DOWNLOAD PDF HEARING ON THE BILL TO INCREASE THE EFFICIENCY OF THE MEDICAL DEPARTMENT OF THE U.S. ARMY

Chapter 1 : Office of Medical History

The Army Hearing Program Status Report (AHPSR) is a component of the Public Health Management System and provides a means for the installation Hearing Program Managers (HPM) to monitor, assess, and report aspects of their programs as required by Department of.

The bill was introduced on May 21, , by Rep. The bill was ordered reported by the Committee on Appropriations, as amended, by voice vote on May 21, , and the Rules Committee Print includes the text of H. The major provisions of the bill are as follows: Army Corps of Engineers. This program is responsible for activities in support of coastal and inland navigation, flood and coastal storm damage reduction, environmental protection and restoration, hydropower, recreation, water supply, and disaster preparedness and response. The Corps also performs regulatory oversight of navigable waters. Approximately 23, civilians and almost military personnel located in eight Division offices and 38 District offices work to carry out the Civil Works program. The HMTF is supported by an ad valorem tax[1] on the value of imported and domestic cargo. Expenditures from the trust fund are subject to annual appropriations. Capital improvements to the inland waterways system[2] are generally funded 50 percent from the General Treasury and 50 percent from the IWTF, while operation and maintenance costs are funded percent from the General Treasury. The IWTF is supported by a tax on barge fuel. USBR develops water supply facilities that contribute to sustained economic growth and an enhanced quality of life primarily in the western states. Lands and communities served by USBR projects have been developed to meet agricultural, tribal, urban, and industrial needs. USBR continues to develop authorized facilities to store and convey new water supplies and is the largest supplier and manager of water in the 17 western states. USBR maintains reservoirs with the capacity to store million acre-feet of water. The Water and Related Resources account, which receives a specified portion of the total Bureau of Reclamation funding, supports the development, construction, management, and restoration of water and related natural resources in the 17 western states. The account includes funds for operating and maintaining existing facilities to protect public safety and to conduct studies on ways to improve the use of water and related natural resources. The Department of Energy is responsible for enhancing U. NNSA, a semi-autonomous agency within the Department, carries out these responsibilities. For FY , this funding is targeted to encourage U. Yucca Mountain - H. Within available funds, the Department is directed to reestablish its capability to respond to the Nuclear Regulatory Commission during the adjudicatory process, and to otherwise fully support the Yucca Mountain licensing process. The recommendation includes support for affected units of local government who have formally consented to host Yucca Mountain. The bill continues a provision prohibiting funds in this Act from being used to close the Yucca Mountain license application process or for actions that would remove the possibility that Yucca Mountain might be an option in the future. The bill also includes a provision to freeze the pay of Members of Congress, preventing any pay increases in FY Major provisions of note include: This level of funding will allow the MRAs to operate at current authorized levels as approved by the Committee on House Administration. This account includes funding for staff salaries and official expenses of Committees including equipment, telecommunications, printing, and contract services. Funding is available until December 31, This will fund critical safety and security functions for all Members, staff, and visitors of the Capitol Complex, and maintain public access to the Capitol and its office buildings. Increased funding is included to address garage security and prescreening. The Office of Compliance was established to administer and enforce the Congressional Accountability Act Public Law â€” , which applies various employment and workplace safety laws to Congress and certain Legislative Branch entities. Architect of the Capitol: This funding will allow GAO to continue its critical oversight work, providing Congress with accurate, nonpartisan reporting of federal programs and tracking of how taxpayer dollars are spent. This includes funds for large and small construction and renovation projects on military bases within the U. The funding will ensure quality housing is sustained for all 1. This funding will

