

Description of Request: Provides \$1,000,000 for the United States Special Operations Command "SOCRATES" High Assurance Platform Program. This project would establish The High Assurance Platform (Trusted Virtual Environment) that will provide the capability for a secure solution allowing the user to access multi-level information (TS/SCI) to unclassified as well as a multi-domain information (NATO, Coalition) on a single desktop/laptop. Significant cost savings will be realized by the DOD throughout the life cycle of this technology while combating the Global War On Terrorism (GWOT).

X-Band/W-Band Solid State Power Amplifier Account: Defense Wide, RDT&E.

Legal Name of Requesting Entity: Global Technical Services (GTS)

Address of Requesting Entity: 6901 Bryan Dairy Road, Largo, FL 33777.

Description of Request: Provides \$1,000,000 for an X-Band/W-Band Solid State Power Amplifier. This program will design, develop and test a solid state power amplifier at X-Band/W-Band to replace the current Traveling Wave Tubes (TWT), in order to provide a higher mean time before replacement thereby reducing overall costs.

IN SUPPORT OF H.R. 3200

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 29, 2009

Mr. BLUMENAUER. Madam Speaker, I submit the following regarding H.R. 3200:

PHYSICIANS

"As a geriatrician who specializes in care of older adults, the more power and choice we can put in the hands of patients the better! My patients are afraid of being overtaken by the health care system. Advance care planning restores the focus to where it belongs—on the patient's goals, the patient's wishes, and putting the patient—not the system—in the drivers seat."—Diane E. Meier, MD, Gaisman Professor of Medical Ethics, Director, Center to Advance Palliative Care, Mount Sinai School of Medicine.

"Patients and families have suffered too much and for too long and needlessly. Adjusting the system so that providers know what the patient's goals for care are allows us what we all want: the chance for every person to live by our values—including when sick. With palliative care we can live life to its fullest till the very last drop—including while curative treatment continues. People make the best decisions when the decisions are their own. When that happens, as individuals and as a nation, we will be paying for what is right, not for what is wrong. This bill gives us the right to do what is right."—Linda L Emanuel, MD, PhD, Buehler Professor of Medicine, Director, Buehler Center on Aging, Health & Society at Feinberg School of Medicine.

"As a physician, I strongly believe in advance planning for life threatening illness and end of life care. Patients deserve the opportunity to have voluntary yet candid conversations with their physicians about who they want involved and how they want their care managed during a serious illness. A provision in H.R. 3200 encourages and supports physicians to open the door for these important discussions as their patients deal with unexpected illness and anticipate natural life cycles. Thoughtful planning can only

help bring peace, comfort and healing to patients and their families during a difficult time."—Glenn Rodriguez, M.D., Chief medical officer, Providence Health & Services—Oregon.

"Understanding patient preferences for care at the end of life is a key component of patient centered care. Substantial literature indicates that discussing care preferences improves quality of life for patients and reduces caregiver grief. These conversations require skill and time. The Advanced Planning provisions in H.R. 3200 provide training and reimbursement to deliver these essential care components."—Robert A. Gluckman, MD, FACP.

"As a palliative medicine physician and geriatrician who cares for healthy older adults and those living with serious illness and their families, I wanted to express my unqualified support for efforts to promote advance care planning and palliative care in the House health reform bill [H.R. 3200]. These provisions will help ensure that older adults get the care that they want and need by supporting physicians' efforts to identify their patients' goals for medical care and by allowing them to help their patients to select treatments that meet those goals. Too often, my patients are not aware of their options, receive treatments that will not meet their goals, or do not receive treatments that they want and need. The result is unnecessary patient and family suffering. These provisions will make a real difference in addressing this problem."—R. Sean Morrison, MD, Mount Sinai—School of Medicine.

