

119TH CONGRESS MEMBER DAY

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

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119TH CONGRESS MEMBER DAY

THURSDAY, DECEMBER 4, 2025

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

The committee met, pursuant to notice, at 9:31 a.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

Present: Representatives Bost, Takano, and Dexter.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. Good morning. The committee will come to order.

The chairman may declare a recess at any point. We are probably going to see votes here, but then we will come back and continue for the rest of the day. That probably will not affect the first panel, but it will affect the others.

Well, I am proud to welcome all of you to Members Day here as chairman of the committee. It is a privilege to lead the committee. I am a Marine, a veteran, and on behalf of my fellow brothers and sisters in arms, thank you all. All of us owe a debt to those men and women who serve and those who continue to serve our country.

I am proud to say that, over the past few years under my chairmanship, we have passed a number of bipartisan bills to make life a little easier for veterans and their families. This is a mission we will continue. Achieving real success for the men and women who have taken an oath of office to serve our country is not a mission that can be done alone. We must work together to address the issues that affect veterans and their families in all 50 States and territories. They deserve no less.

Members Day gives the opportunity to hear from Members that represent those veterans, whether on the committee or not, about the issues affecting their districts. Every Member of Congress has veterans in their district that deserve to have their voices heard as we work to improve care and services for our veterans.

A veteran in Hawaii may not face the same obstacles as a veteran in Pennsylvania, and that is why I am excited that so many of our colleagues have chosen to participate in today's hearing. Your advocacy on behalf of your veterans and their families and survivors is vitally important.

We appreciate you coming in before the committee today to share your ideas, and I am eager to hear from each of you about the ideas that you have to ensure that the veterans have the opportunity to live out the American Dream that they fought to protect.

Now I recognize Ranking Member Takano for his opening remarks.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Thank you, Mr. Chairman.

Good morning. Buenos días. Aloha. Talofa. Hafa adai. We have such an amazing diverse country and so many of our diverse citizens who serve in our military.

I look forward to hearing from our colleagues on Member Day about their ideas and the legislative proposals to help address the issues and concerns of veterans in their districts, as well as efforts to support and promote oversight and accountability at the U.S. Department of Veterans Affairs (VA), and to also provide—this is very strangely written. I am going to skip that part.

Although policymaking can feel challenging at times, I hold out hope that we will come together and that we can come together on a bipartisan basis to improve the lives of veterans, their families, caregivers, and survivors.

Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Thank you, Ranking Member Takano.

Okay. Testifying before us on Panel 1 is Representative Schrier of Washington. Though she is not here yet, Representative Titus is also expected to be in from Nevada.

Ms. SCHRIER. You said Schrier is not here yet?

The CHAIRMAN. I did.

Ms. SCHRIER. Ms. Schrier is here.

The CHAIRMAN. Oh, no, no. I was talking about—I am going down through the list. Going down through the list.

Representative Tokuda from Hawaii, and Representative Vasquez from New Mexico.

Representative Schrier, now you are recognized for 3 minutes.

STATEMENT OF KIM SCHRIER

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

I first want to extend my gratitude to the more than 40,000 veterans that I represent in Washington, the Eighth congressional District, and all veterans who have sacrificed for our country.

Serving our country and stepping up is an extraordinary commitment that impacts veterans and their families for their entire lives. They have shown up for us, and we definitely need to show up for them.

As we are all aware, our country continues to face a worsening veteran mental health crisis. The transition to civilian life after service can be incredibly challenging, especially for more intense service and those who have served their entire adult lives, and these challenges are even more pronounced in rural areas where there are fewer services, like the areas I represent.

Specifically, for the past several years, the community in Wenatchee, Washington, has faced multiple veteran mental health crises, tragic crises, in part because of our failure to meet their mental health needs. The closest vet center that provides full mental health services is 2 hours away from Wenatchee, and the closer VA mental health services have just failed to provide sufficient

staffing for more than 2 years. I know that the VA is working hard to close this gap in care, but we need more and we need it quickly before more tragedies occur. I want to put that plug in.

I also want to emphasize there is no one-size-fits-all solution to the veteran mental health crisis. Expanding telemental health services is a great step, and I am thrilled about that. We also have to maintain access to in-person counseling, given that there is a big population that just wants face-to-face interaction and that is how they do best.

I want to voice my support for the PFC Joseph Dwyer Peer Support Program Act which would provide funding for peer-to-peer veteran mental health programs, which has been so successful, and the Innovative Therapy Center of Excellence Act, which would support research on alternative cutting-edge treatments at vet centers. They deserve the best.

Similarly, we need to take a look upstream, just like we do with all healthcare issues, and understand and address just the roots of this crisis and what we can do before our veterans leave the military to help them—set them up for success.

Last, I have spoken here before about Cerner, the electronic health record, and what a disaster it was at its rollout, and I appreciate the efforts made to improve it. What I am hearing, however, in my district is that, despite improvements, the VA providers are still finding the system with lots of errors, significant delays, providers are seeing future patients as they are tripping over the system, and I just want to advise major caution in any further rollout of this system until all of these issues are ironed out.

Thank you very much, and thank you to our veterans.

(THE PREPARED STATEMENT OF KIM SCHRIER APPEARS IN THE APPENDIX)

The CHAIRMAN. Thank you very much.

We are going to go ahead and go to Representative Tokuda. You are recognized for 3 minutes.

STATEMENT OF JILL TOKUDA

Ms. TOKUDA. Thank you.

Aloha, Chairman Bost, Ranking Member Takano, and members of the committee. Mahalo for holding this Member Day hearing and for your continued commitment to those who have served.

You know, about 89,000 veterans call Hawaii home. We are actually the tenth highest in the Nation of per capita veterans. They have defended our Nation with honor, and we have a profound obligation to ensure that they can thrive in post-military life and receive the care that they have earned.

That responsibility drives the two legislative priorities I bring before you today. First, the Parity for Native Hawaiian Veterans Act, which I reintroduced this year with Senator Hirono. This bill would finally place Native Hawaiian veterans on equal footing with their American Indian and Alaska Native counterparts by allowing the VA to reimburse Native Hawaiian healthcare systems for the care that they provide.

Right now, the VA reimburses Indian Health Service (IHS), Tribal health programs, the urban Indian organizations, but not Native Hawaiian health systems. That inconsistency has real con-

sequences. It means that Native Hawaiians in my community—veterans—many of them who live in very rural and remote parts of our neighbor island communities where VA access is already extremely limited, cannot use the culturally grounded providers who have served and cared for their families for generations.

Native Hawaiian veterans deserve the same respect, the same access, and the same pathways to care that Alaskan Native veterans have already received. This bill simply corrects a long-standing disparity. Our veterans have earned, quite frankly, nothing less.

The second issue I want to raise with deep concern and, quite frankly, profound sadness, Dr. Robert McCormick Browne, a psychiatrist credibly accused of sexually assaulting and abusing dozens of children in Hawaii over decades, remains interred in the National Cemetery of the Pacific. He died by suicide shortly after the allegations became public, escaping any criminal accountability.

The VA has confirmed that because current law only allows review of cases from 2013 forward, they lack the authority to even consider disinterment. Dr. Browne was buried in 1991. I offered a Non-Disclosure Agreement (NDA) amendment to address this, but sadly it was not made in order.

I ask this committee to help advance legislation that would disinter Dr. Browne and give the VA the ability to address cases like this. We cannot undo the pain he inflicted, but for the victims who have come to me seeking help, we can ensure he is not honored in a place reserved for those who served with integrity—our heroes.

Finally, I want to remind the committee that an estimated 94,000 veterans living in our country without citizenship remain at risk of deportation. In Hawaii, we have already witnessed a self-deportation of one Purple Heart medalist. These are men and women who wore our uniform. We owe them a fair attainable pathway to citizenship and protection from removal, and I hope this committee will work with the committees of jurisdiction to ensure no veteran is forced to fight the government they once defended.

Mahalo, again, for hearing our concerns, and I look forward to working with you to support our veteran communities.

[THE PREPARED STATEMENT OF JILL TOKUDA APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Now we want to recognize a former member of this committee, Representative Titus.

STATEMENT OF DINA TITUS

Ms. TITUS. Well, thank you very much, Mr. Chairman, Mr. Ranking Member, and members of the committee, for this opportunity to come back and visit the committee that I enjoyed so serving on and I think does such important work. Thank you for that.

In Nevada's First congressional District I hear from veterans all the time, men and women who served, and with honor, who have come home and are expecting fair treatment and support, but they now face unnecessary barriers to the care and benefits that they earned.

Among these are our atomic veterans and the servicemembers who worked at the Nevada Test Site and Training Range (NTTR).

These are individuals whose missions were to deal with things that are very secret. Even their presence there has been classified and effectively erased. They have suffered from the effects of exposure to toxic and radiation, but they cannot seem to get any benefits for their health issues.

They have carried issues without recognition, they have fought claims without documentation, and they have battled a system that too often tells them you were never there, and their records have been masked and hidden and lost and buried behind classifications.

Now, the military, as you all know, pledges to leave no one behind. When they come home, we in this committee and Members of Congress should not leave them behind either, and we should give them the same commitment we do our soldiers on the field.

That is why I introduce the Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act, the acronym PRESUME. It would eliminate the unjust requirement and almost impossible task of having atomic veterans prove a specific radiation dose before they can access the VA benefits that they have earned.

Veterans at the test site and other nuclear testing locations were often exposed to toxic radiation without their knowledge, and many were never told they were being exposed during the time, and today they often suffer from illnesses that they do not know what were caused by—the cancers, pulmonary issues, and other serious problems.

In order to establish entitlement to what the VA calls presumptive diseases, these veterans have to prove onsite participation and radiation dose estimates from the Defense Threat Radiation Agency. Now, this is data that has been historically unreliable. When the government controls the data, the veterans should not bear the burden of having to prove the impossible and showing where they were and what their dosage was at the time.

The PRESUME Act would remove these bureaucratic barriers. It has been endorsed by the Disabled American Veterans, The Invisible Enemy, Veterans of Foreign Wars, National Association of Atomic Veterans, Paralyzed Veterans of America, the Veterans Advocacy Group, and the Enewetak Atoll Atomic Cleanup Group of Veterans. There are hundreds of veterans, and we need to assist them, provide them benefits before it is too late, just as we did the Agent Orange veterans.

I believe it is time for Congress to advance this crucial piece of legislation, and in doing so we would remove bureaucratic hurdles, ensure parity with other radiation victims, like the down-winders, for example, and honor our promise to those who served in harm's way.

We must never forget that they played a critical role in our country's winning the cold war, but it was at great personal cost and often with very little public recognition. People did not know what they were doing; even they did not know what they were doing. It is long past time that we honor those who served so well during these cold war years.

I ask that we continue building on the success of the Sergeant First Class Heath Robinson Honoring our Promise to Address Com-

prehensive Toxics (PACT) Act and put our atomic veterans in place where they belong.

I thank you for this opportunity to speak, and I look forward to working with you all on this committee and urge that you move this legislation forward.

The CHAIRMAN. Thank you.

Ms. TITUS. I yield back.

[THE PREPARED STATEMENT OF DINA TITUS APPEARS IN THE APPENDIX]

The CHAIRMAN. Representative Vasquez, you are recognized for 3 minutes.

STATEMENT OF GABE VASQUEZ

Mr. VASQUEZ. Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to discuss my three bills currently before the Veterans' Affairs Committee.

We owe an immense debt of gratitude to our veterans. In exchange for their brave service, we promised assistance so that they can pursue a higher education, achieve their academic goals, and become leaders in the workforce as they transition back to civilian life.

This is why I proudly introduced H.R. 1965, the bipartisan Veterans Education Assistance Adjustment Act. This commonsense bill increases the GI Bill's annual book stipend for the first time in nearly two decades from \$1,000 to \$1,400 per year, and it allows for an annual adjustment of this stipend to keep up with inflation.

This stipend no longer reflects today's costs and falls woefully short of meeting the financial needs of our veterans today. At a time when millions of veterans are already working to make ends meet, Congress should not allow outdated policy to become yet another barrier to their success.

My bill has garnered the support of 22 bipartisan cosponsors, including eight members of this committee. Leading veterans groups such as the Veterans of Foreign War, or the VFW, and the American Legion have publicly endorsed this legislation. President Trump's own Department of Veterans Affairs agreed earlier this year that the book stipend must be increased. I urge you to make passing this bill a priority of this committee.

Second, I would like to discuss H.R. 2020, the bipartisan New Mexico Rural Veteran Healthcare Access Act. This bill would improve access to healthcare services for rural veterans in southeast New Mexico by moving both Otero and Eddy counties from the Veterans Integrated Service Network (VISN) region 22 into VISN 17.

Currently, veterans in the southeast corner of my State drive as far as 5 to 6 hours to get their healthcare appointments at the main VA hospital in Albuquerque. By moving Otero and Eddy counties into VISN 17 and giving them access to the El Paso VA, that could cut their commute time in half, for some as short as an hour, removing a massive hurdle that these veterans face when trying to seek their doctors.

This bill also has bipartisan support, including from a Republican member of this committee, and represents a straightforward fix to a serious problem that veterans in my district face today.

Last, I would like to discuss H.R. 1964, the Las Cruces Bataan Memorial Clinic Act. This bill would rename the Community Based Outpatient Clinics (CBOC) in Las Cruces, New Mexico, in honor of the Bataan Death March.

In April 1942, the Japanese Army marched 75,000 American and Filipino Prisoners of War (POWs) from the Bataan Peninsula on a 65-mile death march where thousands perished. Approximately 1,800 New Mexicans were among them, but only 829 of them returned home.

New Mexico suffered greatly from this tragedy, so much so that our old State capitol building in Santa Fe was renamed the Bataan Memorial Building, and White Sands Missile Range hosts an annual march on base to commemorate those we lost. Renaming the Las Cruces CBOC would serve as a permanent memorial for the brave New Mexican soldiers that we lost in Bataan.

I strongly urge you to advance these bills to the House floor so that we may fulfill our promise to support our veterans in their education, provide well-deserved healthcare, and enshrine the memory of those we lost for future generations, and do so in a bipartisan way.

Thank you. I yield back.

[THE PREPARED STATEMENT OF GABE VASQUEZ APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you for being here.

I want to say thank you to the panel—go ahead.

Mr. TAKANO. Just a question. Thank you.

Thank you all for these really impressive legislative proposals. I had just a few questions for each of you.

Congressman Vasquez, the Bataan Death March CBOC, the name—the CBOC you would like to rename, what is the problem there? I seem to recall that the issue was that we name CBOCs for persons, not for certain events. Is your bill seeking to kind of change the VA policy on this?

Mr. VASQUEZ. Thank you, Ranking Member, for that question.

First, I will mention that my Republican predecessors in this seat introduced the very same bill as I have. Yes, Federal buildings are typically only allowed to be named after an individual, not an event, or multiple individuals. These rules have not always been followed, and the majority and minority occasionally agree to simultaneously advance multiple bills that break this rule.

For the veterans in my district—and we just lost one of our—our last Bataan memorial survivor just a few years ago—this is a big deal for our community, as you see from the thousands of people that come from all across the country to participate in the memorial march.

Mr. TAKANO. Thank you.

Congresswoman Tokuda, I was not aware that there was not an analogous relationship between Native Hawaiians and the VA as we have with Native Americans and Alaska Natives as well. I was aware that, during the pandemic, this relationship between the Veterans Health Administration (VHA) and the Indian Health Service was critical in terms of providing beds for people in Navajo country whose systems were not able to take care of them.

Can you tell us, was there a similar kind of challenge in—among the Native Hawaiian constituents that you have?

Ms. TOKUDA. You know, absolutely. First and foremost, we have Native Hawaiians spread throughout my district on every single island, and when access to care is already limited, our Native Hawaiian health system steps up, quite frankly, to be able to provide that level of care. That is why we want our veterans to be able to access it as well.

If you think about it, Native Hawaiians are not tribes, so they are very different and distinct, which is why oftentimes we have to go back and seek this parity with Tribes and Alaskan Natives. That is simply what we are asking for in this case, because as we consider access to care for our veteran population is 89,000 individuals, we need to make sure that every clinic, every opportunity is available to them to receive care where they live versus, in most cases for my constituent veterans, they have to fly to actually get to the healthcare that they need, most facilities being on the island of O'ahu.

Mr. TAKANO. This is an issue I would like to explore further with you because I know that there are compacts that are formed between Native American Tribes as well and the VA, that this is something that they are required to do. I would like to understand this more, because there are also implications for the civilian population as well.

I am also aware, Congresswoman Titus, I am very familiar with Dave Crete and the work of Area 51 veterans that you are mentioning. I just want to point out, if the Secretary is listening,—you have your own discretion under procedures laid out by the PACT Act to expedite relief, and so I would urge that to happen.

Mr. Chairman, I have asked for hearings specifically on Area 51, and we should consider legislation that Ms. Titus is bringing up. I would further also want to expand, not only our attention to Area 51, but to Red Hill in Hawaii, the contamination of the water that exposed, not only veterans, but also the military families that were stationed there.

I would even recommend that the committee do field hearings both in Nevada and in Hawaii on these matters of toxic exposure in both cases.

The PACT Act was able to take care of the Enewetak veterans, the radiation of veterans under a title of the bill actually named after your predecessor, Ms. Tokuda; it was the Mark Takai Enewetak Radiation Exposure Veterans. I am at a loss as to why we were not able to include Area 51, but I would urge—these Area 51 veterans are dying of, clearly, radiation related exposure, and I would urge the Secretary to provide them with relief as soon as possible, but to expedite Ms. Titus' legislation as quickly as possible, and to also look very carefully at the consequences of the Red Hill exposure.

Thank you.

The CHAIRMAN. Representative Titus, I have a quick question. During the time that you were studying this—you know, we deal with this on the committee all the time, but as a veteran, I sarcastically laugh whenever we have language about the Vietnam era,

and then we say, has anybody served in Vietnam while also Cambodia, and I say, well, we were not in Cambodia.

You know, have we checked with some of these, if it is a place where we are to the point that we can release some of these records that would help make sure that we have the names of those that were exposed, or do you know that?

Ms. TITUS. I do, and I have talked to these veterans. You know, if you look at atomic veterans, you have got those who went into Japan after the war, those who cleaned up the testing at Enewetak and Bikini, those who did the war games at the Nevada test site, and then more recently, some who have just done supplemental assistance at the test site now as it exists with this kind of testing. Those records just do not exist. Some of them burned up in St. Louis with all the other records, and others, they say, well, you were not really there, we do not have any record of it because you were doing secret work out there in Area 51, and so they cannot even find the evidence that they were there. They were there, they knew they were there. I think getting at those records really would make a difference.

The CHAIRMAN. Would help. Yes.

Mr. TAKANO. Mr. Chairman, it is the Air Force, right? They do not even acknowledge—they will not even acknowledge that they were there. It is bizarre.

The CHAIRMAN. We have people on the Intel Committee that—anyway. Then the other question, could you get the name of the person that is actually—he is buried in the Punchbowl?

Ms. TOKUDA. Yes. Dr. McCormick Browne. We know exactly where he is interred right now, and we would love to have the legislation actually brought up to date so that we can actually look at 2013 and before.

The CHAIRMAN. The only question I have for you is the—we are naming it after an event. Okay. The only thing I would ask is, is all of the stage committee, people in agreement with it? I mean, that is one thing that you have to do.

Mr. VASQUEZ. Absolutely. Every major veterans organization in the State, and specifically in that region, has endorsed my legislation.

The CHAIRMAN. Okay. Well, thank you. I appreciate it. Wealth of information. Thank you.

Now, testifying before us today on Panel 2. We are going to get switched over here.

All right. Testifying before us today on Panel 2 we have Representative Susie Lee of Nevada and we have Representative Kaptur—Okay. We had to write that in. Okay—of Ohio. We also, if they may show up, Brian Fitzpatrick from Pennsylvania and Dr. Raul Ruiz of California.

Representative Lee, you are recognized for 3 minutes.

STATEMENT OF SUSIE LEE

Ms. LEE. Thank you, Chairman Bost, Ranking Member Takano, and all the members of the Veterans' Affairs Committee. Thank you for providing me with this opportunity to share my perspective on an issue very important to Nevada.

This committee was actually the first one I served on when I first came to Congress, honoring my father's service and the service of so many veterans in my district. Our men and women in uniform make countless sacrifices to keep our Nation safe, so it is our duty to protect them from invisible enemies like toxic radiation exposure.

I represent southern Nevada, where 10 percent of our community has served our country in the Armed Forces, and, unfortunately, hundreds of veterans who were stationed at the Nevada Test and Training Range during the years from 1972 to 2005 have been denied benefits that they rightfully earned.

Over 20 years ago, Congress passed a bill that entitled nuclear weapons workers to receive free medical treatment and fair financial compensation for specific illnesses that they contracted as a result of their exposure to radiation and toxic chemicals during nuclear weapons production and testing. However, as was mentioned in the last panel, certain U.S. Department of Defense (DOD) employees were doing work that was so secretive and so sensitive, that even though they are covered by the law, they were not allowed to even prove that they worked there and, therefore, they were unable to receive healthcare.

I just want to tell you, I had a presser with a few of them. I mean, these are men who are suffering atrocious cancers, having half their skull removed, trach—you know, one is on a tracheotomy, they brought radiation home to their families, their families were exposed. That is why I introduced my bill, which is bipartisan, the Presumption for Radiation or Toxic Exposure Coverage for Troops, or the PROTECT Act, with Congressman Mark Amodei, to correct that and correct this oversight. It will expand similar VA benefits to veterans who were assigned to impacted areas of the NTTR, offering them potentially lifesaving medical treatment and financial compensation. This legislation will help save lives and bring justice to thousands of veterans who proudly served our country.

The PROTECT Act would establish a presumption of exposure to radiation and toxins for servicemembers at NTTR from 1972 to 2005, meaning that exposure is presumed to have occurred, which would simplify the process for veterans seeking benefits for illnesses linked to this exposure. This would help thousands of veterans, civilian DOD employees, and their families, to finally receive the benefits, the care, and the justice that is decades overdue.

This bill is not asking for new funding. It is simply about ensuring that veterans have access to benefits they are already legally entitled to.

Thank you again for providing me with that opportunity.

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

The CHAIRMAN. Thank you.

Representative Kaptur, you are recognized for 3 minutes. They have called votes. I want you to know that. We are going to hear you, and then we will kind of take a break after that.

STATEMENT OF MARCY KAPTUR

Ms. KAPTUR. Thank you, Chairman Bost, very much, and, Ranking Member Takano, thank you for your service to our country. You really have made a difference for veterans that I represent, and I thank both of you.

I am here today because of an anomaly. I live in Ohio. North of me is a State called Michigan. Wars were fought over this territory years ago, and some of the relationships never seem to change. I am here to say that I probably represent one of a half dozen or fewer places in the country where the mother hospital, the CBOC, for our region is located in another State.

I am not against that State. I am not against the institution, the University of Michigan; I have a degree from there. From where I live, the veterans that come from several counties in northwest Ohio spend half a day trying to access medical care.

This historic relationship goes back to 1948 after World War II, before my part of Ohio even had a medical university, which we do now.

Why I am here today is to ask, to plea with you, please, help me find a way to take away the discomfort that attends to our veterans who have to waste a half a day up in Ann Arbor getting—either being taken up on a bus or coming back on the bus. Cancer patients who get infusions, they throw up on the bus. They have to sit in a waiting room after they get the infusion. This is not the best America can do, but this anomaly is really annoying.

Our medical University of Toledo was established in the 1960's. It has existed now for over 60 years. The VA does not even see us. We are a State university. We have the only pharmacy school in all of northern Ohio. We have built a Red Cross blood unit there that serves over 100 different hospitals in the region. We have tried so very hard to try to get the VA to see us clearly, and they do not.

