

FACT SHEET

President Obama's Commitment to Veterans, Service Members and Military Families

July 31 2010

“And as we mark the end of America’s combat mission in Iraq, a grateful America must pay tribute to all who served there. They performed brilliantly and completed every mission we assigned to them. . . . And we salute the families back home—the fathers and mothers, wives and husbands, sons and daughters. They too have borne the burden of this war. . . . And whether you served today or a half century ago, every American who has worn the uniform must also know this—your country is going to take care of you when you come home. As I’ve said many times, our nation’s commitment to our veterans—to you and your families—is a sacred trust, and upholding that trust is a moral obligation.”

■ *President Barack Obama, August 2, 2010*

Caring for Wounded Warriors

“We have directed the largest funding increase in history to care for our wounded warriors who are still in uniform. That means more treatment centers, more case managers and providing the absolute best care available.”

■ *President Barack Obama, August 2, 2010*

Wounded Warriors

Caring for wounded and injured Service members is among the highest priorities within the Defense Department, the acting deputy assistant defense secretary for clinical and program policy told Congress today. Of the 2.1 million Service members who have deployed to Iraq and Afghanistan, nearly 40,000 were wounded in action. More than 60,000 were evacuated for medical care.

The Department of Defense establishment of specialty centers of excellence, as well as the department’s ongoing partnership with the Veterans Affairs Department. Providers at these facilities treat and assist injured Service members to function as close to normal as possible, improving their overall quality of life. The Department of Defense also is proud of its family support efforts.

Wounded Service members unable to return to duty may qualify for non-medical support through the Recovery Coordination Program. The program provides resources to severely injured troops, veterans and their families to determine the best road to recovery, assisting them with milestones and how to meet them. The department’s partnership with VA ensures that severely wounded troops and their families continue receiving the care they need after they leave the military.

The President’s directed the largest increase in the funding for Wounded ill and Injured care in the history of the Department. \$30.9 billion overall for medical care, an increase of 5.8 percent over the 2010 enacted level. \$669 million to provide care for traumatic brain injury and psychological health. \$250 million for continued support of mental health and traumatic brain injury research, such as the development of tools to detect and treat post-traumatic stress, and enhancements to suicide prevention measures. Assist Our Nation’s Troops and Their Families

Overall, the President's approved budget for family support programs grow over 3 percent above the 2010 enacted level.

Vision Centers of Excellence

The DoD Vision Center of Excellence (VCE) was formally established in May 2010 with the Navy as the Lead Component, but it has been working since 2008 to provide leadership in the prevention, diagnosis, treatment, and rehabilitation of eye injuries. VA has provided the deputy director for this Center. Ultimately, the VCE will provide clinical support for the full scope of military eye care, treatment, and research; and it will provide clinical education programs on eye injuries in Service members for both the DoD and VA.

Honoring Our Military Families

“We salute the families back home—the fathers and mothers, wives and husbands, sons and daughters. They too have borne the burden of this war. “

■ *President Barack Obama, August 2, 2010*

Funding for Military Families

Our military families are tested each day. Multiple and extended deployments mean that children often don't see their moms or dads for long periods of time. Civilian spouses juggle the demands of work and family without their partners for long stretches of time. Family members serve as primary care givers for our wounded warriors, and too many families bear the heartbreaking reality of moving forward with their lives while keeping the memory of our fallen heroes alive.

Through it all, military families contribute countless hours to supporting other military families, being role models to our children, and making communities stronger. A small percentage of Americans fight our wars, but we need 100 percent of Americans to support these brave men and women and their families back home.

FLOTUS announced a 3 percent increase in funding over the 2010 fiscal year budget. That bump-up in dollars would bring spending on military support -- from child-care services and improved housing to spousal-education programs -- to \$8.8 billion.

Supporting Families

We have a critical and enduring obligation to better prepare and support families during the stress of multiple deployments. Robust single member, spouse, child, and youth services are no longer desirable options, but are services essential to maintain the health of the All-Volunteer Force. Programs such as quality education for children, expanded child care, outreach to Guard and Reserve members and families, accessible family support assistance, referrals for counseling, financial education and training, pre-teen and teen programs, and access to training certification opportunities for spouses all provide lifelines of support for service members and their families stationed around the globe.

