

**MEMBER DAY: TESTIMONY AND PROPOSALS  
ON THE DEPARTMENT OF VETERANS AFFAIRS**

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**HEARING**

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

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**THURSDAY, JUNE 22, 2023**

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

The committee met, pursuant to notice, at 10 a.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

Present: Representatives Bost, Bergman, Self, Takano, and Ramirez.

**OPENING STATEMENT OF MIKE BOST, CHAIRMAN**

The CHAIRMAN. The Committee will come to order.

It is an honor to be leading the Members Day for the first time as chairman of this Committee. As all of you know, I am a proud Marine Corps veteran, and it is a privilege to lead the Committee on behalf of my fellow brothers and sisters at arms. As I said before, this is not a duty I take lightly. All of us owe a debt to those men and women who served and those who continue to serve our country.

Over the past few years, we have made great bipartisan improvements to make it easier for our veterans and their families. This is a trend I plan to continue. Achieving real success for the men and women who raise their right hand and serve our Nation is not a mission that can be done alone. We must work together to address the issues that affect the veterans in all 50 states and territories. They deserve no less. Members Day gives us the opportunity to hear from members that represent those veterans, whether on our Committee or not, about the issues affecting them and their districts. Every Member of Congress has veterans in their district, and we want to ensure every veteran's voice is heard as we work to improve the delivery of care and services of our veterans.

A veteran in Washington may not face the same obstacles as a veteran in South Carolina. That is why I am excited to see so many of our colleagues on both sides of the aisle participating in today's hearing. Your advocacy on behalf of our veterans and their families and survivors is vitally important, and we appreciate you taking the time to come to the Committee today and share your ideas. I am eager to hear from you about the solutions and proposals you have to ensure our veterans have the opportunity to live out the American dream.

Right now, the ranking member is not here, but when he does get here, we will recognize him for his opening statement. Right now, we do want to recognize the first panel which is testifying before us today, who we have. We have Derek Kilmer from Washington and Representative Pat Ryan from New York, and Keith Self, who is part of the Committee, will also be testifying.

Representative Kilmer, you are recognized for 5 minutes to deliver your testimony.

#### **STATEMENT OF DEREK KILMER**

Mr. KILMER. Thank you, Chairman. Appreciate the time and appreciate you taking the time to listen to members.

I wanted to take this time to discuss a bill that I have introduced called the Housing America's Veterans and Ensuring They Have Needed Services Act, or as we call it, the HAVENS Act. I have been honored to partner with our colleague from South Carolina, Representative Mace, in leading this bipartisan effort.

We have got a serious problem with veteran homelessness in our country right now. Over 37,000 of our brave veterans are without a home. Despite veterans only constituting about 6 percent of our total population, they make up 8 percent of those experiencing homelessness. It is tough to see these folks, many of whom are battling challenges, including things like post-traumatic stress disorder (PTSD) or social isolation or substance abuse, also not having a roof over their heads. Obviously, the pandemic only exacerbated these issues, revealing that our system for assisting homeless veterans often fall short. That is where our HAVENS Act steps in. This legislation proposes a shift away from some of the traditional congregate care facilities, which, unfortunately, during the pandemic, proved to be disease hotspots, toward the creation of tiny home villages. It is not just about the homes. These villages will also provide essential wraparound services onsite, including counseling and job training and financial management. This model has proved to be successful. Residents gain a sense of security and independence while the available services cultivate a caring community, equipping individuals with the support that they need to secure permanent housing. We have seen this model work in areas throughout the country. Importantly, these communities see fewer residents return to homelessness than conventional shelters as well.

The HAVENS Act calls for a 6 year pilot program through the VA's existing Grants and Per Diem (GPD) program. We will allocate five grants totaling \$10 million each to construct these tiny home villages. The funding comes from the current GPD budget, filling in its case management gaps and expanding access to crucial resources for veterans.

It is not just about housing, it is also about sustainable housing. Preference will be given to grant applicants who use energy efficient building materials, things like cross laminated timber. Plus, the Act mandates improve tracking of outcomes for homeless vets, ensuring that we continue to focus on those who may otherwise be overlooked. We want to make sure, if this is a pilot program, that we actually do the evaluation to make sure that it works.

Secretary McDonough said it best when he stated that the term homeless veteran should not exist in our vocabulary. This bill, our HAVENS Act, is a leap forward in trying to make that a reality.

I urge the Committee's support of this legislation and appreciate you taking the time to hear me out. Thank you.

[THE PREPARED STATEMENT OF DEREK KILMER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Kilmer. We appreciate that. Mr. Ryan, you are recognized for 5 minutes.

#### STATEMENT OF PAT RYAN

Mr. RYAN. Thank you, Mr. Chair, and thank you in absentia to Ranking Member Takano for providing us with the opportunity to testify today. I also just want to thank and appreciate my colleague, Mr. Kilmer. I could not agree more and certainly have seen similar programs in our district work very effectively.

Mr. Chair, as you and all members of the Committee develop policies for the 118th Congress, I encourage you to draw from a principle that I learned as a young military officer I am sure that you can appreciate and many others through their service. We have to get resources closest to people on the ground that understand what is happening in the community, that have those relationships, and are able to come in and fill gaps in our current systems. I have three points and ideas that I want to put forward to that end, but I believe that that is where we will close some of these gaps when it comes to transition and employment, mental health and suicide, addiction, and so much more.

The first point is fairly straightforward. In my district, which is New York's 18th District, north of New York City and south of Albany in the Hudson Valley region, we are on the scene between two major VA centers in New York City and in Albany, but extremely far from both, and making it very difficult in a rural and exurban area to have transit. Last year, veterans in my district faced confusion, uncertainty, frankly anger and frustration, as reforms that were initially instituted as part of the VA Mission Act threatened to close our VA Medical Center at Castle Point. Proudly, I stood with veterans from across the community to say that it is unacceptable that we would lose this facility, particularly given that that would mean folks that are already often driving an hour plus would now have to drive two plus hours to get the care that they need as part of our VA system. This at a time that we are seeing population actually increase and more veterans come to the region north of New York City.

As I know you agree, as well as the ranking member, our veterans deserve to know that the care they receive at Castle Point in the Hudson Valley will be there not only tomorrow and next month, but in the years to come, so that they can have that peace of mind.

Second point on getting resources closest to the ground and to those that can solve the problems. I want to draw your attention to a program that was actually started in New York State government by one of our former colleagues, Lee Zeldin, when he was a State senator. He started something called the Private First Class Joseph P. Dwyer Veteran Peer-to-Peer Support Program. It started as a local initiative in New York in Long Island in 2012. Over the

last decade plus, it has grown and thrived. When I was a county executive in my home county of Ulster County, I fought to bring this program and expand it to my region and successfully secured State funds to do so. This is an exact example of a program that plugs the gaps, offers peer-to-peer counseling for veterans suffering from PTSD or Traumatic Brain Injury (TBI) and any other re-integration issues.

I encourage the Committee to now look at the Federal level at legislation to expand what has been a successful program now statewide, federally, through the PFC Joseph P. Dwyer Peer Support Program Act, which has been introduced now and is working its way through the Committee with bipartisan support. This is actually run by a group that I know well of fellow veterans at the Hudson Valley National Center for Veteran Reintegration. These are all veterans themselves that pour their heart and their soul into taking care of veterans and filling the gaps. We have seen firsthand—and we do not have time to share the stories, but moving stories of saving lives through this outreach and this grassroots initiative. I encourage the Committee to move that bill forward as quickly as possible.

Finally, I want to commend other similar initiatives that the Committee and the Congress has undertaken to really flow funds to these Veterans Service Organizations (VSOs) and other non-profits and community groups that have shown the ability to innovate, to be creative, to fill these gaps, and to close that sort of last mile to support our veterans. I want to commend the Staff Sergeant Fox Suicide Prevention Grant Program. Proud that one of my counties, Dutchess County, New York, was one of the first grant recipients of that. That has been going extremely well. Commend that program, would love to see it expanded and continued.

My closing point is these groups need to know that they do not have to fight every year for these funds, that they can plan, that our veterans will have the support.

I am out of time. I appreciate the time and I appreciate you and the ranking member's commitment to our veterans.

Thank you.

[THE PREPARED STATEMENT OF PAT RYAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Ryan. Mr. Self, before I recognize you, I am going to recognize the ranking member for an opening statement.

**OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER**

Mr. TAKANO. Well, thank you, Chairman Bost, for your courtesy.

I do not have much more to say than I really appreciate our annual Bipartisan Member Day hearing and look forward to hearing all of the ideas that we have from both sides of the aisle.

I yield back.

The CHAIRMAN. Mr. Self, you are recognized for 5 minutes.

**STATEMENT OF KEITH SELF**

Mr. SELF. Thank you, Chairman Bost and Ranking Member Takano.



I do this as a 25 year veteran, and I share alma mater with my colleague across the aisle, Mr. Ryan. Thank you for being here today.

Thank you for the opportunity to address my bill. The U.S. Congressman Sam Johnson Memorial VA Clinic Act. This bill would rename the VA Outpatient Clinic located in Plano, Texas, after Congressman Johnson. It is an honor to follow in his footsteps in Texas Congressional District 3, and I am honored to present this today.

Prior to his 27 years as a Congressman, Sam Johnson was a member of the U.S. Air Force for 29 years, where he served as director of the Air Force Fighter Weapons School and flew the F-100 Super Saber with the Air Force Thunderbirds Precision Flying Demonstration Team. He was a decorated fighter pilot—75 combat missions. He was a member of the Thunderbirds as well. I believe that he flew the slot with the Thunderbirds.

While flying over North Vietnam in April 1966 his plane was shot down. He suffered a broken arm and back. He was held as a prisoner of war for nearly 7 years, including a stint at the Hoa Lo Prison, known as the Hanoi Hilton. He was part of 11 U.S. prisoners known as the Alcatraz 11, a group of prisoners separated from other captives for their resistance to their captors. He left the service with two Silver Stars, three Legions of Merit, the Distinguished Flying Cross, the Bronze Star Medal, and two Purple Hearts.

After his release in 1973 he returned home, established a real estate business. In 1985 he began his service in the Texas House of Representatives until he was elected to this House in 1991. He retired in 2018. During his time in Congress, he sat on the House Ways and Means Committee and he received the congressional Patriot Act in 2016. I believe that was the inaugural Congressional Patriot Act.

Currently, this bill to rename the VA Outpatient Clinic in Plano, Texas has the support of 30 members of the Texas House delegation, both Senators Cornyn and Cruz, and three of the largest VSOs in the Lone Star State. Renaming the Plano VA Clinic after Congressman Sam Johnson is a fitting and deserved recognition for such an exemplary veteran public service and bona fide American hero.

Thank you for consideration of this important bill and I yield back the remainder of my time.

The CHAIRMAN. Thank you. I have not commented on anybody's bill, but I am good to hear. If you did not serve with Sam Johnson, you missed a golden opportunity to find one of the greatest heroes that this Nation has ever known. He was very humble and he always had a smile on his face.

