

The Secretary will be required to establish the Interagency Pain Research Coordinating Committee to:

(1) Develop a summary of advances in federal pain care research relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain; and

(2) Identify critical gaps in basic and clinical research on the symptoms and causes of pain.

Most importantly, it allows the Secretary to provide for education and training to health care professionals in pain care including the requirement to establish and implement a national pain care education outreach and awareness campaign to educate consumers, patients, their families, and other caregivers.

GENERAL

The American Pain Foundation provides its members and the public with several tips to dealing with pain relief, they advise pain sufferers to be active in their pain management.

Sufferers should not be afraid to speak up. Only you know the extent of your pain and how it affects your quality of life.

Knowledge is power. There are a variety of drug and non-drug therapies (e.g., physical therapy, yoga, meditation) available to effectively control pain; these are typically used in combination. People need to ask their healthcare providers about ways to relax and cope with pain.

Tell your provider what over-the-counter medications, vitamins and supplements you take, at what dose and how often. Also let him or her know about other personal health habits (e.g., smoking tobacco, alcohol use), which can interfere with some pain treatments and increase pain levels.

Write down questions you have before each appointment, and tell your provider(s) if there is something you don't understand and bring a relative or friend to the appointments for support.

It is often the little things that make all the difference in pain management. I urge my colleagues to remember that everyday persistent pain can interfere with people's enjoyment of life. It can make it hard to sleep, work, socialize with friends and family and accomplish everyday tasks. When your ability to function is limited, you may become less productive. People find themselves avoiding hobbies and other activities that normally bring them happiness in order to prevent further injury or pain. Ongoing pain can cause you to lose your appetite, feel weak and depressed. This legislation provides more resources to manage their pain and reclaim their life.

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2009

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 30, 2009

Ms. JACKSON-LEE of Texas. Madam Speaker, I stand in support of our veterans and in support of H.R. 1513, the Veterans' Compensation Cost-of-Living Adjustment Act by my colleague from Arizona, Representative ANN KIRKPATRICK, and the Members of the Veterans' Affairs Committee.

Congress annually reviews veterans' service-related disability compensation, and other compensation programs for surviving spouses and dependent children to ensure that such benefits provide reasonable and adequate compensation. This year, the Department of Veterans Affairs estimates that it will provide disability compensation to just over three million veterans with service-related disabilities.

Importantly, H.R. 1513 would increase the amounts paid to veterans for disability compensation and to their survivors for dependency and other compensation by the same cost-of-living adjustment payable to Social Security recipients. The increase would take effect on December 1, 2009.

We, as Members of Congress, must stand together to support our veterans and their families. Our nation has a proud legacy of appreciation and commitment to the men and women who have worn the uniform in defense of our country. We must be united in seeing that every soldier, sailor, airman, and marine is welcomed back with all the care and compassion this grateful nation can bestow to them and to their supportive families.

I firmly believe that we should celebrate our veterans after every conflict, and I remain committed, as a Member of Congress, to both more than 32,000 veterans living in my Congressional district alone. I hope we will all take the time to show appreciation to those who have answered the call to duty. As the former British Prime Minister Winston Churchill famously stated, "Never in the field of human conflict was so much owed by so many to so few."

Madam Speaker, I encourage my colleagues to join me in supporting our troops of yesteryear and of today, as well as their families, by providing for this cost-of-living increase.

EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT IN NON-VA FACILITIES

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 30, 2009

Ms. JACKSON-LEE of Texas. Madam Speaker, I stand in support of our veterans and in support of H.R. 1377, to amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-department facility and for other purposes by my colleague from California, Representative BOB FILNER and the Members of the Veterans' Affairs Committee.

H.R. 1377 would require the Department of Veterans Affairs to pay for emergency care that certain veterans receive at non-VA medical facilities or to reimburse veterans if they have paid for that care. Specifically, veterans with non-service-connected conditions whose third-party insurer does not cover the full cost of care would be reimbursed.

