

COMMITTEE ON VETERANS' AFFAIRS
MEMBER DAY

MEMBERS DAY HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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FIRST SESSION

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COMMITTEE ON VETERANS' AFFAIRS MEMBER DAY

Tuesday, September 10, 2019

COMMITTEE ON VETERANS' AFFAIRS,
U. S. HOUSE OF REPRESENTATIVES,
Washington, D.C.

The Committee met, pursuant to notice, at 10:00 a.m., in Room 210, House Visitors Center, Hon. Mark Takano [Chairman of the Committee] presiding.

Present: Representatives Takano, Lamb, Brindisi, Pappas, Cunningham, Cisneros, Sablan, Underwood, Roe, Bilirakis, Bost, Dunn, Bergman, Roy, and Steube.

OPENING STATEMENT OF MARK TAKANO, CHAIRMAN

The CHAIRMAN. Good morning. I call this hearing to order.

I want to welcome our Committee Members back from the district work period. Welcome, first day of school, everybody. Hope you all bought new lunch pails and are ready to go.

During the work period, we had a chance to hear from and connect with our constituents. Each of us represent veterans, which is why our Member Day Hearing is so important.

In my own district, I recently met with the new Director of the Loma Linda VA, Karandeep Singh Sraon, and to discuss his plans to address facility conditions and inadequacies identified in a recent Inspector General report.

Earlier this summer, I hosted a Veterans' Town Hall at VFW Post 10267 in Jurupa Valley, where I heard from veterans in my district about the service and quality of care at the Loma Linda VA; benefits for Blue Water Navy veterans; difficulties with veterans' disability benefits, benefits claims; and concerns about the privatization of the VA.

Last week, my district hosted a Veterans Benefits Academy Workshop to assist homeless veterans, which is the first workshop in a series of classes that will be hosted to address numerous veteran-related topics.

Since I began my tenure as Chairman of the House Committee on Veterans' Affairs, I have also visited VA facilities across the country to better understand the challenges our veterans face and how we might position VA to better serve the needs of all our veterans.

In Orlando, I spoke with women veterans and toured an impressive, state-of-the-art facility that serves minority women and LGBT veterans. In the Pacific Northwest, I gained valuable insight into the VA's Electronic Health Records Modernization. In Puerto Rico,

we heard from veterans impacted by Hurricane Maria and assessed how prepared VA is for future natural disasters. And, last week, I went to Little Rock VA with Representative Hill and asked about VA staffing, to ensure we can recruit and retain top employees.

At the DAV convention in Florida, I reiterated again our work to better support veterans in crisis and answer veterans' questions about our work here in Congress. When speaking with Student Veterans of America, I shared our work to protect student veterans from predatory, for-profit institutions, and guarantee veterans have a clear pathway to expanded educational opportunities.

Following an on-campus suicide in the Atlanta VA Medical Center, with Representative McBath and I, we learned how pervasive the problem of veteran suicide is at our facilities and so far, we have passed five bills to address it.

Since then, I have reiterated my call for a VA-wide stand-down to adequately address the crisis of veteran suicide and assess what changes we still need to make. I toured the Boston Veteran Affairs Medical Center (VAMC) and got to see the incredible, innovative research they are doing in the brain lab, but it is clear that we must do more.

By talking with veterans across the country, I heard about the progress that we are making and the issues that we still need to address. I hope today's Member Day Hearing will continue this conversation, so that we can better advocate for veterans across this country.

The CHAIRMAN. With that, I now recognize Dr. Roe for his opening statement.

OPENING STATEMENT OF DAVID P. ROE, RANKING MEMBER

Mr. ROE. Thank you, Mr. Chairman, and good morning and welcome back.

I was proud to chair the Committee's first ever Member Day last year. Our Member Day represents a valuable opportunity for us to hear from Members, whether they are on the Committee or not, about the issues that are important to them and their veteran constituents. It is a pleasure today to be here for the Committee's second-ever Member Day.

Having spent the last 6 weeks away from Washington during the district work period, I can say with certainty that some of the bold-est and best ideas for solving the issues facing our Nation and our Heroes come from outside the beltway; from creative, hardworking Americans pursuing their vision of the American dream, and that is why I am excited to see so many of our colleagues participating in the hearing today. Each one of them represents a unique veteran community with challenges, successes, perspectives, and solutions all their own, and it is important that each of their voices is heard as this Committee continues our work to better serve veterans and their families.

I look forward to doing that today, and I yield back.

The CHAIRMAN. Thank you, Dr. Roe, and thank you for beginning this tradition, which I am very pleased to continue.

I will now recognize our Committee Members until it is time to call up our first panel at 11:00 a.m. Since Mr. Womack, who is not on the Committee, is here and no Members of our Committee are

looking to—well, he is the only Member before us—I know we have Members of our Committee, but I want to give him the courtesy of presenting for 5 minutes.

Mr. WOMACK. I thank the Chairman. I have had a little disconnect with my team this morning, they are en route with my remarks. I just left conference. If you could give me just a couple of minutes, I will have a staff member here and I will be prepared to deliver my remarks, and excuse myself from the hearing. Thank you, sir.

The CHAIRMAN. Okay. Mr. Womack, we will be glad to accommodate you.

Mr. Roy. Mr. Roy. Mr. Roy, are you ready to present?

Mr. ROY. I am not, Mr. Chairman, at this time. I am waiting on my staff as well. I apologize, I mean, to our Members.

Mr. WOMACK. We are all a bit rusty.

The CHAIRMAN. Mr. Lamb, are you ready? Oh, you are not on the list? Okay.

Any of our—any Members present? Mr. Brindisi, are you ready to present? Okay. Go ahead, Mr. Brindisi. You are recognized for 5 minutes.

STATEMENT OF ANTHONY BRINDISI

Mr. BRINDISI. Thank you, Chairman Takano, and Ranking Member Roe, for the opportunity to testify today on the importance of addressing veteran and servicemember mental health, especially now during Suicide Prevention Awareness Month. I would also like to thank the Committee for their continued efforts to address veteran suicide this Congress. I know our Committee receives many requests and your consideration is greatly appreciated.

We continue to witness a mental health crisis in the veteran community. Over the past decade, the number of veteran suicides has continued to rise. While the VA has done a better job of increasing awareness about veteran mental health and suicide, it is clear we must do more to make sure every American who has worn the uniform has access to mental health resources he or she needs.

For this reason, I introduced H.R. 2629, the Care and Readiness Enhancement for Reservists, or CARE Act. This bipartisan legislation would expand eligibility for mental health services at VA to include members of the Reserve components of the Armed Forces.

Members of the Guard and Reserve face a unique challenge in getting access to quality mental health care. National Guard members experience long periods of time between unit activities and they often live great distances from resources that are often concentrated on military installations. At the same time, the United States has never relied more on its National Guard and Reserve forces.

Since 9/11, the National Guard has supported more than 850,000 overseas deployments in Iraq, Afghanistan, and Kuwait, among other locations. During state emergencies, the Guard are the first military responders, helping to facilitate a unified and speedy response.

The CARE for Reservists Act would close the gap in mental health care available to the Guard and Reserve.

Currently, members of the Guard and Reserve undergo annual health assessments to identify issues that could impact their ability to deploy, but any follow-up care is typically pursued at their own expense. We continue to see many of our servicemembers, active, Guard, and Reserve, return home, struggling with Post Traumatic Stress Disorder (PTSD) and other mental health conditions after their deployments.

According to the Department of Defense, the National Guard has the highest suicide rate of any other component of the Armed Forces. The VA is uniquely positioned in terms of its mission and infrastructure to help meet this gap in mental and behavioral health for members of the National Guard and Reserves. The VA, through its Vet Centers and health clinics around the country, can play a vital role in the provision of mental and health care for our Guard members and Reservists. I believe it is our responsibility as a Committee to expand the resources available to them and I urge the Committee to consider the CARE Act for Reservists Act, which has been introduced on the Senate side by Senators Tester and Moran.

Thank you for your consideration and thank you for the time today.

The CHAIRMAN. Dr. Roe.

Mr. ROE. First of all, I agree with your premise that the Guard and Reserve served, I absolutely do, and we have a bill that will allow the Guard and Reservists to go to Vet Centers.

You mentioned the Guard. In the State of Tennessee, we had that issue in 2011. Our new Commander had four suicides in the first 40-something days he was a Commander. He initiated a system called Guard Your Buddy, and I would love to talk to you about it. We have reduced Guard suicide rates by almost 70 percent in the State of Tennessee. I have been yelling from the mountaintop, it seems that nobody will listen. It is a very inexpensive program, it works, we should be spreading this out all over the country, and I look forward to working with you on that issue.

The CHAIRMAN. Thank you, Dr. Roe.

Mr. Brindisi, thank you very much for your testimony, I appreciate it. I look forward to working with you as well on this issue.

Mr. Womack, it looks like you have your remarks.

Mr. WOMACK. Indeed.

The CHAIRMAN. Okay. You may proceed, 5 minutes.

STATEMENT OF STEVE WOMACK

Mr. WOMACK. Thank you, Mr. Chairman, and I appreciate your patience this morning as I awaited my remarks.

Chairman Takano, Ranking Member Roe, distinguished Members of this Committee, thank you for the opportunity to speak before your Committee on a matter of great importance, not only to the great State of Arkansas, but to the country as a whole.

On August 16th, former VA pathologist Robert Levy was indicted on three counts of involuntary manslaughter and 28 counts of mail fraud, wire fraud, and making false statements to law enforcement. These charges stem from Mr. Levy's conduct while serving as Chief of Pathology and Laboratory Medical Services for the Veterans

Health System of the Ozarks located in Fayetteville, Arkansas, in my district.

While he was serving as Chief of Pathology, Mr. Levy was responsible for diagnosing veterans after examining their fluid and tissue samples. Unfortunately, he repeatedly showed up to work intoxicated, first from alcohol and then, in order to pass mandated alcohol tests, from a substance called 2M-2B. This substance produces a sensation like alcohol but cannot be detected on normal alcohol screenings. Mr. Levy was finally fired from the VA in April of '18 following 2M-2B being detected in a fluid sample.

Mr. Chairman, this was not Mr. Levy's first time failing an alcohol test. He was required to pass mandatory alcohol screenings because in 2016 he was found to be intoxicated on duty. His blood alcohol content, Mr. Chairman, was 0.396, almost five times the legal limit, during the time he was scheduled to consult on a biopsy for a patient.

Following this incident, Mr. Levy had his medical license suspended and he was sent to a VA-approved in-patient alcohol treatment program. He completed the program and was returned to duty with a stipulation that he submit to random alcohol and drug tests.

Let me reiterate, returned to duty. A doctor who had showed up for work while intoxicated was returned to duty to care for our veterans. This is unacceptable.

Mr. Levy was not just reinstated, he was allowed to return to his position as the Chief of Pathology with no direct oversight of his diagnoses.

His egregious misconduct continued. He not only continued to show up for work while intoxicated, but also falsified the reviews his subordinates conducted of his work. This was only possible because he had been returned to duty as the Chief of Pathology.

I will never understand why the VA returned Mr. Levy to duty as a supervisor without putting necessary safeguards in place to ensure that his work was properly reviewed. At the very least, an independent review process should have been set up to allow his subordinates to submit their reviews outside the usual chain of command. This situation jeopardized the health and well-being of our veterans, so much so that Mr. Levy's alleged actions have led to his arrest and Federal indictment.

I know every person here believes that those who risk their lives for our country deserve the highest caliber of care possible. I know we also agree that no medical professional, especially doctors charged with diagnosing our veterans, should ever be intoxicated while on duty. We, as Members of Congress, must conduct vigorous oversight to determine, how could this happen?

We have worked with your Committee to ensure the VA has taken the proper steps to support our veterans who were impacted by Mr. Levy's unacceptable conduct. I would like to thank you for your help and assistance.

That being said, we have a duty to further support our veterans who were affected by these callous actions. I respectfully request your Committee investigate the actions and decisions made by the VA throughout the entirety of this episode. For the sake of the in-

tegrity of our VA medical system and the quality of care of our heroes, we must make sure they are never repeated.

Specifically, I find it appalling that a doctor who was caught intoxicated on duty was allowed to resume caring for our veterans and return to his supervisory position.

Furthermore, the way the VA engaged with my office, other Arkansas delegation offices, and this Committee was concerning. The VA is a department of the Federal Government and is subject to the oversight of Congress, but throughout the entire episode the VA was slow to provide certain important information to the relevant people.

Mr. Chairman, I believe in second chances, but not in life-or-death circumstances. Without the proper safeguards in place, there was no accountability, and now we have seen the result.

The actions of this desperate individual hit home for me. Almost all of us have either served or have family members who are serving in the military. Our veterans stepped forward and swore to defend our country and our values against all enemies. We need to treat them like family—that means guaranteeing something like this never happens again in a VA facility.

I do appreciate your time and your patience today, Mr. Chairman, and I am happy to answer any questions as I conclude my testimony.

[THE PREPARED STATEMENT OF STEVE WOMACK APPEARS IN THE APPENDIX]

The CHAIRMAN. Mr. Womack, I heard about the situation with the pathologist in your district and I was appalled. I want you to know that this Committee is taking action. The Subcommittee on Oversight and Investigations is scheduling a hearing on the credentialing process and this particular incident. We will do the oversight on a bipartisan basis and we will get to the bottom of this.

I am particularly disturbed by your comments as they relate to the VA's relationship to you and other members of the Arkansas delegation. Congress does have a duty to do oversight and we will.

Dr. ROE, do you have anything you want to add?

Mr. ROE. Mr. Womack, thank you, and we are aware of that. Look, I have been on the credentials Committee of our hospital, there is a very—most, at least every hospital that I have been associated with have been on the staff, there is a system there for people who have come through a rehab program. You say second chances, but I can assure you that you do not get to supervise yourself, which was the great flaw here that occurred, you put the supervisor back as the supervisor and that should never have happened.

Mr. WOMACK. I appreciate the attention of the Committee and grateful for the opportunity to give my testimony here at the Member Day today. Thank you so much, Mr. Chairman.

The CHAIRMAN. Well, we are grateful for your testimony, and we see that you are doing your utmost to represent your constituents and to bring oversight, and this Committee will do its duty. Thank you.

Dr. DUNN, do you have a presentation and are you ready?

Mr. DUNN. I have no questions.
The CHAIRMAN. You have no questions, okay.
Mr. Bost, are you ready? Go ahead.

STATEMENT OF MIKE BOST

Mr. BOST. Yes. Thank you, Mr. Chairman.

Chairman Takano and Ranking Member Roe, thank you for holding this hearing and allowing me to speak on three important pieces of legislation that will help our Nation's veterans.

Earlier this year, I introduced with my friend Jim Costa and the VA Health Center Management Stability and Improvement Act. The legislation was introduced after the VA medical center that many of my constituents use went years without a permanent director. No organization can successfully operate under a revolving door of short-term leaders, especially not one tasked with caring for American veterans.

Unfortunately, the situation in my district was not unique. This bill pushes the VA to hire permanent directors at all VA medical centers. Ensuring consistent leadership is the least we can do for our Nation's veterans. Identical language passed the House by a voice vote last Congress as an amendment and I hope that we will once again pass this bill.

Another bill that I plan to reintroduce is the VA Hospital Establishing Leadership Performance Act, or the VA HELP Act. The mission of the Department of Veterans Affairs is to care for those who shall have borne the battle. When the veteran's transition from the military, they deserve to have access to quality health care and services. Unfortunately, in too many instances the VA continues to fall short on that promise due in part to the failures in human resources officers.

This issue hit close to home for me when a VA National Center for Patient Safety surveyed the Marion VA in my district. The Marion survey showed a decline in the key factors such as communication between management and staff and reporting problems to management.

Committee staff then visited Marion in order to get a firsthand look at the issues at the facility. During the site visit, multiple employees raised concerns about the poor management and communication, distrust between leadership and management, and the lack of accountability. The common thread throughout has been an issue in human resources. The HR management is a critical part of delivering quality health care.

This straightforward legislation instructs the VA Secretary to establish qualifications for HR positions within the Veterans Health Administration (VHA) and set a performance metric for these positions. This bipartisan bill had passed the House last Congress with 417-to-nothing vote and I hope the same can be done this Congress.

Finally, earlier this year I introduced H.R. 1962, the VA Cost Savings Enhancement Act. This bipartisan legislation, introduced with Representative Josh Harder, will cut down on unnecessary spending at VA medical facilities by instructing the VA to install on-site medical waste treatment systems at medical centers where there will be a cost savings. A 2012 study showed that on-site medical waste treatment at individual VA facilities may cost half as

much as spent on waste off site, to take off site to treatment locations; however, little action had ever been initiated.

This simple reform will also bring the VA up to the best practice standards from the Centers for Disease Control and Prevention, and World Health Organizations. The savings generated from this can be used to help our country's veterans. Identical legislation passed the House and Congress with overwhelming support last Congress.

Again, Mr. Chair and Ranking Member, thank you for allowing me to testify, and I hope that these three bipartisan bills can soon be moved and have a chance to make it through the House, over to the Senate, and to be signed by the President. Thank you so much.

The CHAIRMAN. Thank you for your testimony, Mr. Bost.

Ms. Underwood, do you have a presentation or—

Ms. UNDERWOOD. No.

The CHAIRMAN. You do not, okay.

Is there anybody—oh, Mr. Steube, would you like to present?

Mr. STEUBE. Yes, Mr. Chairman.

The CHAIRMAN. Go ahead. You are allotted 5 minutes.

STATEMENT OF GREG STEUBE

Mr. STEUBE. Thank you, Mr. Chairman. I have got three bills before this Committee that I would like to talk about, and I thank you for the opportunity to do this.

Thank you, Mr. Chairman. I would like to speak with the Committee about a couple of bills to ensure that Congress is treating our veterans, and making sure that they are receiving the care and treatment that they deserve.

The first bill is the Enewetak Atoll Cleanup Radiation Study Act. From January 1977 through December 1980, approximately 6,000 veterans participated in the cleanup for the atoll nuclear testing site at Enewetak—I think I am pronouncing that correctly, I am sure there is somebody out there that can correct me—in the Pacific Ocean. The site was home to 43 U.S. nuclear tests from '48 and '58, and the cleanup was necessary to return the atoll to the Trust Territory of the Pacific Islands.

The atoll cleanup was performed by a joint task group of the Department of Defense and Energy, which rehabilitated the area by conducting radiological surveys, removing contaminated soil and debris, demolishing contaminated buildings, transporting contaminated soil and debris to disposal sites, and preparing the area for the return of the inhabitants. In this process, veterans who served at the atoll were potentially exposed to dangerous doses of radiation through skin contact, breathing contaminated air, and drinking and bathing in contaminated water. However, there is conflicting scholarship on the subject.

In 2018, the Department of Defense (DOD) conducted a radiation dose assessment and determined that veterans who served in the Enewetak Cleanup Project (ECUP) were not exposed to harmful levels of radiation, but ECUP vets disagree with the DOD's findings.

Last year, in a roundtable before this very subCommittee, veterans and scientists cited specific issues with the methodology and

the assessment of the DOD's review. The scientists from the National Academies of Sciences, Engineering, and Medicine stated that the DOD's methodology may have been outdated and, therefore, the DOD's assessment may be inaccurate.

Though the DOD has refuted some of these claims, I think we owe it to these veterans to get to the bottom of this once and for all. That is why I have introduced this bill, which calls on the Department of Veterans Affairs to partner with the NAS to study the effects of radiation on veterans who served in that area. The bill instructs them to conduct a small-scale study to review the findings of the 2018 Radiation Dose Assessment (RDA) and determine if there are discrepancies with the DOD's findings. Then they will be required to report back to this Committee, so we can review their findings and determine next steps. The Secretary of the VA is also required to provide his plans to carry out any actions based on the study within 90 days of receiving the study.

This bill would clean up some of the confusion around the DOD's RDA and address the concerns of the ECUP veterans. This is the least we can do to ensure that those who served our country get any benefits from their service to our country if they had negative health impacts.

I have also introduced the Veteran Cannabis Use for Safe Healing Act. Receiving the appropriate treatment to address your health care needs using products that are legal in the State of Florida, the state I hail from, we have medicinal marijuana programs that are legal in the State of Florida and we are having challenges with veterans who are partaking in a state-approved, licensed cannabis program in the state with their benefits as it relates to the VA.

This bill, the Veteran Cannabis Use for Safe Healing Act will prohibit the Secretary of Veterans Affairs from denying a veteran benefits due to the use of medical marijuana in states where the substance is legal. Specifically, the bill will codify Veterans Health Administration Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, which currently protects veterans from being denied benefits based on participation in state-approved medical marijuana programs. It is important to codify this directive and ensure that no future change of administration or policy could deny veterans their access to care.

This bill also allows VA staff to help veterans fill out the forms necessary to enroll in a state-approved program instead of having to rely on a private physician. This makes things easier for the veterans who are in desperate need of these medical options.

This bipartisan bill was introduced with Congressman Gil Cisneros of California and this Committee had a hearing on the bill in late April. I hope that we can move this bill to markup quickly, so that the veterans in states with legal medicinal marijuana can receive the care that they deserve.

Lastly, I have introduced the Free Veterans from Fees Act. This bill waives application fees for special use permits for veterans' demonstrations and special events at war memorials on Federal land. These demonstrations or special events' primary purpose is to commemorate or honor either a group of people because of their

service or immediate family members of veterans. It is important that we do all we can to honor our Nation's veterans. Our Nation has long valued giving our veterans the opportunity to travel to our Nation's capital, to visit national war memorials through national honor buses and honor flights. These men and women made a valiant sacrifice by serving in the Armed Services and giving them an opportunity to visit these memorials without fees is the least that we can do to recognize these services.

I thank you, Chairman, for the time to discuss these bills, and yield back the balance of my time.

The CHAIRMAN. Dr. Roe, any comment?

Thank you, Mr. Steube, for your comments and your presentation.

Do we have any other Members of the Committee that wish to present?

Mr. Roy, no. Mr. Bilirakis. Anybody.

Then I think we can recess. We will recess until 11:00, when we begin the hearing testimony from Members that are not on the Committee. We will recess until 11 o'clock.

The CHAIRMAN. We have two Members that are ready to present and, rather than make them wait, I thought we would gavel in a little early.

Mr. Stivers, 5 minutes.

STATEMENT OF STEVE STIVERS

Mr. STIVERS. Thank you, Mr. Chairman. I want to thank you for holding this hearing today to hear from Members, and I want to thank Ranking Member Roe for his support of this day for the Members to talk about their ideas on veterans' issues.

As you all know, returning veterans suffer many invisible wounds, and it should be Congress' top priority to pursue every avenue to disrupt the tragic links between the separation from service and mental health illness such as post-traumatic stress, Traumatic Brain Injury (TBI), and, worst of all, suicide.

Currently, Congress has authorized the Secretary of Veterans Affairs to provide service dogs for veterans with hearing, vision, mobility, and mental health needs; however, the VA regulations provide this benefit only if the veteran is diagnosed with a vision, hearing, or mobility impairment, specifically excluding veterans with mental health needs.

For this reason, I have introduced H.R. 3147 to clarify congressional intent by stating that the Secretary may provide a service dog to a veteran regardless of whether the veteran has a mobility impairment. This zero-cost legislation would close the loophole that allows veterans access to animal therapies as Congress originally intended.

To take these efforts further, I am introducing the PAWS for Veterans Therapy Act, joined by Representative Rice, Representative Dunn, Representatives Rutherford, Walz, Cisneros, and Slotkin. This legislation combines two of the most popular previously endorsed veterans dog therapy bills from the last Congress: the Veteran Dog Training Therapy Act, which was passed last Congress, and the PAWS Act, which also had a lot of cosponsors last Con-

gress. Eight current Members of this Committee cosponsored one or both of those pieces of legislation.

The new PAWS Act for Veterans Therapy would establish a pilot program in the VA in which the Secretary would contract with local therapeutic dog training organizations and help veterans suffering from post-traumatic stress to learn the art and science of dog training. This type of work therapy with animals is widely recognized as beneficial for veterans suffering these invisible wounds. Under this bill, the dog would be adopted by the veteran and provide continuing therapy during and beyond the training program, unless the veteran or the VA health provider opt out of this program.

The VA, and policymakers on this Committee, have insisted on [MM2]waiting on the VA to complete a study. I can tell you, that will just cause unnecessary delay. This pilot program can be up and running immediately and should be up and running immediately. I know some people want to wait on the VA's study, but, frankly, our veterans deserve help immediately. We sit here during Suicide Prevention Month and World Suicide Prevention Day, we have too many veterans committing suicide and this is legislation that can help.

I think there is sufficient reason to make sure we do this immediately. You know, we can change things based on whenever the VA gets their study done, but that would be another 6 months to a year and my question for you today is, why wait? Why wait in getting these veterans help?

There is a study conducted by Kaiser Permanente and another by Purdue University that show significant statistical benefits from this therapy in reducing substance abuse, enhancing, and encouraging interpersonal relations, reducing depression-related metrics for veterans, including a reduction in suicide.

What is more, the Palo Alto VA is already offering dog therapy training through the PAWS for Purple Hearts Program. In 2017, then-Secretary Shulkin stated that he would not wait for more studies to be completed before moving forward, why then are we still waiting? We need to put veterans first and make sure that we move things along.

If there is such concern about a pending study, I would point out that this legislation is only a pilot program. Let us move forward with it and get things moving.

This Committee I know cares about our veterans and the mental health of our veterans, and that is why so many of you endorsed or cosponsored these bills last cycle. I would urge this Committee to move forward. We are going to introduce the PAWS Act this week and it will be with big bipartisan support, and I hope we can pass it soon, and then let us get a pilot program up and running and help our veterans as soon as we can.

I want to thank you again for hearing my plea today and it is a very appropriate month and day to do it with National Suicide Awareness Day and National Suicide Awareness Month. Thank you for helping our veterans. Many of you have served and those who have not served are helping our veterans by your service today. I would urge you to help us by getting this bill moving.

Thank you so much. I will be here and happy to answer questions, but I will visit with any Members that want to talk about this bill.

Thank you, Mr. Chairman, I yield back.

[THE PREPARED STATEMENT OF STEVE STIVERS APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Stivers, for your testimony.

Any questions or comments from Members?

Well, thank you. You are excused.

General Bergman.

STATEMENT OF JACK BERGMAN

Mr. BERGMAN. Good morning, Mr. Chairman.

The CHAIRMAN. Good morning, General.

Mr. BERGMAN. Chairman Takano, Ranking Member Roe, and my fellow Members of the Committee, I sincerely appreciate the opportunity to testify before you all today in support of legislation introduced by myself and fellow veteran Representative Chrissy Houlahan of Pennsylvania. Our bill, H.R. 3495, the Improve Well-Being for Veterans Act, proposes a grant program for the Department of Veterans Affairs to make real strides in the fight to end veteran suicide, the crisis plaguing our Nation today.

We have worked diligently to grow bipartisan support for this bill in the House, as well as in the Senate, where Senator Boozman and Senator Warner proposed this policy. I urge the Committee to take up the legislation as the next step in our work to end veteran suicide.

Over the past 15 years, the VA has received billions of dollars from Congress for mental health and suicide prevention services, and the Committee has worked in a bipartisan manner to advance various related efforts. In this time span, however, the key statistic has not changed: approximately 20 veterans are still taking their own lives each and every day. There is still much work to be done, especially considering that the VA found that 14 of the 20 veterans who die by suicide each day—that is 70 percent of those veterans—have had little or no contact with the VA care system.

Thankfully, there are thousands of organizations throughout the Nation supplementing our efforts at the Federal level to provide veterans with a comprehensive list of services to assist with care, employment, and benefits. There is no single reason that leads to a veteran's decision to end their life, which is why this legislation raises a wide range of services and solutions to reduce suicidal ideations.

The Improve Act will finally allow the VA to tap into, develop, and enhance this nationwide network of boots-on-the-ground organizations providing countless life-saving services to veterans. Specifically, H.R. 3495 creates a new grant program that the VA can use to support and connect with non-profits and community organizations, including state and local entities, that coordinate or deliver services to at-risk veterans.

Under this new program, the VA would be authorized to support services that include, but are not limited to, outreach, mental health screening, suicide prevention education, case management,

peer support, assistance in obtaining VA and other public benefits; medication management, therapy, and training; and assistance for childcare and financial planning.

Additionally, before awarding any grants, the Improve Act requires the VA to consult with various stakeholders, including Veteran Service Organizations (VSOs), community mental health and suicide prevention partners, representatives for local and state governments, first responders, the National Guard and Reserves, and organizations with the experience required to design an information-measurement tool.

To not measure outcomes when you create a program, I believe, is dereliction of duty on the part of the VA and us in Congress. This coordinated effort must determine the criteria for grant recipients and establish a framework for the VA and community partners to share information.

The VA and these groups must also develop a measurement tool for grantees to use, which will allow the VA to track baseline, post-treatment, and long-term mental health data. These measurements will provide us with the information needed to study VA suicide on a large scale and make policy that addresses its very complex nature.

To summarize, the Improve Act is a new strategy that enlists help from community partners close to veterans and it responsibly tracks the effectiveness of the VA's efforts.

In my role as Ranking Member of the Subcommittee on Oversight and Investigations, I often ask for a sense of urgency from the decision-makers who testify before us. There is perhaps no more urgent matter for us as policymakers than to reach our veterans and servicemembers who might be contemplating suicide.

We have seen a rising tide of support for the Improve Act, including National VSOs and the Secretary of Affairs, Mr. Robert Wilkie, who recently identified the need for the Improve Act in order to help the VA reach more at-risk veterans. The VA can not do it alone; we need the community involved in this.

On behalf of my fellow veterans across the Nation struggling to deal with mental health issues, I request that the Committee formally consider H.R. 3495 and work to pass this bill in a bipartisan manner. I know that the staffs are working diligently to come up with language that we all can agree, but the end game is simple: stop veteran suicide and hold the entities accountable for providing those services.

Thank you, Mr. Chairman, and I yield back.

The CHAIRMAN. Thank you, General Bergman.

Dr. Roe, you have a comment?

Mr. ROE. Just a very brief comment. General Bergman, thank you for introducing this. It is going to be—you are correct, it is going to need to be an all-hands-on-deck. The VA can not do it alone. I am a perfect example of a veteran who is a Category 8 that can not go to the VA. If I needed those services, where would I go?

We have some ideas for Guard and Reservists, we know that that rate is very high, but I think we are going to have to do—we can not keep doing exactly the same thing that we have been doing all these years. I agree with you 100 percent, we have got to offer

other alternatives and certainly, if the VA supports this alternative, I think we should seriously look at it.

I yield back. Thank you.

The CHAIRMAN. Thank you, Dr. Roe.

General Bergman, we spoke yesterday. I will be working with you and the Committee staff and your staff, and we will work together to make sure that the VA has the resources and expertise to administer grants properly. Then we also want to make sure that Congress has oversight over the program to hold the VA accountable. We just can not give them a blank check, but want to make sure that we have accountability in place, and we will work with you on this.

Mr. BERGMAN. Thank you, Mr. Chairman. You know, there is—as a Marine and as a veteran, we never ask for a blank check, all we ask is for the tools necessary to win the fight. I, under your leadership—and we are as good as we are as leaders because our staffs do all the hard work, and thank you for your support and the staff's diligent efforts working together on this.

The CHAIRMAN. Yes. Thank you, General Bergman. I appreciate the bipartisan way in which we are trying to tackle this really stubborn problem, this stubborn challenge, and I appreciate the spirit in which we are doing this together.

Mr. Carbajal, you are recognized for 5 minutes.

STATEMENT OF SALUD CARBAJAL

Mr. CARBAJAL. Thank you, Chairman Takano, and Ranking Member Roe, thank you for the opportunity to address you today.

I believe these Member Days are prime opportunities for Members to not only share challenges veterans are facing in our districts, but also to help the Committee identify issues that may be consistent across our Nation, or even issues that the Committee may not be aware of.

I have the pleasure of representing the 24th Congressional District of California, the beautiful central coast where approximately 40,000 veterans reside. I represent a number of military installations, including Vandenberg Air Force Base, Camp Roberts, and Camp San Luis Obispo.

I believe I represent one of the most beautiful districts in the country; however, as you all know, the cost of living in California is very high and finding affordable housing is extremely challenging, especially for veterans who are trying to make ends meet. On any given night, over 39,000 veterans are homeless across America, and 25 percent of our Nation's homeless veterans reside in California. This is why Congress, along with the Department of Veterans Affairs and the Department of Housing and Urban Development, came together to create the HUD-Veterans Affairs Supportive Housing Program, also known as HUD-VASH. The purpose of this program is to provide rental assistance for homeless veterans, along with case management and clinical services.

The HUD-VASH program has provided housing assistance to veterans nationwide, including veterans in my district. I have learned that veterans, along with the local housing authorities, currently cannot take full advantage of this program due to the delays in getting referrals from the VA for VASH vouchers.

For example, the County of Santa Barbara has a total of 261 VASH vouchers allocated to them. From those 261 vouchers, 154 VASH vouchers are currently under contract where veterans have been housed or are receiving services. Ten veterans have been approved for VASH vouchers and are searching for housing. Unfortunately, 97 of these allocated VASH vouchers are awaiting referrals from the VA.