Caregiver Legislation

On May 5, President Barack Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010 into law. Under the new law, a primary caregiver of a Veteran with a serious injury incurred or aggravated in the line of duty on or after September 11, 2001 may be eligible to receive a stipend, respite services, and access to healthcare coverage if they are not already entitled to care or services under a health plan contract, including Medicare, Medicaid or worker's compensation.

Seamless Transition

“Finally, we’re keeping faith with our newest veterans—those returning from Afghanistan and Iraq. We’re offering more of the support and counseling they need to transition back to civilian life.”

■ *President Barack Obama, August 2, 2010*

Preparing for Tomorrow: Progress on Electronic Records

VA’s Virtual Lifetime Electronic Record (VLER) Initiative, directed by the President in April 2009, has already made great progress. In September 2009, VA and its first private-sector partner, Kaiser Permanente, in San Diego, exchanged data in a pilot program. In March 2010, VA and DoD selected the next step, a pilot site in the Virginia/Tidewater area of Southeastern Virginia, to join the Nationwide Health Information Network. Three additional pilots are planned through 2012, with the intent of national deployment of a non-constrained, full production capability throughout VA and DoD.

Joint Programs: DoD/VA Assisting in Service member Transition

In 2009, the Disability Evaluation System (DES) pilot program expanded to 27 sites, conducting 13,241 Medical Evaluation Boards. At these sites, VA and DoD use a single separation examination and rating for separating service members in lieu of two separate examinations usually required of our outgoing military, dramatically reducing processing time. VA also expanded its “Benefits Delivery at Discharge” program and established a “Quick Start” program to expedite benefits processing for separating Service members. Currently, the average reductions in processing time for these programs are 63 percent and 31.5 percent, respectively. Additionally, VA, DoD and Labor unveiled an improved collaborative Web site for Wounded Warriors in February 2010.

Education for Veterans

“We’re . . . funding the Post-9/11 GI Bill, which is already helping nearly 300,000 veterans and family members pursue their dream of a college education.”

■ *President Barack Obama, August 2, 2010*

As of July 2010, VA has issued over \$3.9 billion in tuition, housing, and stipends for 292,000 student Veterans or eligible family members pursuing higher education. Early in the program’s implementation, VA took unprecedented steps to expedite over \$350 million in advance payments. To encourage more Veterans to use this historic program, in February 2010, VA launched a nationwide Post-9/11 GI Bill advertising campaign through college newspapers, radio ads, outdoor posters and information handouts at 60 schools with large Veteran-student populations. VA has also developed an automated processing system to replace its manual enrollment and payment processing system by the end of 2010.

Ensuring Veterans Can Get and Keep Good Jobs

“For veterans coming home to a very tough economy—which is even tougher for vets—we’re helping with job training and placement. We’ve increased government contracting with small businesses owned by veterans. I’ve directed federal agencies to make it a priority to higher more veterans, including disabled veterans. And every business in

America needs to know—our vets have they training, they’ve got the skills, and they’re ready to work.”

■ *President Barack Obama, August 2, 2010*

The Secretaries of VA and Labor are co-chairing the first Intergovernmental Council on Veterans Employment, working with the Office of Personnel Management to reform federal hiring practices in order to expand Veteran employment opportunities. Of the 304,000 employees in the Department’s workforce, approximately 30% are Veterans (90,431 as of June 30, 2010) and 8.9% are service-connected disabled Veterans (27,027). Last year, VA Vocational Rehabilitation & Employment career counseling, job training and job placement services assisted 8,238 disabled Veterans in obtaining and maintaining suitable jobs.

VA’s has been a model contractor under the Veterans First Contracting Program, greatly expanding opportunities for Service-Disabled Veteran-Owned Small Business (SDVOSB) and Veteran-Owned Small Business (VSOB). In FY 2009, VA’s total award to small businesses was \$4.8 Billion, or 34.5% of all VA procurements, far exceeding the national goal of 23% for small business procurements. VA’s FY 2010 internal goals have increased for small business from 28.7% to 33.5%, service-disabled from 7% to 10%, and Veteran-owned from 10% to 12%. VA will invest over \$10 million in each of the next two years to eliminate the SDVSOB/VSOB contractor verification backlog.