I am not against University of Michigan. If some of our patients want to go there, I am all for it. In northern Ohio there are only two State medical universities; one in Cleveland, the Stokes VA, which is the largest, one of the largest—I think second largest VA in the country, and then us in Toledo. We are toddling in Toledo, we are not Cleveland, we are not Columbus, but we have 84,000—87—well, I think the number is 86,000 veterans—here—86,135 veterans. I am pleading with you, create a title in a bill that will come forward that will give us our day in the sun. It is so long overdue.

We are next to the State's psychiatric hospital. There are only six of those in Ohio. We have so many vets with Post-Traumatic Stress (PTS). I wanted to build a wing on that working with the State—that is a hard job to do—but to try to get better services to 86,000 veterans.

I speak on behalf, I am sure, of Republicans who are not here with me today just because of the scheduling, who have the same issue: It is too far for our people to go.

I thank you for listening, and I will be happy to answer any questions.

[THE PREPARED STATEMENT OF MARCY KAPTUR APPEARS IN THE APPENDIX]

The CHAIRMAN. Okay. We are going to—Representative Dexter, you are granted permission to speak from the dais as a member of the committee. Go ahead.

Ms. DEXTER. Thank you very much, Mr. Chairman and to the Ranking Member, for offering this opportunity.

It is an honor to serve this committee. I also want to thank my colleagues here on the committee and those here today who are speaking up for our veterans.

Like many physicians, I trained at the VA. There, like at every stage of my career, I did not take care of Republicans or Democrats; I just took care of people. This is the spirit that I bring to this committee, one that is guided by care for our veterans, not partisanship.

Our veterans deserve durable policy that fulfills our promise to care for them, and they deserve a Congress that can come together and deliver it. I appreciate the willingness of my colleagues on both sides of the aisle to work together on this mission.

My priorities on this committee are clear: Every veteran—and when I say every, I mean every woman veteran, every veteran of color, every transgender veteran, every immigrant veteran, and every disabled veteran—must receive the high-quality VA healthcare that they have earned.

Veterans should never wait, worry, or wonder whether the care they need will be there. Whether they are expanding the access to mental healthcare, strengthening women's health clinics, or ensuring that veterans in rural communities can get timely care, we clearly have work to do. We must end veteran homelessness and ensure that every veteran and their family have a pathway to stable, affordable housing.

We know what works: Housing paired with wraparound services and targeted support. That is why I introduced the Every Veteran Housed Act to remove barriers to proven interventions that save lives and restore dignity. No veteran should ever sleep on the street in the country they served. I look forward to this committee's support in moving this forward.

We must also create real pathways to economic opportunity. I am proud that my first bill to pass the House was—my bill to pass the House was the Focused Assistance and Skills Training for Veterans' Employment and Transition Success (FAST VETS) Act. I want to thank Representatives Messmer, McGarvey, and Van Orden for standing with me in that effort. The FAST VETS Act improved the Veteran Readiness and Employment, VR&E, program that is faster to ensure more veterans can enroll and benefit.

I am also working on legislation to strengthen recruitment and retention for VR&E counselors. Veterans deserve timely access to high-quality individual career counseling. We cannot reduce backlogs or improve outcomes without investing in the people who provide that support. Veterans have earned more than a waitlist. They deserve a real pathway into the workforce, and I invite my colleagues to join me in this effort.

Finally, I want to take this opportunity to state plainly that our values must guide our work on this committee. Our budgets tell the story of our priorities. This Congress has found money for billionaires, and it is time that we find money for veterans. If we say

we honor veterans but fail to fund the programs that keep them healthy, housed, and employed, then our words do not matter.

I will work with anyone on this committee who is ready to put veterans above politics and choose progress over posturing. We have a responsibility to meet this moment with clarity, compassion, and courage.

Thank you, Mr. Chair. I yield back, and look forward to working together.

The CHAIRMAN. Thank you.

Representative Fitzpatrick, you are recognized for 3 minutes.

STATEMENT OF BRIAN FITZPATRICK

Mr. FITZPATRICK. Thank you, Chairman Bost, Ranking Member Takano. As you continue your critical work, I want to urge you to consider legislative action on policies to address the prevalence and impact of Amyotrophic Lateral Sclerosis (ALS) on our military and veteran communities.

Myself and several of my colleagues are proud to co-lead the Veterans with ALS Reporting Act, which would require the VA to study and provide needed data on the prevalence of ALS amongst our veteran population and establish a strategy for improving timely access to clinical trials for our Nation's veterans.

Chairman, I am also proud to sponsor the Justice for ALS Veterans Act, which is a bipartisan, bicameral bill which ensures surviving spouses of veterans who pass due to ALS receive the full benefits that they have rightfully earned.

Our veterans, as this committee well knows, are due our utmost support and respect. They are heroes who fought for us. When they face ALS, we must fight for them and their families.

Veterans, Mr. Chairman, are twice as likely to be diagnosed with ALS compared to the general population. This makes the mission even more critical, especially in understanding the genesis of this trend.

Under current law, surviving spouses and families of veterans who had a service-connected disability that is deemed fully debilitating for at least 8 continuous years before death receive an additional monthly stipend from the VA. However, with an average life expectancy of only 2 to 5 years after diagnosis with ALS, our ALS veterans often do not survive long enough to meet this requirement, leaving their families without this benefit. Denying a surviving spouse benefits because their loved ones did not live long enough to meet an arbitrary requirement is not just unfair, it is a betrayal of our commitment to those who served.

The Justice for ALS Veterans Act rights this wrong and ensures that the families of our brave servicemen and—women receive the support that they have earned and that they are due.

Thank you, Chairman Bost, Ranking Member Takano, for your consideration for working with us on this legislation. We look forward to moving this through committee and, once again, this Congress, in addressing the prevalence of the impact of ALS amongst our veteran community.

I yield back.

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

The CHAIRMAN. Thank you. I know we have got to vote, but you need—

Mr. TAKANO. Just real quick. Mr. Fitzpatrick, I fully support the idea of what you are bringing forward about ALS and the study of it. We are working on it now. Yes.

Ms. Kaptur, we should definitely find out if we can get a study on whether we can get a CBOC in that area or a mini—a mini clinic. I want to talk to you about a program within VA called Closer to Me, which specifically addresses how to help cancer patients with infusions who live remotely from clinics. It saves VA money, and it also—it is a—the Minnesota VA is the pioneer in this. I wanted to kind of call your attention to that.

With regard to Ms. Lee, I have already asked the chairman if he would consider doing a field hearing on Area 51. I commend your bipartisan work with Congressman Amodei.

Those are my comments. We have got to go vote, I know.

Ms. LEE. I just want to say, we have language that has made it into the National Defense Authorization Act (NDAA). We are, during the conference, we are hoping that it sticks and stays. Just so you are aware of that.

Mr. TAKANO. Okay. Well, that is—we have input into the NDAA process.

Ms. KAPTUR. Members, Mr. Chairman and Ranking Member, I just wanted to just put on the record also, we do have a CBOC, but here is what happens, they do not hire people in the Toledo area because there is something called a locality pay adjustment. They hire people in Ann Arbor. They pay—they have a 28.82 percent adjustment for their higher cost of living there. Those people drive down, then, an hour and a half a day down and another hour and a half back. It is such a messed up relationship. The focus has to be on the veterans.

We really do—maybe there are a couple other places in the country that have this bi-state relationship; it is not good.

Mr. TAKANO. It is understaffed, you are telling me, the—

Ms. KAPTUR. They drive down and then they go back home, and they do not interact with our veterans, posts. They are from another planet. We want the ability for our medical university to have a direct relationship with the VA. After 60 years, it is time.

The CHAIRMAN. Well, we were speaking of another problem that we have to deal with, and that is the fact that our VISNs are not working. They are not uniform, they are not—it is just like we always say, if you have seen one VA, you have seen one VA. If you have seen one VISN, you have seen one VISN. They are not uniform. It is a thing we have been noticing.

I am working with the Secretary at this time and asking him what—because you can—the person that actually set up the VISN system has actually said himself that that was not the way it was planned, and it is not working, and so we need to revamp it.

We do need to get back, so thank you all for being here. As a vote has been called in the House, the committee will stand in recess, subject to the call of the chair. I will expect—I hopefully will be reconvening 10 minutes after the start of the last vote. Thanks.

[Recess.]

The CHAIRMAN. The committee will reconvene.

Our third panel to testify before us here today is Representative Bishop of Georgia, Representative Stanton should be joining us from Arizona, Representative Underwood from Illinois, and Dr. Ruiz from California.

With that, Representative Bishop, you are recognized for 3 minutes to deliver your testimony.

STATEMENT OF SANFORD BISHOP

Mr. BISHOP. Thank you very much, Mr. Chairman.

Chairman Bost, Ranking Member Takano, distinguished members of the committee, thank you all for what you do to help America's veterans.

As a Representative whose district is home to Fort Benning, Robins Air Force Base, and Marine Corps Logistics Base Albany, the welfare of our veterans is at the forefront of my work.

I appreciate this opportunity to highlight a bill I have introduced, H.R. 333, the Disabled Veterans Tax Termination Act. The purpose of H.R. 333 is to ensure the concurrent receipt of military retirement and VA disability compensation for all veterans regardless of their veterans' affairs disability rating.

Currently, veterans rated lower than 50 percent and who retired with less than 20 years of service cannot concurrently receive full retirement pay and disability pay. This bill eliminates the arbitrary penalties and extends eligibility to Chapter 61 disability to all honorable retirees.

For those not familiar with veterans' retirement compensation, currently, veterans receive two types: retirement pay and disability pay. Currently, if a veteran's disability is rated less than 50 percent, then whatever the dollar value is in disability pay, it is subtracted from their retirement pay. This bill would allow veterans to get their full disability pay and retirement pay without one being subtracted from the other.

We cannot tell our veterans their service is valued while simultaneously withholding their earned benefits.

H.R. 333 is supported by every major veteran service organization, including the American Legion, Veterans of Foreign Wars, Disabled American Vets, Wounded Warrior Project.

I hope that as the committee prioritizes its work for 2026, that you will consider marking up and/or incorporating H.R. 333 into your efforts. Advancing this legislation sends a clear message to both current servicemembers and those considering enlisting in our all-volunteer force that America will keep its promise and take care of its own.

I urge the committee to favorably report out H.R. 333, and I thank you for allowing me to appear before you today.

[THE PREPARED STATEMENT OF SANFORD BISHOP APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Representative Underwood, you are recognized for your 3 minutes.

STATEMENT OF LAUREN UNDERWOOD

Ms. UNDERWOOD. Well, thank you, Mr. Chairman, and thank you to Ranking Member Takano, for the opportunity to testify about ur-

gently needed legislation to support the health and well-being of our Nation's veterans.

While I currently sit on the House Appropriations Committee, I was honored to serve on the House Veterans' Affairs Committee during the 116th and 117th Congresses. Serving veterans is one of the greatest privileges we have as Members of Congress, and I am honored to serve our veterans both on and off this committee.

That is why I am so excited about the momentum behind my bipartisan, bicameral Lactation Spaces for Veteran Moms Act, which I am proud to lead in the House, in partnership with Senator Rosen and Senator Murkowski.

As a nurse, I know the health benefits of breastfeeding for moms and babies. My bill ensures that every VA medical center contains a clean private space specifically designed for nursing for veterans and their families.

Just a few weeks ago, the Senate passed this bill by unanimous consent. I look forward to working with this committee to bring it to the House floor as soon as possible.

I am also honored to testify again today on one of the first bills I introduced in Congress with my friend, Senator Duckworth, the Co-pay Fairness for Veterans Act. Earlier this year, the bill passed out of the subcommittee, and I look forward to working with you to advance that bill to the full committee for consideration.

At a time when research shows that veterans face worse health outcomes than the general public and have a higher burden of chronic diseases, no veteran should go without ready access to preventive healthcare services that can improve their health and quality of life.

For nearly 15 years, civilians have accessed preventive services without co-pays thanks to the Affordable Care Act. The veterans receiving care through the VA still do not have that same guarantee. That means that veterans may be charged for mammograms, cancer screenings, diabetes care, and screens for depression and anxiety. That is not fair to the folks who have served our country, and my bill would fix this injustice and fulfill our promise to our veterans.

Finally, I am excited to share that I am preparing to reintroduce the Maternal Health for Veterans Act, which was reported out of the Health Subcommittee last Congress. The United States is in a worsening maternal health crisis, and veteran moms are dying. My bipartisan bill authorizes \$15 million per year for VA's maternity care programs and requires annual public reporting and recommendations on maternal health from VA. I am eager to work with you to advance this bill this Congress as soon as possible.

Thank you again for the opportunity to collaborate on these important pieces of legislation to better serve our veterans. I yield back.

[THE PREPARED STATEMENT OF LAUREN UNDERWOOD APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Dr. Ruiz, we are going to you next, and then Mr. Stanton has joined us, and we will go to him next. So—go to him after you. You are recognized for 3 minutes.

STATEMENT OF RAUL RUIZ

Mr. RUIZ. Thank you, Chairman. It is good to be back in the VA Committee. Good to see everybody. I want to thank you, Chairman Bost and Ranking Member Takano, for holding this hearing and providing me the opportunity to urge you, Chairman Bost, to allow a vote on the Major Richard Star Act. This critical and bipartisan piece of legislation that Republican Bilirakis and I are leading will rectify an injustice that has kept combat disabled veterans from receiving their full military and retirement benefits.

Currently, over 50,000 combat disabled veterans who were medically retired are being shortchanged. They are being shortchanged while costs are going up. Because of an outdated and unfair policy, they are forced to give up a portion of their retirement pay just to receive the disability compensation. They get injured and they cannot get their retirement pay. This is wrong and it must end.

That is why we must vote and pass the Major Richard Star Act, which is a bipartisan effort, to finally correct this injustice that has affected thousands of our Nation's heroes. Military retirement pay and disability compensation are two separate benefits. One is earned through years of dedicated service. The other is owed because of injuries sustained while defending our country. These brave men and women should not be punished for getting hurt in the line of duty.

This bill is named in honor of Major Richard A. Star, a father, husband, and a combat veteran who was medically retired due to injuries sustained in war. Sadly, Major Star lost his battle with cancer in 2021. His legacy lives on through this bill and in our commitment to do right by those who served.

The Major Richard Star Act would allow veterans to receive both retirement and disability benefits that they have earned without an offset. It is supported by all leading veteran service organizations, and it has overwhelming bipartisan support with over 300 cosponsors in the House. Look, guys, if we pass this out of committee, if you allow a vote and it gets to the House floor, with 300 cosponsors, this would pass out of the House floor. It is a done deal. That means 300 votes, this bill will pass the House, but it needs to pass committee first. That is why you, Chairman Bost, are the gatekeeper first, and then Speaker Johnson is the second gatekeeper to allow a vote on this major bill.

Do not—I am urging you not to deny this justice for veterans. It is in your hands, it is your responsibility. You have the decision-making authority to get it out of this committee. It is not just a policy. It is a matter of fairness, a matter of dignity. It is a matter of honoring the promises we make to those who wear the uniform.

I stand with our veterans. This is a pragmatic way to show that you all really care, support our veterans by passing this legislation that will actually improve their lives. Please pass the Major Richard Star Act out of this committee.

Thank you, and I yield back.

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

The CHAIRMAN. Thank you.

Mr. Stanton, you are recognized for 3 minutes.

STATEMENT OF GREG STANTON

Mr. STANTON. Thank you very much, Mr. Chairman and Ranking Member Takano, for holding this important hearing; Ranking Member Takano for making a trip to Phoenix to visit our VA hospital. I appreciate that greatly.

My Veterans Advisory Council for Arizona District Four, a group of former servicemembers and their families, have raised an important issue again and again, and that of predatory “claim sharks.” When veterans file for VA benefits, they do so with the help of an accredited representative. Plenty of veteran service organizations offer this important assistance. Too many predatory unaccredited companies, so-called claim sharks, take advantage of our veterans, charging high fees to help file VA benefit claims. Veterans were swindled out of over \$400 million last year alone.

That is why I am proud to back Congressman Pappas’ Guidelines for User Age-Verification and Responsible Dialogue (GUARD) VA Benefits Act, which would reinstate explicit criminal penalties on claim sharks.

I have got a bill, the—bipartisan legislation, the Standardized Accreditation Information for Veteran Ease, or SAVE, Act. The SAVE Act, H.R. 1746, requires the VA to keep an updated, searchable data base of accredited representatives and create a trademark that they can use on their website, social media, or marketing materials to be easily identified.

It is a commonsense solution to help veterans more easily differentiate between those who are legitimately accredited by the VA and those who are not. It is a direct suggestion from the veterans on my advisory council.

Congress should also look more fully to highlight Veterans Service Organizations (VSO) services during the Transition Assistance Program for servicemembers and their families transitioning from Active Duty. Veterans will not know what they have access to and a right to free assistance if we do not advertise it better.

My advisory council and I are also concerned, I know as you are as well, about addressing veteran homelessness and ensuring vets get the very best healthcare. Before I came to Congress, I served as mayor of the city of Phoenix, and the city was recognized by President Obama at that time as the first city in the Nation to end chronic homelessness among military veterans.

We learned a big lesson. It is one thing to put a roof over a chronically homeless veteran, but it is another thing to provide the support services to keep them off the street, to break their cycle of homelessness. Mental health services, healthcare, substance abuse treatment, that is how we broke the cycle of homelessness.

President Trump’s proposal for the Department of Housing and Urban Development is massively disrupting homelessness funding and shifting away from a housing plus services model. Because of this, more than 4,000 veterans could lose housing, increasing veteran homelessness by 12 percent. We have no way of estimating the number of veterans who may be living in other programs funded by the continuum of care programs that are not designated specifically for veterans.

I hope the Trump administration will work with Congress to prevent this unfortunate backsliding.

Thank you for your time and consideration.

[THE PREPARED STATEMENT OF GREG STANTON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Do you have any—

Mr. TAKANO. Yes.

The CHAIRMAN. You are the last one here, so you are the only one who can give you a question.

Mr. TAKANO. It is not really—I just want to commend you on your interest in—Congressman Stanton—on the claim shark issue. It is something that I am very passionate about as the author of the Honoring Our PACT Act, which expanded eligibility for VA benefits to 3.5 million veterans, and we know that over 1.5 million veterans have had their claims approved.

This has also been, unfortunately, an incentive for for-profit unscrupulous operators known as claim sharks to target veterans. I really—I really commend you for standing up and looking to protect veterans from the predations. I mean, it means they could lose thousands and thousands of dollars of their earned benefits because of that, and so I appreciate that.

I also share your concern related to veteran homelessness, and the administra—if you want to respond, that is fine, but—so I commend you on both counts, so thank you.

The CHAIRMAN. Thank you.

Mr. STANTON. Yes. I will just address it real quick. You know, we—those of us who have worked in the issue of homelessness—in addition to being a former mayor, I ran the Continuum of Care for my region—we know what works to break the cycle of homelessness: it is housing plus services. The administration wants to go in a different direction, which is just more emergency beds. It certainly, in the short run, would probably get more people off the streets in the short run, but in the long run, it does not break the cycle of homelessness, and we know it will result in more homelessness overall.

That is why I think, for both veterans and the larger community, we should keep going on the housing plus services model.

Mr. TAKANO. Thank you for that. I appreciate it.

Mr. STANTON. Thank you for the opportunity to testify, and for saving, of course, the best for last.

The CHAIRMAN. Thank you. Next, we need the fourth panel to move forward, of those that are here. We need to switch over our nameplates. All right. We are going to start. I will introduce who is supposed to be here and who is here.

Today, for the fourth panel we have Representative Hayes of Connecticut; Representative Correa should be along from California; Carbajal of California as well; Gonzalez of Texas; Stansbury of New Mexico; and McClellan of Virginia.

Representative Hayes, we are going to start with you, and you are recognized for 3 minutes.

STATEMENT OF JAHANA HAYES

Ms. HAYES. Thank you.

I appreciate the opportunity to appear before the Veterans' Affairs Committee to share my policy ideas on how we can better serve veterans and their families.

I keep coming back to this committee. I came before you in June to discuss my Caring for Survivors Act, which would expand benefits for survivors of servicemembers and veterans who have given their lives in service to the United States of America. Today, I would like to encourage you to advance the legislation through this committee as a next step toward eventual passage on the House floor.

When a servicemember dies in the line of duty or a veteran dies from service-related injuries or illnesses, their surviving family members receive a monthly benefit known as Dependency and Indemnity Compensation, or DIC. Unfortunately, the DIC rate has been minimally adjusted since the VA established the benefit in 1993, and currently, has lower rates and more stringent rules than other Federal survivor programs.

My Caring for Survivors Act modernizes DIC benefits through two reforms. The bill raises the monthly DIC benefit by more than \$450 per recipient, bringing DIC payments in line with surviving payments that other Federal civilian employees are eligible to receive. Additionally, the bill reduces the timeframe a veteran must be disabled to qualify for DIC benefits from 10 to 5 years. Together, these provisions would increase DIC benefits and broaden eligibility to ensure families receive the financial help they deserve.

I recognize the cost concerns of implementing this legislation, but the cost is likely lower than the reported estimate based on outdated—based on updated data from the Department of Veterans Affairs.

I often hear from survivors of servicemembers and veterans in my district and across the country who depend on DIC benefits to cover their basic expenses. I became interested in this because veterans, their surviving spouses stop me at parades and at events; I receive emails from people all over the country telling me the story of what it means to them and their families.

These individuals continue to express the life-changing difference the Caring for Survivors Act would make, including the financial difference between barely getting by and having a small degree of security, while also an acknowledgment that the Congress recognizes the sacrifices of our servicemembers and veterans.

Supporting our veterans and military families is an intentional choice that we can make. I encourage this committee to hold a vote on my Caring for Survivors Act and advance the legislation to the House floor. It would be an incredible show of support for the surviving family members of our veterans who have died in the line of service.

With that, I yield back.

[THE PREPARED STATEMENT OF JAHANA HAYES APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, ma'am.

Representative Garcia.

Mr. GONZALEZ. Gonzalez.

The CHAIRMAN. Gonzalez, I apologize.

STATEMENT OF VICENTE GONZALEZ

Mr. GONZALEZ. Thank you, Chairman Bost, for holding this hearing today.

I appreciate the opportunity to testify before this committee to advocate for the construction of a new Department of Veteran Affairs Medical Center in the Rio Grande Valley.

We have an increasing number of veterans. We have got about 50,000 veterans in the region that do not have the necessary medical care in the region. They are traveling 300 miles to get this care. 24,000, about half of the servicemembers, have a service-connected disability.

Unfortunately, because neither the Coastal Bend nor the Rio Grande Valley currently have a VA medical center, many constituents are forced to travel over 300 miles to get the care they need. I urge the committee to work with me to right this wrong.

I would also like to highlight the significance of H.R. 2102, the Major Richard Star Act. This important bill would ensure that all combat disabled veterans receive concurrent receipt of their disability compensation and their retirement. We must ensure our disabled veterans do not struggle to make ends meet.

Finally, recognizing the service of veterans must also include recognizing the bravery of military working dogs who perform their jobs with extreme courage. Military working dogs save countless lives by detecting explosives and leading search and rescue missions. It is time they are honored as heroes.

That is why I have reintroduced the Sergeant Fieldy Act, to allow the burial of deceased military working dogs in veteran cemeteries. This bill is to honor Sergeant Fieldy, who served three tours in Afghanistan and earned the K-9 medal of courage award in 2016, and was selected as a military hero dog in 2018. I urge you and your colleagues to work with me in this bipartisan way to advance this bill.

Last, I cannot end this conversation without talking about our deported veterans. I cannot think of anything more disgraceful than to deport folks who have worn our uniform and fought for our freedom. There is record of them being about 37 countries around the world. I intend to reintroduce the Repatriate Our Patriots Act.

