

I urge my colleagues to support and pass this commonsense legislation again in the 119th Congress as it did without objection last Congress.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I will return back to the issue of VASP and read aloud a letter that I am circulating to my colleagues for a signature to the Secretary, and it begins with:

“Dear Secretary Collins: On April 3, 2025, you abruptly announced the closure of the Veterans Affairs Servicing Purchase program (VASP), leaving tens of thousands of veterans at risk of foreclosure. These actions were taken unilaterally, leaving veterans, veterans service organizations, and mortgage services unsure how the closure would be administered, and what would happen to veterans that are already reeling from this administration’s assault on veterans and our economy. We write today to urge you to immediately reverse this decision, and avoid foreclosing on veterans who simply wish to keep paying their mortgage and keep their home.

“Since the inception of the Veterans Affairs Servicing Purchase program (VASP) in May 2024, over 17,000 veterans have been able to avoid foreclosure and remain in their homes.”

This represents 0.46 percent of the 3.7 million total loans under the VA home loan program.

“VASP was established as a last resort option within VA’s Home Retention Waterfall to help veterans impacted by the COVID-19 pandemic. During this emergency, Congress and the VA rightfully allowed borrowers to request forbearance and allowed missed payments to be added to the end of the loan term.

“Upon expiration of this pandemic program, VA used this authority to end borrowers’ ability to push missed payments to the end of the loan term and created VASP to help up to 80,000 veterans at risk of foreclosure. Now VA is taking a misstep that will push thousands of veterans into foreclosure. This is cruel, wrong, and runs counter to the benefits earned by the veterans as led by the VA Loan Guaranty Office, which always seeks to use foreclosures as an absolute last resort.

“Furthermore, with the rising costs of housing and overall inflation, VA must ask itself: Is it more cost effective to allow veterans to lose their homes or help them? VA leaders, veterans service organizations, and housing organizations have all recently shared with Congress their concerns about ending VASP too soon. All have testified that VASP is the only program of its kind that currently exists as the last resort for veterans facing foreclosure.

“Critics of VASP, who believe the program will incentivize veterans to purposely default on their loans to get a lower mortgage rate, grossly misunderstand and mischaracterize the sacrifices veterans and their loved ones

have made in service to our Nation. The VA should learn from its past, when in the 1990s, GAO found that VA-insured homes foreclosed upon was the most expensive option, costing VA an average of \$25,387, which is the equivalent of \$65,038 today. While past policies have assumed that veterans have been financially irresponsible for assuming mortgages they can’t afford, today’s financial and housing market puts veterans at risk of losing their homes in a much more vulnerable situation.

“Even a straightforward solution, such as forcing veterans to sell their homes to cover their arrears, would not leave the veteran better off precisely because the cost of housing has increased dramatically in the past 5 years. Until better policy solutions are in place that provide for stronger underwriting, ending the VASP program abruptly will only harm veterans and their families.

“Congress, VA, and other stakeholders must work together to offer practical, cost-effective solutions that better serve veterans. Our veterans earned their home loan guarantee benefit, and they deserve a viable option to get back on track with payments and keep their homes.

“Secretary Collins, you have repeatedly stated that the mission of VA is to serve veterans and that no benefits would be cut. We call on you now to follow your words.”

□ 1645

Mr. Speaker, in closing, I ask all of my colleagues to join me in passing H.R. 1228, the Prioritizing Veterans’ Survivors Act, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, very clearly, I say to our veterans and the taxpayers that a partial claim bill would cure the problems that veterans are having with their home loans. If the ranking member and the other side of the aisle will work together with us, with the partial claim program, we can actually do that.

By going down the path that he has just said—he says he is for the veterans. Apparently, he is only for the veterans today because the veterans of tomorrow will not have the program because it will break the bank.

This is actually sensible. It is a way that we can do this. We can make sure our veterans are taken care of. We need to pass the bill that we were just discussing, which is H.R. 1228.

Mr. Speaker, I ask all of my colleagues to support this bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 1228.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BOST. Mr. Speaker, I object to the vote on the ground that a quorum

is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

VIETNAM VETERANS LIVER FLUKE CANCER STUDY ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 586) to direct the Secretary of Veterans Affairs to study and report on the prevalence of cholangiocarcinoma in veterans who served in the Vietnam theater of operations during the Vietnam era, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 586

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Vietnam Veterans Liver Fluke Cancer Study Act”.