Thank you for that and thank you this panel. We thank you for being here. It is a day that is kind of hectic and we have several of our other panels that are coming along, but we are going to wait on them and we will recess waiting on the next panel.

[Recess]

The CHAIRMAN. We are going to go ahead and kind of shift the order around a little bit and so the members that are here do have the chance.

Representative Crockett, if you would like to come forward, we would be glad to hear your testimony at this time.

#### **STATEMENT OF JASMINE CROCKETT**

Ms. CROCKETT. Thank you so much, Mr. Chairman. I really do appreciate the opportunity to sit here before you today.

I want to say first of all that I am grateful for all of our service women and men and what they have done for our country. When these individuals complete their service, there are certain things that they should not have to worry about, two of which are critical when transitioning back to society—healthcare and housing. I know Veterans Affairs works hard to provide our service women and men the help they deserve.

As the representative for Texas 30th Congressional District, I represent the Dallas VA Medical Center, an institution that not only treats Dallas veterans, but veterans across the state of Texas and veterans living in surrounding states. I have had the privilege to visit the Dallas VA Center and I know that the care it provides is second to none. I am extremely proud of the work that they do to help our veterans.

As we all know too well, veterans come back with scars of war. Some of these scars, of course, are invisible, but they demand the same level of medical attention that any physical injury would require. Unfortunately, about a quarter of our veteran population today resides in rural areas. In addition to the inconvenience of driving longer distances to access medical care compared to the rest of their veteran counterparts, rural facilities treating veterans may not have the complete set of resources or care that other more urban settings may provide. That is particularly true when it comes to mental health services. While the VA has provided telehealth services for veterans prior to the pandemic, it appears that the availability of mental health resources via telehealth vary by location and provider. Given that veterans are almost twice as likely to die by suicide than non-veterans, we must make sure that they have access to this particular service. This is especially important for our homeless veterans, who are at an even higher risk.

Despite difficulties in accurately accounting for how many persons live without permanent shelter, we are fortunate enough to have a rough underestimate thanks to thousands of volunteers who go out on a single night every other year to perform a point in time count. According to the 2022 point in time count, over 33,000 veterans are homeless in this country. Most homeless populations do not have reliable access to internet. Even if they did have the technology like a smartphone, to access the internet, they also do not have reliable electricity to charge it or adequate means to protect it from weather conditions like rain or snow. This means they cannot access telehealth services that they really need. These are men and women who put their lives on the line to protect the American way of life, to protect our freedoms.

I say men and women, but let us be honest, these are kids. Fresh out of high school these kids sign up to serve their country and all too many bear the high price. I personally believe that all people ought to have a right to permanent shelter. However, I think everyone can agree that if anyone deserves a place to call home, it

is our returning veterans. Not only is this unfathomable indignity we are allowing them to endure, but it puts their lives at risk. It should come as no surprise that when you do not know where you are going to lay your head at night, when you do not know when or where you will have your next shower or next meal, it is harder to get a job. If you remember nothing else today, what I want everyone in this committee room to know is what I want every American to know, is the physical and mental toll that the lack of permanent housing has on our veterans. Homeless veterans were almost twice as likely to die than housed veterans. This Committee has to do more.

In the cities experiencing acute lack of housing, where so many of our homeless vets live, we do not have to sit idly by. Many of these cities have a VA clinic that are under our jurisdiction. Over the last few years, many individual clinics have gone above and beyond to try to house every veteran they can. We must follow this lead. As an easy start, we could have the VA staff work as service coordinators and advocates for veterans to take advantage of the existing resources. This, of course, means ensuring the VA has sufficient discretionary funding to achieve these goals. Or we could fully lean in and have the VA building housing for veterans with wraparound services to secure employment, treat addiction and more.

The point is, we must do something. This Nation owes a debt to our returning service members. This Committee is responsible for every veteran struggling with mental health and a lack of permanent housing.

I look forward to working with my colleagues to ensure that all veterans have access to care that they need and the comfort of a place called home. It is the least that we must do.

Thank you so much.

[THE PREPARED STATEMENT OF JASMINE CROCKETT APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Representative Crockett.

Ms. Ramirez, you are recognized for 5 minutes.

#### **STATEMENT OF DELIA RAMIREZ**

Ms. RAMIREZ. Thank you, Chairman Bost and Ranking Member Takano. We are really grateful that you are convening on Members Day where I get to speak to you about the importance of supporting our student veterans.

This critical issue needs your attention now more than ever. As too many of our Nation's heroes are not getting the support they need and they deserve student veterans often face financial difficulties, academic challenges, mental health issues due to their service in the Armed Forces and those issues can become even more harder to deal with without proper support for our veteran population. It is up to us, all of us in the room today, to ensure that every single student veteran receives the assistance they need so that no one gets left behind.

Early this Congress I was proud to introduce H.R. 1767, the Student Veteran Benefit Restoration Act, which includes Republican approved amendments to establish an across the board process for student veterans to restore their GI Bill education benefits in

qualifying instances, such as when a student veteran has been defrauded by an educational institution.

In April, this bill passed with bipartisan support during our Economic Opportunity Subcommittee markup. This bill reflects years of bipartisan advocacy led by the members on this Committee and the student veteran community, including advocates like Student Veterans of America and Veteran Education Success, who have been unfairly impacted by a long-standing inequity in the law.

Our veterans have rightfully earned their GI Bill benefits. Let me repeat that, our veterans have rightfully earned their GI Bill benefits, and they should rightfully be restored when bad actors have targeted our vets to make a profit off of them. They deserve our support for their academic aspirations and our bill seeks to provide that support in a meaningful way.

That is why today I urge the Committee to continue all efforts to support this crucial legislation and bring H.R. 1767 to the full Committee during our next markup to guarantee that my constituent voices like Carrie, like Christopher, Andy, Brian T., and Brian W. are all heard. I am committed to advancing this bill forward urgently and have prioritized listening and working across the aisle with my Republican colleagues to make critical compromises to ensure that this bill reflects the Committee's bipartisan commitment to veterans and have earned the support of the Hispanic Association of Colleges and Universities, Veterans Education Success, and Student Veterans of America.

What I ask today is that you join in supporting our student veterans and passing this bill with the Republican inspired amendments. Let us work together for a brighter future for all our veterans and our Nation. Thank you.

With that, I yield my time back. Thank you, Chairman.

[THE PREPARED STATEMENT OF DELIA RAMIREZ APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Representative Schrier, You are recognized for 5 minutes. Thank you for being here.

#### **STATEMENT OF KIM SCHRIER**

Ms. SCHRIER. Thank you very much, Chairman Bost, and thank you, Ranking Member Takano, for the opportunity to testify before your Committee about the needs of our veterans and how we can better meet them.

We have over 500,000 veterans in Washington State, with roughly 50,000 in the 8th District. I firmly believe that if you devoted your life to serving our country, then it is our responsibility to make sure you receive the best service and care possible.

As a physician, I mean that quite literally. Access to care is of utmost importance to me. I was proud to stand with my colleagues last Congress and vote for the Honoring Our Promise to Address Comprehensive Toxics Act or Honoring the PACT Act, which is now law. This means that over 3 1/2 million veterans exposed to toxic substances during their service will get the healthcare that they deserve.

My ask at this point from the Committee is oversight. I have heard concerns in my district about how to get enrolled to receive

this care. I have heard concerns about whether we have workforce readiness to meet the increase in patient demand. I know that there is work being done on the ground in my state, including a focus on hiring and the creation of a performance dashboard which allows for transparency. Patients can see the types of claims newly available to them and the wait times associated. I stand ready to support efforts like this and make this transition as smooth as possible. I am happy to work with you. We just need to make sure that everyone eligible is covered. Please, please consider me a partner in this effort.

Now, it is not just the physical health of veterans that we need to be concerned about, it is also their mental and behavioral health. I have long advocated for increased screenings for veterans as they move through the Transition Assistance Program, or TAP, to look for signs of social isolation, which is a predictor of mental health issues and the potential to end up unhoused. I want to tell you that I share the concern that my colleague Jasmine Crockett just spoke so beautifully about. I have recently learned that the addition of a spouse at TAP sessions can improve adherence and health outcomes and successes. I hear from the District often the need for mental and behavioral health support. Whether it is building up our workforce, easing access, or moving care upstream, again, I stand ready to work with you to deliver for our veterans.

Another issue that I have come to this Committee about several times is about the Electronic Health Record Modernization program. The Cerner Go-Live started out at Mann-Grandstaff VA Medical Center in Spokane, Washington, in 2020. I will note that as a physician I use Cerner in my own capabilities. Now a satellite of Mann-Grandstaff is at the Community Based Outpatient Clinic, or CBOC, in Wenatchee, Washington, in my district. The CBOC was included as part of this rollout and it was a disaster. The attempted upgrade of the electronic health record at the VA has gone poorly, and that is understated. A pilot of Cerner, used successfully in the military and in my office in hospitals and clinics across the country, failed in its rollout at the VA. Orders went unseen, appointments were not scheduled, the computer system was crashing many times a day, and doctors and nurses were having to devote their time to tech support and navigating the health record instead of serving our veterans.

I was very glad to join the chairman and ranking member on their bipartisan proposal, the Reset Act, to include a number of changes to improve issues with patient safety, staff dissatisfaction, and overall management failures since creation in 2018. I was glad to see the VA itself pause the Go-Live to work out the issues that I have noted here. This rollout has endangered our veterans, and I just want to make sure that any future Go-Lives anywhere in the country center around lessons learned, including provider training, better tracking of patient outcomes, and making sure that it works well, because our veterans deserve the best.

Finally, I just want to uplift the Vietnam Era Veterans Pinning ceremony. This has been one of the great honors of my time in Congress. We started during the pandemic doing these thanking and welcoming home ceremonies at doorsteps, and I have continued that tradition. It is so special to meet the veterans, to hear their

stories, to thank them for their efforts, and to meet their families. I just want to tell you and commend you on this program.

Thank you again, Chairman Bost, and Ranking Member Takano, for considering the needs of Washington's 8th District as you continue your work, this Congress and I stand ready to work with you.

Yield back.

[THE PREPARED STATEMENT OF KIM SCHRIER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you. Thank you for being here. Just so you know, in our Committee, I think—well, definitely in my home, if children, my grandchildren around my home say the word Cerner, I cringe. It is like a cuss word.

We are going to stand in recess while waiting on other members.

Thanks.

[Recess]

The CHAIRMAN. Come out of recess. I would like to recognize that my good friend and colleague, Lou Correa, who I have traveled the world with, and representative, you are recognized for 5 minutes.

#### STATEMENT OF LOU CORREA

Mr. CORREA. Mr. Chairman Bost, first of all, I want to say it is an honor to appear before you as chairman of this Veterans Affairs Committee, one that I served with honor in the past. Thank you for your good work.