I hope finally we can get this done. This should be a bipartisan issue. We need to stop deporting American veterans to foreign countries. It is a real disgrace and a real blemish on our record.

Thank you. I yield back.

[THE PREPARED STATEMENT OF VICENTE GONZALEZ APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.

Representative Carbajal, you are recognized for 3 minutes. Semper fi.

STATEMENT OF SALUD CARBAJAL

Mr. CARBAJAL. Semper fi, Mr. Chairman.

Thank you, Chairman Bost and Ranking Member Takano, for allowing me to speak before this committee today. I always appreciate coming before a fellow marine, Mr. Chairman.

As a veteran myself, I know firsthand the sacrifices that come with military service and the challenges that follow when that

service ends. That is why in Congress I have made it my mission to ensure that every veteran has access to the care and benefits they have earned without delay and without unnecessary barriers.

One area I have been focusing on is the long wait times and frustrating delays our veterans face when they call local VA medical centers and clinics. I believe that if you serve our Nation, the process to access your healthcare should be fast and simple. Enhancements have been made over the years, but it is still not enough. Yet for many veterans on the Central Coast and beyond, a simple phone call to schedule an appointment or ask a question can turn into endless holds, confusing transfers, and dead ends. I know that personally as well.

My staff and I consistently hear from veterans who have phone wait times exceeding an hour or more or they are promised a callback within 24 to 48 hours, only to never receive a call. I have even heard from constituents who were forced to drive more than an hour to the nearest CBOC to make an appointment in person after failing to get through to anyone on the phone. Simply put, this is unacceptable, and I think you agree with me.

To me, this is a sign the system is failing our Nation's veterans. It is critical for Congress to act and provide additional resources to the Veterans Health Administration. Only with stronger investments into our local VA systems can we ensure medical centers and clinics have the staff and tools they need to answer calls quickly, schedule appointments efficiently, and treat veterans with the respect they deserve.

I have long called for these investments, and I will continue to advocate for our veterans until this issue is fixed.

Mr. Chairman, Ranking Member, thank you for allowing me to come before your committee today—subcommittee.

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

The CHAIRMAN. Thank you.

Ranking Member.

Mr. TAKANO. Thank you.

Thank you very much for your proposal, Congressman Carbajal. I will be more than glad to work with you on trying to advance it.

Congresswoman Hayes, your legislation which would address the DIC payment gap is long overdue. I am a cosponsor of your bill. I want you to know that the majority is moving—I commend the majority for moving forward a bill that we had in legislative hearings yesterday. I do not endorse the pay-for, but what I think is really important about the legislation that you are the lead on is that it takes care of the entire issue, which is the 11 percent differential in the survivor pay that the spouse of a veteran receives versus what a Federal employee's spouse survivor would get, right. It is a long concept. The legislation moved forward by the majority would take care of like 1 percent of the cost of living, but not even in a permanent way.

I am hopeful, I am hopeful that I can work with the chairman to actually incorporate and take care of a bigger chunk of that differential, and maybe even the full differential, depending on what this pay-for that I am working on can net out to be.

I want to just, again, commend you for your dogged advocacy for these survivors, and they need and deserve this money. It is shameful that we have not done more for them over the years. We need to do it now. We need to get it done in this Congress, and I am hopeful we can do more for these DIC payments this Congress.

Go ahead.

Ms. HAYES. Well, thank you, I appreciate that. I welcome you to take any or all of the pieces of this legislation to incorporate. I do not care who gets the credit for it. What I am conc—I mean, coming to Congress and hearing these stories and understanding the discrepancy between our surviving spouses and other Federal employees is something that, quite frankly, I was embarrassed about as I spoke to widows and children. What I found is that many of them had lost their family member way too soon, at a point where they were still figuring out life and struggling with bills. We are not talking about people in retirement who have planned for unfortunate instances.

I have come before this committee, I have talked to organizations around the country and just gotten just a much better appreciation for what this means to families. I think of all the things that we do in Congress, something that we should all be able to agree upon is to take care of our veterans and their family members who allow us to even have the ability and the freedom and the right to come here and debate these things openly and have dissenting opinions and disagree and really thrive in this republic that we call America.

I just feel like that is one of the things that we can get right. It is a really small thing. We talk about the procedure and the process and how we get it done, but we get so many things done here and we just figure it out. I think this is one of those things that we just need to figure out.

Mr. TAKANO. Well, the way I phrased it is, if we can find—if this Congress found it possible to, you know, fund trillions of dollars in permanent tax breaks, we can find the few billions of dollars it would take to make sure that the spouses—the surviving spouses and children of veterans, combat veterans get equal treatment to the surviving spouses and children of Federal employees.

Ms. HAYES. They have earned it.

Mr. TAKANO. They have earned it.

Thank you. I yield back.

The CHAIRMAN. Thank you all.

Well, I will tell you what, we are going to go to Representative McClellan and—unless you want to stay, we have asked the questions, so you all are good, yes.

You are recognized for 3 minutes to present.

STATEMENT OF JENNIFER MCCLELLAN

Ms. MCCLELLAN. Thank you, Mr. Chairman, and Ranking Member Takano, and members of the committee, for holding this Member Day today.

I am here to discuss one of my top priorities this Congress, which is to improve the Department of Veterans Affairs work study program. I have a bill, H.R. 5965, the Student Veteran Work Study Modernization Act, that will do just that.

As you know, our veterans give so much to our communities and it is imperative that we do everything within our power to support their needs as they transition out of Active Duty service and back into civilian life. This includes efforts to modernize, improve, and expand the availability of programs that train and educate our veterans for civilian jobs following their service.

One such program that serves veterans as they transition into civilian life is the VA work study program, which allows veterans to receive a part-time paying job on campus or at another VA-approved employer while enrolled as a student in a 2-year or 4-year higher education institution, vocational, or professional program.

Currently, however, only students who are enrolled at least as a three-quarter time student are allowed to participate in the VA work study program. This requirement excludes half-time students, ignoring the fact that our student veterans are older than traditional students, often have children or other family members to care for, have unique mental health needs and financial considerations that are distinct from traditional students. As a result, the requirement to be a three-quarter enrolled student does not take into consideration the needs of those veteran students who need half-time enrollment as a necessity.

I introduced the Student Veteran Work Study Modernization Act to provide student veterans with a flexible work study program that considers their unique needs and circumstances. This legislation was led by—previously led by former Representative Matt Cartwright and would update the VA work study program to improve accessibility for student veterans.

Specifically, the bill creates a 5-year pilot program to expand VA work study eligibility for student veterans who are enrolled half time and require the VA to report data on the work study program to Congress, including the number of participating veterans, percentage of student veterans who obtain a 4-year degree, and how many student veterans obtain full-time work.

This bill passed out of committee in 2022 via voice vote, but did not advance in the Senate. I am hoping that we will be able to get it across the finish line this year. I thank you for your support and your attention today.

[THE PREPARED STATEMENT OF JENNIFER McCLELLAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you.
Do you have a question?

Mr. TAKANO. Well, just wanted to say, Representative McClellan, thank you so much for this legislation. I look forward to working with you. You know, we can definitely improve the work study program for our veterans, so thank you very much.

Ms. McCLELLAN. Thank you.

The CHAIRMAN. We are possibly looking at your bill for one of the hearings.

Ms. McCLELLAN. Thank you very much.

The CHAIRMAN. Representative Carbajal. No, I am sorry, Correa. I am sorry, Lou. You are all by yourself now on the panel. You are recognized for 3 minutes, my friend.

STATEMENT OF LOU CORREA

Mr. CORREA. [Inaudible] for veterans; psychedelics, treating Post-Traumatic Stress Disorder (PTSD), treating drug addiction for veterans. Three weeks ago, I had the opportunity to go to Mexico to visit a clinic treating patients for PTSD. I met an Air Force fighter pilot from the Midwest there to get treated. I asked him, I said, what is your name? Did not want to tell me who he was. He just said, I need to get over my drug addiction, I do not want my wings taken away from me.

My ask today, look at our legislation that Jack Bergman and I have introduced, H.R. 2623, Innovative Therapies. Twenty suicides per day in America, that is way too many. These veterans, these armed services officers should be getting their treatment here in the United States.

Second of all, Orange County (OC) Veterans Cemetery. We are still fighting for funding, California, home to the largest number of vets in the United States. We need an OC veterans cemetery.

Third, continue to ask we look at the issue of deported veterans.

Finally, I would like to talk about anesthesiology, potential changes to the VA surgical anesthesia patient safety standards. Bottom line, Mr. Chairman and Ranking Member, let us continue to have medical doctors that are administering anesthesia to our veterans who are undertaking their treatments.

Four simple asks, Mr. Chairman. All reasonable.

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

The CHAIRMAN. Ranking Member.

Mr. TAKANO. Well, thank you, Mr. Chairman.

With regard to, you know, psychedelics and treatment, I think there is bipartisan interest on this topic. The chairman and I have both—I have—on the Democratic side we have held roundtables on the issue, and so—and I can tell you, at Loma Linda—at the Loma Linda Medical Center, not far from both of us in Southern California, that there have actually been trials of 3,4-methylenedioxymethamphetamine (MDMA). I have—it is a good moment to maybe check in on this. Maybe we—

Mr. CORREA. Mr. Ranking Member and Mr. Chairman—

Mr. TAKANO. Yes.

Mr. CORREA [continuing]. we have Members of Congress who are veterans who have been treated—

The CHAIRMAN. That have done it.

Mr. CORREA [continuing]. and cured.

The CHAIRMAN. And cured. That is correct. One on this committee.

Mr. CORREA. There you go.

Mr. TAKANO. Yes. Mr. Chairman, I really want to get an update and do a hearing and bring—

The CHAIRMAN. Yes, this is an issue that all of us are kind of monitoring. We were a little upset whenever the Feds did not approve the—

Mr. TAKANO. The U.S. Food and Drug Administration (FDA) or whatever.

The CHAIRMAN [continuing]. the FDA based.

Mr. TAKANO. That is right.

The CHAIRMAN. Remember they did not approve it. We were hoping it would, which would clear. Now, we would love to try to figure out how to get the VA to go ahead and go through some testing and stuff like that. I know we are working with General Bergman, and this is—you are not getting any pushback from us, we are just trying to get it through.

Mr. CORREA. Mr. Chairman, VA Secretary Doug Collins is fully onboard with us on this.

The CHAIRMAN. I know he is aware of it as well, and he is—it is—let me say this, because when it was first brought to me, being an older White male who grew up in the sixties, when someone said psychedelic, it was like, whoa, whoa, whoa. Then I realized, so many people do not understand.

I was actually talking with one of our members at an event last night. He said that he has got—he said he likes the idea, but he is—he said, I do not want it to be like the marijuana test where you have to take marijuana all the time, or opiates. I said, no, you do not understand. It is a three-time max during the same process, 7 to 10 days, and it works.

And so—and it is a shame that we happen to have groups pay for people to go to Mexico to get a treatment that actually works.

Mr. CORREA. One final comment on this, Mr. Chairman, these medications, psychedelics, ibogaine, are very powerful.

The CHAIRMAN. Yes.

Mr. CORREA. They have to be administered by trained physicians.

The CHAIRMAN. Right.

Mr. CORREA. You will flatline and you will die if you do not have trained personnel around. That is part of the ask, which is, not only do you normalize this, but you have got to have the trained—

The CHAIRMAN. If you talk to the people that have actually done it, they will tell anybody going into it, it is not a fun thing, but it is a cure.

Mr. TAKANO. It is important to anyone listening that we are not encouraging people to self-administer—

Mr. CORREA. No.

The CHAIRMAN. Not in any way, shape, or form. This is a very good procedure.

Mr. TAKANO [continuing]. that this is supervised. There is actually follow up, and it is very carefully monitored.

I really thank you for raising this issue.

Mr. Chairman, it is a good opportunity—

The CHAIRMAN. It is.

Mr. TAKANO.—for you and I to work together on this issue.

With regard to deported veterans, it is a shame and a scandal and—let me think of all the words I can think of that—

Mr. CORREA. An injustice.

Mr. TAKANO. Thank you. It is an injustice for men and women who have worn the cloth of our Nation to be deported. That is actually something that Americans do not believe happens, and it does happen. I do have legislation called the Veteran Service Recognition Act. It is bipartisan. You know, Representative Gonzalez, Vicente Gonzalez was—preceded you, raised this issue. I whole-

heartedly agree that we need to turn our attention to this issue. We should not be deporting anyone who has served our country. This is just simply wrong.

Anybody who serves the military, they are legally here in the country. They have a green card, they have a pathway to citizenship. We should be making sure that the military facilitates that they get their citizenship when they are serving our country so that this does not become an issue.

Mr. CORREA. On the veteran cemetery, a lot of the funding is in place, real estate is there, just a little short on—

Mr. TAKANO. Is this the old El Toro—

Mr. CORREA. No. El Toro did not want us.

Mr. TAKANO. Okay.

Mr. CORREA. We are moving to Anaheim, who gladly is welcoming us. We are just a few million dollars short and we will have a veteran cemetery for Orange County veterans.

Mr. TAKANO. This is the State veterans cemetery?

Mr. CORREA. State, Federal. Yes.

Mr. TAKANO. We are looking for completion money.

Mr. CORREA. Correct, correct.

Mr. TAKANO. Okay. Got it. Thank you.

The CHAIRMAN. Representative Dexter.

Ms. DEXTER. Thank you, Mr. Chair.

I just wanted to raise the fact that the State of Oregon has approved psilocybin for medical use in observed situations. We have a VA in Portland. I wonder if there might be a mechanism for veterans at least to be able to get reimbursed care within the United States in the State while we are waiting for Federal legislative change.

Also want to underline the importance of honoring the service of our veterans who are being deported. It is shameful.

Thank you.

The CHAIRMAN. We want to remember this—and I do not disagree with you on these issues—but that issue specifically on the deporting would be a judicial committee, not this committee, but glad to hear about it here.

Mr. CORREA. Finally, sir, anesthesiology for veterans that are getting treated at the VA. Make sure it is a physician, you know. You do not need a doctor until you need a doctor.

The CHAIRMAN. Yes. With anesthesiology and all of them, as we look into it, it has always been the policy of VA to follow the guidelines of the State in which the VA is located. A lot of these are pushing, and that is why we—we get drug in as Members into turf battles quite often. I agree with you. If your State says that, then it would happen. That is a whole lot of the way the VA has handled it over the years. Watching them all of a sudden say, no, we are going to do it different in the State and we are located in the State, sometimes gets a little—it is an issue I have dealt with quite a bit, so—

Mr. TAKANO. Mr. Chairman, before we move on.

Mr. Correa, thank you so much. I have known you for a long time, and you have, you know, a dogged interest in representing the interest of veterans and their care, and I thank you so much for that doggedness.

Mr. CORREA. We owe veterans tremendous: our freedom and a whole lot more.

Mr. Chairman, thank you for serving.

Mr. TAKANO. Yes.

The CHAIRMAN. You are worth it. That is always my answer when people say that. You are worth it.

Mr. TAKANO. America is worth it.

The CHAIRMAN. Yes.

Mr. TAKANO. Our country is worth fighting for.

Mr. Chairman, we do have on our side some pending requests for information from VA related to psychedelics. We would be helpful—we would be very grateful for your help for the Secretary to get those requests fulfilled.

The CHAIRMAN. I will be speaking with him later today.

Mr. TAKANO. Thank you.

Mr. CORREA. Mr. Chairman, Ranking Member, members, thank you for your time and indulgence.

Mr. TAKANO. Thank you.

The CHAIRMAN. Representative Stansbury, you are recognized for 3 minutes for your opening statement.

STATEMENT OF MELANIE STANSBURY

Ms. STANSBURY. Thank you.

Thank you so much, Mr. Chairman, Ranking Member, members of the committee.

First and foremost, let me say thank you for your service to this great Nation. To all of our veterans out there, we thank you for your service and your sacrifice.

I come before you today to talk about the veterans issues that are important for New Mexico. In particular, I want to focus on the issue that I think so many veterans are struggling with across the country, and that is to increase services for mental illness, depression, and for housing and transitional services.

In New Mexico, we have a long and proud tradition of service. Our communities have one of the highest rates of military service in the United States. Our communities come from every Tribal, rural, urban community across the State and have a long stretch of service that goes back to both our Navajo Code Talkers, those who were captured at Bataan, and many, many others who have served in the Armed Forces since.

That is why service is not only a part of our blood and our culture, but it is also our responsibility as Members who represent our servicemembers in New Mexico and to ensure that they have the program, services, and care that they deserve when they come back, including for the invisible wounds of war, including PTSD, depression, anxiety, and so many other disorders and conditions that make it difficult to transition back to civilian life.

In New Mexico, we have seen firsthand the consequences of lack of care, inadequate access, particularly in our rural and Tribal communities in which people have to travel long distances, and there are additional cultural issues that play in care. As we pass the historic PACT Act which expanded VA care and support for our veterans that have been exposed to various substances, it is also im-

portant that we make a similar investment in mental health, housing, and other transitional services on that scale.

I come before you, not with a specific bill, but mostly for an ask to increase funding for those things.

Finally, I do want to highlight a couple of bills that we are championing that are important to our veterans and to our military families. We ask for your support in passing the Major Richard Star Act, which is very important to ensure that there is full medical retirement and also VA disability without benefit offsets.

We also wanted to elevate to your oversight responsibilities that we are hearing about a lot of delays with the Civilian Health and Medical Program of the Department of Veteran's Affairs (CHAMPVA) benefits, limited provider access, and VA appeals that are continuing to take a year or longer. We ask for your support in helping to get a more expedited review of those benefit and disability reviews.

With that, I say thank you so much for your service and for the opportunity to testify.

[THE PREPARED STATEMENT OF MELANIE STANSBURY APPEARS IN THE APPENDIX]

The CHAIRMAN. Ranking Member.

Mr. TAKANO. Thank you, Representative Stansbury, for your interest and commitment to expanding mental health services. I have been to—I have actually visited New Mexico, the Albuquerque VA, the medical center there, and they do tremendous work there. We need to do better in terms of, in a very rural State such as yours, making sure that we get mental health services. It is a struggle everywhere in terms of getting the providers and—but there are solutions, and I am looking forward to working with you on your legislation.

Ms. STANSBURY. Thank you.

The CHAIRMAN. Let me say a couple things. One, we have heard from several on the Richard Star Act. Understand this, that the jurisdiction on the Richard Star Act is House Armed Services Committee (HASC) first, Veteran Committee second. Leadership is aware. Actually, the Speaker spoke with a lot of VSOs specifically on that issue yesterday, and it was not a negative, it was looking at it, trying to figure it out.

Then also on your other issue with the CHAMP. When you have those problems, if your staff wants to reach out to our committee, we are glad to try to help you guide through that.

Ms. STANSBURY. Absolutely. Thank you.

Mr. TAKANO. Mr. Chairman, I just want to point out that we have a subcommittee hearing next week on CHAMPVA that the committee is doing.

The CHAIRMAN. Okay. That will be good.

Thank you for being here.

Ms. STANSBURY. Thank you. Thank you, sir. I yield back.

The CHAIRMAN. Do you have any closing remarks?

Mr. TAKANO. The closing remarks I have, Mr. Chairman, I appreciate, you know, convening this Member Day. I just want to reiterate my commitment to working with you in getting the pathway forward on the DIC—

The CHAIRMAN. Revenue stream.

Mr. TAKANO. You know what I am talking about.

The CHAIRMAN. Uh-huh.

Mr. TAKANO [continuing]. working out the pay-for on that.

The CHAIRMAN. Yep.

Mr. TAKANO. I do want to get that done. I am happy to hear that the Speaker is seriously engaging a pathway forward on the Star Act.

The CHAIRMAN. Yes. With that, I want to say, first off, thanks for being here. I want to say to our Members, even though they are gone, thank them for coming in. It is truly always good during this day to hear their ideas and proposals.

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

Hearing no objection, so ordered.

The hearing is now adjourned.

[Whereupon, at 11:30 a.m., the committee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Kim Schrier

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

I first want to thank the more than 40 thousand Veterans I represent in Washington's Eighth District and all of those who have sacrificed their lives in service to this country. Serving our country is an extraordinary commitment that impacts Veterans and their families for their entire lives, and it's important that we show up for them in the same way that they've shown up for us.

As we are all aware, our country continues to face a worsening Veteran mental health crisis. The transition to civilian life after service can be incredibly challenging, especially for those that have served their entire adult lives, and these challenges are even more pronounced in rural areas, like those I represent. My district spans more than ten thousand square miles, and there are multiple Veteran communities – hours apart from one other – that each have unique needs to be met.

For the past several years, the community in Wenatchee, WA has faced numerous Veteran mental health crises due in part to our failure to meet their mental health needs. The closest Vet Center that provides full mental health services is 2 hours away, and closer VA mental health services have failed to provide sufficient staffing for more than 2 years. I recognize and appreciate the work the VA has done to close this gap in care and increase access to tele-mental health services, but we must also ensure Veterans have access to continuous care without further delay. Time and time again, we have witnessed tragedy while Veterans wait to access care.

I also want to emphasize that there is no one-size-fits-all solution to the Veteran mental health crisis. Expanding tele-mental health services is a great immediate step we can take to give more Veterans more access. We must simultaneously maintain and increase access to in-person mental health services so that our senior Veteran population and those that prefer face-to-face connection can continue to receive care. I also want to voice my support for the *PFC Joseph P. Dwyer Peer Support Program Act*, which would provide grant funding for peer-to-peer Veteran mental health programs, and the *Innovative Therapies Centers of Excellence Act*, which would support research on alternative treatments at Vet Centers. The traditional therapy setting may not be the best option for many of our Veterans, and we should be open to innovation and research in mental health care.

Similarly, we need to start focusing on a proactive approach to Veteran mental health care. The crisis facing our Veteran population is not a new one, and we cannot continue to just react – we need to look upstream to best understand and address this issue. I look forward to working with the committee on proposals to reach our service members during service and before they leave the military and ensure that they are set up for a lifetime of success after service.

Last, I want to bring attention to ongoing issues with the VA's reportedly improved Electronic Medical Record System. Updates to this system were first launched at the Mann-Grandstaff Medical Center in Spokane, WA in 2020, which is the closest Medical Center to Veterans residing in the eastern portion of my district. Despite improvements, VA providers continue to find that the system is fraught with errors, leading to significant delays in care, providers seeing fewer patients, and some patients being denied care altogether. As the system is rolled out across the country, the VA must ensure that it will not exacerbate existing issues with the VA health care system, and I urge the Committee to provide careful oversight of this process.

I appreciate the bipartisan work the Committee has done to support Veterans, and I ask that you continue to prioritize the expansion of Veteran mental health services. Thank you for your time.

Prepared Statement of Jill Tokuda

Chairman Bost, Ranking Member Takano, thank you for hosting this Member Day hearing in the House Veterans' Affairs Committee. About 89,000 veterans live in Hawai'i. I am grateful for their contribution to America's defense, and I am working to ensure we keep our end of the bargain to help our veterans succeed in post-military life and get the care they need for service-related conditions.

I would like to share with you two legislative initiatives I am pursuing in the Veterans Affairs Committee's jurisdiction.

The first is the Parity for Native Hawaiian Veterans Act, which I re-introduced this year with my colleague, Senator Hirono. The bill would allow Native Hawaiian veterans to receive care from Native Hawaiian Health Care Systems by requiring the Secretary of Veterans Affairs to reimburse these systems for services provided. VA already pays for care at Indian Health Service, Tribal Health Programs, and Urban Indian Organization facilities, but not at Native Hawaiian Health Care Systems. My bill would correct this disparity and ensure Native Hawaiian veterans receive the same benefits as their American Indian and Alaska Native counterparts.

