

**STATEMENT OF
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SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
COMMITTEE ON APPROPRIATIONS,
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES
U.S. HOUSE OF REPRESENTATIVES
DISCRETIONARY BUDGET REQUEST FOR FISCAL YEAR 2022**

APRIL 15, 2021

Chairwoman Wasserman Schultz, Congressman Carter, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today in support of the President's Fiscal Year (FY) 2022 Discretionary Budget Request for the Department of Veterans Affairs (VA), and for your longstanding support of Veterans and their families. I am accompanied by Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer.

President Biden defined our country's most sacred obligation as preparing and equipping the troops we send into harm's way and then caring for them and their families when they return. It is the honor of my lifetime to join the dedicated, highly skilled professionals who constitute the VA workforce—many of them Veterans themselves. VA employees are committed to serving Veterans, their families, caregivers and survivors. The President's FY 2022 Discretionary Budget Request reflects this commitment. This Budget ensures all Veterans, including women Veterans, Veterans of color, and LGBTQ+ Veterans, receive the care and benefits they have earned and prioritizes Veteran homelessness, suicide prevention outreach and caregiver support.

VA faces great challenges made even more daunting by the COVID-19 pandemic. Getting our Veterans through this pandemic is my immediate priority. To accomplish this, I am focusing the Department in several key areas: (1) executing a robust clinical response on behalf of Veterans' care, including testing, treatment and vaccination for COVID-19, (2) ensuring Veterans stay connected to longitudinal care through telehealth and in-person health care as needed, (3) keeping employees safe with ready access to personal protective equipment (PPE) for front-line health care workers, with temperature and symptom screening and with other safety protocols to limit exposure risk for the more than 400,000 VA employees (clinical and non-clinical) in accordance with the Department of Labor's workforce guidelines found at this link: <https://www.osha.gov/coronavirus/safework#guidance-screening-testing> , and (4) executing VA's "Fourth Mission," which allows VA to offer personnel, infrastructure (physical and digital) and other initiatives to assist the broader national emergency response. The COVID-19 pandemic also impacts providing VA benefits, including a significant growth in the disability compensation claims backlog, which will require sustained efforts to overcome.

Fiscal Year 2022 Budget Blueprint

The President's FY 2022 Discretionary Budget Request includes \$113.1 billion in discretionary funding for VA, an \$8.5 billion or 8.2% increase over the 2021 enacted level. This funding is in addition to the substantial resources provided in the American Rescue Plan (ARP). This Discretionary Budget Request includes \$97.5 billion for VA medical care, \$7.6 billion or 8.5% above the 2021 enacted level. Additionally, the Budget requests \$111.3 billion in advance appropriations for VA medical care programs in 2023 to ensure the Department has sufficient resources to continue providing the quality medical services Veterans have earned.

Vision

To fulfill our country's most sacred obligation, every decision I make will be determined by whether it increases Veterans' access to care and benefits and improves outcomes for them. I will work tirelessly to rebuild trust and restore VA as the premier agency for ensuring the well-being of America's Veterans through a persistent focus on the three core responsibilities of the Department:

1. Providing our Veterans with timely world-class health care;
2. Ensuring our Veterans and their families have timely access to their benefits; and
3. Honoring our Veterans with their final resting place and lasting tributes to their service.

Under my leadership, the Department will make it a priority to implement management reforms to improve accountability and ensure Veterans receive the care and benefits they have earned. In addition to the \$97.5 billion in discretionary funding for medical care, this Budget includes \$3.4 billion for the General Operating Expenses - Veterans Benefits Administration (VBA) account, including funds to hire 334 new benefits claims processors, and \$394 million for the National Cemetery Administration (NCA). The Budget fully funds operation of the largest integrated health care system in the United States, with over 9.2 million enrolled Veterans, provides disability compensation benefits to nearly 6.0 million Veterans and their survivors and administers pension benefits for over 350,000 Veterans and their survivors.

