

WRITTEN TESTIMONY OF CONGRESSWOMAN GWEN MOORE
HOUSE VETERANS AFFAIRS COMMITTEE
September 10, 2019

Chairman Takano and Ranking Member Roe,

Thank you for the opportunity to testify about my priorities when it comes to veterans. I am profoundly grateful for the brave men and women veterans who have served our country. When our troops serve, they give up something in pursuit of a purpose greater than themselves. Many have given their limbs, or their lives so that others can be safe here at home. So many others carry the scars of their service buried inside, unsure how to allow themselves to heal. There is no other calling in life as humble, as selfless, or as respected than the sacrifice of a veteran.

Milwaukee prides itself in taking care of veterans. In fact, we have one of the original “soldier’s homes”. This National Historic Landmark was a gift by the women of Milwaukee’s Westside Soldier’s Aide Society to the federal government and authorized by President Abraham Lincoln to ensure that veterans had a place to receive care after coming home.

It is important when talking about veteran’s access to care, that we remember our Veteran brothers and sisters are not just numbers, they are people often struggling in unique circumstances, risk factors, and many times barriers to the services they deserve.

I have identified the following priorities that I would like this Committee to address:

Suicide Prevention

An estimated 20 veterans tragically take their own lives each day. Each suicide is a tragedy for the individual, their families, and the larger community.

- In July, we saw a parking lot suicide at the Zablocki VA in my district. Despite numerous efforts and initiatives over the years by the VA and Congress to prevent veteran suicides, this number has not significantly changed in years. We must do more to save veteran lives including using every opportunity to identify problems and improve care, and access to care, for our veterans in need.

I urge the committee to take up and pass legislation such as H.R. 3495, the Improve Well-Being for Veterans Act, a bill that authorizes the VA to coordinate with and issue grants to community partners to address veterans suicide.

Missing Vets

I am proud that my state of Wisconsin was the first in the nation to create a “green alert” system to help locate missing veterans. That law was passed as a result of a missing persons case involving one of my constituents, Corey Adams, an Air Force veteran from Milwaukee, who

passed away in 2017 after going missing for 18 days. When Corey went missing, his family knew that something was wrong—Corey left his eyeglasses, phone, money, and medications at his parent’s home, where he was last seen.

Despite his family filing a missing person report within hours of his disappearance, it took eight days before the police determined he met the critical missing persons criteria. Unfortunately, 18 days after his initial disappearance, Corey Adams’ body was recovered from a pond in a local park, just one mile from his mother’s home.

We have a responsibility to help ensure that our vets, including missing vets, come home safely. My bill, the Corey Adams Searchlight Act (H.R. 1350), which would create a Green Alert program at the Department of Justice to support state and local efforts to locate and bring our missing veterans home safely.

While Wisconsin has been a leader, other states including Delaware and Texas have followed and many more are taking steps to ensure our veterans do not fall through the cracks. While I work to enact my legislation, I believe it’s critical that the Committee urge the VA to ensure that it is working with states, as much as it can, as these alerts are set up to help ensure coordination and to prevent a patchwork of systems that do not serve our veterans well.

Homelessness

Far too many who have served their country end up homeless. According to the National Coalition for Homeless Veterans, about 11% of the adult homeless population are veterans. Many others remain at high risk of homelessness. According to the National Coalition for Homeless Veterans, African American or Hispanic veterans are vastly overrepresented among this population.

While the VA is not a housing agency, it plays a key role in helping to address this challenge, including through its ability to collaborate with governments, employers and community-based entities to house, employ and serve veterans exiting homelessness.

We need to continue to push the VA to do more to combat homelessness, including through efforts such as HUD-VASH, a collaborative program with the U.S. Department of Housing and Urban Development (HUD) that pairs comprehensive case management and services from the VA with Housing Choice vouchers from HUD.

VA Mission Act

The MISSION Act was Congress’ response to the looming expiration of the Choice Program—a program that allowed veterans to access private sector care when they live more than 40 miles from a VA medical facility or have to wait more than 30 days for an appointment. While Choice mitigated some access concerns, its complexity at times created considerable confusion among the veteran population, VA employees, and Congress. The MISSION Act was passed in the summer of 2018 to establish a new, streamlined community care program called the Veterans Community Care Program (VCCP).

I continue to hear concerns regarding issues with how the MISSION Act is administered, including failures to promptly pay bills owed to the VA's community care partners. Specifically, a lack of adequate staffing has led to delays in processing bills from Community Care providers. There is also an ongoing need for the VA and its medical facilities to improve communication with community providers and veterans.

The rise in people utilizing community care has created this back log. The lack of proper funding for Mission Act has exacerbated the issue.

As the VA continues to implement the MISSION Act, we must also ensure that it does not ignore the needs of or degrade services available through the Veterans Health Administration for those veterans who prefer and rely on its health care services.

As veterans service organizations (VSO) and previous VA leaders have noted, the caliber of many areas of VA care—including mental health, polytrauma, spinal cord injury and rehabilitation, prosthetics, Traumatic Brain Injury, and Military Sexual Trauma—does not exist in the community

Community care is intended to supplement VA services. It is critical that the Committee ensure that the VA continues to appropriately invest in its facilities and staff to increase its capacity to deliver care.