Investing in the Future: The American Recovery and Reinvestment Act (ARRA)

As of June 30, VA has obligated \$1.7 billion (93 percent) of its Recovery Act dollars. Veteran-owned small businesses currently account for 75 percent of all VA Recovery Act-awarded contracts. The National Cemetery Administration has obligated nearly \$46 million to improve our VA cemeteries as national shrines that memorialize and honor Veterans. The Veterans Health Administration has invested nearly \$957 million to improve the safety, security and effectiveness of over 141 facilities. Over 98 percent of all contracts were competed, and over \$122 million has been obligated to state Veterans homes. Recovery Act funds enabled VA to hire nearly 2,300 new claims processors, issue over \$465 million in one-time payments to eligible Veterans, and commit \$400 million to energy and green initiatives. Every dollar spent was posted on the Internet. VA created over 2,100 jobs as a result of ARRA funding (through June 2010). As of the end of June and as a key component of the total ARRA dollars spent, VA has obligated in excess of \$350 million for projects to produce renewable energy through the installation of solar photovoltaic, wind, and geothermal projects, and targeted a wide variety of energy conservation measures.

Employment strategy

VA Vocational Rehabilitation is a program whose primary function is to help veterans with service-connected disabilities become suitably employed, maintain employment, or achieve independence in daily living. Last year, VA Vocational Rehabilitation & Employment career counseling, job training and job placement services assisted 8,238 disabled Veterans in obtaining and maintaining suitable jobs.

Department of Labor works to improve employment outcomes for veterans and guardsmen and reservists. Labor administers employment and training programs through formula grants to States to hire specialists to provide outreach services and intensive employment assistance and conduct outreach to employers. Labor also investigate complaints filed by Veterans and other protected individuals under the Uniformed Services Employment and Reemployment Rights Act (USERRA), assess complaints alleging violation of statutes requiring Veterans’ Preference in

Federal hiring, and implement and collect information regarding Veteran employment by Federal contractors.

Several agencies work together to help transitioning service members through the Transition Assistance Program which provides employment workshops and direct services.

Ending the Tragedy of Homelessness among Veterans

“We’re making progress in our mission to end the tragedy of homelessness among our veterans. In just the past 18 months, we’ve already helped bring more than 20,000 veterans off the streets and given them a roof over their heads. But we’re not going to be satisfied until every veteran who has fought for America has a home in America.”

■ *President Barack Obama, August 2, 2010*

Ending Veteran Homelessness: VA Embarks on Historic 5-Year Plan

VA’s intense campaign to end Veteran homelessness in five years has secured broad support at federal, state and local levels in both the public and private sectors. It also supports the Administration’s Federal Strategic Plan to Prevent and End Homelessness. As of March 2010, the number of Veterans homeless on a typical night dropped 18 percent (from 131,000 in 2008 to 107,000 in 2009). The Obama Administration and Congress have joined VA in their commitment with the necessary funds; VA invested nearly \$400 million in 2009 to serve over 35,000 Veterans and more than 5,000 spouses and children through outreach initiatives, a 13 percent increase from the previous year. More than 8,300 Veterans are in permanent housing with dedicated case managers and access to high-quality VA health care. In 2010, VA is allocating \$39 million to fund 2,200 new transitional housing beds through grants to local providers. To better understand the causes of homelessness and coordinate efforts to end it, VA organized many collaborative events including the National Summit on Veteran Homelessness in November 2009, with more than 1,200 attendees from across federal, state and local levels in both the public and private sectors. To ensure that every opportunity to reach out to our homeless Veterans is taken, VA created a National Registry for Homeless Veterans and established a National Homeless Hotline (1-877-4AID VET).

Roughly 643,000 Americans are homeless, one-sixth of whom – or approximately 107,000 – are Veterans. Six years ago, that number was 195,000, and in 2008 that number was counted at 131,000. Secretary Shinseki, along with the US Interagency Council on Homelessness, has made a commitment to end Veteran homelessness in five years. With the FY 2011 budget request, VA would use 85% of the dollars allotted to end Veterans homelessness for health care, which includes mental health and substance abuse counseling. Housing and specific counseling would go from \$500 million to \$799 million.