The second bill addresses a deeply disturbing case involving Dr. Robert McCormick Browne, a veteran buried in the National Cemetery of the Pacific. He has been credibly accused of sexually abusing dozens of students over decades in Hawai'i while practicing as a psychiatrist. Dr. Browne died by suicide shortly after these allegations became public, escaping criminal accountability. It is appalling that he remains interred in a VA cemetery. I led the Hawai'i delegation in sending a letter to the Secretary of Veterans Affairs about this issue, but VA confirmed they lack authority to review his case for disinterment because current law applies only to interments on or after December 20, 2013; Dr. Browne was interred in 1991.

I offered an NDAA amendment this year to disinter Dr. Browne from Punchbowl Cemetery, but the Rules Committee did not make it in order. I respectfully ask for this committee's help in advancing legislation in the coming year to, at minimum, disinter Dr. Browne from the National Cemetery of the Pacific and to revisit the 2013 cutoff that prevents VA from addressing cases like this. Nothing can undo the harm he caused, but one small measure of justice would be to ensure that survivors and their families no longer risk seeing his headstone at Punchbowl.

Thank you for listening to my concerns this morning and thank you for your persistent efforts to improve the lives of America's veterans.

Prepared Statement of Dina Titus

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to speak today and for your continued leadership on behalf of our Nation's veterans.

In Nevada's First Congressional District, I hear from veterans every day: men and women who served with honor, who returned home expecting fair treatment and support, and who now face unnecessary barriers to the care and benefits they rightfully earned.

Among them are our atomic veterans and the servicemembers who worked at the Nevada Test and Training Range. Individuals whose missions were so classified that their own presence was effectively erased, even as they suffered from the effects of toxic and radiation exposure.

For decades, these veterans have carried illnesses without recognition, fought claims without documentation, and battled a system that too often tells them they "were never there" because their records were masked or buried behind classifications.

The military pledges to leave no soldier behind. As Members of Congress, we must live up to that same commitment.

That is why I reintroduced the PRESUME Act, to eliminate the unjust requirement and almost impossible task of having atomic veterans prove a specific radiation dose before accessing the VA benefits they earned.

Veterans at the Nevada Test Site and other nuclear testing locations were often exposed to toxic radiation without their knowledge. Many were never told they were being exposed, and today, these atomic veterans suffer from pulmonary issues, cancers, and other serious illnesses.

Currently, to establish entitlement to what the VA calls "presumptive diseases," veterans must provide proof of onsite participation and radiation dose estimates from the Defense Threat Reduction Agency, data that has historically been unreliable.

When the government controls the data, veterans should not bear the burden of proving the impossible. The PRESUME Act would remove these bureaucratic barriers and is endorsed by Disabled American Veterans, The Invisible Enemy, Veterans of Foreign Wars, National Association of Atomic Veterans, Paralyzed Veterans of America, Military-Veterans Advocacy, and Enewetak Atoll Atomic Cleanup Veterans.

There are hundreds of atomic veterans, and we must act before it is too late, as we did with Agent Orange veterans.

It is time for Congress to advance this crucial piece of legislation. By doing so, we can remove bureaucratic hurdles, ensure parity with other radiation programs, and honor our Nation's promise to those who served in harm's way.

We must never forget that these men and women played a critical role in securing the U.S.'s victory in the cold war at great personal cost and with little public recognition. It is long past time we honor that service with the care and justice they deserve.

Mr. Chairman and Ranking Members, as we continue building upon the success of the PACT Act, I urge the Committee to keep atomic veterans front and center. Their service was extraordinary. Their sacrifice was honorable. Their delay in receiving care has been unconscionable.

We cannot change the past, but we can ensure that the path forward is one of dignity, transparency, and justice.

Thank you for the opportunity to speak, and I look forward to working closely with the Committee to deliver for all veterans.

Prepared Statement of Gabe Vasquez

Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to discuss my three bills currently before the Veterans Affairs Committee.

We owe an immense debt of gratitude to our veterans. In exchange for their brave service, we promised assistance so that they can pursue a higher education, achieve their academic goals, and become leaders in the workforce as they transition back to civilian life.

That is why I proudly introduced H.R. 1665, the bipartisan Veteran Education Assistance Adjustment Act. This common-sense bill increases the GI Bill's annual book stipend for the first time in nearly two decades—from \$1,000 a year to \$1,400 a year and allows for an annual adjustment of this stipend to keep up with inflation.

This stipend no longer reflects today's costs and falls woefully short of meeting the financial needs of our veterans today. At a time when millions of veterans are already working to make ends meet, Congress should not allow outdated policy to become yet another barrier to their success.

My bill has garnered the support of 22 bipartisan cosponsors, including eight Members of this committee. Leading veterans groups such as Veterans of Foreign Wars (VFW) and the American Legion have publicly endorsed this legislation, and President Trump's own Department of Veterans Affairs agreed earlier this year that the book stipend needs to be increased.

I urge you to make passing this bill a priority of the committee.

Second, I would like to discuss H.R. 2020, the bipartisan New Mexico Rural Veteran Health Care Access Act. This bill will improve access to health care services for rural veterans in southeast New Mexico by moving Otero and Eddy County from the Veterans Integrated Service Network Region 22 into VISN 17.

Currently, veterans in the southeast corner of my State drive as far as five to six hours to get to their health care appointments at the main VA hospital in Albuquerque. By moving Otero and Eddy Counties into VISN 17 and giving them access to the El Paso VA, they could cut their commute in half—removing a massive hurdle these veterans face when trying to see their doctors.

This bill also enjoys bipartisan support, including from a Republican Member of this committee, and represents a straightforward fix to a serious problem veterans in my district face every day.

Last, I would like to discuss H.R. 1964, the Las Cruces Bataan Memorial Clinic Act. This bill would rename the Community-Based Outpatient Clinic (CBOC/"seebock") in Las Cruces, New Mexico in honor of the Bataan Death March.

In April 1942, the Japanese Army marched 75,000 American and Filipino POW's from the Bataan Peninsula on a 65-mile death march, where thousands perished. Approximately 1,800 New Mexicans were among them—but only 829 of those soldiers returned home.

New Mexico suffered greatly from this tragedy. So much so, that the old State capitol building in Santa Fe was renamed the "Bataan Memorial Building" and White Sands Missile Range hosts an annual march on base to commemorate those we lost.

Renaming the Las Cruces CBOC will serve as a permanent memorial for the brave New Mexican soldiers lost in Bataan.

I strongly urge you to advance these bills to the House floor so that we may fulfill our promise to support our veterans in their education, provide well-deserved health care, and enshrine the memory of those we lost for future generations.

Thank you, and I yield the balance of my time.

Prepared Statement of Susie Lee

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Congress of the United States
House of Representatives
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BATTLEGROUND LEADERSHIP
REPRESENTATIVE

HOUSE COMMITTEE ON
APPROPRIATIONS

SUBCOMMITTEES ON
ENERGY & WATER DEVELOPMENT,
& RELATED AGENCIES
DEFENSE

December 04, 2025

The Honorable Mike Bost
Chairman
House Veterans' Affairs Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Mark Takano
Ranking Member
House Veterans' Affairs Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Bost, Ranking Member Takano, and Members of the House Veterans' Affairs Committee,

Thank you for providing me with the opportunity to share my perspective on issues under the Committee's jurisdiction.

As you know, this committee was actually the first one I served on after being elected to Congress, honoring my father's service and the service of so many veterans in my district. Our men and women in uniform make countless sacrifices to keep our nation safe, so it's our duty to protect them from invisible enemies like toxic radiation exposure.

I represent southern Nevada, where 10 percent of our community has served our country in the armed forces. And unfortunately, hundreds of veterans who were stationed at the Nevada Test and Training Range (NTTR) during 1972 to 2005 have been denied the benefits they rightfully earned. Over 20 years ago, Congress passed a bill that entitled nuclear weapons workers to receive free medical treatment and fair financial compensation for specific illnesses they contracted because of their exposure to radiation and toxic chemicals during nuclear weapons production and testing. However, certain DoD employees were doing work so secretive and so sensitive that even though they should be covered by the law, they aren't allowed to prove their work to receive their health care.

That's exactly why I helped introduce the bipartisan Presumption for Radiation or Toxin Exposure Coverage for Troops, or PROTECT, Act with Congressman Mark Amodei to correct that oversight, expanding similar VA benefits to veterans that were assigned to impacted areas of NTTR. This legislation offers them the potentially life-saving medical treatment and financial compensation they need and deserve. The bill will help save lives and bring justice to thousands of veterans who proudly served our country. The PROTECT Act would establish a presumption of exposure radiation and toxins for service members at NTTR between 1972 and 2005. This means that exposure is presumed to have occurred, and would simplify the process for veterans seeking benefits for illnesses linked to this specific exposure.

The PROTECT Act would help thousands of veterans, civilian DoD employees and their families to finally receive benefits, care, and justice that's decades overdue. This bill is not asking for new funding, and is simply about ensuring that veterans have access to benefits they are already legally entitled to.

Thank you again for providing this opportunity. I look forward to collaborating with the Committee to make life for Nevadans better.

Sincerely,

A handwritten signature in black ink that reads "Susie Lee". The signature is written in a cursive, flowing style.

Susie Lee

Member of Congress

Prepared Statement of Marcy Kaptur

COMMITTEE ON APPROPRIATIONS

RANKING MEMBER
Subcommittee on Energy and Water
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MARCY KAPTUR

9TH DISTRICT, OHIO

December 4, 2025

The Honorable Mike Bost
Chairman
House Committee on Veterans' Affairs
Washington, DC 20515

The Honorable Mark Takano
Ranking Member
House Committee on Veterans' Affairs
Washington, DC 20515

Dear Chairman Bost and Ranking Member Takano,

I am writing to seek your guidance, and specifically request your attention, to improving health services to veterans in the entire Northwestern quadrant of Ohio. **I am requesting you review the current outdated VA affiliation Northwest Ohio maintains with the University of Michigan** – a relationship established in 1948, well before the state of Ohio established a medical university at Toledo in 1964.

It is long overdue for the VA to update its relationships in this part of our country. Respectfully, I ask that you adapt the VA's operational structure to recognize and bolster the academic affiliation with the State of Ohio's Medical University at Toledo.

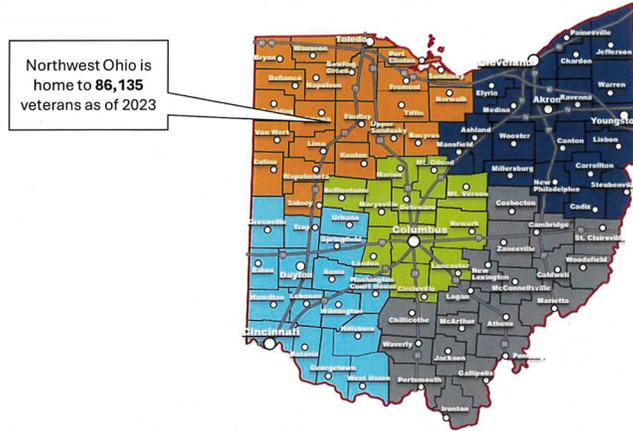
Ohio's Veterans Population Density:

As of 2023, the total number of veterans residing in Ohio's Northwest quadrant was 86,135. Indeed, this number is well over double the number in the Washtenaw County/Ann Arbor area. When one includes veterans in all Northwest Ohio and those who reside in Michigan along the border with Ohio who use Toledo's VA clinic, it is very apparent that an enhanced VA relationship at UTMC makes sense, offering advantages to veterans and the VA itself.

The Ann Arbor VA campus has become quite large and daunting for Ohio veterans, requiring bus travel both ways and all-day waits. This request will provide respectful and very welcome convenience for veterans while enhancing the VA's current, limited academic affiliation it maintains with the University of Toledo. Essentially, the relationship will transform from stepchild status to a full affiliation with the VA. This will result in an achievable, cost-effective step to improve patient healthcare for underserved veterans across our region. It will allow for dual appointments, residencies and research to increase.

In addition, the University of Toledo maintains a nationally accredited and highly acclaimed Pharmacy School – one of the only wholly public institutions in the entire northern third of Ohio. This, along with adjacent Red Cross Blood center serving our 100 hospitals and clinics, offers great potential for collaboration with the VA as well.

After 60 years of the existence of a State Medical University at Toledo, it is time to make this long overdue adjustment. **Our Ohio region seeks direct academic affiliation with the VA via the VA Community-Based Outpatient Clinic (CBOC) located directly on the University of Toledo's Medical College campus.** I invite you to visit at your earliest convenience. Our veterans are asking for it and searching for a way to access the care they earned through their service to this country amid practical and logistical hurdles. This will result in better patient care, finally overcome annoying logistical hurdles, and heal the awkward, truncated medical relationship with the VA.



VAMC Distribution:

Ohio has five VA medical centers (VAMCs)—but **four of the five are in southern and central Ohio**. The only VAMC in Northern Ohio is in Cleveland. This is patently unfair to our Northwest Ohio veterans. We have a high demand signal among our veteran population to warrant the priorities I am requesting you review. This demand signal increases further if one includes the 17,395 veterans that live in Michigan counties bordering Ohio (Monroe, Lenawee, and Hillsdale) who would also benefit from a primary relationship with UT.

Population and Median Income:

Despite Ohio having a veteran population over 25 percent larger than the state of Michigan, Northwest Ohio has been particularly shortchanged by the VA.

Ohio ranks number six in total veteran population, while Michigan ranks number 11. My home county, Lucas County, has double the number of veterans as Washtenaw County, Michigan, where the Ann Arbor VAMC is located.

Further, our catchment area remains one of the lowest median income regions in our nation – in the bottom quarter of Congressional districts. Ann Arbor’s location places that VAMC in one of the wealthier districts, within the top 25 percent of our nation.

Table 1. Ohio/Michigan Population Comparison

Total Population 2023		Veteran Population 2023	
OH Total Population	11,785,935	OH Veteran Population	681,092
MI Total Population	10,037,261	MI Veteran Population	516,573

The difference is even more stark when considering metropolitan statistical areas (MSAs). The United States Office of Management and Budget delineates MSAs using published standards applied to Census Bureau data. In general, an MSA is a core area together with adjacent communities that have a high degree of economic and social integration with that core. **The veteran population within Toledo’s MSA is MORE THAN DOUBLE that of Ann Arbor’s MSA.**

Table 2. Toledo vs Ann Arbor Metropolitan Statistical Area

Toledo Metropolitan Area Veteran Population 2023		Ann Arbor Metropolitan Area Veteran Population 2023	
County	Veterans	County	Veterans
Fulton	2,217	Washtenaw	13,450
Lucas	23,216	Total	13,450
Wood	6,911		
Total	32,344		

VA Relationships:

The VA has yet to fully capitalize on our medical university assets and the opportunities it presents to improve healthcare access for veterans in and around Northwest Ohio. To date, to deal with increasing veteran demand, the VA approach in our region appears to be to open small, understaffed clinics in two or three small towns that still report to Ann Arbor. But these are located even further from Ann Arbor than those who travel from the Toledo area. It would make much more sense for the VA to look at the Northwest quadrant of Ohio as a whole and how the entire region could be better served with an enhanced medical affiliation with the State University of Toledo Medical Center.

Our region’s primary VA affiliation was established in 1948 with the VAMC in Ann Arbor, Michigan. At that time, our region did not yet have a state medical university. It does now along with many offerings, including pharmacy, nursing, urology, oncology, dialysis, and physician assistant programs. **In a very medically underserved region of our state, the current arrangement and lack of a more robust and active academic affiliation seriously inhibits our region’s ability to access veterans as well as attendant VA research funds.** The VA is not able to fully engage programs like joint residencies.

Taking a Toll on Veterans:

The VAMC at Ann Arbor is located over one hour away. **Thousands of hours and dollars are wasted annually with travel time to Ann Arbor.** This travel time does not include consideration for the wear and tear on veterans (e.g. cancer patients throwing up on buses after chemotherapy), frequent parking challenges, access delays, and long wait times to return home after difficult treatments.

Our Ohio region holds an “out-of-state” relationship with Michigan established after World War II. For over half a century, this has caused veterans from our region, which ranks in the bottom quarter of median income for our nation, to travel to Ann Arbor, Michigan for services. It is time to bring treatment for our region’s veterans closer to home.

Toledo’s Appeal:

Fortunately, 25 years ago, I was successful in achieving step one for an enhanced relationship with the VA – construction of our CBOC on the University of Toledo Medical College campus. My goals here have not changed since then.

Veterans from six counties now utilize the Toledo CBOC as their primary facility, with 32,983 outpatient encounters for primary care, 16,282 encounters for mental health, and 35,287 encounters for specialty care in 2018 alone. From FY13 to FY18 the **Toledo CBOC experienced a 13 percent increase in core unique patients.** Despite over 60 years of the University of Toledo and its state teaching hospital providing medical education and care, there’s only a **diminished VA primary affiliation with our state University of Toledo Medical School.**

An enhanced affiliation focused on the benefits that could accrue to veterans in the local communities in Toledo and Northwest Ohio, would bring with it opportunities beyond medical staff training. For example, this could include joint use of the University of Toledo’s Medical Center bus that travels to remote, underserved communities across our region. This is a ready-made opportunity for the VA to expand its partnership with the University of Toledo for shared use of this mobile resource to include access and services to veterans who often reside in remote locations across our region.

Hiring Practices:

These benefits extend further when considering employment practices. Currently it is common for the VA to hire practitioners who live in Ann Arbor to work at the Toledo CBOC. This poses two costs. Ann Arbor is classified as a “discrete area” that alters the level of pay for GS employees. Employees that live in Ann Arbor receive an additional Locality Pay Adjustment of 28.82% to compensate for their higher cost of living. **This means that hiring from outside the Toledo area costs the VA more than hiring within Toledo.** It also imposes costs – driving time, gas costs, etc. – on the employees themselves.

The less tangible pitfall of this hiring practice is perhaps the most important. **VA employees that do not live where they work do not interact with the community they serve as part of their daily lives.** Hiring employees from Ann Arbor leaves the VA with a deficit of “boots on the ground” to maintain awareness of the evolving needs and requirements of the veteran community

they serve. This can be remedied by an enhanced academic affiliation that leverages practitioners who live and work in Toledo.

Bolstering VA's Academic Affiliation with UTMC:

The VAMC's primary affiliation in proximity to the University of Michigan is exemplary of ways by which Northwest Ohio could play more than a secondary role within its own veterans' health system. It is long overdue for the VAMC in Ann Arbor, through the Toledo CBOC, to be fully engaged in leveraging the dual appointments and credentialing capacity that the University of Toledo could provide to our veterans' community.

I believe it is even more critical to expand capability in Toledo when one considers the likely seepage from veterans in surrounding counties that do not formally fall under the ME Southeast 10-i-3 submarket and nonetheless use the Toledo CBOC to address their healthcare needs. To fully develop this picture, **I am requesting data from the VA regarding how many individual patients in Michigan make appointments at the Toledo CBOC, along with how many patients residing in Ohio yet outside the ME Southeast 10-i-3 submarket utilize our clinic.**

I appreciate your attention and that of the Committee to this request and look forward to the opportunity for me to discuss them as soon as possible. Thank you for your work serving those who have served our nation and borne the battle. My hope is veterans who live in our region of Northwest Ohio will benefit soon from your intervention and serious consideration of my requests. Thank you very much.

Sincerely,



Marcy Kaptur
Member of Congress
Ohio's 9th Congressional District

Prepared Statement of Brian Fitzpatrick

Chairman Bost, Ranking Member Takano, Members of this Committee:

Thank you for holding this Member Day hearing and providing me with the opportunity to share the concerns of my constituents.

As you continue your critical work, I want to urge you to consider legislative action on policies to address the prevalence and impact of ALS on military and veteran communities. I am proud to co-lead the Veterans with ALS Reporting Act, which would require the VA study and provide needed data on the prevalence of ALS among veterans and establish a strategy for improving timely access to clinical trials for veterans. I am also proud to sponsor the Justice for ALS Veterans Act, a bicameral-bipartisan bill, which ensures the surviving spouses of veterans who pass due to ALS receive the full benefits they have rightfully earned.

Our veterans are heroes who fought for us, and when they face ALS, we must fight for them and their families. Veterans are twice as likely to be diagnosed with ALS compared to the general population. This makes the mission even more critical—especially in understanding the genesis of this trend.

Under current law, surviving spouses and families of veterans who had a service-connected disability deemed “fully debilitating” for at least eight continuous years before death to receive an additional monthly stipend from the VA. However, with an average life expectancy of only two to 5 years after diagnosis, ALS veterans often do not survive long enough to meet this requirement, leaving their families without this benefit.

Denying a surviving spouse benefits because their loved one didn’t live long enough to meet an arbitrary requirement is not just unfair, it is a betrayal of our commitment to those who served. The Justice for ALS Veterans Act rights this wrong and ensures that the families of our brave service members receive the support they have earned.

Thank you for this opportunity to testify, and I look forward to working with you all to move this bill through Committee once again this Congress and in addressing the prevalence and impact of ALS among our veteran community.

Prepared Statement of Sanford Bishop

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, thank you for all you do to help America’s veterans.

As a representative whose district is home to Fort Benning, Robins Air Force Base, and Marine Corps Logistics Base Albany, the welfare of our veterans is at the forefront of my work. I appreciate this opportunity to highlight a bill I have introduced, H.R. 333, the Disabled Veterans Tax Termination Act.

The purpose of H.R. 333 is to ensure the concurrent receipt of military retirement and VA disability compensation for all veterans, regardless of their Veterans Affairs disability rating.

Currently, veterans rated lower than 50 percent or who retire with less than 20 years of service cannot concurrently receive full retirement pay and disability pay. This bill eliminates those arbitrary penalties and extends eligibility to Chapter 61 disability to all honorable retirees.

For those not familiar with veterans’ retirement compensation, currently veterans receive two types – retirement pay and disability pay. Currently, if a veteran’s disability is rated less than 50 percent, then whatever the dollar value is in disability pay is subtracted from their retirement pay. This bill would allow veterans to get their full disability pay and retirement pay without one being subtracted from the other.

We cannot tell our veterans their service is valued while simultaneously withholding their earned benefits.

H.R. 333 is supported by every major veterans service organization, including the American Legion, Veterans of Foreign Wars, Disabled American Veterans, and Wounded Warrior Project.

I hope that as this committee prioritizes its work for 2026, you will consider marking up and/or incorporating H.R. 333 into your efforts.

Advancing this legislation sends a clear message to both current service members and those considering enlisting in our all-volunteer force: America will keep its promise and take care of its own. I urge the Committee to favorably report out H.R. 333. Thank you.

Prepared Statement of Lauren Underwood

Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to testify about urgently needed legislation to support the health and well-being of our Nation's veterans.

While I currently sit on the House Appropriations Committee, I previously had the honor of serving on the House Veterans Affairs Committee during the 116th and 117th Congresses. Serving veterans is one of the greatest privileges we have as Members of Congress, and I am honored to serve our veterans both on and off this committee.

That's why I am so excited about the momentum behind my bipartisan, bicameral Lactation Spaces for Veteran Moms Act, which I'm proud to lead in the House, in partnership with Senators Rosen and Murkowski. As a nurse, I know the health benefits of breastfeeding for moms and babies. My bill ensures that every VA medical center contains a clean, private space specifically designated for nursing for veterans and their families. Just a few weeks ago, the Senate passed this bill by unanimous consent! I look forward to working with this committee to bring it to the House floor as soon as possible.

I am also honored to testify again today on one of the first bills I introduced in Congress with my friend Senator Duckworth: the Copay Fairness for Veterans Act. Earlier this year, the bill passed out of the subcommittee, and I look forward to working with you to advance it through full committee consideration.