"... Conversations with patients and their loved ones that clarify goals of care, surrogate medical decision makers, and resuscitation preferences help physicians develop plans of care that offer only therapies that will be beneficial and consistent with a patient's wishes. These help tremendously in "focusing" therapies on what the patient would want, reassuring loved ones that care is consistent with that desired, and limiting inadvertent application of unwanted precious medical resources. They are win-win experiences for patients, providers, and payers."—Jeanne Lewandowski, MD, Director of Palliative Medicine, St. John Hospital and Medical Center.

"We cannot change that people for whom we care will die, but we can give them the choice of how they wish to live at the end of their life. Some prefer the support of a hospital, some prefer the comfort of the familiar in their home. Some tolerate extreme discomfort in order to be alert while others will compromise their alertness for relief of pain. We cannot know what people will choose without having the discussion about their choices. Further support for these discussions only improves the care we can tailor for each individual. Thoughtful consideration of these issues takes time. Patients deserve our full attention when we address these issues."—Elizabeth Weiss, MD, Bangor, Maine.

"Most Americans will live for some years with a serious chronic condition such as heart failure or dementia before dying, and most of that time will be covered by Medicare. The responsibility falls to Medicare to ensure that this phase of life is rewarding, comfortable, and meaningful by making sure that citizens get the information to make choices that serve us well—and making sure that the services we need then are reliable and efficient. For far too long, Medicare has paid attention mainly to the issues and treatments that matter most earlier in life—Medicare has to take the lead in good care for the last years of life. Only one American in five dies before becoming eligible for Medicare. We have the opportunity to build the care system we can trust to serve us well

in the last years of life, and we should seize it."—Joanne Lynn, MD, Author of The Handbook for Mortals.

The focus of health care should be what is the best care for patients as related to their life values and personal goals. As a physician, I often find that evidenced-based clinical care falls short of the dignity and comfort when the disease is non-curable and in time, result in death. Empowering people to make the best decisions related to their health care requires much discussion about their diseases. It is, in fact, allowing people to make their own decisions, to be heard, to be respected, and to be cared for to the best of our abilities regardless of disease treatment and or symptom management. I support the advance care planning provisions in H.R. 3200 because health care decision-making is American. It is the patient's right to make an informed decision and not for the government to decide what choices to make.—Mark A. Fox, MD, Florence, South Carolina.

It takes a great deal of time to discuss advanced directives with patients. This time spent should be compensated through the Medicare program. Euthanasia is never part of the discussion. Most physicians are ethically opposed to euthanasia, either active or passive. It is also illegal in 98% of the states.—Martin A. Grossman, MD, New York.

NURSES

"As trusted patient advocates, the nursing members of the Hospice and Palliative Nursing Association witness the suffering experienced by patients and family members during difficult times when advance care planning does not occur. We are, therefore, very pleased to see the specific language of this bill [H.R. 3200] assuring the patient's right to express their wishes through open discussions and know this change will indeed allow for improvement in patient care."—Judy Lentz, RN, MSN, NHA, CEO, Hospice and Palliative Nurses Association.

"As an advanced practice nurse working in palliative care I know we improve lives of patient and families daily. I can not emphasize how critical advance care planning and palliative care is to the American health care system and fully support the provisions of H.R. 3200 that provide for Medicare coverage of these important conversations between patients and their health care providers."—Patrick J. Coyne, MSN, APRN, Richmond, Virginia.

"What is important for health care reform and for the ninety million Americans living with serious illness is that care is focused on quality of life, management of the symptoms that accompany chronic disease, and facilitation of care that reflects patient goals and values. As a geriatric nurse practitioner and palliative care program director, I strongly support inclusion of advance care planning and palliative care—the medical specialty that focuses on preventing and treating the debilitating effects of serious and chronic illness—as a solution to achieving quality health care."—Lyn Ceronsky, APRN, MS, Director, Palliative Care Program at the Fairview Palliative Care Leadership Center

PATIENT ADVOCATES

"This measure would not only help people make the best decisions for themselves, but also better ensure that their wishes are followed. To suggest otherwise is a gross, and even cruel, distortion—especially for any family that has been forced to make the difficult decisions on care for loved ones approaching the end of their lives. AARP is committed to improving the quality, effectiveness, and affordability of health care for our 40 million members and their families. We will fight any measure that would prevent individuals and their doctors from making their own health care decisions. We will

also fight the campaign of misinformation that vested interests are using to try to scare older Americans in order to protect the status quo.”—John Rother, Executive Vice President, AARP.