Assisting Veterans and Homeowners: Providing both Service and Security

Last year, VA managed approximately 1.3 million active home loans obtained through its highly-successful Loan Guaranty Program. Despite uncertainty in today’s housing market, VA-backed mortgage loans had a significantly lower foreclosure rate than any other type of home loans in the industry. Under Service members Group Life Insurance, VA provided coverage totaling \$1.3 trillion to 6.1 million individuals. Under other VA-administered life insurance programs, VA provided an additional \$14 billion in coverage to 1.2 million Veterans. VA also conducted a first-year review of its Traumatic Injury Protection coverage under the Traumatic Service members’ Group Life Insurance Program (TSGLI). Its significant success led to an expansion of the program to cover six additional types of impairment and also liberalized

eligibility for other conditions. An additional \$35 million in TSGLI benefits have been paid to seriously injured Service members and Veterans under the expansion.

Improving Healthcare for Vets

“We’ve dramatically increased funding for veterans health care across the board. . . .

Thanks to advanced appropriations, funding for veterans medical care will now be on time and predictable, year in, year out.”

■ *President Barack Obama, August 2, 2010*

Strengthening Veterans Health Programs: Advance Appropriations

The Veterans Health Care Budget Reform and Transparency Act which funds VA’s health care budget a year in advance is now fully implemented. The landmark legislation signed by President Obama in 2009, will assure timely, sufficient and predictable funding from year to year. For our Veterans, it means improved access to the doctors, nurses, and medical care that they need. Moreover, it does all this without adding a single penny to the deficit.

Delivering High Quality Healthcare: “Best Care Anywhere”

In 2009, VA’s 8.1 million enrollees received award-winning healthcare in the nation’s largest integrated healthcare system, including 153 medical centers, 260 Vet Centers, 773 community-based outpatient centers, 134 Community Living Centers, and 50 domiciliary residential rehabilitation treatment programs. In 2009, J.D. Power and Associates recognized VA pharmacies with the highest customer satisfaction scores in a national sampling of pharmacy customers. VA also received an “Among the Best” ranking in the mail order category, the same overall ranking as Kaiser Permanente. In January 2010, VA won top national honors from the independent Institute for Safe Medication Practices for its excellence in preventing medication errors.

Bringing Care to the Veteran: New Rural Health Initiatives

Seeking to serve the more than 3 million Veteran enrollees in rural areas, VA awarded over \$200 million in rural health projects in 2009. Important rural health initiatives planned or underway include mobile clinics, home-based primary care, tele-health expansion, mental health services and education and training to best serve our nation’s Veterans. In FY 2010, an additional \$250 million was allocated to support rural outpatient clinic development, fee-basis care and clinical programs.

Of the 23.4 million Veterans in this country, roughly 8.0 million are enrolled in VA health care. Under the current delivery system, VA provides care to more than 5.7 million Veterans each year at over 1,100 locations, including inpatient hospitals and Community Based Outpatient Clinics (CBOCs). Demographic shifts and changes in where Veterans live have driven VA to continually realign service delivery with the needs of Veterans enrolled in the health care system. Rural and highly rural (any rural area within a county with less than 7.0 civilians per square mile) Veterans comprise about 40 percent of the total number of enrolled Veterans who received VA medical services in FY 2008.

Increasing access to health care for Veterans residing in rural and highly rural areas is also an important goal. More than one of three enrolled Veterans resided in a rural area in fiscal year (FY) 2008. 39 percent resided in rural areas and an additional two percent lived in highly rural areas. While approximately two-thirds of rural and highly rural enrolled Veterans received VA medical services in FY 2008, one-third did not.

Opening the Door: More Priority 8 Veterans

VA continues its aggressive efforts to notify Veterans of the Administration's initiative to expand eligibility for Veterans' health care to over 500,000 veterans who were previously denied access to VA by 2013 for financial reasons.

