

While use of those incentives has been overwhelmingly successful, VA did make some initial missteps in oversight and utilization of the awards for senior executives. These missteps were corrected during the last administration. Despite what my colleague says about investigations, the administration was quite forthcoming and transparent about those missteps. The language in this legislation would tighten the circumstances under which critical skills incentives can be used to retain high-level VA employees.

While I am generally supportive of this additional oversight to ensure these awards are being used appropriately, I continue to be concerned with Secretary Collins' ability to recruit and retain the top-level talent we need for caring for veterans at VA.

Earlier this month, Secretary Collins celebrated that 30,000 VA employees will be departing the agency by the end of this fiscal year under his tenure. Can you imagine that, Mr. Speaker? The head of an organization was patting themselves on the back for making their organization so toxic that nearly 10 percent of their workforce quits? This is something to be proud of? It is unconscionable. What is worse are the absurd assertions that veterans won't be negatively affected by such drastic reductions.

There is simply no way that the delivery of veteran care and benefits will not be affected by Secretary Collins' continued efforts to demonize and demoralize the VA workforce.

Again, I am pleased to see that with this bill my colleagues have finally decided to demand transparency from this administration. I wait with bated breath for their reaction when the White House simply chooses to ignore it, as they have repeatedly done with this Congress. My suspicion is that we will continue to see my colleagues on the other side of the aisle hide in fear of their master, but I would love to be proven wrong.

Mr. Speaker, I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself the balance of my time, and I will take this time in closing to bring up a few things.

One, for the people listening to the rhetoric that came from the other side of the aisle, they need to understand that the VA has 477,000 employees. With that massive amount of employees, over the last several years, many of the jobs were not getting done correctly even though we put out a lot of money and hired a lot of employees.

Secretary Collins has said that he will reduce staffing based on attrition—attrition, mind you. We won't lose docs. We won't lose nurses. We won't lose frontline workers. We will be good stewards of the taxpayers' dollars.

So as the rhetoric comes from the other side on this administration and the fact that when they were in the majority and it was the Biden adminis-

tration they didn't push for this legislation shows that it is more about the politics than it is about taking care of our veterans.

Mr. Speaker, I encourage all of our Members to support this bill, and 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, S. 423.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1510

ACES ACT OF 2025

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (S. 201) to provide for a study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality of cancer among individuals who served as active duty aircrew in the Armed Forces, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 201

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 "ACES Act of 2025".

SEC. 2. NATIONAL ACADEMIES STUDY ON PREVALENCE AND MORTALITY OF CANCER AMONG INDIVIDUALS WHO SERVED AS ACTIVE DUTY AIRCREW IN THE ARMED FORCES.

(a) AGREEMENT.—

(1) IN GENERAL.—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 the National Academies of Sciences, Engineering, and Medicine (in this section referred to as the "National Academies"), under which the National Academies shall conduct a study on the prevalence and mortality of cancers among covered individuals.

(2) DEADLINE.—

(A) DATE.—The Secretary shall finalize the agreement under paragraph (1) by not later than 60 days after the date on which the Secretary enters negotiations with the National Academies with respect to such agreement.

(B) REPORT; BRIEFINGS.—If the Secretary fails to satisfy the requirement under subparagraph (A), the Secretary shall—

(i) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that includes—

(I) an explanation of the reasons the Secretary failed to satisfy such requirement; and

(II) an estimate of the date on which the Secretary will finalize the agreement under paragraph (1); and

(ii) not less frequently than once every 60 days after the date on which the Secretary failed to satisfy such requirement, provide to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a briefing on the progress of the Secretary toward finalizing such agreement.

(b) STUDY.—The study required under subsection (a) shall—

(1) identify exposures associated with military occupations of covered individuals, including relating to chemicals, compounds, agents, and other phenomena;

(2) review the literature to determine associations between exposures referred to in paragraph (1) and the incidence or prevalence of overall cancer morbidity, overall cancer mortality, and increased incidence or prevalence of—

- (A) brain cancer;
- (B) colon and rectal cancers;
- (C) kidney cancer;
- (D) lung cancer;
- (E) melanoma skin cancer;
- (F) non-Hodgkin lymphoma;
- (G) pancreatic cancer;
- (H) prostate cancer;
- (I) testicular cancer;
- (J) thyroid cancer;
- (K) urinary bladder cancer; and
- (L) other cancers as determined appropriate by the Secretary of Veterans Affairs, in consultation with the National Academies; and

(3) determine, to the extent possible, the prevalence of and mortality from the cancers specified in paragraph (2) among covered individuals by using available sources of data, which may include—

(A) health care and other administrative databases of the Department of Veterans Affairs, the Department of Defense, and the individual Services, respectively;

(B) the national death index maintained by the National Center for Health Statistics of the Centers for Disease Control and Prevention; and

(C) the study conducted under section 750 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283; 134 Stat. 3716).

