in general. Had there been a hotline already, we might have learned about the Walter Reed problems long ago.

As has been proven with all the problems that we have seen in military medical facilities recently, there has been a general lack of oversight involving the military hospitals. This bill will fix that problem by creating an oversight board. This board would be composed of members of the House, Senate, as well as appointees of the Departments of Defense and Veterans Affairs. This oversight is critical to prevent these terrible conditions from reoccurring.

Mr. Chairman, throughout our Nation's history, our freedom has been preserved by members of the Armed Forces. Countless soldiers throughout our history have given their lives or their health to preserve our way of life. Ensuring that they get the very best healthcare is the very least we can provide them with. How can we possibly ask a soldier to sacrifice a limb to preserve our safety, and then put them in a dirty, moldy room when they return? This is unconscionable behavior, and passing R.R. 1538 is a good way to address some of these problems.

I strongly support the Wounded Warrior Assistance Act, and I urge my colleagues to offer their support as well.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in strong support of H.R. 1538, the ''Wounded Warrior Assistance Act of 2007.'' The news of the horrible living conditions at Walter Reed Army Medical Center raised our national consciousness regarding the need to do more—much more—for wounded and injured service members and to upgrade the administrative systems that support them. While the committee made improvements in the past, there is more that can and should be done. When our heroic young men and women willingly sacrifice life or limb on the battlefield, the nation has a moral obligation to ensure that they are treated with respect and dignity.

According to Webster's, dignity is ''the quality or condition of being esteemed, honored or worthy.'' Madam Speaker, we can never do enough to honor our wounded veterans. Studies have shown that 30 percent of troops deployed to Iraq suffer from depression, anxiety, or post-traumatic stress disorder (PTSD). More than 1500 Iraq and Afghanistan veterans have sustained devastating brain injuries from improvised explosive devices (IEDs). However when wounded troops return home the treatment they receive is more befitting a second class citizen than a hero. This is a shame and a great stain on our nation.

How these problems could be overlooked or neglected by this Administration is unfathomable. The very leaders that these brave young men and women rely upon let them down. The message that incidents like Walter Reed Medical Center sends to our troops is that we do not care enough. But that is not the message we wish to send. The Wounded Warrior Assistance Act, H.R. 1538, will go a long away toward correcting this misapprehension.

On February 26, 2007, I had the opportunity to visit some of our wounded heroes at the Michael E. DeBakery VA Hospital in Houston, Texas. I promised those brave young men and women that ''those of us in Washington would do everything we could to ensure that the health and well being of our veterans was a top priority.''

Likewise, I was overwhelmed with sadness and anger after my visit to Walter Reed Hospital in May of last year. Walter Reed points to more general problems in the DOD and VA health care systems. The exposure of Walter Reed has led to the reviews of other DOD and VA health care facilities—reviews that have found that Walter Reed is not an isolated case. The Washington Post reported recently that a recent review by the Department of Veterans Affairs of 1,400 hospitals and other veterans' care facilities ''turned up more than 1,000 reports of substandard conditions—from leaky roofs and peeling paint to bug and bat infestations—as well as a smaller number of potential threats to patient safety, such as suicide risks in psychiatric wards.''

H.R. 1538 addresses the failures of an administration that was eager to go to war, yet took for granted its most valuable resource our troops. This bipartisan bill responds to the problems brought to light at the Walter Reed Army Medical Center and other military health care facilities by including provisions to: (1) improve the access to quality medical care for wounded service members who are outpatients at military health care facilities; (2) begin the process of restoring the integrity and efficiency of the disability evaluation system and taking other steps to cut bureaucratic red tape; and (3) improve the transition of wounded service members from the Armed Forces to the VA system.

Specifically, H.R. 1538 provides improvements to medical and dental care for members of the armed forces assigned to hospitals in an outpatient status. It establishes a toll-free hot line for reporting deficiencies in medical-related support facilities and expedited response to reports of deficiencies.

The legislation requires congressional notification of hospitalization of combat wounded service members and creates an independent medical advocate for service members appearing before medical evaluation boards. The bill also provides for training and reduced caseloads for physical evaluation board liaison officers. It also requires the establishment of a standardized training program and curriculum for department of defense disability evaluation system.

Our wounded warriors will also benefit from improved training for health care professionals, medical care case managers, and service member advocates on particular conditions of recovering service members provided for in the bill, as they will from establishment of a medical support fund for support of members of the armed forces returning to military service or civilian life.

I am especially pleased that the bill requires the establishment of an oversight board for wounded warriors and the submission of an annual report to Congress evaluating military medical facilities and the DOD and VA disability evaluation systems. Finally, the bill imposes a moratorium on the outsourcing of mission critical health care jobs at Walter Reed Medical Center and other medical facilities.

Mr. Chairman, every morning when I arrive at my office, I am reminded of how fortunate I am. Outside of my office there is a posterboard with the names and faces of those heroes from Houston, Texas who have lost their lives wearing the uniform of our country. I think to myself how lucky I am to live in a nation where so many brave young men and women volunteer to the ultimate sacrifice so that their countrymen can enjoy the blessings of liberty. Now is the time to remind our heroes they have not been forgotten. More importantly, America has not forgotten them. As I have said in the past: ''Just as our soldiers do not leave their comrades on the battle fields, America can not leave the injured to languish on their own with no comfort and support from a grateful nation. The problems in Iraq and Afghanistan are taking us away from focusing on the care for our wounded Veterans and their family and that must stop.''

Substandard living conditions, inattentive care, and bureaucratic red tape are completely unacceptable. We must correct everything that is wrong with the current system of health care for wounded veterans and make it right. Most important, a situation like Walter Reed must never be allowed to happen again. One reason we are the greatest nation in the world is because of the brave young men and women fighting for us in Iraq and Afghanistan. They deserve honor, they deserve dignity, and they deserve our absolute best. Let them know you care. Let us honor our wounded warriors. Let us pass H.R. 1538.

Mr. LARSON of Connecticut. Mr. Chairman, today I rise in strong support of H.R. 1538, the Wounded Warrior Assistance Act, which would be the first step in addressing poor patient care and problems experienced in navigating the military's medical bureaucracy.

In February 2007, the media uncovered the grotesque living conditions, inattentive care, and bureaucratic hassles experienced by some of the wounded soldiers staying at Walter Reed Army Medical Center. However, the situation at Walter Reed is not an isolated case, but a systemic problem that plagues the veteran health care system. A recent review by the Department of Veterans Affairs (VA) of 1,400 hospitals and other veterans' care facilities found ''more than 1,000 reports of substandard conditions—from leaky roofs and peeling paint to bug and bat infestations.'' In Connecticut, approximately 2,500 veterans are waiting for benefits. The military health care system is understaffed and drowning in a backlog of cases and unable to provide our veterans with the benefits and resources they sacrificed a great deal to earn.

The Wounded Warrior Assistance Act would restore the process of integrity and efficiency

in our nation's military health care system. This bill would create a new system of case managers, advocates, and counselors for wounded service members returning from combat overseas to help them get the care they need and to help navigate the military's health care bureaucracy. The legislation would also require the establishment of a toll-free hotline for reporting deficiencies in facilities supporting medical patients and family members. Under H.R. 1538, the Department of Defense (DoD) and the VA would conduct a joint study on the disability evaluation systems operated by both departments in order to improve the consistency between these two systems.

I applaud the leadership of Chairman SKELTON and the honorable members of the House Armed Services Committee who crafted the legislation before us today. Congress has an obligation to be a watchdog for our veterans and ensure they receive appropriate care. These men and women have sacrificed their lives for our freedoms and they deserve the best health care and resources our country can provide.

Mr. REYES. Mr. Chairman, I rise today to express my strong support for the Wounded Warrior Assistance Act. While I am pleased that we are taking swift action on this important bill, I am woefully disappointed by the circumstances that brought us here.

It seems that the efforts to meet the medical treatment needs of our soldiers, sailors, airmen, and marines were as poorly planned and executed by this administration as the military operations.

There is no doubt that our troops are getting outstanding military care from the time that they are wounded until they leave inpatient care.

But it is the aftermath where we are failing our Nation's heroes. Things such as:

Obtaining treatment for conditions like PTSD that develop after a soldier has left the combat zone.

Coordination of medical care for soldiers who have left the military hospital but still require rehabilitation and outpatient treatment.

A smooth transition from the military to the Veterans Administration health care system.

The bill under consideration today makes critical and desperately needed improvements in our current military and veterans health care systems.

It responds to the need to better coordinate care so that our wounded warriors never fall through the cracks, by improving the training of case managers and limiting their workload to a manageable number of soldiers; by creating a new patient advocate program so that each injured service member has a government employee fighting for his or her needs; and by establishing a toll-free number where families can report deficiencies and receive quick action to resolve problems.

The bill would also address the transition of troops from military medical treatment to civilian life and the Veterans Administration health care system by beginning to reform the disability evaluation system; by appointing independent medical professionals to support wounded service members during the medical evaluation board process; and by formalizing the process of transitioning military patients and all of their medical records to the Veterans Administration.

The bill would also improve training for the medical professionals and counselors who work with service members and their families and would create new Wounded Warrior Battalions at all Army medical centers modeled on the Marine Corps's highly successful program.

The bill also includes a provision that I sponsored during consideration of the measure by the House Armed Services Committee. My amendment, as included in bill, addresses the challenges facing the Army in providing needed facilities by directing the Secretary of the Army to report back to Congress on infrastructure requirements for supporting wounded warriors at Army medical facilities and installations.

My amendment arose from what I observed at Fort Bliss, in my district of El Paso, Texas, and my visits to other military medical facilities throughout the world.

At Fort Bliss, our garrison commander, our medical facility commander, and our military hold unit commander have worked tirelessly to meet the most immediate needs of the over 250 soldiers on medical hold there, but it is clear that we need a more concentrated effort by the Army to identify and fund needed upgrades to facilities for wounded warriors.

From adequate numbers of family housing units and barracks rooms that meet accessability standards to sidewalks, our Army posts simply don't have the facilities they need to meet the needs of soldiers recovering from disabling injuries.