allow for continued support and care for 9. The funds will support responses to the challenges posed by Russia and to the risks and threats emanating from the Middle East and North Africa. The legislation continues language to prohibit the closure of the Guantanamo Bay Naval Station and a provision to prohibit funding for construction of any facility within the U. Within this total, funding includes: VA Electronic Health Record: Disability Claims Processing Backlog: Reducing the disability claims backlog is essential to ensuring adequate compensation and care for the more than , veterans still wading through the VA bureaucracy to get a final decision on their claims. The bill fulfills mandatory funding requirements such as: This funding will provide for medical services, medical support and compliance, and medical facilities, and ensure that our veterans have continued, full access to their medical care needs. Background The programs funded by the Energy and Water Development and Related Agencies Appropriations Act provide funding for investments in infrastructure programs through the Army Corps of Engineers, various programs under the Department of Energy DOE , and for national defense nuclear weapons activities. The bill also funds certain programs under the Department of the Interior, specifically the Bureau of Reclamation, which develops water supply facilities that contribute to sustained economic growth and an enhanced quality of life primarily in the western states. Conforming to longstanding practice under which each body of Congress determines its own housekeeping requirements and the other concurs without intervention, funds for the Senate are not included in the bill as reported to the House. The programs funded by the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act provide the facilities and infrastructure needed to house, train, and equip our military personnel to defend this nation, both in the United States and abroad; provide the housing and military community infrastructure that supports a good quality of life for them and their families; and allow the military to maintain an efficient and effective base structure. The bill also funds programs to ensure that all veterans receive the benefits and medical care that they have earned as a result of the sacrifices they have made in their service to our country. Cost If enacted, H. Staff Contact For questions about amendments or further information on the bill, contact Jake Vreeburg with the House Republican Policy Committee by email or at Many types of sales taxes are ad valorem taxes.

Chapter 2 : Base Realignment and Closure - Wikipedia

About the U.S. Army Medical Department Center and School Health Readiness Center of Excellence (AMEDDC&S HRCoE) The AMEDDC&S HRCoE is located at Fort Sam Houston, Texas. The Center is where the Army Medical Department formulates its medical organization, tactics, doctrine, and equipment.

Services may not be reflective of the most recent changes in services. Completed annually, the PHA consists of the following components for the Service member: A self-reported health status. Measurement and documentation of vitals height, weight, BP Vision screening Review of current medical conditions with healthcare provider. Focused exam of identified conditions as required. Cardiovascular Screening Program Services as required. Recommendations for improvement of identified health conditions. Immunizations are offered in-clinic or through group events. The RHRP vendor provides all staffing, equipment and supplies Minimum requirement for group event is 60 total immunizations not 60 total service members Provide the space for group events in a temperature controlled environment with access to tables and chairs Enter the data into the appropriate medical databases after the event Dental Services The dental examination is a screening tool utilized by the United States Armed Forces to evaluate the individual dental readiness of their Service members. Completed annually, the dental examination consists of the following components: All Service members without a current dental exam within the past 9 months will usually receive a new dental exam. Service member completes health history. Taken with every dental exam. Will be recorded for every dental exam. No time requirement, to be taken if no pano is in the dental record, if significant change has occurred since the last one, or if deploying. Each Service member will be seen by a licensed dentist. Review of Health History and appropriate x-ray s. Charting of all dental disease. Dental exams and ancillary documents are shipped to RHRP and reviewed. All copies of records are digitized and stored at the vendor location Service Delivery: All dental services available individually or as a group event. For a group event: Minimum requirement is 50 dental exams per Group Event The RHRP provides all staffing, equipment, and supplies needed to perform all dental services. Your unit is responsible for providing space for group events to include: Povided through the toll-free call center or on-site at a group event. Physical exams are only offered in-clinic. The exam consists of the following: A self-reported health history Measurement and documentation of vitals height, weight, BP, vision, etc. Review of current medical conditions with healthcare provider Identification and examination of potential health risks Collection and analysis of lab specimens as required Recommendations for improvement of identified health conditions and to minimize potential health risks Mental Health Assessments The Mental Health Assessments DHA4 and DHA5 are a series of deployment health screenings designed to identify mental health concerns, including post-traumatic stress disorder PTSD and other behavioral health conditions that may require referral for additional care and treatment. These screenings are done in order to ensure individual and unit readiness. The DHA 4 and 5 are required by all Service members deploying for 30 days or more in support of any contingency operation. The DHA 4 is designed to be completed between days and 18 months days after return from deployment, and the DHA 5 between 18 months days and 30 months days after return from deployment. The DHA 4 and 5 assessments are the final screenings of the 5 part DHA assessment cycle that includes the pre-deployment health assessment, post-deployment health assessment, and post-deployment health reassessment. Labs RHRP will draw blood samples from Service members to meet readiness and pre-deployment requirements. Army Reserve is responsible for processing, labeling, and shipment of all labs. Minimum for Group Events in 30 per day.