Take Care of the Staff and Employees that take care of our Vets.

I have been troubled by this Administration's continuing attacks on the collective and other labor rights of the employees who are charged with providing care for our veterans.

This committee needs to help ensure that the labor rights of these employees are protected

I have received numerous reports of VA management engaging in practices designed to both intimidate employees as well as deprive them of their right to representation at all levels of disciplinary proceedings.

Additionally, I am concerned that in the current contract negotiations, VA management is attempting to upend the federal collective bargaining process through the inclusion of provisions that may eliminate federal workers' representation and workplace rights currently protected under the law.

It is critical that the VA bargain with its unions in good faith with the objective of improving care for our veterans.

Creating an environment of fear and intimidation among the staff does nothing to improve patient care nor does it serve the mission of the VA. The VA must ensure there is an environment in which it is able to recruit top notch, hardworking professionals, including doctors and nurses, in order to provide the outstanding care our nations' veterans deserve.

Nearly 100,000 veterans work at the VA. We need to do right by them and the rest of the workforce, bearing in mind that more than 9 million veterans depend on the VA to provide them with world-class health care and other vital services they earned by sacrificing for our nation.

Women's Health Care:

It is critical that the VA be a place where all veterans feel welcome and receive the care they need and deserve. We must leave no veteran behind, regardless of gender.

The VA has identified women veterans as its fastest growing demographic. The VA must do more to ensure that these veterans receive appropriate and timely care, including gynecological and obstetrics care which are critical core services for our women veterans.

Congress must hold the VA's feet to the fire and continue to push for improvements when it comes to ensuring equal access to crucial gender specific services at the VA.

I urge you to move legislation such as:

- The Improving Oversight of Women Veterans' Care Act (H.R. 4096) which among other provisions, requires the VA to submit an annual report on access to (1) mammograms, (2) obstetric care, and (3) gynecological care for women veterans under community care networks. The report must include information on wait times, drive times, and reasons why appointments could not be scheduled. The bill would also require VA medical facilities to submit quarterly reports on health care standards for women veterans
- The Violence Against Women Veterans Act (H.R. 3867) would require the VA to improve the provision of VA services and benefits for veterans who experience domestic violence or sexual assault.

Deportation of Veterans

Every day, courageous men and women in our armed forces place themselves in harm's way to keep our nation safe. Many of these individuals are U.S. Citizens, but some are lawful permanent residents (LPR) at the time of their active duty in the U.S. Armed Forces.

Our nation should not make it a priority to deport veterans. These individuals have fought for our nation. If an LPR veteran is convicted of a crime, even a non-violent offense or minor infraction, they face deportation under our existing immigration laws. While there is supposed to be a process that provides extra consideration for removal cases involving veterans, it appears that federal officials haven't been following it.

According to the Government Accountability Office, "When ICE agents and officers learn they have encountered a potentially removable veteran, ICE policies require them to take additional steps to proceed with the case." However, GAO found that "ICE did not consistently follow its policies involving veterans who were placed in removal proceedings from fiscal years 2013 to 2018."

Once deported, it becomes difficult for these veterans to access the benefits they earned while serving, such as disability or retirement pay.

- I urge you to consider legislation such as the Veterans Visa and Protection Act (H.R. 2098), which would create a visa program to allow deported veterans who meet certain requirements to enter the U.S. as lawful permanent residents. The bill would also allow those readmitted to the U.S. to be eligible for the existing naturalization process for military service and would also stop the deportation of eligible veterans who are currently in removal proceedings.

Urban Indian Veterans Health

Two-thirds of veterans who are Native American live in urban areas and need access to culturally-competent care. While the VA has made efforts to ensure that Native American veterans receive care, including a 2010 memorandum of understanding with the Indian Health Service to promote inter-agency collaboration to help Native American veterans receive health care, urban Indian health centers operated by urban Indian health organizations (UIO) have not been able to benefit from those collaborations.

In a 2018 report, the VA states that “UIOs are eligible, capable, and are entitled to receive reimbursement for the healthcare services they provide to AI/AN veterans,” but argued that the VA does not have “current legal authority that allows for expanding existing reimbursement agreements to include UIOs.”

I would urge the Committee to encourage the VA to work with the Indian Health Service to provide greater access to culturally appropriate services for Native American Veterans that UIOs are in a unique position to provide.

It is time for Congress to act to provide the VA with the same reimbursement authority for urban Indian health centers that already exists for the Indian Health Service, tribes, and tribal organizations. This would help Native American veterans get culturally-competent care, while at the same time helping relieve the burden on the VA system.

I know that one bill has been introduced that is not before this committee, the Health Care Access for Urban Native Veterans Act (H.R.4153) which would amend the Indian Health Care Improvement Act (IHCA) to include “urban Indian organizations” (UIOs) under the list of entities eligible to enter into reimbursement agreements with the VA for treatment of Native American veterans.

This is commonsense legislation that should be swiftly enacted. And as the committee continues to consider legislation to help our veterans, it must consider the additional challenges and barriers facing Native American veterans.