In addition to focusing on these three core responsibilities, President Biden also tasked me with:

1. Getting our Veterans through this COVID-19 pandemic;
2. Helping our Veterans build civilian lives of opportunity with the education and jobs worthy of their skills and talents;
3. Ensuring VA welcomes all our Veterans, including women Veterans, Veterans of color, and LGBTQ+ Veterans and Diversity, Equity and Inclusion are woven into the fabric of the Department;

4. Working to eliminate Veteran homelessness and prevent suicide; and
5. Keeping faith with our families and caregivers.

Key Challenges:

As VA addresses the numerous challenges brought on or exacerbated by the COVID-19 pandemic, we also will need to tackle other longstanding issues that are essential to the Department's ability to sustainably and effectively execute its mission, including (1) establishing the right balance of direct care and purchased care, (2) delivering timely access to high-quality mental health care, including substance use disorder care, and preventing Veteran suicide, (3) increasing support to families and caregivers, (4) increasing support for the growing number of women Veterans who utilize VA services, (5) providing a whole of government solution to drive progress to eliminate Veteran homelessness, (6) improving support for transitioning servicemembers through improvements to the Transition Assistance Program (TAP), education and job training programs, and (7) addressing an aging medical infrastructure.

Establishing the Right Balance of VA and Community Care

Providing Veterans with timely access to high quality health care is essential. While it is clear community care will continue to be a key part of how VA cares for Veterans, VA remains committed to strengthening the VA health care system, expanding access and pushing the boundaries of what is possible in serving our Nation's Veterans. VA will continue to use a combination of care at VA facilities and in the community to meet the needs of Veterans. Each Veteran is unique and VA will work to achieve the right balance between care provided to them in the community and care provided through VA. This balance ensures each Veteran has timely access to the highest quality health care, regardless of where they live.

Access to Mental Health and Suicide Prevention

VA has made suicide prevention a top clinical priority and is implementing a comprehensive public health approach to reach all Veterans. The Discretionary Budget Request includes \$542 million, nearly \$230 million above the 2021 enacted level, for existing programs dedicated to suicide prevention outreach and related activities, including funding to increase the capacity of the Veterans Crisis Line. Our commitment to a proactive, Veteran-centered Whole Health approach is integral to our mental health care efforts and includes online and telehealth access strategies. Whole Health can help Veterans reconnect with their mission and purpose in life as part of our comprehensive approach to reducing risk. Suicide is a complex issue with no single cause. Maintaining the integrity of VA's mental health care system is vitally important, but it is not enough. We know some Veterans may not receive any health care services from VA, which highlights VA alone cannot end Veteran suicide; it requires a nationwide effort.

VA developed the *National Strategy for Preventing Veteran Suicide* (2018),¹ which laid the foundation for VA's approach to suicide. This national vision for preventing Veteran suicide is grounded in three major tenets that we firmly believe: (1) suicide is preventable, (2) suicide requires a public health approach, combining community-based and clinical approaches and (3) everyone has a role to play in suicide prevention. While the development of the National Strategy was groundbreaking in defining the vision of reaching and serving Veterans within and outside Veterans Health Administration (VHA) clinical care, VA moved to translate the vision of the 10-year National Strategy into operational plans of actions in: Suicide Prevention 2.0 (SP 2.0) combined with the Suicide Prevention Now initiative.

My promise to Veterans remains the same: (1) to promote, preserve and restore Veterans' health and well-being, (2) to empower and equip them to achieve their life goals using a whole health approach and (3) to provide state-of-the-art clinical treatments. We will continue to invest and share resources with community organizations in the fight against Veteran suicide. We understand Veterans possess unique characteristics and experiences related to their military service that may increase their risk of suicide. Additionally, Veterans also tend to possess skills and protective factors, like resilience and a strong sense of belonging to a group.

Supporting Caregivers

VA's Caregiver Support Program (CSP) empowers family caregivers to provide care and support to Veterans with a wide range of resources through the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC). As a result of the *Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018*, VA began a major expansion of PCAFC.