Chapter 3 : Amendments to H.R. - Make America Secure Appropriations Act, | The Republican Cloakroom

Books by United States. Congress. Senate. Committee on Military Affairs, Hearings on the Army Appropriation Bill for FY12, Armed Forces Leave Act of , Retirement, Hearings Having Under Consideration Senate Bill No. , Being a Bill To Reorganize the Corps of Dental Surgeons Attached to the Medical Department of the Army, Mobilization of Civilian Manpower, National Military Park at Valley.

The Physical Standards Division determines the standards and supervises their administration. The maintenance of these standards was not a function of the Preventive Medicine Service during World War II, but the effectiveness of physical and psychiatric screening had a highly important bearing upon preventive medicine and materially influenced the measures and procedures necessary to plan and carry out the prevention and control of the acute and chronic infections which condition the health of the Army and the loss of manpower and man-days in military operations. The experience of the Army in World War I made The Surgeon General particularly aware of the necessity for strict screening against tuberculosis. The incidence of tuberculosis during World War I averaged 11 per thousand per year and before World War I was over, about 3, soldiers had died of tuberculosis. Throughout that war, tuberculosis had been a leading cause of disability discharges, accounting for World War I also pointed up the desirability for adequate psychiatric screening. About , men were hospitalized as neuropsychiatric patients during that war. It has been estimated that around 34 percent of these men had to be discharged. XV, pt 2, Tables 46, 48, 54, and New York, The Macmillan Company, , p. This would provide an Army most likely to withstand the physical strain and other exigencies of service and would also avoid inducting men who might shortly be discharged and thereafter be eligible for disability payments and hospital expenses by the Government. The Available Manpower Pool Both the needs of the service and the available manpower pool fluctuated from time to time. The Selective Service System made the initial classification of registrants, complying with current requirements set by Congress as to age, occupation, dependents, and education. The Army determined the number of men needed each month, specified the minimum physical and mental standards required for military service, and conducted the physical examinations. This was a relatively small number to take out of the manpower pool of registrants available at that time, which totaled about 17,, It was, therefore, possible to select only those who would be able to enter immediately upon a period of intensive training and who could reasonably be expected to remain fit for a period of years thereafter. Consequently no reparative or therapeutic work was considered; standards were set high; and psychiatric screening was designed so as to exclude anyone who might not respond well to Army life. After the United States entered the war, the picture changed radically. A large Army was needed immediately. About 3,, men entered the Army during , through inductions and enlistments. Physical standards had to be lowered to get the number of men needed, and limited service personnel were accepted at a fixed percentage of the quota. Industry and agriculture also expanded to keep pace with the enlarged Army. A great effort was made to increase the available manpower pool. Women formed the greatest labor reserve in the United States and hundreds of thousands became industrial workers. Labor was also drawn from the previously unemployed group and from the older age brackets. There was a decrease in civilian activities and in self-employment. To make the best possible use of the labor available, the work week was lengthened to 48 hours. After that date, however, the whole medical processing was taken over by the Army, and the function of the local boards was limited to elimination of the obviously disqualifying defects. Since the physical and mental standards for enlistment in the Navy and Army Air Forces were higher than the general requirements for induction, the result was that they were able to obtain men of better physical and mental caliber than were the Ground and Service Forces. President Roosevelt6 therefore, in December , stopped all voluntary enlistments of men between 18 and Registrants were thereafter processed through Selective Service and allotted to Army and Navy according to established quotas. The manpower shortage seemed so acute by the end of that Congress directed the appointment of a commission to study requirements for the Armed Forces.