Not going to take a lot of your time, sir. I just wanted to talk a little bit about some good common-sense measures that I have worked on. First one probably for 15 years. When I was chair of the Veterans Affairs Committee in Sacramento, California, as a State senator, one of my goals was to listen to veterans, to ask them, what is it that you need from us as government? Slowly, quietly, but firmly, I started getting a stream of veterans that said, we suffer from PTSD, we do not want those pills, we prefer cannabis. Throughout the years, I have worked on the VA essentially doing research into what cannabis is good for and what it is not good for. It is not up to Lou or to us to determine what our veterans need or want, it is up to them to tell us what they need. The vast majority of veterans, in my opinion, are using cannabis. All my legislation asks for is for the VA to do some research into what is cannabis good for and what is it not good for. We are simply asking the question, and we want the VA to answer the question.

That is what H.R. 1003 asks to do, essentially, mandating, that the VA do the research. I do not like mandates, but we have asked the VA to do this for a number of years now. I get it. There is more important things out there, but this is important for veterans. I just ask for your strong consideration, sir, of this legislation.

Simple, straightforward, give the veterans what they want.

Mr. Chairman, my second ask is, of course, another one, which is to honor some of our veterans that served our country with honor that have been honorably discharged who are not U.S. citizens. A lot of these veterans come back from battle. I met one of them that was on ten tours in Afghanistan, came back with a lot of challenges. He was a green card holder. Of course, what happened to him happens to a lot of veterans. He got in a fight, got his green card pulled, and was deported. Now he lives in another

country, Mexico, and the only time he can return is when he dies. Once you are dead, since you are honorably discharged, you have the right to be buried in a national cemetery, but you cannot come back before you die.

Our legislation, Takano-Correa, will be considered, hopefully by this Committee. It is a common sense one. All those that served our country and have been willing to pay the price. Many made the ultimate sacrifice, and many others have given a lot, we should respect them as well and give them the opportunity to live in this country.

Those are my two asks, sir. If you have any questions, thoughts, more than happy to work on these pieces of legislation, sir.

[THE PREPARED STATEMENT OF LOU CORREA APPEARS IN THE APPENDIX]

The CHAIRMAN. As always, I know you serve your veterans well and I appreciate the opportunity, appreciate you coming and giving testimony today, and we thank you for that. Each one of those will definitely be considered, and we will take everything you have said to note.

Mr. CORREA. Thank you. The General here and myself, we are also working on some other legislation, and we hope you will consider that one. It is not my legislation, but I will let him tell you a little bit more about it.

Mr. BERGMAN. I am going to praise the virtues of your leadership.

The CHAIRMAN. Thank you, General Bergman . Thank you. General, you are recognized for 5 minutes, as you just came in—

Mr. BERGMAN. Fresh off NDAA.

#### **STATEMENT OF JACK BERGMAN**

Mr. BERGMAN. Thank you, Mr. Chairman.

As a member of this Committee, I am grateful for the opportunity to discuss two of the most pressing issues facing veterans and the Committee today.

First, private assistance in veteran disability applications and the VA accreditation reform. Earlier this year, I introduced the Preserving Lawful Utilization of Services (Plus) for Veterans Act, H.R. 1822, along with my dear friend Lou Correa of California and my fellow Committee member, Nancy Mace of South Carolina. This bipartisan bill will reimplement penalties for unaccredited agents, modernize the VA accreditation system, and protect the right for veterans to seek help from the private market when filing for their disability benefits.

As a representative of the Veterans of Foreign Wars (VFW) stated before the Disability Assistance and Memorial Affairs Subcommittee on March 29 of this year, "If a company is able to be accredited or their individuals are able to be accredited, then they are part of the VA oversight, and the VFW would support that." The PLUS Act seeks to accomplish just this, incorporating businesses into VA accreditation so that veterans can be protected and bad actors can be punished. I am encouraged to hear of the ongoing negotiation among members of the Senate VA Committee to build off the PLUS Act and draft their own version. I have received constructive input from veterans, businesses, stakeholders, and certain

VSOs that are looking to create the best solution possible for those who served and not just engaged in political grandstanding.

However, several points of possible disagreement remain that I feel compelled to speak on.

First, any imposed fee caps that an accredited agent may charge must be set at a level designed to protect veterans from abuse, but not at a level that effectively sets the price for the entire market. Veterans should be allowed to choose whatever option they decide that is in their best interest, filing on their own, going through a VSO, or through a private business. Draconian fee caps will only limit the number of choices available to them.

Second, any solution we consider must avoid creating barriers to entry for companies wishing to assist veterans, both those currently operating in the space as well as any new businesses that may come along with innovative ideas to improve outcomes for our veterans. This is especially relevant when discussing the effective date of legislation and how long it takes VA to approve new accreditation applications.

Congress must make sure the VA does its job for veterans and those who want to assist them by improving the accreditation application process and establishing a system for provisional accreditation.

Finally, I am concerned of the level of hostility the VA has shown toward private businesses, many of them veteran owned. These businesses have a long history of successful outcomes and grateful veterans that have chosen to seek their services. My office has recently been made aware of veterans who have been harassed and questioned by federal agents simply for choosing to receive assistance from a private business. While we must identify and punish those entities who try to take advantage of veterans, we cannot tolerate persecution of businesses that are doing the right things for our veterans. Any accreditation reform bill must include measures that would stop a potentially hostile and weaponized VA from going around congressional intent to limit veteran choice and access to private assistance.

I look forward to continuing our work and Committee to advance effective accreditation reform that protects our veterans and their rights.

The second issue is access to psychedelic assisted therapies. These breakthrough treatments, and I repeat, breakthrough treatments, offer an extremely promising opportunity to address the ongoing suicide and mental health epidemic among service members and veterans, with thousands of success stories so far in treating PTSD, depression, and addiction. Last year, I co-founded the Psychedelics Assisted Therapies Caucus, or PATH Caucus, with my friend Congressman Lou Correa, with the goal of improving understanding and knowledge of these therapies among Members of Congress and their staffs. Yesterday, I had the opportunity to support Congressman Luttrell's amendment to establish a Department of Defense (DoD) study on psychedelic therapies as part of the National Defense Authorization Act (NDAA). Today, I am calling for the VA and the House VA Committee to do their part. I am glad the Committee has begun to place a greater focus on these breakthrough therapies, including through the recent Health Sub-



committee Roundtable. I am very grateful to Chairman Bost for attending the recent PATH Caucus briefing, where we heard several Navy SEALs and a couple of Marines share their stories and experiences with psychedelics, the very positive stories.

The House VA Committee must now focus on furthering VA research into psychedelics, training mental health professionals in the VA system to utilize these new therapies successfully, and to ensure veterans have access to them once they receive Food and Drug Administration (FDA) approval.

Those who risk their lives in defense of our country deserve positive and fulfilling lives, and the Federal Government has the responsibility to assist them in their endeavor.

Again, I am grateful for the opportunity to speak on these issues today, and I look forward to continuing our work on the House VA Committee under Chairman Bost's leadership to get the best possible outcomes for all of our veterans.

Thank you and I yield back.

[THE PREPARED STATEMENT OF JACK BERGMAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, General. I do thank you for your leadership on these new programs that hopefully will find the cure for the post traumatic stress.

Thank you.

Representative Yakym, welcome to Committee, and you are recognized for 5 minutes.

#### STATEMENT OF RUDY YAKYM

Mr. YAKYM. Thank you, Mr. Chairman. Thank you for giving those of us who are not members of the VA Committee the opportunity to present our priority issues to you and to your Committee.

Veteran care transcends district and party lines. All of us want to ensure the best care for those who risk their lives to defend our freedoms. I have only been in Congress for a few months, but the large number of veterans in crisis is quite alarming. I hosted a veteran town hall in early May and mental health was the most discussed issue. Veterans said local VA mental healthcare was disorganized, short staffed, and plagued by long wait times.

In the wake of these jarring reports, I sent an inquiry to the VA Northern Indiana Healthcare System, or VANIHC, inquiring about their mental health appointment wait times, staffing, as well as other information. VANIHC responded that it has an 18 month wait for 18 mental health related vacancies. Mr. Chairman, that is far too many.

I would like to enter both my letter and the response from VANIHC into the record.

The CHAIRMAN. Without objection.

Mr. YAKYM. Thank you, Mr. Chairman.

To put a face on this acute problem and the impact that it has, I want to share the story of one of my constituents, sergeant Ted Grubbs. Ted served honorably in the Indiana Army National Guard as part of Operation Iraqi Freedom in 2008 and 2009. After returning from duty, he was diagnosed with service-connected, complex PTSD and complex TBI. On April 22, Ted experienced a severe mental health crisis. He was sitting on his couch and decided to

put a pistol into his mouth. Thankfully, Ted put the pistol down, but only after realizing it was the day before his daughter's birthday. Ted did the right thing and he reached out to a medic he served with.

After this incident, everyone, including the VA, acknowledged that Ted required in person appointments only, but the soonest the VA could get him in person was June 26, 2 months later. That might as well be forever for a veteran in crisis. Today is June 22, so Ted would not have even had his in person VA appointment as of this date. Fortunately, Ted found more immediate in person help with an outside specialist. Now Ted's fighting with the VA because they will not reimburse him since they offered telehealth appointments. Ted feels that the VA failed him, and I cannot blame him.

I hope that the Committee can drill down into this to understand where these shortfalls exist and why.

All of Ted's children have served in the Armed Forces with honor. Ted and his family represent the best of America, and we owe it to him and to his children to fix the VA mental healthcare system.

Thank you for the opportunity to testify, Mr. Chairman, and I yield back.

[THE PREPARED STATEMENT OF RUDY YAKYM APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Yakym. Also, we hear these stories and that is why we are here and why we are trying to correct those problems.

We want to welcome Representative Spanberger and thank you for being here before the Committee today. You are recognized for 5 minutes.

#### **STATEMENT OF ABIGAIL SPANBERGER**

Ms. SPANBERGER. Thank you. Thank you, Chairman Bost. Thank you, the ranking member and members of the Committee for the opportunity to speak this morning a bill that I care about very, very deeply.

In 2019, a 39-year-old veteran Air Force firefighter contacted my office about having been denied the VA benefits he had earned. Mike Lecik served as an Air force firefighter deploying twice to the Middle East. After coming home to Powhatan County, he proudly served in his local volunteer fire department as a chief fire inspector at Fort Lee. Mike was diagnosed with multiple myeloma, an aggressive and rare type of cancer that attacks the body's plasma cells. When he went to the VA for care, he was told that the VA would not cover treatment costs for his illness because they do not recognize the service-connection between military firefighting and deadly diseases like Mike's. However, studies show that these firefighters are more likely to suffer certain diseases and chronic illnesses due to the harsh nature of their work. During fire suppression activities, firefighters inhale carcinogenic toxins, their turnout gear and firefighting foam also contains high levels of Per- and Polyforyalkyl Substances (PFAS), which have been linked to various types of cancers. In fact, Congress recognized these potential harms when we passed the Fiscal Year 2020 NDAA, which require the Department of Defense to phaseout firefighting foam that con-

tains PFAS. Due to these factors, firefighters experience higher rates of cancer than the general U.S. population. In fact, a 2018 study from the American Association for Cancer Research found that exposed firefighters had roughly twice the risk of developing multiple myeloma precursor diseases as the general population.