But the area where I have seen the greatest need is accessability to military hospitals. At Fort Bliss and Army posts around the Nation, just getting in the door is a struggle for wounded soldiers as they face Army Medical Centers where the support facilities simply aren't adequate.

At Fort Bliss soldiers seeking treatment at the hospital often find the parking lot completely full, and when they do find a parking space, it's likely in a remote spot which may or may not be served by a volunteer-staffed shuttle. And to make matters worse, more often than not, those shuttles are broken.

There is no doubt that our Nation wants to do all that we can to help those who are injured in their military service, and there are thousands of dedicated professionals working hard to give them the medical care that they deserve. But it is clear that we have to do more. We need to provide all the resources that are required, and we must remove legislative and administrative barriers that are keeping our wounded warriors from getting the best possible care. Our military forces make invaluable sacrifices in defense of our Nation, and we owe them nothing less.

Mr. EVERETT. Mr. Chairman, I rise today to express my support for the Wounded Warriors Assistance Act. As a member of the Armed Services Committee and a veteran myself, this is an issue that I find of the utmost importance.

Following the public exposure of the problems at Walter Reed Hospital, it has become clear that changes are needed in order to provide our soldiers the level of healthcare they deserve.

With a growing number of servicemembers in need of medical attention, it is imperative that there is an adequate amount of staff at our military hospitals. By enforcing a minimum ratio of caretakers to servicemembers, this legislation will ensure that every soldier gets the personal attention that they need. In addition, service members will be assigned medical care case managers that would help them and their families deal with the administrative process involved with their care. This type of personalized care and assistance will help our wounded warriors with their recovery, and make an easier transition back into the field or civilian life.

Having spent years on the House Armed Services Committee and the Committee on Veterans' Affairs, I have seen first hand the need for improved lines of communication between the Department of Defense and the Department of Veterans Affairs. Under the current system, there is no designated process by which military personnel become veterans; or for their medical and service records to move from one department to the other. This measure will streamline the transfer process by transmitting members' dismissal forms electronically to the correct agencies.

Another great concern of mine comes from the inconsistencies between the two departments' disability ratings systems. When given a different rating of disability as a member of the military than as a civilian, disparities are bound to arise in what benefits can be expected. Creating a single, standardized rating system will help ensure that both our military personnel and our veterans receive the best care that our government can provide.

In conclusion, I would like to thank all of my colleagues on the Armed Services Committee for their hard work on this legislation; and I strongly urge an ''aye'' vote for this important bill.

Ms. LORETTA SANCHEZ of California. Mr. Chairman, I rise today in support of H.R. 1538—the Wounded Warrior Assistance Act of 2007.

At the beginning of this month, when I was in Iraq, I spoke with soldiers who had just learned that their tours had been extended.

They said to me, ''Please, can you help us get us out of here.'' These troop extensions are really having an impact on the morale of our military men and women.

To add to that, soldiers see what has been going on at Walter Reed and they wonder whether they will be able to get the care they need.

The President has sent our troops into harm's way, extended their tours to support his surge, and has allowed these unforgivable lapses in the care of our wounded warriors under his watch.

When our men and women sign up for military service, recruiters assure them that the military will take care of them. The failure at Walter Reed calls the commitment given by our military recruiters into question.

The bill before us today will go a long way in making sure that the troops get the care they need and deserve.

I would like to thank my chairman, Mr. SKELTON, and all my colleagues for their work in developing this important legislation.

I supported this legislation when it came before the Armed Services Committee on which I sit, and I am proud to support it today.

Ms. HIRONO. Mr. Chairman, I rise to speak in support of H.R. 1538, the Wounded Warrior Assistance Act, which will help correct the unconscionable deficiencies exposed by the Washington Post at the Walter Reed Army Medical Center. H.R. 1538 will improve the delivery of medical services to our wounded warriors who have done all that we have

asked of them. We now must honor our commitment to them to care for them when they are injured.

H.R. 1538 provides the basic services we would have expected for our wounded service personnel such as readily available case managers and advocates to assist incapacitated patients receive appropriate care, improved training of health care professionals and better monitoring of out-patients to ease the transition to the VA medical care system. The Walter Reed experience showed that we cannot rely on the current system to provide these basic services and care.

I am particularly pleased with the attention we will finally pay to the mental injuries, such as Post Traumatic Stress Disorder, that can be as crippling and incapacitating to our soldiers and veterans as physical injuries.

When I spoke on House Concurrent Resolution 63 opposing the President's surge, I mentioned CPT Lisa Blackman, a clinical psychologist, who cared for soldiers who suffered devastating emotional and mental harm inflicted while serving in Iraq and chronicled their troubling and heart-breaking torment in the book, Operation Homecoming.

These brave troops, who suffered severe physical as well as mental injuries, shamefully did not receive proper treatment after faithfully serving their country. H.R. 1538 properly recognizes the sacrifices our troops have made and provides the long overdue care and medical services our troops should properly expect and deserve from their government.

Ms. WATERS. Mr. Chairman, I rise in strong support of H.R. 1538, the Wounded Warrior Assistance Act.

The revamped case management system, the toll-free complaint hotline, and record transfer process from the Defense Department to the Veterans Administration will provide timely and serious response to the medical needs of our veterans.

Through repeated tours of duty, our troops have been made more vulnerable to injury and serious health complications. The U.S. Veteran healthcare system desperately needs the improvements that this bill provides in order to accommodate the soldiers who will be returning from these multiple tours.

In the 35th Congressional District, I have assigned staff specifically to the task of fielding the many calls of veterans who need assistance. Out of all veteran calls that we receive in our District office, the number one reason is to help them get a live response and to navigate through the bureaucracy to obtain the medical benefits that they earned serving our country. Therefore, in Los Angeles, we have living proof that our system is broken and in need of the fixes that this legislation offers.

Congress has appropriated more than enough funds to give our veterans decent medical care when they come home.

I commend Mr. SKELTON for his leadership on these issues and support H.R. 1538. I ask my colleagues to pass this legislation.

Mr. SKELTON. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the amendment in the nature of a substitute printed in the bill shall be considered as an original bill for the purpose of amendment under the 5-minute rule and shall be considered read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 1538

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Wounded Warrior Assistance Act of 2007''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. DEFINITIONS.

In this Act:

(1) CONGRESSIONAL DEFENSE COMMITTEES.—The term ''congressional defense committees'' has the meaning given that term in section 101(a)(16) of title 10, United States Code.

(2) DISABILITY EVALUATION SYSTEM.—The term ''disability evaluation system'' means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.

(3) FAMILY MEMBER.—The term ''family member'', with respect to a recovering service member, has the meaning given that term in section 411h(b) of title 37, United States Code.

(4) RECOVERING SERVICE MEMBER.—The term ''recovering service member'' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, or is otherwise in medical hold or holdover status, for an injury, illness, or disease incurred or aggravated while on active duty in the Armed Forces.

TITLE I—WOUNDED WARRIOR ASSISTANCE

SEC. 101. IMPROVEMENTS TO MEDICAL AND DENTAL CARE FOR MEMBERS OF THE ARMED FORCES ASSIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.

(a) MEDICAL AND DENTAL CARE OF MEMBERS ASSIGNED TO HOSPITALS IN AN OUTPATIENT STATUS.—

(1) IN GENERAL.—Chapter 55 of title 10, United States Code, is amended by inserting after section 1074k the following new section:

''§ 1074l. Management of medical and dental care: members assigned to receive care in an outpatient status

''(a) MEDICAL CARE CASE MANAGERS.—(1) A member in an outpatient status at a military medical treatment facility shall be assigned a medical care case manager.

''(2)(A) The duties of the medical care case manager shall include the following with respect to the member (or the member's immediate family if the member is incapable of making judgments about personal medical care):

''(i) To assist in understanding the member's medical status.

''(ii) To assist in receiving prescribed medical care.

''(iii) To conduct a review, at least once a week, of the member's medical status.

''(B) The weekly medical status review described in subparagraph (A)(iii) shall be conducted in person with the member. If such a review is not practicable, the medical care case manager shall provide a written statement to the case manager's supervisor indicating why an in-person medical status review was not possible.

''(3)(A) Except as provided in subparagraph (B), each medical care case manager shall be assigned to manage not more than 17 members in an outpatient status.

''(B) The Secretary concerned may waive for up to 120 days the requirement of subparagraph (A) if required due to unforeseen circumstances.

''(4)(A) The medical care case manager office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code.

''(B) For purposes of subparagraph (A), an appropriate military occupation specialty, designator, or specialty code includes membership in the Army Medical Corps, Army Medical Service Corps, Army Nurse Corps, Navy Medical Corps, Navy Medical Service Corps, Navy Nurse Corps, or Air Force Medical Service.

''(5) The Secretary of Defense shall establish a standard training program and curriculum for

medical care case managers. Successful completion of the training program is required before a person may assume the duties of a medical care case manager.

''(b) SERVICE MEMBER ADVOCATE.—(1) A member in an outpatient status shall be assigned a service member advocate.

''(2) The duties of the service member advocate shall include—

''(A) communicating with the member and with the member's family or other individuals designated by the member;

''(B) assisting with oversight of the member's welfare and quality of life; and

''(C) assisting the member in resolving problems involving financial, administrative, personnel, transitional, and other matters.

''(3)(A) Except as provided in subparagraph (B), each service member advocate shall be assigned to not more than 30 members in an outpatient status.

''(B) The Secretary concerned may waive for up to 120 days the requirement of subparagraph (A) if required due to unforeseen circumstances.

''(4) The service member advocate office at each facility shall be headed by a commissioned officer of appropriate rank and appropriate military occupation specialty, designator, or specialty code in order to handle service-specific personnel and financial issues.

''(5) The Secretary of Defense shall establish a standard training program and curriculum for service member advocates. Successful completion of the training program is required before a person may assume the duties of a service member advocate.

''(6) A service member advocate shall continue to perform the duties described in paragraph (2) with respect to a member until the member is returned to duty or separated or retired from the armed forces.