The commission reported that existing physical requirements could not be reduced further without impairment of efficiency. The chief need, the report concluded, was for men for general duty. By the middle of , the Army had attained the bulk of its procurement objective. With offensives on all fighting fronts, it urgently needed young men as replacements. Exemptions for those under 26 were rigidly screened; deferments in older age groups were liberalized. Men becoming of age for registration were the chief source of replacements for the Armed Forces. Concurrently many were being discharged, primarily for physical reasons, and became available as civilian labor. Throughout the period of mobilization and war Selective Service maintained a continuous program of registering, classifying, and reclassifying. Registrants were not considered frozen in one category, but were constantly screened and reevaluated. Evaluation of the physical fitness of present-day inductees. Washington, Government Printing Office, , p. The President declared them part of Selective Service regulations9 and they were used both by examining physicians of the local boards and by Army induction examiners. Mobilization Regulations went through several major revisions during the war and were also amended from time to time by War Department directive with respect to specific items. Although for some conditions very sharp lines of demarcation were drawn, the introduction to each of the published regulations stated that they were to constitute a guide to the medical examiner. It was expected that he would exercise his professional judgment. In many instances it was the degree of incapacity which led to classification for general or limited service, or for rejection. An analysis for rejection for cardiovascular disorders showed a particularly wide range of professional difference of opinion upon what would be disqualifying. The most drastic changes in the regulations themselves were those relating to visual acuity and dental requirements. The first MR in August set the minimum dental requirements at a total of 6 masticating teeth and 6 incisor teeth properly opposed. As soon as the first statistics were available, it was discovered that failure to meet these requirements had resulted in rejection of approximately 9 percent of those examined. If that standard had been maintained, it has been estimated that by the end of nearly 1,, men who were inducted under the liberalized dental standards would have been lost to the service. This was the second most important cause for rejection, and these requirements were progressively lowered. The registrant did not have to supply the corrective glasses himself; the Army furnished more than 2 million pairs of glasses. In general, no registrant with an acute infectious disease, with the exception of venereal diseases which are considered separately, was to be inducted until he had recovered without disqualifying sequelae. Although intestinal parasites were not considered cause for rejection, such findings were to be noted on the record so that medication could be undertaken. Other parasitic infections such as filariasis, trypanosomiasis, amebiasis, and schistosomiasis were cause for rejection. The Subcommittee on Tuberculosis of the National Research Council, at the request of The Surgeon General, made recommendations regarding screening standards for tuberculosis. The aim was to exclude all men with active tuberculosis or tuberculosis of doubtful stability that might break down and lead to active disease during military service. At the same time it was recognized that tuberculous infiltrations of minor extent not infrequently heal completely, and it would be a waste of manpower to reject all persons showing any traces of healed tuberculous lesions. The standards included detailed instructions on the physical examination of lungs by palpation, percussion, and auscultation although it was recognized that these methods were of less value than X-ray. The Subcommittee on Tuberculosis pointed out that at least 75 percent of early active tuberculosis can be discovered only by X-ray examination, and that about 1 percent of the male population of military age has active tuberculosis. Approximately 1 million men were inducted without X-ray. In March chest X-ray on all inductees became mandatory. The average rejection rate for tuberculosis for the years was approximately 1 percent. The incidence rate of tuberculosis in the Army during those years was 1. A roentgenogram of the chest was made a routine part of the separation physical examination as well. Cases of active tuberculosis discovered averaged 1 per thousand. Tuberculosis in the Armed Forces. A considerable number of men with small active tuberculous lesions escaped detection. Registrants with acute or chronic syphilis, including latent syphilis, were classified as limited service. No limited service registrants were called for induction, however, until July Gonorrhea was considered a remedial defect, and registrants with this disease were temporarily