(c) REPORT.—At the conclusion of the study required under subsection (a), the National Academies shall submit to the Secretary, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report containing the results of the study described in subsection (b).

(d) COVERED INDIVIDUAL DEFINED.—In this section, the term "covered individual" means an individual who served on active duty in the Army, Navy, Air Force, or Marine Corps as an aircrew member of a fixed-wing aircraft, including as a pilot, navigator, weapons systems operator, aircraft system operator, or any other crew member who regularly flew in a fixed-wing aircraft.

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 S. 201.

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 S. 201. The bill was introduced by Senators KELLY and COTTON, and the House version was introduced by my

friend and fellow Representative, Mr. PFLUGER.

The bill would ensure that there is trusted medical research available to pave the way for toxic-exposed military pilots and aircrew to access their VA disability compensation benefits.

Colonel Andrew Shurtleff, who testified before the House Committee on Veterans' Affairs in March, was one of these veterans. He served our country as an Air Force fighter pilot for 23 years, flying over 1,800 hours.

The colonel began his career flying the F-15C Eagle and was chosen as one of the first F-22 Raptor instructors. I am told that one of his proudest achievements was serving as the 325th Operational Support Squadron commander at Tyndall Air Force Base, supporting Operation Northern Watch.

Colonel Shurtleff started fighting stage IV cancer in 2019 at just 41 years old and, unfortunately, passed away on May 23 at the age of 48.

My prayers are with his wife, Julie, and their family. We are forever grateful for his service to this country and to his community.

Military pilots and aircrew like Colonel Shurtleff work in tight spaces and are exposed to chemicals and toxic fumes every time they fly a mission. However, there is not enough medical research available for VA to simply presume that their cancers are related to those exposures. This lack of comprehensive medical research makes it hard for these military pilots and aircrew to access and earn these benefits.

Each one of those veterans must prove to VA that chemicals and toxins caused their cancer. Many had to fight the VA system for years before receiving any disability compensation, and many others never received their earned benefits before they passed away.

S. 201 would require the National Academies to conduct a study on whether the cancers suffered by military pilots and aircrew are related to their chemical and toxic exposures.

VA needs robust medical research to streamline military aircrew veterans' access to disability compensation, and VA needs it fast for today's and tomorrow's veterans.

This bill ensures that research gets done and that our military pilots and aircrew get the answers they deserve.

Mr. Speaker, I urge all of my colleagues to support S. 201, 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 today in strong support of S. 201, the ACES Act of 2025, offered by Senator MARK KELLY.

Mr. Speaker, I will start by thanking all of those who helped to get this bill to this point. Among others, I am deeply appreciative of the Military Aviator Coalition for Health and their leadership in advocating for this issue.

I also thank my colleagues across the aisle, especially Representative PFLUGER, the lead sponsor of the House

version of this bill, for acknowledging the urgent need to address the alarming rates of aviator cancers.

Mr. Speaker, this isn't a partisan issue. It is about doing right by those who served.

Sadly, since we passed the House version of the bill, we have lost more aviators to cancer.

The urgency here is undeniable. We simply cannot afford to wait any longer. It is abundantly clear that we must investigate and pinpoint what is driving the illnesses among this population and develop a long-term strategy for early detection and treatment before a cancer has reached stage III or stage IV, before it is too late.

Members of the Committee on Veterans' Affairs have often spoken of the incredible legacy of the Nation's military aviators, true experts who dedicate their lives to serving and protecting our country. We also heard heartbreaking stories of what happens when they come home, often looking healthy, only to be blindsided by a late-stage cancer diagnosis and a bleak outlook.

In fact, just a few short days ago, at a roundtable I hosted, we heard directly from veterans, caregivers, and survivors about the profound toll that this takes. We are talking about individuals in peak physical condition who are running marathons, lifting weights, and acing physical readiness tests, only to be stopped in their tracks by cancer. This is a story that is tragically far too common in the aviation community and the broader veteran population, as well.

We accomplished a monumental task in the 117th Congress with the Honoring our PACT Act, but we must continue to fight for military aviators and countless others who have been exposed to a litany of toxins and hazards during their service.

The ACES Act is a step in the right direction. It is not the fix-all. It is not the end of the journey. It is a start of one, just like the Honoring our PACT Act was.

I will say that I am heartened by the consensus that we have reached on this bill on the need to research aviator cancers. I am hopeful that we can work in lockstep on behalf of our veterans as we continue to advocate for every one of them. For example, this bill deals principally with fixed-wing aviators. I am hopeful that we will similarly rally around legislation for rotary-wing aircraft pilots.

I am genuinely hopeful that, upon completing this study, we will be significantly closer to understanding the root causes of aviator cancers. More importantly, we will be able to provide our Nation's veterans with comprehensive care, the preventative and palliative care that they earned and deserve.

