who helped shape the final outcome of this bill. After markup, some issues remained that were hammered out in a constructive dialogue. There were some lingering issues that needed to be resolved, and he was instrumental in crafting that compromise.

Let me also thank the gentleman from Indiana (Mr. BUYER), a Persian Gulf War vet himself, who worked on this legislation very mightily; the gentleman from Nevada (Mr. GIBBONS), who intended on offering an extension on the bill—a compromise—extends the period by 2 years. I also want to thank the gentleman from Mississippi (Mr. SHOWS); and the gentleman from Illinois (Mr. MANZULLO), the latter who had a major bill on Gulf War vets with multiple cosponsors, in excess of 200, who was also very instrumental in shaping this legislation.

Finally, I want to thank our staff: Jeannie McNally, Darryl Kehrer, Paige McManus, Devon Seibert, Kingston Smith, Summer Larson, and my good friend and chief counsel, Patrick Ryan.

Also the minority staff: Beth Kilker, Debbie Smith, Mary Ellen McCarthy, and Michael Durishin, who worked hard on this bill. I urge support for this important veterans legislation.

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

Mr. EVANS. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 2540, the Veterans Benefits Act of 2001; and I commend and salute our distinguished chairman of the committee for his leadership in working with the Members on both sides to bring this measure before us today. I join with him in saluting the staff that he has recognized as well.

I also want to recognize the new chairman of the Subcommittee on Benefits, the gentleman from Idaho (Mr. SIMPSON), and the ranking Democratic member of the Subcommittee on Benefits, the gentleman from Texas (Mr. REYES), who contributed to the bill before us today.

In addition, I want to publicly acknowledge the important contributions of the gentleman from New Mexico (Mr. UDALL) and the gentlewoman from California (Mrs. CAPPS) and others to this legislation.

As amended, this resolution contains many provisions important to our veterans, and I will highlight just a few.

The bill provides an annual cost of living adjustment, effective December 1, 2001, to recipients of service-connected disability compensation and dependency and indemnity compensation. It is the obligation of this grateful Nation to preserve the purchasing power of these benefits. This COLA will mirror the COLA received by Social Security recipients.

Section 201 of the bill is the one that I introduced. This section provides a statutory basis for a presumption of service-connection for Vietnam veterans with Type 2 diabetes who were exposed to herbicides. This provision assures our Nation's veterans that this is a benefit based in law.

Section 202 of the bill is based on H.R. 1406, which I introduced. It identifies additional ill-defined or undiagnosed illnesses or illnesses for which service-connection is presumed for Gulf War veterans. Additionally, it lists symptoms or signs that may be associated.

H.R. 2540 authorizes a 2-year pilot program for expanded toll-free access to veterans' benefits counselors. This provision is derived from the recommendations made by the gentleman from Louisiana (Mr. BAKER), a member of the committee, and the gentlewoman from California (Mrs. CAPPS), a Member of good standing; and we appreciate her work.

I am pleased that H.R. 2540 also extends the authority of the VA to make direct home loans to Native Americans who live on trust lands. I want to thank the gentleman from New Mexico (Mr. UDALL) for introducing similar legislation in H.R. 1929.

Again, I want to thank the chairman of the full committee and the chairman and ranking member of the subcommittee for bringing this bill before us today. I urge all our colleagues to support H.R. 2540, as amended.

Mr. Speaker, I rise in strong support of H.R. 2540, the Veterans Benefits Act of 2001. I commend and thank the distinguished Chairman of the Committee, CHRIS SMITH, for his leadership in working with members on both sides of the aisle to bring this measure before us today. I also want to recognize the new Chairman of the Subcommittee on Benefits, Mr. SIMPSON, and the Ranking Democratic Member of the Subcommittee on Benefits, Mr. REYES, who contributed to the bill before us today.

I fully support the cost-of-living increase provided by Title I of H.R. 2540. The purchasing power of the benefits which our veterans have earned must be maintained and not be diminished because basic living expenses have increased. Our Nation's veterans have earned their benefits. It is the obligation of a grateful Nation to preserve the purchasing power of these benefits and pay them in a timely manner.