PCAFC expansion rolls out in two phases. The first phase, which began on October 1, 2020, includes eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. Effective October 1, 2022, the second phase will include eligible Veterans who incurred or aggravated a serious injury in the line of duty between May 7, 1975, and September 11, 2001.

Expansion of this Program was contingent upon the certification and implementation of the new IT system, Caregiver Record Management Application (CARMA). CARMA automates manual processes and integrates with other VA systems, increasing efficiencies and effectiveness, and allowing for more effective monitoring and management of the program for caregivers and VA staff.

CARMA supports consistency through systematic calculations of monthly stipend payments and provides a mechanism for CARMA users to identify upcoming annual

¹ Department of Veterans Affairs (2018). *National Strategy for Preventing Veteran Suicide*. Washington, DC. Available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.

assessments of PCAFC participants, among other key functions. A new digital version of VA FORM 10-10CG allows online PCAFC applications.

VA also expedited the hiring of key staff with clinical qualifications and organizational skills to support program needs, provide a strong infrastructure and standardize application processing and adjudication, ensuring consistent eligibility decision-making. CSP already has expanded by approximately 1,740 staff, with a goal of hiring 1,900 staff. These changes will ensure Veterans and caregivers receive timely, accurate assessments and eligibility determinations, as well as an improved customer experience.

Improving Support for Women Veterans

We have seen the number of women Veterans enrolling in VA health care continue to increase, placing new demands on VA's health care system. Women make up 16.5% of today's Active Duty military forces and 19% of National Guard and Reserves. Based on the trend, the expected number of women Veterans using VA health care will rise rapidly. More women are choosing VA for their health care than ever before, with women accounting for over 30% of the increase in Veterans enrolled over the past 5 years. The number of women Veterans using VA health care services has more than tripled since 2001, growing from 159,810 to more than 550,000 today.

To address the growing number of women Veterans who are eligible for VA health care, VA is strategically enhancing services and access for women Veterans by investing \$75 million in a hiring and equipment initiative in 2021, which provides funding to hire over 400 women's health personnel nationally—primary care providers, gynecologists, mental health care providers and care coordinators. Funds also are available for innovative programs such as pelvic floor physical therapy or lactation support.

Each of the 171 VA medical centers across the United States now has a full-time Women Veterans Program Manager tasked with advocating for the health care needs of women Veterans. Mini residencies in women's health with didactic and practicum components have been implemented to enhance clinician proficiency. Since 2008, more than 7,600 health care providers and nurses have been trained in the local and national programs.

Under a new collaboration with the Office of Rural Health, we established a pathway for accelerating access to women's health training for rural primary care providers. VHA actively recruits providers with experience in women's health care to join its care team. VHA has launched numerous initiatives to improve access to state-of-the-art reproductive health services, mental health services and emergency services for women Veterans, as well as focusing on enhancing care coordination through technological innovations such as registries and mobile applications.

To provide the highest quality of care to women Veterans, VA offers women Veterans trained and experienced designated Women's Health Primary Care Providers (WH-PCP). National VA satisfaction and quality data indicate women who are assigned to WH-PCPs have higher satisfaction and higher quality of gender specific care than those assigned to other providers. Importantly, we also find women assigned to WH-PCPs are twice as likely to choose to stay in VA health care over time. VA provides many services for women Veterans, such as gynecology, maternity care, infertility services, mental health services and military sexual trauma assistance.

Eliminating Veteran Homelessness

VA remains committed to ending Veteran homelessness. The Discretionary Budget Request includes \$2.1 billion for Veteran homelessness programs, an increase of 4.4% over the 2021 enacted level (base funding only). The goal is to ensure every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services to prevent Veteran homelessness. VA has partnered closely with other Federal agencies and with State and local programs across the country to:

- Identify all Veterans experiencing homelessness;
- Provide shelter immediately to any Veteran experiencing unsheltered homelessness;
- Provide service-intensive transitional housing to Veterans who prefer and choose such a program;
- Move Veterans swiftly into permanent housing; and
- Have resources, plans, partnerships and system capacity in place should any Veteran become homeless or be at risk of homelessness.