The bill also permits the VA to reimburse veterans for emergency treatment that was provided prior to the date of enactment. Under current federal law, the Department of Veterans Affairs has the authority to reimburse certain veterans or pay for emergency treat-

ment of a non-service connected condition if the VA is the payer of last resort. However, the VA currently does not pay for emergency treatment for non-service connected conditions in facilities outside the VA system if a veteran has third-party insurance that pays for any portion of the medical cost. H.R. 1377 would make these veterans eligible for reimbursements from the VA.

I have been a strong advocate of supporting our veterans. We are providing for our veterans with legislation such as:

H. Res. 234—which would designate a "Welcome Home Vietnam Veterans Day."

H. Res. 1054—Honoring the service and achievements of women in the Armed Forces and female veterans (Rep. DAVIS (CA)—Armed Services).

H.R. 2790—To establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health as amended (Rep. HARE—Veterans' Affairs).

H.R. 3889—To require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary (Rep. BOOZMAN—Veterans' Affairs).

H.R. 5554—Veterans Substance Use Disorders Prevention and Treatment Act of 2008 (Rep. MICHAUD—Veterans' Affairs)—Passed.

H.R. 5664—To direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary (Rep. RODRIGUEZ—Veterans' Affairs).

Currently, there are over 25 million veterans in the United States. There are more than 1,633,000 veterans living in Texas. According to the Texas Veterans Commission, there are 197,030 veterans in Harris County. In the 2007 fiscal year health care costs in the 18th district of Texas were over \$80,000.

Madam Speaker, I encourage my colleagues to join me in expanding Title 38 for reimbursement of emergency care in non-department facilities for veterans.

SUPPORTING COLORECTAL CANCER AWARENESS

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 30, 2009

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of H. Con. Res. 60, supporting the observance of Colorectal Cancer Awareness Month. I want to thank my colleague from Texas, Representative KAY GRANGER.

This important legislation recognizes the devastating effects of colorectal cancer, which kills 49,960 Americans each year, and raises awareness regarding the realities and severities of this disease.

Colorectal cancer includes both colon and rectal cancer and is the second most common cause of cancer deaths for both men and women within the United States. This form of cancer does not discriminate between men and women, race and ethnicity, while the rates of diagnoses are slightly higher among the African America community.

The survival rate of those who have colorectal cancer is 90 percent when detected in its early stages while that rate dramatically drops to only 10 percent when colorectal cancer is detected after it has spread to distant organs. However, colorectal cancer is very preventable. If Americans age 50 or older were screened regularly for colorectal cancer, the rate of those affected by the cancer will be cut tremendously.

It is not surprising to note that uninsured Americans are more likely to be diagnosed with late stage colon cancer. Only 18.8 percent of Americans without health coverage in the United States have currently been properly screened for colorectal cancer.

Regular colorectal cancer screening makes economic sense because it has been ranked

as one of the most cost effective screening interventions available, with the potential to save more than 30,000 lives a year. Treatment costs for colorectal cancer are extremely high and are estimated at \$8,400,000,000 for 2004. Although the treatment costs for colorectal cancer is high the risks associated with non-treatment are even higher.

Colorectal cancer awareness is important year round, but should definitely be emphasized during the month of March. The potential deadly effects of colorectal cancer should encourage Americans from all walks of life to be tested and treated by their doctors. Colorectal cancer is the third most common form of cancer and the second leading cause of cancer-related death in the Western world. Colorectal

cancer causes 655,000 deaths worldwide per year. This month should also raise public awareness for the need of colorectal cancer testing for those Americans who are unable to afford such testing. It is imperative that Congress find a way to ensure every American at risk is tested and treated in the early stages to prevent an even higher death rate. March is an important month and should be recognized by all Americans to focus on the special opportunity to offer education on the importance of early detection and screening.

Today, I support the observance of March as Colorectal Cancer Awareness Month. For these reasons, I strongly support H. Con. Res. 60 and urge all members to do the same.