deferred until a cure had been effected. Several things happened to change this attitude. One was pressure of public opinion which produced a flood of letters of protest against a policy which seemed to penalize good conduct. It was soon obvious, also, that a number of men, otherwise qualified, were being lost to the services. Some draft boards, particularly in the South, were hard pressed to meet their quotas because a high percentage of the Negroes in their districts were infected. The treatment of uncomplicated venereal diseases was very much simplified by new therapeutic discoveries. In the summer of the Medical Department conducted an experimental program of inducting men with venereal diseases and curing them before they reported for active duty. Since successful results were achieved, induction boards were directed to accept infected men within the limits of facilities for their treatment. By March , about 7, venereally infected men were inducted into the Army. About 4, of these inductees were infected with syphilis. The induction of men with venereal disease reached its peak in the last quarter of that year, when about 12, men with venereal disease were inducted each month. By the end of the first half of , the backlog of all registrants previously rejected for venereal disease was completely rescreened and inducted. It has been estimated that with the liberalization of the standards regarding venereal disease the Army absorbed 17Myers, J. A review of induction and discharge examination for tuberculosis in the Army. During the first 2 years of the war great effort was made to screen out all men with actual mental disorders, also those with psychoneurotic traits which might make it difficult for them to adjust to Army life. But the speed of induction, lack of adequate social histories of the registrants, and shortage of trained psychiatrists made it very difficult to make a definitive appraisal. The Army emphasized that men with psychoneurotic traits were a detriment to the morale of a unit, were likely to take up needed hospital beds, and would be a great expense to the Government if they had to be discharged as psychiatric patients. One War Department directive stated: If the candidate gave any suggestive evidence of emotional instability, such as nervousness at the time of examination, sweaty hands, or expressed fears, he was usually rejected. It was noted that, on the basis of previous directives, many such men were being rejected at induction stations. The acute need for manpower made it necessary to admit all individuals who had a reasonable chance of adjusting to military service. This question test was adopted in October and used in all induction stations. The borderline cases posed the real problem. The psychiatrist at the induction center had no possible way of evaluating the four most important factors of influence on the adjustment of a soldier: Venereal disease among inductees. It was also shown that many men at first rejected by psychiatric examiners were able to perform for long periods in a satisfactory manner.

Chapter 4 : Audiometry Screening and Interpretation - - American Family Physician

Full Committee oversight hearing on Interior Department's and Federal Energy Regulatory Commission's Permitting Processes for Energy and Resource Infrastructure Projects and Opportunities to Improve the Efficiency, Transparency, and Accountability of Federal Decisions for such Projects.

Immediate access to this article To see the full article, log in or purchase access. Address correspondence to Jennifer J. Army Health Clinic, Bldg. Reprints are not available from the authors. No relevant financial affiliations to disclose. The opinions and assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of Defense, the U. Army Medical Corps, or the U. Prevalence of hearing loss and differences by demographic characteristics among US adults: Screening for hearing impairment in the elderly: J Gen Intern Med. Preventive Services Task Force. Screening for hearing impairment in older adults. Accessed September 10, Change in prevalence of hearing loss in US adolescents. Elsawy B, Higgins KE. Institute for Clinical Systems Improvement. Accessed September 22, A hearing problem Am Fam Physician. Recommendations for preventive pediatric health care. Bright Futures guidelines for health supervision of infants, children, and adolescents, middle childhood, 5 to 10 years. Evaluation of noise-induced hearing loss in young people using a web-based survey technique. MP3 players and hearing loss: Noise-induced hearing loss Am Fam Physician. Hearing damage in military service. A study on 38, conscripts. Frank T, Petersen DR. Accuracy of a 40 dB HL audioscope and audiometer screening for adults. Hearing health and care: J Rehabil Res Dev. Handbook of Clinical Audiology. Hearing assessment in infants and children: Validity of pure-tone hearing screening at well-child visits. Arch Pediatr Adolesc Med. American National Standards Institute. Maximum permissible ambient noise levels for audiometric test rooms. Council for Accreditation in Occupational Hearing Conservation. Courses leading to certification and recertification as an occupational hearing conservationist. American Academy of Audiology. Support personnel [issues in ethics]; Blast injury of the ear: Traumatic brain injury screening: Army brigade combat team. J Head Trauma Rehabil. Traumatic brain injury, posttraumatic stress disorder, and postconcussive symptom reporting among troops returning from Iraq. Screening for hearing loss in the elderly using distortion product otoacoustic emissions, pure tones, and a self-assessment tool. Department of the Army pamphlet 40â€" Department of the Army; December 10, Accessed April 2, Katz J, Lezynski J. Efficiency of Stenger test in confirming profound, unilateral pseudohypacusis. Screening and management of adult hearing loss in primary care: American Medical Association; Centers for Medicare and Medicaid Services. Physician fee schedule search. Accessed March 30,