Mental Health Care

"We're directing unprecedented resources to treating the signature wounds of today's wars—Traumatic Brain Injury and Post Traumatic Stress Disorder."

■ *President Barack Obama, August 2, 2010*

Meeting Critical Needs: Traumatic Brain Injury and Mental Health for Veterans

In July 2010, VA enacted an historic rule change to relax the requirement for evidence of proof for Veterans who pursue a claim for Post-traumatic Stress Disorder (PTSD). Service in a combat zone now suffices as evidence if PTSD is diagnosed. VA also increased its exceptional mental health programs budget by \$288 million and hired more than 1,000 additional mental health professionals in 2009 to meet the important need for mental health screenings and treatment. For Traumatic Brain Injury (TBI), a new disability rating system was fielded to greatly improve how claims are evaluated. More than 400 military leaders, health care professionals, and advocates attended the first National Joint DoD/VA Mental Health Summit in November 2009. One outcome of the Summit was a commitment to develop a Joint DoD/VA Mental Health Strategy.

The average age of women Veterans is 47 years, compared to 61 years for their male counterparts. In FY 2008 and FY 2009 PTSD, hypertension, and depression were the top three diagnostic categories for women Veterans treated by the Veterans Health Administration (VHA). About 1 in 5 women seen in the VHA respond "yes" when screened for Military Sexual Trauma (MST) and 5 percent of homeless Veterans are women.

An Open Line: Answering Calls for Help

The Veterans National Suicide Prevention Hotline (1-800-273-TALK) has received more than 293,000 calls and interrupted more than 10,000 potential suicides since it began in 2008. Over 150 professional staff monitor the lines 24 hours a day, seven days a week, 365 days a year, to ensure any Service member, Veteran or family member in crisis can talk to someone who can help. In 2009, VA expanded the Hotline to include a Suicide Prevention Chat Room (www.suicidepreventionlifeline.org), where Service members and Veterans can use the Web to seek assistance. The VA employee who helped develop the hotline was recognized as the Federal Employee of the Year in 2009 by the Partnership for Public Service. VA has also increased its outreach through a significant national advertising campaign.

Access to Benefits for Vets

"After fighting for your country, you shouldn't have to fight for months, sometimes years, to receive the benefits you have earned."

■ *President Barack Obama, August 2, 2010*

"Breaking the Back of the Backlog" of Disability Claims: Leveraging Innovation and Technology

VA has launched an aggressive campaign to attack the claims backlog problem on multiple fronts, and has set an ambitious objective: By 2015, with a 98-percent accuracy decision rate in place, a Veteran will not wait more than 125 days for a decision on a claim. To achieve these impressive objectives, the Veterans Benefits Administration (VBA) expanded its workforce by

over 3,500 people, began accepting on-line applications for initial disability benefits, initiated an innovation competition, launched over 30 pilot programs and initiatives to identify best practices, and invested over \$138 million in a paperless Veterans Benefits Management System that will be deployed in Fiscal Year 2012. Veterans are already directly benefitting from this effort, for example, through a pilot program establishing “express lanes” for simple claim actions and quick benefits payments done on a walk-in basis. Additionally, VBA has awarded a \$9 million contract to “fast track” Veterans’ claims for service-connected illnesses associated with Agent Orange herbicide exposure during the Vietnam War.

Herbicides Exposure

Addressing a critical need, VA established a presumptive service connection for Vietnam Veterans exposed to herbicides exposure, including Agent Orange, with hairy-cell leukemia and other chronic B-cell leukemias, Parkinson’s disease, and ischemic heart disease. Over 250,000 Veterans have already been identified as potentially eligible for essential health care and disability compensation.

Gulf War Veterans Illnesses

In 2009, VA established a Gulf War Veterans’ Illnesses Task Force to comprehensively review both VA’s programs for, and the health concerns of, 1990-1991 Gulf War Veterans. The extensive Task Force Report is near completion and has received unprecedented public comment, with over 150 ideas with 300 additional comments received through a new social media tool, *UserVoice* (gulfwarvoice.uservoice.com), allowing 189 unique participants to submit their input. VA also published its implementing rule regarding nine diseases associated with service in the Persian Gulf War which will make it easier for Veterans to obtain critical health care and disability compensation for these diseases.