As a long time supporter of benefits for veterans who have suffered from the effects of exposure to herbicides such as Agent Orange, I welcome VA's recent regulation providing a presumption of service-connection for Vietnam veterans exposed to dioxin who now suffer from diabetes Mellitus, Type 2. This was the right action to take. Now it is time to provide a statutory presumption that makes it clear to veterans that their eligibility is protected as a matter of law. Section 201 of the bill is based on legislation I introduced, H.R. 862. This important step will not result in any additional benefit costs, but will assure our Nation's veterans of their statutory right.

I also strongly support section 202 of the bill, based on H.R. 1406 which I introduced to overturn a narrow and erroneous opinion of the Department of Veterans Affairs (VA) General Counsel. Thousands of veterans who were healthy before their service in Southwest Asia have experienced a variety of unexplained symptoms since going to Southwest Asia. Claims for service-connected compensation filed by Gulf War veterans were originally denied because no single disease entity or syndrome responsible for these illnesses had been identified. In providing for compensation due to undiagnosed illnesses or illnesses which could not be clearly defined, the Congress specifically intended that under Public Law 103–446, veterans be given the benefit of the doubt and provided service-connected compensation benefits. Because of an erroneous Opinion of VA's General Counsel, the law's intent has been frustrated and many veterans have been denied compensation.

As many veterans organizations have noted, both the former Chairman of this Committee [BOB STUMP] and I have criticized VA's interpretation of the term ''undiagnosed illness'' in VA General Counsel Precedent Opinion 8–98 as extremely restrictive. That opinion held that VA is precluded from providing benefits to veterans who develop symptoms after military service and who receive a diagnostic label, such as ''chronic service fatigue syndrome'' even for illnesses which are not clearly defined. Thousands of veterans have had their claims denied because ''chronic fatigue syndrome'' or another diagnostic label such as ''irritable bowel syndrome'' was provided. Other veterans with identical symptoms whose physicians did not attach a diagnostic label have had their claims granted. Such disparate treatment is unfair and unacceptable.

Since there is no known cause for these illnesses and no specific laboratory tests to confirm the diagnosis, as a practical matter VA's ability to provide compensation has been limited to veterans whose symptoms became manifest during active duty or active duty for training or to veterans whose physician indicated that the veterans symptoms were due to an ''undiagnosed'' condition. Section 202 of H.R. 2540 places the emphasis where Congress originally intended by focusing on the symptoms which have had such a disabling affect on the lives of some Gulf War veterans. The bill addresses illnesses which are not clearly defined, rather than illnesses whose etiology is not clearly defined. As Dr. Claudia Miller, an experienced medical researcher testified at the October 26, 1999, hearing of the Subcommittee on Benefits concerning Persian Gulf War Veterans Issues, ''In medicine, we will label something with a name, as you are aware, and call it a diagnosis, but it may not convey what the etiology is. There are very few places in medicine where we say what the etiology is when we give a diagnosis. One of the few is infectious diseases.''

In focusing on the symptoms of poorly defined illnesses, the bill applies to disabilities resulting from what is increasingly referred to in medical research as ''chronic multisymptom illnesses''. (See, ''Chronic Multisymptom Illness Affecting Air Force Veterans of the Gulf War'', Fukuda et al, JAMA 1988; 280:981–988, ''Clinical Risk Communication: Explaining Causality To Gulf War Veterans With Chronic Multisymptom Illnesses'' Engel, Sunrise Symposium (June 25, 1999) (Found at www.deploymenthealth.mil/education/risk comm.doc) and ''Multiple Chemical Sensitivity and Chronic Fatigue Syndrome in British Gulf War Veterans,'' Reid et al, American Journal of Epidemiology, 2001 153:604–609. Veterans must be provided the benefit of the doubt. VA's cost estimate for compensating Gulf veterans who suffer from fibromyalgia, chronic fatigue syndome and irritable bowel syndrome is