VA has made significant progress to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010. On any given night in January 2020, an estimated 37,252 Veterans were experiencing homelessness. Since 2010, over 850,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. Efforts to end Veteran homelessness have resulted in an expansion of services available to permanently house homeless Veterans and the implementation of new programs aimed at prevention, including low-threshold care/engagement strategies and monitoring homeless outcomes. VA offers a wide array of interventions designed to find Veterans experiencing homelessness, engage them in services, find pathways to permanent housing and prevent homelessness from reoccurring.

Economic Opportunity

As an overall group, Veterans fare better economically than the average American. However, within recently discharged populations, Veterans and their spouses face economic challenges. Helping Veterans build civilian lives of opportunity with the education and jobs worthy of their skills and talents is a critical priority.

VA military-to-civilian transition programs are designed to give transitioning Service members the best possible start to their post-military lives. The VA Benefits and Services course, as part of the interagency Transition Assistance Program (TAP), helps Service members and their spouses understand how to access the VA benefits and services they have earned. VA TAP provides resources and tools Service members need to achieve emotional and physical health, attain economic stability in civilian life and become career ready. Although TAP has evolved significantly over the years, we continue to assess its effectiveness and evolve where appropriate to promote meaningful and economically enriching lives for Veterans and their families.

Addressing an Aging Infrastructure

VA operates the largest integrated health care, member benefits and cemetery system in the Nation, with more than 1,700 hospitals, clinics and other health care facilities; a variety of benefits and service locations; and 155 national cemeteries. The VA infrastructure portfolio consists of approximately 184 million owned and leased square feet—one of the largest in the Federal Government. The median age of U.S. private sector hospitals is 10.78 to 11.48 years; however, the median age of VA's portfolio is 58 years, with 69% of VA hospitals over the age of 50. With aging infrastructure comes operational disruption, risk and cost. VA estimates that between \$49 and \$59 billion in short- and medium-term investments will be needed to maintain our infrastructure using our annual Strategic Capital Investment Planning process. However, any effort to fully address the aging infrastructure portfolio needs would likely far exceed those estimates and occur over a significant timeline.

Health care innovation is occurring at an exponential pace and the comparative age between VA facilities and private sector facilities is informed by these trends. The architects who designed and constructed many VA facilities in the decades following World War II could not have anticipated the requirements of today's medical technology and the key role infrastructure—and technological infrastructure—now plays in delivering safe and high-quality health care. As a result, many of VA's facilities were not designed with these technology and infrastructure requirements, which limits our agility and ability to meet the evolving health care needs of Veterans.

The experience of responding to the COVID-19 pandemic brought critical lessons. Uncertainty regarding the timing and location of the next surge or surges in cases across the country underscored the importance of portable capabilities (e.g., 24-bed Intensive Care Unit that can be transported) for VA health care's Fourth Mission role in future public health emergencies. We must be cognizant of the ongoing VHA market assessments and subsequent Asset Infrastructure Review (AIR) Commission work, which will shape VA's future health care delivery network.

Transforming VA health care to achieve a safer, sustainable, greener, person-centered national health care model requires VA to leverage innovations in medical technology and clinical procedures. As technology-enabled trends in U.S. medicine bring health care closer to individuals and communities, there is less demand for

prodigious, sprawling campuses and more demand for emphasis on ambulatory facilities and virtual care. Many surgical, medical and diagnostic procedures that once required a hospital stay now are performed safely in the outpatient setting, and telehealth and tele-service delivery bring expertise to a patient's own home.

This evolving landscape requires VA to rebalance and recapitalize its infrastructure to optimize the mix of traditional inpatient hospitals with outpatient hospitals, multi-specialty Community Based Outpatient Clinics, single specialty Community Based Outpatient Clinics and virtual care.