This issue was brought to my attention in May and, in August, 97 vouchers were still awaiting referrals from the VA in order to be used. What this means is that the local housing authorities could have been housing 97 more veterans just in my district alone if referrals from the VA had arrived in a timely manner.

It is my understanding that this delay is a result of the VA being under-staffed, and the Department's inability to attract and retain staff caseworkers for VASH.

We are all aware of the challenges that the VA faces when it comes to staffing, but I believe this is an area we must prioritize. The vouchers are available, but not being used to house veterans who desperately need a home. I think you will agree with me that that is unacceptable.

The reason I am here today is to ask the Committee to work with me to address this very important issue. I have brought this issue up to the local, state, and Federal VA leadership, and I plan on continuing the discussion until a plan of action is presented, which there is none to date that I have seen, as we must do our best to provide homes to those who serve our country. I hope with this help, with the help of this Committee, we can provide the veterans in my district and veterans nationwide with a home to feel safe in, as they have done the same for our country.

Thank you for the opportunity to raise this very important issue. I yield back, Mr. Chairman.

[THE PREPARED STATEMENT OF SALUD CARBAJAL APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you for your testimony, Mr. Carbajal. And I guess we will go through the questions and if there is—we will go through the testimony, if there are any questions or comments later.

Mr. Peters, you are recognized for 5 minutes.

STATEMENT OF SCOTT PETERS

Mr. PETERS. Thank you, Mr. Chairman and Ranking Member Roe. Thanks for having Members Day to hear from colleagues like me who have important legislation and priorities pending in this Committee.

I miss serving directly on the Committee with you, although, as a San Diegoan, I continue to work on solutions for our Nation's veterans, and thank you as partners in our joint efforts to do so. I am also pleased that my friend and my new congressional neighbor, Mr. Levin, has represented San Diego's hundreds of thousands of veterans very well on this panel.

I am here to thank you for passing two of my bills and to help end veteran homelessness, and to urge you to give some attention to oversight of the Office of Medical Inspector.

First, thanks to you for marking up and passing a very important bill that would help more chronically homeless veterans secure housing and get crucial supportive services. H.R. 2398, the Veteran House Act, expands eligibility for HUD-VASH vouchers to veterans with other than honorable discharges. Congress has acknowledged that other than honorable discharges deserve access to some VA homelessness services such as programs like grant and per diem, and supportive services for veteran families.

Unfortunately, around the country there are chronically homeless veterans who are falling through the bureaucratic cracks due to their discharge status. They can not receive housing vouchers because they are ineligible for VA health care and, therefore, they can not receive the invaluable supportive services provided by the VA.

Since this Committee took action on the bill, Senators John Tester, Todd Young, and Chris Murphy have introduced its bipartisan companion bill in the Senate.

My other bill, the Homes for Our Heroes Act, seeks to find solutions for veterans experiencing homelessness in high-cost areas like my hometown of San Diego, where veterans living in those kinds of places, even if they have rental assistance, they may struggle to find an affordable place to live.

Now I just wanted to turn our attention to a troubling story from the San Diego VA. In November 2018, our office learned of an investigation detailing alleged unapproved human research. The San Diego VA participated in a study examining alcoholic liver disease, which was one site among other research institutions of a larger NIH-funded study, led by the Pittsburgh Liver Research Center and UNC Chapel Hill. Nine patients diagnosed with alcoholic hepatitis received trans-jugular biopsies and, according to whistleblower disclosures, this was not the standard of care and this was reported to the VA's Office of Medical Inspector.

Due to follow-up from whistleblowers, the Office of the Special Counsel (OSC) conducted an independent investigation and found the VA's internal report unsatisfactory. The OSC report alleges that these samples were collected improperly, sometimes without patient consent, and could have put patients in harm's way. The Special Counsel urged the VA to, quote, "revisit its findings in this matter and take a truly critical look at research being conducted by the San Diego VA."

At the end of the last Congress, I wrote to this Committee requesting—as a member at that time, requesting a hearing to investigate what happened at the San Diego VA and, more broadly, to look at the Office of Medical Inspector (OMI) to ensure it is doing its job to ensure patient safety at every medical center across the country.

We know that this is not the first time that OMI has investigated wrongdoing and has come up short on answers, according to the Special Counsel. My colleagues here will also remember the clinical neglect at the Manchester VA, the Special Counsel also there found OMI's reports to be unsatisfactory.

My suggestion is that the Committee look into the OMI staffing capacity and their authority to make recommendations without deference of senior leadership in terms of their findings. My staff and

I have worked with the Committee to receive additional documents, and we all agree it is our job to ensure that the Medical Inspector has enough resources to handle whistleblower disclosures, and we need to strengthen investigatory bodies to ensure improper allegations such as these are thoroughly vetted so that they do not come up again.

I ask you to work with me to get answers regarding this instance and also that as a Committee that we examine the Office of Medical Inspector. Veterans who have served our Nation deserve the best care, opportunities, and support. I am proud to advocate for San Diego's veterans and look forward to our ongoing work to deliver it for them.

Thank you very much for your time today, and I yield back.

[THE PREPARED STATEMENT OF SCOTT PETERS APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Peters.
Ms. Hartzler.

STATEMENT OF VICKY HARTZLER

Ms. HARTZLER. Thank you, Chairman Takano and Representative Bost and other Members of this Committee, and I want to applaud you for once again holding this special opportunity for my colleagues and I to share about some initiatives we have to help veterans, and I have three bills that I want to present to you and I feel really good about that is going to help our veterans.

I think, as a Committee and as a Congress, great strides have been made to ensure our veterans have the resources, care, and support they have earned; however, as I examine what more can be done for our veterans, I am convinced that many of the health care challenges our veterans face is a result of persistent understaffing at the VA. I believe that a bipartisan bill I introduced with Representatives Correa, Wilson, Mooney, Rouzer, Lesko, and Bost, the VA Hiring Enhancement Act, will help the VA to fill some of their 40,000 VA health care worker vacancies.

Our bill has three main provisions. First, it would allow physicians to be released from non-compete agreements for the purpose of serving in the VA for at least one year. These agreements may serve a purpose in the proper context, but should never serve as a roadblock to caring for veterans within the VA system.

Second, our bill updates the minimum training requirements for VA physicians. Completion of a medical residency is widely accepted as standard comprehensive training for clinical physicians in the U.S.; however, current law only requires that a physician be licensed in order to treat veterans. While in practice the VA currently hires almost exclusively those physicians who have completed a residency, this provision just simply updates those minimum requirements already established in law to ensure that they are appropriate.

Finally, our bill would place veterans' hospitals on a level playing field with the private sector when it comes to recruiting timelines. Often private sector health care providers begin recruiting medical residents as they begin their final year of residency, sometimes even earlier. These residents often end up with a solid job offer

from the private sector before VA recruiters have even been able to begin their recruiting process. Our bill authorizes VA recruiters to make job offers to physicians up to 2 years prior to fulfilling the VA's requirements, contingent on meeting all the requirements before they begin practicing at the VA. It offers job security to medical residents who want to work for the VA when they complete their training, and it allows VA facilities and recruiters to shore up appointments further in advance, helping them to plan and forecast medical workforce needs.

We have worked closely with the Committee's staff, VA recruiters, and VSOs on this bill, and I am pleased to report that it has garnered wide support and formal endorsement from ten veterans service organizations, including The American Legion, Blinded Veterans Association, AMVETS, Disabled American Veterans, and Paralyzed Veterans of America. This measure is currently slated to be discussed at an upcoming Health Subcommittee hearing and it is my hope we can work together to move this bill to the House floor soon.

In addition to VA staffing shortages, our veterans are facing another health care issue when experiencing a medical emergency. Current law provides for the reimbursement of ambulance transportation and emergency treatment at non-VA hospitals for certain veterans until they are medically stable. However, once stabilized, veterans must be transferred to a VA facility for any continued care they require or pay out of pocket for further treatment at the non-VA hospital. The problem is that Federal law does not currently allow for the reimbursement of the transfer for continued care, which often must be accomplished via ambulance and can be too expensive for patients to pay. The average cost for this necessary medical transfer is \$500, but it can be far more expensive if the veteran lives in a rural area.

To address this issue, I partnered with Representative Joe Cunningham, who was here earlier, to introduce bipartisan legislation that would fix the shortfall in the VA's statutory authority to reimburse certain veterans for emergency transportation. H.R. 3350, the VA Emergency Transportation Act, corrects this disparity by clarifying that these medical transfers are reimbursable. This change fixes a large, costly hole in the safety net the original law was intended to provide.

Representative Cunningham and I are joined by over 40 Members in supporting this critical measure. Additionally, 13 veterans service organizations, including all of the big six, have voiced strong support for this necessary reform. Far too many of our veterans continue to face this unnecessary burden at their most vulnerable time, creating financial hardships and jeopardizing their health. We must act now to move this bill forward and protect our veterans.

Finally, I would like to highlight one additional measure, H.R. 2433, the Veterans Preference Parity Act. Outdated Federal hiring rules prevent too many patriots from being recognized when competing for Federal positions. The Veterans Preference Parity Act rights this wrong by modernizing the archaic Federal hiring process and recognizing those who have served our Nation.

Up to 44 percent of the Army National Guard and 70 percent of the Air National Guard serve honorably without qualifying for Federal hiring preference. Additionally, over 130,000 working-age retired veterans do not qualify under the current system. The Veterans Preference Parity Act reforms outdated Federal hiring rules to allow all retired servicemembers, and a greater number of National Guard and Reservists, to qualify for veteran's preference.

We are forever indebted to the brave men and women who serve in uniform and we owe them our continued support as veterans. The current Federal hiring preference statutes must be updated to reflect the way we utilize our Reserve component forces and need reward them who retire upon completion of their military career, not punish them. Please join me in reforming these outdated Federal hiring rules and support the Veterans Preference Parity Act today.

Thank you again for allowing me this time, and I yield back.

[THE PREPARED STATEMENT OF VICKY HARTZLER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Hartzler, for your testimony. Thank you very much.

Ms. Plaskett, 5 minutes.

STATEMENT OF STACEY E. PLASKETT

Ms. PLASKETT. Yes. Thank you. I would like to thank you, Chairman Takano and Ranking Member Roe, and the Members of this Committee, for the opportunity to speak on the issues affecting approximately 8,800 veterans in my district of the U.S. Virgin Islands. That is 8,800 veterans out of a population of 105,000. That is a tremendous percentage of individuals in the Virgin Islands who have served this country and live as veterans there.

I appreciate the continued support with the intention to host a congressional delegation to the U.S. Virgin Islands. Although Members were unable to attend, Democratic Staff Director Megan Bland visited the territory to assess the Veterans Affairs Administration's efforts in emergency preparedness, outreach strategies, the implementation of the community care network, and connecting vet civilians to much-needed VA resources.

As a result of this visit, I believe the staff was left with the impression that veterans of the U.S. Virgin Islands have little to no access to VA health care. They identified the lack of access to immediate assistance following a disaster, under-staffing, and mismanagement of the local VA clinics, and the treatment of veterans under a contract that is now nullified.

The Virgin Islands currently houses two VA clinics, one on St. Thomas and one on St. Croix, with no VA hospital. Although the Choice Program is available to Virgin Islands, some doctors are hesitant to participate due to delayed payments and being in a small market. This further exacerbates the issue of having only a small number of medical specialists capable of providing necessary service. In one case, a veteran required a heart specialist, but because only one was working in the territory, the veteran had to wait 2 months for an appointment; this is unacceptable.

Community providers that treat veterans in the Virgin Islands are still operating under Choice contracts and were subject to funding that expired in June 6th, 2019. As of July 21st, 2019, the VA had performed no outreach to community providers within the U.S. Virgin Islands regarding community care networks under the MISSION Act. This means that providers are treating veterans under contracts that were nullified in June of this year.

It is discouraging that the Caribbean health care system and the VA central office failed to inform, educate, and enroll these providers in the new community care network created by MISSION Act.

As a result of these limited resources, many veterans must communicate with and travel to the VA hospital in Puerto Rico, which leads to several major issues. First, veterans in some cases must pay up-front for air fare and hotel stay in Puerto Rico. Due to appointment times and limited airline schedules, there is a hardship when they must bring a companion. Second, communication barriers sometimes or often emerge because of significantly differing dialects, as well as language barriers. Third, numerous veterans have mentioned that they feel disadvantaged and prejudiced when acting with the VA hospital in Puerto Rico due to race and residency. Many Virgin Islands veterans have stories of abuse and mistreatment that are in most cases hard to prove and thus seldom recorded.

Virgin Island veterans also complain that they must exert unnecessary effort to prove that their disabilities are service-related in order to receive the benefits that they deserve and those benefits which are given to other veterans living on the mainland. Vietnamese veterans have expressed concerns still to this day about their burden of proof that post-traumatic stress disorder and exposure to Agent Orange are results of their military service. Despite the VA's recent efforts to revisit this issue, many veterans and their families believe that too little has changed and that these new efforts are inadequate for a population that placed their lives on the line for their country.

All American veterans deserve a commitment from their country and government that proper health care will be provided regardless of geographic location. As the hospitals in the Virgin Islands are reconstructed following the destruction of Hurricanes Irma and Maria, I request that the Department of Veterans Affairs, and the House and Senate Veterans' Affairs Committees, consider funding a new component of the hospital system dedicated to veterans and capable of accommodating more severe health care needs than the clinics alone can provide, with actual contingency plans, unlike the one planned for Hurricane Dorian.

Because the U.S. Department of Veterans Affairs reports enrolled veterans of the U.S. Virgin Islands a part of the Caribbean health care system, which also includes Puerto Rico, it is difficult to easily attain the population of veterans enrolled in the VHA that reside in the U.S. Virgin Islands. Because of the funding structure of VHA facilities, it is critical that enrollment in the VA reflect the overall population of veterans within the community.

The lack of VHA care options on the various islands negate the incentives that stateside veterans may have to enroll in free or

cost-reduced health care. As a result, VA and local leaders should better promote enrollment within the VHA for veterans in the U.S. Virgin Islands. There are a myriad of VSO posts, clinics, and outreach opportunities that the VA should better capitalize on as well.

Thank you for your consideration, and I encourage you to increase the Federal commitment to the embattled veterans of the U.S. Virgin Islands. Thank you.

[THE PREPARED STATEMENT OF STACEY E. PLASKETT APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Plaskett. I do intend to get down to the VI at some point and I am sorry that this—

Ms. PLASKETT. Yes, I know that our veterans would love to see you there. They often feel very forgotten because of their distance and particularly because they are so subsumed by the size of Puerto Rico, which have so many barriers to English-speaking veterans trying to operate in a Spanish-speaking clinic.

The CHAIRMAN. Thank you for that—

Ms. PLASKETT. Hospital system. Thank you.

The CHAIRMAN. —thank you for your testimony. Thank you.

Mr. Phillips, thank you for appearing earlier than your appointed time, and I welcome other Members to take their seats who have appeared. So, Mr. Phillips, I now recognize you for 5 minutes.

STATEMENT OF DEAN PHILLIPS

Mr. PHILLIPS. Thank you, Mr. Chairman and Ranking Member Bost, and Members of the Committee, for the opportunity to share a few of my concerns and fellow concerns raised to me by veterans and their families in Minnesota's Third Congressional District, the western suburbs of the Twin Cities that I represent.

As a Gold Star son, myself, my gratitude for the men and women in uniform and the sacrifices that they have made is immeasurable. My birth father, Artie Pfefer, went to the University of Minnesota on an ROTC scholarship and later became a Captain in the U.S. Army. He was killed in a helicopter crash in Vietnam in 1969 when I was just 6 months old and, though I never met my father, I carry his memory with me every day and think of him every time I pull out my voting card.

During my time in Congress, I have made it a priority to meet with and learn from veterans across Minnesota. In order to do this, my team created a Veterans Advisory Council, which is made up of individuals who serve veterans for a living. They represent many service organizations and their input has been invaluable.

Last May, the Council and I hosted a Veterans and Military Servicemembers Community Conversation to invite the public in on the discussion. The Council advised me on legislation that came to our attention from conversations I had with constituents that night, and we continue to meet to discuss ways we can serve the veterans community in Minnesota. It is my hope the Council will continue to be a beacon for community outreach and engagement.

One of the issues we are working on is veteran homelessness. This is a national problem that demands action now and Minnesota is leading the way in this effort. Thanks to our outstanding Governor, Tim Walz—who is a veteran himself and former Ranking

Member of this very Committee—Minnesota has made it an official goal to be the fourth state to end veteran homelessness by getting to functional zero.

A key part of this effort has been the Minnesota Homeless Veteran Registry, which was created in 2014 to identify all known homeless veterans, and ensure that they have access to appropriate housing and social services. The registry recognizes the underlying factors contributing to veteran homelessness, including mental health issues, substance abuse, and economic hardship. Housing and social justice professionals use the registry to identify homeless vets, reach out, and offer assistance. It has helped nearly 2,000 veterans find a home. But our work is not done, not nearly done. Congress can support this mission by incentivizing landlords to open up their spaces to veterans who need a more permanent housing solution.

The issues our veterans face go well beyond housing. They need better health care that is convenient, accessible, and local. From the conversations I have had with many veterans, local elected leaders, and county veteran service officers, it has been made clear to me that there is a significant need for a Community Based Outpatient Clinic, a CBOC, in the southwestern part of our district. Right now, the closest CBOC to the south of our district is not adequate for our local veterans. The clinic is run down, has a confusing building layout, and is not accessible from the highway. I urge the VA to find CBOC sites that would serve as many veterans as possible and be accessible to the ones that depend on it for their health care needs.

In addition to health care services, veterans must have access to quality mental health programs. The Clay Hunt Suicide Prevention for American Veterans Act, which became law in 2015, directs the VA to work with local non-profit mental health organizations in order to reach out into the community to serve veterans where they are. Minnesota has one of the most active National Guards in the country and, with more Guardsmen getting put into active duty every day, more veterans are at risk for suicide.

Congress and this Committee must use its oversight authority to ensure that our veterans have access to mental health care and suicide prevention programs, and that the Clay Hunt Act is being thoroughly and effectively implemented.

This Committee has been effective in passing monumental and long-awaited legislation this Congress, including the Blue Water Navy Act, of which I was a proud cosponsor. While this bill will bring justice to many vets who deserve benefits for their sacrifices, I am concerned with its implementation. The VA must be prepared to process these claims in a timely and thorough manner. Congress and this Committee must also use its oversight authority to ensure that our veterans have the benefits and care that they deserve, which includes not being subjected to extreme delays in processing.

I stand ready to do whatever I can to address the concerns that have been raised by veterans and their advocates in my district, and I look forward to working with all Members on the House Veterans' Affairs Committee to support the men and women, and their families, who have served this country with honor and distinction.

Thank you, Mr. Chair.

[THE PREPARED STATEMENT OF DEAN PHILLIPS APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Phillips, for your testimony. I would now like to recognize Mr. Mast for 5 minutes, then I will call on Mr. Carter.

STATEMENT OF BRIAN MAST

Mr. MAST. Thank you, Chairman.

I am proud to know each and every one of you that sit on this Committee, and what I know about each and every one of you is that you want the absolute best for our veterans, I believe that in my heart about every member of this Committee. I know that you each want each servicemember to be treated with an unparalleled level of dignity and that that is what you fight for. I know that you want their treatments to be second to none, that the hospital facilities that they are served in be facilities that make every person who is not a veteran want to say, you know, damn, I wish I would have served just so that I can go into those facilities.

I know that you want to bring an end to every frustration that every veteran has with any VA service that has ever been provided or not provided to them.

Chairman, Ranking Member, I am not bring you the be-all, end-all solution to every problem that we face with the VA, but I am bringing you something that has been absolutely proven to help through trial. And this bill, with 20 bipartisan cosponsors, H.R. 2846, the Improving Access to Congressional Services Act, whereby the Secretary of the VA must share space in VA hospitals for Members of Congress to meet with their veteran constituents.

The space that I have inside of my VA hospital is literally not much larger than the space of three or four of us sitting here, but its reach has been anything but small. It has inspired six other Members of Congress in Florida alone to also hold office hours inside of their VA medical centers for their veterans.

It has allowed for World War II veterans, Korean War veterans, Vietnam War veterans, who otherwise have to take a bus to the VA, because they do not have their own transportation, to be able to meet with a Member of Congress without having to be transported somewhere else. It has given an outlet to VA staff who want to report issues that they have witnessed but are otherwise frightened to do so, but are happy that we are there on the ground, so that when they tell us something is going on we can go and put our own eyes on the issue, or our staffs can put our own eyes directly on that issue and see it for ourselves.

It has simply been more convenient for hundreds of veterans to meet there with their Members of Congress instead of having to go to other offices. My office alone has had over 500 individual veteran meetings with different veterans. It has opened the eyes of Members of Congress and their staffs about the states, the daily states of their local VAs, and it has created an immediate outlet for veterans who have been frustrated by some level of care that they have had, to the point that they felt nobody cared about them until they walked into that small office where they were listened to by their Member of Congress.

These offices make a difference and, as I said as I opened, I know that is what each and every member of this Committee wants to do, it is to make a difference in the lives of each veteran.

Some in the VA have said that this sort of thing does not exist with any other Federal agency and, therefore, should not exist in the VA, to which I say there has been no other Federal agency that has been so plagued by crisis after crisis after crisis across every administration.

My questions to the Committee as you consider this legislation is this: has there been one veteran that has been hurt by the presence of these offices inside VA hospitals? Or has every veteran that has visited them benefitted by them? Does this create more accountability for the VA, the VA staff, and for Members of Congress, or less?

The request is simple: make this law that Members of Congress can go do what they all say that they want to do, which is to make the VA better for each and every one of our veterans, by allowing them inside of the VA hospitals to go serve these veterans one at a time in an up-close and personal way.

With that, I yield back the remainder of my time and I thank you for your consideration.

[THE PREPARED STATEMENT OF BRIAN MAST APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Mast, for your testimony.
Mr. Carter, 5 minutes.

STATEMENT OF EARL L. "BUDDY" CARTER

Mr. CARTER. Thank you, Mr. Chairman, I appreciate it and appreciate everyone being here. I want to thank you for giving us this opportunity to testify on behalf of our constituents.

Ladies and gentlemen, I have the honor and privilege of representing the First Congressional District of Georgia. We have many things to be proud of, not the least of which are that we are home to over 60,000 veterans. Unfortunately, although we have a large number of veterans in the coastal region of Georgia, where I have the honor and privilege of representing, our nearest VA hospitals are 2 hours away, one in Charleston, South Carolina, another one in Dublin, Georgia.

Creating better access to health care for veterans has always been one of my highest priorities while serving in Congress. That is why I supported the VA MISSION Act during the 115th Congress, specifically with its provisions that authorize VA hospitals to use telemedicine across state lines.

I applaud the President for signing the VA MISSION Act into law; however, after meeting with VA officials, they brought to my attention that trainees were not authorized in the law to use the telemedicine system. Although this was likely a simple mistake in the legislation, this creates major problems in VA hospitals for a number of reasons. Most notably, it puts VA providers in legally precarious positions, because the VA uses trainees in all aspects of care, just like all non-VA hospitals do.

Additionally, it puts trainees behind the 8 ball. They are missing a critical piece of accumulated experience, the telemedicine system, when working to eventually become a doctor.

Earlier this Congress, I introduced H.R. 3228, the VA MISSION Telehealth Clarification Act, to remedy this issue. This bill now has bipartisan support among Committee Members, and I hope you all will consider the legislation in front of the Committee as soon as possible.

Next, I hope the Committee will continue to make strides in improving the veterans appeal process. I am proud that Congress passed, and the President signed into law the Veterans Appeals Improvement and Modernization Act, which became effective this past February. As this law moves forward, I encourage the Committee to review its progress, continue to find ways in which it can be improved, and see how the VA can answer our constituents' appeals in a more efficient and accurate fashion.

Finally, I trust that the Committee will keep veteran homelessness as one of its highest priorities for the remainder of the 116th Congress. Today, there are still just under 40,000 homeless veterans in America. Another 1.4 million veterans are at risk of homelessness. Eleven percent—let me repeat that—eleven percent of the U.S. homeless population in America are veterans. That is too much—one is too much. Too many of those are in the First Congressional District of Georgia. These numbers are simply unacceptable.

We need to reassess all of our Federal programs working to combat veteran homelessness, but especially the accessibility of VA loans and the guidance given to veterans reintegrating into a civilian society. We try to do this in the First Congressional District. We have VA forms to let veterans know what is available to them. This is extremely important. We do it twice a year, once in the northern part of the district, once in the southern part of the district. In fact, we have got one coming up. We had one scheduled; unfortunately, the hurricane, we had to delay it, but we have got one scheduled for next month in the southern part of our district for the specific reason to let veterans know what is available to them.

In all of these issues I have mentioned here today, we need to remember that our Nation's veterans are our heroes and they deserve the absolute highest respect upon their return home. The Federal Government simply can do a better job in veterans' access to health care, the appeals process, homelessness, and so much more.

Again, I want to thank you as Committee Members for your work in these issues, they are extremely important; extremely important to veterans across the country, extremely important to veterans in the First Congressional District of Georgia. Thank you again, and I look forward to working with you and following your progress, and I yield back.

[THE PREPARED STATEMENT OF EARL L. "BUDDY" CARTER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Carter, for your testimony. I would now like to call Mr. Rouzer for 5 minutes.

STATEMENT OF DAVID ROUZER

Mr. ROUZER. Thank you, Mr. Chairman, and the other Members of this very distinguished Committee for your work to strengthen care and resources for our Nation's heroes. I am particularly grateful for your willingness to allow Members who do not serve on this Committee the opportunity to raise issues and share concerns that we hear from our veterans back home.

As you know, the great State of North Carolina has a long and rich tradition of military service, and we are blessed to have a very large community of veterans in the 7th Congressional District, which I have the honor to serve and represent.

I would like to bring to the Committee's attention a bill I reintroduced, I introduced it last Congress and have reintroduced it this Congress, to help veterans restore their credit score when it has taken a hit because the VA failed to reimburse an outside provider. This is an issue that has been faced by many veterans in my district and my office has helped facilitate hundreds, literally hundreds of payments to outside providers by intervening with the VA to avoid a debt going to collection.

The unfortunate reality is, there are many, many veterans across my district, across the State of North Carolina, and across our country that have had their credit destroyed through no fault of their own as a result of mismanagement and delays at the VA, particularly those dealing with emergency medical care.

Quite honestly, I think we all can agree, this is unacceptable.

H.R. 3012, the Veterans' Credit Protection Act, if enacted into law, will help provide veterans the help they need to restore their credit when they have been the casualty of mismanagement and late payments. In many cases, quite honestly, no payment at all is made by the VA to these outside providers of their care, and one of the consequences of that is you lose outside providers. Everybody has got to make a living.

The Veterans' Credit Protection Act puts the onus on the VA to reach out to the veteran and inform them how to resolve credit issues caused by these delayed payments. In addition, this legislation requires the VA to submit a report to Congress on the effectiveness of the Office of Community Care in providing timely payment of proper invoices for emergency care.

I appreciate the Committee's consideration of this bill, so that veterans will no longer have to worry about their credit, or lack of credit, because of the VA's failure to pay their claims.

Thank you, Mr. Chairman, for allowing me the opportunity to testify today on this very important issue. I yield back.

[THE PREPARED STATEMENT OF DAVID ROUZER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Rouzer, for your concern for veterans and for your testimony.

I will next call on Ms. Mucarsel-Powell. Then, after that, Mr. Malinowski, followed by Mr. Soto, so you know the order.

Go ahead, Ms. Mucarsel-Powell, for 5 minutes.

STATEMENT OF DEBBIE MUCARSEL-POWELL

Ms. MUCARSEL-POWELL. Thank you, Mr. Chair, and thank you to the Members of the Committee for allowing me to appear today to advocate for the veterans living in my community.

One of the greatest challenges that veterans who live in Monroe County face is access to care. Former servicemembers living in the Florida Keys often have to travel more than 150 miles just to travel to the Miami VA to get the access and the full set of care that they need. This was supposed to have been addressed when the VA Choice Program was established in 2014, and access to care in rural areas was supposed to be improved when Congress passed the VA MISSION Act in 2018 with the creation of the Veterans Community Care Program.

Under the MISSION Act, any veteran living at least 40 miles away from a full-service VA is eligible to receive health care from a community health provider that is approved by the Community Care network.

Although there is a VA clinic in Key West, it only provides basic care and often refers patients to the facility in Miami for most services. As such, many of our veterans have to travel for hours from their homes in the Keys to receive the care that they need. This program was supposed to be operational by June 6th of this year. Unfortunately, in Monroe County, the providers in the local Community Care network have yet to be approved, so my constituents remain in limbo.

Furthermore, veterans in my district have been subject to the continuous disruption in service from the handoffs between the VA's private partners, which are Health Net, Tri West, and Optum.

My constituents were originally covered through HealthNet and when they left, TriWest temporarily took over. Now they are handing them over to Optum.

During these handoffs, our veterans' health care needs have been abandoned. They have to travel long distances for care, often do not receive confirmation for appointments until the night before, and as a result can miss appointments when they are unable to secure transportation on such short notice.

My office just recently heard from a constituent who had moved to the Keys and requires monthly treatments that can only be provided by a full-service VA. She had difficulty making an appointment with the Miami VA and was not informed of a confirmed appointment until the day before. Because of this short turnaround, she was unable to travel to Miami for her appointment. She was told to go through the community care network for her treatment more locally, but because the Keys does not have any approved providers, she had to forego the care she needed.

Unfortunately, this story is all too common, Mr. Chair. It has become such a challenge that Monroe County's Director of Veterans Affairs often volunteers hours from her day just to drive veterans to the Miami VA so that they can access necessary health services.

This, I would assume that you agree with me, is just not acceptable. Our veterans have made the ultimate sacrifice for our country when they answered their call to service. Really, it is our responsibility to be there for them and we cannot fail them.

I would like to urge you and the Committee to push the Office of Community Care at the VA to address this issue and to have their private partners in TriWest and Optum Health to provide greater outreach to our local providers so that they can provide care to our vets in Monroe County.

We also need more resources dedicated to our VA health clinics, so they have proper staffing to provide the full set of health care services at each facility. VA facilities in Monroe, and also in Miami-Dade should not have to struggle with understaffing issues that prevent our veterans from accessing the services that they have earned and that they depend on.

I am looking forward to working with the Committee to address this issue, so that our Nation's veterans have access to the quality care that they have earned and that they deserve.

Thank you so much for the opportunity to appear before the Committee.

[THE PREPARED STATEMENT OF DEBBIE MUCARSEL-POWELL APPEARS IN THE APPENDIX]

The CHAIRMAN. You are welcome. Ms. Mucarsel-Powell, you have brought an issue to light about how well the Mission Act is doing in your district. The Committee staff will be looking into this.

Mr. Malinowski, you are recognized for 5 minutes.

STATEMENT OF TOM MALINOWSKI

Mr. MALINOWSKI. Thank you so much, Chairman Takano, Ranking Member. I really appreciate this chance to testify on behalf of my district in New Jersey.

You know, we often pause to thank veterans for their service in uniform. We do not often enough appreciate their service to us out of uniform. When I was growing up, I was privileged to have World War II and Korea vets as my mentors, teachers, coaches. When I worked at the State Department in the NSC, every national security decision I took part in was informed by the advice of veterans who had seen war firsthand. And now I am lucky to serve with one of the largest freshman House classes of military veterans in recent memory.

We have got to recognize that the men and women returning to civilian life from military service today after nearly 20 years of constant war zone deployments are facing a special set of problems in re-integrating into civilian society, including mental health problems that deny many of them the rewards they have earned and that deny us the benefits of their continued service.

If today is an average day, as you well know, 20 veterans, servicemembers, reservists and members of the National Guard will die by suicide. In New Jersey alone, 67 veterans committed suicide in 2016.

Veterans groups in my district have emphasized to me that the best way to address the trauma and sense of isolation that many of our returning warriors feel is to support peer to peer programs that connect them to the community. The New Jersey Veterans Network, for example, runs a mobile outreach program to make sure that every veteran who has sacrificed so much for our country receives the resources they need and deserve.

Part of this work involves connecting them with VA services and other VFW American Legion type networks, but they stress that the most important part of their work revolves around connecting vets with the volunteer mentors and allies who are willing to help in their local communities. I think we should be looking for ways to support more of these grass roots level programs built around veterans helping fellow veterans.

I have been heartened by hearing of the past successes of the VA's peer specialists' program. Suffering vets that have someone alongside them that has been down the same road are much more likely to follow treatment plans and achieve recovery. I would support any effort to reinforce and expand this type of peer to peer program.

I am also heartened by some more specialized programs I have seen in my district, including programs such as equine therapy. I recently visited a wonderful program run by an organization called Spring Reins of Life who are recipients of the VA's adaptive sports grant. We need to do more to ensure that these kinds of programs can be covered by our health care system, perhaps exploring the possibility of a dedicated billing code.

Senator Tester's mental health bill, S.785, includes a provision in support of these kinds of therapies. This bipartisan bill has many other important provisions, and I am very happy to hear that you are working hard on a house companion bill which I strongly support and looking forward to working with you.