At a time when research shows that veterans face worse health outcomes than the general public and have a higher burden of chronic diseases, no veteran should go without ready access to preventive health care services that can improve their health and quality of life. For nearly 15 years, civilians have accessed preventive services without copays thanks to the ACA—but veterans receiving care through VA still do not have that guarantee. That means they may be charged for mammograms, cancer screenings, diabetes care, and screenings for depression and anxiety. That's not fair to the folks who have served our country. My bill will fix this injustice and fulfill our promise to our veterans.

Finally, I am excited to share that I am preparing to reintroduce the Maternal Health for Veterans Act, which was reported out of the Health Subcommittee last Congress. The United States is in a worsening maternal health crisis—and veteran moms are dying. My bipartisan bill authorizes \$15 million per year for VA's maternity care programs and requires annual public reporting and recommendations on maternal health from VA. I am eager to work with you to advance this bill as soon as possible.

Thank you for the opportunity to collaborate on these important pieces of legislation to better serve our veterans. I yield back.

Prepared Statement of Raul Ruiz

Thank you, Chairman Bost and Ranking Member Takano for holding this hearing and providing me the opportunity to urge you, Chairman Bost, to allow a vote on the Major Richard Star Act.

This critical and bipartisan piece of legislation will rectify an injustice that has kept combat disabled veterans from receiving their full military and retirement benefits.

Currently, over **50,000 combat-disabled veterans** who were medically retired are being shortchanged. Because of an outdated and unfair policy, they're forced to give up a portion of their retirement pay just to receive the disability compensation.

This is wrong, and it must end.

That's why we must vote and pass the **Major Richard Star Act**, which is a bipartisan effort to finally correct this injustice that has affected thousands of our Nation's heroes.

Military retirement pay and disability compensation are **two separate benefits**. One is earned through years of dedicated service.

The other is owed because of injuries sustained while defending our country.

These brave men and women shouldn't be punished for getting hurt in the line of duty.

This bill is named in honor of **Major Richard A. Star**, a father, husband, and combat veteran who was medically retired due to injuries sustained in war. Sadly, Major Star lost his battle with cancer in 2021. But his legacy lives on through this bill, and in our commitment to do right by those who've served.

The **Major Richard Star Act** would allow veterans to receive both retirement and disability benefits without an offset.

It's supported by all leading **Veteran Service Organizations**, and it has overwhelming bipartisan support with over **300 cosponsors** in the House alone.

That means with 300 votes, this bill will pass the House, but it needs to pass committee first. You, Chairman Bost, are the gatekeeper first and Speaker Johnson is the second. Don't deny this justice for veterans.

This is not just a policy change.

It's a matter of fairness.

A matter of dignity.

A matter of honoring the promises we make to those who wear the uniform.

I stand with our veterans. This is a pragmatic way to show you really support veterans by passing legislation that will actually improve their lives.

Thank you, and I yield back.

Prepared Statement of Greg Stanton

Thank you, Chairman Bost, Ranking Member Takano, and Committee members, for the opportunity to testify today on behalf of Arizona's half a million veterans.

CLAIM SHARKS

My Veterans Advisory Council, a group of former service members and their families, have raised one issue again and again: that of predatory "claim sharks."

When veterans file for VA benefits, they can do so with the help of an accredited representative. Plenty of Veterans Service Organizations offer such assistance.

But predatory, unaccredited companies – "claims sharks" – take advantage of our veterans, charging high fees to help file VA benefits claims. Veterans were swindled out of \$419 million last year alone.¹

That's why I'm proud to back Congressman Pappas' *GUARD VA Benefits Act*, which would reinstate explicit criminal penalties on claim sharks.

I've also introduced bipartisan legislation, the *Standardized Accreditation information for Veteran Ease*, or "SAVE" Act.

The SAVE Act, H.R. 1746, requires the VA to keep an updated, searchable data base of accredited representatives, and create a trademark they can use on their website, social media or marketing materials to be easily identified.

It's a common-sense solution to help veterans more easily differentiate between those who are legitimately accredited by the VA and those who are not. And it's a direct suggestion from veterans on my Advisory Council.

Congress should also look to more fully highlight VSO services during the Transition Assistance Program for service members and their families transitioning from active duty. Veterans won't know that they have access to and a right to free assistance if we don't advertise it better.

OTHER PRIORITIES

My Veterans Advisory Council and I are concerned about addressing veteran homelessness and ensuring vets get the very best health care.

When I served as Mayor of Phoenix, the city became the first in the Nation to end chronic homelessness among military veterans.

We learned a big lesson: It's one thing to put a roof over a chronically homeless veteran, but it's another thing to provide the support services to keep them off the streets. Mental health services, health care, substance-abuse treatment. That's how we broke the cycle of homelessness.

But President Trump's Department of Housing and Urban Development is massively disrupting homelessness funding, and shifting away from a 'Housing Plus Services' model.

Because of this, more than 4,000 veterans could lose housing, increasing veteran homelessness by 12 percent.² And we have no way of estimating the number of veterans who may be living in other programs funded by the Continuum of Care program that are not designated as specifically for veterans.

¹ 2025.12.02 War Horse: VA Warned These Companies They May Be Breaking the Law. Most Are Still in Business; research from the Federal Trade Commission

² <https://www.urban.org/urban-wire/hud-policy-change-could-push-4000-veterans-disabilities-out-housing>

I hope the Trump Administration will work with Congress to prevent this backsliding.

Thank you for your time and consideration.

Prepared Statement of Jahana Hayes

Thank you.

I appreciate the opportunity to appear before the Veterans Affairs Committee to share my policy ideas on how we can better serve veterans and their families.

I keep coming back to this Committee.

I came before you in June to discuss my *Caring for Survivors Act*, which would expand benefits for survivors of service members and veterans who have given their lives in service to the United States of America.

Today, I would like to encourage you to advance the legislation through this Committee as a next step toward eventual passage on the House floor.

When a service member dies in the line of duty, or a veteran dies from service-related injuries or illnesses, their surviving family members receive a monthly benefit known as Dependency and Indemnity Compensation, or D-I-C.

Unfortunately, the D-I-C rate has been minimally adjusted since the Department of Veterans Affairs established the benefit in 1993 and currently has lower rates and more stringent rules than other Federal survivor programs.

My *Caring for Survivors Act* modernizes D-I-C benefits through two reforms.

The bill raises the monthly D-I-C benefit by more than \$450 per recipient, bringing D-I-C payments in line with surviving payments that other Federal civilian employees are eligible to receive.

Additionally, the bill reduces the timeframe a veteran must be disabled to qualify for D-I-C benefits from 10 to 5 years.

Together, these provisions would increase D-I-C benefits and broaden eligibility to ensure families receive the financial help they deserve.

I recognize the cost concerns of implementing this legislation.

But the cost is likely lower than the reported estimate based on updated data from the Department of Veterans Affairs.

I often hear from survivors of service members and veterans in my District and across the country who depend on D-I-C benefits to cover their basic expenses.

I became interested in this because veterans and surviving spouses stop me at parades, events, and I receive e-mails from people all over the country telling me the story of what it means to them and their families.

These individuals continue to express the life-changing difference the *Caring for Survivors Act* would make, including the financial difference between barely getting by and having a small degree of security, while recognizing the sacrifice of our service members and veterans.

Supporting our veterans and military families is an intentional choice that we can make.

I encourage my colleagues on this Committee to hold a vote on my *Caring for Survivors Act* and advance the legislation to the House floor.

It would be an incredible show of support for the surviving family members of our veterans who have died in the line of service.

With that, I yield back.

Prepared Statement of Vicente Gonzalez

Thank you, Chairman Bost and Ranking Member Takano for holding today's Member Day hearing.

I appreciate the opportunity to testify before the committee and advocate for the construction of a new Department of Veterans Affairs (VA) Medical Center in the Rio Grande Valley and several pieces of legislation that are vital to South Texans.

Over the past few years, the veteran population has increased considerably in my district and throughout Texas.

According to the 2024 estimates from the U.S. Census Bureau, there are now more than 49,000 Veterans in our region of South Texas.

Of these veterans, over 24,000 suffer from a service-connected disability.

Unfortunately, because neither the Coastal Bend nor the Rio Grande Valley currently have a VA Medical Center, many of my constituents are forced to travel over 300 miles to obtain the medical care they have earned.

I urge the committee to work with me to right this wrong and bring a full-service VA Medical Center to the South Texas.

I would also like to highlight the significance of H.R. 2102, the *Major Richard Star Act*.

This important bill would ensure that all combat-disabled veterans receive concurrent receipt of their disability compensation and their retirement.

We must ensure our disabled veterans do not struggle to make ends meet.

Finally, recognizing the service of veterans must also include recognizing the bravery of military working dogs who perform their jobs with extreme courage.

Military working dogs save countless lives by detecting explosives and leading search and rescue missions. It is time they are honored as heroes.

That is why I will be re-introducing the *Sergeant Fieldy Act*, to allow the burial of deceased military working dogs in veteran cemeteries.

This bill is in honor of Sgt. Fieldy, who served three tours in Afghanistan, earned the K-9 Medal of Courage Award in 2016, and was selected as the Military Hero Dog in the 2018 Hero Dog Awards.

I urge you and your colleagues to work with me in a bipartisan way to advance this bill and ensure that military working dogs receive the recognition they deserve.

Thank you, and I yield back.

Prepared Statement of Salud Carbajal

Thank you, Chairman Bost and Ranking Member Takano for allowing me to speak before this committee today.

As a veteran myself, I know firsthand the sacrifices that come with military service—and the challenges that can follow when that service ends.

That's why, in Congress, I've made it my mission to ensure that every veteran has access to the care and benefits they have earned—without delay and without unnecessary barriers.

One area I've been focusing on is the long wait times and frustrating delays our veterans face when they call local VA medical centers and clinics.

I believe that if you've served our Nation, the process to access your healthcare should be fast and simple.

Yet for too many veterans on the Central Coast and beyond, a simple phone call to schedule an appointment or ask a question can turn into endless holds, confusing transfers, and dead ends.

My staff and I consistently hear from veterans who have wait times exceeding an hour or more. Or they are promised a call back within 24 to 48 hours, only to never receive a call back.

I have even heard from constituents who were forced to drive more than an hour to the nearest CBOC to make an appointment in person after failing to get through to anyone on the phone.

Simply put, this is unacceptable. To me, this is a sign the system is failing our Nation's veterans.

It's critical for Congress to act, and provide additional resources to the Veterans Health Administration.

Only with stronger investments into our local VA systems can we ensure medical centers and clinics have the staff and tools they need to answer calls quickly, schedule appointments efficiently, and treat veterans with the respect they deserve.

I have long called for these investments, and I will not stop until this issue is finally fixed.

Thank you.

Prepared Statement of Jennifer McClellan

Hello and thank you, Chairman Bost, Ranking Member Takano, and members of the Committee for holding this Member Day hearing today. I am here to discuss one of my top priorities this Congress: to improve the Department of Veterans Affairs Work Study Program. My bill, H.R. 5965, the Student Veteran Work Study Modernization Act, aims to do just that.

Our veterans give so much to our communities, and it's imperative that we do everything in our power to support the needs of veterans as they transition out of active-duty service back to civilian life. This includes efforts to modernize, improve, and expand the availability of programs that train and educate our veterans for civilian jobs following their service.

One such program that serves veterans as they transition into civilian life is the VA work-study program which allows veterans to receive a part-time, paying job on campus or at another VA-approved employer while enrolled as a student in a 2-year or 4-year higher education institution, vocational, or professional program. Currently, however, only students who are enrolled as at least a three-quarter-time student are allowed to participate in the VA work-study program. This requirement excludes half-time students, ignoring the fact that student veterans are older than traditional students, often have children and other family members to care for, have unique mental health needs, and financial considerations that are distinct from traditional students. As a result, this requirement does not take into consideration the needs of students for whom half-time enrollment is a necessity.

I introduced the Student Veteran Work Study Modernization Act to provide student veterans with a flexible work-study program that considers their unique needs and circumstances. This legislation, previously led by former Representative Matt Cartwright, would update the VA Work Study Program to improve accessibility for student veterans. Specifically, this bill would:

- Create a 5-year Pilot Program to expand VA work-study eligibility to student veterans who are enrolled half-time.
- Require the VA to report data on the VA Work-Study Program to Congress, including the number of participating veterans; the percentage of student veterans who obtain a 4-year degree; and how many student veterans obtain full-time work with the VA.

In 2022, this bill passed out of the House Veterans' Affairs Committee via voice vote and also passed the House under suspension. Unfortunately, it did not advance in the Senate. I urge the members of this committee to once again advance this legislation so we can continue improving the resources available to veterans as they transition back into civilian life.

Thank you

Prepared Statement of Lou Correa

Chairman Bost and Ranking Member Takano:

Thank you for the opportunity to discuss key priorities facing veterans in California's 46th Congressional District and across the Nation.

First, I would like to discuss the importance of ensuring our Nation's heroes who gave their lives to defend our freedom are dutifully honored. Orange County, California is home to more than 100,000 veterans and yet remains the largest county in California without a dedicated veterans cemetery. It is important that we support Federal programs that provide funding for veterans cemeteries to honor those who have made the ultimate sacrifice. The Veterans Cemetery Grants Program (VCGP) is a critical program, but we need to ensure it is robustly funded and that it comprehensively takes into account the accessibility of existing facilities when making awards.

Establishing a cemetery in Orange County to serve our local veterans has received unprecedented, bipartisan support from local, State, and Federal lawmakers and more than 100 veterans organizations. Currently, the closest veterans cemetery is Riverside National Cemetery. Families and loved ones must drive through severe traffic congestion and face long travel times to reach this cemetery, creating additional burdens for those who are grieving. Establishing a cemetery in Orange County will give local veterans the opportunity to be laid to rest in their home community, closer to their loved ones. It is important that we support programs like the VCGP that are used to fund veterans cemeteries in our local communities.

Another issue I would like to discuss is research on innovative therapies to treat conditions like posttraumatic stress disorder (PTSD), depression, and more. Every day we lose nearly 20 veterans to suicide. Oftentimes our veterans return with invisible wounds. While traditional treatments work for some, others are left behind to battle conditions long after their service to our country.

There is increasing evidence from preclinical studies and clinical trials supporting the use of psychedelic therapies, including MDMA and psilocybin, to treat mental

health conditions. There are several psychedelic treatments in the pipeline for Food and Drug Administration approval within the next two to 5 years. Department of Veterans Affairs (VA) researchers have conducted research on these substances using external funds, and last December the Department announced \$1.5 million in internal funding to study MDMA-assisted therapy for veterans with PTSD and alcohol use disorder. This is the first time VA funding has been used for research on psychedelic compounds since the 1960's.

It is important that we build on this announcement by creating centers to both continue this specialized research on psychedelic therapies but to also create a framework for treating veterans with these therapies once they receive FDA approval. That is why Rep. Jack Bergman and I introduced **H.R. 2623, the Innovative Therapies Centers of Excellence Act of 2025**. This bipartisan legislation will direct the VA to designate at least five centers of excellence for conducting research on psychedelic substances including MDMA, psilocybin, and ibogaine. Establishing these centers will ensure more research is conducted on therapies that could help treat our veterans. Once FDA approval is granted, these centers will be able to deliver psychedelic therapies and can develop education and training materials for health care personnel within the VA to treat veterans with these therapies. I ask for your support of this legislation, which will make sure our Nation's heroes receive the most effective treatments for their invisible wounds.

I would also like to discuss the importance of ending the practice of deporting our Nation's veterans. These veterans risked their lives for our Nation and deserve our compassion and gratitude. Veterans should have a clear path to citizenship, which is why I am grateful to have joined Ranking Member Takano in introducing **H.R. 5535, the Veteran Service Recognition Act of 2025**. Our veterans served with honor and they should be treated with respect and dignity regardless of immigration status. This bill is an important step toward giving noncitizen veterans a pathway to citizenship in the country they put their lives on the line for.

Additionally, I would like to express concerns with potential changes to the VA's current surgical anesthesia patient safety standards. The current standard ties both nursing and physician standards to State licensure and nurse or medical practice laws. The Office of Nursing Services is proposing to create two different standards of care—the standard available in the veteran's community and a different, lower standard in VA hospitals. Our veterans deserve the same exact standard of care as others in the community, not a lower or different standard.

Thank you for the opportunity to discuss these issues today. I am grateful for your service and look forward to continuing to work together to support our veterans.

Prepared Statement of Melanie Stansbury

Thank you, Chairman Bost and Ranking Member Takano for the opportunity today to address the House Veterans Affairs Committee.

Today, I come before you to discuss a critical issue that should be nonpartisan, that impacts veterans in every Congressional district across the country—the mental illness crisis among our Nation's veterans and the need for additional support from Congress.

New Mexicans have a long and proud tradition of service that extends throughout our communities. As we reflect on the sacrifices made by service members, we must also recognize the challenges many veterans face upon returning home.

It is our solemn duty as Americans to ensure veterans and their families are respected, supported, and given access to the resources to live full and healthy lives after their service.

But too often, our servicemembers do not have the necessary support upon their return to deal with the invisible wounds of war—PTSD, depression, anxiety, substance use disorders, and the conditions that compound them.

These challenges can be isolating and devastating, and when left untreated, they can lead to tragic outcomes.

In New Mexico, we have seen firsthand the consequences of inadequate access to care, particularly in rural and Tribal communities where long distances, workforce shortages, and cultural barriers further complicate treatment.

We know that Congress can play a role in supporting our Nation's veterans. The historic PACT Act, passed with bipartisan support, has been transformational in expanding VA health care and benefits for veterans exposed to burn pits, Agent Or-

ange, and other toxic substances. We need that level of investment again to address the mental health crisis plaguing our Nation's veterans.

Before I close, I want to highlight concerns from my constituents, including the need to pass the Major Richard Star Act so veterans receive full medical retirement and VA disability without benefit offsets. I've also heard about delays in CHAMPVA benefits, limited provider access, and VA appeals that take a year or more.

I would be grateful to work with you to address these issues, save lives, restore dignity, and honor the service of those who sacrificed so much for us.

Thank you.

STATEMENTS FOR THE RECORD

Prepared Statement of Marie Gluesenkamp Perez

Thank you, Chairman Bost and Ranking Member Takano, for the opportunity to testify today. Below are just a few of the issues I hear about from veterans in my district that I'd like to bring to your attention.

Rural Veterans Care in Lewis County

Since assuming office in 2023, I have heard time and time again from veterans and their loved ones in Lewis County, Washington about a range of issues they have faced to receive care through the VA Puget Sound Health Care System. Most notably, in 2021, the Chehalis Community-Based Outpatient Clinic (CBOC) closed, cutting off many veterans from accessing nearby care. Following the closure of the clinic, the veteran community in the area began a nearly 2-year petition drive – gathering tens of thousands of signatures to underscore the need for this clinic. Last year, I delivered these signatures to former Secretary McDonough, and earlier this year I delivered these signatures to Secretary Collins, reiterating my request for a clinic to be reopened in the location it is most acutely needed – Lewis County, Washington. I was incredibly disappointed to receive a response from Secretary Collins that there is no plan to reopen the Chehalis clinic.

The veterans who previously received care from this clinic have been told that they will need to travel to Olympia to get care, in many instances doubling their drive time. In an attempt to mitigate access-to-care problems for Lewis County veterans, the VA offered a Mobile Medical Unit (MMU) in Chehalis, Washington, that operates only on Wednesdays with only eight appointments available. Even still, this leaves hundreds of veterans unserved and outside of the VA's own drive time standard who must now resort to the Community Care Network. Rural communities, like the ones I represent in Lewis County, already struggle to attract and retain health care providers. Despite the VA's assertion that there is adequate provider availability through Community Care in the area, I still hear from my constituents about egregious wait times to schedule appointments or only being able to schedule appointments months out. In fact, some Veterans Service Organization (VSO) representatives advise veterans that they need to be more vigilant and persistent when seeking Community Care—telling them it's up to them to call each day to follow up and ensure they can get the appointments and care they need.

By closing the CBOC and replacing it with an inadequate MMU, the VA Puget Sound Health Care System has put lifesaving care out of reach of many veterans.

Rural Transportation to Care

Given the current situation, I am focused on making sure veterans in the rural areas in my district are able to get to their appointments. That's why I introduced the *Rural Veterans Transportation to Care Act*, which would modernize the VA's Highly Rural Transportation Grant Program. The program is currently limited in statute to counties with fewer than seven people per square mile. With updated 2020 Census data, there are only eligible counties in 13 states, including only one county in Washington State. One of the counties in my district no longer receives these critical funds because their population now sits at 7.15 people per square mile. Many very rural counties, like those in my district, are just missing out on this program because of outdated restrictions with arbitrary thresholds on the eligibility of the areas that the program serves.

My bipartisan bill would improve how the VA measures rurality, expand eligibility to both rural and highly rural counties, include tribal organizations as eligible entities, and increase the maximum award amount to keep up with rising prices. This would help more veterans living in rural areas get transportation to VA or VA-authorized health care facilities. I appreciate that the committee held a legislative hearing considering this legislation last Congress, and I urge continued support for these updates.

Medical Companion Programs

I have also heard from veterans in my district that there is a major barrier to care for veterans who do not have an adult who can take them to or home from surgery involving anesthesia. These surgeries end up getting canceled or postponed, which risks worse outcomes for our veterans.

I have been heartened to hear about some VA medical facilities organizing programs to provide caregiver services to veterans who don't have anyone to accompany them. These Medical Companion Programs facilitate time-limited, VA-paid, medical companion services in which the companion accompanies a veteran through their surgery process. I strongly support more medical companion programs to ensure these veterans can make it to and from the life changing surgeries they need, and was glad to successfully include report language in the Fiscal Year 2026 Military Construction and Veterans Affairs Appropriations Report supporting these programs, and look forward to working with you to consider how we may be able to best strengthen these programs.

Community Building Opportunities

One of the best things we can do for suicide prevention for our veterans is make access to health care easier, so that our veterans can be healthy and engaged members of their communities. Another is investing in community programs where our veterans can harness the skills they learned during their service and re-engage with their communities in a way that is meaningful and fulfilling to the reasons they joined our armed services in the first place—to protect and serve our Nation.

During roundtables with veterans across my district, I have been impressed with the ideas our veterans have in how we can better serve them. One idea that was particularly interesting to me involved creating opportunities for community building through auto shop programs to fix their own cars like they could on base when they were serving, and to hone old skills and build new ones that can feed back into their communities.

Once again, thank you to the Chairman and Ranking Member for the opportunity to shine a light on the unique challenges facing veterans in Southwest Washington. I look forward to working together to deliver better for our veterans and communities.

Prepared Statement of Maxine Dexter

Thank you, Mr. Chairman.

It is an honor to serve on this committee. I also want to thank my colleagues on the committee and those here today to speak on veterans' issues.

Like many physicians, I trained at the VA. There, like at every stage of my career, I didn't take care of Republicans or Democrats. I took care of people.

That is the spirit I bring to this committee—one that is guided by care for our veterans, not partisanship. Our veterans deserve durable policy that fulfills our promise to care for them—and they deserve a Congress that can come together to deliver it.

I appreciate the willingness of my colleagues on both sides of the aisle to work together on this mission.

My priorities on this committee are clear. Every veteran—and when I say “every” I mean every veteran of color, every transgender veteran, every immigrant veteran, and every disabled veteran—must receive the high-quality VA health care they have earned.

Veterans should never wait, worry, or wonder whether the care they need will be there. Whether we are expanding access to mental health care, strengthening women's health clinics, or ensuring that veterans in rural communities can get timely care, we clearly have work to do.

We must end veteran homelessness and ensure that every veteran and their family have a pathway to stable, affordable housing.