“The goal of this measure is to honor an individual’s choice to have or to limit life-sustaining treatments. By developing tools to help people with Medicare and their families make educated decisions about treatments, we can assure that an individual’s preferences for care are respected.”—Paul Precht, Director of Policy and Communications, Medicare Rights Center.

“In La Crosse, health professionals taking time to fully inform their patients and their patient’s family about future choices better assures that the patient receives the best care possible in light of that patient’s health condition, religious and cultural values and that these decisions are really known by the family. Such a process benefits everyone involved and better assures that our utilization of health resources are actually matched with patient goals. This is a far better method of distribution of resources than the society deciding what is best for the patient.”—Bud Hammes, Ph.D., Director of Medical Humanities, Gundersen Lutheran Medical Foundation.

“The National Coalition for Cancer Survivorship supports the advance care planning provisions of H.R. 3200, which will help patients make well-informed decisions about the care they want and need at the end of life. A first step toward patient-centered care is productive dialogue between patients and their caregivers, communication that is not adequately valued in the current health care system. The practice of advance care planning gives patients more control over their health care than currently exists.”—Ellen L. Stovall, 37-Year Cancer Survivor and Acting President & CEO, National Coalition for Cancer Survivorship.

“Make no mistake. Living wills and proxies (advance directives) ensure that we—as opposed to just the doctors—have a clear voice and a choice in our care should we reach that most vulnerable stage where we can’t advocate for ourselves. This is why I’ve chosen to have a health care proxy, and I applaud [Representatives] Levin and Blumenauer’s efforts on this matter.”—Joseph Rickards, Patient Advocate, New York City.

FAITH COMMUNITY

“The Supportive Care Coalition is a nationwide collaborative of 20 Catholic health care organizations that assists Catholic health ministries in addressing the physical, emotional, psychosocial and spiritual needs of those suffering from life-threatening and chronic illness, as well as those approaching the end of life. We have long supported measures that improve palliative care and end-of-life services, eliminate barriers and build a more connected health care experience across the continuum of care. Central to achieving patient-centered, quality care is strong communication between patients and their health care providers and for these reasons, we strongly support the advance care planning provisions in H.R. 3200.”—Sister Karin Dufault, SP, PhD, RN, Executive Director, Supportive Care Coalition: Pursuing Excellence in Palliative Care.

“Reflection about the end of life, including elements in medical care, is important for all of us. Such discernment and discussion with loved ones can be enhanced by conversations with thoughtful and caring physicians. Actual decisions are always our own informed by our values and moral perspectives.”—Msgr. Charles J. Fahey,

COAST GUARD ACQUISITION REFORM ACT OF 2009

SPEECH OF

HON. BENNIE G. THOMPSON

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Mr. THOMPSON of Mississippi. Mr. Speaker, I rise today in support of H.R. 1665, the “Coast Guard Acquisition Reform Act of 2009.”

The Coast Guard is a valiant agency, one that is dedicated to saving lives and securing our nation’s maritime borders.

Last year, Coast Guard men and women:

Responded to more than 24,000 search and rescue cases;

Saved more than 4,000 lives;

Interdicted nearly 5,000 individuals attempting to enter the United States illegally;

Deployed 400 personnel to protect Iraq’s maritime oil infrastructure, train Iraqi naval forces, and enforce U.N. sanctions in the Arabian Gulf;

Boarded more than 1,500 high interest vessels bound for the United States for security inspections; and

Provided waterside security and escorts for nearly 500 military vessels that deliver supplies to support Operation Iraqi Freedom and Operation Enduring Freedom.