I also fully support, Mr. Chairman, the legislation that you have passed through the Committee to date. I was proud to co-sponsor H.R. 2435, the Accelerating Veterans Recovery Outdoors Act, which will create a task force to look at how the VA can better use public lands and spaces to treat veterans with mental health problems. I look forward to voting for it when it comes to the House floor.

With that, I just want to thank you for giving me this opportunity to work with you to give back to those who have done so much to give to our country.

Thank you, sir.

Mr. CHAIRMAN. Thank you, Mr. Malinowski, for your testimony, and thank you for your passion and caring for our veterans.

Mr. Soto, you are recognized for 5 minutes.

STATEMENT OF DARREN SOTO

Mr. SOTO. Thank you, Chairman. Thank you so much for hosting this critical hearing. I am here to talk about one bill specifically, the Improving Veterans Access to Congressional Services Act, that was discussed by my colleague, Congressman Mast as well.

It would require the Secretary of the Department of Veterans Affairs to permit the use of VA hospitals' facilities by Members of Congress for purposes of meeting with constituents and resolving veteran related issues. It would also establish a standard operating procedure for the opening of new congressional offices in VA hospitals.

Currently, there are only 2 of these offices across the Nation right now, one by Congressman Mast that was opened in January 2018, and one that we were able to open and now work along with our colleagues in Central Florida in August of 2018.

I want to thank you, Chairman, for visiting our VA earlier this year and getting to see our sprawling office there that is about as big as a shoebox, but it is not the size that matters. It is the location.

We had to wait 6 months. I read about how Congressman Mast had got his office. And they only make these leasing decisions every 6 months, and there are a whole bunch of hurdles to go through. One of the biggest issues was making sure there is enough space, obviously, and we took the smallest office available; and Number 2 was making sure that the lease complied with the Hatch Act, so we are required to close them during the October September election date on an election year, which is fine as long as we can get in there.

As you may know, Florida is home to the second largest veterans' population in the Nation. I know my colleagues, Representative Mucarsel-Powell and Representative Dunn know that well. Over half of our cases are veterans' cases. You can imagine how much use this office gets.

I want to walk through just briefly how it would work on a daily basis, which is we will have folks who may not unfortunately have a good experience at the VA. They have their appeals court right there. They could walk right into my office. We work with them or do a warm pass to another member if they have a different member of Congress than us.

The big concern is we will lose them. We will lose them. They will never come back if they have a bad experience, while if we are able to help them, sometimes it is about making sure to get their appointments sooner than 6 or 8 months wait sometimes. Sometimes it is about paperwork that got lost in the shuffle. Sometimes it is just about one bad experience based upon personality conflicts.

But the main role, I believe, we as Members of Congress have at the VA is, we are collaborators with the VA. We are here to just solve the problems that veterans may have at the VA without making it a whole big deal about it. Many of these, 95 percent of them are resolved between great communications between our local VA officials and our office. It is a great way to hire veterans to work with veterans.

I want to end where I began, which is this is a key way to help so many of our veterans in a real simple way, and I was honored to host you, Chairman, so that you could see it firsthand in Orlando, and thanks for coming to Central Florida.

[THE PREPARED STATEMENT OF DARREN SOTO APPEARS IN THE APPENDIX]

Mr. CHAIRMAN. Thank you for your testimony, Mr. Soto. I was very pleased to make that visit and to see the wonderful state of the art facilities you have and become aware of just how fast the veteran population is growing in your community.

Thank you for your testimony.

Members are excused.

Do we have any other—oh, Ms. Stefanik.

Good to see you, Ms. Stefanik.

STATEMENT OF ELISE M. STEFANIK

Ms. STEFANIK. Good to see you, too.

Good morning, Chairman Takano, Ranking Member Roe, and Members of the Committee. I am grateful for the opportunity to testify before the House Veterans' Affairs Committee and discuss an issue very important to my district.

I proudly represent New York's 21st Congressional District where nearly 1 in 10 adults is a veteran. That is what makes the work of this Committee deeply personal to me and my constituents.

Tomorrow, the subCommittee on health will discuss and debate several important pieces of legislation concerning veterans' health care, many of which have a special focus on improving the access and quality of care for women veterans.

I applaud the Committee as well as your staffs for focusing on this ever-important topic.

Another topic that the subCommittee will discuss tomorrow is H.R. 2816, the Vietnam Era Veterans Hepatitis-C Testing Enhancement Act. This is an incredibly important bill. To help my colleagues understand why, I would like to share a story with you.

In 1970, Danny Kaifetz, a young man from the North Country in New York volunteered to serve in the United States Marine Corps while the country was embroiled in the Vietnam War. Danny completed training at Parris Island and went on to jungle warfare school and combat infantry training at Camp Lejeune.

At some point during training, as any one of my colleagues who has been through boot camp knows, all the recruits were lined up like a factory assembly line and were inoculated with the necessary vaccinations. Back then, the armed forces, to include the Marines, used the Ped-o-jet Air Inoculation device, or "jet gun," to quickly vaccinate one recruit after the next.

As is difficult for us to imagine today, medics were not required to sterilize the devices in between the inoculations. In fact, Page 38 of the operator's manual explicitly states, "Sterilization not required between injections."

As we now know, this practice exposed thousands of recruits to dangerous and often deadly blood borne diseases. Contamination happened without discrimination to volunteers and to those who were drafted, to those who went on to serve honorably for several years, and those who did not make it through training, to those who saw combat and bear the emotional burdens of a horrific war, and those who, through some good fortune, were spared.

Danny Kaifetz thought he was one of the lucky ones who was able to serve his country and fellow Marines without going to combat. He proudly fulfilled his duty and was distinguished with the Meritorious Service Medal at the completion of his service contract.

But unbeknownst to him, Danny did not leave the military unharmed. Nearly 40 years later, in 2011, Danny was diagnosed with Hepatitis-C. He sought and received treatment at the VA, and today Mr. Kaifetz will tell you with gratitude that he owes his life to the outstanding medical staff at New York's VA.

As you all know, Congress dedicated significant resources to enable the VA to test and treat veterans for the Hepatitis-C virus, and the VA has made significant progress to date.

However, these efforts primarily focus on veterans enrolled in the VA, testing only 78 percent of the 2 million Vietnam era veterans enrolled in VA care. Estimates indicate as many as 1 in 10 of the 8 million surviving Vietnam era servicemembers may be infected with Hepatitis-C due to the cross-contamination. Of those who do not meet VA eligibility criteria, as many as 7 million are considered at high risk for Hepatitis-C infection and unaware of their status.

Our veterans deserve better. The Vietnam Era Veterans Hepatitis-C Testing Enhancement Act focuses on Hepatitis-C screening and does not take away from the VA's efforts. It rather enhances them.

Furthermore, the bill is budget neutral by utilizing resources previously allocated by Congress through the Honoring America's Veterans in Caring for Camp Lejeune Families Act. The concept has proven successful at a local level due to the extraordinary efforts led by my constituent, Danny Kaifetz, and American Legion Post 1619.

We owe it to an entire generation of veterans to provide this valuable screening tool. I urge my colleagues to join the American Liver Foundation, the AIDS Institute, and Vietnam Veterans of America to support H.R. 2816.

Madam Chairwoman and Ranking Member, I thank you for the opportunity to speak with you today, and I thank the entire Committee and staff for the invaluable work you do to support our Nation's heroes. I look forward to working with you, and I yield back the balance of my time.

[THE PREPARED STATEMENT OF ELISE M. STEFANIK APPEARS IN THE APPENDIX]

Ms. UNDERWOOD. [Presiding.] Thank you so much. Did you have any comments?

Okay. Thank you so much, Ms. Stefanik. We really appreciate this great piece of legislation and look forward to considering it further.

As we wait for the next panel to arrive, we have been so fortunate to be able to tour many VA facilities in my district over the district work period. I visited the Hines VA facility in Chicago and talked with their now departed facility director, but was really inspired to work with Senator Tammy Duckworth to introduce a bill to allow for preventive services to be offered to all veterans without co-payments.

This would be in line to create parity with the Affordable Care Act, which offered those services to individuals in the private insurance market, in Medicare, and obviously in Medicaid without cost sharing. Yet some veterans do have to pay for those preventive services. It is something that has been a disparity for a little while now, and so we are really excited to be able to offer access to those screenings and vaccines and contraceptive coverage and many other items.

I have dropped that one in the hopper. We understand that later in the week, maybe tomorrow, there is going to be a legislative hearing on many other women's health-related bills.

We have Caring for Our Women Veterans Act, which I am also very excited about, which would require the VA to take a look at their plans across the enterprise and making sure that each facility is properly prepared to care for each and every female veteran that they have the duty to care for across the lifespan.

We know that female veterans are the largest and sort of fastest growing group of veterans in our country, and yet there is some inconsistent and maybe unequal amount or preparation for these facilities to care for the female veterans.

I am looking forward for that piece of legislation and many others to be considered in this upcoming legislative hearing.

With that, I think that we will temporarily recess until the next—oh, is he a member?

Okay. Hi, sir. How are you?

Oh, Mr. Wenstrup, you came in at just at the right time because we were going to recess, sir, but now we can just call on you to share some remarks with the Committee at your convenience.

STATEMENT OF BRAD WENSTRUP

Mr. WENSTRUP. I feel very special, and it is good to be with you having served on a Committee for 6 years, and I loved serving on VA, but got called elsewhere if you will. It is good to be back.

Let me thank you, first of all, for holding this member day hearing. As I have often said, caring for our veterans is one of Congress's most sacred duties. As I said, I am extremely proud to have served on this Committee for quite some time and to be a veteran myself. Though I no longer serve on the Committee, I really never stopped serving America's veterans, and that is what brings me here today.

I am extremely proud of the work that Congress and particularly this Committee has done to ensure better health care for our veterans. you know, last year we passed the VA MISSION Act, which we had been working on for several years and to create a health care system that truly puts veterans first by giving them more choice in their health care treatments.

The health of our veterans is one of my highest priorities. As a physician you can imagine that that would be the case. Today I am here to advocate for another bill which will improve veterans' health care.

Representative Kathleen Rice and I have introduced H.R. 3700, which will prohibit smoking in all veterans' health administration facilities and repeal the antiquated 1992 law that requires the VHA to furnish and maintain designated indoor or outdoor smoking areas.

As an Army Reserve doctor, I know that permitting or exposing patients to firsthand and secondhand smoke is dangerous, especially while they undergo treatment at VHA facilities. It is past time that Congress address this issue that it created in 1992 and fix the outdated law so that we do not continue to harm veterans seeking care at VHA facilities.

Let us get us in step with the rest of the country and do what is right.

According to the Centers for Disease Control and Prevention, smoking is the leading cause of preventable death in the United

States, killing more than 480,000 people annually. There is no risk-free level of exposure to secondhand smoke.

As such, the overwhelming majority of America's private health care systems and facilities, most Department of Defense medical facilities, and all Federal government buildings are smoke free. Yet there are nearly 1,000 designated indoor or outdoor smoking spaces at VHA facilities across the country. That is at least 1 in every state.

In addition to the health concerns, such spaces are difficult to maintain and cost the VA more than \$1.2 million annually. That is why I was pleased to see VA Secretary Robert Wilkie announce this June that beginning in October all VHA facilities will be smoke free.

However, it has since come to my attention that this policy change has been challenged by the American Federation of Government Employees who argue that the smoke free policy should not apply to VA employees.

I believe this is the perfect illustration of precisely why Congress needs to assert its authority and make clear, once and for all, that smoking is unacceptable in the medical facilities where our veterans seek care every day. H.R. 3700 would do exactly that, ensuring that no one can change, reinterpret, or strike down the smoke free policy.

The VA strongly supports codifying the smoke free policy as do 2 dozen public health organizations such as the American Cancer Society Action Network, the American Lung Association, the American Heart Association, the Campaign for Tobacco Free Kids, and the Society of Thoracic Surgeons.

I would also like to thank the Members of this Committee who have cosponsored H.R. 3700, Representative Greg Steube and Chris Pappas for their support of this bill.

I ask the Committee, I urge you to consider H.R. 3700 at a future health subCommittee legislation hearing. This is important legislation which will build on the Committee's work to improve veterans' health care. I want to thank you for your consideration.

With that, I yield back.

[THE PREPARED STATEMENT OF BRAD WENSTRUP APPEARS IN THE APPENDIX]

Ms. UNDERWOOD. Well, thank you, Mr. Wenstrup.

I would like to recognize Dr. Dunn.

Mr. DUNN. Thank you very much, Madam Chair.

Dr. Wenstrup, I want to thank you for a commonsense bill. It is amazing that we have to do that sometimes, but, you know, that is exactly what we are here for. I could not agree with you more, and I appreciate your efforts on behalf of all the veterans.

Thank you. I yield back.

Mr. WENSTRUP. Well, thank you, Doctor. I know you have had the experience of seeing the negative effects of smoking long-term, and whether it is firsthand or secondhand, I think we need to do all that we can to protect our veterans seeking better health.

Ms. UNDERWOOD. Yes. As we know, in our country tobacco-related illnesses are a leading cause of death, right, and so this is a good way to try to save some lives and prevent disease.

Mr. WENSTRUP. I believe you are a nurse, if—
 Ms. UNDERWOOD. Yes.
 Mr. WENSTRUP. —I am not mistaken?
 Ms. UNDERWOOD. Yes, sir.
 Mr. WENSTRUP. You understand this very—
 Ms. UNDERWOOD. Absolutely.
 Mr. WENSTRUP. —well, too.
 Ms. UNDERWOOD. Thanks for your bill. Thanks—
 Mr. WENSTRUP. You bet. Thank you.
 Ms. UNDERWOOD. —for coming in.
 Mr. WENSTRUP. Appreciate it.
 Ms. UNDERWOOD. Okay. Did you have any other comments, Dr. Dunn?
 Mr. DUNN. Nothing else.
 Ms. UNDERWOOD. Okay. So—yes.
 Mr. DUNN. Here is—
 Ms. UNDERWOOD. Oh, how wonderful. You all are just coming in right in time. Mr. McCarthy has just walked into the room.
 Sir, I would be happy to recognize you to speak about your bill. Yeah, right there.

STATEMENT OF KEVIN MCCARTHY

Mr. MCCARTHY. Thank you very much.
 Distinguished Members of the Committee, thank you for the opportunity to discuss with you today.
 I have a story about the veterans in my district in California. This is Central California. This is Bakersfield, Kern County. I have had the privilege to represent them for quite some time. For too long thousands of veterans throughout Kern County have patiently awaited a new community-based outpatient clinic to be built in Bakersfield, California.
 Now the existing clinic is outdated and cramped, and we can not fulfill the needs of the growing veterans we have throughout Kern County. 10 years ago Congress authorized the construction of 15 new community-based outpatient clinics. Included in that clinic was Bakersfield through Public Law 111-82. Now the Bakersfield clinic is the only location that remains un-built, and that is unacceptable.
 I want to tell you the story why it is not built, and in telling the story, there is a flaw in our law that actually rewards people in the process not to have one.
 Now, first, veterans in my district had hoped that the VA would break ground on the new clinic all the way back in 2015. However, that hope was derailed when the VA chosen site was condemned by this high-speed rail authority for being in the path of this costly high speed rail project that now the new governor has actually declined to build.
 This was among the first of several unnecessary delays and setbacks for the clinic.
 Now last October we thought we solved this one more time. I was thrilled and I had announced that the VA had finally awarded a contract for a brand-new state of the art 30,000 square foot Bakersfield clinic located on Knudsen Drive. This clinic would provide vet-

erans with expanded mental health. It expanded women health care for veterans' services.

Unfortunately, this award has become subject to severely, which I call dilatory protests. You know who is protesting, the current owner of the land where the current clinic is that is outdated.

One after another after another he protests because if he protests, there is a dirty little secret. He gets rewarded. He protests so the veterans do not get a new facility, but you know what he gets in his? They double his lease. They double his lease payment. The VA was paying him a million dollars a month, but now that the new center is delayed, he gets \$2 million a month. You know who is protesting? He is protesting.

Because he protests, he doubles his rent. Because he doubles his rent, the veterans are denied a new facility. We are the last, in the last 10 years, when Congress told us to build these. Our own law rewards somebody from stopping our veterans to have a new clinic and actually puts money in their pocket.

Enough is enough. While I understood the government contracting process must allow for fair competition, I do not understand how this process can be so manipulated and how the Bakersfield clinic remains un-built while other VA facilities authorized in 2009 are currently serving veterans.

As I said, the taxpayers are now getting ripped off. The veterans are now being denied, and the person causing it all is being rewarded. That should not work in this system. He is approximately getting twice as much, \$2 million a month, for a lease on a building that does not fulfill the need of our own veterans.

Every day delay is another delay that the taxpayers must pay higher rent. If he is successful, they will go back to the drawing board and not even use the location that they have already selected that works. This Federal contracting process must be transparent, and must be responsive, and it must be reasonable to the concerns. This goes beyond anything we believe.

Lastly, the difficulty in building a new clinic in Bakersfield suggests that the Federal government's process for awarding contracts is liable to inefficiency and abuse. I hope my testimony today has shone a light on one part of this larger problem and will inspire future action.

I look forward to your Committee and all Committee Members to ensure that the Bakersfield clinic comes to fruition, and that other veteran populations are not impacted by this broader systemic problem.

If they are successful with what they are doing today, I will not be the only district that this happens to. Everyone that has an outdated facility will stop the improvement because they will be rewarded in their own process, but who will be denied are actually the veterans.

I think we are better than that. I think it says a lot about our Nation on how we treat our veterans. That is why I would like to submit a letter from SASD Development Group for the record, and I thank you for the opportunity to testify today.

[THE PREPARED STATEMENT OF KEVIN MCCARTHY APPEARS IN THE APPENDIX]

Ms. UNDERWOOD. Well, thank you so much.
I would like to recognize Dr. Dunn.

Mr. DUNN. Thank you, Madam Chair.

Mr. Leader, I share your sense of outrage at the way this has transpired. Obviously, the system is broken. I promise to work with you to address that as rapidly as possible.

Thank you.

Mr. MCCARTHY. I thank you, Mr. Dunn. I know the work that you have done as a veteran yourself, and I appreciate you taking the time and consideration. You, too, Congresswoman Underwood, about this. I appreciate it. I yield back.

Ms. UNDERWOOD. Thank you, Leader McCarthy. We appreciate your time.

Okay. With that let us just stall for just a few seconds because they have just been coming in the room. I think that we will go into a recess subject to the call of the chair.

Thank you so much.

Ms. UNDERWOOD. I call the Committee to order. I see we have been joined by Mr. Walberg, and so I would like to recognize you for 5 minutes, sir.

STATEMENT OF TIM WALBERG

Mr. WALBERG. I thank you and appreciate the efforts of this Committee today to hear ideas, and that is always a good thing.

I want to thank Chairman Takano as well as Ranking Member Roe for the opportunity to testify, and each of you on the panel.

Taking care of our country's veterans is one of the most important things we can do as Members of Congress. We say that all the time, and I think for the most part we attempt to. Sometimes we miss things. Our servicemen and women give their all in the name of our Nation, and it is the obligation of Congress and our Nation to give the same dedication to providing the highest quality of care for when our heroes return home.

Many members of the armed forces endured unthinkable hardship in captivity as prisoners of war. While we will never forget those, who did not return home, there are those who do come back, thank God. For those that do, they deserve the highest priority of care at the VA.

Therefore, I introduced the POW Priority Care Act which would move POWs to the front of the line, giving them Priority 1 Level VA care.

Under current VA care provisions, POW veterans are not among the top tier of care for the VA. Instead, POW veterans are in the third priority care group, often placing them at a disadvantage in health care options. The priority system classification determines eligibility for health care services at the VA. Factors determining priority assignment include time and place of service, income level and service-connected disability. The POW Priority Care Act would elevate POWs from Priority Group 3 to Priority Group 1 in terms of health care needs.

By having Priority 1 status, POWs will have greater access to health care options at the VA. We can all agree, I am sure, that veterans and prisoners of war should not have to struggle to get

the proper health care and medical services that fits their needs and is available.

I want to thank Representative Krishnamoorthi, Guthrie and Rush for joining me in introducing this bipartisan legislation. The legislation is supported by the AMVETS, the POW MIA Families Organization, and we are continuing to gain support from other organizations.

Prisoners of war have not only answered the call of duty, but they endured unthinkable hardship and made unquestioned sacrifice in service to our Nation.

I thank you for this opportunity. I urge the Committee to mark-up H.R. 3527 so that it can advance to the floor of the House for a vote. I yield back.

[THE PREPARED STATEMENT OF TIM WALBERG APPEARS IN THE APPENDIX]

Ms. UNDERWOOD. Thank you so much.

Dr. Dunn, did you have any comments?

Mr. DUNN. I do not. Thank you.

Ms. UNDERWOOD. Thank you so much for your time and for flagging this bill for the Committee and offering these words. We really appreciate your time today.

Okay. The chair recognizes herself for 5 minutes.

STATEMENT OF LAUREN UNDERWOOD

Ms. UNDERWOOD. According to the most recent VA national suicide data report, veterans who recently used Veterans Health Administration services had higher rates of suicide than those who did not. Veterans who use VHA services have physical and mental health care needs that are actively seeking care because those conditions are causing disruption to their lives.

Many of these conditions are associated with an increased risk of suicide. Suicide attempts can be impulsive, and screening criteria are not always clinically effective, often relying on self-identification. Many suicide attempts involve little or no planning, and the time between suicidal ideation and attempted suicide could be a matter of minutes.

This makes preventing veteran suicides incredibly difficult. A more proactive approach is needed to combat the veteran suicide crisis. Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates. Building in time and space between the impulse to act and the means to harm oneself saves lives.

During a House Committee on Veterans Affairs hearing on veteran suicide prevention, Dr. Keita Franklin, then National Director of Suicide Prevention at the VA said that if it were up to her, lethal means training would be provided to all VA staff. In response to follow up questions for the record, VA stated that, "The goal of universal training for all VA related to lethal means safety is obtainable. It requires, though, a further expansion of our previous efforts."

Most people who survive a suicide attempt do not go on to die by suicide. If veterans can collaborate with their providers ahead

of time to help them survive a suicidal crisis, they have likely prevented their suicide for the rest of their lives.

As a result, I am introducing a bill that would direct the VA to provide lethal means training to all VHA staff who regularly interact with veterans, empowering VHA staff to speak with veterans about lethal means safety and suicide prevention plans.

In a similar way, the most recent VA national suicide data report highlights that the highest rate of veteran suicide is among veterans age 18 to 34, a rate which has nearly doubled since 2005. As of 2018, every veteran in that age group would have begun their service after 9/11.

According to the 2019 Iraq and Afghanistan Veterans of America member survey, 65 percent of respondents personally know a post-9/11 veteran who has attempted suicide, and 59 percent personally know a veteran who has died by suicide. The majority of respondents reported service -connected clinical depression, post-traumatic stress, or other mental health injuries. Along with these risk factors for suicide, the respondents reported that the stigma of seeking help is the top reason for not getting the mental health care they need.

Suicide attempts can be impulsive and screening criteria are not always clinically effective, often relying on self-identification. Many suicide attempts involve little or no planning, and the time between suicidal ideation and attempted suicide could be a matter of minutes. This makes preventing veteran suicides incredibly difficult. A more proactive approach is needed to combat the veteran suicide crisis.

I have introduced a bill that would provide all post 9/11 veterans with a suicide prevention and lethal means counseling session as part of their first primary care visit with the VA.

The session would empower veterans to recognize suicide risk factors and, if appropriate, create a suicide prevention plan with their primary care provider, providing space for a more personal discussion which de-stigmatizes suicide.

As we know, this Committee has been uniquely focused on ending the veterans' suicide crisis, and I look forward to continuing to discuss these measures at a later date.

Thank you.

Ms. UNDERWOOD. We will now transition the chair to Mr. Sablan.

Thank you.

Mr. SABLAN. [Presiding.] All right. Good afternoon, everyone. Mr. Higgins, your 5 minutes starts now.

STATEMENT OF CLAY HIGGINS

Mr. HIGGINS. Mr. Chairman, thank you. I observe that my colleague, Dr. Dunn, the Ranking Member is injured. I warned him that Madam Chairwoman was a tough and intelligent person. I applaud him for his courage in hanging in there, Doctor.

[Laughter.]

Mr. HIGGINS. Ladies and gentlemen, thank you for allowing me to address you today. I respectfully request your strong support of H.R. 1527, a Long-Term Care of Veterans Choice Act. My bill authorizes the U.S. Department of Veterans Affairs to cover the cost

of long-term care at medical foster homes for up to 900 veterans otherwise eligible for nursing home care through the VA.

Medical foster homes are private homes in which a caregiver provides services to a smaller group of individuals who are unable to live without day to day assistance. It is an alternative to nursing homes for those who require nursing home care, but prefer a non-institutional setting with fewer residents.

For many young veterans in need of round the clock care, medical foster homes can provide a more age appropriate, independent setting than traditional nursing homes.

The U.S. Department of Veterans Affairs has run its medical foster home initiative since the year 2000, and today the Veteran Health Administration oversees more than 700 licensed caregivers caring for nearly 1,000 veterans in 42 states.

To be eligible to provide care to veterans, VA medical foster home providers must already pass a background check, complete 80 hours of initial training, and 20 hours annually of recertification. They cannot work outside the home.

Unfortunately, while the VA will cover the cost of home-based primary care for eligible veterans living in medical foster homes, the VA does not cover the cost of medical foster home living arrangements for veterans otherwise eligible for nursing home care through the VA. Instead, these veterans must pay for medical foster home services out of pocket or through private insurance.

Costs associated with medical foster home services range between \$1,500 to \$3,000 a month, which is significantly lower than the nearly \$7,000 the VA would otherwise pay per patient at a state VA nursing home. This is a commonsense bill that allows us to provide greater care and access to needed full-time care, nursing home level care to our veterans at a lower expense to the people in our treasure.

In my home state of Louisiana, the VA operates state of the art veterans' homes that provide residents a high quality of care in an understanding, supportive environment. I can personally attest to the high quality of care and sense of well-being among veterans living at the Southwest Louisiana Veterans Home.

But much like in the civilian world, there is no one size fits all standard of care for veterans. Veterans should be afforded flexibility to use the benefits they righteously earned in a manner that best suits their individual needs.

H.R. 1527 gives much needed choice and personal agency back to these brave men and women who have selflessly sacrificed for our Nation. I am pleased that this critical legislation will be considered tomorrow in Committee.

I thank you very much for this time and I yield the balance.

[THE PREPARED STATEMENT OF CLAY HIGGINS APPEARS IN THE APPENDIX]

Mr. SABLON. Mr. Higgins, thank you very much for your testimony, your statement. We are recording it.

I am sorry.

Mr. DUNN. Captain Higgins—

Mr. SABLON. Dr. Dunn, do you have anything?

Mr. DUNN. I do.

Mr. SABLAN. I am sorry. I apologize.

Mr. DUNN. I just wanted to let you know that we take your concerns seriously. We have worked together on this Committee. I understand your concerns with that, and we will be taking that up very shortly in consideration.

Thank you, again, for shining a light on this problem.

Mr. HIGGINS. Thank you, my friend and colleague. I miss this Committee. The staff is fantastic on both sides and it is truly a bipartisan effort in reference of love for our veteran brothers and sisters. Thank you all—

Mr. DUNN. Thank you.

Mr. HIGGINS. —for considering my bill.

Mr. SABLAN. Yeah. Thank you, again.

Mr. Zeldin, sir, please.

STATEMENT OF LEE ZELDIN

Mr. ZELDIN. Thank you, Mr. Chairman, Ranking Member as well for the opportunity to testify today.

With September marking suicide prevention month, I would like to take this opportunity to testify on behalf of a program that has saved the lives of countless New Yorkers who put their lives on the line to defend the rest of us.

I have the distinct honor of representing New York's 1st Congressional District located on the east end of Long Island, otherwise known as the greatest congressional district in America. Not only do we have the most beautiful beaches in the country and so much more, but the very communities we all call home played such an instrumental role in the founding of our great Nation.

Today my home county of Suffolk boasting one of the highest concentrations of veterans in the country prides ourselves on our rich history and commitment to serving our Nation's veterans.

Unfortunately, when our veterans return home from the battlefield too many find that their fight has just begun. The Department of Veterans Affairs, as this Committee knows well, estimates that approximately 20 veterans a day are taking their own life. Often times they are plagued by the individual wounds of war. They have been come to known as post-traumatic stress disorder, traumatic brain injury.

One of those servicemen who was suffering from post-traumatic stress disorder was Pfc. Joseph Dwyer, an Iraq war veteran from Mt. Sinai. His picture is behind me. As an Army combat medic, Pfc. Dwyer became the face of the Iraq war in 2003 when this photo of him carrying an injured Iraqi child to safety went viral worldwide.

Unfortunately, when he came back home to Long Island he returned with the mental wounds of war, and after years of struggling he lost his battle with PTSD in 2008. It is important to note that Joe did not commit suicide. He was seeking temporary relief from his pain and his last words were, I do not want to die.

Understanding that Pfc. Dwyer was just one of the many local veterans struggling, I created the Pfc. Joseph P. Dwyer Veteran Peer Support Program as a New York State Senator in 2012. The Dwyer program is modeled as a peer to peer support program for veterans suffering from post-traumatic stress disorder and trau-

matic brain injury. This model provides a safe, confidential and educational platform where all veterans are welcome to meet with other veterans in support of each other's successful transition to post-service life and seeks to build vet to vet relationships that enhance positive change.

This program also incorporates a variety of therapeutic activities, such as horse training and fishing that provide for common experiences, learning and personal growth. My home county, Suffolk County, served as one of the 4 test counties in New York. Since then with the love and hard work of so many exceptional men and women locally, the program has successfully expanded to over 20 counties across New York, saving lives and assisting tens of thousands of New Yorkers battling PTSD and TBI.

This year on top of fully funding the program, the New York state budget actually increased funding to this successful format. The way the program is organized, providing grants to localities has allowed each county to customize their individual program to their needs and the resources they have available while running an efficient and effective program.

Counties only receive 100 to \$300,000 each from New York State, and what they do with it is incredible. There are a lot of people who will come to Congress and they will propose a program and the numbers they will throw around are 7, 8, 9 figures to solve this problem. What we are finding in our home county of Suffolk and what has now been expanded all across the State of New York is that with just 100 to \$300,000 we are saving countless lives in our home county and across the state.

Its continued track record of success is why I introduced H.R. 1749, the Pfc. Joseph P. Dwyer Peer Support Program Act to authorize the Secretary of Veterans Affairs to make grants to state and local entities to carry out peer to peer mental health programs all across our Nation, and help ensure all of our Nation's veterans have access to the support they need.

I challenge and plead my colleagues on this great bipartisan Committee to accomplish what is now possible, efficiently ensuring that every veteran in America has access to a peer to peer support model that works, that saves their lives, their families, their jobs and so much more. This bill is co-sponsored by 21 of our colleagues, including Committee Members Kathleen Rice, Chris Pappas, Greg Steube and Elaine Luria.

I would encourage you to speak to Congresswoman Rice. One of the counties is her home county of Nassau County where her home county is doing a great job implementing this program.

Pfc. Dwyer is just one of the many veterans who has suffered from PTSD or TBI. More must be done when they return home. We must ensure these brave servicemembers have every resource they need to transition back into civilian life, and the Pfc. Joseph Dwyer Peer Support Program is the integral part of our veterans' success.

Again, I thank the chair and Ranking Member for giving me the opportunity to testify today, and I ask you to please consider this legislation.

I yield back.

[THE PREPARED STATEMENT OF LEE ZELDIN APPEARS IN THE APPENDIX]

Mr. SABLAN. Yeah. Thank you very much for your bill and the story behind it. Yeah. I also come from a district where a program like that, the one you recommend and you are proposing, your bill would work very handily, very effectively in getting our veterans to transition back into their lives. We will keep an eye out on it.

Mr. Dunn, Dr. Dunn, do you have—

Mr. DUNN. Thank you for your testimony.

Mr. SABLAN. Well, thank you very much, sir, for your testimony.

Mr. ZELDIN. Thank you, Mr. Chair. Thank you, Ranking Member. I appreciate it and I would be happy to answer any questions anyone on the Committee has, including the great staff on both sides of the aisle.

Mr. SABLAN. Thank you, also, for the compliment to the staff.

I am going to have to do something that is not normal. I am going to ask a question. Who came first, Dr. Ruiz or Mr. Johnson? Mr. Johnson? Okay. Yeah.

Mr. Johnson, you are recognized for 5 minutes.

STATEMENT OF BILL JOHNSON

Mr. JOHNSON. Well, thank you, Mr. Chairman.

I appreciate this opportunity to share with you my support for the House Veterans Affairs Committee examining the effectiveness of a non-invasive procedure called Transcranial Magnetic Stimulation or TMS as a treatment option for veterans suffering from PTSD and TBI.

We are all aware of the tragic increased risk for veterans suffering from PTSD and TBI of dying from accidental injury, viral Hepatitis and suicide compared to the general population. I am pleased to share with you efforts underway in Ohio to provide TMS as an additional alternative treatment for these veterans.