Board of Veterans Appeal:

The VA Appeals Process is divided between Veterans Benefits Administration (VBA) and the Board of Veterans Appeals (BVA). By far, most of the appeals processing time occurs at the VBA regional offices and not at BVA – by the time an appeal reaches the Board it has spent, on average, 855 days at the regional office. When appeals arrive at the Board, about 50% are referred to the VSO that represents the Appellant for the preparation of a brief. The time spent with the VSOs averages 270 days. BVA’s cycle time – the time it takes for the Board to issue a decision from the time it receives an appeal (exclusive of VSO time) currently is 109 days.

21st Century VA

“I’ve charged Secretary Shinseki with the mission of building a 21st century VA. “

■ *President Barack Obama, August 2, 2010*

VA Innovation: Visionary Solutions in Service to Veterans

VA created the first department-wide program to bring the most promising innovations to VA’s most important challenges by involving employees and the private sector in the creation of visionary solutions in service to Veterans. As VA’s flagship Open Government initiative, the VA Innovation Initiative (VAi2), completed its first two competitions in early 2010 and generated over 10,000 ideas with participation by nearly 50,000 VA employees. \$20 million has been invested in the most promising proposals from these two competitions. In June 2010, VA launched its Industry Innovation Competition with nearly \$80 million focused on such key areas as housing technology to address Veteran homelessness, advances in telehealth, new models of

dialysis and kidney disease prevention, improvements in polytrauma care, and systems to help launch and sustain Veteran-owned small businesses.

Improving Business Practices: Acquisition and Program Reforms

An innovative enterprise-level approach to acquisition, information technology, human resources, and financial management is driving substantial change within VA. Business process reengineering, along with integrated and centralized functions, are creating unprecedented synergy, asset visibility, and informed decisions within VA. VA announced in February 2010 that all of VA's nearly 300 information technology projects will be managed under its rigorous program management and accountability system (PMAS). PMAS assures only programs that meet strict time and performance standards will be funded.

Strengthening VA Performance: Training, Development and Accountability

To ensure VA has the best leadership available, VA established a comprehensive Senior Leader Management Program, as well as a Corporate Senior Executive Management Office, to improve standardization and transparency in the management of more than 500 Senior Executives in its workforce. VA is creating and enforcing clearer and more consistent standards of performance and accountability. In FY 2010, VA initiated a \$300 million Human Resources Training Program to dramatically change the way VA conducts business by focusing on three core aspects: talent acquisition, workforce engagement, and people development. To strengthen the skills of its information technology workforce in one of the largest federal uses of virtual training, VA opened a national training center in Falling Waters, WV, a hub for interactive training offered with several regional training sites.

Addressing Veterans' Issues: Expanding Women Veteran Programs

Women make up 15 percent of today's military, and the population of women Veterans using VA is increasing at a rapid pace. To answer the unique needs of this growing Veteran community, VA is evaluating and expanding care for all women Veterans. The Veterans Health Administration has provided comprehensive multi-residency training to over 500 providers in women's health, and is implementing comprehensive primary care for women Veterans at all facilities, with a completion date of 2013. There are now full-time Women Veterans Program Managers at 144 health systems. VA has expanded outreach programs for women Veterans, with local and national health conferences and forums, active web communications, local information initiatives such as posters and newsletters, and a proactive Women Veterans Advisory Committee on Women Veterans.

The largest group of women Veterans today served in the OEF/OIF operations. Women make up 11.3 percent of OEF/OIF Veterans. 49.7 percent of female OEF/OIF Veterans have enrolled with VA health care. Of this group, 47.8 percent have used VA health care 11 or more times. 47.3 percent of female OEF/OIF Veterans who used VA care during FY 2002-2009 were under age 30 compared to 43.1 percent of male OEF/OIF Veterans.