The American Jobs Plan provides \$18 billion to modernize VA health care facilities. We look forward to working with Congress to achieve our shared goal of addressing our aging infrastructure.

Leveraging Technology to Support Service and Medical Care Delivery

VA is undergoing one of the most comprehensive information technology (IT) infrastructure modernizations in the Federal government, which will support seamless transition of health care information throughout an individual's journey from military service to Veteran status. The Discretionary Budget Request includes \$4.8 billion in total resources for the Office of Information and Technology to pilot application transformation efforts, support cloud modernization, deliver efficient IT services and enhance customer service experience. Our three main transformative projects are the implementation of the Electronic Health Record Modernization (EHRM); the replacement of VA's multiple, aging systems to manage its inventory and assets with the enterprise-wide inventory management system used by the Department of Defense (DoD)—the Defense Medical Logistics Standard Support (DMLSS); and the adoption of a new financial management system—our Financial Management Business Transformation (FMBT).

EHRM

In recent months, VA achieved significant milestones in deploying a new electronic health record (EHR) system at Mann-Grandstaff VA Medical Center in Spokane, Washington, which provided 150 more capabilities than the standard Cerner commercial deployment at "go-live." VA also has achieved the development of joint standards with DoD, which is already resulting in the seamless exchange of health care information for Service members. This effort is one of the most complex and transformational enterprise-wide endeavors in the Department's history. The Budget includes \$2.7 billion in FY 2022, which maintains a significant level of investment in this effort to support deployments in FY 2022 and in future years and ensures the necessary infrastructure upgrades are in place 6 to 18 months in advance of "go-live." This EHRM appropriation is in addition to the request for the central IT appropriation. The vision for the new EHR system is to empower Veterans, Service members and care teams with longitudinal health care information to enable the achievement of health and life goals from Service in the military to Veteran status. The new EHR system also presents the

opportunity to achieve unprecedented interoperability with the DoD and functions as a catalyst for advancing VA's leadership of health care in the United States. Furthermore, this effort improves interoperability between VBA systems and the new EHR system.

After a rigorous review and top-to-bottom assessment of our most-recent deployment at Mann-Grandstaff VA Medical Center during my first weeks in VA, we recently announced a strategic review of the EHRM program, which consists of a full assessment of the ongoing program over the next 12 weeks to ensure continued success for all future EHR deployments. Based on opportunities identified during our first “go-live” site in Mann-Grandstaff, the strategic review will focus on identifying areas for additional productivity and clinical workflow optimization; for change management and training simulation at Mann-Grandstaff and upcoming “go-live” sites; and for conducting further research into Veteran-centered improvements for the patient portal experience, data syndication and revenue cycle improvements. Addressing these issues is the linchpin to modernizing supply chain management and enhancing financial and business transactions.

VALOR

VA's response to COVID-19 highlighted the shortcomings of the software and business practices supporting VA procurement, logistics and infrastructure operations, including a 50-year-old inventory system, separate procurement system and multiple stand-alone systems to manage property accountability, distribution and transportation. VA also uses multiple, stand-alone systems for health care technology and facility management, which limit enterprise visibility of assets and their respective readiness conditions.

VHA is adopting DoD's proven software platform implementing the DMLSS information technology system to modernize and standardize our supply chain, property, health care technology and facility management business lines. This improvement will allow us to manage the VHA supply chain and support functions and operate like other integrated medical systems. In doing so, we will ensure clinicians have the supplies and equipment where and when needed to provide safe and high-quality care to our Veterans. VA completed the first DMLSS deployment at the James A. Lovell Federal Health Care Center in Chicago, Illinois, on September 21, 2020, and is continuing deployment on an accelerated schedule. We are grateful for the ARP funds that will help facilitate the continued modernization of VA's badly antiquated supply chain system.

By implementing DMLSS and standardizing our business practices, leaders at every level will be able to leverage new capabilities and capitalize on enterprise data to drive insights into operations and enable evidence-based decision-making. This implementation, too, offers significant opportunity for cost avoidance.