''(c) SEMIANNUAL SURVEYS BY SECRETARIES CONCERNED.—The Secretary concerned shall conduct a semiannual survey of members in an outpatient status at installations under the Secretary's supervision. The survey shall include, at a minimum, the members' assessment of the quality of medical care at the facility, the timeliness of medical care at the facility, the adequacy of living facilities and other quality of life programs, the adequacy of case management support, and the fairness and timeliness of the physical disability evaluation system. The survey shall be conducted in coordination with installation medical commanders and authorities, and shall be coordinated with such commanders and authorities before submission to the Secretary.

''(d) DEFINITIONS.—In this section:

''(1) The term 'member in an outpatient status' means a member of the armed forces assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members receiving medical care as outpatients.

''(2) The term 'disability evaluation system' means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

''1074l. Management of medical and dental care: members assigned to receive care in an outpatient status.''.

(b) EFFECTIVE DATE.—Section 1074l of title 10, United States Code, as added by subsection (a), shall take effect 180 days after the date of the enactment of this Act.

SEC. 102. ESTABLISHMENT OF TOLL-FREE HOT LINE FOR REPORTING DEFICIENCIES IN MEDICAL-RELATED SUPPORT FACILITIES AND EXPEDITED RESPONSE TO REPORTS OF DEFICIENCIES.

(a) ESTABLISHMENT.—Chapter 80 of title 10, United States Code, is amended by adding at the end the following new section:

''§ 1567. Identification and investigation of deficiencies in adequacy, quality, and state of repair of medical-related support facilities

''(a) TOLL-FREE HOT LINE.—The Secretary of Defense shall establish and maintain a toll-free telephone number (commonly referred to as a 'hot line') at which personnel are accessible at all times to collect, maintain, and update information regarding possible deficiencies in the adequacy, quality, and state of repair of medical-related support facilities. The Secretary shall widely disseminate information regarding the existence and availability of the toll-free telephone number to members of the armed forces and their dependents.

''(b) INVESTIGATION AND RESPONSE PLAN.—Not later than 96 hours after a report of deficiencies in the adequacy, quality, or state of repair of a medical-related support facility is received by way of the toll-free telephone number or other source, the Secretary of Defense shall ensure that—

''(1) the deficiencies referred to in the report are investigated; and

''(2) if substantiated, a plan of action for remediation of the deficiencies is developed and implemented.

''(c) RELOCATION.—If the Secretary of Defense determines, on the basis of the investigation conducted in response to a report of deficiencies at a medical-related support facility, that conditions at the facility violate health and safety standards, the Secretary shall relocate the occupants of the facility while the violations are corrected.

''(d) MEDICAL-RELATED SUPPORT FACILITY DEFINED.—In this section, the term 'medical-related support facility' means any facility of the Department of Defense that provides support to any of the following:

''(1) Members of the armed forces admitted for treatment to a military medical treatment facility.

''(2) Members of the armed forces assigned to a military medical treatment facility as an outpatient.

''(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

''1567. Identification and investigation of deficiencies in adequacy, quality, and state of repair of medical-related support facilities.''.

(c) EFFECTIVE DATE.—The toll-free telephone number required to be established by section 1567 of title 10, United States Code, as added by subsection (a), shall be fully operational not later than 180 days after the date of the enactment of this Act.

SEC. 103. NOTIFICATION TO CONGRESS OF HOSPITALIZATION OF COMBAT WOUNDED SERVICE MEMBERS.

(a) NOTIFICATION REQUIRED.—Chapter 55 of title 10, United States Code, is further amended by inserting after section 1074l the following new section:

''§ 1074m. Notification to Congress of hospitalization of combat wounded members

''(a) NOTIFICATION REQUIRED.—The Secretary concerned shall provide notification of the hospitalization of any member of the armed forces evacuated from a theater of combat to the appropriate Members of Congress.

''(b) APPROPRIATE MEMBERS.—In this section, the term 'appropriate Members of Congress', with respect to the member of the armed forces about whom notification is being made, means the Senators and the Members of the House of Representatives representing the States or districts, respectively, that include the member's home of record and, if different, the residence of the next of kin, or a different location as provided by the member.

''(c) CONSENT OF MEMBER REQUIRED.—The notification under subsection (a) may be provided only with the consent of the member of the armed forces about whom notification is to be made. In the case of a member who is unable to provide consent, information and consent may be provided by next of kin.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

''1074m. Notification to Congress of hospitalization of combat wounded members.''.

SEC. 104. INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS BEFORE MEDICAL EVALUATION BOARDS.

(a) ASSIGNMENT OF INDEPENDENT MEDICAL ADVOCATE.—Section 1222 of title 10, United States Code, is amended by adding at the end the following new subsection:

''(d) INDEPENDENT MEDICAL ADVOCATE FOR MEMBERS BEFORE MEDICAL EVALUATION BOARDS.—(1) The Secretary of each military department shall ensure, in the case of any member of the armed forces being considered by a medical evaluation board under that Secretary's supervision, that the member has access to a physician or other appropriate health care professional who is independent of the medical evaluation board.

''(2) The physician or other health care professional assigned to a member shall—

''(A) serve as an advocate for the best interests of the member; and

''(B) provide the member with advice and counsel regarding the medical condition of the member and the findings and recommendations of the medical evaluation board.''.

(b) CLERICAL AMENDMENTS.—

(1) SECTION HEADING.—The heading of such section is amended to read as follows:

''§ 1222. Physical evaluation boards and medical evaluation boards''.

(2) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 61 of such title is amended by striking the item relating to section 1222 and inserting the following new item:

''1222. Physical evaluation boards and medical evaluation boards.''.

(c) EFFECTIVE DATE.—Subsection (d) of section 1222 of title 10, United States Code, as added by subsection (a), shall apply with respect to medical evaluation boards convened after the end of the 180-day period beginning on the date of the enactment of this Act.

SEC. 105. TRAINING AND WORKLOAD FOR PHYSICAL EVALUATION BOARD LIAISON OFFICERS.

(a) REQUIREMENTS.—Section 1222(b) of title 10, United States Code, is amended—

(1) in paragraph (1)—

(A) by striking ''establishing—'' and all that follows through ''a requirement'' and inserting ''establishing a requirement''; and

(B) by striking ''that Secretary; and'' and all that follows through the end of subparagraph (B) and inserting ''that Secretary. A physical evaluation board liaison officer may not be assigned more than 20 members at any one time, except that the Secretary concerned may authorize the assignment of additional members, for not more than 120 days, if required due to unforeseen circumstances.'';

(2) in paragraph (2), by inserting after ''(2)'' the following new sentences: ''The Secretary of Defense shall establish a standardized training program and curriculum for physical evaluation board liaison officers. Successful completion of the training program is required before a person may assume the duties of a physical evaluation board liaison officer.''; and

(3) by adding at the end the following new paragraph:

''(3) In this subsection, the term 'physical evaluation board liaison officer' includes any person designated as, or assigned the duties of, an assistant to a physical evaluation board liaison officer.''.

(b) EFFECTIVE DATE.—The limitation on the maximum number of members of the Armed Forces who may be assigned to a physical evaluation board liaison officer shall take effect 180 days after the date of the enactment of this Act. The training program and curriculum for physical evaluation board liaison officers shall be implemented not later than 180 days after the date of the enactment of this Act.

SEC. 106. STANDARDIZED TRAINING PROGRAM AND CURRICULUM FOR DEPARTMENT OF DEFENSE DISABILITY EVALUATION SYSTEM.

(a) TRAINING PROGRAM REQUIRED.—Section 1216 of title 10, United States Code, is amended by adding at the end the following new subsection:

''(e)(1) The Secretary of Defense shall establish a standardized training program and curriculum for persons described in paragraph (2) who are involved in the disability evaluation system. The training under the program shall be provided as soon as practicable in coordination with other training associated with the responsibilities of the person.

''(2) Persons covered by paragraph (1) include—

''(A) Commanders.

''(B) Enlisted members who perform supervisory functions.

''(C) Health care professionals.

''(D) Others persons with administrative, professional, or technical responsibilities in the disability evaluation system.

''(3) In this subsection, the term 'disability evaluation system' means the Department of Defense system or process for evaluating the nature of and extent of disabilities affecting members of the armed forces (other than the Coast Guard) and comprised of medical evaluation boards, physical evaluation boards, counseling of members, and final disposition by appropriate personnel authorities, as operated by the Secretaries of the military departments, and, in the case of the Coast Guard, a similar system or process operated by the Secretary of Homeland Security.''.

(b) EFFECTIVE DATE.—The standardized training program and curriculum required by subsection (e) of section 1216 of title 10, United States Code, as added by subsection (a), shall be established not later than 180 days after the date of the enactment of this Act.

SEC. 107. IMPROVED TRAINING FOR HEALTH CARE PROFESSIONALS, MEDICAL CARE CASE MANAGERS, AND SERVICE MEMBER ADVOCATES ON PARTICULAR CONDITIONS OF RECOVERING SERVICE MEMBERS.

(a) RECOMMENDATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the appropriate congressional committees a report setting forth recommendations for the modification of the training provided to health care professionals, medical care case managers, and service member advocates who provide care for or assistance to recovering service members. The recommendations shall include, at a minimum, specific recommendations to ensure that such health care professionals, medical care case managers, and service member advocates are able to detect early warning signs of post-traumatic stress disorder (PTSD), suicidal tendencies, and other mental health conditions among recovering service members, and make prompt notification to the appropriate health care professionals.

(b) ANNUAL REVIEW OF TRAINING.—Not later than 180 days after the date of the enactment of this Act and annually thereafter throughout the global war on terror, the Secretary shall submit to the appropriate congressional committees a report on the following:

(1) The progress made in providing the training recommended under subsection (a).

(2) The quality of training provided to health care professionals, medical care case managers, and service member advocates, and the number of such professionals, managers, and advocates trained.

(c) TRACKING SYSTEM.—The Secretary shall develop a system to track the number of notifications made by medical care case managers and service member advocates to health care professionals regarding early warning signs of post-traumatic stress disorder and suicide in recovering service members assigned to the managers and advocates.

SEC. 108. PILOT PROGRAM TO ESTABLISH AN ARMY WOUNDED WARRIOR BATTALION AT AN APPROPRIATE ACTIVE DUTY BASE.

