

SHEILA JACKSON LEE
18TH DISTRICT, TEXAS

WASHINGTON OFFICE:
2160 Rayburn House Office Building
Washington, DC 20515
(202) 225-3816

DISTRICT OFFICE:
1919 SMITH STREET, SUITE 1180
THE GEORGE "MICKEY" LELAND FEDERAL BUILDING
HOUSTON, TX 77002
(713) 655-0050

ACRES HOME OFFICE:
6719 WEST MONTGOMERY, SUITE 204
HOUSTON, TX 77019
(713) 691-4882

HEIGHTS OFFICE:
420 WEST 19TH STREET
HOUSTON, TX 77008
(713) 861-4070

FIFTH WARD OFFICE:
3300 LYONS AVENUE, SUITE 301
HOUSTON, TX 77020

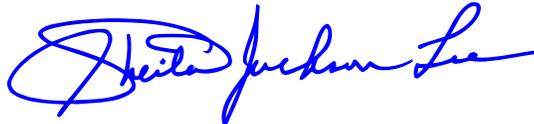
Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEES:
JUDICIARY
SUBCOMMITTEES:
COURTS AND COMPETITION POLICY
IMMIGRATION, CITIZENSHIP, REFUGEES, BORDER
SECURITY, AND INTERNATIONAL LAW
CRIME, TERRORISM AND HOMELAND SECURITY
CONSTITUTION, CIVIL RIGHTS, AND CIVIL LIBERTIES
HOMELAND SECURITY
SUBCOMMITTEES:
CHAIR
TRANSPORTATION SECURITY AND INFRASTRUCTURE
PROTECTION
BORDER, MARITIME, AND GLOBAL COUNTERTERRORISM
FOREIGN AFFAIRS
SUBCOMMITTEES:
AFRICA AND GLOBAL HEALTH
MIDDLE EAST AND SOUTH ASIA
TERRORISM, NONPROLIFERATION, AND TRADE
SENIOR WHIP
DEMOCRATIC CAUCUS

CONGRESSWOMAN SHEILA JACKSON LEE OF TEXAS

STATEMENT BEFORE THE
COMMITTEE ON ARMED SERVICES

MEMBER DAY HEARING ON
FY20 14 NATIONAL DEFENSE AUTHORIZATION ACT



THURSDAY, MAY 9, 2013

Chairman McKeon, Ranking Member Adam Smith and distinguished Members of the Committee:

Thank you for all you do for the men and women who willingly risk their lives to keep our nation safe. This Congress has no higher obligation that to ensure that those who wear the uniform of the United States – and those civilians who provide logistical and operational support – have the equipment, training, and resources needed to carry out and complete their mission.

And we must never forget that a grateful nation has a sacred obligation, in the words of President Lincoln, “to care for him who has borne the battle, and for his widow and his orphan.”

I know how seriously Chairman McKeon and Ranking Member Smith, and their committee colleagues, take this responsibility and want to acknowledge how much their colleagues in the House appreciate the good work they do.

I would like to add my thoughts and prayers, to those affected by the terror attack in Boston, MA, and also tell you how proud I am of our men and women who were among the first responders. And, of course, I will join my colleagues and provide whatever support they need as this issue evolves.

Mr. Chairman, when I appeared before you last year, I asked the Committee to ensure that the National Defense Authorization Act of 2013 authorize research programs to treat and prevent breast cancer, especially triple negative breast cancer. Triple negative breast cancer disproportionately affects women of color under the age of 50 and thus should continue to be of special concern to the Department of Defense.

I was very pleased that this Committee included a provision in last year's NDAA that could improve the prevention, early detection, awareness, and treatment of breast cancer among members of the Armed Forces serving on active duty. As such, I am here today to ask you to ensure that the NDAA for Fiscal Year 2014 not only contains the same provision, but also utilizes all necessary resources within the Department of Defense and the National Institutes of Health to identify specific genetic and molecular targets and biomarkers for all types of Breast Cancer, specifically, Triple Negative Breast Cancer (TNBC).

I am respectfully asking that research is invested into the scientific information useful in biomarker selection, drug discovery, and clinical trials design that will enable both triple negative breast cancer patients to be identified earlier in the progression of their disease; and the development of multiple targeted therapies for the disease.

Mr. Chairman and Members of the Committee, I am a breast cancer survivor, and as a Member of Congress, a mother, a sister and a wife,

I feel a special responsibility to do all I can to ensure every American can win in the fight against cancer.

As a breast cancer survivor, I was surprised to learn that Triple negative breast cancer is a specific strain of breast cancer for which no targeted treatment is available. The American Cancer Society calls this particular strain of breast cancer, “an aggressive subtype associated with lower survival rates.”

Mr. Chairman, breast cancers with specific, targeted treatment methods, such as hormone and gene based strains, have higher survival rates than the triple negative subtype, highlighting the need for a targeted treatment. And I ask you today to tap into the best and brightest scientific minds to identify the specific genetic and molecular targets and biomarkers for Triple Negative Breast Cancer so we may understand the occurrence of the triple negative tumor. Then we will be able to create better treatments for those kinds of tumors.