We know what works: housing paired with wraparound services and targeted support. That is why I introduced the Every Veteran Housed Act to remove barriers to proven interventions that save lives and restore dignity.

No veteran should ever sleep on the street in the country they served. I look forward to this committee's support in moving this forward. We must also create real pathways to economic opportunity. I am proud that my first bill to pass the House was the FAST VETS Act. I want to thank Representatives Messmer, McGarvey, and Van Orden for standing with me in that effort. The FAST VETS Act improves the

Veteran Readiness and Employment (VR&E) program faster to ensure more veterans can enroll and benefit.

I am also working on legislation to strengthen recruitment and retention for VR&E counselors. Veterans deserve timely access to high quality, individualized career counseling. We cannot reduce backlogs or improve outcomes without investing in the people who provide that support. Veterans have earned more than a waitlist. They deserve a real pathway into the workforce, and I invite my colleagues to join me in this effort.

Finally, I want to take this opportunity to state plainly that our values must guide our work on this committee. Our budgets tell the story of our priorities. This Congress has found money for billionaires, and it is about time find it finds money for veterans.

If we say we honor veterans but fail to fund the programs that keep them healthy, housed, and employed, then our words do not matter. I will work with anyone on this committee who is ready to put veterans above politics and choose progress over posturing.

We have a responsibility to meet this moment with clarity, compassion, and courage.

Thank you, and I look forward to working together.

Prepared Statement of Val Hoyle

Thank you for the opportunity to testify today on behalf of the veterans in my district who have been advocating since 2011 for the U.S. Department of Veterans Affairs (VA) to fund Roseburg's State Veterans Home grant application. Our veterans have served, sacrificed and shown the ultimate commitment to our country. In return, it is our responsibility to make sure they are taken care of and can get the healthcare they need.

There are more veterans in Oregon's Fourth Congressional District than any other district in Oregon, and I am proud to serve them in Congress. With the majority of my district being rural, having limited access to resources, and our veterans having deep roots in our community, it is vital that we give them the dignity they've earned to allow them to age in place.

According to the State Veterans Home Construction Grant Program, in order to receive funding, states must provide 35 percent of the funding for the homes, with the VA providing the remaining funds. The Oregon State Legislature has done their job to secure matching funds several times, including when I served in the legislature in 2011 and again in 2024.

Because the Roseburg State Veterans Home's application has consistently been overlooked, the cost of the project continues to increase due to inflation and other extraneous factors, meaning the funding the State needs to secure is rising. Since the latest funding is set to expire in 2027, the VA needs to award funding for this project as soon as possible.

However, the State Veterans Home Construction Grant Program has been chronically underfunded by Congress—by nearly \$1 billion. Because of this, the VA appears to be prioritizing minor grants for repairs and modifications of existing State homes, rather than new construction, leaving an inexcusable amount of veterans in my district around the country wondering if they will ever receive the care they've earned. That is why I submitted an amendment to the House's National Defense Authorization Act for Fiscal Year 2026 to increase funding for the program. Unfortunately, majority leadership on the Rules Committee refused to allow this amendment to come up for a vote.

By appropriating sufficient funding to the State Veterans Home Construction Grant Program, we can enable individual states to pick up some of the slack where the Federal Government has failed our veterans, all while saving money at the Federal level.

I call on my colleagues on the House Veterans Affairs Committee to work with the VA to prioritize the State Veterans Home Construction Grant Program and ensure our aging veterans across the country can live with the dignity they've earned and deserve.

Prepared Statement of Rick Larsen

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RANKING MEMBER
COMMITTEE ON
TRANSPORTATION
AND INFRASTRUCTURE

December 2, 2025

The Honorable Mike Bost
Chair
Committee on Veterans' Affairs
364 Cannon HOB
Washington, DC 20515

The Honorable Mark Takano
Ranking Member
Committee on Veterans' Affairs
556 Cannon HOB
Washington, D.C. 20515

Dear Chair Bost and Ranking Member Takano:

I am writing to submit my report entitled "Listening to Veterans in Northwest Washington" as a statement for the record for the House Committee on Veterans' Affairs' Member Day.

Every two years, I host roundtables across Northwest Washington state to hear directly from veterans about what is working at the Department of Veterans Affairs, what is not and how Congress can do better. This fall, I met with veterans and service providers in Everett, Bellingham, Burlington, Oak Harbor and Lummi Nation.

Based on those conversations, I wrote a report that analyzes the challenges veterans in my district are facing, based on the four pillars that guide my work in veterans' policy: health care, housing, education and employment.

I look forward to working with the Committee to ensure veterans in Washington's Second District have access to timely health care, affordable housing, high-quality education and fulfilling employment opportunities.

Sincerely,



Rick Larsen
U.S. Representative
Washington State, Second District



LISTENING TO VETERANS IN NORTHWEST WASHINGTON

A Report from Representative Rick Larsen on Veteran Roundtables across Washington's Second Congressional District

November 2025

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A Note from Representative Rick Larsen

From my first days in Congress, I've made working with veterans in Northwest Washington state a top priority for my office. Through this partnership, we have made excellent progress in improving access to services for veterans. Together, we secured Community-Based Outpatient Clinics (CBOCs) in Everett and Mount Vernon. These clinics provide local veterans with access to high-quality, timely health care, but getting the clinics funded was not an easy task. The Department of Veterans Affairs (VA) said there would not be enough demand for services, but local veterans made the case and refused to take no for an answer. Now, those clinics are open to patients, and the strong demand for care has proven VA wrong. These clinics are always busy, and just this year, VA opened an additional clinic in Oak Harbor.



These CBOCs are just one example of how we can work together to support and care for veterans in Northwest Washington state, and there is more work to be done. As I work on behalf of veterans in Congress, I am focused on four key pillars:



Health Care



Housing



Education



Employment

This past September, I traveled across the Second District to meet directly with veterans and service providers about what is working at VA, what is not and how Congress can better support the women and men who have served our country.

This report reflects those conversations. By sharing the voices of veterans in the Second District, I intend to outline a framework for addressing their most pressing challenges, built around the four pillars that guide my work in Congress.

I want to thank the veterans of the Second District who shared their insights and made this report possible. With their help, I look forward to continuing to break down barriers for veterans in Northwest Washington state with clear and measurable action.

Sincerely,

A handwritten signature in blue ink that reads "Rick Larsen".

Rick Larsen
U.S. Representative
Washington State, Second District

Section 1. Introduction

For more than a century, the federal government has supported veterans and their families after their time in the armed forces. What began as a limited system of disability pensions and medical care has expanded over time. VA is now responsible for providing health care, housing, education and employment benefits to millions of veterans across the country.

In the last decade, landmark laws have reshaped VA's role and expanded benefits to millions more women and men who served their country and their families.

In 2018, Congress passed the VA MISSION Act (P.L. 115-182). For the first time, eligible veterans were allowed to seek care outside of the VA system under the community care program. This law also expanded access to telehealth and invested in supporting the family members who care for veterans.

Congress followed this expansion of benefits by passing the Honoring our PACT Act (PACT Act, P.L. 117-168) in 2022, which extended VA health care and disability benefits to veterans exposed to Agent Orange, burn pits and other hazardous substances.

The passage of the PACT Act marked the largest expansion of veterans' benefits in the nation's history. As of September 2025, VA has approved 1.9 million benefits claims and enrolled nearly 740,000 additional veterans in VA health care under this law.¹ Locally, more veterans eligible for care means more veterans in Northwest Washington seeking services from clinics and doctors that were already busy.

As VA's role continues to evolve and more veterans become eligible for benefits, the agency must have the staff necessary to meet growing demand. A strong VA workforce is essential to adjudicating claims fairly and efficiently, and providing timely, high-quality health care.

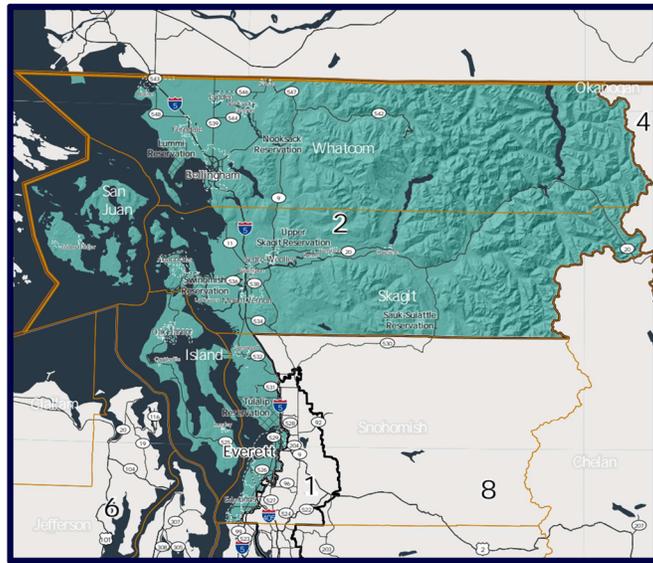
Since January 2025, VA has lost approximately 30,000 employees because of the Trump administration's workforce cuts, which have included mass firings, early retirement offers and limited recruitment. VA has lost 2,000 registered nurses, 800 physicians and 500 social workers.² Instead of making the agency more efficient, these staff reductions worsen backlogs and lengthen wait times.

While access to high-quality health care remains a top priority for veterans in the Second District, many continue to face barriers accessing the full range of benefits they earned. By summarizing the experiences of veterans shared with Representative Rick Larsen in September 2025, this report aims to:

¹ U.S. Department of Veterans Affairs, *PACT Data*, accessed October 31, 2025, <https://department.va.gov/pactdata/>.

² "US Veterans Affairs Agency Medical Staff Departures," *The Guardian*, August 11, 2025, <https://www.theguardian.com/us-news/2025/aug/11/us-veterans-affairs-agency-medical-staff-departures>.

- Provide an overview of the district's veteran population and outline Rep. Larsen's recent veteran-related engagement.
- Share the experiences of veterans accessing health care, housing, education and employment.
- Provide a framework to understand the challenges veterans are facing in the Second District through the pillars of health care, housing, education and employment.
- Propose solutions that Congress, VA and veterans can work on together.
- Provide a comprehensive list of services for veterans in Washington's Second District.

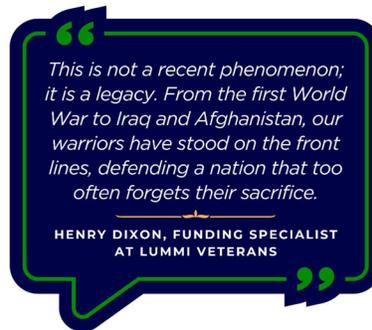


1.1: WA-02 Veteran Snapshot

Washington state's Second District includes the west side of I-5 in Snohomish County and all of Whatcom, Skagit, Island and San Juan counties. The district hosts two U.S. Navy installations, Naval Station Everett and Naval Air Station Whidbey Island, and is also home to Coast Guard Station Bellingham.

The Second District has a strong tradition of military service. According to the 2023 Census American Community Survey (ACS), the Second District is home to 47,000 veterans, which is 7.6 percent of the district's population, and 25 percent higher than the average Congressional district. Nine percent of the veteran population in the Second District are women.

Native Americans serve in the armed forces at five times the national average, a higher rate than any other demographic in the United States.³ The eight federally recognized Tribes in the Second District are home to Native veterans who have served the nation with distinction. Henry Dixon, Funding Specialist at Lummi Veterans, emphasized the continued impact of the service of Native Americans in the U.S. military, saying:



³USO, "A History of Military Service: Native Americans in the U.S. Military, Yesterday and Today," accessed October 31, 2025, <https://www.uso.org/stories/2914-a-history-of-military-service-native-americans-in-the-u-s-military-yesterday-and-today>.

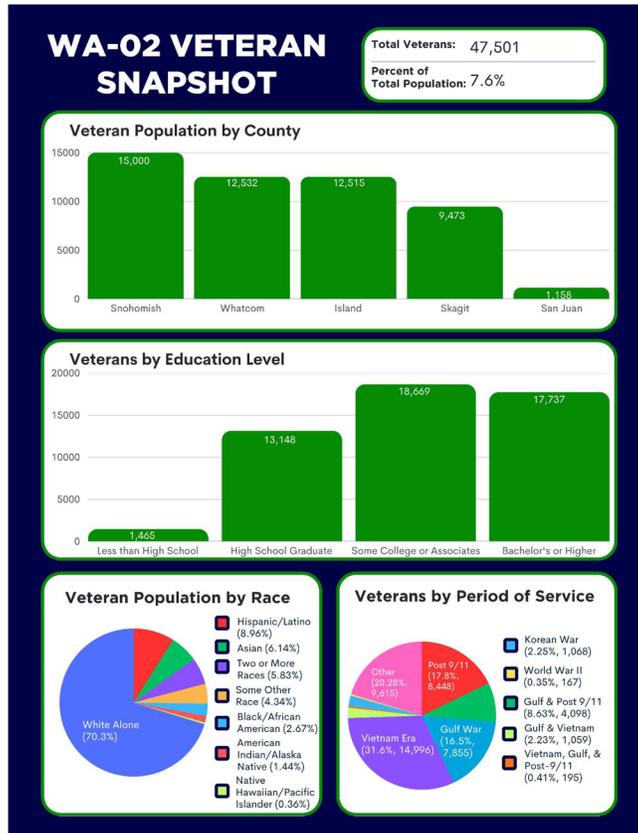


Image 2. Approximate population of veterans by county in WA-02. Source: Department of Veterans Affairs VetPop2023 study; Veterans in WA-02 by Education Level. Source: U.S. Census Bureau American Community Survey 2024.; Veterans in WA-02 by Race. Source: U.S. Census Bureau American Community Survey 2022; Veterans in WA-02 by service era. Source: U.S. Census Bureau American Community Survey 2023.

1.2 Rep. Larsen's Work with Veterans

Every two years, Rep. Larsen holds forums to hear directly from veterans across the Second District. Since 2001, he has hosted over 70 of these events, including five roundtables in September 2025.

This year, Rep. Larsen heard from veterans at roundtables in Everett, Bellingham, Burlington, Oak Harbor and Lummi Nation. In addition to local veterans, participants included county and tribal Veteran Service Officers (VSOs), campus veteran advisors and representatives from American Legion posts, the Fleet Reserve Associations and Veterans of Foreign Wars (VFW) chapters.

Rep. Larsen also invited representatives from Puget Sound VA to attend the 2025 roundtables. In past years, these forums provided valuable opportunities for VA staff to both hear directly from veterans in the Second District and to help connect veterans with VA benefits and services. Unfortunately, VA did not attend the 2025 roundtables. While the local Puget Sound VA representatives continue to be great partners in serving the veterans of Northwest Washington state, VA leadership must make a stronger commitment to engaging with veterans directly, including through forums like these roundtables.

In addition to public forums, Rep. Larsen regularly meets with local veterans. Since passage of the PACT Act in 2022, Rep. Larsen has held 26 meetings with veterans across Northwest Washington state.

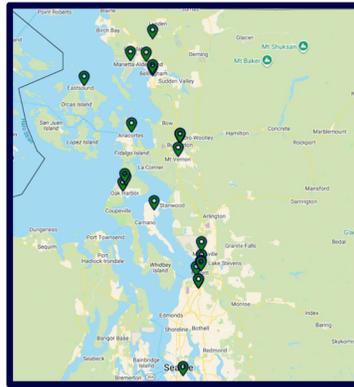


Image 3. Map showing the location of official meetings between Representative Rick Larsen and veterans since the passage of the PACT Act.

Section 2. A Comprehensive Framework to Support Veterans

Ensuring the federal government fulfills its responsibilities to veterans requires a comprehensive framework that focuses on four main pillars: (1) timely, quality **health care**, (2) stable and affordable **housing**, (3) access to **educational opportunities** and (4) **employment** that provides for a smooth transition to civilian life. At his roundtables across the Second District in September 2025, Rep. Larsen heard about the problems veterans face when accessing benefits under these four pillars.



Image 4. Rep. Larsen hosting veteran forums in Bellingham, Everett, Oak Harbor, Anacortes and Burlington.

2.1 Health Care

The Veterans Health Administration (VHA) is the country's largest integrated health care system. Every year, VHA cares for 9.1 million veterans at over 1,300 VA-run medical facilities.⁴

Access in Northwest Washington State

The Second District is home to three outpatient VA medical facilities. In Snohomish County, the Everett Community-Based Outpatient Clinic (CBOC) provides primary care, women's health care, mental health services and nutrition counseling. In Skagit County, the Mount Vernon CBOC offers primary care, women's health care, audiology services, mental health care and a pathology department.

Opened just this year, Oak Harbor's VA clinic at Naval Air Station Whidbey Island (NASWI) is Washington state's first veterans' clinic created as a partnership between the Department of Defense (DoD) and VA. This clinic allows VA to serve veterans from existing space in the Naval Health Clinic Oak Harbor medical facility and is a critical step in providing health care to veterans in Island County. Over 20 percent of Oak Harbor's population are veterans, and the geography of Island County makes access to care off-island difficult.⁵ The clinic at NASWI is expected to provide health care to at least 1,200 veterans.



Image 5. Rep. Larsen cuts the ribbon on Oak Harbor's VA Clinic, August 20, 2025.

⁴ U.S. Department of Veterans Affairs, "About VHA," accessed October 31, 2025, <https://www.va.gov/health/aboutvha.asp>.

⁵ Census Reporter, "Oak Harbor, WA," accessed October 31, 2025, <https://censusreporter.org/profiles/16000US5350360-oak-harbor-wa/>.

The Second District also has two Vet Centers, located in Everett and Bellingham, which provide veterans with individual, couples and family mental health counseling. Vet Center providers are experienced in treating veterans and addressing common conditions within the veteran population, including post-traumatic stress disorder (PTSD) and the psychological effects of military sexual trauma (MST).

While these clinics have made great progress in providing high-quality and accessible health care for veterans in the Second District, veterans still must travel to the VA Medical Center in Seattle for specialty care or surgical services.



Image 6. Rep. Larsen visits Everett Vet Center, October 5th, 2022.

Community Care

As the veteran population grows and becomes more diverse, VA has expanded its reach through initiatives like community care. Beginning with the Veterans Choice Program in 2014, eligible veterans have been able to obtain VA approval to receive care from outside providers when VA cannot provide necessary services in a timely manner. The current community care program was established by the VA MISSION Act in 2018.

At the roundtables, veterans recognized that while community care is necessary in certain circumstances, it comes with long wait times, complicated enrollment processes and providers

who lack experience treating veterans. Several veterans attending the roundtables shared that the wait times just to obtain an initial community care referral have stopped some veterans from seeking care altogether.

Describing his frustration when trying to contact the community care referral phone line, one veteran service officer in Skagit County said:

"I can tell you right now, I tried to call for one veteran, and I waited an hour and fifteen minutes and there was no answer. I just had another vet today who called four times and waited an hour each time, no answer."

Community care providers also often lack extensive experience in treating veterans compared to providers in the VA system. Studies have also consistently shown that the quality of VA care is as good as, and often better than, care in the community.⁶ Anecdotes from veterans at the roundtables support this finding.

One veteran in Everett mentioned:

"I just started to have the VA as my full medical care due to the fact that I have cancer. Very good, I love my doctors...my primary care, oncologist, urologist, greatest care I've ever had."

Another Snohomish County veteran followed up, saying:

"The Seattle VA...they got great doctors, great nurses, CNAs, you get great care."

The experience of these veterans underscores that Congress must work to improve the community care program, while continuing to expand VA's own capacity to meet veterans' health care needs.

⁶ Health Services Research & Development (VA), *Quality of Care Review*, <https://www.hsrd.research.va.gov/publications/esp/quality-of-care-review.pdf>.

Staff Reductions and Wait Times

Since January 2025, VA has lost about 30,000 employees through a combination of mass firings, early retirements and limited recruitment.⁷ Despite firing thousands of nurses and physicians, the Trump administration claims only “unnecessary administrative positions” are being eliminated. Regardless, administrative professionals are essential to VA’s mission. They are responsible for processing claims quickly and accurately, scheduling medical appointments and helping veterans navigate the benefits system.

Veterans at the roundtables shared concerns that already long wait times will only increase because of recent reductions in VA staff.

When describing the timeline for getting claims reviewed, one veteran in Whatcom County said:

“The responses veterans are getting from the VA have definitely slowed down and the number of denials has skyrocketed.”

Another veteran in Snohomish County emphasized the wait times for medical appointments:

“It’s the time that it takes to get appointments and get important appointments... appointments are taking a long time”

Transportation to Care

Veterans cited getting to and from medical appointments as a frequent barrier to care. While VA provides travel reimbursement through the Beneficiary Travel Self-Service System (BTSSS), not all veterans are eligible. Additionally, those living in rural and island communities face more barriers to transportation.

One program highlighted as a success by the roundtable participants is VA’s Volunteer Transportation Network (VTN), which is operated by Disabled American Veterans (DAV). Under this program, VA-approved volunteers drive DAV-donated vehicles to provide cost-free rides for veterans. However, the availability of these services is subject to volunteer and vehicle availability.

⁷ Kathleen McGrory and Neil Bedi, “Veterans’ Care at Risk Under Trump as Hundreds of Doctors and Nurses Reject Working at VA Hospitals,” *ProPublica*, August 2025, <https://www.propublica.org/article/veterans-affairs-hospital-shortages-trump>.

Veterans can also get transportation from local non-profits, such as Helping Hands' Skagit Veteran Shuttle or Whidbey Veterans Resource Center's Ride-Link Van Program. Still, these transportation options are insufficient to meet the needs of all the veterans in the Second District.

Chris Diaz, Veteran Service Specialist Lead for Skagit County, said:

"Helping Hands, the van we got transferred there from Skagit Transit, is going to be transporting veterans from east county, west county and all that... but that's just not enough. Anything past Concrete or east? There's zero transportation unless you know somebody."

At the roundtables, participants shared that VA's telehealth options have proved invaluable for connecting veterans in rural areas with care. These veterans also support expanding the number and reach of VA mobile clinics to bring care closer to their homes.

Women's Health Care

Women are the fastest-growing group in the veteran population and currently account for 11 percent of the U.S. veteran population. By 2040, VA projects that 18 percent of all veterans will be women.⁸ As the number of women veterans rapidly increases, VA has struggled to quickly modernize its women's health services. Women veterans participating in the roundtables underscored the need for timely and comprehensive women's health care and more women providers.

While every VA Medical Center now has a Women Veterans Program Manager, women veterans from the Second District also shared that they have been misdiagnosed by VA physicians who lack sufficient experience in women's health. Additional research and education regarding the specific needs of women veterans is urgently needed.

In August 2025, the Trump administration enacted a near-total ban on abortion counseling and services at VA. Previously, veterans could access abortion care at VA in cases of rape, incest or health risk to the mother, regardless of state-level bans. Now, veterans can only access abortion care at VA if continuing a pregnancy would put their life in "immediate danger," as certified by a physician. Rather than making VA more responsive to women veterans and their needs, this decision pushes women out of the VA system by potentially discouraging pregnant veterans from seeking care at VA medical facilities.

⁸ U.S. Department of Veterans Affairs, "Facts and Statistics (Women's Health)," <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>.

Suicide Prevention and Mental Health Care

Veteran suicide rates remain alarmingly high. According to VA's 2022 data, the suicide rate among male veterans was 44 percent higher than that of civilian males, while female veterans faced a staggering 92 percent higher suicide rate than their civilian counterparts.⁹ In Washington state alone, 194 veterans died by suicide in 2022.¹⁰

Confronting the veteran suicide crisis requires a comprehensive approach that addresses all four pillars of the framework: health care, housing, education and employment. In 2024, Congress passed the Not Just a Number Act (P.L. 118-210), which requires VA to study the relationship between veteran suicide and VA benefit usage, including health care, housing, education and employment benefits. This research is a critical step in creating a comprehensive approach to reducing veteran suicide, including which interventions are most effective at preventing veteran suicide.