Financial Management Business Transformation

In support of VA fiscal stewardship, the Financial Management Business Transformation (FMBT) program is increasing the transparency, accuracy, timeliness and reliability of financial and acquisition activities across the Department. FMBT will improve fiscal accountability to taxpayers and increase mission outcomes for those we serve. The recent roll-out of the new integrated financial and acquisition management system (iFAMS) component brings us one step closer to providing a modern, standardized and secure solution that enables VA to meet objectives and fully comply with financial management legislation and directives. In November 2020, the NCA went live on the new iFAMS system, and in February 2021, the first phase of the VBA General Operating Expenses went live with the second phase to follow in May 2021.

An Evolving Landscape Will Influence How VA Cares for Veterans

As VA addresses challenges and longstanding issues, several long-term demographic and fiscal trends will shape VA's ability to serve Veterans in the future. Although the U.S. Veteran population is aging and shrinking and simultaneously becoming more diverse, demand for VA services continues to increase. As the Veteran population continues to evolve, it also continues to use VA more—most likely the result of nearly 20 years of sustained conflict, longer average terms of service for military personnel and rising health care and educational costs that will incentivize more Veterans to use the VA benefits they have earned. U.S. health care is changing, too, from a hospital-centric model of care to dispersed (and even virtual) care that can be delivered through networks of direct and purchased-care providers.

Congressional Support

Over the past several years, Congress has generously supported VA's budget requests, which have enabled the Department to address new and growing challenges. More recently, Congress passed the ARP, which will, among other things:

1. Help ensure health care access for the 9.2 million enrolled Veterans who may have delayed care or have more complex health care needs because of the COVID-19 pandemic;
2. Forgive Veteran health care copayments and other cost shares and reimburse copays and other cost shares for care and prescriptions from April 6, 2020 through September 30, 2021;
3. Fund construction grants and payments to State Veterans Homes to greatly improve the living conditions of our most vulnerable Veterans;
4. Provide up to 12 months of training and employment assistance for unemployed Veterans to enter high demand occupations; and
5. Help reduce the backlog of disability compensation and pension claims, which has grown from 73,000 in March 2020 to 211,000 in March 2021.

The Department is grateful for the ARP, which not only will enhance VA's ability to deliver world class services to Veterans and their families, but also will ease thousands of Veterans' worries by forgiving some debt, speed up VA disability compensation claims adjudication and provide much needed funding to retrain Veterans in high-demand occupations. We will work diligently to ensure these funds are effectively and efficiently used.

New Statutory Authorities

Over the past 3 years, Congress has passed into law numerous, far-reaching pieces of legislation, including the *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018)*, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, the *Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 (Veterans COMPACT Act of 2020)*, the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* and the *National Defense Authorization Act (NDAA) for Fiscal Year 2021*.

The Discretionary Budget Request includes over \$500 million within VA's Medical Care accounts to begin implementing new and recently expanded health care programs for Veterans, including a new grant program for suicide prevention outreach, increased eligibility for emergency suicide prevention treatment, new investments in women's health programs, expansion of homeless programs and military sexual trauma services. The funding also will further support the Department's efforts to address substance use disorders.

Environmental Exposures

For some medical conditions that develop after military service, the information needed to connect these conditions to military service may be incomplete. Information may be needed about specific in-service exposures or there may be incomplete scientific or medical evidence as to whether an exposure causes a particular condition. These issues loom large for all Veterans, represented currently by post-9/11 Veterans, whose exposures to airborne and other environmental hazards may result in unknown long-term health impacts. I am committed to a full review of how VA provides health care and benefits to Veterans exposed to environmental hazards to be responsive to the Veterans we serve. I believe it is possible to strike a balance between the needs of Veterans and the need for an evidentiary scientific basis for action.