We know that Mike's service to our country, his devotion to our Nation's strength and security, led to his multiple myeloma and that is what makes the VA denial of his benefits all the more shameful.

In March 2021, Mike passed away at 41 years old, leaving behind his wife Tiffany and his three bright, beautiful daughters. Today, I will be reintroducing the Michael Lecik Military Firefighters Protection Act for the third time, alongside my colleague Don Bacon, himself a former U.S. Air Force chief. Our bill would finally, finally recognize the connection between the occupational hazards military firefighters face and these deadly diseases.

Last year, Democrats and Republicans voted to pass, and the President signed into law the Honoring Our PACT Act, which extended healthcare to 3.5 million veterans. We also passed the Federal Firefighters Fairness Act which created the presumption that Federal firefighters who become disabled by certain cancers contracted the illness on the job. These reforms were the right thing to do and they were long overdue. We need to harness this momentum and ensure that our military firefighters and their family have the same coverage and same presumption.

Today, I urge my colleagues and the Committee to do the right thing by bringing forward the Michael Lecik Military Firefighters Protection Act.

Thank you, Mr. Chairman. I yield back.

[THE PREPARED STATEMENT OF ABIGAIL SPANBERGER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Congresswoman. Congresswoman, I thank you as the chairman of the Committee for you giving this testimony and as a veteran and as a firefighter, by the way.

Thank you for being here.

Ms. SPANBERGER. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Sorensen, welcome to the Committee, and you are recognized for 5 minutes.

#### **STATEMENT OF ERIC SORENSEN**

Mr. SORENSEN. On behalf of our 17th congressional District and our veterans who call Western Illinois home, thank you, Chairman Bost and Ranking Member Takano, for allowing me the opportunity to testify here today.

We all owe a debt of gratitude to the men and women who served our country honorably. That means making sure our veterans have access to healthcare, employment, and housing when they return home. Today, I would especially like to call attention to the importance of ensuring the homes of veterans with disabilities are safe, accessible, and comfortable.

I recently introduced a bill with Ranking Member Takano, H.R. 4047, the Autonomy for All Disabled Veterans Act. It would increase financial assistance to veterans and active-duty service members for medically necessary home improvements and struc-

tural alterations. Specifically, my bill would increase the VA's Home Improvements and Structural Alterations Grants, a program that provides financial assistance to eligible veterans for home modifications to improve their accessibility, such as installing guardrails or lowering sinks and countertops. While the cost of materials and labor has risen by 40 percent over the past decade, the grant rates have not been updated by Congress since 2009. Currently, the lifetime limit for a Home Improvements and Structural Alterations (HISA) grant is \$6,700 for veterans with service-connected disabilities and \$2,000 for all other veterans, especially the elderly, with non-service related conditions. Our bill removes the disparity between service and non service-connected conditions and increases the lifetime limit to \$10,000 for disabled veterans. It would also index the benefit amount to inflation to keep those rates current. These changes will help ensure that HISA grants more closely match current needs and that we are doing our part to provide veterans with the best quality of life when they return home from service.

I look forward to working with this Committee and our VSO partners to move this bill forward on behalf of veterans not only in my district, our State, but our great country.

Thank you for your time and attention today.

[THE PREPARED STATEMENT OF ERIC SORENSEN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Sorensen, for your testimony today. Appreciate that.

We will be in recess while waiting on a few other members to show up. Thank you all.

[Recess]

The CHAIRMAN. For everyone's attention here, we are back in for just a moment. All other members have contacted us told us there will be no more ones that were coming forward to test give testimony. We want to thank the ones that were here to give testimony today.

With that, I ask unanimous consent that all members shall have 5 legislative days in which to revise and extend their remarks and include any extraneous material.

Hearing no objection—because I am not objecting—so ordered.

This hearing is now adjourned.

[Whereupon, at 10:53 a.m., the committee was adjourned.]

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**A P P E N D I X**

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## PREPARED STATEMENT OF WITNESS

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### Prepared Statement of Derek Kilmer

Good morning, Chair. I'd appreciate a moment of your time to discuss the Housing America's Veterans and Ensuring they have Needed Services Act, or as we call it, the HAVENS Act. I've been honored to partner with my good colleague from South Carolina, Representative Mace, in leading this bipartisan effort.

Look, we've got a serious problem with veteran homelessness in our country. Right now, over 37,000 of our brave veterans are without a home. Despite veterans only constituting about six percent of our total population, they make up eight percent of those experiencing homelessness. It's heart-wrenching to see these folks, many of whom are battling tough challenges like PTSD, social isolation, unemployment, or substance abuse. The pandemic has only exacerbated these issues, revealing that our system for assisting homeless veterans falls short.

That's where our HAVENS Act steps in. This legislation proposes a shift away from the traditional congregate care facilities, which unfortunately have been disease hotspots during the COVID-19 pandemic, toward the creation of tiny home villages. But it's not just about the homes; these villages will provide essential wrap-around services onsite, including counseling, job training, and financial management. This model has been proven successful – residents gain a sense of security and independence, while the available services cultivate a caring community, equipping individuals with the support they need to secure permanent housing. Importantly, these communities see fewer residents return to homelessness than conventional shelters.

The HAVENS Act calls for a six-year pilot program through the VA's existing Grants and Per Diem program. We'll allocate five grants totaling \$10 million each year to construct these tiny home villages. The funding comes from the current GPD budget, filling in its case management gaps and expanding access to crucial resources for our veterans.

And it's not just about housing – it's about sustainable housing. Preference will be given to grant applicants who use energy-efficient building materials, such as cross-laminated timber. Plus, the Act mandates improved tracking of outcomes for homeless veterans, ensuring we continue to focus on those who may otherwise be overlooked.

Secretary McDonough said it best when he stated that the term "homeless veteran" should not exist in our vocabulary. Our HAVENS Act is a leap forward in making that a reality. I urge you to support this critical legislation.

Thank you.

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### Prepared Statement of Pat Ryan

- Thank you, Chairman Bost and Ranking Member Takano for providing us with the opportunity to testify today
- As you develop policies for the 118th Congress, I encourage you to draw from a principle I learned as a young officer: it is essential to get resources to the people on the ground who are doing the critical, day-to-day work. In the 118th Congress, I request that the Committee prioritize programs that direct the VA to maximize the success of our community VAMCs, non-profits, and VSOs. I urge you to send steady resources to organizations, especially those organizations in the Hudson Valley that provide quality, consistent care for our veterans.
- Castle Point:
  - Hudson Valley Veterans need to know that our community will always take care of them. Nothing is more essential to that care than Castle Point VA Medical Center

- Last year, veterans faced confusion and uncertainty as reforms instituted by the VA MISSION Act threatened the closure of Castle Point.
- This was an unacceptable proposal and I ask the Committee to ensure that no veterans will see a reduction in health care access.
- I support efforts to update VA health care facilities and provide the best care possible for our veterans, but that can't come at the expense of misguided policies or loss of care.
- Our veterans deserve to know that the care they receive at Castle Point will be there tomorrow, next month, and next year.
- Scaling Local Programs:
  - I'd also like to bring the committee's attention to local programs that could benefit veterans across the nation, if brought to scale.
  - One such program is the PFC Joseph P. Dwyer Veteran Peer Support Program, which started in New York in 2012.
  - It cannot be that in the United States of America, veterans returning home do not have access to adequate mental health care.
  - The Dwyer Program plugs the gap, offering peer-to-peer counseling for veterans suffering from PTSD or TBI and any veteran looking to reintegrate into civilian society.
  - If properly resourced, efforts like the Dwyer Program can save veteran lives. It's that simple. As Ulster County Executive, I recognized that success and fought to bring the program to Ulster, where it has flourished since.
  - I encourage the Committee to support the PFC Joseph P. Dwyer Peer Support Program Act, which would bring this successful New York pilot program to communities across the country.
  - Another excellent program is the Hudson Valley National Center for Veteran Reintegration, which works to give veterans the tools they need to survive and thrive in civilian life.
  - Much like the Dwyer program, this is a successful model of care and support for veterans that should serve as a guiding light for the Committee as they set policy.
  - It's through these innovative programs that take evidence-based principles and apply them to local communities, that we will be able to reduce veteran suicide and ensure all veterans can integrate comfortably and safely into civilian life.
- Commend the VA and Expand Programs
  - The Committee should also direct to VA to maximize the success of existing grant programs like the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program which has benefited organizations in Dutchess County, in my district.
    - The SSG Fox Suicide Prevention Grant Program enables the VA to provide resources to community-based suicide prevention efforts such as screenings and referrals, assistance with VA benefits, and therapy programming.
  - The tested, evidence-based non-profits and VSOs in our communities need predictable funding streams and the knowledge they will be able to operate in a community and expand their footprint for years to come.
  - It's wonderful to see these programs change veterans' lives for the better, but we must act with urgency to help veterans that have not yet been reached and ensure that steady funding can continue for successful nonprofits so that they can provide for those who fought for us. I look forward to working with you on these efforts and I thank you for the opportunity to testify today.
  - Thank you and I yield back.

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**Prepared Statement of Jasmine Crockett**

- Thank you Mr. Chairman for the opportunity to come before this committee to talk about an issue that impacts my district, my constituents, and the country as a whole.
- I first want to take the opportunity to say that I am forever grateful for all that our service women and men have done for our country.



- When these individuals complete their service, there are certain things that they should not have to worry about – two of which are critical when transitioning back to society—Healthcare and Housing.
- I know the Department of Veterans Affairs works hard to provide our service men and women the help they deserve. As the Representative for Texas' 30th Congressional District, I represent the Dallas VA Medical Center – an institution that not only treats Dallas veterans, but veterans across Texas and veterans living in the surrounding states.
- The care they provide is second to none, and I am proud of the work they are doing at this facility to help our veterans.
- As we all know too well, veterans come back with the scars of war. Some of these scars, of course, are invisible, but they nevertheless demand the same level of medical attention that any physical injury would require.
- Unfortunately, about a quarter of our Veteran population today reside in rural areas.
- In addition to the inconvenience of driving longer distances to access medical care compared to the rest of their veteran counterparts, rural facilities treating veterans may not have the complete set of resources or care that other more urban settings may provide.
- This is particularly true when it comes to mental health services. While the VA has provided telehealth services for veterans prior to the pandemic, it appears that the availability of mental health resources via telehealth vary by location and provider.
- Given that veterans are almost twice as likely to die by suicide than non-veterans, we must make sure that they have access to this service. This is especially important for our homeless veterans, who are at even higher risk.
- Despite all the difficulties in accurately counting how many persons live without permanent shelter, we are fortunate to have a rough underestimate thanks to the thousands of volunteers who have gone out on a single night to perform a Point in Time Count every other year.
- According to the Point in Time Count in 2022, over thirty-three thousand veterans are homeless in this country.
- When you are homeless, you don't have reliable access the internet. But even if you have the technology like a smartphone, you don't have reliable electricity to charge it, or adequate means to protect it from the conditions like rain and snow. This means they can't get access to the telehealth services they need.
- These are men and women who put their lives on the line to protect the American way of life.
- I say men and women, but let's be honest – these are kids.
- Fresh out of high school, these kids sign up to serve their country, and all too many bear a high price.
- I personally believe that all people ought to have a right to permanent shelter.
- However, I think everyone can agree that if anyone is deserves a place to call home, it is our returning veterans.
- And yet, at least 33,000 veterans are homeless.
- Not only is this an unfathomable indignity we are allowing them to endure, but it puts their lives at risk.
- It should come as no surprise that when you don't know where you're going to lay your head at night, when you don't know when or where you'll have your next shower or next meal, it is harder to get a job. It is easier to fall into the criminal justice system. It is harder to reintegrate back into every day society and get your life back on track.
- If you remember nothing else today, what I want everyone in this committee room to know – what I want every American to know—is the physical and mental toll that the lack of permanent housing has our veterans.
- Homeless veterans were almost twice as likely to die than housed veterans.
- This committee has got to do more.

