

Chairman Daniel K. Akaka

Today we will consider two Committee Prints and the one Presidential nominee who remains pending before the Committee. The Committee held an open hearing to review Dr. Perea-Henze, followed by ample time for concerned Members to resolve issues they may have had with the nominee. I am hopeful that we will report the nominee to the full Senate without continued delay.

In line with this Committee's tradition of strong bipartisanship, I have worked with Members from both sides of the aisle to incorporate their priorities into today's agenda. There is no question that the Members of this Committee recognize the importance of the issues we are to take up today. There is no need to debate whether we must address these issues – the only question is how. I will now highlight the legislative items we are considering.

The Committee Print of S. 1237, the Homeless Veterans and Other Health Care Authorities Act of 2010, would improve the VA health care system, and expand existing efforts to reduce and prevent homelessness among veterans. Secretary Shinseki has spoken repeatedly about ending veteran homelessness since becoming Secretary last year. The Committee shares that goal, and has a partner in him, and in President Obama, who worked on reducing veteran homelessness when he was a Member of this Committee. I especially want to thank my friend and colleague Senator Murray for her work on this issue. She has been a champion on this issue, and I look forward to continuing our work to bring this legislation to the President's desk.

If enacted, the sections of the bill which address homeless veterans' issues will strengthen and focus VA's efforts in a variety of ways, increasing opportunities for community-level partnerships and streamlining interagency coordination on the federal level. The bill would expand existing programs, making more homeless veterans eligible for special needs services and increasing the HUD-VASH housing vouchers by up to 60,000. It would also create new programs, including a VA entity to prevent homelessness and a grant to help homeless veterans with children and women veterans reintegrate into their communities. VA would also be required to develop a strategic plan to end veteran homelessness.

The Committee Print of S. 1237 we are considering today would also make VA health care more transparent, and make a variety of specific reforms to the nation's largest health care system. To improve transparency, the Committee Print includes provisions for a Medical Center report card, which would allow the public to compare VA health care facilities to each other and to non-VA competing sites of care. Also, the bill would require VA to establish a system-wide chiropractic strategy and establish a chiropractic program in at least two sites per VA Network. These and other provisions in the bill would improve access to VA health care while building on the Committee's work to continuously improve the quality of care veterans receive.

The Committee will also consider legislation to address circumstances where servicemembers and their families may have been exposed to environmental toxins. The Committee held a hearing in October regarding potential exposures in a variety of circumstances, from the Ranking Member's home-state to Japan and the Middle East. This is a serious and complicated issue: serious because of the charges that have been made about potential exposures, and complicated

because of the difficulty of establishing an unbiased system to scientifically determine whether specific exposures are likely to have caused specific injury to current or former service members and their dependents.

The Committee Print, as introduced, would develop a system to review possible military exposures and provide care for those who are likely to have been exposed. In crafting the requirements to provide health care for affected individuals, I have sought to balance the burden between VA and DoD. Certainly VA can share in the responsibility to care for affected troops and veterans. However, requiring VA to treat an unknown number of military dependents – estimates for one exposure site alone indicates half-a-million dependents would be eligible – threatens to come at the expense of disabled veterans. As we discuss potential amendments to this section of the Committee Print, I urge my colleagues to consider whether we are willing to jeopardize the quality of care for wounded veterans in order to relieve DoD – who already provides care for dependents – of that responsibility.

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