(a) PILOT PROGRAM REQUIRED.—

(1) ESTABLISHMENT.—The Secretary of the Army shall establish a pilot program, at an appropriate active duty base with a major medical facility, based on the Wounded Warrior Regiment program of the Marine Corps. The pilot program shall be known as the Army Wounded Warrior Battalion.

(2) PURPOSE.—Under the pilot program, the Battalion shall track and assist members of the Armed Forces in an outpatient status who are still in need of medical treatment through—

(A) the course of their treatment;

(B) medical and physical evaluation boards;

(C) transition back to their parent units; and

(D) medical retirement and subsequent transition into the Department of Veterans Affairs medical system.

(3) ORGANIZATION.—The commanding officer of the Battalion shall be selected by the Army Chief of Staff and shall be a post-command, at O–5 or O–5 select, with combat experience in Operation Iraqi Freedom or Operation Enduring Freedom. The chain-of-command shall be filled by previously wounded junior officers and noncommissioned officers when available and appropriate.

(4) FACILITIES.—The base selected for the pilot program shall provide adequate physical infrastructure to house the Army Wounded Warrior Battalion. Any funds necessary for construction or renovation of existing facilities shall be allocated from the Department of Defense Medical Support Fund established under this Act.

(5) COORDINATION.—The Secretary of the Army shall consult with appropriate Marine Corps counterparts to ensure coordination of best practices and lessons learned.

(6) PERIOD OF PILOT PROGRAM.—The pilot program shall be in effect for a period of one year.

(b) REPORTING REQUIREMENT.—Not later than 90 days after the end of the one-year period for the pilot project, the Secretary of the Army shall submit to Congress a report containing—

(1) an evaluation of the results of the pilot project;

(2) an assessment of the Army's ability to establish Wounded Warrior Battalions at other major Army bases.

(3) recommendations regarding—

(A) the adaptability of the Wounded Warrior Battalion concept for the Army's larger wounded population; and

(B) closer coordination and sharing of resources with counterpart programs of the Marine Corps.

(c) EFFECTIVE DATE.—The pilot program required by this section shall be implemented not later than 180 days after the date of the enactment of this Act.

SEC. 109. CRITERIA FOR REMOVAL OF MEMBER FROM TEMPORARY DISABILITY RETIRED LIST.

(a) CRITERIA.—Section 1210(e) of title 10, United States Code, is amended by inserting ''of a permanent nature and stable and is'' after ''physical disability is''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to any case received for consideration by a physical evaluation board after the date of the enactment of this Act.

SEC. 110. IMPROVED TRANSITION OF MEMBERS OF THE ARMED FORCES TO DEPARTMENT OF VETERANS AFFAIRS UPON RETIREMENT OR SEPARATION.

(a) TRANSITION OF MEMBERS SEPARATED OR RETIRED.—

(1) TRANSITION PROCESS.—Chapter 58 of title 10, United States Code, is amended by inserting after section 1142 the following new section:

''§ 1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs

''(a) TRANSITION PLAN.—(1) The Secretary of Defense shall ensure that each member of the armed forces who is being separated or retired under chapter 61 of this title receives a written transition plan that—

''(A) specifies the recommended schedule and milestones for the transition of the member from military service; and

''(B) provides for a coordinated transition of the member from the Department of Defense disability system to the Department of Veterans Affairs.

''(2) A member being separated or retired under chapter 61 of this title shall receive the transition plan before the separation or retirement date of the member.

''(3) The transition plan for a member under this subsection shall include information and guidance designed to assist the member in understanding and meeting the schedule and milestones for the member's transition.

''(b) FORMAL TRANSITION PROCESS.—(1) The Secretary of Defense, in cooperation with the Secretary of Veterans Affairs, shall establish a formal process for the transmittal to the Secretary of Veterans Affairs of the records and other information described in paragraph (2) as part of the separation or retirement of a member of the armed forces under chapter 61 of this title.

''(2) The records and other information to be transmitted under paragraph (1) with respect to a member shall include, at a minimum, the following:

''(A) The member's address and contact information.

''(B) The member's DD–214 discharge form, which shall be transmitted electronically.

''(C) A copy of the member's service record, including medical records and any results of a Physical Evaluation Board.

''(D) Whether the member is entitled to transitional health care, a conversion health policy, or other health benefits through the Department of Defense under section 1145 of this title.

''(E) Any requests by the member for assistance in enrolling in, or completed applications for enrollment in, the health care system of the Department of Veterans Affairs for health care benefits for which the member may be eligible under laws administered by the Secretary of Veterans Affairs.

''(F) Any requests by the member for assistance in applying for, or completed applications for, compensation and vocational rehabilitation benefits to which the member may be entitled under laws administered by the Secretary of Veterans Affairs, if the member is being medically separated or is being retired under chapter 61 of this title.

''(3) The transmittal of information under paragraph (1) may be subject to the consent of the member, as required by statute.

''(4) With the consent of the member, the member's address and contact information shall also be submitted to the department or agency for veterans affairs of the State in which the member intends to reside after the separation or retirement of the member.

''(c) MEETING.—(1) The formal process required by subsection (b) for the transmittal of

records and other information with respect to a member shall include a meeting between representatives of the Secretary concerned and the Secretary of Veterans Affairs, which shall take place at a location designated by the Secretaries. The member shall be informed of the meeting at least 30 days in advance of the meeting, except that the member may waive the notice requirement in order to accelerate transmission of the member's records and other information to the Department of Veterans Affairs.

''(2) A member shall be given an opportunity to submit a written statement for consideration by the Secretary of Veterans Affairs.

''(d) TIME FOR TRANSMITTAL OF RECORDS.—The Secretary concerned shall provide for the transmittal to the Department of Veterans Affairs of records and other information with respect to a member at the earliest practicable date. In no case should the transmittal occur later than the date of the separation or retirement of the member.

''(e) ARMED FORCES.—In this section, the term 'armed forces' means the Army, Navy, Air Force, and Marine Corps.''.

(2) TABLE OF SECTIONS.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1142 the following new item:

''1142a. Process for transition of members to health care and physical disability systems of Department of Veterans Affairs.''.

(b) UNIFORM SEPARATION AND EVALUATION PHYSICAL.—Section 1145 of such title is amended—

(1) by redesignating subsections (d) and (e) as subsections (e) and (f), respectively; and

(2) by inserting after subsection (c) the following new subsection:

''(d) UNIFORM SEPARATION AND EVALUATION PHYSICAL.—The joint separation and evaluation physical, as described in DD–2808 and DD–2697, shall be used by the Secretary of Defense in connection with the medical separation or retirement of all members of the armed forces, including members separated or retired under chapter 61 of this title. The Secretary of Veterans Affairs shall adopt the same separation and evaluation physical for use by the Department of Veterans Affairs.''.

(c) INTEROPERABILITY OF MEDICAL INFORMATION SYSTEMS AND BI-DIRECTIONAL ACCESS.—The Secretary of Defense and the Secretary of Veterans Affairs shall establish and implement a single medical information system for the Department of Defense and the Department of Veterans Affairs for the purpose of ensuring the complete interoperability and bi-directional, real-time exchange of critical medical information.

(d) CO-LOCATION OF VA BENEFIT TEAMS.—

(1) CO-LOCATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly determine the optimal locations for the deployment of Department of Veterans Affairs benefits team to support recovering service members assigned to military medical treatment facilities, medical-related support facilities, and community-based health care organizations.

(2) MILITARY MEDICAL TREATMENT FACILITY DEFINED.—In this subsection, the term ''medical-related support facility'' has the meaning given that term in subsection (b) of section 490 of title 10, United States Code, as added by section 201(a) of this Act.

(e) REPEAL OF SUPERSEDED CHAPTER 61 MEDICAL RECORD TRANSMITTAL REQUIREMENT.—

(1) REPEAL.—Section 1142 of such title is amended by striking subsection (c).

(2) SECTION HEADING.—The heading of such section is amended to read as follows:

''§ 1142. Preseparation counseling''.

(3) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 58 of such title is amended by striking the item relating to section 1142 and inserting the following new item:

''1142. Preseparation counseling.''.

(f) EFFECTIVE DATES.—Section 1142a of title 10, United States Code, as added by subsection (a), and subsection (d) of section 1145 of such title, as added by subsection (b), shall apply with respect to members of the Armed Forces who are separated or retired from the Armed Forces on or after the first day of the eighth month beginning after the date of the enactment of this Act. The requirements of subsections (c) and (d), and the amendments made by subsection (e), shall take effect on the first day of such eighth month.

SEC. 111. ESTABLISHMENT OF MEDICAL SUPPORT FUND FOR SUPPORT OF MEMBERS OF THE ARMED FORCES RETURNING TO MILITARY SERVICE OR CIVILIAN LIFE.

(a) ESTABLISHMENT AND PURPOSE.—There is established on the books of the Treasury a fund to be known as the Department of Defense Medical Support Fund (hereinafter in this section referred to as the ''Fund''), which shall be administered by the Secretary of the Treasury.

(b) PURPOSES.—The Fund shall be used—

(1) to support programs and activities relating to the medical treatment, care, rehabilitation, recovery, and support of wounded and injured members of the Armed Forces and their return to military service or transition to civilian society; and

(2) to support programs and facilities intended to support the families of wounded and injured members of the Armed Forces.

(c) ASSETS OF FUND.—There shall be deposited into the Fund any amount appropriated to the Fund, which shall constitute the assets of the Fund.

(d) TRANSFER OF FUNDS.—

(1) AUTHORITY TO TRANSFER.—The Secretary of Defense may transfer amounts in the Fund to appropriations accounts for military personnel; operation and maintenance; procurement; research, development, test, and evaluation; military construction; and the Defense Health Program. Amounts so transferred shall be merged with and available for the same purposes and for the same time period as the appropriation account to which transferred.

(2) ADDITION TO OTHER AUTHORITY.—The transfer authority provided in paragraph (1) is in addition to any other transfer authority available to the Department of Defense. Upon a determination that all or part of the amounts transferred from the Fund are not necessary for the purposes for which transferred, such amounts may be transferred back to the Fund.

(3) NOTIFICATION.—The Secretary of Defense shall, not fewer than five days before making a transfer from the Fund, notify the congressional defense committees in writing of the details of the transfer.