Veterans at the roundtables supported expanding access to VA's traditional mental health services, including psychotherapy and psychiatry. At the same time, they emphasized the need to create more alternative treatment options. Roundtable participants shared that VA's Staff Sergeant Parker Gordon Fox Suicide Prevention Grant program is tremendously successful as a community-based suicide prevention effort in the Second District.

While explaining the importance of community-based prevention efforts, one veteran from Skagit County said:

"When we are talking about PTSD and different mental health issues... going through the traditional therapy is great, but it doesn't make it go away... what it does is it gives you an understanding of why you are where you are at, now they need the tools to move forward."

Additionally, local programs like Growing Veterans, Guitars 4 Vets, Hooves & Heroes and Project Healing Waters provide critical peer mental health support to veterans. Veterans emphasized that Congress should expand access to community-based mental health programs designed by veterans, for veterans.

⁹ RAND Corporation, *Perspectives PEA1363-1-v2*, "The Risk of Suicide Is ..." <https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html#~:text=The%20risk%20of%20suicide%20is,of%20Suicide%20Prevention%2C%202024b>

¹⁰ U.S. Department of Veterans Affairs, *2022 State Data Sheets Washington (Mental Health)*, https://www.mentalhealth.va.gov/docs/datasheets/2022/2022_State_Data_Sheets_Washington_508.pdf



Image 7. Rep. Larsen visits with Growing Veterans in Lynden, WA. August 18, 2023.

Culturally Competent Care

According to VA, Native veterans are more likely to have a service-connected disability and face higher rates of unemployment than their white counterparts.¹¹ Henry Dixon again said:

“These disparities are not just statistics: they are calls to action! We must do more than honor our veterans with words. We must continue to build systems that reflect their worth.”

At the roundtable at Lummi Nation, Native veterans emphasized the need for more culturally competent care options and traditional healing practices at VA. To make VA health care work better for Native veterans, roundtable participants support VA conducting robust tribal consultation, expanding the number of Tribal VSOs and authorizing additional partnerships between the Indian Health Service (IHS) and VA.

Since 2012, IHS and VA have had a reimbursement agreement that allows VA to pay for health care that Tribal veterans receive at participating IHS, Tribal Health Program and Urban Indian

¹¹ U.S. Department of Veterans Affairs, NVHER 2021 AIAN Veteran Chartbook and AIAN Report, https://www.va.gov/HEALTH/EQUALITY/docs/NVHER_2021_AIAN_Veteran_Chartbook_11222022_Final.pdf; <https://www.va.gov/vetdata/docs/SpecialReports/AIANReport.pdf>

Organization health care facilities. Unlike community care, eligible veterans do not need a referral from VA to receive care at these clinics, and they do not pay a copay for services. This arrangement provides veterans in rural Native communities with health care closer to home and allows them to receive better, culturally informed care.

Not all eligible Tribal clinics participate in the reimbursement program. Veterans at the roundtable expressed support for additional reimbursement agreements under this program.

Henry Dixon shared the following policy priorities:

"Expand access to culturally competent health care, increase funding for tribal health clinics and IHS-VA partnerships, support integration of traditional healing practices."



Image 8. Rep. Larsen speaking at the Lummi Nation Stomach Water Festival, June 24, 2023.

2.2 Housing

As housing prices and the cost-of-living increase across the nation, veterans in the Second District are feeling the strain. In 2023, the median home value in the Second District was \$629,300¹², almost double the national average¹³. Additionally, one-third of Washingtonians are cost-burdened, meaning they spend more than 30 percent of their monthly income on housing¹⁴. At the roundtables, participants made clear that the Second District lacks appropriate, available and affordable housing.

One factor contributing to these high prices is the state's lack of housing supply. Based on projected population growth over the next 20 years, the Washington State Department of Commerce projects that the state will need to add 1.1 million homes, and more than half of these new units will need to be affordable for residents of the lowest income levels.¹⁵

Even as more housing is built, VSOs at the roundtables emphasized that much of the Second District's housing stock is not the appropriate size for single veterans. These veterans are often left on waiting lists for one-bedroom units, not knowing whether they will ever obtain housing in their own communities.

One Skagit County Veteran Service Officer, describing a single veteran, illustrated this problem:

"I know for a fact that he's probably not going to find housing here in Skagit County because we're not going to have a single dwelling for him... It's just not available."

HUD-VASH

Washington state continues to face high rates of veteran homelessness. In 2024, VA estimated that there were 1,780 homeless veterans in Washington state, the 4th most out of all states.¹⁶ Of the homeless veterans in Washington state, 59 percent were unsheltered in 2024, meaning they reside outdoors or in places not meant for human habitation.

¹²Census Reporter, Table B25077, Owner-Occupied Housing Units – Washington (State), accessed October 31, 2025, https://censusreporter.org/data/table/?table=B25077&geo_ids=50000US5302&primary_geo_id=50000US5302

¹³ Census Reporter, Table B25077, Owner-Occupied Housing Units (United States), accessed October 31, 2025, https://censusreporter.org/data/table/?table=B25077&geo_ids=01000US&primary_geo_id=01000US

¹⁴ WCREER, *State of Washington's Housing Report 2024*, <https://wvcrer.be.uw.edu/wp-content/uploads/sites/60/2024/10/State-of-Washingtons-Housing-Report-2024.pdf>.

¹⁵ Washington State Department of Commerce, "Washington State Will Need More Than 1 Million Homes in Next 20 Years," March 2, 2023, <https://www.commerce.wa.gov/washington-state-will-need-more-than-1-million-homes-in-next-20-years/>.

¹⁶ U. S. Department of Housing and Urban Development, *2023 Annual Homelessness Assessment Report, Part 1*, <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>.

The Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) program offers permanent housing vouchers and case management services to eligible homeless veterans. Roundtable participants shared how this program meets Second District veterans where they are while providing necessary services to keep veterans housed. Participants emphasized their support for increasing HUD-VASH vouchers so more homeless veterans can get housing and access to wraparound services.

A veteran service provider in Whatcom County shared:

"We have a really good relationship with HUD-VASH. We have utilized a lot of vouchers over the past couple of years. We could always use more."

A Snohomish County veteran noted:

"I know a few veterans using the vouchers for housing. That is a tremendous thing; one went from living in a halfway house to getting his own apartment. That will definitely help out."

While roundtable participants praised HUD-VASH as a success in the Second District, some shared stories of suspected discrimination from housing providers when veterans disclosed that they would pay their rent with HUD-VASH vouchers. While discriminating against a tenant's source of money is illegal, one service provider raised concerns that there are not appropriate enforcement mechanisms for these discrimination protections.

Supportive Services for Veteran Families

At the roundtables, Second District veterans also emphasized support for the Supportive Services for Veteran Families (SSVF) program, which has been a lifeline for low-income veterans and their families in Northwest Washington state. SSVF provides case management and supportive services to prevent the imminent loss of a veteran's home or identify a new, more suitable housing situation for the individual and their family. The program allows for 7-9 months of housing subsidies, based on the veteran's income at the time of enrollment.

The veteran service provider in Whatcom County mentioned:

"SSVF is a great, very well-rounded program, and it is able to support people very extensively if needed... SSVF is a phenomenal program."

VA Home Loan Benefits

Preventing veteran homelessness starts with keeping veterans in their homes. Many veterans qualify for VA-backed home loans, which are financed by private lenders but guaranteed by VA. Lenders offer lower interest rates and often no down payment for veterans using their VA home loan benefits. In 2024, over 10,000 veterans in Washington state used these loans to buy homes.¹⁷

For veterans using VA-backed home loans and facing foreclosure, the Veterans Affairs Service Purchasing Program (VASP) was a lifeline. Enacted in 2024, VASP allowed VA to purchase a veteran's delinquent VA-backed loan and reissue it as a direct VA loan on more favorable terms. Unfortunately, the Trump administration ended VASP in May 2025 without establishing an alternative program, putting approximately 80,000 veterans at risk of foreclosure. Veterans and service providers at the roundtables shared that VASP was successful in the Second District, preventing many veterans from losing their homes.

One VFW benefits advisor in Whatcom County said:

"VASP is gone, and I have a relief fund of a decent amount of money to help vets in the county, but I don't have the money to help with a mortgage payment... I think VASP and programs like VASP are something that should be fought for."

To partially address the gaps left by VASP's termination, Congress passed the VA Home Loan Program Reform Act (P.L. 119-31). This law allows VA to pay up to 30 percent of a delinquent VA-backed loan. Unlike VASP, the new program does not convert the loan to be directly administered by VA. Instead, the loan remains with the original servicer. While this program is still being implemented at VA, it will not provide the level of relief offered by VASP.

¹⁷ U.S. Department of Veterans Affairs, "Loan Volume by State – VA Home Loans," https://www.benefits.va.gov/HOMELOANS/lender_state_volume.asp.

Tribal HUD-VASH

Like veterans across Washington state, Native veterans are facing an increasing risk of homelessness as home prices skyrocket. The Tribal HUD-VASH program, established in 2015, provides tribes and Tribally Designated Housing Entities (TDHEs) with funding to provide housing vouchers and culturally competent case management to eligible Native veterans. Despite high demand, the program's growth is constrained by limited funding. Native veterans at the roundtables shared their support for funding the program at a higher level to allow more entities, including Coast Salish tribes, to participate.



Image 9. Rep. Larsen presents Tulalip Tribes Leadership with his Native American Heritage Month Congressional Resolution as well as a proclamation from President Biden that marks the 50th anniversary of the Vietnam War. November 8, 2023.

2.3 Education

Education and training opportunities are essential to ensuring veterans' smooth transition into civilian jobs after they leave the military. In fact, veterans who reported being underemployed after their service reported that the biggest barrier to finding meaningful employment was a mismatch between the training and skills they used in the military and the civilian job market.¹⁸ Education and training opportunities that open doors to fulfilling jobs are essential for transitioning servicemembers and veterans.

Veterans using their G.I. Bill education benefits at postsecondary institutions have access to veteran resource centers, which have staff dedicated to helping veterans navigate VA's education benefits system. In the Second District, veteran resource centers are available on campus at Western Washington University, Whatcom Community College, Bellingham Technical College, Skagit Valley College, Everett Community College and Edmonds College. Washington State University Everett students also have access to the Veterans & Military Affiliated Student Services office at WSU's main campus in Pullman.

VA Work Study

Student veterans using their VA education benefits who are enrolled at least three-quarters time in a college degree, vocational or professional training program may be eligible for the VA Work Study program.

When enrolled in this program, VA pays students who work up to 25 hours at VA facilities, campus veteran resource centers and qualified VSOs. Campus veteran resource officers in the Second District have shared how VA Work Study has been a great resource for student veterans, but there are simply not enough eligible work positions in communities to support the number of interested veterans.

One campus veteran program manager in Snohomish County said:

"There's a list of veteran students eager to join... but many institutions and VA-affiliated sites don't have the capacity or workload to support more students."

Campus veteran officers in the Second District have expressed support for expanding the number of eligible organizations, such as non-profits that support veterans, that may host VA Work Study participants.

¹⁸ "Policy Brief: Mitigating Veteran Underemployment Among Transitioning Post-9/11 Veterans," (Penn State Veteran Network, October 2023), https://veteranetwork.psu.edu/wp-content/uploads/2023/11/PSU_Mitigating-Veteran-Underemployment_OCT-2023-FINAL.pdf.

G.I. Bill

Since 1944, the G.I. Bill has helped eligible veterans and their families access education and training benefits after leaving military service. Since its enactment, the G.I. Bill has provided veterans and eligible family members with \$410 billion in educational assistance.¹⁹ This program has been a vital pathway for generations of veterans who come home to transition into civilian life and find employment. VA staffing shortages also impact veterans using GI Bill benefits at campuses in the Second District.

A School Certifying Official (SCO) in Whatcom County mentioned:

"I am noticing it is taking about twice as long for dependent education assistance applications to be processed. It used to be pretty solid in the 30-day range, but now it is taking about twice as long."

Campuses across the Second District employ SCOs, who are responsible for ensuring that eligible Veterans, Reservists, servicemembers and dependents can promptly access their VA education benefits. One Veteran Program Manager for a local college in Snohomish County explained that additional training is needed for the VA staff who support these programs. When describing his experience calling the hotline designed to support SCOs, he said:

"You get one answer from one [employee], and then you get another from someone else. So, you tell the student that, and then when they contact the VA, they say "well they told me..." but then you get more mixed answers, there is no right or wrong answer given."



Image 10. Larsen meets with veteran students from Bellingham Technical College, Whatcom Community College and Western Washington University, November 2016

Students are also facing delays in tuition payment processing, long wait times on the GI Bill helpline and late monthly housing allowance (MHA) payments. Again, these students emphasized that VA needs to adequately staff the phone lines and benefit processing centers that student veterans rely on for timely payments and accurate answers.

¹⁹ "80 Years of the G.I. Bill: American Dream for Veterans," *I/A News*, accessed October 31, 2025, <https://news.va.gov/132480/80-years-g-i-bill-american-dream-for-veterans/>.

2.4 Employment

Every year, 200,000 women and men transition from U.S. military service to civilian life. While still in the armed forces, some servicemembers participate in SkillBridge programs, which provide training and apprenticeship opportunities in various industries.²⁰ Many other veterans go on to work in the federal government, where they are eligible for a hiring preference. In fact, veterans make up almost a quarter of the federal workforce nationwide.²¹

Yet, challenges remain. A Penn State study found that 61 percent of veterans report being underemployed after their separation from the military.²² Roundtable participants shared that recent federal workforce changes and the increasing cost of living have upended the job market for veterans.

Federal Workforce

In January 2025, President Trump signed an executive order requiring all federal workers to return to the office full-time. Roundtable participants shared stories of veterans in the Second District who worked remotely for the federal government and had their telework agreements terminated. This forced veterans to choose between uprooting their lives or losing their jobs, and as a result, many left the federal workforce.

At the roundtables, veteran service providers shared that the recent spike in veteran unemployment has placed additional strain on local services. Veterans expressed support for more robust federal employment opportunities that do not require relocating their families.

While describing the local impact of President Trump's return-to-office mandate, one veteran service provider in Whatcom County said:

"The federal mandate to return to work and cut remote work has led veterans in this county that would never normally need financial assistance from Whatcom County to find themselves out of work, and now, their unemployment has ended...We can't support them, my fund is \$200,000 a year, we are going to run it dry."

²⁰ Military OneSource, "DoD SkillBridge," accessed October 31, 2025, <https://www.militaryonesource.mil/resources/gov/dod-skillbridge/>.

²¹ Pew Research Center, "What We Know about Veterans Who Work for the Federal Government," April 10, 2025, accessed October 31, 2025, <https://www.pewresearch.org/short-reads/2025/04/10/what-we-know-about-veterans-who-work-for-the-federal-government/>.

²² "Policy Brief: Mitigating Veteran Underemployment Among Transitioning Post-9/11 Veterans," (Penn State Veteran Network, October 2023), https://veteranetwork.psu.edu/wp-content/uploads/2023/11/PSU_Mitigating-Veteran-Underemployment_OCT-2023-FINAL.pdf.

Senior Veterans

As the cost of living continues to increase, elderly veterans are making the difficult decision to return to the workforce. These veterans are struggling to find meaningful employment, and some cited suspected age discrimination as the primary barrier to finding a job.

A service provider for disabled veterans illustrated this problem while describing their efforts to connect aging veterans with employment:

"Out of the approximately 30 veterans I'm working with, the majority of them are over 60 and having a tough time making ends meet. I just met with a 76-year-old veteran seeking employment yesterday."

Veterans Readiness & Employment Counseling Services

Veterans with service-connected disabilities that limit their ability to work are eligible for Veterans Readiness and Employment (VR&E) counseling services, which provide these veterans with job training and employment opportunities. However, veterans have reported being unable to reach their VR&E counselors, whose caseloads have increased dramatically while their pay remains the same.

While speaking about his VR&E counselor, a student veteran in Whatcom County said:

"You can tell they are overworked and underpaid... and it's getting worse."

Veterans at the roundtables emphasized the need to hire additional VR&E counselors.

POLICY
RECOMMENDATIONS

HEALTH CARE

- Keep VA at the center of veteran health care by opposing efforts to shift funding from direct VA care to community care, particularly in the annual Military Construction – Veterans Affairs appropriations bill.
- Enact the *Veteran Families Health Services Act* to permanently overturn VA’s ban on fertility treatments and provide eligible veterans with IVF treatments and adoption assistance.
- Promote federal research into the specific needs of women veterans, including Rep. Brownley’s *Menopause Care for Veterans Act*, which would study the menopause care currently available to veterans and make clinical improvements to that care.
- Expand culturally competent care for Native veterans by expanding IHS-VA partnerships.
- Ensure VA implements the *Not Just a Number Act* to get a comprehensive view of which VA benefits programs can be expanded for suicide prevention.
- Encourage VA to expand the Volunteer Transportation Network, which provides cost-free rides to medical appointments for veterans.
- Invest in veteran-led, community-based suicide prevention efforts by increasing funding for grants under the Staff Sergeant Parker Gordon Fox Suicide Prevention program.



HOUSING

- Continue to increase the number of available HUD-VASH vouchers in annual appropriations.
- Support efforts to educate housing providers on anti-discrimination laws protecting renters who intend to pay with HUD-VASH vouchers.
- Pass Rep LaLota’s *Supporting Veteran Families in Need Act* to permanently authorize VA’s Supportive Services for Veteran Families (SSVF) program.
- To protect veterans at risk of foreclosure, encourage VA to quickly implement the *VA Home Loan Program Reform Act*. VA must create clear guidance for delinquent borrowers, streamline paperwork requirements and allow for robust Congressional oversight.
- Pass Rep. Pettersen’s *VA Loan Informed Disclosure (VALID) Act* to ensure veterans are aware of their VA-backed home loan benefits.
- Expand the Tribal HUD-VASH program to provide housing and culturally competent case management to Coast Salish veterans.

POLICY RECOMMENDATIONS



EDUCATION

- Improve collaboration between GI Bill education and housing hotlines to provide student veterans with quick and accurate answers.
- Pass Rep. Levin's *Guard and Reserve GI Bill Parity Act* to ensure National Guard members and Reservists can count every day spent in uniform toward their education benefits.
- Increase the number of jobs available under the VA Work Study program to allow participating student veterans to work at non-profits and local agencies that benefit veterans.
- Allow student veterans enrolled in school half-time to participate in VA Work Study.



EMPLOYMENT

- Expand federally supported training programs for transitioning servicemembers through legislation like the *Federal Cybersecurity Workforce Enhancement Act*.
- Hire additional VR&E counselors to reduce wait times.
- Support efforts to educate employers on anti-age discrimination laws to ensure older veterans are given a fair shot at employment.



BOTTOM LINE

Congress must oppose President Trump's efforts to slash the VA workforce. Instead, we need to invest in more health care workers, administrative professionals and employment counselors to ensure veterans can receive high-quality care and benefits support.



Image 11, Rep. Larsen at Armed Services Committee hearing, March 20, 2022

Section 4. Conclusion

The stories and perspectives shared by veterans in Washington state's Second District underscore both the progress the federal government has made in serving veterans and the work that remains. The experience of veterans in Northwest Washington state makes clear that the nation's commitment to its veterans must go beyond words and ceremonies. Congress must continue to ensure access to comprehensive health care, affordable housing, quality education and meaningful employment opportunities for veterans.



If you or anyone you know is having issues with VA, their service branch or any other federal agency, my office may be able to help. Please reach out to the Everett office at (425) 252-3188 or fill out a privacy release form on the website at larsen.house.gov.

Finally, veterans in the Second District have shared that there is a lack of a centralized location for resources available to veterans in the area. The appendix of this document provides a breakdown of resources in the Second District for veterans who may be facing challenges in accessing health care, housing, education and employment.



Image 12, Rep. Larsen speaks at Memorial Day event in Oak Harbor. May 31, 2021.



Appendix. Resources for Local Veterans

Casework:

The office of Representative Larsen offers services to all constituents of the Second District who need assistance with federal agencies, including VA, the Social Security Administration (SSA), Internal Revenue Service (IRS) and more. Since January of 2025, Rep. Larsen's office has recovered \$13,762,204.56 for constituents.

To receive help with a federal agency, the Privacy Act of 1974 requires that Members of Congress and their staff receive written authorization before obtaining information about an individual case. All constituents must complete a [Privacy Release Form](#) prior to Rep. Larsen's staff initiating casework with a federal agency.

To request assistance from our office, please call (425) 252-3188 or you can access our Privacy Release Form at: <https://larsen.house.gov/helping-you/privacy-release-form.htm>.

Success Stories:

- A veteran from Everett was unable to receive his disability back pay. Our office reached out to VA and resolved the issue. The veteran received over \$9,000 in missing disability benefits.
- Another veteran from Everett who was working with the Veterans Readiness and Success program was recently removed from his courses after his program was cut short. After working for months and completing over half of his courses, the veteran reached out to our office for assistance. Our office worked with VA to assist this constituent, who was assigned a new VSO officer and is now continuing his studies.
- A veteran from Bellingham was unable to reach VA after his disability determination was delayed. After months of waiting, he reached out to our office. We helped the constituent receive his determination promptly.
- A veteran from Edmonds who was unable to receive dental care reached out to our office to request help scheduling appointments. Our office contacted VA and helped facilitate the veteran's dental care in a timely manner.



November 2025

Resources for Local Veterans



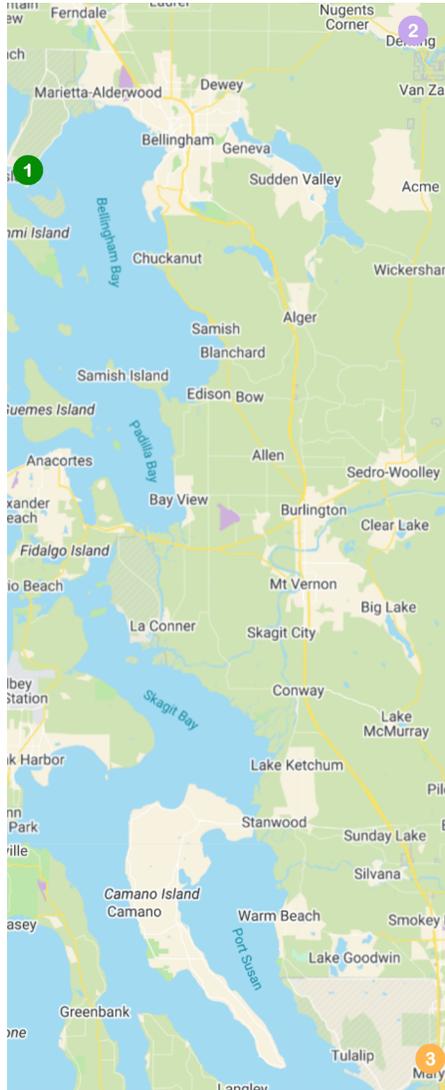
Statewide Resources

- **Suicide & Crisis Lifeline**
 - Dial 988 then press 1 for 24/7 confidential crisis support
 - Washington State Resource Hotline
 - Dial 211 to reach a highly trained information and referral specialist who will assess your needs and provide a list of referrals to available resources in your community
- **Washington Department of Veterans**
 - Services: Counseling and Wellness Programs, Veterans Transitional Housing Program, State Veteran Cemetery, Claim Assistance, Financial Assistance and more
 - Contact: Phone: 1 (800) 562-2308, Website: dva.wa.gov
- **NineLine Veteran Services (Fife)**
 - Services: Business and Employment Program, Housing Program, Route Step Outdoors Program for eco-therapy and their Quick Response Force suicide prevention team
 - Contact: Phone: 253-922-7225, Email: Help@nine9line.org, Website: www.9linevets.org
- **Permission to Start Dreaming Foundation (Gig Harbor)**
 - Service: Warrior PATHH a peer-to-peer alternative therapy training program. This program includes a 7-day on-site initiation and is followed by 90 days of continued training.
 - Contact: Phone: (253) 432-6502, Website: ptsdfoundation.org
- **Veteran Rites Inc (Tacoma)**
 - Services: Rite to Return Ceremony, this program includes a 7-day on-site initiation held in a wilderness setting in Eastern Washington with trained veteran and non-veteran guides and their Roots of Resilience Online Course.
 - Contact: Website: www.veteranrites.org
- **Wounded Warrior Project (Tacoma)**
 - Services: programs for peer support, mental health, physical wellness, financial wellness and lifelong care with their independence program and continuous care services.
 - Contact: Phone: (206) 441-7096, Website: woundedwarriorproject.org

Additional information for each program can be found on each organizations' website.