The Coast Guard did all of this on ships that are thirty (30) to forty (40) years old.

Currently, the Coast Guard is building new assets, including the “National Security Cutters” and the “Fast Response Cutters” under the \$24 billion Deepwater fleet modernization program.

Initially, when Deepwater first began in 2002, the Coast Guard delegated responsibility as lead system integrator to a private firm.

By all accounts, this delegation of responsibility led to poor workmanship, skyrocketing costs, and ships that didn’t float.

In response, in 2007, Coast Guard Commandant Thad Allen took the helm of this struggling program and assumed the lead integrator role.

Over the past two years, Admiral Allen has made significant changes to the acquisition and procurement processes within the Coast Guard.

This was a good development, but as recent Government Accountability Office reports note, it is not enough.

GAO found that the current contracts are not in full compliance with the Department of Homeland Security’s acquisition directives.

Additionally, GAO found that critical logistical support plans have not been completed.

Logistical support plans are necessary for the Coast Guard to understand the out-year costs associated with the new cutters.

If enacted, H.R. 1665 can help steer the Deepwater program on the right course.

Specifically, the bill revises the Coast Guard acquisition policy by mandating the development and regular updating of life-cycle cost estimates and a master plan for testing and evaluation.

The bill also requires “full and open competition” for any acquisition contract, unless otherwise excepted under Federal acquisition laws and regulations.

Lastly, the bill establishes a Chief Acquisition Officer and requires that program managers for certain acquisitions hold a specified acquisition certification.

These important reforms to the acquisitions process at the Coast Guard will not only ensure that taxpayer dollars are used wisely but that the Coast Guard has the assets it needs to continue to fulfill all its critical missions.

I urge all my colleagues to support H.R. 1665.

EARMARK DECLARATION

HON. TOM COLE

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 29, 2009

Mr. COLE. Madam Speaker, pursuant to the Republican Leadership standards on earmarks, I am submitting the following information regarding earmarks I received as part of H.R. 3326, the Department of Defense Appropriations Act, 2010:

Name: Advanced Autonomous Robotic Inspections for Aging Aircraft
Bill #: H.R. 3326
Account: Operations & Maintenance, Air Force

Legal Name of requesting entity: Veracity Technology Solutions, LLC

Address of requesting entity: 2701 Liberty Parkway, Suite 311; Midwest City, OK 73110

Description: Provide an earmark of \$1 million for the purposes of providing military aviation with an inspection system vehicle which will be utilized for the autonomous gathering of nondestructive inspection (NDI) data for the detection of corrosion and cracking on the KC-135 wing skins as well as other aging aircraft. This funding will allow Veracity Technology Solutions (VTS) to complete development and implement a precise and cost-effective autonomous vehicle that can provide these needed inspection results. This system will allow for condition assessment of aircraft structures, as well as continuous assessment through the historical comparison of previous and present inspection results. Currently the method for inspecting the wing skins of the KC-135 aircraft is with traditional NDI methods that are both antiquated and time consuming. Veracity, in collaboration with the Air Force have proven the ability to reduce the time of inspection on the KC-135 wing skin by a factor of 5X through the successful demonstration of a semi-autonomous automated inspection vehicle. With the addition of these congressional funds, Veracity will be able to implement a fully automated autonomous robotic vehicle that has the capability to inspect for corrosion as well as crack detection around fasteners. This system will allow maintenance personnel to set up the automated vehicle, perform the scan, analyze data real time, and perform visual inspection of fasteners which is currently not available to maintenance personnel. This system will decrease the maintenance downtime and unnecessary refurbishment of serviceable components. Without this system there is the increased risk of the catastrophic failure of these critical components. This project will provide a state-of-the-art NDI system and training that have the potential to decrease costs while assuring safety and airworthiness. This plan provides information regarding the development and deployment of two platforms. The first 60% of