As many of you may know, today, Breast cancer accounts for 1 in 4 cancer diagnoses among women in this country. It is also the most commonly diagnosed cancer among African American women. Please consider the following facts:

- Triple-negative breast cancer (TNBC) is a term used to describe breast cancers whose cells do not have estrogen receptors and progesterone receptors, and do not have an excess of the HER2 protein on their cell membrane of tumor cells;
- African-American women are more likely to be diagnosed with larger tumors and more advanced stages of breast cancer;
- Triple Negative Breast Cancer (TNBC) cells are usually of a higher grade and size, onset at a younger age, more aggressive and more likely to metastasize;
- TNBC also referred to as basal-like (BL) due to their resemblance to basal layer of epithelial cells
 - There is not a formal detailed classification of system of the subtypes of these cells

- TNBC is in fact a heterogeneous group of cancers; with varying differences in prognosis and survival rate between various subtypes; And this has led to a lot of confusion amongst both physicians and patients;
- Apart from surgery, cytotoxic chemotherapy is the only available treatment, targeted molecular treatments while being investigated are not accepted treatments;
- Between 10-17% of female breast cancer patients have the triple negative subtype;
- Triple-negative breast cancer most commonly affect African-American women, followed by Hispanic women;
- African-American women have prevalence TNBC of 26% vs. 16% in non–African-Americans women
- TNBC usually affects women under 50 years of age;
- African American women have a prevalence of premenopausal breast cancer of 26% vs. 16% for Non-African American Women
- Women with TNBC are 3 times the risk of death than women with the most common type of breast cancer
- Women with TNBC are more likely to have distant metastases in the brain and lung and more common subtypes of breast cancer

I am confident, the resources provided through the Department of Defense and the National Institutes of Health will enable them to target treatment for the triple negative breast cancer strain and help identify triple negative breast cancer earlier in the progression of the disease. This will in turn lead to the development of multiple targeted therapies for the disease. I look forward to working with all of you to identify the specific genetic and molecular targets and biomarkers for all types of Breast Cancer, specifically, Triple Negative Breast Cancer.

Mr. Chairman, along with traumatic brain injury (TBI), the signature wounds from the following wars: Desert Storm, Operation Enduring Freedom and Operation Iraqi Freedom, is post-traumatic stress disorder (PTSD).

I am here again to request that this committee ensure that programs designed to treat this grievous injury and the appropriations needed to fund them continue to be authorized. The sequestration has impacted our military and our families across the board, especially those served by urban hospitals. For example, to take just one such case, the Riverside General Hospital of Houston, which is in my congressional district, no longer is able to treat depression and posttraumatic stress disorder symptoms of mental illness, including suicidal thoughts or behaviors. As a result, more over 200 families in my congressional district will suffer due in part to the reduction in funding.

The need for mental health services for service members and their families will continue to grow in coming years as the nation recovers from the effects of more than a decade of military conflict.

And so I ask that you increase funds at the Department of Defense Office of Health Affairs for TRICARE partners such as Riverside General Hospital so VA hospitals across the country can provide health care services for patients suffering from mental health and substance abuse.

I made a promise to my constituents to work with my colleagues across the aisles to deliver healthcare services to the area. And my testimony before you today is simply a matter of keeping my word. The men and women who serve this country with such courage and skill understand how important it is to keep one's word.

Mr. Chairman, the Riverside General Hospital, is the oldest serving VA hospital in Texas. It was established in 1926 as the Houston Negro Hospital in memory of Lt. John Halm Cullinan, 344th FA, 90th Division of the American Expeditionary Forces, and one of the thousands of African Americans who risked life and limb to defend America and its allies at a

time when those of his race did not enjoy the legal rights they fought so hard to secure for others.

A PTSD facility at Riverside General Hospital was established in 2010 to treat PTSD for veterans, whether on active duty, discharged, or on leave in the metropolitan Houston area, including Harris and surrounding counties. There are nearly 200,000 military veterans in Harris County alone, and Riverside General Hospital has proven itself capable of providing psychiatric, medical, emergency medical, inpatient, and outpatient services to crisis populations.

As a Member of Congress from Texas, a State which has sustained more casualties in the ongoing conflicts in Afghanistan and Iraq than all but one other, I am committed to addressing the urgent need for more post-traumatic stress disorder (PTSD) treatment and counseling facilities servicing veterans living in some of the more distressed areas of our country.

There is an unmet need for more medical facilities specializing in post-traumatic stress disorder located in underserved urban areas. Access to post-traumatic stress disorder treatment is especially important since veterans living in such areas are less likely to be diagnosed and treated for post-traumatic stress disorder. Riverside General Hospital is uniquely positioned to meet this need, and I look forward to working with you to provide the necessary healthcare to our men and women and their respective families around the world.

Mr. Chairman, thank you for your leadership and your commitment to protecting our communities and leading our Nation. I welcome your questions.