(e) AUTHORIZATION.—There is hereby authorized to be appropriated to the Medical Support Fund, from an emergency supplemental appropriation for fiscal year 2007 or 2008, $50,000,000, to remain available through September 30, 2008.

SEC. 112. OVERSIGHT BOARD FOR WOUNDED WARRIORS.

(a) ESTABLISHMENT.—There is hereby established a board to be known as the Oversight Board for Wounded Warriors (in this section referred to as the ''Oversight Board'').

(b) COMPOSITION.—The Oversight Board shall be composed of 12 members, of whom—

(1) two shall be appointed by the majority leader of the Senate;

(2) two shall be appointed by the minority leader of the Senate;

(3) two shall be appointed by the Speaker of the House of Representatives;

(4) two shall be appointed by the minority leader of the House of Representatives;

(5) two shall be appointed by the Secretary of Veterans Affairs; and

(6) two shall be appointed by the Secretary of Defense.

(c) QUALIFICATIONS.—All members of the Oversight Board shall have sufficient knowledge of, or experience with, the military healthcare system, the disability evaluation system, or the experience of a recovering service member or family member of a recovering service member.

(d) APPOINTMENT.—

(1) TERM.—Each member of the Oversight Board shall be appointed for a term of three years. A member may be reappointed for one or more additional terms.

(2) VACANCIES.—Any vacancy in the Oversight Board shall be filled in the same manner in which the original appointment was made.

(e) DUTIES.—

(1) ADVICE AND CONSULTATION.—The Oversight Board shall provide advice and consultation to the Secretary of Defense and the Committees on Armed Services of the Senate and the House of Representatives regarding—

(A) the process for streamlining the disability evaluation systems of the military departments;

(B) the process for correcting and improving the ratios of case managers and service member advocates to recovering service members;

(C) the need to revise Department of Defense policies to improve the experience of recovering service members while under Department of Defense care;

(D) the need to revise Department of Defense policies to improve counseling, outreach, and general services provided to family members of recovering service members;

(E) the need to revise Department of Defense policies regarding the provision of quality lodging to recovering service members; and

(F) such other matters relating to the evaluation and care of recovering service members, including evaluation under disability evaluation systems, as the Board considers appropriate.

(2) VISITS TO MILITARY MEDICAL TREATMENT FACILITIES.—In carrying out its duties, each member of the Oversight Board shall visit not less than three military medical treatment facilities each year, and the Board shall conduct each year one meeting of all the members of the Board at a military medical treatment facility.

(f) STAFF.—The Secretary shall make available the services of at least two officials or employees of the Department of Defense to provide support and assistance to members of the Oversight Board.

(g) TRAVEL EXPENSES.—Members of the Oversight Board shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of service for the Oversight Board.

(h) ANNUAL REPORTS.—The Oversight Board shall submit to the Secretary of Defense and the Committees on Armed Services of the Senate and the House of Representatives each year a report on its activities during the preceding year, including any findings and recommendations of the Oversight Board as a result of such activities.

TITLE II—STUDIES AND REPORTS

SEC. 201. ANNUAL REPORT ON MILITARY MEDICAL FACILITIES.

(a) IN GENERAL.—

(1) REPORT REQUIREMENT.—Chapter 23 of title 10, United States Code, is amended by adding at the end the following new section:

''§ 490. Annual report on military medical facilities

''(a) ANNUAL REPORT.—Not later than the date on which the President submits the budget for a fiscal year to Congress pursuant to section 1105 of title 31, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the adequacy, suitability, and quality of medical facilities and medical-related support facilities at each military installation within the Department of Defense.

''(b) RESPONSE TO HOT-LINE INFORMATION.—The Secretary of Defense shall include in each report information regarding—

''(1) any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line maintained pursuant to section 1567 of this title; and

''(2) the investigations conducted and plans of action prepared under such section to respond to such deficiencies.

''(c) MEDICAL-RELATED SUPPORT FACILITY.—In this section, the term 'medical-related support facility' is any facility of the Department of Defense that provides support to any of the following:

''(1) Members of the armed forces admitted for treatment to military medical treatment facilities.

''(2) Members of the armed forces assigned to military medical treatment facilities as an outpatient.

''(3) Family members accompanying any member described in paragraph (1) or (2) as a nonmedical attendant.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

''490. Annual report on military medical facilities.''.

(b) EFFECTIVE DATE.—The first report under section 490 of title 10, United States Code, as added by subsection (a), shall be submitted not later than the date of submission of the budget for fiscal year 2009.

SEC. 202. ACCESS OF RECOVERING SERVICE MEMBERS TO ADEQUATE OUTPATIENT RESIDENTIAL FACILITIES.

(a) REQUIRED INSPECTIONS OF FACILITIES.—All quarters of the United States and housing facilities under the jurisdiction of the Armed Forces that are occupied by recovering service members shall be inspected on a semiannual basis for the first two years after the enactment of this Act and annually thereafter by the inspectors general of the regional medical commands.

(b) INSPECTOR GENERAL REPORTS.—The inspector general for each regional medical command shall—

(1) submit a report on each inspection of a facility conducted under subsection (a) to the post commander at such facility, the commanding officer of the hospital affiliated with such facility, the surgeon general of the military department that operates such hospital, the Secretary of the military department concerned, the Assistant Secretary of Defense for Health Affairs, the Oversight Board for Wounded Warriors established pursuant to section 112, and the appropriate congressional committees; and

(2) post each such report on the Internet website of such regional medical command.

SEC. 203. EVALUATION AND REPORT ON DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS DISABILITY EVALUATION SYSTEMS.

(a) EVALUATION.—The Secretary of Defense and the Secretary of Veterans Affairs shall conduct a joint evaluation of the disability evaluation systems used by the Department of Defense and the Department of Veterans Affairs for the purpose of—

(1) improving the consistency of the two disability evaluation systems; and

(2) evaluating the feasibility of, and potential options for, consolidating the two systems.

(b) RELATION TO VETERANS' DISABILITY BENEFITS COMMISSION.—In conducting the evaluation of the disability evaluation systems used by the Department of Defense and the Department of Veterans Affairs, the Secretary of Defense and the Secretary of Veterans Affairs shall consider the findings and recommendations of the Veterans' Disability Benefits Commission established pursuant to title XV of the National Defense Authorization Act for Fiscal Year 2004 (Public Law 108–136; 38 U.S.C. 1101 note).

(c) REPORT.—Not later than 180 days after the date of the submission of the final report of the Veterans' Disability Benefits Commission, the Secretary of Defense and the Secretary of Veterans Affairs shall submit to Congress a report containing—

(1) the results of the evaluation; and

(2) the recommendations of the Secretaries for improving the consistency of the two disability evaluation systems and such other recommendations as the Secretaries consider appropriate.

SEC. 204. STUDY AND REPORT ON SUPPORT SERVICES FOR FAMILIES OF RECOVERING SERVICE MEMBERS.

(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a study of the provision of support services for families of recovering service members.

(b) MATTERS COVERED.—The study under subsection (a) shall include the following:

(1) A determination of the types of support services that are currently provided by the Department of Defense to family members described in subsection (c), and the cost of providing such services.

(2) A determination of additional types of support services that would be feasible for the Department to provide to such family members, and the costs of providing such services, including the following types of services:

(A) The provision of medical care at military medical treatment facilities.

(B) The provision of job placement services offered by the Department of Defense to any family member caring for a recovering service member for more than 45 days during a one-year period.

(C) The provision of meals without charge at military medical treatment facilities.

(3) A survey of military medical treatment facilities to estimate the number of family members to whom the support services would be provided.

(4) A determination of any discrimination in employment that such family members experience, including denial of retention in employment, promotion, or any benefit of employment by an employer on the basis of the person's absence from employment as described in subsection (c), and a determination, in consultation with the Secretary of Labor, of the options available for such family members.

(c) COVERED FAMILY MEMBERS.—A family member described in this subsection is a family member of a recovering service member who is—

(1) on invitational orders while caring for the recovering service member;

(2) a non-medical attendee caring for the recovering service member; or

(3) receiving per diem payments from the Department of Defense while caring for the recovering service member.

(d) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the study, with such findings and recommendations as the Secretary considers appropriate.

SEC. 205. REPORT ON TRAUMATIC BRAIN INJURY CLASSIFICATIONS.

(a) INTERIM REPORT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives an interim report describing the changes undertaken within the Department of Defense to ensure that traumatic brain injury victims receive a proper medical designation concomitant with their injury as opposed to the current medical designation which assigns a generic ''organic psychiatric disorder'' classification.

(b) FINAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a final report concerning traumatic brain injury classifications and an explanation and justification of the Department's use of the international classification of disease (ICD) 9 designation, recommendations for transitioning to ICD 10 or 11, and the benefits the civilian community experiences from using ICD 10.

SEC. 206. EVALUATION OF THE POLYTRAUMA LIAISON OFFICER/NON-COMMISSIONED OFFICER PROGRAM.

(a) EVALUATION REQUIRED.—The Secretary of Defense shall conduct an evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program, which is the program operated by each of the military departments and the Department of Veterans Affairs for the purpose of—

(1) assisting in the seamless transition of members of the Armed Forces from the Department of Defense health care system to the Department of Veterans Affairs system; and

(2) expediting the flow of information and communication between military treatment facilities and the Veterans Affairs Polytrauma Centers.

(b) MATTERS COVERED.—The evaluation of the Polytrauma Liaison Officer/Non-Commissioned Officer program shall include evaluating the following areas:

(1) The program's effectiveness in the following areas:

(A) Handling of military patient transfers.

(B) Ability to access military records in a timely manner.

(C) Collaboration with Polytrauma Center treatment teams.

(D) Collaboration with Veteran Service Organizations.

(E) Functioning as the Polytrauma Center's subject-matter expert on military issues.

(F) Supporting and assisting family members.

(G) Providing education, information, and referrals to members of the Armed Forces and their family members.

(H) Functioning as uniformed advocates for members of the Armed Forces and their family members.

(I) Inclusion in Polytrauma Center meetings.

(J) Completion of required administrative reporting.

(K) Ability to provide necessary administrative support to all members of the Armed Forces.