- In the cities experiencing acute lack of housing, where so many of our homeless vets live, we do not have to sit idly by.
- Many of these cities have a VA Clinic in them under our jurisdiction.
- Over the last few years, many individual clinics have gone above and beyond and have shown the difference that a concerted effort to house every veteran can make.
- As an easy start, we could have VA staff work as service coordinators and advocates for veterans to take advantage of existing resources. This, of course, means ensuring the VA has sufficient discretionary funding to achieve these goals.
- Or we could fully lean in and have the VA building housing for veterans with wraparound services to secure employment, treat addiction, and more
- The point is, we have to do something.
- This nation owes a debt to our returning soldiers.
- This committee is responsible for every veteran struggling with mental health and the lack of permanent housing.
- I look forward to working with my colleagues to ensure that all veterans have the access to care they need and the comfort of a place called home. It is the very least we must do.

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#### Prepared Statement of Delia Ramirez

Thank you, Chairman Bost and Ranking Member Takano for convening a Members Day where I am here to speak to you about the importance of supporting our student veterans. This critical issue needs your attention now more than ever, as too many of our Nation's heroes are not getting the support they need and deserve.

Student veterans often face financial difficulties, academic challenges, and mental health issues due to their service in the armed forces. Those issues can become even harder to deal with without proper support for our veteran population. It is up to us—all of us in this room today—to ensure that student veterans receive the assistance they need so that no one gets left behind.

Early this Congress, I was proud to introduce H.R. 1767, the Student Veteran Benefit Restoration Act, which includes **Republican approved amendments**, to establish an across the board process for student veterans to restore their GI Bill education benefits in qualifying instances, such as when a student veterans has been defrauded by an educational institution.

In April, this bill passed with **bipartisan** support during our Economic Opportunity Subcommittee markup. This bill reflects years of **bipartisan** advocacy led by the Members on this committee and the student veteran community, including advocates like Student Veterans of America and the Veterans Education Success who have been unfairly impacted by a longstanding inequity in the law.

Our veterans have rightfully earned their GI Bill benefits and they should rightfully be restored when bad actors have targeted our vets to make a profit off of them. They deserve our support for their academic aspirations. Our bill seeks to provide that support in a meaningful way.

That is why I urge the Committee to continue all efforts to support this crucial legislation and bring H.R. 1767 to the full committee during our next markup to guarantee that my constituents' voices—like Carrie, Christopher, Andy, Bryan T., and Brian W.—are heard.

I am committed to advancing this bill forward urgently and have prioritized listening and working across the aisle with my Republican colleagues to make critical compromises to ensure that this bill reflects this Committee's **bipartisan** commitment to veterans and have earned the support of the Hispanic Association of Colleges and Universities, Veterans Education Success, and Student Veterans of America.

Please join me in supporting our student veterans and passing this bill with the Republican-inspired amendments. Let us work together for a brighter future for all of our veterans and our Nation.

Thank you for your time and I yield back.

**Prepared Statement of Kim Schrier**

**Congress of the United States  
Washington, DC 20515**

MEMBER DAY WRITTEN TESTIMONY FOR KIM SCHRIER, M.D. (WA-08)

June 22, 2023

The Honorable Mike Bost  
Chairman  
House Committee on Veterans' Affairs  
United States House of Representatives  
364 Cannon House Office Building  
Washington, D.C. 20003

The Honorable Mark Takano  
Ranking Member  
House Committee on Veterans' Affairs  
United States House of Representatives  
364 Cannon House Office Building  
Washington, D.C. 20003

Dear Chairman Bost and Ranking Member Takano:

Thank you for the opportunity to testify to your committee about the needs of our Veterans, and to elevate what we're hearing in our districts directly to the committee. We have over 500,000 Veterans in Washington State, with roughly 50,000 in the 8th District. If you dedicated your life to protecting our country, it's our responsibility to make sure you receive the best service and care possible.

As a physician, I mean that quite literally- access to care is of utmost importance to me. I was proud to stand with my colleague last Congress and vote for the Honoring our Promise to Address Comprehensive Toxics Act or **Honoring our PACT Act**, which is now law. This means that over 3.5 million Veterans exposed to toxic substances during their service will get the health care they deserve. **My ask of the committee on this front is oversight.** I have heard concerns from my district about how to get enrolled to receive this care, and I have concerns about workforce readiness to meet this increase in patient demand. I know there is work being done on the ground in my state, including a focus on hiring and the creation of a Performance Dashboard, which allows for transparency- patients can see the type of claims newly available to them, and the wait time associated. I stand ready to support efforts like these and make this transition as smooth as possible for our Veterans. We need to make sure everyone eligible is covered; please consider me a partner in this effort as you move forward.

Accessing care should be simple for our Veterans. Last Congress, I was proud to vote yes on Ranking Member Takano's **Ensuring Veterans' Smooth Transition Act or the EVEST Act**. This bill allows for qualifying Veterans to be automatically enrolled in VA health benefits after they leave the military. Auto-enrollment takes out one more step where we could lose Veterans through the cracks. I was glad this passed the House and would like to see **it move in the Senate and become law.**

It's not just the physical health of Veterans we need to be concerned about- it is also their mental and behavioral health. I have long advocated for increased screenings for Veterans as they move through the

**Transition Assistance Program, or TAP**, to look for signs of social isolation, a predictor of mental health issues and the potential to end up unhoused. I have also recently learned that the addition of a spouse at TAP sessions can improve adherence and health outcomes. I hear from the district, often, the need for mental and behavioral health support. Whether it is building up our workforce, easing access, or moving care upstream, **I stand ready to help this committee deliver for our Veterans.**

Veterans traveling far and wide to appointments is also something I am monitoring in my district. We have very rural parts of the district with limited care options, meaning that I have constituent Veterans who travel from:

- Ellensburg to Yakima (approx. 80 miles round trip)
- Cle Elum to Yakima (approx. 120 miles round trip)
- Arlington to Seattle (approx. 80 miles round trip)
- Wenatchee to Seattle (approx. 300 miles round trip)
- Wenatchee to Spokane (approx. 340 miles round trip)

To receive care. **The distance itself is a major burden for Veterans in our district because many of them are of advanced age or disability and cannot travel alone or drive themselves.** Last month a Veteran constituent in Arlington submitted a casework request asking for help with his mileage reimbursement after he drove about 90 miles roundtrip for an appointment at the Seattle VA that was cancelled by staff after he arrived (and after he had waited hours for his appointment!). In his case, because he didn't technically attend his appointment, he was not eligible for mileage reimbursement. I would love to see more opportunities to make sure Veterans like my constituent in Arlington are not in this situation in the future.

One issue I have come to this committee often on is on **Electronic Health Record Modernization program**. The Go Live started out of Mann-Granstaff VA Medical Center in Spokane, WA in 2020. A satellite of that facility is the **Community Based Outpatient Clinic (CBOC) located in Wenatchee, WA-** in my district. The CBOC was included in part of this roll out. The attempted upgrade of the electronic health record at the VA has gone poorly. A pilot of the Cerner EHR, a system used successfully in the military, and in hospitals and clinics across the country, failed miserably in its rollout at the VA. Orders went unseen. Follow up appointments were not scheduled. The computer system was crashing on a regular basis. And doctors and nurses were having to devote significant time to navigating the health record, time that should have been spent with their patients.

I was glad to join the Chairman and Ranking Member on their bipartisan proposal, **the RESET Act**, to include a number of changes to improve issues with patient safety, staff dissatisfaction and overall management failure since creation in 2018. I was also glad to see the VA themselves paused the Go Live to work out the issues I've stated here. This roll out has endangered our Veterans, and I want to make sure that any future Go Lives are centered around lessons learned, including provider training, and better tracking of patient outcomes. **Our Veterans deserve better.** I thank the leadership on this committee for their persistence on this topic, and for including me and other members of the Washington delegation as part of the solution.

Finally, I want to uplift the impact of our **Vietnam-Era Veterans Pinning Ceremony** in the 8<sup>th</sup> District. Since coming to office in 2019, I have pinned over 170 Vietnam Veterans. Each ceremony is special. Few of these Veterans ever got the gratitude and welcome home they deserved. This pinning ceremony allows us to honor these Veterans while they are still here and thank them for their service. This is one of my

favorite parts of my job. It allows me to connect with families, listen to their stories, and hear their wisdom as we try and make this country a better place for our Veterans.

Thank you again, Chairman Bost and Ranking Member Takano, for considering the needs of Washington's 8<sup>th</sup> District as you continue your work this Congress. I look forward to partnering with you both, and I will continue to go to bat for Washington's Veterans.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim Schrier".

Kim Schrier, M.D.  
MEMBER OF CONGRESS

### **Prepared Statement of Lou Correa**

Chairman Bost, Ranking Member Takano, and other distinguished members of the House Veterans Affairs Committee, it is an honor to appear before you today to testify in support of my bill, H.R. 1003 The VA Medicinal Cannabis Research Act of 2023.

My work with veterans started while I was serving in the California State legislature. I met veterans with both visible and invisible wounds from war and they explained to me that they didn't like being prescribed opioids and other medications. They wanted to be able to access cannabis to ease their pain without the same side effects or addictive properties. When I came to Congress, I wanted to continue my work to provide our veterans with the treatments they want.

While data is limited, the American Legion, a congressionally chartered Veteran Service Organization, commissioned a nationwide survey in October 2017 on a portion of its approximately 2.2 million veteran members and found that 92 percent of all respondents support medicinal cannabis research and 82 percent of all respondents support legalizing medicinal cannabis. The survey also found that "22 percent of veterans are currently using cannabis to treat a medical condition." Therefore, medical research into the safety and efficacy of cannabis usage for medical purposes is timely, necessary, and widely supported by the veteran community. Veterans in 38 states can purchase medicinal cannabis and recreational cannabis in 23 states—more than even just 2 years ago. Although they can discuss cannabis with their VA healthcare provider, VA providers are not allowed to recommend cannabis as treatment. This raises serious questions as to how effective these discussions are. As so many veterans are currently using cannabis for medicinal purposes, it is important that clinicians be able to fully advise veterans on the potential impacts, harms, and benefits of cannabis use on post-traumatic stress disorder (PTSD) and chronic pain.