SEC. 2. STUDY ON THE PREVALENCE OF CHOLANGIOCARCINOMA IN VETERANS WHO SERVED IN THE VIETNAM THEATER OF OPERATIONS DURING THE VIETNAM ERA.

(a) EPIDEMIOLOGICAL STUDY.—Not later than 120 days after the date of enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Director of the Centers for Disease Control and Prevention of the Department of Health and Human Services, shall commence an epidemiological study on the prevalence of cholangiocarcinoma in covered veterans of the Vietnam era, using data from the Veterans Affairs Central Cancer Registry and the National Program of Cancer Registries. The study shall include—

(1) an identification of the rate of incidence of cholangiocarcinoma in covered veterans of the Vietnam era and in residents of the United States, from the beginning of the Vietnam era to the date of enactment of this Act; and

(2) for each of the groups specified in paragraph (1), an identification of the percentage of individuals with cholangiocarcinoma by various demographic characteristics, including by age, gender, race, ethnicity, and the geographic location of the patient at the time of diagnosis.

(b) REPORTS TO CONGRESS.—

(1) INITIAL REPORT.—Not later than one year after the completion of the study under subsection (a), the Secretary shall submit to Congress a report containing—

(A) the results of the study under subsection (a); and

(B) recommendations for administrative or legislative actions required to address issues identified in the study under subsection (a).

(2) FOLLOW-UP REPORTS.—The Secretary shall periodically submit to the Congress a follow-up reports, as determined by the Secretary, to provide updates to the information included in the initial report under paragraph (1) and information collected pursuant to subsection (c).

(c) CONTINUED TRACKING OF CHOLANGIOCARCINOMA IN COVERED VETERANS OF THE VIETNAM ERA.—The Secretary shall track the prevalence of cholangiocarcinoma in covered veterans of the Vietnam era using

the Veterans Affairs Central Cancer Registry, and provide such information to Congress in follow-up reports submitted under subsection (b)(2).

(d) DEFINITIONS.—In this section:

(1) The term “Vietnam era” has the meaning given such term in section 101 of title 38, United States Code.

(2) The term “covered veterans of the Vietnam era” means veterans who served in the Vietnam theater of operations during the Vietnam era.

SEC. 3. EXTENSION OF CERTAIN LIMITATION OF PENSION PAYMENTS.

Section 5503(d)(7) of title 38, United States Code, is amended by striking “November 30, 2031” and inserting “December 31, 2031”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on H.R. 586, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 586, as amended, offered by Representative LALOTA from New York, my friend and fellow veteran.

Representative LALOTA's bill would require VA to conduct a study and produce a report on the frequency of bile duct cancer for veterans who served in and around the Vietnam war.

Mr. Speaker, it goes without saying that many Vietnam veterans suffered greatly in service to their country. Thousands of Vietnam veterans still live with invisible and visible wounds of war today.

My own uncle is one of them. He served in Vietnam and, like so many others, suffered debilitating injuries from his service. Sadly, many never received the treatment or recognition they deserved when they came home.

Today, we are still learning about the full extent of the health risks these veterans faced, some of which weren't understood at the time.

One risk may have come from something as simple and routine as eating local food during their deployment. Certain uncooked fish consumed in Southeast Asia are known to carry a parasite called a liver fluke. The parasite can cause infection and long-term scarring that may lead to bile duct cancer. This is a rare but serious illness here in the U.S. and one more commonly found in the region where our veterans served.

This bill would require VA to study whether bile duct cancer is linked to service in Vietnam and whether this rare condition should be considered service-connected.

One of VA's most important missions is to care for the injuries veterans sus-

tain while they serve this country. This study would help uphold that sacred obligation.

Mr. Speaker, I thank my fellow veteran, Mr. LALOTA, for his leadership on this bill on behalf of our veterans. I urge my colleagues to support H.R. 586, as amended.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to express my support for H.R. 586, the Vietnam Veterans Liver Fluke Cancer Study Act, as amended.

Liver fluke is a serious parasitic infection that is a well-recognized risk factor for the development of bile duct cancer.

H.R. 586, as amended, would require VA, in consultation with the Centers for Disease Control and Prevention, to commence an epidemiological study on the prevalence of bile duct cancer in veterans who served in the Vietnam war versus their nonveteran U.S. resident counterparts.

This legislation requires VA to submit a report with the results of the study broken out by age, gender, race, ethnicity, and geographic location.