VA Transportation Resources

- **Beneficiary Travel Self-Service System (BTSSS):**
 - Eligible Veterans and caregivers can submit claims to reimburse travel (mileage, tolls, ferries).
 - Information: www.va.gov/health-care/file-travel-pay-reimbursement/
 - File a claim: eauth.va.gov/accessva/
- **National Veterans Transportation Program (NVTP):**
 - Request a ride through your VA care provider or call the travel office call center.
 - (206) 764-2120 (option 4)
 - PUGHASTRAVELSUPERVISORS@va.gov
 - www.vetride.va.gov
- **DAV Volunteer Transportation Network (VTN)**
 - For veterans not eligible Beneficiary Travel or NTVP. Trips must be scheduled at least two weeks in advance and is subject to volunteer availability.
 - Seattle: (206) 277-3884
 - American Lake: (253) 583-1343
- **Special Mode Transport**
 - Veterans needing special transport for appointments can call the Beneficiary Travel Dispatcher
 - (206) 764-2120 (option 2)



Tribal Resources

Lummi Nation Veterans Program

- Contact:
 - Phone: (360)758-9999,
 - Email: DavidHJ@lummi-nsn.gov

Nooksack Indian Tribe Veterans Service Program

- Services: Benefits assistance, career services
- Contact:
 - Phone: (360) 592-5176
 - Website: www.nooksacktribe.org/departments/veterans-program/

Tulalip Tribes Veteran Program

- Services: Assistance with VA benefits, Transportation to Healthcare and more.
- Contact:
 - Phone: (360) 716-4862,
 - Website: www.tulaliptribes-nsn.gov/Dept/TulalipVeterans

Island County

Veteran Service Providers

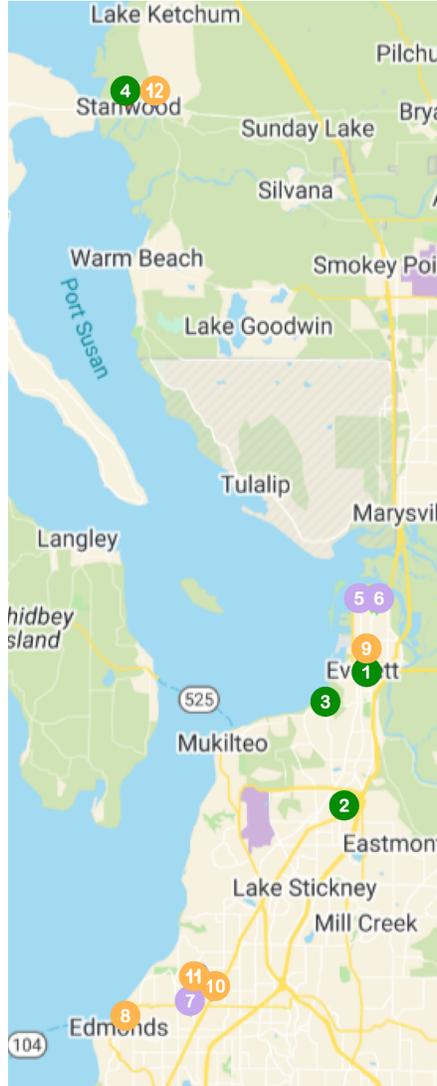
1. **Island County Veterans Services** (1791 1st Ave, Oak Harbor, WA 98277)
 - Services: Emergency financial assistance, claims assistance
 - Contact: Phone: (360) 246-4710; Email: z.commet@islandcountywa.gov, t.howard@islandcountywa.gov, or d.mcinnis@islandcountywa.gov; Website: islandcountywa.gov/200/Veterans-Assistance
2. **Opportunity Council Island County Services** (231 SE Barrington Dr, Suite 100, Oak Harbor, WA)
 - Services: Rental Assistance, Case Management, Employee Assistance, Financial Renter and Education Classes, Benefits Coordination, Homelessness Prevention, Housing Counseling
 - Contact: Phone: (360) 679-6577; Website: www.opcco.org/services-for-veterans/island-county/
3. **Oak Harbor VA Clinic** (3475 North Saratoga Street, Building 993, Oak Harbor, WA)
 - Services: Primary care and specialty health services
 - Contact: Phone: (800) 329-8387; Website: va.gov/puget-sound-health-care/locations/oak-harbor-va-clinic/
4. **Whidbey Veterans Resource Center** (723 Camano Ave, Langley, WA)
 - Services: Job Assistance, Ride-Link Van Program, VA Benefit Assistance, Peer Support Groups
 - Contact: Phone: (360) 331-8081; Email: whidbeyvrc@gmail.com; Website: www.whidbeyvrc.org

Educational Services

5. **Skagit Valley College Veteran Resources** (1900 SE Pioneer Way, Oak Harbor, WA)
 - Contact: (360) 679-5392
 - Website: <https://www.skagit.edu/student-resources/veterans-outreach/>

Veteran Organizations

6. **American Legion Post 207** (609 W Camano Dr, Camano Island, WA)
 - Contact: Phone: (360) 387-5381; Email: walegionpost207@gmail.com
7. **American Legion Post 141** (14096 St Rt-525, Langley, WA)
 - Contact: Phone: (360) 321-5696; Email: post141@whidbey.com
8. **American Legion George Morris Post 129** (690 SE Barrington Dr, Oak Harbor, WA)
 - Contact: Phone: (360) 675-2411; Email: americanlegion29@comcast.net
9. **Disabled American Veterans Chapter 47** (3037 N Goldie Rd, Oak Harbor, WA)
 - Contact: Phone: (360) 682-2945 or (360) 682-2958; Website: davchapter47.wixsite.com/dav47
10. **Fleet Reserve Association Branch 97** (311 SE 8th Ave, Oak Harbor, WA)
 - Contact: Phone: (360) 246-4710; Website: frwreunion.org
11. **Veterans of Foreign Wars Post 7392** (3037 Goldie Road, Oak Harbor, WA)
 - Contact: Phone: (360) 675-4048; Email: vfwpost7392@gmail.com; Website: vfw7392.org



Snohomish County

Veteran Service Providers

1. **Snohomish County Veterans Assistance Program** (3000 Rockefeller Ave, Everett, WA 98201)
 - Services: Emergency Vouchers, Case Management, Alcohol and Drug Referrals, VA Medical Center Referrals, Claims Benefit Assistance, Employment Services
 - Contact: (425) 388-7255
2. **Everett Vet Center** (1010 SE Everett Mall Way #207, Everett, WA 98209)
 - Services: Counseling services
 - Contact: Phone: (425) 252-9701, Website: www.va.gov/everett-vet-center/
3. **Everett VA Clinic** (220 Olympic Blvd, Everett, WA 98023)
 - Services: Primary care and specialty health services
 - Contact: Phone: (800) 329-8387, Website: www.va.gov/puget-sound-health-care/locations/everett-va-clinic/
4. **Hooves and Heroes** (P.O. Box 251, Stanwood, WA 98292)
 - Services: Support services through equine-based experiences
 - Contact: Email: info@hoovesandheroes.org, Website: www.hoovesandheroes.org

Educational Services

5. **Everett Community College Veteran Resource Center** (2000 Tower Street, Everett, WA 98201)
 - Contact: Phone: (425) 388-9277, Email: veterans@everettcc.edu, Website: everettcc.edu/students/financial/veteran-center
6. **Washington State University Everett** (915 N Broadway, Everett, WA 98201)
 - Contact: Phone: (509) 335-1857, Email: veterans@wsu.edu, Website: <https://va.wsu.edu/pullman>
7. **Edmonds College Veteran Resource Center** (20000 68th Ave. W Lynnwood, WA 98036)
 - Contact: Phone: (425) 640-1502 or (425) 640-1775, Email: angela.carranza@edmonds.edu or matthew.durkee@edmonds.edu, Website: edmonds.edu/student-services/veterans-resources/

Veteran Organizations

8. **American Legion Post 66** (117 6th Ave S, Edmonds, WA 98020)
 - Contact: Phone: (833) 924-4636, Email: edmondsamlegionpost66@gmail.com
9. **Veterans of Foreign Wars Post 2100** (2711 Oakes Ave Everett, WA 98201)
 - Contact: Phone: (425) 252-2100, Email: vfwpost2100@yahoo.com
10. **Disabled Veterans of America Chapter 13** (19223 Hwy 99 Lynnwood WA 98036)
 - Contact: (425) 299-3373
11. **Heroes' Cafe** (6519 188th Street SW, Lynnwood WA)
 - Contact: Phone: (425) 770-6381, Email: americanheroscafe@gmail.com
12. **American Legion Frank H. Hancock Post 92** (26921 88th Ave NW, Stanwood, WA 98292)
 - Contact: (360) 629-2851, Email: post92adjutant@gmail.com

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Whatcom County

Veteran Service Providers

1. **Whatcom County Veterans Program** (509 Girard Street, Bellingham, WA 98225)
 - Services: Help accessing mental healthcare, social services, employment services, financial assistance.
 - Contact: Phone: 360-778-6050 or 360-410-5380, Email: EWitowsk@whatcomcounty.us or SDalgarn@co.whatcom.wa.us
2. **Bellingham Vet Center** (3800 Byron Ave, Unit 124, Bellingham, WA 98229)
 - Services: Counseling services
 - Contact: Phone: (360) 733-9226, Website: www.va.gov/bellingham-vet-center/
3. **Opportunity Council Whatcom County Services** (1111 Cornwall Ave, Bellingham, WA 98225)
 - Services: Rental Assistance, Case Management, Employee Assistance, Financial Renter and Education Classes, Benefits Coordination, Homelessness Prevention, Housing Counseling, SSVF
 - Contact: Phone: (360) 734-5121, Website: www.opcoo.org/services-for-veterans/whatcom-county/
4. **Growing Veterans** (6458 Martin Pl, Lynden, WA 98264)
 - Services: Agriculture-based veteran peer support and community engagement
 - Contact: Phone: (360) 553-3577, Website: www.growingveterans.org

Educational Services

5. **Bellingham Technical College Veterans Support** (3028 Lindbergh Ave, Bellingham, WA 98225)
 - Contact: Phone: (360) 752-8387, Email: veterans@btcc.edu
6. **Whatcom Community College Veteran Services Office** (237 W. Kellogg Road, Bellingham, WA 98226)
 - Contact: Phone: (360) 383-3015, Email: veterans@whatcom.edu
7. **Western Washington University Veteran Services Office** (516 High St, Bellingham, WA 98225)
 - Contact: Phone: (360) 650-3324, Website: <https://wp.wvu.edu/veteranservices/>

Veteran Organizations

8. **American Legion Post 7** (1688 W Bakerview Rd, Bellingham, WA 98226)
 - Contact: Phone: (360) 734-3110, Website: <https://bellinhamlegion.com/>
9. **William Matthews Veterans of Foreign Wars Post 1585** (625 N State St, Bellingham, WA 98225)
 - Contact: Phone: (360) 734-5520, Website: <https://vfwpost1585.wordpress.com/>
10. **American Legion Post 86** (4580 Legion Dr, Blaine, WA 98230)
 - Contact: Phone: (360) 371-7311, Website: www.blainelegion.com
11. **Veterans of Foreign Wars Post 9474** (8000 Portal Way Custer, WA 98240)
 - Contact: (360) 393-3350
12. **American Legion Post 224** (3500 Nelson Rd Deming, WA 98244)
 - Contact: (360) 595-2463
13. **Veterans of Foreign Wars Post 9301** (7011 Hannegan Road, Lynden, WA 98264)
 - Contact: Post Commander (360) 220-2194, Auxiliary Services (360) 224-4123
14. **American Legion Post 212** (134 Harrison St, Sumas, WA 98295)
 - Contact: Phone: (360) 988-2921, Email: americanlegionsumas@gmail.com

Skagit County

Veteran Service Providers

- 1 Skagit County Veteran Services**
 - Services: Veteran Document support, Disability Compensation and Pension Claims, Elderly & Disabled Veteran & Widow Programs, Emergency Assistance and more.
 - Contact: Phone: (360) 588-5156 or (360) 391-1512, Email: cdiaz@co.skagit.wa.us or michael.till@dva.wa.gov, Website: skagitcounty.net/Departments/HumanServices/vets.htm
- 2 Skagit Vets Connect** (160 Cascade Place Suite 104, Burlington, WA 98233)
 - Services: Benefits assistance, emergency financial assistance, housing, CSVP, VASH
 - Contact: Phone: (360) 588-5156, Website: www.communityactionsskagit.org/skagit-vets-connect/
- 3 Mount Vernon VA Clinic** (307 S 13th St #300, Mount Vernon, WA 98274)
 - Services: Primary care and specialty health services
 - Contact: Phone: (360) 848-8500, Website: va.gov/budget-sound-health-care/locations/mount-vernion-va-clinic
- 4 Helping Hands** (9386 Fruitdale Rd, Sedro-Woolley, WA 98284)
 - Services: Food Bank, housing application assistance, resource navigation, Skagit Veterans Shuttle
 - Contact: Phone: (360) 856-2211, Website: helpinghandsskagit.org

Educational Services

- 5 Skagit Valley College Veteran Resources** (2405 East College Way Mount Vernon, WA)
 - Contact: (360) 416-7804
 - Website: <https://www.skagit.edu/student-resources/veterans-outreach/>

Veteran Organizations

- 6 American Legion Post 91** (721 E Fairhaven Ave #1914, Burlington, WA 98233)
 - Contact: Phone: (360) 755-1202, Email: burlingtonlegion91@gmail.com
- 7 American Legion George Baldrige Post 43** (701 Murdock St Sedro Woolley, WA 98284)
 - Contact: (360) 855-0520
- 8 American Legion Post Mason-McConkey 147** (18611 Main St Conway, WA 98238)
 - Contact: post147@mason-mcconkey.com
- 9 Young-McCool VFW Post 12220** (1009 7th St Anacortes, WA 98221)
 - Contact: (301) 906-1283
- 10 Veterans of Foreign Wars Post 5056** (702 Murdock St, Sedro-Woolley, WA 98284)
 - Contact: (360) 840-5334
- 11 Vietnam Veterans of America Chapter 1109** (Clear Lake)
 - Contact: (360) 420-8513
- 12 Disabled Veterans of America Chapter 59** (2204 Riverside Dr, Mt. Vernon WA 98273)
 - Contact: (360) 420-4046

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San Juan County

Veteran Service Providers

1. **San Juan County Veteran Advisory Board**
 - Services: Veterans Assistance Fund
 - Contact:
 - Phone: (360) 298-6466
 - Email: veterans@sanjuancountywa.gov
 - Website: sanjuancountywa.gov/575/Veterans-Advisory-Board
2. **Opportunity Council**
 - Services: Rental Assistance, Case Management, Employee Assistance, Financial Renter and Education Classes, Benefits Coordination, Homelessness Prevention, Housing Counseling
 - Contact:
 - Phone: (360) 679-6577
 - Website: www.opcco.org/services-for-veterans/sanjuancounty/

Veteran Organizations

3. **American Legion Voyle B Martin Post 93** (793 Crescent Beach Dr, Eastsound, WA 98245)
 - Contact:
 - Phone: (360) 376-4987
 - Website: <https://orcaslegion.org/>
4. **American Legion Post 163** (101 First St N, Friday Harbor, WA 98250)
 - Contact: Phone: (360) 378-5705

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Prepared Statement of Robert "Bobby" Scott

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

I am a veteran myself and proudly represent one of the largest veteran communities in our country. I understand the many challenges veterans experience. My district is home to the Hampton VA Medical Center which is one of the fastest growing VA Medical Centers in the Nation. With the main medical center and its three community-based outpatient clinics, the Hampton VA Health System serves more than 108,000 Veterans across southeastern Virginia and northeastern North Carolina. But demands on our VA are growing significantly. Our region is home to 300,000 veterans, and the VA expects enrollment to grow by approximately 23 percent over the next 10 years.

In April of this year, the much-anticipated Chesapeake VA North Battlefield Outpatient Clinic opened to make it easier for Veterans to access care and they would no longer be required to cross from the Southside to the Peninsula. But that clinic opened with less than a third of the required staff needed to adequately serve the veterans population on the Southside. Only about 150 clinic workers were in place in April for a facility that requires a staff of 500 to be fully functional. Secretary Collins himself stated that he expected for the facility to be fully staffed next month. But as of November 24, 2025, just over half of the 500 staff required have been onboarded meaning veterans are not able to fully access care at this facility.

This did not happen by accident. In the first 100 days of his presidency, President Trump harmed veterans access to care by instituting a hiring freeze across the system. He then squeezed our Federal workforce and fired more than 6,000 veterans from their jobs. More than 1,000 probationary employees were laid off in February, and the VA has said they are looking to eliminate roughly 80,000 positions even as the facilities are short staffed. Every position at the VA is mission critical and it makes little sense to lay off hardworking VA employees at a time when our VA health system is feeling the strain of increasing demand. The uncertainty and treatment of these employees will not go unnoticed by potential applicants at VA.

To make matters worse, on August 6, 2025 the U.S. Department of Veterans Affairs announced the termination of collective bargaining agreements for most VA-bargaining-unit employees. When workers come together to bargain, they earn higher wages, better benefits, and safer workplaces. Unions represent and benefit all workers regardless of whether they are in the bargaining unit or not, and unions protect all employees from retaliation and discrimination, and guard against favoritism by management. Secretary Doug Collins stripping employees of their bargaining rights is the latest salvo in the Trump Administration's war on veterans and civil servants. Veterans benefit from a VA that is staffed by workers that are well-compensated, properly trained, and who work in a safe environment.

The VA is already facing severe staffing issues including in my district, and the Trump Administration's ongoing attacks on the Federal workforce in recent months is exacerbating this problem. Had the administration consulted with the unions representing Federal employees at the VA and other agencies, they would have been informed that blanket hiring freezes and chaotic firings are inefficient and ultimately harmful to the people they are meant to serve. Our veterans deserve better.

It is important for Congress to take our oversight responsibilities seriously and I believe more meaningful oversight of the Veterans Administration is warranted. I encourage this committee to move legislation forward that will strengthen VA facilities, improve recruitment, and treat veterans with the care and respect they deserve.

Prepared Statement of Pablo José Hernández

Thank you to the Members and staff of the House Committee on Veterans Affairs for allowing me to submit these priorities. Over the past 4 months, I have convened a series of veterans' roundtables across my district, hearing firsthand the experiences, concerns, and priorities of those who have served our Nation. Their message has been clear and compelling. In light of what I have heard, I respectfully urge your full consideration of the following request to strengthen the support available to veterans in Puerto Rico.

H.R. 2632—TRICARE Equality Act

H.R. 2632—TRICARE Equality Act directs the U.S. Department of Defense (DOD) to improve TRICARE Prime access and travel benefits for Puerto Rico veterans. The bill also requires coordination between the Federal Electronic Health Record Modernization Office and Puerto Rico's Department of Health to share health data.

TRICARE, the healthcare program that serves military personnel, retirees, and their families, is currently available in Puerto Rico through the TRICARE Overseas Program (TOP).

Approximately 38,000 individuals in Puerto Rico rely on TRICARE, including active-duty service members and their families, members of the National Guard and Reserve, and around 24,000 military retirees and their families. Under the TRICARE Area Office for Latin America and Canada, Puerto Rico offers several health plan options such as TRICARE Prime Remote, TRICARE Select, and TRICARE Reserve Select.

However, because Puerto Rico is excluded from the full TRICARE Prime network, beneficiaries on the island face significant barriers to accessing care. Many are forced to pay for services upfront and submit claims for reimbursement later, encountering gaps in access to specialty care that often require travel to the mainland and endure delays in receiving necessary treatments.

The TRICARE Equality Act addresses these disparities by directing the U.S. Department of Defense (DOD) to improve TRICARE Prime access and travel benefits for Puerto Rico's military community, ensuring they receive the same level of healthcare access as their counterparts on the mainland. It also requires the Federal Electronic Health Record Modernization Office to coordinate with Puerto Rico's Department of Health to share health data and improve care delivery.

H.R. 6168 – Puerto Rico Nutrition Assistance Fairness Act (H.R. 6168)

In addition to improving healthcare access, addressing food insecurity among veterans in Puerto Rico remains one of my top priorities. For this reason, I introduced H.R. 6168—Puerto Rico Nutrition Assistance Fairness Act, which would transition the island from its capped Nutrition Assistance Program (NAP) to the Supplemental Nutrition Assistance Program (SNAP). This transition would finally provide Puerto Rico's families and veterans with equitable benefits so they can put food on the table with dignity.

Although these bills fall under the jurisdiction of the House Armed Services Committee and the Agriculture Committee, I urge my colleagues on both sides of the aisle to support all efforts that strengthen care and reduce food insecurity for veterans in Puerto Rico. Our veterans deserve reliable, equitable access to the benefits they have earned. Thank you for your time and consideration.

Prepared Statement of Stephen Lynch

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to testify before you today about a program that is vital to our Nation's ability to house and provide services to our veterans experiencing homelessness.

The VA Grant and Per Diem (GPD) Program provides critical assistance to community-based organizations that serve our veterans and support them in attaining and retaining permanent housing. The reimbursements provided under the GPD program are particularly essential for service providers that operate in high-cost housing areas of the country, such as my district of Boston, Massachusetts and the surrounding areas.

As you know, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act of 2025 was signed into law on January 2 of this year, after having passed both the House and Senate with overwhelming bipartisan support. An important provision of this law authorizes the VA to pay community-based Veteran service providers a Grant and Per Diem Program Reimbursement Rate of up to 200 percent of the State Home Domiciliary Rate for up to 50 percent of grant recipients.

Earlier this year, after the Dole Act's initial passage, the VA cited concerns about exceeding the GPD Program authorization of appropriations (AoA) if the Act's authorized rates were fully implemented. In response, Congress added language to H.R. 1815, the VA Home Loan Program Reform Act, increasing the AoA for the GPD Program to \$344,000,000 for Fiscal Years 2025 and 2026. H.R. 1815 was signed into law on July 30 of this year.

Unfortunately, after 11 months and Congress having increased the authorization to address the VA's concerns, reimbursements are still not being paid out at this higher authorized rate. While the Department did increase its reimbursement rate from 115 percent to 133 percent of the State Domiciliary Rate in September, this still falls far short of congressional intent laid out in the Dole Act. This failure to implement the Act's requirements has placed community-based, Veteran GPD providers who operate in high-cost regions under considerable financial stress, as they continue to operate and deliver an essential service for Veterans with inadequate reimbursement, well short of actual cost. This rate is unsustainable and could force providers to shut down, leaving already vulnerable veterans literally out in the cold. We cannot allow that to happen. Our veterans deserve better.

I urge the Committee to press the VA to fully implement the full scope of the Dole Act as Congress intended and ensure that Veteran service providers that deliver this critical program can continue to do so without significant financial risk.

Thank you very much again for the time.