As you may know, TMS treatments are approved by the U.S. Food and Drug Administration to treat depression. TMS therapy is conducted by non-invasive procedures through which an electro-magnet is charged with electricity and then placed over specific points on a patient's skull, creating a powerful magnetic field that can positively affect brain cells.

It does not involve surgery or require the use of sedation or other medications. However, there is growing evidence that in addition to treating symptoms of depression, TMS can also help veterans suffering from PTSD.

You may be interested to learn that through the leadership of Ohio State Senator and retired Navy Seal Frank Hoagland, the State of Ohio has recently authorized a transcranial magnetic stimulation fund through the state treasury and a pilot program to be conducted by the directors of Veterans Services, Mental Health and Addiction Services, and Amvets.

In coordination with the veteran's medical initiative, or VMI, and industry leaders in medical technology, the three-year program will make TMS available for veterans with substance use disorders or mental illness. I am very pleased to see Ohio taking action to provide our veterans with new and innovative individualized care and treatment options.

Additionally, you may know that the VA Center for Compassionate Care Innovation, or CCI, has supported the expanded use

of TMS treatment at the Providence VA Medical Center in Rhode Island, including for PTSD. As of June 2018, it was reported that over 150 patients have received TMS therapy since 2013 at the Providence Veterans Medical facility and demand continues to increase.

I know that Ranking Member Roe, through his leadership and advocacy for veterans suffering from invisible wounds, I am greatly interested in hearing the Committee's thoughts on this TMS type of treatment.

Also, Mr. Chairman, given the potential of this type of treatment to manage symptoms of substance use disorders and mental illness, I respectfully urge the Committee to hold a hearing to examine whether TMS is a viable alternative treatment option for veterans suffering from PTSD and TMI in addition to depression.

Since some VA medical facilities have already treated veterans through TMS therapy, perhaps the VA could share with the Committee the effectiveness of this treatment in addition to whether VA plans to expand TMS treatment as an option, and what obstacles may be preventing other VA facilities from also offering TMS therapy to veterans.

I want to thank you again for the opportunity to share with you the potential of a non-invasive treatment such as TMS therapy, and efforts being made in Ohio to expand treatment options for our Nation's heroes.

I yield back the balance of my time.

[THE PREPARED STATEMENT OF BILL JOHNSON APPEARS IN THE APPENDIX]

Mr. SABLAN. Mr. Johnson, thank you very much for your testimony. Dr. Dunn will get to learn more about your program later as we go on.

We are trying to make this as, you know, we move on so Members also have other things they need to get to.

Mr. JOHNSON. Sure. All right.

Mr. SABLAN. Thank you, again, sir, for—

Mr. JOHNSON. Thank you.

Mr. SABLAN. —for joining us today.

Dr. Ruiz, sir, you have 5 minutes.

STATEMENT OF RAUL RUIZ

Mr. RUIZ. Thank you, Mr. Chairman. I am Dr. Raul Ruiz and I am honored to represent California's 36th District, and I am proud to say it includes more than 45,000 veterans. It was an honor to have served on the Veterans Affairs' Committee and it is great to be back.

I am here today to address one of the most pressing and urgent health threats facing veterans and servicemembers, exposure to burn pits. Our military uses burn pits to eliminate waste, including chemicals and plastics, creating giant plumes of black smoke containing carcinogens and particulate matter.

For years the Department of Defense used burn pits in Iraq and Afghanistan even while recognizing that exposure to burn pits may pose health risks to our troops. In 2006, Air Force Lieutenant Colonel Darren Curtis, a bio-environmental engineering flight com-

mander, conducted an environmental health assessment of the burn pit in Balad, Afghanistan, and wrote a memorandum alerting his commanding officer that the burn pit is an acute hazard for individuals. He added, "What I see is an operational health risk to those that have been, are now and will be deployed to Balad."

The then Chief of Aeromedical services, James Elliott, wrote in concurrence to Lieutenant Colonel Curtis saying, "The known carcinogens and respiratory sensitizers released into the atmosphere by the burn pit present both an acute and chronic health hazard to our troops and the local population."

These memos were ignored, and now veterans all across the country are developing rare and severe pulmonary diseases, cancers and autoimmune diseases despite living healthy lifestyles and not having any other risk factors.

In addition, the VA has also acknowledged the severe health risks of burn pits. On April 26th, 2010 the Director of Compensation and Pension Service within the Veterans Benefits Administration writes training letters on October 3rd to all VA regional offices where he described an air sampling performed at Balad which include "toxic organic halogenated dioxins and furans, or dioxin."

As we know, dioxin was present in Agent Orange. The letter describes that "the widespread existence of burn pits only exasperates the high concentration of particular matter in Iraq and Afghanistan which, "can affect the heart, lungs and cause serious health effects."

As a public expert myself, I know that when we have a high enough suspicion with a severe enough illness, we must act and act with urgency. We have independent research that raise suspicions of a causal link that veterans exposed to burn pits are developing serious illnesses and diseases.

An article published in the reputable New England Journal of Medicine, Dr. Robert Miller from Vanderbilt University performed lung biopsies on 49 soldiers exposed to burn pits in Iraq and Afghanistan who were healthy before being deployed. 38 of them were diagnosed with constrictive bronchiolitis.

In another study, Seton Hall University Law School Center for Policy and Research analyzed 500 veterans who were exposed to burn pits while serving in Iraq and Afghanistan. 74 percent reported having respiratory issues such as sleep apnea, asthma, chronic sinus infections, chronic cough, and others. 26 percent of them had more severe illnesses such as brain cancer, lung cancer, heart and bronchial tubes and acute leukemia.

We also have case studies that seem to raise extremely high suspicion. My constituent, Jennifer Kepner, a 39-year-old Air Force veteran with a healthy lifestyle and no other risk factors was stationed at Balad, was diagnosed with pancreatic cancer in 2016. Her oncologist determined that exposure to burn pits was the most probable link to her cancer.

In October of 2017, Jennifer passed away leaving behind her husband and two children. I carry this photo with me in my office. It is in my office to remind me every day of the urgency of this problem. We are seeing a pattern of suspicious health effects that are costing the lives of our young veterans and servicemembers exposed to burn pits.

This Committee cannot wait any longer. This Committee must put our veterans above bureaucracy. This Committee, and I am requesting that you take action now by starting to address this issue and my bill, H.R. 4137, the Jennifer Kepner HOPE Act, a bill to provide quality, affordable health care for all exposed veterans by making exposure to burn pits part of the priority group in Category 6, so that veterans who have been exposed can get low cost health care to get their subtle changes worked up in a timely fashion to detect severe illnesses so that they can save their lives, detect early cancers, et cetera, and save their families as well.

We can not wait 10 years for the multi-cohort longitudinal prospective studies. Actually, it is 20 years that it would take to do a good study to decide whether or not we must act now. This is the issue that if you act now with the urgency with one intervention you can save countless of lives. This is your biggest bang for your buck, per se, to make the biggest difference in the health of veterans and save their lives.

With that, I ran out of time.

[THE PREPARED STATEMENT OF RAUL RUIZ APPEARS IN THE APPENDIX]

Mr. SABLAN. No. Thank you, Dr. Ruiz. I was actually enraptured by your testimony. The thing is we promise our men and women in uniform services that they will be taken care of and yet, despite that, in addition to the violence they are faced with while abroad while on active duty, we are creating other situations where they actually get sick as well.

Thank you for your testimony. I can see the passion that you give it.

Dr. Dunn does not have any—

Mr. DUNN. Use your microphone.

Mr. SABLAN. Yeah. The microphone.

Mr. RUIZ. If I may make a correction to my remarks. Balad is in Iraq, not Afghanistan.

Mr. SABLAN. All right. It is still very good testimony, Dr. Ruiz. Thank you.

Mr. RUIZ. Thank you.

Mr. SABLAN. Yes. Thank you very much for being here.

Mr. Smucker, you have 5 minutes, sir. Thank you.

STATEMENT OF LLOYD SMUCKER

Mr. SMUCKER. Thank you, Mr. Chairman, and thanking you Ranking Member, Members of the Committee. I appreciate the opportunity to testify here today.

Also, I would just like to thank you for your hard work and dedication to improving the lives of our veterans and their families. We all know that our servicemen and women have endured tremendous hardships and made significant sacrifices in their fight to preserve the freedom that we all enjoy today. In thanks for their courageous service, our veterans certainly have earned and deserve the highest quality care that we can provide.

I also believe that if they are responsible for paying for any of that service through a deductible, that billing should be transparent and should be timely, which is why I am here today.

Earlier this year I reintroduced the VA Billing Accountability Act. This same bill passed by voice vote in the House during the 115th congress, but, unfortunately, was like many other House passed bills stalled in the Senate and was never taken up there. Today I would like to once again urge consideration by the Committee of this bipartisan legislation.

The bill is fairly straightforward. It provides certainty in the way the VA bills our veterans by requiring the VA to deliver a bill for payment no later than 180 days after a veteran receive care at a VA facility.

Non-VA facilities must also increase their coordination with the department to ensure that copayment bills are delivered no later than 18 months after a veteran receives care from an outside provider. That is 18 months.

This bipartisan legislation also increases transparency for veterans by requiring the VA to notify veterans on how they can receive a waiver or establish a payment plan before the VA can collect any delayed copayment.

Now why is this necessary you may ask. The VA Office of Inspector General reported that in the fiscal year 2015 of roughly 15.4 million bills that the Veterans Health Administration issued that year, approximately 1.7 million, 11 percent of those were improper bills for the treatment of service connected conditions.

In some cases, veterans received bills a full 5 years after they received their care. To help put this into perspective, the Veterans Health Administration collected a staggering \$13.9 million from our Nation's veterans inappropriately based on those numbers.

It is simply unacceptable and must end. We should make it easier, not harder, for our retired servicemen and women to transition to post military life by not saddling them with bills for VA services received in years past. Many veterans live on fixed incomes and do not have the resources to cover unexpected costs caused by the mistakes of VA bureaucrats.

My legislation provides needed reforms to the VA. Our veterans strongly deserve it, and I urge once again the consideration of the Committee and the passage of this bipartisan legislation.

Thank you. I yield back.

[THE PREPARED STATEMENT OF LLOYD SMUCKER APPEARS IN THE APPENDIX]

Mr. SABLAN. Thank you, Mr. Smucker. Thank you.

At this time, I recognize the Ranking Member, Dr. Dunn.

Mr. DUNN. Thank you very much, Chairman Sablan.

Lloyd, if I may be informal here, I thank you for bringing this back in front of us again. It is obviously a good bill. We do need to bring it back up and see if we can push it over to the Senate with some bells on it this time and maybe get some attention.

I appreciate you. Thank you.

Mr. SMUCKER. Thank you.

Mr. SABLAN. Yeah. Thank you very much, Mr. Smucker.

At this time, Chairman Takano, the real Chairman is going to come in and take his seat.

The CHAIRMAN. Thank you.

Mr. DUNN. You were doing so great.

Mr. SABLAN. Thank you, Dr. Dunn.

Mr. DUNN. Welcome back.

The CHAIRMAN. Okay. Mr. Castro, welcome.

STATEMENT OF JOAQUIN CASTRO

Mr. CASTRO. Thank you. Thank you, Chairman Takano, to the Ranking member, to the other Members of the Committee, thank you for holding this hearing and for inviting me and others to be here and testify.

I would like to take my time to help shed some light on the health effects that have resulted from our men and women in uniform being exposed to burn pits while deployed on our Nation's behalf.

My district, of course, includes San Antonio, Texas, a city with a significant active duty and veteran population. In fact, so much so that San Antonio is known as Military City, USA. It is from this veterans' population that I have heard firsthand the stories of those effected by burn pits. These brave servicemen and women have shared the challenges that they have endured as a result of their exposure to toxic fumes emanating from the burn pits.

I would like to highlight one of the many veterans that I have had the honor to meet whose name was William Garza. He served as a corporal in the U.S. Marine Corp. and deployed to Iraq on behalf of our Nation. After being exposed to burn pits during this service, Corporal Garza was diagnosed with cancer. I visited him at his bedside in hospice care just this past March. A few days later at the age of 38, he passed away.

William left behind a wife and two sons, and his story is a tragic one. Unfortunately, William's story is not unique. There are other veterans who are sharing a similar fate.

It is just an example of a broader population of veterans suffering the consequences of exposure from burn pits throughout Afghanistan and Iraq. These veterans and their families have sacrificed for our Nation, only to endure significant medical issues after returning home. Often emotional and financial pressures accompany those conditions. Over 200 military bases in Operations Iraqi Freedom and Enduring Freedom produced several tons to several hundred tons of solid waste per day. Open air burn pits were the primary waste disposal method during the majority of the duration of these wars. Air sampling data indicate that smoke from these burn pits contained chemicals associated with respiratory and lung conditions.

Our servicemen and women's exposure to this toxicity is undeniable, and the level of toxicity cannot be questioned. It is clear that the use of burn pits poses significant health risks to our military personnel serving in those countries for the first decade of conflict.

We cannot afford to cast a blind eye to the level of exposure and the number of servicemen and women that were impacted, and we cannot afford to do nothing here in congress.

Earlier this year I reintroduced the Family Member Access to Burn Pit Registry Act, H.R. 1001. Nearly 150,000 veterans and servicemembers have participated in the burn pit registry to document their health issues. These include lung diseases and cancers,

which they believe originate from their exposure to the noxious fumes of burn pits.

However, when an eligible veteran passes away before participating in the registry, the VA currently prohibits a family member of the deceased veteran from participating in the registry on the veteran's behalf.

This bill would allow a family member to participate in the burn pit registry on behalf of a deceased veteran or servicemember, allowing them to document the experience of a loved one and put that into the burn pit registry.

This will enhance the pool of shared experiences that our government can use to analyze the real effects of long-term exposure to burn pits.

Additionally, this change in VA policy will not incur any additional cost. It is a commonsense fix to help bolster the VA burn pit registry.

I also introduced the Burn Pit Veterans Revision Act or H.R. 1005. This bill will require the Secretary of Veterans Affairs to amend the ratings disability to add a diagnostic code and evaluation criteria for obliterative bronchiolitis. This is an illness we know was a direct result of exposure to burn pits. In fact, the U.S. Social Security Administration has added the disease after medical research causally related the disease to environmental toxins, including burn pits in Iraq and Afghanistan.

However, the Department of Veterans Affairs has not formally recognized obliterative bronchiolitis. The VA uses specific 4-digit diagnostic codes that allow for accuracy in diagnoses and rating evaluations. This is a specificity that has largely been missing, resulting in inconsistent and inaccurate ratings. Similar to my other legislation, this bill will not cost any additional money because this condition is already being rated as other similar conditions.

Consistent and accurate ratings will likely cut down on costs, lower the number of appeals, and ensure that veterans receive the care they need. These bills are each narrowly focused and effective ways to serve those who have served us.

I ask for the Committee's consideration.

[THE PREPARED STATEMENT OF JOAQUIN CASTRO APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Castro, for your testimony and for your concern and care about our veterans.

Is there anybody else here?

Judge Carter. Judge, welcome. You happened to walk in at the right time.

Mr. CARTER. Mr. Chairman, are you ready for me?

The CHAIRMAN. I am ready, sir. 5 minutes.

STATEMENT OF JOHN R. CARTER

Mr. CARTER. Chairman Takano and Ranking Member Roe, and my colleagues, I thank you for this opportunity to speak to you today.

You will have to excuse my voice. They stuck a bunch of tubes down my throat when they replaced both my knees. That kind of

gave me a scratchy voice, which I have always had a little bit of one. Anyway, I will try to make myself heard.

As I know you all are proud of the population you represent, well, I represent the largest veterans' population in the State of Texas, and I am therefore very committed to my veterans in every way. Almost every one of my neighbors that I can reach with a rock are veterans. It is really important that I be able to talk with these folks.

I have done some stuff that I am very proud of. One of the things that I want to mention to you, and you were very supportive of this, the Veterans Transplant Coverage Act.

At a point in time, we were not allowing non-veterans to donate live organs. We changed the law and I actually saved a lot of lives by allowing family members to donate organs and others that were good matches. We are all for that, we got it in the MISSION Act. All of you were very, very instrumental in helping me get this done. Once again, I hear from the veterans that bureaucracy is slowing down the process. When they find a donor, then there is somebody, some red tape somewhere slowing down the process.

I think those of us that deal with the Veterans Administration—and I know you are well aware of this—we owe a duty to build a fire under the bureaucrats sometime when we have set up a good program and then they are, for wont of whatever reason, slowing them down. Because when you slow down somebody that needs a kidney or a liver, it could be fatal. I just raise that issue, because I am hearing from people in my state that there is a little bit of a slowdown in the process. I am sure we can get that resolved.

When we meet with my veteran's population, within the new standards of the MISSION Act, that is a priority for me, and it is for you. I sent a letter, along with Roger Williams, to the VA and, as a result, we announced two new clinics, one in Killeen, which is the home of Fort Hood, the great place, and one in Copperas Cove, which is just to the north of Fort Hood, and I am really excited about those two new clinics. I want to thank all of you for being supportive of clinics.

I am sure you are well aware, I talk with a lot of veterans and we have got a big VA hospital in Temple and one in Waco, but if you ask a veteran where they are happiest, these clinics make them really happy, because they get in, they see a doc, and they get out. The red tape is over at the hospital and the clinics move a lot better.

Thank you for helping us get two new clinics. I encourage you—and I know you know this, I am not telling you anything you do not already know—these clinics really work and they really—it gives the veteran his time back, rather than sitting around all day, waiting in line at the Veterans Hospital. I encourage you and thank you for doing that.

By the way, my veterans tell me they get top quality care at the clinics, and they get to see doctors right away and they get to know their doctors at the clinics, and all that is good.

The long-overdue implementation of the VA Electronic Health Care Records is very challenging. I came into this Congress in 2002 and I went on Milcon in 2004, and at that point in time VA and DOD's medical records could not talk to each other. And we had

all the stories out at Walter Reed of people getting out there and sitting for days and days, waiting for medical records. We have put billions of dollars into this, both in the VA, and in DOD, which I served on both Committees, and it is a crime that we have not got it done yet.

VA has always led, VA has always had a better health care record than DOD, but they could not communicate. Now, we raked them over the coals in my subCommittee this year, Democrats and Republicans alike. Mrs. Lowey threatened to crucify them, I think. But the real world is, that has got to be done and we need to be on their back to get it done, because if you let up roughly 5 or \$6 billion and we had not done it, where did that money go? That is the question we have got to ask.

We need to seriously be looking at these VA records and hopefully, hopefully, from what I am hearing, we are going to make a breakthrough this year, but both the Veterans Administration and you and me and the DOD have to be pressuring these people to get this job done, because, if we do not, this could go on until a lot of us are—I am already old and gray—but until a lot of us are old and gray and wondering what in the hell happened to all that money. Let us be thinking about that.

One of the things that really concerns us, and I know it concerns you, is homelessness among our veterans, both men and women. It is a national tragedy. While the VA appropriations bill provides \$1.8 billion for VA homelessness assistance programs, the challenges of this issue are very formidable. I encourage this Committee to continue looking for innovative ways to address this issue while identifying areas where existing programs are working or falling short.

I will tell you a program we did in Georgetown, Texas, which is in the heart of my district, it is where I was Judge for 20 years, because that is the county seat of my county, they started a program where they are building small, individual housing for the individual homeless veterans with a central community center and they can literally—they have people that are financing that home, and they can buy that home and live in it, and they can—some of them can pay only for one, some of them for two, some of them for four veterans to live in there, and so far it is working beautifully.

They built—they are cookie-cutter, but they are nice. They look good. If you were shopping for a small house, you would buy that house whether you are a veteran or not a veteran, because they are very well done. They have all the amenities, all of the—they have the ramps and all the things they need, with the community center providing education programs and places where they can socialize with their other veterans, and they are all in a basically two-block area subdivision. It is a new and innovative idea. It will probably be coming across your desk in the future and you really ought to look at it, because when you ever give somebody ownership and they teach them how to take care of the property they own, they become better citizens and they have assets to pass on or to use later in their life.

When you see that program—and I am sure some of your people have—take a look at it. They are doing it at other places, but I was

very impressed, and our veteran community was very, very impressed.

Getting a handle on short-term and long-term impacts of burn pits is getting to be a priority both for the VA and the Department of Defense. As you know, Appropriations provided \$5 million for the Center of Excellence devoted to this troubling issue. I strongly encourage authorizers to continue focusing their efforts on burn pits as we work in a bipartisan manner to take care of those who sacrificed to preserve our freedom. Supposedly, these burn pits are creating an awful lot of respiratory and other serious illnesses as a result of our soldiers being around them.

I want to thank you for the opportunity to come here and visit with you. I want you to know my door is always open to any member of the veterans Committee. I am proud to work hand in hand with you on any of the needs you have. Do not hesitate to contact me on anything I can do as Ranking member of our subCommittee. I yield back. I will answer any questions you might have if you have any.

[THE PREPARED STATEMENT OF JOHN R. CARTER APPEARS IN THE APPENDIX]

The CHAIRMAN. Mr. Dunn? Dr. Dunn, do you want to go?

Mr. DUNN. Yes.

The CHAIRMAN. Go ahead.

Mr. DUNN. I just would like—thank you very much, Mr. Chairman. I wanted to say what an honor it was last session to work with you on the new transplant bill in the VA. And I think it is a huge improvement for our veterans.

I also have in one of my cities one of these tiny home village concepts that is they concentrate on veterans, but it is not solely for veterans.

Mr. CARTER. That is right.

Mr. DUNN. It is actually a very, very promising model. I thank you for underscoring that possibility as well. I thank you very much for your time.

Mr. CARTER. Well, thank you. Thanks for helping us out on that transplant. Just a good stories, I have had at least three veterans either drop me a note or call me and say, “I got my new kidney and God bless you. My brother gave it to me, or my cousin gave it to me,” and it has really been a blessing.

The CHAIRMAN. Judge, I really appreciate your compliments on the clinics. It is always good to hear when the VA is doing things right, and I am pleased to hear about that, and I am really curious to know more about your housing solutions. It sounds very interesting to me.

Mr. CARTER. You bet. We have got them, but I would be glad to entertain anybody wanting to come to visit God’s country in central Texas, I would be glad to have you, and show you around.

The CHAIRMAN. Well, thank you so much for taking the time, for giving us your testimony, and thank you very much.

Mr. CARTER. Glad to be working with you. Thank you.

The CHAIRMAN. Mr. Hill, you walked in just as I was about ready to declare a brief recess, but we do not have to recess now that you are here. As soon as you are ready, 5 minutes or so.

STATEMENT OF J. FRENCH HILL

Mr. HILL. Thank you, Mr. Chairman. It is a pleasure to be here. I always thank our authorizing Committees that do Member Days. I commend you for it. Thank you for it. It was a pleasure to hose you in Arkansas' Second Congressional District this week. I hope you learned a lot of things about Little Rock. We were proud to have you there. My constituents always appreciate you and your predecessors coming and listening to people across the country, so we are grateful for your time.

The CHAIRMAN. I was pleased to be there, and I did confirm that your airport is named after Bill and Hillary Clinton.

Mr. HILL. It is. Both of them.

The CHAIRMAN. People do not know.

Mr. HILL. I appreciate the opportunity to testify in front of you today in support of expanded resources into homeless assistance programs and suicide prevention outreach by the U.S. Department of Veterans Affairs.

It is especially fitting to discuss this critical topic here today during Suicide Prevention Month. According to the U.S. Department of Housing and Urban Development, approximately 40,000 veterans are homeless on any given night in our country.

In Arkansas, we have coordinated robust efforts across Little Rock to combat homelessness, but still over 250 veterans experience homelessness on any given day.

I have got three veterans on my constituent team and they spend their time in our shelters helping our vets finding the services they need. They deserve that extra touch, and many of them are lost in the morass of not only homelessness, but in the search of understanding of our veteran programs that might be of assistance.

My district is home to many of our brave veterans and servicemembers as a result of Little Rock Air Force Base and Camp Robinson being in the district. I have heard these concerns from our veterans about the difficulty of finding a home for themselves, as well as their families.

That is why today I want to highlight a current bill dealing with this issue, Ms. Brownley's Homeless Veterans Family Act (H.R. 95). As I am sure you know, the VA's Homeless Providers Grant and Per Diem Program funds for community housing agencies provide services to our homeless vets.

Currently, the VA does not have the authority to provide the reimbursements for the costs and services for minor children of homeless vets, limiting housing for veterans with young children.

This bill would allow the VA to reimburse providers for 50 percent of the costs of housing minor dependents of homeless vet.

Ms. Brownley's bill is an example of how we must all work together and continue to move forward addressing this issue that plagues too many of our veterans and those suffering from homelessness.

They have put their lives on the line to protect our freedoms and our safety, and in return it is our duty to do everything we can to ensure they get the proper attention and care that they deserve.

For this reason, I respectfully request that you consider H.R. 95 and other legislation that addresses this critical issue that consumes the lives of too many of our veterans and their families.

On behalf of the Second Congressional District in Arkansas, we thank you and all of the Members of this Committee for your care and attention to the needs of veterans. We congratulate you and Mr. Roe on recent legislative victories in the last few years that benefit our veterans in both the last Congress and in this Congress, and we thank you for your service. I yield back the balance of my time.

[THE PREPARED STATEMENT OF J. FRENCH HILL APPEARS IN THE APPENDIX]

The CHAIRMAN. Well, thank you for the kind words, Mr. Hill. I will reiterate that it was my pleasure to join you in Little Rock and to meet your constituents. I was particularly impressed with the staffer that does your military and veterans affairs. A quite remarkable job that your office is doing in recovering benefits—owed benefits for your constituents. I commend you on that.

As you know, recovering veteran benefits or helping constituents navigate the claims process at the VA as one of the primary activities of constituent services. Congratulations on that.

Mr. HILL. Grateful for those comments. They work hard. Having three wounded warriors on my team is a real honor for me to serve with them, the people of Arkansas, and again, thank you for your work.

The CHAIRMAN. You are welcome. You are welcome. Declare a brief recess. Maybe ten minutes or so. Ten minutes.

The CHAIRMAN. Call the Committee back out of recess. We'll resume. Mr. Baird, are you ready?

Mr. BAIRD. Yes.

The CHAIRMAN. Okay. Five minutes, sir.

STATEMENT OF JAMES R. BAIRD

Mr. BAIRD. Chairman Takano, Ranking Member Roe, Members of the Committee, I want to start by thanking you for the opportunity to come before you today. As a decorated Vietnam veteran, I care deeply about this country, and ensuring the veterans of our armed forces are taken care of and have the opportunities and benefits that they deserve. The important work that this Committee has done in the past, and that it continues to do, is essential in keeping our promise to our men and women in uniform as they transition back into civilian life.

I am here today to highlight a piece of legislation I have authored called the "VA Safe Opioid Return Act." This legislation is simple and common sense. My bill directs the Secretary of the Veterans Affairs Administration to ensure that certain Department of Veteran's Affairs medical centers have physical locations for the disposal of controlled substances medications, namely opioids. Any VA medical facility with an on-site pharmacy or a law enforcement officer present to monitor the disposal location, will be charged with having a physical location for veterans to dispose of unwanted or over-prescribed medications.

The inspiration for this bill came from the great success seen at the Roudebush VA Hospital in my home state of Indiana. Treating nearly 62,000 Hoosier veterans annually, the Roudebush VA decided to implement an opioid return receptacle in their facility after

noticing a low number of participants or participation in their opioid mail back program, and having patients bring their unused medications to the ER or to their appointments.

The Roudebush VA set out to put a DEA-compliant receptacle for just over \$1,000 and bought 12 safe and secure liners for another \$2,000. The staff from the engineering service installed the receptacle for no cost. Once in place, the receptacle was anchored to the floor, monitored under video surveillance, and placed away from the emergency department entrance, which was a DEA requirement. Emails were sent out to the staff to provide education, and descriptive data was collected from the time of its implementation.

After opening to the public in May of 2016, the Roudebush VA saw a drastic increase in the amount of unused or unwanted medication it was collecting. From May to October of that year, the facility collected 452 pounds of medication, and an additional 30 pounds of drugs were mailed back in through the mail back envelope program. In just this 6-month period, this large amount of medication was safely returned to the reverse distributor or destroyed, ensuring that this potentially addictive medication found its way off the streets and away from the general public. This is why we need this bill.

This model applied across the VA system to all VA medical facilities with pharmacies or on-site law enforcement personnel will go a long way toward getting this medication off the streets, or these medications off the street. With more than 50 percent of our veterans suffering from chronic pain, and half of those receiving at least one prescription for opioids, it is imperative that we give our veterans easy, anonymous, and continually available way to dispose of their medications once they are no longer needed. Excuse me.

This bill has yet to be introduced, but has already garnered a large support from both sides of the aisle with over 29 original cosponsors. I urge the Committee to consider this legislation for markup, and I believe that it can be passed through the House on suspension.

I want to thank you again for the opportunity to come before you and before the Committee to address this important piece of legislation, and I look forward to hearing any questions or feedback that you may have. Thank you.

[THE PREPARED STATEMENT OF JAMES R. BAIRD APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Baird. I also want to thank you for—thank you for your testimony, but I also thank you for your service to our country.

Mr. BAIRD. Thank you, sir.

The CHAIRMAN. Dr. Dunn would like to make a—

Mr. DUNN. Thank you very much, Chairman Takano. I want to say thank you also to my good friend, Mr. Baird. You shine a light on an important problem. We do have more drugs floating around in the VA system than should be. It is partly over-prescribing, but it is also partly our fault in the system. We are mailing narcotics to patients who have chronic pain syndrome, and if they die, I have their families come into my practice and say, “Here is a bag full

of hydrocodone or oxycodone,” that they are bringing into our office, because it keeps coming to them in the mail every month. How do we get this to stop?

You are shining a light on a large problem, and you are also helping fix the problem, and I thank you for that. Thank you so much.

The CHAIRMAN. Thank you, sir.

Mr. BAIRD. Thank you, sir.

The CHAIRMAN. Ms. Kuster, welcome back. You are welcome as to 5 minutes.

STATEMENT OF ANN M. KUSTER

Ms. KUSTER. Thank you, Chairman Takano. It is great to be back with you. Mr. Dunn, good to see you as well. I miss my time on the House Veterans Affairs Committee and I was honored and delighted to serve for 6 years, but I hope you are enjoying serving with my terrific new colleague, Chris Pappas, from New Hampshire.

The CHAIRMAN. He has been a great addition, and he has also been a great leader as chair of our Oversight and Investigations Committee. He will be very busy these next few weeks.

Ms. KUSTER. Absolutely. Absolutely. Well, I appreciate the opportunity to speak with you all about the important issues that are facing our servicemembers and veterans. During this August district work period, I had the opportunity to convene a moving discussion with local stakeholders and military families who have lost a loved one to suicide. Over the past years, I have held numerous roundtable events in my district to hear from veterans who have experienced Military Sexual Trauma (MST).

Today’s hearing presents an opportunity for this Committee to build off of what we have learned and address specific legislative proposals that will take care of our veterans and enhance access to quality care.

My constituents in New Hampshire are aware of these crises, and we are all too familiar that approximately 20 veterans and 1 to 2 servicemembers die by suicide every single day.

Sexual assault rates for women have been at the highest since 2006, and how the VA handles the claims of survivors needs to be approached, as we have learned recently that the VA has mismanaged claims related to survivors of MST.

In 2017 alone, the Veterans Benefits Administration rejected about 5,500 military sexual trauma claims. The IG report found that of the cases they sampled, close to 50 percent were missing follow up interviews, new medical examinations, or other significant procedural work. It is important to note the high percentage of women are at greater risk of MST, but nearly 40 percent of veterans who disclose MST to the VA are men.

As the Committee continues to advance legislation this Congress, I hope you will consider some of the following bipartisan proposals. I am very proud to co-sponsor the PAWS Act of—PAWS, P-A-W-S, Act of 2019 that allocates a grant program to private entities for service dogs that will help veterans who are struggling with the invisible wounds. The companionship of these service animals can make an enormous difference in the lives of veterans.

I also helped my good friend and colleague, Representative Jackie Walorski, introduce bipartisan legislation earlier this year to expand eligibility for MST survivors. The VA provides counseling, health care services, and other treatment to veterans who experience MST. However, many survivors must travel long distances to receive treatment, but are unable to obtain travel benefits to access the care they need.

Representative Walorski's thoughtful bill would allow veterans to be reimbursed for travel outside their Veterans Integrated Service Network when seeking treatment related to MST.

Congress has a job to ensure that veterans and servicemembers have access to comprehensive health care. We may see this as a mental health issue, but we also have to acknowledge that veterans are coming home to a different world. We must help veterans connect with their community, engage with their passion, and find a new purpose to help mitigate suicidal ideation and learn ways to cope with the trauma they have endured.

The VA has not yet released data relating to veterans dying by suicide since 2016. This data is critical to solving this epidemic, and I urge this Committee to request this data from the VA. I was so proud of the bipartisan work that we did on this Committee while I was a Member during my first 6 years in Congress. By putting politics aside and focusing on improving the lives of veterans, this is the most important bipartisan Committee on Capitol Hill, and I am so pleased to be with you again today. By working together and advancing bipartisan legislation, we can collectively fix the heartbreaking problems of veteran suicide and military sexual assault. And I thank you for your time.