I certainly understand why Vietnam war veterans would be concerned about their exposure to this disease and believe we should do everything possible to ensure veterans have access to care and treatment for diseases they may have been exposed to as a part of their service. However, I must note that the context in which we are considering this legislation is vastly different than the last time the bill was considered by the House just under 7 months ago.

In fact, under Secretary Kennedy's leadership in the past week, the CDC, or Centers for Disease Control, has cut 18 percent of its workforce. Many of these roles have been in global and environmental health roles, which means the individuals in offices best suited to assist with the requirements of this bill may no longer even exist at the CDC.

Vietnam war veterans deserve answers about their health and access to the best treatments. Under this administration's chaotic and damaging workforce cuts across all sectors of government, it will be harder than ever to get these answers.

I will support this bill today, but I urge my colleagues to consider that implementation of this bill will be harder than it needs to be in the new CDC workforce realities that we are now in. These workforce cuts have real and lasting consequences, including for our veterans.

In addition, while I support the underlying goals of this measure, I must express concern over the majority's decision to offset its cost by diverting pension payments from some of the VA's oldest and sickest veterans.

The VA pension programs exist specifically to assist our most vulnerable veterans and their survivors. Slashing

these benefits, particularly when other support systems are also under threat, poses a significant risk for those who rely on them most.

I recognize that this offset has been employed historically and in some form since the 1960s. However, in light of this administration's ongoing efforts, enabled by a complacent Republican-led Congress, to systematically weaken VA, we must reevaluate whether it remains appropriate to rely on this offset. I believe it would be prudent to discuss with the Senate whether a more appropriate offset can be identified before this bill becomes law.

Mr. Speaker, with those caveats I have identified, I support this legislation, and I ask my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. LALOTA), the sponsor of this bill.

Mr. LALOTA. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, a weekend or two ago in Suffolk County, I stood with nearly 1,000 Long Islanders at a Vietnam war Veterans Day ceremony. The theme of the day was simple but powerful: Welcome home.

Welcome home after serving in a war that was unpopular at home.

Welcome home after surviving brutal jungle and guerrilla warfare.

Welcome home after losing more than 58,000 brothers and sisters in arms.

Welcome home to a nation and a healthcare system that wasn't ready to care for your wounds, seen and unseen.

Today, Vietnam veterans across my district and across the country are still fighting. This time, the enemy isn't on a battlefield overseas. It is a silent killer, bile duct cancer, caused by a parasite known as the liver fluke.

Multiple studies have confirmed what these veterans have suspected for decades. Those who served in Vietnam face a much higher risk of contracting, suffering from, and dying from this disease.

Here is the most disappointing part, Mr. Speaker. The Department of Veterans Affairs continues to hide behind a familiar excuse: We don't have enough data.

Let me tell you what we do have. In 2018, the Northport VA Medical Center on Long Island, right in the heart of my district, conducted the first of its kind study on this issue. From a small sample of 50 Vietnam veterans, 24 percent tested positive for exposure to the liver fluke parasite.

That study raised the alarm and called for further research, standardized treatment, and expanded access to care for affected veterans at VA facilities across the country.

Instead of urgent action, we got bureaucratic delay. It wasn't until 2024, 6 years later, that a second followup study was finally completed. What did

it find? Exactly what our veterans had been saying all along. Marines who served in Vietnam were 30 percent more likely to die from this disease than those who served elsewhere.

Still, the VA refuses to acknowledge this as a service-connected condition. Mr. Speaker, that is unacceptable.

We have seen this pattern before with Agent Orange, the blue water Navy, and now, again, with liver fluke: Delay, denial, deflection.

In response, I introduced H.R. 4424, the Vietnam Veterans Liver Fluke Cancer Study Act, a bipartisan bill requiring the VA, in partnership with the CDC, to conduct a nationwide study and finally confront the truth: Bile duct cancer caused by the liver fluke parasite is a service-related illness.

Since the VA won't act, Congress must because our Vietnam veterans deserve more than parades and speeches. They deserve answers, care, and our action.

Mr. Speaker, every day we wait, more veterans die without the care they deserve. Let's not repeat the failures of the past.

Mr. Chairman, I thank Chairman Bost for his support of this legislation. I urge all of my colleagues to join me in standing with those who once stood for us. They answered the call. Now, it is our turn.