Chapter 5 : U.S. Army Medical Department Center & School Portal

"This bipartisan legislation will authorize water infrastructure projects developed by the U.S. Army Corps of Engineers, which will strengthen our coastal communities, help keep us competitive in the world economy, and restore our coastal environment.

His father attained the grade of major in the Continental Army during the Revolutionary War and his grandfather, James Lovell, was an active member of the Whig organization in Boston before the Revolution, and was a member of the Continental Congress from to He was one of the prime movers in the scheme to supplant General Washington as commander-in-chief by General Horatio Gates. He was an original member of the Massachusetts Society of the Cincinnati. Joseph Lovell obtained his early education in the Boston schools, after which he entered Harvard College, where he graduated in He began the study of medicine with Dr. William Ingalls of Boston and was graduated from the Harvard Medical School in , with the first class to receive the degree of M. With the practical certainty of a second war with Britain, Congress passed an act on January 11, 2 Stat. On May 15, , Lovell was appointed major and surgeon, 9th Infantry. With an unusually thorough medical education, he early became an outstanding medical officer. When, late in , the troops were moved to the Canadian border, general hospitals were established at Plattsburg, N. During this time, while the hospitals as a whole came under severe criticism the Burlington Hospital was held up as a model of what a hospital should be. Lovell attracted attention not only as a skilled practitioner but as an officer of marked executive ability. In recognition of his exceptional service he was selected for appointment to the grade of hospital surgeon on June 30, During the latter part of the war his longest service was in the hospital at Williamsville, N. In , Lovell, then chief medical officer of the Northern Department, addressed to Major General Jacob Brown, the department commander, a letter dealing with the Sick Report of the Northern Division for the Year ending June 30, , in which he discussed not only the cause of disease in the army, but also gave his views upon the duties of medical officers and their responsibility for the sickness occurring among the troops. During the winter and spring of Congress was engaged on a bill for the reorganization of the staff of the army. This bill, passed April 14, 3 Stat. Bronaugh, assistants, one for each of the two divisions of the army. Apothecary General Le Barron was retained in his old position. Though only in his thirtieth year, his services in the hospitals on the northern frontier during the war and his appreciation of the needs of the service as evidenced by his reports made Lovell the logical choice for head of the service. Thus was established for the first time a permanent medical department organization. For the first time a career medical officer was made chief of the service. All of the former chiefs had been appointed to meet the emergency of war, real or expected, with an organization to serve the forces in the field. Again, for the first time was bestowed upon the service chief the title of surgeon general, which has survived to the present day. All orders and instructions relative to the duties of the several officers of the Medical Staff, will be issued through the Surgeon General, who will be obeyed and respected accordingly. The Assistant Surgeon Generals will forthwith commence the inspections of the Medical Department in their respective divisions agreeably to the instructions they receive from the Surgeon General. Parker, Assistant and Inspector General. The regulations of December had been superseded by those of April 24, , but these were defective in that they were not adapted to the new organization or to the provisions of the order quoted above. The result was the Regulations of the Medical Department, September In his first report to Secretary of War Calhoun in November , he dwelt upon the difficulty of obtaining from medical officers compliance with orders, particularly in regard to reports and returns. In reply the Secretary called upon him for recommendations for the improvement of the medical service. Lovell began his recommendations with the statement that the first requisite was to make the position of a medical officer such that he would place some value upon the retention of his office, at that time held in low esteem. Recruitment of officer personnel was difficult and the retention of suitable men even more so. He asked an increase in the number of medical officers and an increase in their pay and allowances. With officers