[THE PREPARED STATEMENT OF ANN M. KUSTER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Kuster, for your testimony and we will move on to Mr. Spano. Mr. Spano, you have 5 minutes.

STATEMENT OF ROSS SPANO

Mr. SPANO. Thank you, Chairman Takano. I appreciate your hosting this Member Day Committee meeting or hearing. The district that I serve is Florida's Fifteenth Congressional District. It is estimated to have over 55,000 veterans that live in the district in close proximity. The reason we have so many veterans is because we live—the district is in close proximity to MacDill Air Force Base, which is in Tampa, on the western side of Florida.

The region is currently served by James A. Haley Veterans' Hospital located in Tampa. One of their biggest priorities is the opening of a Lakeland VA Outpatient Clinic, which would provide service to Central Florida residents in my district, who now have to drive quite a ways to get to Haley.

I appreciate the Committee's recognition of the importance of a Lakeland Outpatient Clinic. I do. To improve the care for my constituents. The VA Choice and Quality Employment Act of 2017 authorized nearly \$11 million for that facility, and that legislation was signed into law, Mr. Chairman, in August of 2017. Over two years ago now.

However, I am very, very discouraged. I am discouraged by the amount of time that it is taking for the project to make its way through the various agencies' approval processes. I recently received an update from the Office of Management and Budget that they anticipate completing their approval of the lease, again, we are now two years into this, in the next few weeks, at which point it will then be transmitted to the General Services Administration (GSA) for their approval.

Under this timeline, I have been advised and been told that the lease award is planned for March 2021, and that the facility will open in March of 2024. I would appreciate any help that the Committee can provide in pushing these agencies involved in approving these leases to expedite this process so that the facilities that were approved in 2017 can provide the services that they were intended to provide in a window shorter than seven years. We can build a skyscraper in seven years. It should not take us seven years to open an outpatient facility, when all we are being required to do is secure leases for that property.

There are many other priorities that I have, Mr. Chairman, but this is at the top of the list. And any support and help that you can provide me would be very, very appreciated.

[THE PREPARED STATEMENT OF ROSS SPANO APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you for your testimony, and I agree with you. It should not be taking this long to build these clinics and to staff them. And so, we have been—my staff is taking notes, and we will be looking into this.

Mr. SPANO. Thank you, Chairman.

The CHAIRMAN. Thank you. All right. I think there is—are we done? We are going to recess for—recess until the next member shows up.

The CHAIRMAN. Mr. Wittman, welcome. You have 5 minutes for your testimony.

STATEMENT OF ROBERT J. WITTMAN

Mr. WITTMAN. Well, thank you, Chairman Takano. Thank you, Acting Ranking Member Dunn. I appreciate the opportunity to be here with you today, and the other distinguished Committee Members and all the great work that you all do for our veterans.

As I said, it is an honor and a privilege to testify in support of over 18 million veterans across the United States; 750,000 of those reside in Virginia.

I represent the First District of Virginia, which includes Fort A.P. Hill, Marine Corps Base Quantico, Naval Support Facility Dahlgren, all call this their home base. Additionally, constituents in my district support the mission at several installations in the National Capital Region and throughout Virginia and Maryland.

As a member from a district so full of men and women who have made incredible sacrifices for our Nation, I have had the distinct pleasure to serve on their behalf. As such, I have been and will continue to be committed to our military and our veterans during my time in Congress.

I routinely hear from veterans communities in my district by regularly convening a Veterans Advisory Council, engaging with veterans that I meet with, and who call into my office and hosting several Veterans Forums throughout the year, one of which Ranking Member Roe was kind enough to attend last year. In short, these platforms allow me to hear directly from veteran constituents, who have firsthand knowledge of the issues that they face.

Through their feedback, I have outlined the following areas as my priorities for veterans: number one, increasing efficiencies in the Department of Veterans Affairs. Next, expanding veterans' access to medical care. Next, increasing collaboration to provide more services to veterans; and combating veterans' homelessness.

In addition, I would like to commend this Committee for the work they have done to support veterans. Over the past few years, your work has increased veterans' access to medical care, and ensured we as a Nation continue to keep our promise to take care of those who protect our freedom. While our system is far from perfect, this Committee continues to strive to seek out and eliminate the hurdles that burden our veterans.

Among this work, I would like to highlight the MISSION Act. Signed into law last year and took effect this June, this legislation expanded the VA Choice Program by increasing outside medical options, establishing a permanent community care program for veterans, and modifying how the VA utilizes private medical providers.

Additionally, this Committee helped pass the Blue Water Navy Vietnam Veterans Act of 2019. Signed into law this past June, this legislation brought to an end a six-decade long struggle to provide benefits to approximately 52,000 "Blue Water" veterans who were exposed to Agent Orange during the Vietnam War.

The work we do for our veterans, however, is never done. To this end, I would like to highlight two bills I have introduced that would further help our veterans.

H.R. 1577, the VA Procurement Efficiency and Transparency Act would require the VA to track cost savings resulting from its contracting competitions, and to use standardized contracting procedures, ensuring dollars meant to support veterans are not wasted because of bureaucratic inefficiencies.

Ultimately, this bill would improve procurement within the VA by putting in place consistent parameters for the VA to measure its cost savings from competition, while encouraging the VA to organize its templates for key procurement documents and share them across the organization. That is just making sure good practice gets replicated and inefficiencies get eliminated. The legislation will work to reform these archaic procurement rules through a commonsense procurement and transparency fix.

Next is H.R. 2886, the Veterans Affairs Transfer of Information and Sharing of Disability Examination Procedures with DOD Doctors Act. Certainly, that is a mouthful, but this bill speeds up access to care for veterans by not subjecting them to another round of medical screenings before a disability rating is issued. Additionally, this bill further requires the Department of Veterans Affairs and Defense to share medical and service record data electronically.

We know in some instances that happens, but it is not standard across the board, and some VA facilities and DOD facilities do it better than others. We just want to make sure it is standardized, and the transfer of information takes place quickly and seamlessly.

We have made great strides recently in improving the VA's level of care for our veterans, but we have more work to do. My hope is that these bills can be part of that ongoing effort.

Chairman Takano, I want to thank you for your efforts. I want to thank Ranking Member Roe for your spirit of bipartisanship in getting things done in the best interest of our Nation, especially those brave men and women that have served this Nation so bravely and nobly. It is a real honor for me to have the opportunity to testify before you today.

I have long believed that the benefits afforded our men and women in uniform have been earned through sacrifice and hardship, and that those benefits should be protected. I look forward to continuing to work with the Committee to ensure our veterans have the resources they need and the benefits that they have earned defending our freedom. We, as a Nation, owe our veterans a debt that can truly never be repaid.

Mr. Chairman, Ranking Member Dunn, thank you so much.

[THE PREPARED STATEMENT OF ROBERT J. WITTMAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Wittman, for your testimony. Mr. Dunn, anything?

Mr. DUNN. Just thank you very much.

Mr. WITTMAN. Thank you, Dr. Dunn.

The CHAIRMAN. Thank you. Mr. Costa, welcome. I recognize you for 5 minutes, if you are ready.

STATEMENT OF JIM COSTA

Mr. COSTA. Yes. Thank you very much, Mr. Chairman and the Ranking member, for allowing me to come before the Veterans Affairs Committee to advocate on behalf of constituents that I represent, but also constituents that many of us represent throughout the country that deals with the part of America's history on the Vietnam War.

During the Vietnam War, as many of you know, the CIA covertly trained men and women in Laos, and they fought with our American soldiers' shoulder to shoulder.

These indigenous forces conducted direct missions against the Communist forces and North Vietnamese supporters. Hmong soldiers saved countless American lives. Over the course of the war, more than 100,000 Hmong made the ultimate sacrifice by giving their lives, as well as injuries that they sustained with them for the rest of their lives.

At the end of the war, President Ford thought that there ought to be some address to this group of people that stood with us, and there is a lot of stories that go back with it. I will not give all the details, but our American representatives, both in the military and with our foreign service, made the case to President Ford that these Hmong families from Laos, if given an opportunity, should be

able to come to the United States and establish permanent residence for their contribution during that 15 year period.

In essence, those that could come, there was not any airplanes. There were not any tickets. But those that could figure out a way to bring themselves and their families came, and became legal, permanent residents of the United States. They, like every other immigrant, have had their challenges to assimilate, whether it is in California or Minnesota, or elsewhere around the country, but they have assimilated.

Their children, of course, have been born here. They have gone to school, and university, and now their children. Now, we are working on a second generation of Hmong families. I live in a part of California where they are a significant part of our community.

Whether it be North Carolina, Minnesota, Rhode Island, anywhere where these communities have gathered and succeeded, they have become stronger and more prosperous. Of the—Amongst who became U.S. citizens, it is estimated that there are about 5,000 still alive today that were part of the Secret Guerrilla Units, the SGU, that are very proud of their service. They are in their 70s, 80s.

They brought this to my attention 10 years ago when General Vang Pao was still alive, their leader, who has since passed away that was not there something that we could do to fittingly honor them for their service to our country. We thought we would take the model that came from the Filipino soldiers, who fought with the U.S. soldiers during the World War II, and those Filipino soldiers who helped liberate the Philippines later on were given the opportunity to be buried in an American cemetery with full honors. We thought that precedent would be appropriate for these Lao Hmong soldiers, who were part of this special guerrilla unit.

Now, legislation would authorize before you, that is going to be before your Committee, that internment in national cemeteries for all Hmong and Lao veterans who served in support of U.S. forces in Vietnam. Given their dedicated service to our Nation and to those U.S. citizens, we think it is an appropriate honor.

We think they deserve it and they have earned it. Senator Murkowski, and Congressman Paul Cook, and our colleague from Rhode Island, Sheldon Whitehouse, have together worked on this legislation. We actually passed it in an omnibus package last year that was signed into law. What we discovered was that the definition under who became a citizen before the year 2000 and after created a glitch in terms of all those soldiers, we estimate 5,000 who are still alive today, that could qualify if they so choose, would be able to have this benefit and this honor.

This legislation corrects that glitch and I think it could be a part of a larger package that the Committee might work on. For that, I have exceeded my 5 minutes, but I think it has a lot of merit. I think many on a bipartisan basis have supported this legislation, and we stand before you this afternoon to move it forward in any way that the Committee thinks is fitting and appropriate. I thank you.

[THE PREPARED STATEMENT OF JIM COSTA APPEARS IN THE APPENDIX]

The CHAIRMAN. Dr. Dunn, go ahead.

Mr. DUNN. Thank you, Chairman Takano. And thank you very much, Representative Costa, for the comments. I am familiar with the Hmong people and the situation you described. I do not understand the glitch. I look forward to understanding what the glitch is we are fixing, but I applaud your efforts and the motivation behind them. Thank you.

Mr. COSTA. Thank you.

The CHAIRMAN. Thank you, Mr. Costa, for advocating on behalf of a group of people who served our country, and who were allies of our country, and who became a part of our country. It is a justice long overdue, and I agree with you, I do believe they have earned the recognition that you are seeking for them. And with Dr. Dunn, we will treat it—we will look through the conforming changes you are trying to make in your bill, and we will get through this together. Thank you.

Mr. COSTA. Thank you very much. Obviously, we will work with the Committee and any insight that your Committee and staff have as to how we can make this work in a way that the Veterans Administration can implement it so that those Hmong Lao veterans who so choose to be honored will be able to have that appropriate recognition for their service to our country.

The CHAIRMAN. Thank you very much. Thank you for your testimony.

Mr. COSTA. Thank you.

The CHAIRMAN. Are we expecting more? All right. We are going to wait another 10 minutes and just—

The CHAIRMAN. Today's hearing has been very informative. I would like to thank my colleagues for appearing in front of the Veterans Affairs Committee. We certainly learned some things we did not anticipate learning, and along with the testimony we heard about individual member's bills, we learned about individual member's difficulties with the VA. This has been a really great forum for us to take the pulse of the entire House of Representatives, and to get a sense of what we need to address with the VA Administration.

With that, I now recognize my acting Ranking Member Dr. Dunn, for any closing remarks that he may have.

Mr. DUNN. Thank you, Chairman Takano. This has been my first ever Members Hearing like this. It is a—I know it is not a common forum, but it is a great forum for us to actually hear from our Members. I am taking back a lot of notes, and we will be looking into a lot of these things. There are some good bills there. I appreciate the chance to work with you.

The CHAIRMAN. Yes. I know our staff has been taking notes as well, and there is certainly plenty of oversight for us to do in a bipartisan manner.

All Members will have 5 legislative days to revise and extend their remarks and include extraneous material. Again, I thank all the Members for their presentations. This hearing is now adjourned.

[Whereupon, at 2:01 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF WITNESSES

Prepared Statement of Congressman Steve Womack

Chairman Takano, Ranking Member Roe, distinguished members of the Committee, thank you for the opportunity to speak before your Committee on a matter of great importance to the people of Arkansas.

On August 16th, former VA pathologist Robert Levy was indicted on three counts of involuntary manslaughter and 28 counts of mail fraud, wire fraud, and making false statements to law enforcement.

These charges stem from Mr. Levy's conduct while serving as Chief of Pathology and Laboratory Medical Services for the Veterans Health System of the Ozarks located in Fayetteville, Arkansas, which is in my district.

While he was serving as Chief of Pathology, Mr. Levy was responsible for diagnosing veterans after examining their fluid and tissue samples. Unfortunately, he repeatedly showed up to work intoxicated, first from alcohol and then, in order to pass mandated alcohol tests, from a substance called 2M-2B. This substance produces a sensation like alcohol but cannot be detected on normal alcohol screenings. Mr. Levy was finally fired from the VA in April 2018 following 2M-2B being detected in a fluid sample.

This was not Mr. Levy's first time failing an alcohol test. He was required to pass mandatory alcohol screenings because in 2016 he was found to be intoxicated on duty. His blood alcohol content was 0.396 -almost 5 times the legal limit-during the time he was scheduled to consult on a biopsy for a patient.

Following this incident Mr. Levy had his medical license suspended and was sent to a VA-approved in-patient alcohol treatment program. He completed the program and was returned to duty with the stipulation that he submit to random alcohol and drug tests.

Let me reiterate, he was returned to duty. A doctor who had showed up to work while intoxicated was returned to duty to care for our veterans. This is unacceptable.

Mr. Levy was not just reinstated, he was allowed to return to his position as the Chief of Pathology - with no direct oversight of his diagnoses.

His egregious misconduct continued. He not only continued to show up to work while intoxicated, but also falsified the reviews his subordinates conducted of his work. This was only possible because he had been returned to duty as the Chief of Pathology.

I will never understand why the VA returned Mr. Levy to duty as a supervisor without putting necessary safeguards in place to ensure that his work was properly reviewed. At the very least, an independent review process should have been set up to allow his subordinates to submit their reviews outside of the usual chain of command.

This situation jeopardized the health and well-being of our veterans. So much so, that Mr. Levy's alleged actions have led to his arrest and a Federal indictment.

I know every person here believes that those who risk their lives for country deserve the highest caliber of care possible. I know we also agree that no medical professional, especially doctors charged with diagnosing our veterans, should ever be intoxicated while working. We, as Members of Congress, must conduct vigorous oversight to determine how this could happen.

We have worked with your Committee to ensure the VA was taking the proper steps to support our veterans who were impacted by Mr. Levy's unacceptable conduct. I want to thank you for your help and assistance.

That being said, we have a duty to further support our veterans who were affected by these callous actions. I respectfully request your Committee investigate the actions and decisions made by the VA throughout the entirety of this episode. For the sake of the integrity of the VA medical system and the quality of care of our heroes, we must make sure they are never repeated.

Specifically, I find it appalling that a doctor who was caught intoxicated on duty was allowed to resume caring for our veterans and returned to his supervisory position.

Furthermore, the way the VA engaged with my office, other Arkansas delegation offices, and this Committee was concerning. The VA is a department of the Federal government and it is subject to the oversight of Congress, but throughout the entire episode the VA was slow to provide certain important information to the relevant people.

I believe in second chances-but not in life or death situations. Without the proper safeguards in place, there was no accountability, and we have seen the result.

The actions of this desperate individual hit home for me. Almost all of us have either served or have family members who have served. Our veterans stepped forward and swore to defend our country and our values against all enemies. We need to treat them like family - that means guaranteeing something like this never happens again at a VA facility.

Thank you for your time today. I am happy to answer any questions you have.

Prepared Statement of Representative Steve Stivers

Thank you Chairman Takano and Ranking Member Roe for holding this Member Day today, and for giving me the opportunity to testify on behalf of veterans' issues in Ohio's 15th district.

We all know that returning servicemembers suffer from invisible wounds. It must be Congress's top priority to pursue every avenue to disrupt the tragic links between separation from service and mental illness, such as PTS and TBI, and, worst of all, suicide.

Currently, Congress has authorized the Secretary to provide service dogs for veterans with hearing, vision, mobility, and mental health needs. However, VA regulations provide this benefit only if the veteran is diagnosed with a vision, hearing, or mobility impairment-specifically excluding veterans with mental health needs.

For this reason, I have introduced H.R. 3147 to clarify congressional intent by stating the Secretary may provide a service dog to a veteran, regardless of whether the veteran has a mobility impairment. This zero-cost legislation would close the loophole to allow veterans access to animal therapies as Congress originally intended.

To take these efforts further, I am introducing the PAWS for Veterans Therapy Act joined by Reps. Rutherford, Waltz, Cisneros, Sherrill, and Slotkin. This legislation combines two of the most popular and previously endorsed veteran dog therapy bills from last Congress: the Veteran Dog Training Therapy Act, which has passed the House in previous years, and the PAWS Act.

The new PAWS for Veterans Therapy Act would establish a pilot program at the Department of Veterans Affairs (VA) in which the Secretary will contract with local therapeutic dog training organizations, and help veterans suffering with PTS to learn the art and science of dog training. This type of work-therapy training is widely recognized as beneficial therapy for our veterans suffering with this invisible disability.

Under this bill, the dog would be adopted by the veteran and provide continuing therapy beyond the training program, unless the veteran and his or her VA health care provider opt out of the program.

VA, and policymakers on this very Committee, have insisted on waiting for the VA to complete their study to evaluate the efficacy of these programs. At last update, I understand this VA-led study is expected to be complete by the end of next year.

However, this does not appear to be a sufficient reason to wait and deny this therapy to veterans who need it. There is research that has already been conducted by Kaiser Permanente and Purdue University that showed significant statistical benefits from this therapy in reducing substance abuse, enhancing and encouraging interpersonal relationships, and reducing depression-related metrics for veterans with service dogs. What's more, the Palo Alto VA already offers dog training through the Paws for Purple Hearts Program.

In 2017, VA Secretary David Shulkin stated that he "would not wait" for more studies to be completed before moving forward with dog therapies for veterans. Why, then, are we still waiting? Why are we putting veterans in need, in a holding pattern, while we sit to check an administrative box?

If there is such concern over the certainty of this pending VA study, I would point out that this legislation provides a pilot program only - leaving the opportunity for Congress, and the VA to revisit any program following whatever conclusion the VA may or may not make from the study. Our veterans deserve our best efforts to deliver any relief from the symptoms and effects their service may continue to have on them.

This Committee is aware and understands the mental health needs of our veterans will not be addressed with a single solution; rather, we must approach this problem thoughtfully and comprehensively, and no possible solution should be out of reach or placed in a holding pattern. Care that is delayed is care that is denied. This is one alternative therapy with incredible potential to make a difference in the lives of veterans now. I ask this Committee to seriously consider if the wait is worth that risk.

I would like to thank the Chairman, Ranking Member, and Members of the Committee again for inviting me to testify today.

Prepared Statement of Representative Salud O. Carbajal

Chairman Takano and Ranking Member Roe, thank you for having me here this morning.

I believe these Member Days are prime opportunities for Members to not only share challenges veterans are facing in their district, but also help the Committee identify issues that may be consistent across a number of districts, or even issues the Committee may not be aware of.

I have the pleasure of representing the 24th district of California - the beautiful Central Coast - where approximately 40,000 veterans reside.

I represent a number of military installations including: Vandenberg Air Force Base, Camp Roberts, and Camp San Luis Obispo. I believe I represent one of the most beautiful districts in the country.

However, as you all know, the cost of living in California is very high and finding affordable housing is extremely challenging, especially for the veterans who are trying to make ends meet.

On any given night, over 39,000 veterans are homeless across America, and 25% of our nation's homeless veterans reside in California.

This is why Congress, along with the Department of Veterans Affairs and the Department of Housing and Urban Development, came together to create the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program.

The purpose of this program is to provide rental assistance for homeless veterans along with case management and clinical services.

The HUD-VASH program has provided housing assistance to veterans nationwide including veterans in my district.

However, I have learned that veterans, along with the local Housing Authority, currently cannot take full advantage of this program due to the delays in getting referrals from the VA for VASH vouchers.

I learned that the County of Santa Barbara has a total of 261 VASH vouchers allocated to them. From those 261 vouchers:

- 154 VASH vouchers are currently under contract where veterans have been housed and are receiving services.
- 10 veterans had been approved for VASH vouchers and are searching for housing.
- Unfortunately, 97 of these allocated VASH vouchers are awaiting referrals from the VA.

This issue was brought to my attention in May, and in August, 97 vouchers were still awaiting referrals from the VA in order to be used.

What this means is that the local housing authority could have been housing 97 more veterans, just in my district alone, if referrals from the VA had arrived in a timely manner.

It is my understanding that this delay is a result of the VA being understaffed and the Department's inability to attract and retain staff case workers for VASH.

We are all aware of the challenges that the VA faces when it comes to staffing, but I believe this is an area we must prioritize.

The vouchers are available but not being used to house veterans who desperately need a home.

This is unacceptable.

The reason I am here today is to ask the Committee to work with me to address this issue.

I have brought this issue up with the local, state, and Federal VA leadership, and I plan on continuing the discussion until a plan of action is presented, as we must do our best to provide homes to those who served this country. I hope, with the help of this Committee, we can provide the veterans in my district, and veterans nationwide, with a home to feel safe in, as they have the done the same for us through their service.

Thank you for the opportunity to raise this important issue.

Prepared Statement of Representative Scott Peters

Chairman Takano and Ranking Member Roe:

Thank you for hosting "Member Day" for your colleagues like me who have important legislation and priorities pending in your esteemed Committee.

I miss serving on the Committee with you all - I continue to work on solutions for our nation's veterans and thank you all as partners in our joint effort to do so. I'm pleased my friend, Mr. Levin, has represented San Diego's hundreds of thousands of veterans very well on the panel.

I'm here to thank you for passing two of my bills to help end veteran homelessness, and to urge you to provide oversight of the Office of Medical Inspector.

First, thank you for marking up and passing a very important bill that would help more chronically homeless veterans secure housing and get crucial supportive services.

H.R.2398, the Veteran HOUSE Act expands eligibility for HUD-VASH vouchers to veterans with other-than-honorable discharges.

Congress has acknowledged that other-than-honorable veterans deserve access to some VA homelessness services, such as programs like Grant and Per Diem and Supportive Services for Veteran Families.

Sadly, around the country, there are chronically homeless veterans who are falling through the bureaucratic cracks due to their discharge status. They can't receive housing vouchers because they are ineligible for VA health care, and therefore can't receive the invaluable supportive services provided by the VA.

Since this Committee took action on the bill, Senators Jon Tester, Todd Young, and Chris Murphy introduced its companion bill.

My other bill seeks to find solutions for veterans experiencing homelessness in high-cost areas, like San Diego. For veterans living in these areas, even if they have rental assistance, they may struggle to find an affordable place to live.

Now I'd like to turn my attention to a troubling story from the San Diego VA. In November 2018, our office learned of an investigation detailing alleged unapproved human research.

The San Diego VA participated in a study examining alcoholic liver disease, which was one site, among other research institutions, of a larger, NIH-funded study led by the Pittsburgh Liver Research Center and UNC Chapel Hill.

Nine patients diagnosed with alcoholic hepatitis received transjugular biopsies. According to whistleblowers' disclosures, this was not the standard of care, and reported this to the VA's Office of Medical Inspector.

Due to follow up from whistleblowers, the Office of the Special Counsel conducted an independent investigation and found VA's internal report unsatisfactory.

The OSC report alleges that these samples were collected improperly, sometimes without patient consent, and could have put patients in harm's way. The Special Counsel urged the VA to "revisit its findings in this matter and take a truly critical look at the research being conducted" at the San Diego VA.

At the end of last Congress, I wrote to this Committee requesting a hearing to investigate what happened at the San Diego VA, and more broadly to look at the Office of Medical Inspector to ensure it is doing its job to ensure patient safety at every medical center across the country.

My staff and I have worked with the Committee to receive additional documents, and we all agree that it's our job to ensure the Office of Medical Inspector has enough resources to handle whistleblower disclosures.

We need to strengthen investigatory bodies to ensure improper allegations such as these are thoroughly vetted.

I ask you to work with me to get answers regarding this instance at the San Diego VA, and that as a Committee, as examine the Office of Medical Inspector. Veterans have served our nation, and deserve the best care, opportunities, and

support. I am proud to advocate for San Diego's veterans, and I look forward to our ongoing work to deliver for them.

Thank you very much for your time today, I yield back.

Prepared Statement of Congresswoman Vicky Hartzler

Chairman Takano, Ranking Member Roe, and distinguished members of the Committee, I want to applaud you for once again opening your doors and allowing me the opportunity to address you on Member Day. I also want to commend you for your continued commitment and dedication to improving outcomes for our veterans. I think as a Committee and as a Congress great strides have been made to ensure our veterans have the resources, care, and support they have earned. However, as I examine what more can be done for our veterans, I am convinced that many of the healthcare challenges our veterans face is a result of the persistent understaffing at the VA.

I believe that a bipartisan bill I introduced along with Representatives Correa, Wilson, Mooney, Rouzer, Lesko, and Bost, The VA Hiring Enhancement Act, will help the VA to fill some of the 40,000 VA vacancies. Our bill has three main provisions. First, it would allow physicians to be released from non-compete agreements for the purpose of serving in the VA for at least one year. These agreements may serve a purpose in the proper context but should never serve as a roadblock to caring for veterans within the VA system.

Second, our bill updates the minimum training requirements for VA physicians. Completion of a medical residency is widely accepted as standard comprehensive training for clinical physicians in the United States. However, current law only requires that a physician be licensed in order to treat veterans. While in practice, the VA currently hires almost exclusively those physicians which have completed a residency, this provision will update those minimum requirements already established in law and ensure that they are the appropriate ones.

Finally, our bill would place veterans' hospitals on a level playing field with the private sector when it comes to recruiting timelines. Often, private sector health care providers begin recruiting medical residents as they begin their final year of residency, sometimes even earlier. These residents often end up with a solid job offer from the private sector before VA recruiters are even able to get their recruiting process started.

Our bill authorizes VA recruiters to make job offers to physicians up to 2 years prior to fulfilling the VA's requirements, contingent on meeting all requirements before they begin practicing at the VA. It offers job security to medical residents who want to work at the VA when they complete their training and allows VA facilities and recruiters to shore up appointments further in advance, helping them to plan and forecast medical workforce needs.

We've worked closely with this Committee's staff, VA recruiters, and VSOs on this bill, and I'm pleased to report that it has garnered wide support and formal endorsement from 10 veterans' service organizations including the American Legion, Blinded Veterans Association, AMVETS, Disabled American Veterans, and Paralyzed Veterans of America. This measure is currently slated to be discussed at an upcoming Health Subcommittee hearing and it's my hope we can work together to move this bill to the House floor soon.

In addition to VA staffing shortages, our veterans are facing another healthcare issue when experiencing a medical emergency. Current law provides for the reimbursement of ambulance transportation and emergency treatment at non-VA hospitals for certain veterans until they are medically stable. However, once stabilized, veterans must be transferred to a VA facility for any continued care they require or pay out-of-pocket for further treatment at the non-VA hospital.

The problem is that Federal law does not currently allow for the reimbursement of the transfer for continued care, which often must be accomplished via ambulance that can be too expensive for patients to pay. The average cost for this necessary medical transfer is \$500 but it can be far more expensive if the veteran lives in a rural area.

To address this issue, I partnered with Congressman Joe Cunningham to introduce bipartisan legislation that would fix the shortfall in the VA's statutory authority to reimburse certain veterans for emergency transportation. H.R. 3350, the VA Emergency Transportation Act corrects this disparity by clarifying that these medical transfers are reimbursable. This change fixes a large, costly hole in the safety net the original law was intended to provide.

Congressman Cunningham and I are joined by over 40 Members in supporting this critical measure. Additionally, 13 veterans' service organizations, including all of the "Big Six" have voiced strong support for this necessary reform. Far too many of our veterans continue to face this unnecessary burden at their most vulnerable time, creating financial hardships and jeopardizing their health. We must act now to move this bill forward and protect our veterans.

Finally, I would like to highlight one additional measure, H.R. 2433, the Veterans' Preference Parity Act. Outdated Federal hiring rules prevent too many patriots from being recognized when competing for Federal positions. The Veterans' Preference Parity Act rights this wrong by modernizing the archaic Federal hiring process and recognizing those who have served our nation.

Up to 44% of the Army National Guard and 70% of the Air National Guard serve honorably without qualifying for Federal hiring preference. Additionally, over 130,000 working age retired veterans do not qualify under the current system. The Veterans' Preference Parity Act reforms outdated Federal hiring rules to allow all retired servicemembers and a greater number of National Guard and Reservists to qualify for veterans' preference.

We are forever indebted to the brave men and women who serve in uniform and we owe them our continued support as veterans. The current Federal hiring preference statutes must be updated to reflect the way we utilize our reserve component forces and need to reward those who retire upon completion of their military career - not punish them. Please join me in reforming these outdated Federal hiring rules and support the Veterans' Preference Parity Act today.

Thank you, again, for your time and consideration.

Prepared Statement of Congresswoman Stacey E. Plaskett

I would like to thank Chairman Takano, Ranking Member Roe, and the Members of this Committee for the opportunity to speak on the issues affecting approximately 8,800 veterans in my district, the U.S. Virgin Islands.

I appreciate the continued support with the intention to host a Congressional Delegation to the U.S. Virgin Islands. Although members were unable to attend, Democratic Staff Director, Megan Bland visited the territory to assess the Veterans Affairs Administrations (VA) efforts in emergency preparedness, outreach strategies, the implementation of the Community Care Network and connecting civilians to much needed VA resources. As a result of this visit, staff was left with the impression that veterans of USVI have little to no access to VA healthcare. They identified the lack of access to immediate assistance following a disaster, understaffing and mismanagement of the local VA clinics, and the treatment of veterans under a contract that is now nullified.

The Virgin Islands currently houses two VA clinics, one on St. Thomas and one on St. Croix, with no VA hospital. Although the CHOICE program is available in the Virgin Islands, some doctors are hesitant to participate due to delayed payments and being in a small market. This further exacerbates the issue of having only a small number of medical specialists capable of providing necessary service. In one case, a veteran required a heart specialist, but because only one was working in the territory, the veteran had to wait two months for an appointment. This is unacceptable.

Community providers that treat veterans in the Virgin Islands are still operating under Choice contracts and were subject to funding that expired June 6, 2019. As of July 21, 2019, the VA had performed no outreach to community providers within the US Virgin Islands regarding Community Care Networks under the MISSION Act. This means that providers are treating veterans under contracts that were nullified on June 6, 2019. It is unclear how VHA is both authorizing and reimbursing for this care as the funds used to pay for care under the now void Choice Program are no longer available. While Congress is willing to support these providers as they seek reimbursement in the future, it is discouraging that the Caribbean Healthcare System and the VA Central Office failed to inform, educate, and enroll these providers in the new Community Care Network created by the MISSION Act.

As a result of these limited resources, many veterans must communicate with and travel to the VA hospital in Puerto Rico, which leads to several major issues.

First, veterans in some cases must pay up front for airfare and a hotel stay in Puerto Rico due to appointment times and limited airline schedules. There is a hardship when they must bring a companion.

Second, communication barriers often emerge because of significantly differing dialects and language barriers.

Third, numerous veterans have mentioned that they feel disadvantaged and prejudiced when interacting with the VA hospital in Puerto Rico due to race and residency. Many Virgin Islands veterans have stories of abuse and mistreatment that are, in most cases, hard to prove and thus seldom recorded.

Virgin Islands veterans also complain that they must exert unnecessary effort to prove that their disabilities are service-related in order to receive the benefits they deserve. Vietnam-era veterans have expressed concerns about their burden of proof that post-traumatic stress disorder and exposure to Agent Orange are results of their military service. Despite the VA's recent efforts to revisit this issue, many veterans and their families believe that too little has changed and that these new efforts are inadequate for a population that placed their lives on the line for their country.

All American veterans deserve a commitment from their country and government that proper healthcare will be provided, regardless of geographic location. As the hospitals in the Virgin Islands are reconstructed following the destruction of Hurricanes Irma and Maria, I request that the Department of Veterans Affairs and the House and Senate Veterans Affairs Committees consider funding a new component of the hospital system dedicated to veterans and capable of accommodating more severe healthcare needs than the clinics alone can provide, with an actual contingency plan, unlike the one planned for Hurricane Dorian. The Virgin Islands Office of Veterans Affairs estimates that there are approximately 4,000 on St. Croix, 4,000 on St. Thomas and 800 on St. John. Because the US Department of Veterans Affairs reports enrolled veterans of the US Virgin Islands as part of the Caribbean Healthcare System which also includes Puerto Rico, it is difficult to easily attain the population of veterans enrolled in VHA that reside in the US Virgin Islands.