Rendering Honor: National Cemeteries Serving the Veteran Family

VA's National Cemetery Administration (NCA) performed over 105,000 interments of Veterans and eligible family members last year, and provided over 352,000 headstones and markers world-wide. In June 2010, VA began offering free bronze medallions to attach to existing, privately purchased headstones or markers in lieu of a traditional government headstone or marker, signifying a deceased's status as a Veteran. VA expanded its burial policy, resulting in authorization for five new national cemeteries. VA awarded 10 grants to states for \$40 million to fund five new state Veteran cemeteries, and five new VA cemeteries opened for a total

construction cost of \$89.1 million. Over the past six years, NCA has received a customer service rating of 95 from the American Customer Satisfaction Index (ACSI). This is the highest customer service rating of any organization, public or private, that has ever been assessed by the ACSI.

VA Preparedness: Ready for Any Emergency

VA greatly enhanced its readiness posture by creating an Integrated Operations Center to coordinate and execute a wide range of emergency preparedness and response plans across the federal government and within its own ranks. From natural disasters to monitoring and supporting H1N1 flu crisis activity, VA continues to demonstrate the ability to plan for contingencies, anticipate and solve problems, and sustain daily operations whether directly for VA or to assist other federal agencies. During the H1N1 flu epidemic, VA vaccinated more than 692,000 Veteran patients and over 133,000 staff. In 2010, VA will open a \$32 million facility in Martinsburg, WV that will enhance readiness capability. More recently, VA has established a Task Force and response plan to assist in the Deepwater Horizon Oil Spill crisis, sent a response team to Haiti following the devastating earthquake, and provided two mobile work stations to the flooded Rocky Boy Indian Reservation in Montana.

VA Research: Moving to Improve Veterans' Lives

VA's historic and highly-regarded research program invested more than \$510 million in over 2,193 studies in 2009 to pursue treatment, systems research, and discovery at over 100 different facilities across the country. VA also received more than \$515 million in other VA funding and \$433 million in federal and \$195 million research grants from other sources. VA understands that many of our warriors who have served in Iraq and Afghanistan endure mental trauma. To address this issue, VA supported more than 100 research projects for a total of more than \$26 million on post-traumatic stress disorder (PTSD). In 2009, a VA research facility won the Malcolm Baldrige National Quality Award, America's highest honor for innovation and performance, presented annually by the President. The award was based on medical research involving 90,000 patients, ultimately benefitting millions of Veterans and other Americans.

VA Construction: Building to Meet Veteran Needs

VA invested \$1.9 billion in 123 major leases and construction projects for new facilities and major renovations in 31 states and Puerto Rico. Construction of five medical centers valued at \$3.6 billion was approved with groundbreaking held in Denver, Colorado, and New Orleans, LA. These are the first new medical centers since 1995. In February 2010, VA announced contracts totaling \$41.5 million to build a Polytrauma center at the San Antonio medical center to care for the most seriously injured Veterans and to improve the existing facility. VA is finalizing a Strategic Capital Investment Plan to greatly enhance our ability to manage infrastructure development in the years ahead.

Enhancing Support to American Indian Veterans: New Outreach Initiatives

There are more than 383,000 American Indian and Alaska Native Veterans living today. With greater proportions of American Indian and Alaska Natives in today's military, their proportion of the Veteran population is projected to increase. VA's new Office of Tribal Government relations will increase outreach efforts to the more than 550 federally-recognized Tribal governments and encourage Native American Veterans enrollment in VA services. VA is currently updating and expanding its working agreements with the Indian Health Service to better coordinate and deliver care to Native American Veterans.

Communicating with Veterans: VA Enhances its New-Media Environment

VA has dramatically increased its communication methods with Veterans by re-launching a more dynamic and user-friendly Web site and establishing a new-media presence on Facebook, YouTube, and Twitter to improve communication with our clients and stakeholders. VA's Facebook page is the fastest-growing FB page among Cabinet-level agencies, enabling even greater public engagement. In December 2009, VA had roughly 5,000 fans. By mid-July 2010, VA had 40,000 fans. In April 2010, VA also used online services to solicit feedback from the public on the draft report of the Gulf War Veteran Illness Task Force. During the 30-day comment period, VA received 150 new suggestions, 300 comments, and 2,100 votes from 189 voters. In 2010, VA's media team continues its success when it earned two Regional EMMY Awards for its broadcasts and several advertising awards for Public Service Announcements.