In a Senate Veterans Affairs hearing in June 2021, the written testimony provided by Dr. Upton stated that the VA is "already dedicating resources and research expertise to study the effects of cannabis on conditions affecting veterans," but they have serious ground to make up given that one of these two studies doesn't even look at THC, we need to ensure that vets aren't left in the dark in terms of cannabis knowledge. The VA Medicinal Cannabis Research Act of 2023 requires research into the safety and efficacy of medicinal cannabis usage on veterans diagnosed with PTSD and chronic pain.

The VA Medicinal Cannabis Research Act of 2023 is a pragmatic and bipartisan piece of legislation that would advance our understanding of the impacts of medicinal cannabis usage and could improve the lives of veterans and other Americans. This bill passed out of the Senate Veterans Affairs Committee unanimously in February.

Please join me in helping to make sure we're looking after our veterans and giving them the safe and effective treatments that are demanding.

### **Prepared Statement of Jack Bergman**

Thank you, Mr. Chairman

As a member of this committee, I am grateful for the opportunity to discuss two of the most pressing issues facing Veterans and the committee today.

First, private assistance in Veteran disability applications and VA accreditation reform.

Earlier this year, I introduced the PLUS for Veterans Act – H.R. 1822 – along with Lou Correa of California and my fellow committee member, Nancy Mace of South Carolina. This bipartisan bill will reimplement penalties for unaccredited agents, modernize the VA accreditation system, and protect the right for Veterans to seek help from the private market when filing for their disability benefits.

As a representative of the VFW stated before the Disability Assistance and Memorial Affairs subcommittee on March 29th of this year, quote: "if a company is able to be accredited, or their individuals are able to be accredited, then they are part of the VA oversight, and the VFW would support that." The PLUS Act seeks to accomplish just this – incorporating businesses into VA accreditation so that Veterans can be protected and bad actors can be punished.

I'm encouraged to hear of the ongoing negotiations among Members of the Senate VA committee to build off the PLUS Act and draft their own version. I've received constructive input from Veterans, businesses, stakeholders, and certain VSOs that are looking to create the best solution possible for those who served, and not just engage in political grandstanding.

However, several points of possible disagreement remain that I feel compelled to speak on.

First, any imposed caps on fees that an accredited agent may charge must be set at a level designed to protect Veterans from abuse – not at a level that effectively sets the price for the entire market. Veterans should be allowed to choose whatever option they decide to be in their best interest – filing on their own, going through a VSO, or through a private business – draconian fee caps will only limit the number of choices available to them.

Second, any solution we consider must avoid creating barriers to entry for companies wishing to assist Veterans – both those currently operating in the space, as well as new businesses that may come along with innovative ideas to improve outcomes for our Veterans. This is especially relevant when discussing the effective date of legislation and how long it takes VA to approve new accreditation applications. Congress must make sure the VA does its job for Veterans and those who want to assist them by improving the accreditation application process and establishing a system for provisional accreditation.

Finally, I am concerned of the level of hostility the VA has shown toward private businesses – many of them Veteran-owned – that have a long history of successful outcomes and grateful Veterans that have chosen to seek out their services. My office has recently been made aware of Veterans who have been harassed and questioned by federal agents simply for choosing to receive assistance from a private business. While we must identify and punish those entities who try to take advantage of Veterans, we cannot tolerate persecution of businesses that are doing the right things for our Veterans. Any accreditation reform bill must include measures that would stop a potentially hostile and weaponized VA from going around Congressional intent to limit Veteran choice and access to private assistance.

I look forward continuing our work in committee to advance effective accreditation reform that protects Veterans and their rights.

The second issue is access to psychedelic-assisted therapies.

These breakthrough treatments offer an extremely promising opportunity to address the ongoing suicide and mental health epidemic among service members and Veterans, with thousands of success stories so far in treating PTSD, depression, and addiction. Last year I cofounded the Psychedelics Advancing Therapies, or PATH, caucus with my friend, Congressman Lou Correa, with the goal of improving understanding and knowledge of these therapies among Members of Congress and their staffs.

Yesterday I had the opportunity to support Congressman Luttrell's amendment to establish a DoD study on psychedelic therapies as part of the NDAA in the Armed Services Committee. Today, I am calling for the VA and the House VA Committee to do their part.

I'm glad that the committee has begun to place a greater focus on these breakthrough therapies, including through the recent Health subcommittee roundtable. I'm also grateful to Chairman Bost for attending the recent PATH Caucus briefing where we heard several Navy Seals share their positive experiences with psychedelics. The House VA committee must now focus on furthering VA research into psychedelics, training mental health professionals in the VA system to utilize these therapies, and ensure Veterans have access to them once they receive FDA approval. Those who risked their lives in defense of our country deserve positive and fulfilling lives, and the federal government has the responsibility to assist them in their endeavor.

Again, I am grateful for the opportunity to speak on these issues today, and I look forward to continuing our work in the House VA committee to get the best possible outcomes for all Veterans.

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#### **Prepared Statement of Rudy Yakym**

Thank you, Mr. Chairman, for giving those like myself who are not members of the VA Committee the opportunity to discuss our priority issues with you in this forum. Veterans' care transcends district and party lines. All of us want to ensure the best care for those that risk their lives to defend our freedoms.

I have only been a Member of Congress for a few months, but a disturbing trend that has been all too apparent is the number of veterans in crisis in my district that are unable to secure timely mental health care from the VA. According to the Centers for Disease Control and Prevention (CDC), 17 veterans tragically take their own lives each day. Our community in northern Indiana has unfortunately borne witness to this too many times.

In early May, during a veteran town hall, mental health was the most-discussed issue. Veterans portrayed a bleak picture of VA mental health care plagued by long appointment wait times, staffing shortages, and overall disorganization. These fail-

ures have a real impact on veterans. In the wake of this jarring town hall, I sent an inquiry to the VA Northern Indiana Health Care System (VANIHCS) inquiring about their mental health appointment wait times, staffing, and other information.

VANIHCS delivered a prompt reply, to their credit, but it was disturbing. The system has a total of 18 mental health-related vacancies, which is far too many to adequately address the need in the local veteran community. We need more oversight of this problem to understand why such shortfalls exist and where they exist.

I want to share the story of one of my constituents, Sergeant Ted Grubbs, whose personal experience illustrates the VA's failures. Ted served honorably in the Indiana Army National Guard as a part of Operation Iraqi Freedom in 2008 and 2009. After returning from duty, he was diagnosed with service-connected complex PTSD and complex TBI.

On April 22 of this year, Ted experienced a severe mental health crisis. He was sitting on his couch and decided to put a pistol in his mouth. Thankfully, Ted put the pistol down but only after realizing it was the day before his daughter's birthday. Ted did the right thing and reached out for help from a medic he served with.

After this incident, everyone, including the VA, acknowledged that he required in-person appointments only. However, a VA therapist said that the soonest they could get him an in-person appointment was June 26th – over 2 months later. They could only offer telehealth appointments until then.

Since he could not go to the VA for an in-person appointment, he got outside help with a specialist, who told him that she has three qualified friends that have applied for positions at the understaffed VA, but they have received no responses to their applications.

Ted feels that the VA failed him, and I agree. He told my staff that if it were up to the VA, he would not be with us today.

To add insult to injury, the VA said that since they offered telehealth appointments, they will not be reimbursing Ted for his outside care.

Two of Ted's sons are active-duty Marines, and his two other children, a daughter and a son, are Navy veterans. Ted and his family represent the best of America, and we owe it to him and his children to fix VA mental health care. Brave men and women, like Ted, have given so much of themselves up for their fellow Americans. The absolute least we can do for them as a nation is make sure that they get the help they need in a timely manner.

Thank you again for the opportunity to testify.

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#### **Prepared Statement of Abigail Spanberger**

Thank you, Chairman Bost, Ranking Member Takano, and Members of the Committee for the opportunity to speak this morning about a bill that I care about very deeply.

In 2019, a 39-year-old veteran Air Force firefighter contacted my office about having been denied the VA benefits he had earned. Mike Lecik served as an Air Force firefighter, deploying twice to the Middle East. After coming home to Powhatan County, he proudly served in his local volunteer fire department and as Chief Fire Inspector at Fort Lee.

Mike was diagnosed with multiple myeloma, an aggressive and rare type of cancer that attacks the body's plasma cells. But when he went to the VA for care, he was told that the VA would not cover treatment costs for his illness—because they do not recognize the service connection between military firefighting and deadly diseases like Mike's.

However, studies show that these firefighters are more likely to suffer certain diseases and chronic illnesses due to the harsh nature of their work. During fire suppression activities, firefighters inhale carcinogenic toxins. Their turnout gear and firefighting foam also contain high levels of PFAS, which have been linked to various types of cancers. In fact, Congress recognized these potential harms when we passed the Fiscal Year 2020 N-D-A-A—which required the Department of Defense to phaseout firefighting foam that contains PFAS.

Due to these factors, firefighters experience higher rates of cancer than the general U.S. population. In fact, a 2018 study from the American Association for Cancer Research found that exposed firefighters had roughly twice the risk of developing multiple myeloma precursor disease as the general population.

We know that Mike's service to our country—his devotion to our nation's strength and security—led to his multiple myeloma. And that's what makes the VA's denial of his benefits all the more shameful.

In March 2021, Mike passed away at 41 years old, leaving behind his wife Tiffany and his three bright, beautiful daughters.



Today, I'm reintroducing the *Michael Lecik Military Firefighters Protection Act* – for the third time – alongside my colleague Don Bacon, a former U.S. Air Force Chief. Our bill would finally—finally—recognize the connection between the occupational hazards military firefighters face and these deadly diseases.

Last year, Democrats and Republicans voted to pass – and the President signed into law – the *Honoring our PACT Act*, which extended healthcare to 3.5 million veterans. We also passed the *Federal Firefighters Fairness Act*, which created the presumption that Federal firefighters who become disabled by certain cancers contracted the illness on the job. These reforms were the right thing to do – and long overdue.

We need to harness this momentum to deliver justice to our military firefighters and their families. Today, I urge my colleagues on the Committee to do the right thing by bringing forward the *Michael Lecik Military Firefighters Protection Act*.

Thank you, and I yield back.

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#### Prepared Statement of Eric Sorensen

On behalf of Illinois' 17th District and our veterans who call it home, thank you Chairman Bost and Ranking Member Takano for allowing me the opportunity to testify here today.

We all owe a debt of gratitude to the men and women who served our country honorably and that means making sure our veterans have access to health care, employment, and housing when they return home.

Today I would especially like to call attention to the importance of ensuring the homes of veterans with disabilities are safe, accessible, and comfortable.