Because of the funding structure of VHA facilities, it is critical that enrollment into the VA reflect the overall population of veterans within the community. The lack of VHA care options on the various islands negates the incentive that stateside veterans may have to enroll in free or cost-reduced health care. As a result, VA and local leaders should better promote enrollment within the VHA for veterans in the USVI. There are a myriad of VSO posts, clinics, and outreach opportunities that the VA should better capitalize on as well.

I thank you for your consideration and encourage you to increase the Federal commitment to the embattled veterans of the U.S. Virgin Islands.

Prepared Statement of Dean Phillips

Thank you, Chairman Takano, Ranking Member Roe, and Members of the Committee for the opportunity to share a few of concerns that have been raised to me by veterans and their families in Minnesota's Third Congressional District - the western suburbs of the Twin Cities.

As a Gold Star Son, my gratitude for the men and women in uniform, and the sacrifices they have made is immeasurable. My birth father, Artie Pfefer, went to the University of Minnesota on an ROTC scholarship, and later became a Captain in the U.S. Army. He was killed in a helicopter crash in Vietnam when I was just six months old. I never met Artie, but I carry his memory with me every day.

During my time in Congress, I have made it a priority to meet with and learn from veterans across Minnesota. In order to do this, my team created the Veterans Advisory Council, which is made up of individuals who serve veterans for a living. They represent many service organizations, and their input has been invaluable. Last May, the Council and I hosted a Veterans and Military servicemembers Community Conversation to invite the public in on the discussion. The Council advised me on legislation that came to our attention from conversations I had with constituents that night, and we continue to meet to discuss ways we can serve the veterans community in Minnesota. It is my hope the Council will continue to be a beacon for community outreach and engagement.

One of the issues we are working on is veteran homelessness. This is a national problem that demands action - and Minnesota is leading the way in this effort. Thanks to our outstanding Governor, Tim Walz - who is a veteran himself and former Ranking Member of this Committee - Minnesota has made it an official goal to be the fourth state to end veteran homelessness by getting to functional zero.

A key part of this effort has been the Minnesota Homeless Veteran Registry, which was created in 2014 to identify all known homeless veterans and to ensure they have access to appropriate housing and social services. The Registry recognizes the underlying factors contributing to veteran homelessness, including mental health issues, substance abuse, and economic hardship. Housing and social service

professionals use the Registry to identify homeless vets, reach out, and offer assistance. It has helped nearly 2,000 veterans find a home. But our work is not done. Congress can support this mission by incentivizing landlords to open up their spaces to veterans who need a more permanent housing solution.

But the issues our veterans face go beyond housing. They need better health care that is convenient, accessible, and local. From the conversations I have had with veterans, local elected leaders, and County Veterans Service Officers, it has been made clear that there is a significant need for a Community Based Outpatient Clinic (CBOC) in the Southwestern part of our district.

Right now, the closest CBOC to the south of our district is not adequate for our local veterans. The clinic is run down, has a confusing building layout, and is not accessible from the highway. I urge the VA to find CBOC sites that would serve as many veterans as possible and be accessible for the ones that depend on it for their healthcare needs.

In addition to healthcare services, veterans must have access to quality mental health programs. The Clay Hunt Suicide Prevention for American Veterans Act, which became law in 2015, directs the VA to work with local nonprofit mental health organizations in order to reach out into the community to serve veterans where they are. Minnesota has one of the most active National Guard's in the country, and with more and more Guardsmen being put on active duty, more veterans are at risk for suicide. Congress, and this Committee, must use its oversight authority to ensure that our veterans have access to mental health care and suicide prevention programs and that the Clay Hunt Act is being thoroughly and effectively implemented.

This Committee has been effective in passing monumental and long-awaited legislation this Congress, including the Blue Water Navy Act which I was proud to co-sponsor. While this bill will bring justice to so many vets who deserve benefits for their sacrifices, I am concerned with its implementation. The VA must be prepared to process these claims in a timely and thorough manner. Congress, and this Committee, must also use its oversight authority to ensure that our veterans have the benefits and care they deserve, which includes not being subjected to extreme delays in processing.

I stand ready to do whatever I can to address the concerns that have been raised by veterans and their advocates in our district. I look forward to working with all Members on the House Veterans Affairs Committee to support the men and women and their families who have served this country with honor and distinction.

Thank you

Prepared Statement of Brian Mast

Chairman Takano and Ranking Member Roe, I appreciate the opportunity to testify before the House Veterans' Affairs Committee on bipartisan legislation I introduced with 20 cosponsors, H.R. 2846, the Improving Veterans Access to Congressional Services Act. This important legislation, which this Committee held a hearing on in the previous Congress and which was scheduled to be marked up, will ensure that our veterans receive the high level of constituent service they deserve by improving access to their congressional representatives.

Like all members serving on this Committee, I take great pride in serving the veterans in my community and want them to know that their service and sacrifice is truly appreciated. That means being readily available to deal with, and quickly dispose of, any delay in the care or benefits they've earned. It also means being present in VA facilities to see first-hand the issues that exist, so that I can truly understand the challenges our veterans face. That's why I still do, and always will, get my healthcare from the Department of Veterans Affairs. Not only will I experience the issues and problems first hand, but I will also get the opportunity to see what is working well.

That's also why I, along with a bipartisan congressional delegation from my area, fought so hard—overcoming more than a year of red tape and Federal bureaucracy—to open the first-ever congressional office inside a VA facility last year. Doing so allowed me to expedite the assistance I provide our veterans and improve the overall quality of service my office delivers. We get to interact with our vets on a regular basis and receive both positive and negative feedback on the operations of the facility. When common threads or issues surface, I can take them to the administration, and we can work collaboratively to resolve them.

Additionally, when veterans have a negative personal experience at our VA facility, they know they can air their concerns or grievances at the highest possible level,

without having to go out of the way to another office. It's another level of customer service that wouldn't otherwise exist without the presence of our congressional office.

My staff and I have held more than 500 meetings with veterans in this office since it opened, and that doesn't include the many meetings taken by Representatives Deutch, Hastings and Frankel.

Since I opened our office in the VA, I've been approached by several other members looking to replicate our efforts. In each instance, the feedback they received was pushback and hesitancy at their local VA. That's why I introduced the Improving Veterans Access to Congressional Services Act, which requires the Secretary of Veterans Affairs to permit the use of VA facilities by Members of Congress for the purposes of meeting with constituents. Additionally, this bill requires the Secretary to establish standard operating procedures to help facilitate and expedite requests for space within a VA facility by Members of Congress. By building on the lessons learned establishing the first VA Congressional office and removing the road-blocks I experienced, Members of Congress will be able to provide the high level of constituent services our veterans deserve.

I truly believe that every Member of Congress should have this opportunity to open an office at their local VA, and Members of Congress should not have to face the bureaucracy and delays I experienced in opening my office in the West Palm Beach VA Medical Center.

The more present Members of Congress are, the better quality of service our veterans receive. Not only will it help veterans in their communities, but it will afford those members an opportunity to be present for the successes and failures and to see first-hand how Congress can reform the VA. By building off the process established by the Veterans Administration when I opened my office, we can improve our vets' access to Congressional services as well as their overall care.

Chairman Takano, Ranking Member Roe and members of the Committee, I appreciate the opportunity to testify on my legislation and I look forward to your questions.

Prepared Statement of Earl L. "Buddy" Carter

Memo To: Earl L. "Buddy" Carter

To: Mr Buddy. Carter

From: Hart

Date: 9.5.19

Re: House Veterans Affairs Committee Member Day Testimony - Talking Points

Talking Points:

- Thank you Chairman Takano and Ranking Member Roe for having us all here to testify on behalf of our constituents.
- In the First Congressional District of Georgia, I have the honor and privilege of representing nearly 60,000 veterans.
- Unfortunately, although we have a large number of veterans in Coastal Georgia, our nearest VA Hospitals are 2 hours away - in Charleston, South Carolina and Dublin, Georgia.
- Creating better access to health care for veterans has been one of my highest priorities while serving in Congress.
- This is why, I supported the VA Mission Act during the 115th Congress, specifically with its provisions that authorized VA hospitals to use telemedicine across state lines.
- I applaud the President signing the VA Mission Act into law.
- However, after meeting with VA officials, they brought to my attention that trainees were not authorized in the law to use the telemedicine system.
- Although likely a simple mistake in the legislation, this creates major problems in VA hospitals for a number of reasons.
- Most notably, it puts VA providers in legally precarious positions because the VA uses trainees in all aspects of care - just like in non-VA hospitals.
- Additionally, it puts trainees behind the 8 ball, missing a critical piece of accumulated experience - the telemedicine system - when working to eventually become a doctor.
- Earlier this Congress, I introduced H.R. 3228, the VA Mission Telehealth Clarification Act, to remedy this issue.
- The bill now has bipartisan support among Committee Members and I hope you all will consider the legislation in front of the Committee as soon as possible.

- Next, I hope the Committee will continue to make strides in improving the veterans appeals process.
- I am proud that Congress passed and the President signed into law the Veterans Appeals Improvement and Modernization Act which became effective this past February.
- As this law moves forward, I encourage the Committee to review its progress, continue to find ways in which it can be improved, and see how the VA can answer our constituents' appeals in a more efficient and accurate fashion.
- Finally, I trust that the Committee will keep veteran homelessness as one of its highest priorities for the remainder of the 116th Congress.
- Today, there are still just under 40,000 homeless veterans in America.
- Another 1.4 million veterans are at risk of homelessness.
- 11% of the U.S. homeless population are veterans.
- Too many of those are in the First Congressional District of Georgia.
- These numbers are unacceptable.
- We need to reassess all of our Federal programs working to combat veteran homelessness, but especially the accessibility of VA loans and the guidance given to veterans reintegrating into a civilian society.
- In all of these issues I have mentioned today, we need to remember that our nation's veterans are our heroes and they deserve the absolute highest respect upon their return home.
- The Federal government simply can do better in veterans' access to health care, the appeals process, homelessness, and so much more.
- Thank you for your work on these issues.
- I look forward to following your progress.

Prepared Statement of David Rouzer

Thank you, Mr. Chairman, and the other members of this distinguished Committee for your work to strengthen care and resources for our nation's heroes. I am particularly grateful for your willingness to allow members who do not serve on this Committee the opportunity to raise issues and share concerns that we hear from veterans back home.

The great state of North Carolina has a long, rich tradition of military service and we are blessed to have a large community of veterans in the 7th Congressional District, which I have the honor to serve and represent.

Mr. Chairman, I'd like to bring the Committee's attention to a bill I reintroduced to help veterans restore their credit score when it has taken a hit because the VA failed to reimburse an outside provider.

This is an issue that has been faced by many veterans in my district, and my office has helped facilitate hundreds of payments to outside providers by intervening with the VA to avoid a debt going to collection. And the unfortunate reality is that there are many, many veterans across my district, state and our country that have had their credit destroyed, through no fault of their own, as a result of mismanagement and delays at the VA, specifically dealing with emergency medical care.

This is simply unacceptable.

H.R. 3012, the Veterans' Credit Protection Act, if enacted into law, will help restore faith in the VA and provide veterans the help they need to restore their credit when they have been the casualty of mismanagement and late payments, and in many cases, no payment at all made by the VA to the outside providers of their care.

The Veterans' Credit Protection Act puts the onus on the VA to reach out to the veteran and inform them how to resolve credit issues caused by these delayed payments. In addition, this legislation requires the VA to submit a report to Congress on the effectiveness of the Office of Community Care in providing timely payment of proper invoices for emergency care.

I appreciate the Committee's consideration of this bill as soon as possible so that veterans will no longer have to worry about their credit because of the VA's failure to pay their claims.

Thank you again, Mr. Chairman, for allowing me the opportunity to testify today on this very important issue.

Prepared Statement of Debbie Mucarsel-Powell

For years, veterans in Monroe County have struggled with access to care. Former servicemembers living in the Florida Keys often have to travel over a hundred miles to the Miami VA to have access to the full set of care they need. This was supposed to have been addressed when the VA Choice Program was established in 2014, and access to care in rural areas was supposed to be improved in 2018 when Congress passed the VA MISSION Act. This replaced the VA Choice program with the Veterans Community Care Program, or the VCCP. Under the MISSION Act, any veteran living at least 40 miles away from a full-service VA is eligible to receive health care from community health providers that are in the approved Community Care network.

Although there is a VA clinic in Key West, they only provide basic care and often refer patients to the facility in Miami for most services. As such, many of our veterans have to travel for hours from their homes in the Keys to receive the care that they need. This program was supposed to be operational no later than June 6 of this year. Unfortunately, in Monroe County the providers in our network have yet to be approved, so although the MISSION Act went into effect this June, my constituents remain in limbo.

Furthermore, veterans in my district have been subject to the continuous disruption in service from the handoffs between the VA's private partners: Health Net, Tri West, and Optum. My constituents were originally covered through Health Net, and when they left Tri West temporarily took over, and now they're handing over to Optum. During these various handoffs, our veterans' health care needs have been forsaken. They have to travel long distances for care, often do not receive confirmation for appointments until the night before, and as a result can miss appointments when they are unable to secure transportation on such short notice.

My team recently heard from a constituent who had moved to the Keys and requires monthly treatments that can only be provided by a full-service VA. She had difficulty making an appointment with the Miami VA and wasn't informed of a confirmed appointment until the day before she was told to come in. Because of such a short notice time, she was unable to travel to Miami for her appointment. She was informed that she could go through the Community Care Network for her treatment more locally in the Keys, but because there have yet to be any approved providers, she had to go without the care she needed.

Unfortunately, this story is all too common. It has become such a challenge that Monroe County's Director of Veterans Affairs will often volunteer hours from her day to drive veterans to Miami's VA multiple times a week so they can access necessary health services. This should not be necessary, and what's happening in Monroe County is unacceptable. Our veterans sacrificed when they answered the call to serve - government inefficiency shouldn't be the reason they forego medical attention after they've served.

Our veterans should have access to quality care, regardless of where they live. The men and women who served and defended our country should not have to forgo their care because they have nowhere to go to receive the treatment they need. I urge the Committee to push the Office of Community Care at the VA to address this, and to have their private partners in Tri West and Optum Health to provide greater outreach to our local providers so they can provide care to our vets in Monroe County.

We also need more resources dedicated to our VA health clinics, so they have proper staffing to provide the full set of health care services at each facility. I urge the Committee to hold the VA accountable for all aspects of the MISSION Act, from the Community Care program to building out our VA health centers. VA facilities around the country like the one we have in Monroe County should not have to struggle with understaffing issues so they can provide the full set of comprehensive health care services our veterans have earned and depend on.

I'm looking forward to working with the Committee and my colleagues in Congress to address this issue so that our nation's veterans have access to the quality care they've earned and deserve.

Prepared Statement of Darren Soto

Thank you Chairman Takano and Ranking Member Roe for the opportunity to testify before the House Committee on Veterans' Affairs on my legislative priorities within the jurisdiction of the Committee. I truly appreciate the great sacrifice our veterans have given on behalf of the United States, and I take great pride in serving the needs of veterans in my community.

H.R. 2846, Improving Veterans Access to Congressional Services Act of 2019, Rep. Brian Mast, 20 Cosponsors

H.R. 2846 would allow the Secretary of Veterans Affairs to permit the usage of Department of Veterans Affairs (VA) facilities by Members of Congress to meet with veterans and provide constituent services.

Allowing Members of Congress to use VA facilities would improve veteran access to their congressional representatives. H.R. 2846 would allow for expedited assistance and an overall enhancement in the quality of service to our veterans. Congressional offices would be able to readily acquire historical and medical documents in an expedited manner. Veterans will be able to get proper guidance on how to navigate the VA and be referred to the proper VA offices. Furthermore, Congressional offices would have a greater ability to adequately document concerns to the appropriate patient advocate and provide supporting documentation if the patient advocate does not meet a veteran's concern.

Additionally, H.R. 2846, requires the Secretary to establish standard operating procedures to help facilitate and expedite requests for space within a VA facility by Members of Congress. This would further allow Members of Congress to observe the daily operations of the VA to address any concerns regarding VA procedures.

H.R. 2846 is a reasonable solution to improve veteran services by removing roadblocks and providing high level constituent services. Thank you in advance for your consideration of this important legislation. I look forward to working with you as H.R. 2846 moves forward in the Committee process.

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Prepared Statement of Elise M. Stefanik

Good morning Chairman Takano, Ranking Member Roe, and members of the Committee. I am grateful for the opportunity to testify before the House Veterans' Affairs Committee and discuss issues very important to my district. I proudly represent New York's 21st Congressional District—where nearly one in ten adults is a veteran. That's what makes the work of this Committee deeply personal to me and my constituents.

Tomorrow the Subcommittee on Health will discuss and debate several important pieces of legislation concerning Veterans' healthcare, many of which have a special focus on improving the access and quality of care for women veterans. I applaud the Committee, as well as your staffs, for focusing on this ever-important topic.

Another topic that the Subcommittee will discuss tomorrow is **H.R.2816, the Vietnam Era Veterans Hepatitis C Testing Enhancement Act**. This is an in-

credibly important bill. To help my colleagues understand why, I would like to share a story with you:

In 1970, Danny Kaifetz, a young man from the North Country, volunteered to serve in the United States Marine Corps while the country was embroiled in the Vietnam War. Danny completed training at Parris Island, and went on to Jungle Warfare School and Combat Infantry Training at Camp Lejeune. At some point during training—as any one of my colleagues who has been through boot camp knows—all the recruits were lined up, like a factory assembly line, and were inoculated with the necessary vaccinations. Back then the Armed Forces, to include the Marine Corps, used the Ped-O-Jet air inoculation device, or “jet-gun,” to quickly vaccinate one recruit to the next. And as difficult as it for us to imagine today, medics were not required to sterilize the devices in between the inoculations. In fact, page 38 of the operator’s manual, explicitly states “sterilization not required between injections.” As we now know, this practice exposed thousands of recruits to dangerous, and often deadly, blood-borne diseases. Contamination happened without discrimination—to volunteers and to those who were drafted. To those who went on to serve honorably for several years and those who didn’t make it through training. To those who saw combat and bear the emotional burdens of a horrific war and those who, through some good fortune, were spared.

Danny Kaifetz thought he was one of the lucky ones who was able to serve his country and fellow Marines without going to combat. He proudly fulfilled his duty and was distinguished with the Meritorious Service Medal at the completion of his service contract. But, unbeknownst to him, Danny did not leave the military unharmed.

Nearly forty years later, in 2011, Danny was diagnosed with Hepatitis C. He sought and received treatment at the VA, and today Mr. Kaifetz will tell you with gratitude that he owes his life to the outstanding medical staff at New York VA.

As you all know, Congress dedicated significant resources to enable the VA to test and treat veterans for the hepatitis C virus, and VA has made significant progress to date. However, these efforts primarily focus on Veterans enrolled in the VA, testing only 78% of the two million Vietnam-era Veterans enrolled in VA care. Estimates indicate as many as 1 in 10 of the eight million surviving Vietnam Era servicemember may be infected with hepatitis C due to the cross-contamination. Of those who do not meet VA eligibility criteria, as many as seven million are considered at high-risk for hepatitis C infection and unaware of their status. Our veterans deserve better.

The Vietnam Era Veterans Hepatitis C Testing Enhancement Act focuses on Hepatitis C screening and does not take away from the VA’s efforts, rather enhances them. Furthermore, the bill is budget neutral by utilizing resources previously allocated by Congress through the Honoring America’s Veterans and Caring for Camp Lejeune Families Act (P.L.112-154). The concept has proven successful at a local level due to the extraordinary efforts led by my constituent, Danny Kaifetz, and American Legion Post 1619. We owe it to a generation of veterans to provide this valuable screening tool. I urge my colleagues to join the American Liver Foundation, the AIDS Institute, and Vietnam Veterans of America to support H.R.2816.

Mr. Chairman and Ranking Member, I thank you for the opportunity to speak with you today. And I thank the entire Committee and staff for their invaluable work you do to support our nation’s heroes. I look forward to working with you. I yield back.

Prepared Statement of Brad Wenstrup

Chairman Takano and Ranking Member Roe, I would like to thank you for holding this Member Day hearing. Caring for our veterans is one of Congress’s most sacred duties, and I was extremely proud to spend the first five years of my time in Congress serving our nation’s veterans on this distinguished Committee.

While I may no longer serve on this Committee, I will never stop serving America’s veterans, and that is what brings me here today.

I am extremely proud of the work that Congress, and particularly this Committee, has done to ensure better healthcare for our veterans. Last year, we passed the VA MISSION Act to create a healthcare system that truly puts veterans first by giving them more choice in their healthcare treatments. The health of our veterans is one of my highest priorities, and today I am here to advocate for another bill which will improve veterans’ healthcare.

Rep. Kathleen Rice and I have introduced H.R. 3700, which will prohibit smoking in all Veterans Health Administration (VHA) facilities, and repeal the antiquated

1992 law that requires the VHA to furnish and maintain designated indoor or outdoor smoking areas. As an Army Reserve doctor, I know that permitting or exposing patients to firsthand and secondhand smoke is dangerous, especially while they undergo treatment at VHA facilities. It's past time that Congress address this issue that it created in 1992 and fix the outdated law so that we do not continue to harm veterans seeking care at VHA facilities.

According to the Centers for Disease Control and Prevention (CDC), smoking is the leading cause of preventable death in the United States-killing more than 480,000 people annually- and there is no risk-free level of exposure to secondhand smoke. As such, the overwhelming majority of America's private health care systems and facilities, most Department of Defense medical facilities, and all Federal government buildings, are smoke-free. Yet there are nearly 1,000 designated indoor or outdoor smoking spaces at VHA facilities across the country-at least one in every state. In addition to the health concerns, such spaces are difficult to maintain and cost the VA more than \$1.2 million annually.

That's why I was pleased to see VA Secretary Robert Wilkie announce this June that beginning in October, all VHA facilities will be smoke-free. However, it's since come to my attention that this policy change has been challenged by the American Federation of Government Employees, who argue that the smoke-free policy should not apply to VA employees. I believe that this is a perfect illustration of precisely why Congress needs to assert its authority and make clear once and for all that smoking is unacceptable in the medical facilities where our veterans seek care every day. H.R. 3700 would do exactly that, ensuring that no one can change, reinterpret, or strike down the smoke-free policy.

The VA strongly supports codifying the smoke-free policy, as do over two dozen public health organizations such as the American Cancer Society Action Network, the American Lung Association, the American Heart Association, the Campaign for Tobacco-Free Kids, and the Society of Thoracic Surgeons. I would also like to thank the members of this Committee who have cosponsored H.R. 3700, Reps. Greg Steube and Chris Pappas, for their support of this bill.

Chairman Takano and Health Subcommittee Chairwoman Brownley, I urge you to consider H.R. 3700 at a future Health Subcommittee legislative hearing. This is important legislation which will build on this Committee's work to improve veterans' healthcare, and I thank you for your consideration. With that I yield back the balance of my time.

Prepared Statement of Kevin McCarthy

Chairman Takano, Ranking Member Roe, and distinguished Members of the Committee, thank you for the opportunity to appear before you today and discuss an issue that greatly impacts veterans in California's twenty-third congressional district, which I have the privilege of representing in Congress.

For far too long, thousands of veterans throughout Kern County have patiently waited for a new Community-Based Outpatient Clinic to be built in Bakersfield, California. The existing Bakersfield clinic is outdated and cramped-no longer able to fulfill the needs of Kern County's growing veteran population. Ten years ago, Congress authorized the construction of 15 new Community-Based Outpatient Clinics, including a clinic in Bakersfield, in Public Law 111-82. The Bakersfield clinic is the only location that remains unbuilt. This is unacceptable.

Veterans in my district had hope that the VA would break ground on the new clinic in 2015. However, that hope was derailed when the VA's chosen site was condemned by the High-Speed Rail Authority for being in the path of the costly high-speed rail project. This was among the first of several unnecessary delays and setbacks for the clinic.

Last October, I was thrilled to announce that the VA had finally awarded a contract for a brand-new, state-of-the-art 30,000 square foot Bakersfield clinic, located on Knudsen Drive. This clinic would provide veterans with expanded mental health and women's health care services. Unfortunately, this award became subject to several dilatory protests by the owner of the current Bakersfield clinic facility. This has only further delayed-and continues to delay-our deserving veterans from accessing the expanded health care services that they have both earned and deserve.

Many of these multiple protests have been dismissed or settled-when is enough enough?

While I understand that the government contracting process must allow for fair competition, I do not understand how this process can be so manipulated and how

the Bakersfield clinic remains unbuilt while other VA facilities authorized in 2009 are currently serving veterans.

By delaying construction of a new clinic, the current leaseholders are preventing veterans from receiving care and taking taxpayers for a ride. The VA is paying \$2 million per month to lease the Westwind Drive clinic on a month-to-month basis, according to data that the VA provided to my office. That's approximately twice what it paid under its longer-term lease.

Every day of delay is another day the taxpayer must pay the higher rent. Worse, the influx of cash is perpetuating delays because the leaseholders can pay for the legal costs of their protests. It is an effective strategy for the leaseholders, but a raw deal for everyone else, especially our veterans.

Yes, the Federal contracting process must be transparent and responsive to reasonable concerns. However, it must also be trustworthy and not lose sight of its ultimate goal: helping our deserving veterans receive the quality service they need. In its quest for fairness, the contracting process has failed the very people it is meant to help.

The thousands of veterans in my community cannot be asked to wait any longer than they already have. Ten years is long enough. We must act quickly to ensure that the Bakersfield clinic is built to set a precedent that unreasonable dilatory tactics will not be tolerated.

Lastly, the difficulty in building a new clinic in Bakersfield suggests that the Federal government's process for awarding contracts is liable to inefficiency and abuse.

I hope my testimony today has shined a light on one part of this larger problem and will inspire future action. I look forward to working with Chairman Takano, Ranking Member Roe, and all Committee Members to ensure that the Bakersfield clinic comes to fruition and that other veteran populations are not impacted by this broader systemic problem. However we respond, our goal should be a contracting process that is efficient, transparent, and accountable.

Above all else, it must not forget the needs of the American people, which it is meant to serve.

And that is the point I want to leave with you today. There is a human element, a human tragedy, to the failures of the current system. You can tell a lot about the character of a nation by how it treats its veterans. That is why I will not rest until this issue is resolved and a new clinic in Bakersfield built.

Our veterans deserve nothing less.

I would like to submit a letter from SASD Development Group for the record. Thank you for the opportunity to testify today.

Prepared Statement of Tim Walberg

Background: H.R. 3527, the POW Priority Care Act directs the Department of Veterans Affairs to elevate the priority group for Prisoners of War (POW) to Priority Group 1, regardless of their service-connected level. Through enacting this legislation, POWs would receive the highest priority status for medical care at the VA.

Currently, there are 3,500 POW eligible veterans enrolled in VA health services. 2,800 are already enrolled in the Priority 1 care group. This leaves roughly 750 POW still categorized in the Priority 3 group.

Intro:

- I want to thank Chairman Takano and Ranking Member Roe for the opportunity to testify today.
- Taking care of our country's veterans is one of the most important things we can do as Members of Congress.
- Our servicemen and women give their all in the name of our nation and it is the obligation of Congress and our nation to give that same dedication to providing the highest quality care for when our heroes return home.
- Many members of the armed forces endured unthinkable hardship in captivity as Prisoners of War, while we will never forget those who did not return home, there are those who do come back.
- For those that do, they deserve the highest priority of care at the VA.
- Therefore, I introduced the POW Priority Care Act, which would move POWs to the front of the line giving them Priority 1 level VA care.

Summary:

Under current VA care provisions, POW veterans are not among the top tier of care at the VA.

- Instead, POW veterans are in the third priority group, often placing them at a disadvantage in health care options.
- The priority system classification determines eligibility for healthcare services at the VA.
- Factors determining priority assignment include time and place of service, income level, and service-connected disability.
- The POW Priority Care Act would elevate POWs from Priority Group 3 to Priority Group 1 in terms of healthcare needs.
- By having Priority 1 status, POWs will have greater access to health care options at the VA.

Conclusion:

- We can all agree that veterans and Prisoners of War should not have to struggle to get the proper healthcare and medical services that fits their needs.
- I want to thank Reps. Krishnamoorthi, Guthrie, and Rush for joining me in introducing this bipartisan legislation.

The legislation is supported by AMVets and we are continuing to gain support from other organizations.

- Prisoners of War have not only answered the call of duty, but they endured unthinkable hardship and made unquestioned sacrifice in service to our nation.
- Thank you Mr./Mrs. Chairman and I urge the Committee to mark up H.R. 3527 so that it can advance to the floor of the House for a vote.

Prepared Statement of Clay Higgins

Mr. Chairman,

I respectfully request your strong support of HR 1527, the Long-Term Care Veterans Choice Act. My bill authorizes the US Department of Veterans Affairs to cover the cost of long-term care at medical foster homes for up to 900 veterans otherwise eligible for nursing home care through the VA.

Medical Foster Homes (MFH) are private homes in which a caregiver provides services to a small group of individuals who are unable to live without day to day assistance and are an alternative to nursing homes for those who require nursing home care but prefer a non-institutional setting with fewer residents. For many young veterans in need of round-the-clock-care, MFHs can provide a more age-appropriate, independent setting than traditional nursing homes.

The US Department of Veterans Affairs (VA) has run its medical foster home initiative since 2000, and today the Veterans Health Administration oversees more than 700 licensed caregivers caring for nearly 1,000 veterans in 42 states. To be eligible to provide care to veterans, VA medical foster home providers must already pass a background check, complete 80 hours of initial training and 20 hours annually, and cannot work outside the home.

Unfortunately, while the VA will cover the cost of Home-Based Primary Care for eligible veterans living in MFHs, the VA does not cover the cost of MFH living arrangements for veterans otherwise eligible for nursing home care through the VA. Instead, these veterans must pay for MFH services out of pocket or through private insurance. Costs associated with MFH services range between \$1500 - \$3000 a month, which is significantly lower than the nearly \$7,000 VA would otherwise pay per patient at a state VA nursing home.

In my home state of Louisiana, the VA operates state of the art Veterans Homes that provide residents a high quality of care in an understanding, supportive environment. I can personally attest to the high quality of care and sense of well-being among veterans living at the Southwest Louisiana Veterans Home. But much like in the civilian world, there is no one-size-fits-all standard of care for veterans. Veterans should be afforded flexibility to use the benefits they righteously earned in a manner that best suits their individual needs.

HR 1527 gives much needed choice and personal agency back to these brave men and women who have selflessly sacrificed for our nation. I am pleased that this critical legislation will be considered tomorrow in Committee. Thank you.

Prepared Statement of Lee Zeldin

Thank you Mr. Chairman, and Ranking Member as well, for the opportunity to testify today.

"With September marking Suicide Prevention Month, I would like to take this opportunity to testify on behalf of a program that has saved the lives of countless New Yorkers who put their lives on the line to defend the rest of us.

"I have the distinct honor of representing New York's First Congressional District, located on the east end of Long Island, otherwise known as the greatest Congressional District in America.

"Not only do we have the most beautiful beaches in the country and so much more, but the very communities we all call home played such an instrumental role in the founding of our great nation.

"Today, my home County of Suffolk, boasting one of the highest concentrations of veterans in the country, prides ourselves on our rich history and commitment to serving our nation's veterans.

"Unfortunately, when our veterans return home from the battlefield too many find that the fight has just begun.

"The Department of Veterans Affairs, as this Committee knows well, estimates that approximately 20 veterans a day take their own life, oftentimes they're plagued with the invisible wounds of war we have come to know as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

"One of those servicemen who was suffering was PFC Joseph Dwyer, an Iraq War veteran from Mount Sinai. His picture is behind me. As an Army Combat Medic, PFC Dwyer became the face of the Iraq War in 2003 when a photo of him carrying an injured Iraqi child to safety went viral worldwide."Unfortunately, when he came back home to Long Island, he returned with the mental wounds of war, and, after years of struggling, he lost his battle with PTSD in 2008.

"It is important to note that Joe didn't commit suicide. He was seeking temporary relief from his pain and his last words were, 'I don't want to die.'"Understanding that PFC Dwyer was just one of the many local veterans struggling, I created the PFC Joseph P. Dwyer Veteran Peer Support Program as a NY State Senator in 2012. The Dwyer program is modeled as a peer-to-peer support program for veterans suffering from PTSD and TBI. This model provides a safe, confidential, and educational platform where all veterans are welcome to meet with other veterans in support of each other's successful transition to post-service life and seeks to build vet- to-vet relationships that enhance positive change. This program also incorporates a variety of therapeutic activities such as horse training and fishing that provide for common experiences, learning and personal growth.

"My home county - Suffolk County - served as one of four test counties in New York, and since then, with the love and hard work of so many exceptional men and women locally, the program has successfully expanded to over 20 counties across New York, saving lives and assisting tens of thousands of New York veterans battling PTSD and TBI. This year, on top of fully funding the program, the New York State budget actually increased funding to this successful program."The way the program is organized - providing grants to localities - has allowed each county to customize their individual program to their needs and the resources they have available while running an efficient and effective program. Counties only receive \$100,000 - \$300,000 each from New York state and what they do with it is incredible.