In 2019, Congress passed legislation expanding benefits to tens of thousands of Blue Water Navy Vietnam Veterans and more recently added three new diseases to the Agent Orange presumptive conditions list in the FY 2021 NDAA. As the Department harnesses its resources to execute these new requirements and ensure Veterans receive the benefits they have earned, I also have initiated an internal review of our

current process for granting service connection for Veterans exposed to airborne hazards during military service.

Research

The Budget includes \$882 million, the largest year-over-year increase in recent history, for medical and prosthetic research. This historic investment will advance the Department's understanding of the impact of traumatic brain injury (TBI) and toxic exposure on long-term health outcomes while continuing to prioritize research focused on the needs of Veterans to include Mental Health and Suicide, Rare Cancers and Prosthetics as well as other disease areas.

Increased TBI investment will enhance cutting-edge diagnostics and treatments such as investigating the role genomics plays in resilience and recovery from blast exposure, validating blast models, and studying the link between TBI and suicide. Further investment in environmental exposure includes the VA Military Exposures Research Program (MERP), capacity building with Federal partners, and expanding the workforce in military exposures research and training.

Diversity, Equity and Inclusion:

Diversity, equity and inclusiveness are standards fundamental to everything we do. We will welcome all Veterans, including women Veterans, Veterans of color, and LGBTQ+ Veterans. Every person entering a VA facility must feel safe, free of harassment and discrimination, and we will never accept discrimination, harassment or assault at any VA facility. We will provide a safe, inclusive environment for Veterans and VA employees.

Diversity is a strength, never a weakness, among Veterans, VA employees and all of America. Leveraging diversity, equity and inclusiveness will produce the excellence in all our interactions with Veterans. I recently instructed my team to establish a 120-day task force on diversity, equity and inclusion. The task force's goal is to offer concrete, actionable recommendations, while building solidarity across the VA system on diversity, equity and inclusion.

The Discretionary Budget Request also furthers the commitment of the VHA Office of Health Equity to help eliminate health disparities based on race, gender, age, religion, socio-economic status or disability by improving health outcomes for underserved Veteran populations.

Empowering Leaders to Implement Positive Change

I am mindful VA's capabilities have not always risen to the needs of our Veterans. Consistent throughout many of these past shortcomings has been a theme of leadership inconsistency and cultural challenges. To rebuild trust and restore VA as the premier agency for ensuring the well-being of America's Veterans, I am focusing on

building a diverse team of professional, experienced leaders who bring a great breadth and depth of knowledge in government and Veterans issues. To that end, we recently stood up a commission to identify candidates to lead and manage VHA.

At the same time, I also am working to retain the talented and hard-working leaders we currently have by empowering them to make decisions in a structure that allows them to do what's right for Veterans. As an initial step in support of that effort, I recently signed a memo for VA employees emphasizing my intent to lead with VA's ICARE Core Values—Integrity, Commitment, Advocacy, Respect and Excellence – and have been seeking opportunities to engage with leaders across the system to drive this point home. VA's success as a team—our ability to deliver world-class care for our Veterans—also depends on how employees treat one another and Veterans. Our respect for our fellow VA employees and the Veterans we serve is critical to everything we do.

I take full responsibility to ensure VA employees have everything they need to carry out the important work before us and we operate in a culture that celebrates and draws strength from our country's great diversity. To ensure a welcoming environment for Veterans, we must foster fair and inclusive VA workplaces where the experiences and perspectives of our diverse employees are valued. The success of our mission depends on everyone being able to contribute their expertise, experience, talents, ideas and perspectives. I commit to advancing equity in VA and providing all employees with opportunities to reach their full potential. I commit to these principles and will make sure my senior leadership team reflects and embeds them in everything we do.

At this moment when our country must come together, caring for our country's Veterans and their families is a mission that can unite us all, and I look forward to working with this Committee, Congress as a whole and our many other partners to embrace our collective responsibility to serve Veterans.

Madam Chair, Ranking Member Carter, I look forward to working with you and this Subcommittee. Thank you for the opportunity to appear before you today to discuss my priorities for the Department and how the President's FY 2022 Discretionary Budget Request will serve our Nation's Veterans.