(2) Manpower requirements to effectively carry out all required functions of the Polytrauma Liaison Officer/Non-Commissioned Officer program given current and expected case loads.

(3) Expansion of the program to incorporate Navy and Marine Corps officers and senior enlisted personnel.

(c) REPORTING REQUIREMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report containing—

(1) the results of the evaluation; and

(2) recommendations for any improvements in the program.

TITLE III—GENERAL PROVISIONS

SEC. 301. MORATORIUM ON CONVERSION TO CONTRACTOR PERFORMANCE OF DEPARTMENT OF DEFENSE FUNCTIONS AT MILITARY MEDICAL FACILITIES.

(a) FINDINGS.—Congress finds the following:

(1) The conduct of public-private competitions for the performance of Department of Defense functions, based on Office of Management and Budget Circular A–76, can lead to dramatic reductions in the workforce, undermining an agency's ability to perform its mission.

(2) The Army Garrison commander at the Walter Reed Army Medical Center has stated that the extended A–76 competition process contributed to the departure of highly skilled administrative and maintenance personnel, which led to the problems at the Walter Reed Army Medical Center.

(b) MORATORIUM.—During the one-year period beginning on the date of the enactment of this Act, no study or competition may be begun or announced pursuant to section 2461 of title 10, United States Code, or otherwise pursuant to

Office of Management and Budget Circular A–76 relating to the possible conversion to performance by a contractor of any Department of Defense function carried out at a military medical facility .

(c) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committee on Armed Services of the Senate and the Committee on Armed Services of the House of Representatives a report on the public-private competitions being conducted for Department of Defense functions carried out at military medical facilities as of the date of the enactment of this Act by each military department and defense agency. Such report shall include—

(1) for each such competition—

(A) the cost of conducting the public-private competition;

(B) the number of military personnel and civilian employees of the Department of Defense affected;

(C) the estimated savings identified and the savings actually achieved;

(D) an evaluation whether the anticipated and budgeted savings can be achieved through a public-private competition; and

(E) the effect of converting the performance of the function to performance by a contractor on the quality of the performance of the function;

(2) a description of any public-private competition the Secretary would conduct if the moratorium under subsection (b) were not in effect; and

(3) an assessment of whether any method of business reform or reengineering other than a public-private competition could, if implemented in the future, achieve any anticipated or budgeted savings.

SEC. 302. PROHIBITION ON TRANSFER OF RESOURCES FROM MEDICAL CARE.

Neither the Secretary of Defense nor the Secretaries of the military departments may transfer funds or personnel from medical care functions to administrative functions within the Department of Defense in order to comply with the new administrative requirements imposed by this Act or the amendments made by this Act.

SEC. 303. INCREASE IN PHYSICIANS AT HOSPITALS OF THE DEPARTMENT OF VETERANS AFFAIRS.

The Secretary of Veterans Affairs shall increase the number of resident physicians at hospitals of the Department of Veterans Affairs.

The Acting CHAIRMAN. No amendment to the committee amendment is in order except those printed in House Report 110–78. Each amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent of the amendment, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. BARROW

The Acting CHAIRMAN. It is now in order to consider amendment No. 1 printed in House Report 110–78.

Mr. BARROW. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. BARROW:

Add at the end of the bill the following new section:

SEC. 304. VETERANS BENEFICIARY TRAVEL PROGRAM.

(a) ELIMINATION OF DEDUCTIBLE.—Subsection (c) of section 111 of title 38, United States Code, is repealed.

(b) DETERMINATION OF MILEAGE REIMBURSEMENT RATE.—

(1) DETERMINATION.—Paragraph (1) of subsection (g) of such section is amended to read as follows:

''(1) In determining the amount of allowances or reimbursement to be paid under this section, the Secretary shall use the mileage reimbursement rates for the use of privately owned vehicles by Government employees on official business, as prescribed by the Administrator of General Services under section 5707(b) of title 5, United States Code.''.

(2) CONFORMING AMENDMENT.—Subsection (g) of such section is further amended by striking paragraphs (3) and (4).

(c) SOURCE OF FUNDS.—Such section is further amended by adding at the end the following new subsection:

''(i) Funds for payments made under this section shall be appropriated separately from other amounts appropriated for the Department.''.

(d) EFFECTIVE DATE.—The amendments made by this Act shall apply with respect to travel expenses incurred after the expiration of the 90-day period that begins on the date of the enactment of this Act.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Georgia (Mr. BARROW) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Georgia.

Mr. BARROW. Mr. Chairman, this amendment will make good on a 50-year old promise that has been neglected in this country for 30 years now. For over 50 years, this government has promised veterans that they would be reimbursed for the full out-of-pocket costs they incur in traveling to and from medical care that they receive. For the first 20 years, this government kept that promise. Every time the civil service mileage rate went up, the veterans' reimbursement rate went up.

But for the last 30 years, that promise has not been kept. The mileage rate for veterans traveling to get their medical treatment hasn't gone up, hasn't changed one bit since 1977. The rate for vets is the same $0.11 per mile today that it was in 1977. In 1977, civil servants got $0.11 and vets got $0.11. But, today, civil servants get 48.5 cents for every mile they drive their car. But vets still get the same $0.11 they got back in 1977.

That is not all. Since then, Congress has tacked on a $6 deductible for vets that doesn't apply to civil servants. When you add it all up, you have got to travel over 50 miles to get the free medical care you have been promised before you will get one dime of reimbursement from the Federal Government. And if you have to travel as much as 500 miles, you get a lousy 48 bucks back in return.

The reason for this problem is simple. When Congress made this promise way back in the 1950s, it passed a law that authorized the VA to keep up with changes in the cost of travel, to keep up with inflation, but it didn't require the VA to do anything about it. And since 1977 nothing has been done about it.

My amendment will fix that by doing two things. First, it will eliminate the $6 deductible, round-trip deductible that applies to vets but not to civil servants; and, second, it will mandate that the mileage reimbursement rate for veterans traveling to and from medical care will go up every time the rate goes up for civil servants. There will be no more having to remember vets when they raise the reimbursement rate for civil servants, and there will be no more forgetting vets every time they are entitled to an increase in the reimbursement.

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This legislation has the support of the Disabled American Veterans, the Paralyzed Veterans of America, the American Legion, AMVETS, Vietnam Veterans of America, and the Military Order of the Purple Heart.

This amendment is about making good on a promise we made to our veterans, and I urge my colleagues to vote in support.

On a personal level, I want to thank the chairmen of the committees of jurisdiction in this matter. I also want to thank the staffs of the committees on Armed Services and Veterans' Affair and the staff of the Rules Committee.

And I want to thank Mr. MORAN for his kind remarks earlier today. He supported this measure in the last Congress, and he continues to support it today. And I appreciate his support very much.

Mr. HUNTER. Mr. Chairman, will the gentleman yield?

Mr. BARROW. I will be happy to yield to the gentleman.

Mr. HUNTER. Mr. Chairman, I just want to say that I think this is an excellent amendment from our side. I want to thank the gentleman for offering it, and we have absolutely no objections to this amendment. We support it very strongly. Good work.

Mr. BARROW. Thank you, sir.

Mr. Chairman, with that, I will yield to the chairman of the Armed Services Committee.

Mr. SKELTON. Mr. Chairman, the amendment before us is an excellent one. Those of us who live in the rural part of this country, as well pointed out by the gentleman from Kansas (Mr. MORAN), will certainly appreciate this. If you look at the statistics, a disproportionate number of people in uniform come from a small town in rural America, and your change in the reimbursement rate will be a great deal of help to those young men and women as well as those who retire in their traveling to and from their hometown to receive the medical care from the designated facilities. And I compliment you and certainly approve of this amendment.

Mr. BARROW. Mr. Chairman, I reserve the balance of my time.

Ms. GINNY BROWN-WAITE of Florida. Mr. Chairman, I rise to control the 5 minutes reserved for the opposition, although I am not opposed to the amendment.

The Acting CHAIRMAN. Without objection, the gentlewoman from Florida will control the time in opposition.

There was no objection.

Ms. GINNY BROWN-WAITE of Florida. Mr. Chairman, I support the amendment before us.

This measure would increase the reimbursement rate available through the veterans beneficiary travel program to the level currently enjoyed by Federal employees, including Members of Congress who travel. It would also eliminate the travel deductible, which imposes an additional burden on veterans.

I have been pushing this issue for quite some time now and am happy to see it reach the floor of the House of Representatives. In my district, which spans eight counties, many veterans have to travel long distances to access health care. Considering today's gas prices, one can understand the enormous expenses incurred by those in need of care. Worse yet, with many veterans living on fixed incomes, the current reimbursement rate can seriously harm their standard of living. I know I have been contacted by many veterans also telling me about the burden that the deductibility imposes on us. It astounds me that in providing this benefit our government holds veterans to a different standard than Federal employees.

I commend the gentleman for introducing this amendment, and as he knows, our two staffs have been working together to put in an individual bill.

I believe that America needs to listen up. It is time for us to fix this inequity and support passage of this important amendment.

Mr. BARROW. Mr. Chairman, I yield back the balance of my time.

Ms. GINNY BROWN-WAITE of Florida. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Georgia (Mr. BARROW).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. SKELTON

The Acting CHAIRMAN. It is now in order to consider amendment No. 2 printed in House Report 110–78.

Mr. SKELTON. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. SKELTON:

At the end of section 1074l(a)(4)(B) of title 10, United States Code, as proposed to be added by section 101 of the bill, strike ''or Air Force Medical Service.'' and insert ''Air Force Medical Service, or other corps comprised of health care professionals at the discretion of the Secretary of Defense.''.

In section 107(b), add at the end the following:

(3) The progress made in developing the tracking system under subsection (c) and the results of the system.

In section 107(c), strike ''The'' and insert ''Not later than 180 days after the date of the enactment of this Act, the''

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Missouri (Mr. SKELTON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, this amendment is a simple one that makes technical changes in section 101 to clarify the qualification of military officers who may supervise medical care case managers and also in section 107 to require that the tracking system for reports to medical authorities regarding wounded warriors' symptoms of post-traumatic stress disorder or suicidal tendencies be developed not later than 180 days after the date of enactment of this legislation.

Mr. HUNTER. Mr. Chairman, will the gentleman yield?