"There are a lot of people who come to Congress and they'll propose a program and the numbers they'll throw around are seven, eight, nine figures to solve this problem. What we're finding in our home County of Suffolk and what has now been expanded all across the State of New York, with just \$100,000-\$300,000, we are saving countless lives in our home county and across the state.

"It's continued track record of success is why I introduced H.R. 1749, the PFC Joseph P. Dwyer Peer Support Program Act to authorize the Secretary of Veterans Affairs to make grants to state and local entities to carry out peer-to-peer mental health programs all across our nation and help ensure all of our nation's veterans have access to the support they need. I challenge and plead with my colleagues on this great bipartisan Committee to accomplish what is now possible: efficiently ensuring that every veteran in America has access to a peer to peer support model that works to save their lives, their families, their jobs, and so much more.

"This bill is cosponsored by 21 of our colleagues, including Committee members Kathleen Rice, Chris Pappas, Greg Steube and Elaine Luria. I would encourage you to speak to Congresswoman Rice. One of the counties is her home county of Nassau County where her home county is doing a great job of implementing this program.

"PFC Dwyer is just one of the many veterans who have suffered from PTSD or TBI, and more must be done when they return home.

We must ensure these brave servicemembers have every resource they need to transition back into civilian life and the PFC Joseph Dwyer Peer Support Program is an integral part of our veterans' success.

"Again, I thank the Chair and Ranking Member for giving me the opportunity to testify today, and I ask you to please consider this legislation.
"I yield back."

Prepared Statement of Bill Johnson

HVAC Member Day Hearing Statement on TMS

Thank you Chairman Takano and Ranking Member Roe for this opportunity to share with you my support for the House Veterans' Affairs Committee examining the effectiveness of a noninvasive procedure called Transcranial Magnetic Stimulation (TMS) as a treatment option for veterans suffering from PTSD and TBI. We are all aware of the tragic, increased risk for veterans - suffering from PTSD and TBI - of dying from accidental injury, viral hepatitis and suicide, compared to the general population. And, I am pleased to share with you efforts underway in Ohio to provide TMS as an additional, alternative treatment for these veterans.

As you may know, TMS treatments are approved by the U.S. Food and Drug Administration to treat depression. TMS therapy is conducted by noninvasive procedures through which an electromagnet is charged with electricity and then placed over specific points on a patient's skull, creating a powerful magnetic field that can positively affect brain cells. It does not involve surgery or require the use of sedation or other medications. However, there is growing evidence that, in addition to treating symptoms of depression, TMS can also help veterans suffering from PTSD.

You may be interested to learn that through the leadership of Ohio State Senator and retired Navy SEAL, Frank Hoagland, the state of Ohio has recently authorized a Transcranial Magnetic Stimulation Fund through the State Treasury, and a pilot program to be conducted by the Directors of Veterans Services, Mental Health and Addiction Services and AMVETS. In coordination with the Veteran's Medical Initiative (VMI) and industry leaders in medical technology, the three-year program will make TMS available for veterans with substance use disorders or mental illness. I'm very pleased to see Ohio taking action to provide our veterans with new and innovative individualized care and treatment options.

Additionally, you may know that the VA Center for Compassionate Care Innovation (CCI) has supported the expanded use of TMS treatment at the Providence VA Medical Center in Rhode Island, including for PTSD. As of June 2018, it was reported that over 150 patients have received TMS therapy since 2013 at the Providence VAMC and demand continues to increase.

Ranking Member Roe, given your leadership and advocacy for veterans suffering from invisible wounds, I am greatly interested in your thoughts on this type of treatment. And, Mr. Chairman, given the potential of this type of treatment to manage symptoms of substance use disorders and mental illness, I respectfully urge the Committee to hold a hearing to examine whether TMS is a viable, alternative treatment option for veterans suffering from PTSD and TBI, in addition to depression. Since some VA Medical facilities have already treated veterans through TMS therapy, perhaps the VA could share with the Committee the effectiveness of this treatment, in addition to whether VA plans to expand this treatment option and what obstacles may be preventing other VA facilities from also offering TMS therapy to veterans.

Thank you, again, for the opportunity to share with you the potential of noninvasive treatments, such as TMS therapy, and efforts being made in Ohio to expand treatment options for our nation's heroes. I yield back the balance of my time.

Prepared Statement of Dr. Raul Ruiz

Thank you, Mr. Chairman.

I am Dr. Raul Ruiz, and I am honored to represent California's 36th district, which includes much of Riverside County in Southern California, and I am proud to say includes more than 45,000 veterans.

It was an honor to have served on the Veterans' Affairs Committee, and it is great to be back.

I'm here today to talk about one of the most pressing health threats facing veterans and servicemembers: exposure to burn pits.

Our military uses burn pits to eliminate waste, including chemicals and plastics, creating giant plumes of black smoke containing carcinogens and particulate matter.

For years, the Department of Defense used burn pits in Iraq and Afghanistan, even while recognizing that exposure to burn pits may pose health risks to our troops.

Now, veterans all across the country are developing rare and severe pulmonary diseases and cancers, despite living healthy lifestyles and not having any other risk factors.

Unfortunately, the VA and the DOD are not working together and are not doing everything in their power to give our servicemembers and veterans the care they need and the benefits they have earned.

They claim that the studies on this issue find no direct link between exposure to burn pits and long-term, adverse health effects.

The fact is, the studies that have been done are inconsistent, asked the wrong questions, lacked complete information, and are flat-out insufficient to make a determination.

We have to evaluate available case studies to demonstrate a clear pattern and raise suspicions.

Many veterans exposed to burn pits emitting known carcinogens have developed rare auto-immune diseases, like constrictive bronchiolitis and rare cancers, with no other risk factors - indicating a possible causal link.

As a public health expert, I know that when we have a high enough suspicion with a severe enough illness, we must act, and act with urgency.

We can't wait 10 years for the multi-cohort longitudinal prospective studies to decide whether or not to act.

We need to put our veterans above bureaucracy.

We can start with these three things:

First, stop our troops' exposure to these carcinogens out in the battlefield.

Second, conduct public health education outreach to doctors so they understand the illnesses our veterans are facing and can make effective treatment recommendations.

As part of that, we also need to reach out to veterans who have been exposed and train them to recognize subtle changes in their health, so they can get the appropriate medical care before their condition worsens.

Third, we need to make sure that our veterans get medical treatment quickly, that it's covered by the VA, and that they receive the benefits their families rely on.

This Committee plays a crucial role.

I want to thank Chairman Takano and Ranking Member Roe for supporting the House passage of H.R. 1381, the Burn Pit Registry Enhancement Act, which I introduced with Senator Tom Udall.

This bill will allow a veteran's designee to update their burn pits registry entry to reflect their cause of death.

This data will be crucial to medical research evaluating the effects of burn pit exposure, which can save the lives of other exposed veterans.

I call on the Senate to pass this bill to ensure the tragic loss of hundreds of veterans across our nation are properly counted in the burn pits registry.

Our work is not over. There are more steps we can take immediately.

First, I have started a bipartisan Congressional Burn Pits Caucus with Congressman Brad Wenstrup, and I invite everyone on this dais to join the caucus so we can get the answers our veterans deserve.

Second, we must have hearings in this Committee to ask the VA these tough questions, such as why so many crucial details were left out of the studies, rendering them largely ineffective.

Third, there is bipartisan legislation we can act on now to start addressing this issue, like my bill H.R. 4137, the Jennifer Kepner HOPE Act, a bill to provide quality, affordable health care for all exposed veterans.

I will also soon be introducing the Veterans Right to Breathe Act, which will make pulmonary illnesses presumptive. This bill will allow veterans to receive the disability compensation benefits they have earned and deserve.

I look forward to working with all of you to tackle this emerging health crisis for our veterans.

Thank you again for allowing me to testify before the Veterans' Affairs Committee.



Prepared Statement of Lloyd Smucker

Chairman Takano, Ranking Member Roe, and Members of the House Committee on Veterans' Affairs, thank you for the opportunity to testify before you today. First let me thank you for your hard work and dedication to improving the lives of our veterans and their families. Our servicemen and women have endured tremendous hardships and made significant sacrifices in their fight to preserve the freedom that we all enjoy today. Thanks to their courageous service, our veterans have earned and deserve the highest quality care we can provide.

Which brings me to why I've come before you today. Earlier this spring I reintroduced the VA Billing Accountability Act and today I would like to urge consideration of this bipartisan legislation.

My bill is fairly straight forward. It provides certainty in the way the VA bills our veterans by requiring the VA to deliver a bill for payment no later than 180 days after they received care at a VA facility. Non-VA facilities must also increase their coordination with the Department to ensure that co-payment bills are delivered no later than 18 months after a veteran receives care from an outside provider. Importantly, this bipartisan legislation also increases transparency for veterans by requiring the VA to notify veterans on how they can receive a waiver or establish a payment plan before the VA can collect any delayed co-payment.

Why is this necessary? The Veterans Affairs Office of Inspector General reported that in Fiscal Year 2015, of roughly 15.4 million bills the Veterans Health Administration issued during 2015, approximately 1.7 million of those were improper bills for the treatment of service-connected conditions. In some cases, veterans received bills a full five years following their care. To help put this into perspective, the Veterans Health Administration collected a staggering \$13.9 million from our nation's veterans inappropriately.

This is simply unacceptable.

We should make it easier, not harder, for our retired servicemen and women to transition to post-military life by not saddling them with bills for VA services from years past. Many veterans live on fixed incomes and do not have the resources to cover unexpected costs caused by the mistakes of VA bureaucrats. My legislation provides commonsense reforms to the VA by setting forth specific and immediate billing requirements so veterans receive timely VA bills that they can count on.

Thank you again for the opportunity to testify before the Committee today, and for all the work that the members of this Committee do to ensure quality and affordable care for our nation's veterans.

I yield back.

Prepared Statement of Joaquin Castro

REMARKS

Good morning Chairman Takano and Ranking Member Roe. Thank you for inviting each of us here today for this opportunity to highlight the important work that we are doing on behalf of our veterans community. I would like to take my time to help shed light on the health effects that have resulted from our men and women in uniform being exposed to burn pits while deployed on our nation's behalf.

My district includes San Antonio, Texas - a city with a significant active duty and veteran population. In fact, San Antonio is also known as Military City USA. It is from this veteran's population that I have heard the firsthand stories of those veterans effected by burn pit exposure. Brave servicemen and women have shared the challenges that they have endured as a result their exposure to toxic fumes emanating from the burn pits.

These veterans and their families have endured significant medical issues and the emotional and financial pressures that accompany those conditions. I have seen that these veterans are just a sample of a broader population of veterans exposed to burn pits throughout Afghanistan, Iraq. Numerous military bases in the Operations Iraqi Freedom and Enduring Freedom theatres of operation produced several tons to several hundred tons of solid waste per day.

The Department of Defense has reported that burn pits in both Iraq and Afghanistan totaled over two hundred. Open-air burn pits were the primary waste disposal method during the majority of the duration of these wars. Air sampling data indicate that smoke from these burn pits contained chemicals associated with respiratory and lung conditions.

Our servicemen and women's exposure to this toxicity is undeniable, and the level of toxicity cannot be questioned. It is clear that the use of burn pits posed signifi-

cant health risks to our military personnel serving in those countries for the first decade of conflict. We can't afford to cast a blind eye to the level of exposure, and number of servicemen that are impacted, if we say as elected officials we are going to take care of our veterans.

We cannot allow this toxic exposure to become the Agent Orange of our generation, which left servicemembers fighting for recognition and benefits for decades. This issue is bipartisan and impacts veterans of every creed and color, regardless of party affiliation. All of us here in Congress need to understand that.

I have made the issue of burn pits central to my veteran's advocacy. Last year, I led a bipartisan letter to this Committee requesting a hearing on the use of burn pits and associated health effects. Earlier this year, I led a letter for the establishment of a congressionally directed medical research program that was focused specifically on the Burn Pit issue. I've also hosted town hall events on the issue in several Texas cities. However, today I would like to highlight the legislation I introduced this Congress that will help these veterans and their families.

Family Member Access to Burn Pits Registry (H.R. 1001)

Earlier this year, I reintroduced Family Member Access to Burn Pit Registry Act (H.R. 1001). Nearly 150,000 veterans and servicemembers have participated in the burn pit registry to document their health issues. These include lung diseases and cancers, which they believe originate from their exposure to the noxious fumes of burn pits.

However, when an eligible veteran passes away before participating in the registry, the VA currently prohibits a family member of the deceased veteran from participating in the registry on the veteran's behalf.

This bill would allow a family member to participate in the burn pit registry on behalf of a deceased veteran or servicemember - allowing them to document the experience of a loved one in the burn pit registry. This will enhance the pool of shared experiences that the government can use to analyze the real effects of long-term exposure to burn pits. Additionally, this change in VA policy will not incur any additional cost. It is a common sense fix to help bolster the VA Burn Pit Registry.

Burn Pits Veterans Revision Act (H.R. 1005)

I also introduced the Burn Pits Veterans Revision Act (H.R. 1005). This bill will require the Secretary of Veterans Affairs to amend the ratings disabilities to add a diagnostic code and evaluation criteria for obliterative bronchitis. This is an illness we know is a direct result of exposure to burn pits. In fact, The U.S. Social Security Administration has added the disease obliterative bronchiolitis after medical research causally related the disease to environmental toxins, including burn pits, in Iraq and Afghanistan. However, The Department of Veterans Affairs has not formally recognized obliterative bronchiolitis.

The VA uses specific four-digit diagnostic codes that allow for accuracy in diagnosis and rating evaluations. This is a specificity that's largely been missing - resulting inconsistent and inaccurate ratings. Similar to my other legislation this bill will not cost any additional money because this condition is already being rated as other - similar - conditions. Consistent and accurate ratings will likely cut down on cost, lower the number of appeals, and ensure that veterans receive the care they need. These bills are each narrowly focused and effective ways to serve those who have served us.

It's critical that we keep pushing hard to raise awareness around this issue, not just on Capitol Hill, but around the country. We need to encourage veterans to come forward and register with The Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry so that we can continue to fully understand the long-term health effects of burn pits exposure. As scientific evidence continues to surface, it's vital that we act on what we can in terms of counteracting the effects of these harmful burn pits and the ensuing health conditions. It is Congress' responsibility to ensure that we're providing servicemembers and veterans with the care they need on this matter and so many others.

I would like to thank you Chairman Takano and Ranking Member Roe as well as everyone here today for working with and advocating for our men and women in uniform. There's nothing more important than protecting those who sacrifice their lives to protect us.



Prepared Statement of John R. Carter

Chairman Takano, Ranking Member Roe, and colleagues, I appreciate the opportunity to speak to you today. As both the proud representative of the largest population of veterans in Texas and Ranking Member of the MilCon/VA Appropriations SubCommittee, I'm committed to putting the needs of our veterans FIRST!

I authored the Veterans' Transplant Coverage Act which was added to the VA MISSION Act. I appreciate the Committee's support on this critical bill which requires the VA provide organ transplants to veterans from a live donor, regardless of whether that donor is a veteran. It's a common-sense approach to improving health care for our veterans. As the VA works to implement the MISSION Act, it is essential that both the letter and spirit of the Veterans Transplant Coverage Act is followed. Our veterans deserve to receive the health care they need without wading through bureaucratic red tape!

Meeting veteran population needs within the new standards of the MISSION Act remains a priority for me. Following a letter from Rep. Roger Williams and myself, the VA announced the opening of two clinics, one in Killeen and the other in nearby Copperas Cove. While I am excited about the opportunity for more veterans to receive the treatment they've earned, I know that other areas of the nation with large veteran populations aren't as lucky. I urge the Committee to prioritize efforts to ensure veterans across the US have access to top-quality care.

Long-overdue implementation of VA Electronic Health Records remains challenging. The costs have been enormous and the technological hurdles are significant. While I am pleased that millions of records have been transferred, I am closely monitoring this issue. I strongly urge the Committee continue keeping the needs of veterans first in mind as it continues its important oversight of Health Records policies.

Homelessness among our veterans, both men and women, is a national tragedy. While the VA Appropriations bill provides \$1.8 billion for VA homeless assistance programs, the challenges of this issue are formidable. I encourage the Committee to continue looking for innovative ways to address this issue while identifying areas where existing programs fall short.

Getting a handle on the short- and long-term impacts of burn pits must be a priority for both the VA and the Department of Defense. As you know, appropriators provided \$5 million for a Center of Excellence devoted to this troubling issue. I strongly encourage authorizers to continue focusing their efforts on burn pits as we work in a bipartisan manner to take care of those who sacrifice to preserve our freedoms.

Again, I appreciate the chance to express my priorities here today. I look forward to working with you to address the needs of our veterans.

Prepared Statement of J. French Hill

Chairman Takano, Ranking Member Roe, and Members of the Committee:

Chairman, it was a pleasure to host you in my district this past week and I hope you were able to learn a lot about some of the things going on in Arkansas.

I appreciate the opportunity to testify in front of you today in support of expanded resources into homeless assistance programs and suicide prevention outreach by the U.S. Department of Veterans Affairs (VA).

It is especially fitting to discuss this critical topic here today during Suicide Prevention Month.

According to the U.S. Department of Housing and Urban Development (HUD), approximately 40,000 veterans are homeless on any given night.

In Arkansas, we have coordinated robust efforts in Little Rock to combat homelessness, but over 250 veterans still experience homelessness on any given day.

I've got three veterans on my constituent team and they spend time in our shelters really helping our vets. They deserve that extra touch and many of them are lost in the morass of not only homelessness, but also in search for and understanding of veteran programs that might be of help.

My district is home to many of our brave veterans and servicemembers at Little Rock Air Force Base and Camp Robinson, and I have heard concerns from a number of our veterans about the difficulty in finding a home for not only themselves, but their families as well.

One current bill dealing with this issue is Ms. Brownley's Homeless Veterans Family Act (H.R. 95).

As I'm sure you know, the VA's Homeless Providers Grant and Per Diem Program funds community housing agencies that provide services to homeless vet-

erans. Currently, the VA does not have the authority to provide the reimbursements for the costs of services for minor children of homeless veterans, limiting housing for veterans with young children.

This bill would allow the VA to reimburse providers for 50 percent of the costs of housing minor dependents of homeless veterans.

Ms. Brownley's bill is an example of how we must all work together and continue to move forward addressing this issue that plagues too many of our veterans and help all those suffering from homelessness.

They put their lives on the line to protect our freedoms and safety, and in return it is our duty to do everything we can to ensure they get the proper attention and care they deserve.

For this reason, I respectfully request that you consider H.R. 95 and other legislation to address this critical issue that consumes the lives of too many of our veterans and their families.

Thank you, and I appreciate your consideration.

Prepared Statement of James R. Baird

H.R. ——— THE "VA SAFE OPIOID RETURN ACT"

Opening Statement:

Chairman Takano, Ranking Member Roe, Members of the Committee, I want to start by thanking you for the opportunity to come before you today. As a decorated Vietnam War veteran, I care very deeply about this country, and ensuring the veterans of our armed forces are taken care of and have the opportunities and benefits they deserve. The important work that this Committee has done in the past, and that it continues to do, is essential in keeping our promise to our men and women in uniform as they transition back into civilian life.

I'm here today to highlight a piece of legislation I have authored called the "VA Safe Opioid Return Act." This legislation is simple and common sense. My bill directs the Secretary of the Veterans Administration to ensure that certain Department of Veteran's Affairs medical centers have physical locations for the disposal of controlled substance medications, namely opioids. Any VA medical facility with an on-site pharmacy or a law enforcement officer present to monitor the disposal location, will be charged with having a physical location for veterans to dispose of unwanted or overprescribed medications.

The inspiration for this bill came from the great success seen at the Roudebush VA Hospital in my home state of Indiana. Treating nearly 62,000 Hoosier veterans annually, the Roudebush VA decided to implement an opioid return receptacle in their facility after noticing a low number of participants in their opioid mail back program, and having patients bring their unused medications to the ER or to their appointments.

The Roudebush VA set out to put in a DEA-compliant receptacle for just over \$1,000 dollars and bought 12 safe and secure liners for another \$2,000. Staff from the engineering service installed the receptacle for no cost. Once in place, the receptacle was anchored to the floor, monitored under video surveillance, and placed away from the emergency department entrance (a DEA requirement). Emails were sent to staff to provide education, and descriptive data was collected from the time of implementation.

After opening to the public in May 2016, the Roudebush VA saw a drastic increase in the amount of unused or unwanted medication it was collecting. From May to October of that year, the facility collected 452lb's of medication, and an additional 30lb's of drugs were mailed back through the mail back envelope program. In just this 6-month period, this large amount of medication was safely returned to the reverse distributor or destroyed, ensuring that this potentially addictive medication found its way off the streets and away from the general public. This is why we need this bill.

This model applied across the VA system to all VA medical facilities with pharmacies or on-site law enforcement personnel will go a long way toward getting these medications off the streets. With more than 50% of veterans suffering from chronic pain, and half of those receiving at least one prescription for opioids, it is imperative that we give our veterans an easy, anonymous, and continually available way to dispose of their medications once they no longer need them.

This bill has yet to be introduced but has already garnered large support from both sides of the aisle with over 29 original co-sponsors. I urge the Committee to

consider this legislation for markup and believe that it can be passed through the House on suspension.

I want to thank you again for the opportunity to come before the Committee today to address this important piece of legislation, and I look forward to hearing any questions or feedback that you may have. Thank you.

Prepared Statement of Ann M. Kuster

"ENDING VETERAN SUICIDE AND MILITARY SEXUAL ASSAULT"

- Thank you Chairman Takano and Ranking Member Roe for holding this important hearing today. As a former Member of the House Veterans Affairs Committee, it's nice to be back with my colleagues on the Committee who continue to do amazing work on behalf of our nation's veterans.
- I appreciate the opportunity to speak about important issues our servicemembers and veterans face.
- During the August district work period, I had the opportunity to convene a moving discussion with local stakeholders and military families who have lost a loved one to suicide. And over the past year, I've held numerous roundtable events in my district to hear from veterans who have experienced military sexual trauma (MST).
- Today's hearing presents an important opportunity for this Committee to build off what we learned and address specific legislative proposals that will take care of our veterans and enhance the access to quality care.
- My constituents in New Hampshire are aware of these crises, and we are all too familiar that approximately 20 veterans and 1-2 servicemembers die by suicide every day.
- Sexual assault rates for women have been at it's highest since 2006 and how the VA handles their claims needs to be approached as we've learned recently the VA had mismanaged claims related to survivors of MST.
- In 2017 alone, the Veterans Benefits Administration rejected about 5,500 military sexual trauma claims. The IG report found that of the cases they sampled, 49 percent were missing follow-up interviews, new medical examinations or other significant procedural work.
- It is important to note the high percentage of women are at greater risk of MST, but nearly 40% of veterans who disclose MST to VA are men.
- As the Committee continues to advance legislation this Congress, I hope you will consider some of the following bipartisan proposals.
- I am a proud cosponsor of the Paws Act of 2019 that allocates a grant program to private entities for service dogs that will help veterans who are struggling with invisible wounds. The companionship of these service animals can make an enormous difference in the lives of veterans.
- I also helped my good friend Rep. Jackie Walorski introduce legislation earlier this year to expand eligibility for MST survivors.
- The VA provides counseling, health care services, and other treatment to veterans who experienced MST. However, many survivors must travel long distances to receive treatment but are unable to obtain travel benefits to access the care they need.
- Rep. Walorski's bill would allow veterans to be reimbursed for travel outside their Veterans Integrated Service Network (VISN) when seeking treatment related to MST.
- Congress has a job to ensure veterans and servicemembers have access to comprehensive mental health. We may see this as a mental health issue but we also have to acknowledge veterans are coming home to a different world.
- We must help veterans connect with their community, engage with their passion, and find a new purpose to help mitigate suicidal ideation and learn ways to cope with trauma.
- The VA has not released data relating to veterans dying by suicide since 2016. This data is critical to solving this epidemic, and I urge this Committee to request this data from the VA.
- I was so proud of the bipartisan work we did on this Committee while I was a Member during my first six years in Congress. By putting politics aside and focusing on improving the lives of Veterans, this is the most bipartisan Committee on Capitol Hill and I am so pleased to be with you today.
- By working together and advancing bipartisan legislation, we can collectively fix the heartbreaking problems of military sexual trauma and veterans suicide.

Prepared Statement of Ross Spano

Introduction:

Thank you, Chairman Takano, Ranking Member Roe, and the other Committee members for hosting this Member Day Hearing. The District I serve, Florida's 15th Congressional District, is estimated to have over 55 thousand veteran residents. We are in close proximity to MacDill Air Force Base, and many servicemembers who are stationed there end up retiring in District 15.

Priority:

The region is served by the James A. Haley Veterans' Hospital located in Tampa. One of the biggest priorities for the facility is the opening of the new Lakeland VA Outpatient Clinic. This clinic would be a tremendous help for Central Florida veterans that live further from James A. Haley Hospital.

I appreciate the Committee's recognition of the importance of a Lakeland Outpatient Clinic to improve care for my constituents. S. 114, the VA Choice and Quality Employment Act of 2017, authorized nearly 11 million dollars for the facility. That legislation was signed into law in August 2017.

However, I am discouraged by the amount of time it is taking for the project to make its way through the various agencies' approval processes. I recently received an update from the Office of Management and Budget that they anticipate completing their approval of the lease in the next few weeks, at which point it will be transmitted to GSA for their approval.

Under this timeline, I have been told the lease award is planned for March 2021 and the facility would open in March 2024.

I would appreciate any help the Committee can provide in pushing the Agencies involved in approving these leases to expedite the process so that the facilities that were improved in 2017 can begin serving our veterans sooner than 2024.

Closing:

While there are many other priorities I would like to work with you on to improve the care and services available to our nation's veterans, the expedited opening of the Lakeland Outpatient Clinic is my top priority. I appreciate you allowing me to appear before the Committee today and would welcome any questions you have.

Prepared Statement of Robert J. Wittman

Introduction:

Chairman Takano, Ranking Member Roe, and distinguished members of the Committee, it is an honor and a privilege to testify in support of over 18 million veterans across the United States; 750,000 of which call Virginia home.

I represent the First District of Virginia, which Fort A.P. Hill, Marine Corps Base Quantico, and Naval Support Facility Dahlgren call home. Additionally, constituents in my district support the mission at several installations in the National Capital Region and throughout Virginia and Maryland.

As a member from a district so full of men and women who have made incredible sacrifices for our nation, I have had the distinct pleasure to serve on their behalf. As such, I have been and will continue to be committed to our military and our veterans during my time in Congress.

Theme 1: Veteran Priorities

I routinely hear from the veterans community in my district by regularly convening a Veterans Advisory Council, engaging with veterans that I meet with and who call into my office and hosting several Veterans Forums throughout the year—one of which Ranking Member Roe was kind enough to attend last year. In short, these platforms allow me to hear directly from veteran constituents who have first-hand knowledge of the issues they face.

Through their feedback, I have outlined the following areas as my priorities for veterans:

- Increasing efficiencies in the Department of Veterans Affairs.
- Expanding veterans' access to medical care.
- Increasing collaboration to provide more services to veterans; and
- Combating veteran's homelessness.

Theme 2: Commend the Committee of their Work

In addition, I would like to commend this Committee for the work they have done to support veterans. Over the past few years, your work has increased veterans' access to medical care and ensured we as a nation continue to keep our promise to take care of those who protect our freedom. And, while our system is far from perfect, this Committee continues to strive to seek out and eliminate the hurdles that burden our veterans.

Among this work, I would like to highlight the Mission Act. Signed into law last year and took effect this June, this legislation expanded the VA Choice Program by increasing outside medical options, establishing a permanent community care program for veterans, and modifying how the VA utilizes private medical providers.

Additionally, this Committee helped pass the Blue Water Navy Vietnam Veterans Act of 2019. Signed into law this past June, this legislation brought an end to a six-decade long struggle to provide benefits to approximately 52,000 "Blue Water" veterans who were exposed to Agent Orange during the Vietnam War.

Theme 3: Your Veterans Legislation

The work we do for our veterans, however is never done. To this end I would like to highlight two bills I have introduced that would further help our veterans:

H.R.1577 - VA Procurement Efficiency and Transparency Act: This bill requires the VA to track cost savings resulting from its contracting competitions and to use standardized contracting procedures, ensuring dollars meant to support veterans aren't wasted because of bureaucratic inefficiencies.

Ultimately, this bill would improve procurement within the VA by putting in place consistent parameters for the VA to measure its cost savings from competition while encouraging the VA to organize its templates for key procurement documents and share them across the organization. This legislation will work to reform these archaic procurement rules through a commonsense procurement and transparency fix.

H.R. 2886 - Veterans Affairs Transfer of Information and sharing of Disability Examination Procedures with DOD Doctors Act: This bill speeds up access to care for veterans by not subjecting them to another round of medical screenings before a disability rating is issued. Additionally, this bill further requires the Departments of Veterans Affairs and Defense to share medical and service record data electronically.

We have made great strides recently in improving the VA's level of care for our Veterans, but we have more work to do. My hope is that these bills can be part of that ongoing effort.

Conclusion:

I want to thank Chairman Takano, Ranking Member Roe, and the distinguished members of the Committee for this opportunity to testify here today. I have long believed that the benefits afforded our men and women in uniform have been earned through sacrifice and hardship, and that those benefits should be protected. I look forward to continuing to work with the Committee to ensure our veterans have the resources they need and the benefits they have earned defending our freedom. We, as a nation, owe our veterans a debt that can truly never be repaid. Thank you.

Prepared Statement of Jim Costa

- I want to begin by thanking the Chairman and Ranking Member for allowing me to come before the Veterans' Affairs Committee to advocate on behalf of some of my constituents.
- During the Vietnam War, the CIA covertly trained Hmong men and women in Laos and led them into combat in support of U.S. Forces.
- These indigenous forces, fighting shoulder to shoulder with U.S. soldiers, conducted direct missions against the Communist forces and their North Vietnamese supporters. Hmong soldiers saved countless American lives, and over the course of the war, more than 100,000 Hmong made the ultimate sacrifice.
- Since the end of the Vietnam War, thousands of Hmong and Lao families have resettled around the United States to become legal permanent residents or United States citizens and have greatly contributed to American society.
- From California to North Carolina and Minnesota to Rhode Island, these brave individuals and their families have made our country stronger and more prosperous.

- Of the Hmong who became U.S. citizens, approximately 5,000 veterans are still with us today, and they deserve the choice to be buried in national cemeteries.
- That is why I introduced the Special Guerrilla Unit Veterans Service Recognition Expansion Act.
- This legislation would authorize the interment in national cemeteries of ALL Hmong and Lao veterans who served in support of U.S. Forces in the Vietnam War. Given the dedicated service to our nation of these U.S. citizens, we believe this is an appropriate honor.
- I believe the Hmong deserve this honor, and through their service to the United States, they have earned it.
- Mr. Chairman and Ranking Member, I encourage all my colleagues to support this legislation to honor the Hmong for their service.

STATEMENTS FOR THE RECORD

Jahana Hayes

Chairman Takano, Ranking Member Roe, thank you for the opportunity to testimony before the Committee today. Veterans' affairs are extremely important to both me and my constituents, and I appreciate the opportunity to be able to outline my priorities for you.

Even before being elected to Congress, doing right by the veterans that have served our country, and their families, has been a priority for me. Connecticut's 5th District is home to so many of those brave men and women - I am grateful for their service and in awe of the sacrifices made by them and their families. But too often we fail these heroes by not providing the services they need when they return home. When our veterans cannot access quality healthcare, find a steady paying job, or a place to live - we have failed. We can, and must, do better. That is why the work of this Committee is so vitally important. Through this Committee and the leadership of Chairman Takano, Congress is making sure that soldiers exposed to Agent Orange or burn pits get necessary treatment, that vets utilizing the GI bill are not taken advantage of by predatory for-profit colleges, and that any veteran struggling with mental health issues is able to access suicide prevention resources, to name a few.

Today, I would like to use this opportunity to review some of my legislative priorities that fall within the Committee's jurisdiction.

As a teacher, I would like to start with education! Upon returning from service many veterans utilize the GI Bill to help fund their education. Unfortunately, veterans are often targeted by predatory for-profit institutions who seek to benefit from their enrollment. One way they do this is by exploiting the 90/10 Rule. The 90/10 Rule is a provision in the Higher Education Act (HEA) that prohibits for-profit institutions from receiving more than 90 percent of their revenue from Federal student aid. This includes such things as Pell grants and loans but does not include GI Bill benefits or other military tuition assistance. So, these institutions can receive 90 percent of their revenue from Federal student aid and still access a student veteran's GI bill benefits. This practice is dishonest and unfair. This loophole should be done away with.

Another pressing issue facing our veterans is access to health care - both physical and mental. Each day 20 veterans, servicemembers, reservists, and members of the National Guard take their own life. That is 20 too many. I look forward to working with the Committee to address the issue of veteran suicide and ensure that no soldier is left without the resources they need when they return home. Whether it is increased funding for medical care or ensuring that suicide prevention hotlines are adequately staffed, we owe these heroes this level of investment.