I recently introduced a bill with Ranking Member Takano, H.R. 4047, the *Autonomy for All Veterans Act*, which would increase financial assistance to veterans and active duty servicemembers for medically necessary home improvements and structural alterations.

Specifically, my bill would increase VA's Home Improvements and Structural Alterations (HISA) grants, a program that provides financial assistance to eligible veterans for home modifications to improve accessibility, such as installing guardrails or lowering sinks and countertops.

While the cost of materials and labor has risen by 40 percent over the past 10 years, the grant rates have not been updated by Congress since 2009.

Currently, the lifetime limit for a HISA grant is \$6,700 for veterans with service-connected disabilities and \$2,000 for veterans, usually the elderly, with non-service-related conditions.

Our bill removes the disparity between service and non-service connected conditions and increases the lifetime limit to \$10,000 for all disabled veterans.

It would also index the benefit amount to inflation to keep the rates current.

These changes will help ensure that HISA grants more closely match current needs and that we're doing our part to provide veterans with the best quality of life when they return home.

I look forward to working with the Committee and our VSO partners to move this bill forward on behalf of the veterans in my district and across the country.

Thank you for your time and attention.



## STATEMENTS FOR THE RECORD

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### **Prepared Statement of William Timmons**

Mr. Chairman, thank you for holding this hearing today and taking the time to hear about a bipartisan bill that addresses a major problem in our veteran community—access to credit.

Veterans and active-duty military personnel face unique barriers to accessing credit. Prolonged military service comes with certain stressors, like frequent relocations and potential overseas deployments. These disruptions make it difficult to maintain a relationship with one particular financial institution. As a result, these brave individuals are displaced from the conventional credit system for long periods of time. And worse, approximately six percent of all veterans are unable to obtain a VA-guaranteed mortgage loan due to insufficient credit histories with little collateral to compensate.

That is why I, along with my colleague Congressman Mike Levin, have introduced the Building Credit Access for Veterans Act, to help expand credit options for veterans and members of the Armed Forces who are eligible for Department of Veterans Affairs (VA) housing or small business loans, but have an insufficient credit history due to their prolonged service.

Under this bill, the VA will be required to implement a pilot program to assess the feasibility and advisability of using alternative credit scoring information or models to improve the determination of creditworthiness of certain individuals and to increase the number of veterans who are able to obtain VA housing and small business loans. The inclusion of such alternative financial data—such as rental and utility payments—in credit reporting has the power to help an estimated two and a half million veterans gain access to greater financial opportunities. Furthermore, a recent study by PERC, a think tank studying credit, found that “including energy utility data in all consumer credit reports increases the acceptance rate by 10 percent, and including telecommunications data increases the acceptance rate by 9 percent.” Simply put, adding this data into their credit reports will improve the lives of veterans and active-duty military personnel by increasing their access to affordable credit.

Too frequently, our creditworthy servicemembers are being denied access to the mortgages they deserve. This bill would expand both veterans’ and active-duty military personnel’s access to mortgage credit in a safe manner while simultaneously benefiting VA lenders by increasing the pool of qualified borrowers purchasing a home. Expanding credit access for veterans makes it easier for them to buy a home and establish roots in their community. It also shows recognition for the impact that homeownership can have in successfully reintegrating our veterans back into society.

The stakeholders supporting this legislation include the American Legion, National Association of Federally Insured Credit Unions (NAFCU), Credit Union National Association (CUNA), Housing Policy Council (HPC), TransUnion (TU), Experian, Consumer Data Industry Association (CDIA), Equifax, Defense Credit Union Council (DCUC), VantageScore, and Veterans of Foreign Wars Of the United States.

Mr. Chairman, the Building Credit Access for Veterans Act will help put the dream of owning a home or starting a business within reach for more of America’s heroes, and I humbly ask for its consideration before this Committee.

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### **Prepared Statement of Marcy Kaptur**

Rep. KAPTUR: “Chairman Bost, Ranking Member Takano, and distinguished Members of the Committee:

Thank you for the opportunity to testify before your Committee today and I look forward to working with you to reform these proposals. As a former Member of this Committee, I am grateful for the critical work this Committee undertakes to ensure

that the brave men and women of the U.S. Armed Forces are afforded the respect and recognition their service has earned when they return home as distinguished veterans.

I wish to address two issues for which I seek inclusion as your Committee develops its 118th Congress authorizing legislation—first, to authorize the Administration to:

- 1) Strike a new service medal entitled “Last Servicemember Standing”; and
- 2) To authorize an unmarried, only child of lifelong service members the opportunity, at their own expense, to be cremated or conventionally interred above or alongside their career military parents who are interred in military cemeteries.

First, on the Medal I seek your Committee’s endorsement and collaboration for the Administration to perform the necessary research and create criteria—including character, circumstance, nature of the battle, war wounds and medical records—to define, strike, and administer the award of a new category of Service Medal acknowledging the heroism and exceptional valor of the “Last Servicemember Standing.”

Presently, the military only processes medals for servicemembers who have served in battle if there are two living witnesses, that can verify their service. For soldiers who served in horrific battle with all soldiers dead but one remaining alive and critically wounded and yet standing ground, this regulation simply makes no sense.

In furtherance of this objective, I have the distinct privilege and responsibility of sharing a story with your Committee, that serves as an example of the situation that would warrant the Medal I am proposing. It both will acknowledge enormous loss of life in battle but does not deny the “Last Servicemember Standing” the meritorious medal award they are due for extraordinary service. I respectfully ask for this soldier’s story’s inclusion for the Record. It is a true story of the late Army Cavalry Platoon leader and Vietnam War veteran Sergeant John Eade of Toledo, Ohio. His story well illustrates why I believe such a Medal deserves a place in our Nation’s military service awards.

His meticulous, handwritten maps and battle notes methodically recount his recollections as an Army combat soldier who fought against the Vietnamese Regular forces at LaDrang Valley/Landing Zone Albany, beginning November 17, 1965. That battle is recorded as the costliest battle of the Vietnam War.

His notes state: “There is controversy about this battle. My statement does not engage these issues. The lack of intelligence, our sketchy mission order, timely transport helicopters were unavailable, why hours passed with no air or artillery support, why did the Brigade Commanders believe as they did... there are a thousand questions. I can only say that more than 1000 American and North Vietnamese infantrymen died in what is called the most savage one day battle of the Vietnam War.”

In his detailed war notes, Sgt. Eade remains precise and passionless. Having had the privilege of knowing his character and despite his severe, lifelong physical infirmities, his dignified, soldierly bearing always radiated strength and composure. Our community is very proud he is a son of our hometown of Toledo, Ohio. He was its Golden Gloves champion of 1962, as well as Phi Beta Kappa and Summa Cum Laude baccalaureate graduate of the University of Toledo then earning a Master’s degree in Architecture from Miami University in 1984 with Alpha Rho Chi medal. Despite his medical challenges, he became the chief inspector for the city of Boston, Massachusetts.

For his valor in battle at age 21, as a fire team leader in 2d Platoon, Alpha Company, 2d Battalion, 7th Cavalry Regiment, on November 14, the single deadliest day for American forces during the war, Sergeant Eade and his team became pinned down in ferocious hand to hand combat, badly outnumbered in the jungle at Landing Zone Albany. Poor intelligence placed them all in harm’s way as the enemy proved to be the North Vietnamese regular forces, not the Vietcong. By the end of the day, Sergeant Eade was the only surviving member of his platoon. He had sustained lifelong disabling injuries with shrapnel wounds to his legs, was struck by napalm, and had been shot in the shoulder, abdomen, and face—resulting in the loss of his eye, with nasal throat, and vocal chord impairment, with grenade shrapnel in his leg and foot making walking impossible.

Sergeant Eade refused to withdraw, continuing the battle, and repeatedly exposing himself to the onslaught, exhausting his ammunition. His resolve and determination ultimately ensured U.S. forces held the southwestern flank.

Sergeant Eade was awarded the Purple Heart and Bronze Star, but he was not eligible for additional medals because DoD regulations state “there were not two living witnesses who survived” to attest to his fierce fight to subdue the enemy and

protect his platoon. All were dead as the unit was overwhelmed by superior enemy forces and forced to fight hand-to-hand combat for hours exhausting their ammunition. Left for dead, he was discovered, rescued, and flown out by US forces three days later. His initial recovery in US military hospitals took over a year as he bore serious war wounds lifelong. I never heard him complain once.

Second, on the request for burial of unmarried children of a career veteran U.S. soldier and spouses buried in military cemeteries. The unmarried, only child should be afforded burial rights if the applicant pays for burial expenses. My proposal suggests that on a case-by-case basis the cemetery would make decisions on space constraints and whether cremation or traditional burial is suitable and whether a nameplate of the child could be affixed to the parent's grave marker.

Current law prevents them from having the chance to be buried with their closest and only family members. Our national cemeteries are dedicated to the brave men and women who have fought and died for our nation's freedom, and that of their families and future generations. It is morally unjust to prevent loved ones from being buried with them when there are no other surviving family members.

Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to speak to your committee today about these vital matters. I look forward to working with you and your staff to develop these proposals and move them across the finish line.

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#### **Prepared Statement of Marilyn Strickland**

Chairman Bost, Ranking Member Takano, and members of this distinguished Committee, thank you for allowing me to testify today about the importance of fully supporting our veterans and their families.

Our nation is built by the bravery, dedication, and sacrifice of our men and women in uniform. As a daughter of a veteran, I understand the many challenges veterans experience. It is an imperative that we fairly compensate and care for those who served.

The Department of Veterans Affairs provides essential services to our veterans and their families. Both currently serving and veteran families often rely on the single income of their serving family member, in many cases for the better part of their lives. Adequate life insurance policies are essential to ensuring our military families have the financial security they need to navigate the loss of a loved one with dignity. For nearly two decades the maximum coverage of the Servicemembers Group Life Insurance and Veterans' Group Life Insurance programs remained stagnant, even as the cost of housing, goods, and services rose. Therefore, I strongly urge the Committee on Veterans Affairs to consider H.R. 2911, the Fairness for Servicemembers and their Families Act of 2023. This bill would ensure that the Servicemembers Group Life Insurance and Veterans' Group Life Insurance programs are periodically reviewed, and that their value sufficiently reflects the contemporary consumer price index.

Thank you for your longstanding support of veterans and their families, and for the work you do to provide for their care. I look forward to working with you to help better protect their financial security.

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#### **Prepared Statement of Brad Wenstrup**

Chairman Bost and Ranking Member Takano, 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. Today, I am here to advocate for two pieces of legislation which I believe will improve the care and benefits that the Department of Veterans Affairs (VA) provides to veterans.

Rep. Lauren Underwood and I have introduced H.R. 2398, 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. Fortunately, former Secretary of Veterans Affairs Robert Wilkie implemented a VHA Smoke Free policy in 2019 which prohibits smoking by patients, visitors, volunteers, contractors, vendors and employees while on VA property. However, I believe it is important that we codify this policy to prevent any challenge that could overturn this policy.