Mr. SKELTON. I yield to the gentleman.

Mr. HUNTER. Mr. Chairman, I want to thank my friend on the great work he has done being the chief architect on this bill. And I have absolutely no objections to the gentleman's amendment. I think it is good and I support it.

Mr. SKELTON. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Missouri (Mr. SKELTON).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. KLINE OF MINNESOTA

The Acting CHAIRMAN. It is now in order to consider amendment No. 3 printed in House Report 110–78.

Mr. KLINE of Minnesota. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. KLINE of Minnesota:

Insert the following after subsection (d) of section 111 (and redesignate subsection (e) as subsection (f)):

(e) WOUNDED WARRIOR REGIMENT PROGRAM.—The Secretary of Defense shall ensure that $10,000,000 for fiscal year 2007 is transferred from the Medical Support Fund to support programs, activities, and facilities associated with the Marine Corps Wounded Warrior Regiment program, to be used as follows:

(1) $6,550,000 for Case Management and Patient Support.

(2) $1,200,000 for Wounded Warrior Interim Regimental Headquarters Building conversion.

(3) $1,300,000 for Case Management System Development.

(4) $95,000 for Support Equipment.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Minnesota (Mr. KLINE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Minnesota.

Mr. KLINE of Minnesota. Mr. Chairman, this amendment addresses the situation that we are facing on the ground overseas and at home. The United States Marine Corps is suffering a little over 30 percent of the combat casualties. My amendment makes sure that they and their program, in support of this very important bill, gets 20 percent of the money allocated in the fund established in this bill.

Mr. Chairman, on October 7, 2004, Marine Lieutenant Colonel Tim Maxwell's life changed forever. While on his third tour in Iraq, an enemy mortar attack left him with a battered body and severe brain trauma. But Colonel Maxwell is a marine, and despite the frustration of relearning how to walk and read, he has refused to give in to his wounds. In an open letter posted on his Web site, Colonel Maxwell talks about what it is like to be a wounded warrior:

''We tend not to complain about our injuries too much. Most of us know others who are worse off—a guy with a bad leg knows a guy who lost a leg, or both legs. I, with a brain that is 'cracked,' know youngsters with brain injuries who are unable to walk or talk. We all know some who died. So it is not a good thing to complain. We are tough guys. We are all going to whip it.''

Having experienced loneliness, frustration, and depression during his recovery, Tim Maxwell set out to ensure that fellow wounded marines would have a place to recover with others like them. He said: ''When you're in the hospital, your morale is okay. You are with other wounded warriors. You can chat about it. Sometimes we just look at each other in the hallway and nod. That's all. Acknowledgment. But once you are out of the hospital, it's tough. It sounds great on the day you leave. But there's irritation, frustration.''

In May, 2005, Colonel Maxwell came across a 20-year-old wounded marine sitting alone inside a Camp Lejeune barracks. The young man couldn't use his arm and was lonely and lost, having seen his buddy killed in combat and with his family living far away in Florida. Colonel Maxwell decided that ''no marine was going to be left alone like that.''

So along with Gunnery Sergeant Ken Barnes, he convinced the Marine Corps leadership that wounded marines needed their own barracks to help them heal among other wounded warriors. The Marine Corps leadership agreed, and in September 2005, Camp Lejeune opened the first barracks for wounded marines. The following month the barracks was dedicated to the man whose vision led to today's Wounded Warrior Battalion: Lieutenant Colonel Tim Maxwell.

Maxwell Hall at Camp Lejeune now houses 80 marines and provides them with the support structure necessary to heal. A similar barracks has also been established at Camp Pendleton, California, to care for west coast marines. The program has been so successful

that the concept was formalized by establishing the Wounded Warrior Battalions at Lejeune and Pendleton.

Simply put, Colonel Maxwell's vision of Wounded Warrior Battalions seeks to ensure that marines don't fall through the cracks that were so evident at Walter Reed. This amendment will help ensure this unique program succeeds and acts as a model for other services by assisting the Marine Corps transition this successful program from independent battalions on each coast into a single regiment with a headquarters located at Quantico.

The regiment's 54 staff members will help oversee the battalions at Pendleton and Lejeune, track active duty and discharged wounded marines through their recovery, and connect them with resources at the VA, other government agencies, and through private organizations. The battalions will continue to handle the day-to-day tasks of ensuring that marines are scheduled for medical appointments, that they are transported to those appointments, and that they receive counseling support to help heal their mental scars.

Earlier this week, I spoke with the newly appointed Wounded Warrior Regimental commander, Colonel Gregory Boyle. After the conversation I was even more convinced that the Wounded Warrior Regiment is the model for how to treat our wounded servicemembers. Colonel Boyle is motivated and ready to go forward. He came from infantry regimental command. Passage of this amendment will ensure he is able to do so.

I appreciate the opportunity to bring this amendment to the floor, and I very much appreciate the support of Chairman SKELTON and Ranking Member HUNTER.

Mr. HUNTER. Mr. Chairman, will the gentleman yield?

Mr. KLINE of Minnesota. I will be happy to yield.

Mr. HUNTER. Mr. Chairman, I wanted to thank the gentleman for yielding. And, you know, the Marine motto is ''Always Faithful,'' and once again, the gentleman, who is a great former marine, is being always faithful, not just to the men and women of his service, the Marine Corps, but those of all services who have been wounded in the war against terror. I want to thank the gentleman. I support this amendment very strongly.

Mr. KLINE of Minnesota. I thank the gentleman.

Mr. SKELTON. Mr. Chairman, will the gentleman yield?

Mr. KLINE of Minnesota. I would be happy to yield.

Mr. SKELTON. We discussed this issue and this proposed amendment in the committee. At that time, we said we would work with you, and I compliment you on it. I support it. I think it is an excellent amendment and I wish to move forward and vote for it.

Mr. KLINE of Minnesota. I thank the chairman.

Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Minnesota (Mr. KLINE).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. KENNEDY

The Acting CHAIRMAN. It is now in order to consider amendment No. 4 printed in House Report 110–78.

Mr. KENNEDY. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. KENNEDY:

At the end of section 2, add the following:

(5) MEDICAL CARE.—The term ''medical care'' includes mental health care.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Rhode Island (Mr. KENNEDY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Rhode Island.

Mr. KENNEDY. Mr. Chairman, I rise to offer this amendment with my colleague Mr. SESTAK.

This amendment, Mr. Chairman, would amend the definition of medical care under the legislation to include mental health care. Under this definition, we measure the quality of health care in our military hospitals in order to determine that we ensure that our military personnel receive the best possible quality health care in the military that they ought to be entitled to. In doing so we ought to make sure that mental health care is part of that quality review process. And as we know full well, in the wake of this war, too many of our veterans coming back from Iraq and Afghanistan have been suffering tremendously from wounds that may not be visible from the outside but are wounds nonetheless that are equally harmful. They are psychological wounds, Mr. Chairman. They are mental health wounds, and they are wounds, nonetheless, that need to be treated.

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That is why we need to have the best quality mental health care that our military can offer, and that is why we want to make sure that when it comes to measuring quality health care in this legislation that mental health care is also measured as a quality indicator to ensure that our military personnel receive the best quality health care that they can receive.

On behalf of Mr. SESTAK and myself, I move this amendment.

Mr. SKELTON. Mr. Chairman, will the gentleman yield?

Mr. KENNEDY. I yield to the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, I thank my friend from Rhode Island, Mr. KENNEDY, for this amendment and for the fact that it is a clarifying amendment that makes all of us, as well as those within the medical community, understand that mental health is included in the term ''medical care.'' I thank you for that, and I fully support it.

Mr. HUNTER. Mr. Chairman, will the gentleman yield?

Mr. KENNEDY. I yield to the gentleman from California.

Mr. HUNTER. Mr. Chairman, I want to thank my friend, a former member of the committee, for his work. We support this amendment strongly.

Mr. KENNEDY. Mr. Chairman, I thank the chairman.

I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Rhode Island (Mr. KENNEDY).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MS. CORRINE BROWN OF FLORIDA

The Acting CHAIRMAN. It is now in order to consider amendment No. 5 printed in House Report 110–78.

Ms. CORRINE BROWN of Florida. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 5 offered by Ms. CORRINE BROWN of Florida:

In section 1567 of title 10, United States Code, as proposed to be added by section 102 of the bill—

(1) redesignate subsections (b), (c), and (d) as subsections (c), (d), and (e), respectively; and

(2) insert after subsection (a) the following new subsection (b):

''(b) CONFIDENTIALITY.—(1) Individuals who seek to provide information through use of the toll-free telephone number under subsection (a) shall be notified, immediately before they provide such information, of their option to elect, at their discretion, to have their identity remain confidential.

''(2) In the case of information provided through use of the toll-free telephone number by an individual who elects to maintain the confidentiality of his or her identity, any individual who, by necessity, has had access to such information for purposes of conducting the investigation or executing the response plan required by subsection (c) may not disclose the identity of the individual who provided the information.''.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentlewoman from Florida (Ms. CORRINE BROWN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

Ms. CORRINE BROWN of Florida. Mr. Chairman, first of all, I would like to thank the chairman and ranking member for bringing this bill to the floor.

Mr. Chairman, I rise today to bring an amendment to H.R. 1538, the Wounded Warrior Assistance Act of 2007. This bill establishes a toll-free hotline for reporting deficiencies in medical facilities and a new system of case managers, advocates and counselors for wounded servicemen returning from combat overseas to help them get the

care they need and help navigate the military health care system.

The bill provides no professional protections for servicemen if they or their family members call this hotline to get better treatment. This could cause those injured men and women to refrain from reporting abuses and problems, and the situation we currently have at Walter Reed could continue.

There is also the worry that anything reported will affect the serviceman's career. My amendment would simply offer confidentiality for those soldiers to get the care they are provided under this bill.

This amendment requires any hotline set up by the Secretary of Defense to ask if the caller wants confidentiality at the beginning of the phone call.

Last month, I was in the grocery store in Jacksonville, Florida. A veteran working part time told me about a friend at Walter Reed, with pictures showing the problems occurring there. I couldn't believe what he was describing to me was a military facility, and I told him, You can't believe everything you see on the Internet. The next day, the very next day, this story was in The Washington Post. The fact that an active duty soldier was treated this way is inconceivable.