Part of that care is figuring out new ways to better serve our veterans and get them the health care they need. Medicinal marijuana has been shown to help patients relieve insomnia, anxiety, pain, and even epilepsy. I believe that all patients deserve access to medicinal marijuana as a way to treat their chronic pain, PTSD, and other conditions. In speaking with veterans across my district, I have also learned that medicinal marijuana is particularly helpful for those suffering from PTSD. That is why I cosponsored H.R. 712, the VA Medicinal Cannabis Research Act of 2019. This bill would allow the VA to study the effect of cannabis on health outcomes for adults with chronic pain and PTSD.

We must also ensure that veterans that are exposed to hazardous materials like burn pits or Agent Orange are able to obtain the medical treatment they need. That is why I was proud to cosponsor and vote for your bill, Mr. Chairman, H.R. 299, the Blue Water Navy Vietnam Veterans Act.

When I meet with veterans across my district, one of the issues I hear about most is the financial instability many veterans face. There are several bills that address this issue and would give veterans the compensation and benefits they earned. Congress passed H.R. 1200, the Veterans' Compensation Cost-of-Living Adjustment Act of 2019, which would give veterans a raise, as well as the Gold Star Family Tax

Relief Act, which will ensure that the benefits that veterans' families receive are not taxed at an unfair rate. Additionally, we must reduce unemployment and homelessness among veterans. H.R. 95, the Homeless Veteran Families Act, and H.R. 444, the Reduce Unemployment for Veterans of All Ages Act of 2019 would both go a long way in helping to combat these issues, and I am a proud cosponsor of each of these bills.

When I visit with Gold Star families across my district, the offset between SBP and DIC benefits is one of the most common issues I hear about. That is why I worked with this Committee and the Senate Veterans' Affairs Committee to introduce the bipartisan Dependency and Indemnity Compensation Improvement Act, H.R. 3221. This bill would give Gold Star families an additional \$300 per month. This allowance would bring benefits for surviving military families more in line with Federal employees and the DOD's SBP. The death of a servicemember should never lead a family to financial hardship, and we owe it to these heroes to give their families the full benefits they have earned.

Finally, one of the areas I am most concerned about is female veterans. Currently, 10% of all veterans are female. That number is expected to rise by as much as 6.3% in the next 25 years! This is great news, however, many of the services offered to our veterans are not designed for women and do not adequately meet their needs. We must ensure that female veterans are able to get the health care they need, including access to an OB/GYN at the VA. But we must also make sure they have greater access to legal services. That is why I cosponsored H.R. 3189, the Improving Legal Services for Female Veterans Act, which would require the VA to partner with an NGO to provide legal services to female veterans.

Later today, my office will meet with the Connecticut Veterans of Foreign Wars to discuss what else we in Congress can do to help our veterans. They are doing great work on behalf of veterans in my state, and I am excited to hear from them.

Thank you again for this opportunity, Mr. Chairman. This Committee has done a lot of great work, and I look forward to continuing to work with you on these priorities and appreciate your time.

Adriano Espaillat

Dear Chairman Takano and Ranking Member Roe,

Thank you for allowing me the opportunity to submit this testimony and share with the Committee on Veterans' Affairs priorities of mine and my constituents in New York's 13th Congressional District. Over the past several months, including this most recent district work period, my staff and I have heard from veterans throughout Manhattan and the Bronx that I am privileged to represent.

As a first order of business, I wish to voice my support for the Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program. I have long supported increased funding for this vital program, administered jointly by the Veterans Administration and Department of Housing and Urban Development, and I want to encourage the Veterans Affairs Committee to work to expand eligibility and provision of HUD-VASH. Many veterans in my district receive their care at the James J. Peters VA Medical Center in the Bronx, and several case managers and health care providers have told my staff and me that many service-members they see are homeless and face threats to their health and well-being. Furthermore, without a home address, many veterans cannot receive their earned benefits, only worsening their plight. The current funding of HUD-VASH allows for too few to meet demand. I understand that housing exists in a limited market, but a great number of veterans who have sought support through the HUD-VASH program desperately need this assistance in order to be successful. I respectfully ask that the Committee continue to make this and addressing veteran homelessness in general a top priority.

Also, in the discussion of housing, it has come to my attention that the VA Home Loan Program (Veterans Benefits Administration) has only issued or guaranteed only two home loans in Manhattan and just 21 in all five boroughs of New York City. This is a tool that is underutilized and not widely advertised to veterans, servicemembers, and their families. I would ask the Committee to examine this disparity and explore a means to broaden the eligibility not just to single or multi-family homes, but also co-ops that are found more widely in densely populated metropolitan areas such as New York City.

Finally, many servicemembers and veterans who served on or after September 11, 2001 and have returned to civilian life have been frustrated that landlords and housing management companies in certain instances are not accepting the Basic Al-

lowance for Housing (BAH) granted to active and non-active duty individuals enrolled in higher education or job-training programs as a proof of income for a new lessee. While this is anecdotal and not a uniform standard of rejection, I know that even one instance is too many, especially when it comes to the benefit and stability that housing provides. Even in New York City, where the Commission on Human Rights and Department of Veterans' Services have made it abundantly clear that the BAH afforded through the Post 9/11 G.I. Bill is comparable to any other, "lawful source of income"¹, I would ask that the Committee continue its vigilance and oversight of this issue to make sure that this does not become a pervasive trend.

I again thank both Chairman Takano and Ranking Member Roe for the opportunity to submit my testimony. Given the breadth of vitally important issues before the Committee on Veterans' Affairs, I am heartened that you have made a commitment to hear from colleagues who serve on other Committees and listen to their concerns. Thank you for your consideration and I look forward to working with you to address these issues.

Sincerely, Adriano Espaillat
Member of Congress

Christopher Smith

ADDRESSING THE URGENT NEED TO BOOST THERAPY, TREATMENTS FOR VETERANS

Thank you, Chairman Takano, for your continued efforts to support and improve the health programs available to our nation's veterans.

Today, I ask the Committee to move H.R. 2435, the Accelerating Veterans Recovery Outdoors Act, which I introduced with Representative Adam Smith that would establish an interagency task force to increase the access to Federal lands for the purposes of veterans' medical therapy. This legislation empowers a newly created task force to identify barriers veterans face when accessing public lands for treatment, and provide recommendations to Congress, within a year, on ways to eliminate those barriers.

Research has increasingly shown that outdoor recreation can be an effective form of treatment, rehabilitation, and healing for veterans. While many nonprofit organizations, veteran service organizations, and private companies have used the outdoors to help heroes heal, providing greater coordination among key agencies will provide new opportunities on public lands and other outdoor spaces.

Consider the example of Blake, a combat-wounded veteran who served in Iraq. By the time he was 20, Blake suffered several traumatic experiences pushed him into depression, anxiety and PTSD. Three VA Psychiatric Wards and a substance abuse rehab left him barely clinging to hope, but it was a backpacking trip led by the Sierra Club Military Outdoors that changed his entire perspective of the tragedy that defined him until that point.

Blake began participating in backpacking trips in Yosemite, Ansel Adams, and Big Bend. He says that shared experiences in the outdoors taught him "purpose, self-reliance and the healing powers of nature." He adds, "For in every Texas sunrise in the desert or a sunset next to an alpine lake, I found more beauty and serenity than I thought existed. I found camaraderie with my other veterans in sharing our stories on the trail. The darkness of what I had experienced couldn't compare to the light I saw in watching a trout swim in the Merced River with Half Dome looming nearby. And when the depression, anxiety and everything else that comes with PTSD creeps back into my life, I know just what do...strap on a pack and get outside!"

According to the Department of Veterans Affairs' National Center for PTSD, between 11 and 20 percent of veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom and 12 percent of those who served in Desert Storm have PTSD in a given year, and 30 percent of those who served in Vietnam will have had PTSD in their lifetime.

H.R. 2435 will help determine how Congress, Federal agencies, and the private sector can better collaborate and identify outdoor initiatives to serve veterans. This legislation would not require the VA to prescribe recreational therapy but would simply help expose barriers to be overcome and new opportunities to be pursued so

¹ The New York City Administrative Code Title 8: Civil Rights (§ 8-102 Definitions.): The term "lawful source of income" includes income derived from social security, or any form of federal, state or local public assistance or housing assistance including section 8 vouchers.; § 8-107 Unlawful discriminatory practices

that public lands are more available for recreational activities, such as hiking, backpacking, fishing, horseback riding, rafting, and biking, which have proven to advance recuperation and healing. Ultimately this legislation will supplement the VA's major medical care programs with outdoor recreational therapy for military veterans.

More than 75 veteran service organizations, outdoor recreation groups, and conservation organizations, including the American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, Disabled American Veterans, and Minority Veterans of America, have endorsed H.R. 2435. Similarly, this bill has broad bipartisan support here in the House.

As a nation we intend to invest \$9.5 billion in mental health services and \$222 million for suicide prevention outreach to combat the growing challenges of veteran suicide, PTSD, and other mental health for FY2020. This legislation is a cost-free way to complement comprehensive medical treatments and make use of our nation's outdoor resources to help more veterans heal.

As the former Chairman of the House Veterans' Affairs Committee, I have been a long-time supporter of providing veterans with the quality healthcare they deserve, and I believe this bill builds upon holistic medical care and acknowledges the added benefits of outdoor recreation therapy.

I look forward to working with the Committee to ensure this important legislation passes the House of Representatives.

Dave Loeb sack

H.R. 2997 - THE SGT. BRANDON KETCHUM NEVER AGAIN ACT

- I want to thank the Chairman and Ranking Member for the opportunity to highlight an issue of importance not just to veterans in my district, but to veterans and their families across the country.
- Our nation has a responsibility to ensure that our veterans are served with the same dignity and honor with which they have served. This includes providing veterans with access to the services they need to successfully transition from active duty to civilian life, including of course, comprehensive and accessible mental healthcare services.

There is a devastating mental health crisis in our country, and it is disproportionately impacting our veteran community. As you know, we tragically lose over 20 veterans each day to suicide. One death of a veteran to suicide is too many, and we must address this national health crisis.

- Many of our nation's veterans face post-traumatic stress disorder and other serious mental health issues upon their return home, and these veterans have sacrificed too much to ever feel alone when in a crisis. When these veterans reach out, we as a country owe it to them to answer their call.
- Three years ago in my district, a veteran named Sgt. Brandon Ketchum died by suicide after being denied in-patient care at a VA Medical Center. Tragically, this is not the first time a veteran has asked to be admitted for mental healthcare at the VA in this country and been denied.
- This is unacceptable and we in Congress have the responsibility to pass legislation to ensure that it never happens again.
- My legislation, the Sgt. Brandon Ketchum Never Again Act, would require that when a veteran enrolled in the VA healthcare system requests at a VA Medical Center to be admitted for in-patient psychiatric care, the VA must provide that care for the veteran in the psychiatric ward of that Medical Center. If there are not enough beds or providers at that location, the VA must find care for the veteran for a non-VA facility.
- This bill would not prevent admissions as they currently operate, but rather would supplement existing policy. For example, if a veteran displays suicidal ideations but does not explicitly request to be admitted to the in-patient psychiatric ward, his or her doctor could still recommend admission.
- Sgt. Ketchum's tragic death reinforces the need for systemic change within the VA to ensure any veteran who is suffering from a mental health issue gets the treatment they need and deserve. Simply put, under the Sgt. Brandon Ketchum Never Again Act, if a veteran asks for in-patient mental healthcare from the VA, they will get it.
- By giving veterans the power to get the mental health treatment they want, we can take an important step to ensuring that no veteran ever again wonders whether he or she is "sick" enough to be admitted for psychiatric care.

- As a military parent, this issue is deeply personal to me and I am fully committed to working with the Committee to ensure that no veteran in need is ever turned away again.
- I hope the Committee will support my bipartisan legislation to improve access to mental healthcare for veterans in need. I thank the Chairman and Ranking Member for your time and consideration.

Debbie Lesko

1. Chairman Takano (D-CA) and Ranking Member Roe (R-TN), thank you for your leadership of this Committee to advance policies to help our veterans' community.

2. I am eternally grateful to the brave men and women who have and continue to fight to protect our nation and freedoms. Our veterans have served their country with honor, and I believe it is our duty as their Representatives to ensure they are cared for when they return home.

3. As the Member of Congress representing Luke Air Force Base, I am especially committed to the well-being of our military veterans, and I look forward to working with this Committee to ensure they are well taken care of.

4. It's my honor to be here today to advocate for my bipartisan bill, H.R. 1944, the VA Medical Center Transparency Act, which I introduced with my colleague, Congresswoman Susie Lee of Nevada.

5. The purpose of my bill is to help veterans by increasing transparency of VA medical facilities, so that Members of Congress can better and more easily understand the strengths of VA medical facilities and help them to elevate the care our veterans receive.

6. The bill would require every Director of a VA Medical Facility to write a fact-sheet annually that would include:

- a.(1) Statistics regarding patient volume, the most common health conditions treated, the average wait time, and other matters the Director deems appropriate;
- b.(2) A description of the successes or achievements of the facility, including actions taken to improve the facility and the care provided; and
- c.(3) A brief plan to improve the facility

7. The fact sheet would be made publicly available online and in the relevant medical facility, and copies would be sent to the Secretary of the VA, both Veterans Affairs Committees, and to each Representative and Senator that represents the district or state in which the facility is located.

8. This factsheet will not replace any report nor take resources away from the VA.

9. Rather, this simple factsheet will allow our facilities to easily highlight their achievements and communicate their plans to elevate quality, and allow us as Members of Congress to better respond to their needs so that they can provide the optimal care for those who have served our country.

10. Thank you for the opportunity to be here today, and I ask that the Committee move this bipartisan bill.

Elijah E. Cummings & Ted S. Yoho

Chairman Takano and Ranking Member Roe,

It is critically important that we protect student veterans who are using their benefits earned through the Post-9/11 GI Bill. This is why we introduced the Safeguarding Student Veterans Act, H.R. 4012. Our bipartisan bill will help make sure that student veterans are not harmed by troubled schools, including those operating for profit, by increasing coordination between the Department of Veterans Affairs and the Department of Education.

Around the country, including in Maryland and in Florida, many colleges, especially those operating for profit have recently shut their doors. These closures have had devastating impacts on students and, in particular, tens of thousands of student veterans who were aggressively targeted for enrollment by these schools.

Students who receive Post-9/11 GI Bill benefits made up a disproportionately large share of students at many of these for-profit schools when they closed. ITT Technical Institute had around 7,000 of its 40,000 students receiving these benefits

and Education Corporation of America had about 4,000 student veterans out of 18,000 students.

When these colleges close, student veterans are robbed of their education and a chance to better themselves.

We must do better for our veterans.

The Safeguarding Student Veterans Act will require the Department of Veterans Affairs and the Department of Education to coordinate in order to protect student veterans. The bill will also make sure that the Department of Veterans Affairs has a better understanding of the risks that certain schools pose to veterans, and that veterans have access to this important information when choosing which school to enroll in.

Specifically, when a school has significant financial and compliance issues and is placed on Heightened Cash Monitoring status by the Department of Education, the bill requires that the information that schools hand over to the Department of Education will also be shared with the Department of Veterans Affairs.

The Department of Veterans Affairs would then perform a risk analysis for these schools. The risk analysis would include information the Department of Veterans Affairs receives from the Department of Education as well as additional factors such as the volume of student complaints, rates of Federal student loan defaults by veterans, and veteran completion rates.

This coordination between agencies and better understanding of the risk posed by these schools will help empower student veterans. The Department of Veterans Affairs would include the findings of the risk analysis as part of the Department of Veterans Affairs' online GI Bill Comparison Tool and notify veterans of the results of the risk analysis.

The Safeguarding Student Veterans Act is supported by leading organizations working to enhance educational opportunities for veterans including Student Veterans of America, American Legion, Veterans Education Success, Maryland Attorney General Brian Frosh, Vietnam Veterans of America, Higher Learning Advocates, and High Ground Veterans Advocacy.

We ask for the Veterans Affairs Committee's support for this important piece of legislation.

Glenn "GT" Thompson

Chairman Takano and Ranking Member Roe:

Good morning and thank you for the opportunity to share my priorities for the veteran community with the House Veterans Affairs Committee. As the father of an active-duty soldier who received a Purple Heart during Operation Iraqi Freedom, and a strong supporter of our nation's servicemembers, I appreciate your willingness to receive my testimony.

I recognize the challenges facing this Committee and appreciate your ongoing support for our servicemembers, both active and retired. These brave Americans put their lives on the line regularly in the defense of a higher cause, so we have a responsibility to support them in the strongest and most responsible way possible.

While I certainly understand that the Departments of Defense and Veterans Affairs have the best interests of our troops in mind, our oversight role is necessary to ensure these Departments stay on the right course.

During the 116th Congress, I have co-sponsored nine bills that are within the Veteran Affairs Committees jurisdiction. Each of these bills are of importance to my constituency and the large veteran population that makes up my district. I have always taken pride in working to ensure that our nations veterans receive the help, protection, and care that they need when they return home.

That is why some of my priorities this Congress include H.R. 592- the Protect Veterans from Financial Fraud Act of 2019. This bill, introduced by Rep. Julia Brownley, amends Title 38 to ensure that the Secretary of Veterans Affairs repays the misused benefits of veterans with fiduciaries and to establish an appeal process for determinations made by the Secretary of Veterans Affairs of veterans' mental capacity. Additionally, I have co-sponsored H.R. 303- the Retired Pay Restoration Act introduced by Rep. Bilirakis.

In addition to these two bills, I have co-sponsored several other pieces of legislation that touch upon the health and well-being of our nation's veterans. H.R. 663- the Burn Pits Accountability Act sponsored by Rep. Tulsi Gabbard, creates a registry of all servicemembers effected by the burn pits that many have come in contact while serving in Operation Iraqi Freedom, Operation Enduring Freedom, and in var-

ious countries in Africa. This list will enable those veterans effected to get the help they need before it is too late.

I have also signed onto H.R. 3495- the IMPROVE Well-Being for Veterans Act, sponsored by Rep. Jack Bergman. Every day, 22 veterans take their lives. It is time that we, as legislators, do whatever we can to put an end to that awful statistic. H.R. 3495 will require that the Secretary of Veterans Affairs provides financial assistance to eligible entities to provide and coordinate the provision of suicide prevention services for veterans at risk of suicide, and veteran families through the award of grants to such entities.

It is our duty to ensure that we protect our servicemembers when they return home from active duty. For this reason, I have also co-sponsored H.R. 1802- the VA Billing Accountability Act, H.R. 485- VREASA, H.R. 303- Retired Pay Restoration Act, and H.R. 628- the WINGMAN Act. Each of these bills will contribute to the well-being of our nation's veterans. Whether it be through oversight, accountability, or programs to help them thrive.

We must also ensure that we recognize our nations military history and all the great that our Soldiers, Sailors, Airmen and Marines have done for us over the years. It is because of this that I have co-sponsored H.R. 2056, a bill that will recognize and honor the service of individuals who served in the United States Cadet Nurse Corps during World War II. Additionally, I have supported H.R. 3155- the 75th Anniversary of the End of World War II Commemorative Coin Act.

Each one of these bills is indicative of my ongoing support of the veterans, not only in my district, but in the United States. As a Member of Congress, I take great pride in working hard for those who have selflessly continued to put their lives on the line so that we may enjoy the freedoms we do. Throughout my time in Congress I have always supported legislation that will give our active duty servicemembers and veterans the tools that they need to succeed.

I respectfully request the Committee's support of these nine pieces of legislation that will help improve the lives of our military veterans. Thank you again for the opportunity to submit my testimony today. I look forward to working with you in the future.

Gwen Moore

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 (IHCIA) 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.

Jennifer Gonzalez-Colon

Thank you, Chairman Takano and Ranking Member Roe.

I appreciate the opportunity to discuss some of the issues currently impacting the veteran population in Puerto Rico.

As you now, Puerto Rico continues to recover from the 2017 hurricane season. All my constituents struggled with the aftermath, including our veteran community. We have a single medical center located in San Juan, and a network of clinics, including one in the municipalities of Arecibo and Ponce, which were particularly damaged after Hurricane Maria. I am pleased to see the VA is on track to reestablish services in these facilities, and I would like to continue working with the Committee to ensure it maintains construction work at a steady pace so that these clinics are ready to receive veteran patients as soon as possible.

Another area I would like to enlist the Committee's help is hurricane preparedness. I commend VA staff in Puerto Rico for undertaking the monumental task of serving veterans after Hurricane Maria. Yet, I also recognize there is always room for improvement.

For example, some VA facilities in Puerto Rico receive medication from Florida. Additionally, some medication is shipped directly to veterans from South Carolina. As we have seen with Hurricane Dorian, both states are susceptible to storms during the hurricane season and this can potentially cause medication shortages for veterans on the island. I therefore urge the consideration of alternatives, like utilizing medical supply vendors located in Puerto Rico, to minimize the impact of interrupted services due to hurricanes in other areas.

Keep in mind that this would place the Medical Center in Puerto Rico in a better position to help veterans in other impacted areas.

We also need to focus on making sure our veterans are well informed about the benefits available to them. For example, a constant source of complaints from veterans is provider shortages. As you know, shortages can delay appointments with

a specialist. Veterans have options that allow them to see an outside provider should the VA not have the services they need available.

However, I am finding that some veterans remain uninformed of this and other benefits available to them. I therefore urge the Committee to continue working with VSOs and ensure VA facilities properly educate our veterans and their family members on their benefits, like for example those included in the MISSION Act.

I would also like to urge the Committee to help us address a similar problem consisting of vacancies within the VA. During this Congress,

I reintroduced H.R. 846, the Veterans Serving Veterans Act, which passed the House under suspension during the 115th Congress, and H.R. 2308, to amend the Veterans Healing Veterans Scholarship Program to include medical schools in Puerto Rico and one in Texas. Both bills would help veterans find jobs, while also mitigating staff shortages across the VA. I would like to respectfully request that we continue working together to move these bills forward, along with any other initiative you believe could be helpful on these issues.

Lastly, I introduced H.R. 2171 to extend TRICARE Prime to military retirees in the island. I understand this is not under the VA Committee's jurisdiction, but it is an issue that challenges services available to veterans and their dependents on the island. Your support would be greatly appreciated.

I want to thank you both for all the help and attention given to Puerto Rico after the 2017 hurricanes. Your visits to the island remind veterans that they are being heard and that we are working to meet their needs.

Thank you and I yield back.

Peter A Defazio

Chairman Takano and Ranking Member Roe:

Thank you for the opportunity to submit testimony as part of the Committee's bipartisan Member day. I commend my colleagues on the Committee for their efforts to improve the lives of our nation's veterans and would like to address two important issues that have impacted veterans in my district and across the country.

First, I call your attention to the Roseburg VA Health Care System's (RVAHCS) persistent recruitment and retention issues.

Recent staff shortages in the RVAHCS forced the abrupt closure of the Roseburg Emergency Department (ED) and conversion to an Urgent Care (UC) facility. According to RVAHCS Director Keith Allen, Veteran Integrated Service Network (VISN) 20 senior leadership directed RVAHCS to implement a conversion from an ED to a UC facility because of "shortfalls in qualified providers to staff Emergency Department ancillary services, such as laboratory services, radiology services and respiratory services."

Staffing shortages also limit the new UC operations to Monday through Friday, not seven days a week. There is no community care UC facility in Roseburg, so veterans have no access to immediate medical care after 8:00 p.m. or on weekends.

I am gravely concerned the RVAHCS will continue to suffer from recruitment and retention problems without appropriate intervention. I have no doubt that VA care for veterans in my district will ultimately be degraded if these issues are not addressed.

I wrote to Secretary Wilkie urging him to be actively engaged in helping the RVAHCS and VISN 20 maximize all pay flexibilities. I have also urged him to relay information to the Office of Personnel Management (OPM) about how consistent locality pay limitations have negatively impacted VA's efforts to recruit providers in Douglas and Lane Counties.

The RVAHCS is not alone in its struggle to recruit and retain top-tier health care providers. Rural VA health care systems across the country face similar problems.

The health and wellbeing of our veterans is at stake. I urge the Committee to take a more thorough look at what Congress can do to help alleviate the persistent issues that create hurdles for veterans who need care. We must work harder to ensure that RVAHCS and other rural health care systems have the tools they need to recruit and retain high quality providers to meet the healthcare needs of our veterans.

Secondly, I urge the Committee to take up legislation to authorize VA work-study student positions in congressional offices.

In my district, we manage a high-volume of complex veteran constituent case-work. Previously, veterans attending school could work as VA work-study students and be paid to work in congressional offices to help veterans with VA services and benefits.

The stipend veterans received as work-study students encouraged them to participate in the work-study program in congressional offices for substantial amounts of time, sometimes years. Veterans in my congressional district gained invaluable experience and insight into VA casework and issues. Their prior military service also helped them more effectively communicate with veterans, and they were determined advocates for fellow veterans.

One of my former work-study students, Justin Carney, worked in my district office from May 2005 through January 2008. He had to suspend his work-study position when he was deployed, but he returned to my district office to continue helping veterans as soon as he returned to the U.S. Justin now works for the VA in Los Angeles, where he has been for almost ten years. He has held a number of positions there, including Veterans Service Representative, Congressional Analyst, Management and Program Analyst, and now serves as a Coach.

Another of my former work-study students, Whitney Couture, has worked for me for more than ten years and has assisted hundreds of veterans with their casework issues.

In 2009, VA bureaucrats terminated this highly successful program. They said VA work-study students were never authorized to work in congressional offices, despite the fact that they had been working in congressional offices for more than twenty years.

Terminating the program was a no-win situation: student veterans lost out on a tremendous opportunity to develop job skills while helping fellow veterans, veterans in need of assistance lost key advocates in congressional offices, and congressional offices lost invaluable assistance in responding to the needs of veteran constituents.

Despite my efforts to reverse this wrong-headed decision, the program remains terminated. The VA has said that new legislation would have to be enacted to authorize work-study benefits for veterans helping veterans in a congressional office.

As you well know, a significant portion of congressional casework is for veterans. In my district office, I currently have two full-time staff members managing casework for veterans.

I believe there is no more appropriate way to honor our veterans and their service than by training their fellow veterans to assist them with their VA benefits.

That's why I will reintroduce legislation this Congress to make it possible for veterans to again work in congressional offices as work-study students. I urge the Committee to give this important bill full consideration so we can reauthorize this successful program and once again allow veterans to help veterans.

Thank you for your time, and I look forward to continuing to work with the Committee on these and other important issues.

Sean Patrick Maloney

INTRODUCTION

Chairman Takano, Ranking Member Roe, and Members of the Committee, I thank you for the opportunity to provide testimony today. I am asking the Committee on Veterans Affairs to consider two of my bills, the "Get Veterans a Doctor Now Act" and the "Disabled Veterans Red Tape Reduction Act," to bring to Committee. These bills address two specific problems with how our government cares for the brave men and women of the uniformed services after they have returned from combat. I represent the United States Military Academy at West Point, as well as thousands of military families - both active and retired. I have engaged this community through multiple Veteran centered organizations, like VetsFirst, AMVETS, and the Military Order of the Purple Heart, which have been instrumental in the creation of this legislation. Our responsibility to honor those who are willing to sacrifice everything does not end when they return home and I appreciate the hard work the Members of this Committee do in that regard.

GET VETERANS A DOCTOR ACT

As our nation's veterans seek medical treatment, it is our duty to fulfill our promise to them by ensuring that VA medical centers are adequately staffed. The VA is facing a hiring backlog, which has left over 43,000 medical jobs unfilled, creating lengthy delays in access to service. This is unacceptable and another example of how our nation has fallen short in caring for those who were willing to fight and put their lives on the line for our freedom. Currently, the VA must wait to recruit resident doctors until they have completed their residency as doctors. My bill, the Get Veterans a Doctor Now Act, allows the VA to recruit resident physicians earlier, offering doctors a conditional job offer up to two years prior to their graduation. This

bipartisan bill removes this limitation, allowing the VA to compete with the private sector for the best doctors.

One way to correct the current backlog is to actively recruit physicians to work at VA facilities early in their careers. Changing recruiting provisions for VA health centers would not only help to fill open positions but would also ensure that our veterans get the care they deserve, in a timely manner. Allowing the VA to recruit doctors before they have completed their residency will increase competition between the private sector and VA hospitals, leading to higher quality care for our nation's veterans.

DISABLED VETERANS RED TAPE REDUCTION ACT

The Disabled Veterans Red Tape Reduction Act amends the Veterans Benefits Act of 2003 to extend through 2020 the Department of Veterans Affairs authority to have contracted physicians perform medical disability evaluations. This provision was included in the National Defense Authorization Act for Fiscal Year 2019. Easier access to medical disability evaluations will lead to veterans obtaining the benefits they're owed in a more efficient manner. The bill is a simple fix which will help the VA adequately serve our Veterans.

CONCLUSION

To close, I again want to thank the Committee for their time and attention to these two important pieces of legislation. I would be pleased to respond to questions you or the other Members of the Committee may have. The brave men and women I represent appreciate your leadership on these issues and respect for their service.

Steve King

Good Morning Chairman Takano, Ranking Member Roe, and Members of the Committee. I am truly honored to speak before you today in support of my bill, H.R. 2994, the Restoring Maximum Mobility to Our Nation's Veterans Act of 2019. This critical legislation aims to ensure that our nation's veterans with service-connected disabilities are not simply afforded a wheelchair, but are equipped with the very best wheelchair-one that affords maximum achievable mobility and function in the activities of daily life.

The ability to pursue life to the fullest possible degree, even in the face of disability, is critical to ensuring that our nation's veterans are as healthy as possible in body, mind, emotions and spirit. And the statistics prove the truth of that statement. Statistics demonstrate that an average of 20 veterans die by suicide each day in our nation. Six of each 20 are recent users of Veterans Health Administration (VHA) services in the two preceding years leading up to the tragic decision to commit suicide. In my home state of Iowa, there were 75 veteran suicides in 2014 alone. We mourn these precious lives that were lost unnecessarily and find it unthinkable that these trends should continue. We must do more, and we must provide better services, care and support that our nation's veterans need and deserve.

According to current practice, when determining which wheelchair is best equipped for a particular veteran, a VA clinician will take into account medical diagnoses, prognosis, functional abilities, limitations, goals, and ambitions.

Evaluation of mobility assesses musculoskeletal, neuromuscular, pulmonary, and cardiovascular capacities and response, effort, quality and speed of mobility, and overall function. However, the VHA recommendations clarify that "Motorized and power equipment or equipment for personal mobility intended solely for a recreational leisure activity should not be provided...Motorized and power equipment designed for recreational leisure activities do not typically support a rehabilitative goal."

In view of suicide rates among our nation's veterans, how can motorized and power equipment designed for recreational leisure activities not support a rehabilitative goal? According to a study made available by the National Center for Biotechnology Information, which operates under the National Institutes of Health (NIH), "...leisure activities are defined as preferred and enjoyable activities participated in during one's free time, and characterized as representing freedom and providing intrinsic satisfaction. Individuals can recover from stress; restore social and physical resources through leisure activities. Leisure activities with others may provide social support and, in turn, mediate the stress-health relationship, enrich meaning of life, recovery from stress, and restoration of social and physical resources..."

This description will sound accurate to anyone who has found rest, solace and rejuvenation in a preferred recreational activity. As someone who enjoys the outdoors, hunting, fishing and travel, I certainly can appreciate the importance of recreation to a healthy life. And as this reality affects our nation's disabled veterans, I have seen first-hand the benefit of recreation to their health.

I have had the honor of hunting with my friend, Army Specialist Jack Zimmerman. Jack is a remarkable man and decorated veteran who lost both of his legs as a result of life-altering injuries caused by an improvised explosive device. After his injury, Jack had a long rehabilitation in front of him. And he had to deal with trials that he simply should not have had to during that time, including the VA issuing multiple inadequate wheelchairs to him. As an outdoorsman, Jack needed a chair that could navigate uneven terrain without the risk of tipping over. Jack was made aware of an off-road powered-track wheelchair that could offer a heightened level of normalcy and enjoyment to his life. He contacted the VA to acquire one and waited months without success.

Jack's wife ultimately was able to procure a powered-track wheelchair from an outside organization called the Independence Fund, which provides resources and tools that enable veterans to work through their physical, mental and emotional wounds and regain their independence.

I am grateful for the Independence Fund and other organizations that make it their mission to provide for our veterans. But our veterans should not have to rely on such groups to do for them what their nation should. They fought for this nation and they should be cared for by this nation.

In the aftermath of Iraq and Afghanistan, we have strived in Congress to halt veteran suicide. We have worked to ensure that every veteran has access to the health care and services they need. Sadly, the somber statistics demonstrate that we have far to go to adequately take care of our veterans. That's why I champion H.R. 2994, which amends Section 1701 of Title 38 of the United States Code to ensure wheelchairs provided to our veterans include "enhanced power wheelchairs, multi-environmental wheelchairs, track wheelchairs, stair-climbing wheelchairs, and other power-driven mobility devices." This legislation ensures that the Secretary of Veterans Affairs may provide a wheelchair to a veteran because the wheelchair restores an ability that relates exclusively to participation in a recreational activity.