with a sense of responsibility he promised appreciable economies in medical supplies. He recommended further that the Apothecary General be authorized to make all purchases of medical supplies and that purchasing officers be bonded for the proper application of public funds. On March 2, 3 Stat. Section 10 defined the future medical staff as follows: This reorganization brought about the discharge of the Apothecary General and his assistants. In a new edition of the Medical Regulations was issued. It was essentially the same as that of , except as to phraseology to conform to the new designations of the medical officers. The office of Assistant Surgeon General was changed to that of Medical Director of Department and the duties of the Apothecary General and his assistants were assigned to officers detailed to the purveying department. An important addition was a paragraph calling for the examination by a board of three medical officers of all applicants for the position of assistant surgeon. This provision was not put into effect until after the issue by the War Department of General Orders, No. Thus was initiated the foremost factor in the high professional standing of the corps to the present day. An act of Congress of June 30, 4 Stat. A dangerous crisis developed in , when, in the midst of agitation for retrenchments, Secretary of War Eaton suggested the abolition of the office of Surgeon General. In a letter to Congress in support of his administration, Lovell was so far successful that he not only saved his own office but obtained an increase in the number of officers in the corps. In , incident to the trouble with the Sacs and Foxes in Illinois and Wisconsin, troops were sent to that section by way of Buffalo and the Great Lakes. Cholera broke out on two boats en route from Buffalo to Chicago. The troops were debarked in the vicinity of Detroit and put into camp. Nearly four hundred cases developed with eighty-eight deaths. The Seminole War began on Dec. The anxieties incident to furnishing medical service for the troops collecting for the punitive campaign weighed heavily upon Lovell. He established a medical supply depot at Tampa and a general hospital at St. He asked for an increase of medical officers and a small addition was authorized on July 4, The report of June 4 with its request for additional officers was his last important act. His wife, to whom be was deeply attached, died about this time and the double burden of anxieties was too much for an always delicate constitution. He died in Washington on Oct. With a wholesome pride in his office and in the service which he represented, he strove to foster that same pride throughout the corps and to render the military establishment conscious of its obligations to the medical service. Quite beyond the medical department he rendered conspicuous service to every branch and department of the army. More than any other person he was responsible for the abolition of the whiskey ration which was making drunkards throughout the army. He was largely instrumental in the passage by Congress of a bill by which unsuitable and inefficient officers could be eliminated from the army by action of a board of officers. From his personal observations he was able to make recommendations which brought about notable improvements in the ration and clothing of the soldier. One of his first acts as Surgeon General was to require from all army posts quarterly reports by the medical officers on weather conditions and on the incidence and causes of diseases. The compilations of these reports have high historic value. The weather reports thus begun were the beginning of the present Weather Bureau. A notable service by Lovell was the encouragement and official assistance which he gave to Surgeon William Beaumont in the study of gastric physiology. A son, Mansfield Lovell, graduated from West Point and became a major general and corps commander in the Confederate army. Harrington, Harvard Medical School, Vol. II ; H. Brown Medical Department of the U. Army from to ; J. Phalen, Colonel, Medical Corps, U. It is intended for interested members of the Army Medical Department, the Army, the public, and the news media.

Chapter 6 : - NLM Catalog Result

The Energy and Water portion of the bill funds the U.S. Department of Energy (DOE), U.S. Army Corps of Engineers civil works program, U.S. Department of Interior's Bureau of Reclamation and several other federal government agencies at a total cost of $ billion for FY