Notably, a union representing VA employees has filed a grievance against the smoke free policy and was successful in challenging the policy as a violation of VA's

collective bargaining agreement with the union. While this has not resulted in changes to the policy itself, it illustrates that the directive implementing Smoke Free VA could be vulnerable to legal challenges. 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. I hope that the committee will consider this bill at a future Health subcommittee legislative hearing.

Next, I wish to highlight my bill, H.R. 3738, the Veterans' Education, Transition, and Opportunity Prioritization Plan (VET OPP) Act of 2023. Far too often, people think that veterans return from war defeated and with skills that are not applicable to the civilian world. This "broken veteran narrative" could not be further from the truth. Our veterans are strong, dependable leaders, and our commitment to programs that promote opportunity and success reinforces their ability.

I believe our servicemembers should have a plan from the day they enter the military to the day they transition out and beyond. Our veterans are soldiers for life, and we need to put as much emphasis and attention on their success after service as we do during it.

Currently, the Veterans Benefits Administration (VBA) is responsible for all VA benefits provided to veterans outside of healthcare and cemetery services. While there are many different benefits that VBA provides, the bulk of staffing and resources have been, understandably, directed toward the administration of disability compensation and pension claims. This has resulted in a lack of attention on the administration of other VBA benefits, such as the Forever GI Bill, Vocational Rehabilitation, Home Loan benefits, and VA's portion of the Transition Assistance Program. We cannot let these benefits fall by the wayside, especially those that empower veterans and help set them on the path to a successful civilian life.

By aligning transition, education, and employment programs in a Fourth Administration within the VA, the VET OPP Act will modernize the department and ensure that these opportunity-focused programs get the high priority they deserve, and the oversight they need to better serve veterans.

I want to thank Representative Levin, the Ranking Member of the Economic Opportunity Subcommittee, for leading this bill with me for the third successive Congress. I hope that the Committee will pass this bill as it has done each of the previous two Congresses, and that the full House will lend its support as well.

Thank you once again for the opportunity to testify.

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### **Prepared Statement of Marie Gluesenkamp Perez**

Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to testify today.

Following recent meetings with veterans in Lewis County, I am deeply concerned about a number of issues impacting constituent veterans who receive care through the VA Puget Sound Health Care System. We have an obligation to ensure veterans receive the health care they need, and it has become apparent to me that the VA Puget Sound Health Care System is not keeping up their end of the bargain.

#### **Clinic Closure**

First and foremost, veterans in Lewis County have seen their access to care reduced dramatically in recent years.

The 2021 closure of the Chehalis Community-Based Outpatient Clinic cut many veterans off from nearby care. In the most rural parts of East Lewis County, travel times to the nearest VA facility went from around an hour to more than two hours to get to a VA Puget Sound facility.

After the VA cut decided to close this clinic, they offered a Mobile Medical Unit, the so-called MMU. We were given the impression that this MMU would provide walk-in appointments, keep vets connected to their doctors, and ensure availability throughout the week.

That's not the deal we got. We got a MMU that spends one day per week in Chehalis. It is available on **Wednesdays from 8am to 4pm**. Eight appointments are available each day, and the only services offered are primary care and laboratory work.

The VA Puget Sound Health Care System did not follow through on any of their stated priorities when standing up the MMU, and veterans are worse off as a result.

In a rural community with sparse specialty and mental health care options to begin with, the closure of a full CBOC and replacement with a MMU has put life-saving care out of reach for many veterans.

**Phone Delays:**

To make matters worse, veterans who need services are stuck waiting on hold for hours to reach the VA Puget Sound.

In Lewis County, veterans have reported to me that they regularly wait on hold for more than two hours for basic scheduling needs or to speak to a nurse. Oftentimes, around the two-hour mark, the line cuts out and they must start the call and hold process all over again. Some veterans reported spending upwards of **six hours** on hold.

These wait times are unacceptable. The rest of my district is served by the VA Portland Health Care System. Notably, I have not heard similar complaints from constituent veterans served by them.

**Issues with Community Care**

Given reduced access to care, veterans should be able to rely on Community Care providers as well. While veterans seem to be satisfied with the services provided through Community Care, the same cannot be said of the VA's handling of these appointments.

In one case, a veteran in my district was referred to Community Care, and after waiting on hold for an hour and a half, they were finally able to get through to the VA Puget Sound's Community Care Department. The department scheduled an appointment for them and notified him of this appointment by mail. This notice was mailed out **eight days** after their appointment had already passed.

**Access to Staff**

My job as a Member of Congress is to oversee federal agencies. I have had difficulty receiving timely or adequate responses to the questions my staff and I have posed to the VA Puget Sound Health Care System staff.

I expect an open line of communication to discuss the aforementioned issues, among other problems facing veterans in Lewis County.

Again, my staff and I do not have these issues with the VA Portland Health Care System. The problem seems to be limited to the Puget Sound facility, and this deserves congressional oversight.

**Conclusion**

In return for their service to our country, we have made a promise to our veterans that we must uphold. It is our responsibility to ensure they have the access to health care necessary to lead a full and healthy life after their time in the armed services has ended.

Taken in sum, I am concerned that the VA Puget Sound Health Care System is not upholding this promise and serving veterans in Lewis County well.

Thank you.

**Letter from Rudy Yakym to Anthony Colón**

RUDY YAKYM III  
2nd DISTRICT, INDIANA  
website: yakym.house.gov

COMMITTEE ON THE BUDGET  
COMMITTEE ON TRANSPORTATION  
& INFRASTRUCTURE  
SUBCOMMITTEES  
AVIATION—VICE CHAIRMAN  
HIGHWAY AND TRANSIT  
RAILROADS, PIPELINES, & HAZARDOUS MATERIALS

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-1402

May 24, 2023

Mr. Anthony Colón  
Interim Medical Center Director and Chief Executive Officer  
VA Northern Indiana Healthcare System  
1700 E. 38th Street  
Marion, Indiana 46953

Dear Director Colón,

Just as our national health system has experienced staffing shortages, the VA medical system has experienced similar challenges. The VA Northern Indiana Healthcare System (VANIHCS) is no exception to this trend, and it too has suffered from recent staffing shortages that are affecting the quality of care for the veterans who depend on the system. Specifically, veterans in northern Indiana have expressed to me that they are struggling to obtain in-person mental health services from VA medical centers in a timely manner.

As you are aware, veteran suicide is an extremely grave matter. Although telehealth services may be appropriate in other circumstances, they are not when caring for veterans with severe mental health needs. Many are at increased risk of suicide due to post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or other mental and neurological ailments that impact veterans at a much greater rate than people who have not served. When in crisis, in-person medical monitoring is more effective in preventing a veteran from harming themselves.

More than a dozen veterans have contacted my staff to inform me that they are experiencing wait times in excess of two months to obtain an in-person appointment with a mental health professional. Our nation's veterans have earned healthcare and access to mental health, which means the VA must believe veterans when they tell them that a telehealth appointment will not meet their needs. Telehealth services for veterans that are in mental health crisis are not adequate, especially if the individual is in immediate need of care.

This problem deserves immediate attention. To that end, I am requesting that you provide answers to the following questions:

1. What is the average wait time for an in-person appointment with a mental health professional who can prescribe medication if necessary?
2. How many vacancies does VANIHCS have open for mental health professionals?

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- a. How many of these vacancies is VANIHCS intending to fill with a doctor that can prescribe medication?
3. How many veterans have been forced to accept an appointment via telehealth when they preferred to meet with a provider in-person?
4. In VANIHCS's assessment, why is there a lack of mental health providers at its health centers, and what can Congress do to address this problem?

I appreciate your immediate attention to this matter, and I look forward to your response. Thank you for caring for the veterans of northern Indiana.

Sincerely,

A handwritten signature in black ink, appearing to read "Rudy Yakym III", with a long horizontal flourish extending to the right.

RUDY YAKYM III  
Member of Congress

**Response from Anthony Colón to Rudy Yakym**



In Reply Refer To: 610a/116

June 8, 2023

The Honorable Rudy Yakym III  
U.S. Senate  
2410 Grape Road – Suite 2A  
Mishawaka, IN 46545

Dear Representative Yakym,

VA remains committed to honoring our Nation's Veterans by ensuring a safe environment to deliver exceptional health care.

Thank you for your recent inquiry regarding access to mental health care at VA Northern Indiana Health Care System (VANIHCS).

Timely access to mental health services is a critical component to serving Veterans who have mental health treatment needs. VANIHCS utilizes a variety of strategies to maintain prompt access to care. For example, we have a combination of in-person medical doctors, psychiatric nurse practitioners, and clinical pharmacy specialists who each have prescription privileges. We also have tele-providers available for veterans who want to be seen remotely. The overall average wait time for an in-person appointment with a provider who holds prescription privileges at VANIHCS is 4 days. The average wait time for Veterans who are new to mental health service is 17 days. For Veterans who are established with mental health, the average wait time is 3.5 days. The service continually overbooks for emergent appointments as needed to meet the needs of our Veterans.

There are currently 14 vacancies in the Mental Health Service Line who do not prescribe medication. These vacancies include Psychologist, Social Workers, and Peer Support Staff. There are four vacancies for prescribing providers (Psychiatrist or Nurse Practitioner). We are actively working to fill all of these vacancies. Because of the difficulty recruiting psychiatrists, we utilize a contract that allows us to bring an additional 2 in-person psychiatrists through a staffing solutions business.

Veterans have the ability to choose which modality by which they want to be seen unless it is not considered to be clinically indicated (e.g., Veteran requests telehealth for an appointment but needs to have psychotropic medications delivered by injection). In the event we are not able to get a Veteran scheduled within 20 days, we offer Care in the Community as an alternative. Current wait times for a Psychiatric Prescriber in the community are averaging between 3-4 months.

Page 2  
The Honorable Rudy Yakym III

As noted, there is a national health care system staffing shortage. VANIHCS has had significant success in our hiring efforts over the last 12 months utilizing a number of incentives to include sign on bonus and education debt repayment. Similarly, we have increased salaries for Mental Health Staff to ensure we remain competitive with the private sector.

VANIHCS would benefit from having a training program for psychologists that would allow them to complete their educational requirements for residency/internship. Many other VA's already have these training programs, and it is clear that their staffing levels are comparatively better. Often, clinicians are hired on by the facility for full time employment at the conclusion of their training. VANIHCS is interested in starting a program, but the VA Office of Academic Affairs is not currently funding additional programs. This is particularly important since Central/Northern Indiana has so few psychology training opportunities from which to attract and retain psychologists to the area. Having a VANIHCS training program would significantly decrease our wait times and ensure that Veterans had access to a wide number of Evidence Based Psychotherapies. Currently VANIHCS is working with VISN 10 Leadership to determine options of establishing a psychology training program.

We appreciate your continuing support of our mission. If you have further questions, please contact Dr. Nathaniel DeYoung, Chief of Mental Health at 1-800-360-8387, extension 73861

Sincerely,



Anthony L. Colón, FACHE  
Interim Medical Center Director or Designee