□ 1700

Mr. TAKANO. Mr. Speaker, I have no additional speakers, and I yield myself the balance of my time to close.

Mr. Speaker, I ask all of my colleagues to join me in supporting H.R. 586, the Vietnam Veterans Liver Fluke Cancer Study Act, as amended, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I encourage all Members to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. NORMAN). The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 586, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. BOST. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

CLEAR COMMUNICATION FOR VETERANS CLAIMS ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1039) to direct the Secretary of Veterans Affairs to seek to enter into an agreement with a federally funded research and development center for an assessment of notice letters that the Secretary sends to claimants for benefits under laws administered by the

Secretary, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1039

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Clear Communication for Veterans Claims Act".

SEC. 2. INDEPENDENT ASSESSMENT OF NOTICES THAT THE SECRETARY OF VETERANS AFFAIRS SENDS TO CLAIMANTS.

(a) AGREEMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall seek to enter into an agreement with an FFRDC for an assessment of notices that the Secretary sends to claimants.

(b) ASSESSMENT.—An FFRDC that enters to an agreement under subsection (a) shall submit to the Secretary a written assessment of such notices. The assessment shall include the following:

(1) The determination of the FFRDC, made in consultation with covered entities, whether each such notice may be feasibly altered to reduce paper consumption by, and costs to, the Federal Government.

(2) The recommendations of the FFRDC regarding how the Secretary may make such notices clearer to claimants, better organized, and more concise.

(c) REPORT; IMPLEMENTATION.—Not later than 90 days after the Secretary receives the assessment under subsection (b), the Secretary shall—

(1) submit to the Committees on Veterans Affairs of the Senate and House of Representatives a copy of such assessment; and

(2) implement the recommendations in the assessment that are in compliance with the laws administered by the Secretary.

(d) DEADLINE FOR IMPLEMENTATION.—The Secretary shall complete the implementation of such recommendations pursuant to subsection (c)(2) by not later than one year after the date on which the Secretary commences such implementation.

(e) DEFINITIONS.—In this section:

(1) The term "FFRDC" means a federally funded research and development center.

(2) The term "covered entities" includes—

(A) the Secretary of Veterans Affairs;

(B) an expert in laws administered by the Secretary of Veterans Affairs;

(C) a veterans service organization recognized under section 5902 of title 38, United States Code;

(D) an entity that advocates for veterans; and

(E) an entity that advocates for the survivors of veterans.

(3) The terms "claimant" and "notice" have the meanings given such terms in section 5100 of title 38, United States Code.

SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "December 31, 2031".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1039, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 1039, as amended.

This bill was introduced by the gentleman from Michigan (Mr. BARRETT), my friend and fellow veteran, and I am proud to be a cosponsor.

H.R. 1039, as amended, would require VA to contract with a research entity to improve the notice letters VA sends to veterans and survivors who file claims for VA benefits. The VA provides veterans and their survivors information throughout the VA claims process. It is important for these notice letters to be understandable so that the veterans and survivors know their rights and how to navigate the claims process.

I am pleased to see that the VA has recently improved some of their notice letters. However, hundreds of other VA letters are still difficult to understand.

At a recent hearing, we heard from veterans' advocates that the VA needs help from outside experts, given the huge number of letters that VA must draft. We still hear from veterans that many of VA's letters are too long, filled with legal jargon, and contain information that is not relevant to their claims.

These complex letters sometimes cause veterans and survivors so much confusion and stress that they just abandon their claims.

As a veteran myself, I continue to receive long and complex letters. You shouldn't have to be a Member of Congress or an attorney to understand how the VA claims process works.

H.R. 1039, as amended, would ensure that none of VA's notice letters discourage veterans from accessing the benefits they have earned. Representative BARRETT's bill would ensure that VA sends veterans and survivors understandable notice letters so they can make informed decisions about their claims. Further, this modernization bill is supported by the administration.

Mr. Speaker, I thank our veterans service organizations for their support of this commonsense bill. I urge all of my colleagues to support H.R. 1039, as amended, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to express my support for H.R. 1039, the Clear Communication for Veterans Claims Act.

When a veteran applies for benefits at VA, the agency corresponds with that veteran at multiple points in the process regarding their claim. This communication is often through letters that can be densely laden with legal jargon and confusing information, which makes it hard for the veteran to understand what is required of them or the benefits decision VA has arrived at. This can lead the veteran to miss important deadlines or fail to submit