Legislative hearings[edit] Committees hold legislative hearings on measures or policy issues that may become public law. Sometimes a committee holds hearings on multiple measures before ultimately choosing one vehicle for further committee and chamber action. Hearings provide a forum where facts and opinions can be presented from witnesses with varied backgrounds, including Members of Congress and other government officials, interest groups, and academics, as well as citizens likely to be directly or indirectly affected by the proposal. Oversight hearings often seek to improve the efficiency, economy, and effectiveness of government operations. For example, on a single day, May 8, , the Senate Committee on Energy and Natural Resources held an oversight hearing to look into a recent increase in gasoline prices; the Committee on Governmental Affairs held an oversight hearing on the Internal Revenue Service ; the Committee on Health, Education, Labor and Pensions held an oversight hearing on the implementation of the Family and Medical Leave Act ; and the Committee on Indian Affairs held an oversight hearing on the impact of a recent Supreme Court case involving Indian gaming. Many committees oversee existing programs in the context of hearings on related legislation, or routinely perform oversight when it is time to reauthorize a program, so oversight hearings may be combined with legislative hearings. Investigative hearings[edit] Investigative hearings share some of the characteristics of legislative and oversight hearings. The first such hearings were held by the House of Representatives in following St. Investigative hearings often lead to legislation to address the problems uncovered. Each Senate committee holds confirmation hearings on presidential nominations to executive and judicial positions within its jurisdiction. While the vast majority of confirmation hearings are routine, some are controversial. Ratification hearings[edit] The Senate, as required by the Treaty Clause of the Constitution, must consent to the ratification of treaties negotiated by the executive branch with foreign governments. Also that year the Committee on Foreign Relations held hearings on ratifying tax treaties with Estonia , Venezuela , Denmark , and other nations. Field hearings[edit] Field hearings are Congressional hearings held outside Washington. The formal authority for field hearings is found implicitly in the chamber rules. Senate Rule XXVI, paragraph 1 states that a committee "is authorized to hold hearings â€¦ at such times and places during the sessions, recesses, and adjourned periods of the Senate" as it sees fit. Otherwise, there is no distinction between field hearings and those held in Washington. In the th Congress , for example, the Committee on Commerce held a field hearing in Bellingham, Washington , on a liquid pipeline explosion in that city, and the Committee on Energy and Natural Resources held a field hearing in Albuquerque, New Mexico , on a bill to review the ability of the National Laboratories to meet Department of Energy standards. While field hearings involve some matters different from Washington hearings, most of the procedural requirements are the same. However, funding for committee travel must meet regulations established by the Senate Committee on Rules and Administration. Subpoenas and depositions[edit] Most individuals respond favorably to an invitation to testify, believing it to be a valuable opportunity to communicate and publicize their views on a question of public policy. However, if a person will not come by invitation alone, a committee or subcommittee may require an appearance through the issuance of a subpoena Rule XXVI, paragraph 1. Committees also may subpoena correspondence, books, papers, and other documents. Subpoenas are issued infrequently, and most often in the course of investigative hearings. Closing a hearing[edit] The vast majority of committee hearings are open to the public, as required under Senate rules. But a hearing, like other committee meetings, may be closed for specific reasons stated in Senate rules Rule XXVI, paragraph 5 b. The Senate rules also contain a specific procedure for closing a hearing. By motion of any Senator, if seconded, a committee may close a session temporarily to discuss whether there is a need to close a hearing for any of the reasons stated above. If

so, the committee can close the hearing by majority roll call vote in open session. By this procedure, a committee can close a hearing or a series of sessions on a particular subject for no more than 14 calendar days. Schemeckebier and Roy Eastin. Government Publications and Their Use, 2nd revised edition. Government Printing Office, United States Government Publications. Wilson , p.

Chapter 7 : Army Reserve | www.nxgvision.com

"The renovation allowed the maximum use of space to increase efficiency," said Aberle. "Although no additional space was added, the clinic grew from 28 exam rooms to 36, added hearing conservation.

Chapter 8 : United States. Congress. Senate. Committee on Military Affairs | Open Library

War Department, Title(s): A bill to increase the efficiency of the Medical Department, U. S. Army, together with endorsements by the Secretaries of War and a message from President, showing the necessity for legislation.

Chapter 9 : United States congressional hearing - Wikipedia

In February, an independent VA watchdog said that better staffing was needed to reduce wait times and increase the quality of care for veterans with hearing loss. More than million veterans received veterans' benefits from the VA for hearing loss or tinnitus in