Most of the information I get is from families, about the war and lack of equipment. Not from the Department of Defense, not from the soldiers, but from the family members. I do not want a call for help by a wounded serviceman or woman or their family to be used against them. I do not want those heroes to be scared to ask for help, to be scared their future career could be compromised by one phone call.

Support the Brown amendment.

Mr. HUNTER. Mr. Chairman, will the gentlewoman yield?

Ms. CORRINE BROWN of Florida. I yield to the gentleman from California.

Mr. HUNTER. Mr. Chairman, I thank the gentlelady, and we support the amendment on this side. I thank her for her contribution.

Mr. SKELTON. Mr. Chairman, will the gentlewoman yield?

Ms. CORRINE BROWN of Florida. I yield to the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, I compliment the gentlelady on this excellent amendment, and certainly support it.

Ms. CORRINE BROWN of Florida. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentlewoman from Florida (Ms. CORRINE BROWN).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. SESTAK

The Acting CHAIRMAN. It is now in order to consider amendment No. 7 printed in House Report 110–78.

Mr. SESTAK. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 7 offered by Mr. SESTAK:

At the end of title I, add the following new section (and conform the table of contents accordingly):

SEC. 113. PLANS AND RESEARCH FOR REDUCING POST TRAUMATIC STRESS DISORDER.

(a) PLANS FOR REDUCING POST TRAUMATIC STRESS DISORDER.—

(1) PLAN FOR PREVENTION.—

(A) IN GENERAL.—The Secretary of Defense shall develop a plan to incorporate evidence-based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies (including substance use conditions) into—

(i) basic and pre-deployment training for enlisted members of the Armed Forces, non-commissioned officers, and officers;

(ii) combat theater operations; and

(iii) post-deployment service.

(B) UPDATES.—The Secretary of Defense shall update the plan under subparagraph (A) periodically to incorporate, as the Secretary considers appropriate, the results of relevant research, including research conducted pursuant to subsection (b).

(2) RESEARCH.—Subject to subsection (b), the Secretary of Defense shall develop a plan, in consultation with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences, to conduct such research as is necessary to develop the plan described in paragraph (1).

(b) EVIDENCE-BASED RESEARCH AND TRAINING.—

(1) WORKING GROUP.—The Secretary of Defense shall conduct a study, in coordination with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences' Institute of Medicine, to determine the feasibility of establishing a working group tasked with researching and developing evidence-based measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychological pathologies (including substance use conditions). The working group shall include personnel with experience in a combat theater, and behavioral health personnel who have experience providing treatment to individuals with experience in a combat theater.

(2) PEER-REVIEWED RESEARCH PROGRAM.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a plan for a peer-reviewed research program within the Defense Health Program's research and development function to research and develop evidence-based preventive and early intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies (including substance use conditions).

(c) REPORT.—The Secretary of Defense shall submit to Congress annually a report on the plans and studies required under this section.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Pennsylvania (Mr. SESTAK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. SESTAK. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, as someone who wore the cloth of this Nation for 31 years, few things are as important to me as our obligation to support those who fought for our country. Our men and women in uniform serve selflessly on our behalf, and it is our foremost duty in Congress to do everything in our power to ensure that they have the care and the treatment they deserve, as they are, and they will remain, our most important recruiters in our volunteer Armed Forces of the future. So it matters how we treat them, as they will be the ones to encourage or discourage their sons and daughters, their loved ones and friends, to become or not to become part of what they once belonged to.

With that in mind, recent reports about the conditions at Walter Reed were quite sobering to who we believe we are. I am as, if I am not more, responsible as anyone. I should have known better and looked more because of my 31 years of service.

But the Armed Services Committee has now looked closely at this issue and taken a significant step forward in reporting H.R. 1538 to the House. This is a bill that will address concerns regarding the adequacy of the treatment received by our servicemembers returning home from Iraq.

While we are all familiar with the images of soldiers who have returned home maimed as a result of an IED, it is another range of medical challenges that are increasingly being seen as a signature disability of the war in Iraq, mental health disorders and the invisible psychological trauma of post-traumatic stress disorder.

According to a Pentagon study released last year, 35 percent of Iraqi war veterans received mental health care during the first year at home. Twelve percent were diagnosed with a mental health ailment.

Left untreated, the more recognizable symptoms of PTSD, including nightmares or flashbacks, can ultimately lead to other problems, including drug and alcohol abuse.

At a time when science has shown that mental health and physical health are inseparable, we cannot overlook the integral role that mental health care plays in the proper medical care of our servicemembers and veterans.

This past Sunday, I attended an event hosted by the Military Order of the Purple Heart for the VA Medical Center in Coatesville, Pennsylvania, and spoke to several of those who work with and treat veterans with PTSD. They emphasized to me their concerns about the level of resources, attention, and the scope of care available to those who need mental health services.

This is an issue we cannot simply ignore because the challenges of mental illness are interwoven with the other challenges that we are confronted with in every corner of our society. And that is why I was honored that Representative KENNEDY held with me a forum in my district on mental health and substance abuse last month, where,

among other things, Congressman KENNEDY spoke of the importance of properly addressing the needs of veterans and servicemembers.

As a Nation, we will never be fully healthy, never fully productive, until we eliminate all barriers to good mental health care for all our citizens, and especially those who have put themselves in harm's way to serve our country.

This amendment requires the Secretary of Defense to develop a plan to reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies, what we might call psychological Kevlar.

Prevention, how nice. No, how necessary. It is what we do in the military. Successful generals win. Then they go to war.

This is what we must do to ensure that our soldiers are properly prepared, not just physically with the right Kevlar but, also, thanks to the knowledge developed through the peer-reviewed research called for in this amendment, with the proper psychological Kevlar. We must treat both physical and mental care of our troops the same.

I urge my colleagues to support this amendment.

I reserve the balance of my time.

Mr. SKELTON. Mr. Chairman, will the gentleman yield?

Mr. SESTAK. I yield to the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, I have examined this amendment. I think it is an excellent one, and I compliment you. It is certainly acceptable on our side.

Mr. KENNEDY. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not in opposition to the amendment.

The Acting CHAIRMAN. Without objection, the gentleman from Rhode Island is recognized for 5 minutes.

There was no objection.

Mr. KENNEDY. Mr. Chairman, I only asked for the opportunity to speak in opposition just to claim the time in opposition. This is my amendment, so I won't be speaking in opposition to it.

Of course, I do want to speak in favor of this, because clearly this is the leading cause of disability, I believe, and will be the leading cause of disability for this war. As we have seen our soldiers come back, more and more of them are reporting mental health as the leading cause of disability; and, of course, this has been underreported in so many instances.

Why? It has been underreported because of the stigma, Mr. Chairman. Continued in this country is the fact that our society continues to stigmatize the treatment of mental illness. So even our soldiers who have every right to feel that they have been stressed by the experience of having suffered through the trauma of war, even those that have been through this experience and have every right to seek mental health treatment, even they feel stigmatized by having to need mental health treatment, and that is the reason why so many of them don't actually go and seek mental health treatment.

But in spite of the stigma, we still find that 35 percent of those returning from Iraq and Afghanistan have sought treatment for mental health services. This is an enormous number, and I think it points very much to the fact that this is a very enormous challenge for our country.

Mr. Chairman, we need to deal with this problem before we even have these soldiers returning from Iraq, and that is why we are looking to have the psychological Kevlar act adopted in this legislation.

I want to identify Kristen Henderson, who is a spouse of a member of our military who came to my office and said, why is it that we are waiting until our soldiers get back from Iraq until we deal with their post-traumatic stress disorder? Why don't we start helping them become resilient, and how come we don't start preparing them for the trauma of war before they even get into the trauma of war? We do so much to put them into boot camps to train them physically for war. Why don't we do more to put them together and train them mentally for war?

This is what this amendment says. It puts the Department of Defense in the position where they have to put together a program where our military men and women are put into a curriculum where they are better prepared to deal with the conflicts and the stresses of war before they actually see the trauma of combat.

Mr. Chairman, I think that this is something that we need to do, because we need to make sure that when our soldiers come back that they don't have that sense of stigma attached to seeking mental health services. And if they understand that in order for them to be good soldiers that they need to be of sound mind and sound body and that is part of their being part of a esprit de corps, then they will be more forthcoming in seeking help when they need it. That will mean they will be better soldiers in the long run.

Mr. Chairman, just a few years ago, I had the opportunity to go down to Fort Bragg and see our Green Berets. Mr. Chairman, they have psychiatrists available 24 hours, 7 days a week.

You might ask, why do the best and brightest in the military have that? The reason they do is because the military has figured out that if they have anything else on their mind bothering them, they can't do their job the way they are best trained to do their job. I think, Mr. Chairman, if it is good enough for the Green Berets, then why isn't it good enough for the rest of our Armed Forces?

That is what this psychological Kevlar bill puts in place. It says we need to protect the mind as well as the body of our soldiers before battle, and we need to make sure that they are prepared for every eventuality when it comes to wartime.

I ask my colleagues to vote for this and destigmatize mental health and help the Department of Defense lift the veil of the stigma of mental illness and vote for the psychological Kevlar bill. For that reason, I will ask for a recorded vote on this amendment.

□ 1530

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. SESTAK).

The amendment was agreed to.

Mr. SKELTON. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. HOOLEY) having assumed the chair, Mr. ROSS, Acting Chairman of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, had come to no resolution thereon.

PERMISSION TO OFFER AMENDMENTS OUT OF ORDER DURING CONSIDERATION OF H.R. 1538, WOUNDED WARRIOR ASSISTANCE ACT OF 2007

Mr. SKELTON. Madam Speaker, I ask unanimous consent that during further consideration of H.R. 1538 in the Committee of the Whole pursuant to House Resolution 274, any of the amendments printed in House Report 110–78 may be considered at any time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

WOUNDED WARRIOR ASSISTANCE ACT OF 2007

The SPEAKER pro tempore. Pursuant to House Resolution 274 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1538.

□ 1532

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, with Mr. ROSS (Acting Chairman) in the chair.