Mr. Speaker, I look forward to getting this and other critical exposure legislation through this body and signed into law. I hope my colleagues will continue to rally around our efforts.

Mr. Speaker, that is why I support this legislation and encourage my colleagues to do the same. I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. PFLUGER), the sponsor of the House side of this legislation.

Mr. PFLUGER. Mr. Speaker, I thank the chairman for yielding me time.

Mr. Speaker, I rise today not just as a Member of Congress but as a wingman, a servicemember, and a friend to those in uniform and in strong support of S. 201, the Aviator Cancers Examination Study Act, or the ACES Act.

Far too many of our military aviators and aircrew are being diagnosed with cancer at troubling rates. A 2021 Air Force study supported by additional Department of Defense research found that aviators face a 29 percent higher likelihood of testicular cancer, a 24 percent higher likelihood of melanoma, and a 23 percent higher risk of prostate cancer compared to their civilian counterparts.

These are incredibly healthy, in-shape, well-tested individuals, yet they have almost 30 percent higher cancer rates than the average civilian population.

Mr. Speaker, these numbers tell a painful story. When brave men and women volunteer to defend our Nation from the cockpit, they shouldn't face a second battle against cancer without our full support.

This is why this legislation, led by me and my friend from California (Mr. PANETTA) in the House and by Senators KELLY and COTTON in the Senate, is critically necessary.

The ACES Act directs the Department of Veterans Affairs to partner with the National Academies of Sciences, Engineering, and Medicine to conduct a comprehensive study on the prevalence and causes of cancer among military aviators. We need to know the why, and we need to provide our aircrew with air cover for their own health.

By identifying the unique risk factors associated with aviation service, we can implement targeted screening protocols that enable earlier detection, when treatment is most effective. This leads to faster access to care and benefits, significantly improved survival rates, more time with loved ones, and the opportunity for continued service.

This bill builds upon previous research that has been done, but it goes the distance and increases the pool to the veteran population, not just those who are Active Duty, but also to those who have previously served as aviators.

□ 1520

I am an Air Force fighter pilot with over 20 years of service, and I fought alongside the best that this Nation has to offer. I have also stood beside too many of my brothers and sisters as they face their toughest battles—not in

the air, but when they got home, in hospital rooms, fighting a disease that they never saw coming.

That is the story of my friend, Colonel Andy "Pablo" Shurtleff. In March, Andy did a wonderful job of testifying before the Subcommittee on Disability Assistance and Memorial Affairs, sharing how his sudden cancer diagnosis brought his promising career to an abrupt end. He spoke with clarity and conviction about how a better understanding of cancer risk in the aviation community might have led to earlier detection not only in his case but in many of our friends and many of our wingmen, detection that could have saved his life and their lives.

Shortly after that, on Friday, May 23, my friend Pablo lost his battle with cancer. In his final days, one of the few comforts he knew was that the ACES Act was on track to becoming law. His courage, voice, and advocacy for other servicemembers should not be forgotten.

There are countless others I have served with, including people like Colonel Michael "Bam Bam" Stapleton and so many others who many of us know. That is what this bill represents. It represents keeping Pablo in the cockpit. It represents Pablo's kids and others in the next generation wanting to sign up for this because they know that we are going to give them that air cover.

This bill received bipartisan support on the House floor with a vote of 376-5 in May. This bill has the support of over 20 veteran organizations, cancer advocacy groups, and medical experts because they recognize what is at stake.

With the passage of this version of the bill, it will be sent to the President's desk, and I am hopeful that the President will sign it into law quickly so we can fulfill our promise to those who serve, a promise that when someone serves our Nation, we have their backs, that we will serve them, and that we will protect them.

Today, as we cast our votes on this critical legislation, we stand closer than ever to honoring the memory of heroes like Andy and giving future servicemembers a real chance at early detection, better treatment, and life-saving research.

I sincerely thank my colleagues who cosponsored this bipartisan legislation, as well as Chairman BOST, the chairman of the Veterans' Affairs Committee; the ranking member of the Veterans' Affairs Committee; Chairman LUTTRELL; members of the House and Senate Veterans' Affairs Committees; Majority Leader STEVE SCALISE, Senator JERRY MORAN; and leadership for their unwavering support for moving this bill. Unlike many others in Congress, this was moved with Mach, with airspeed, and I appreciate that.

I am also deeply grateful to the dedicated volunteers of the MACH Coalition, whose passion and persistence helped carry this effort forward.

My heartfelt thanks go to Senator MARK KELLY, himself a combat veteran, a pilot, and an astronaut, and Senator COTTON for championing this bill in the Senate.

Mr. Speaker, I urge all of my colleagues to vote "yes." There really is no reason that we can't make this a unanimous "yes" vote in support of the ACES Act.

Most of all, my deepest gratitude goes to the thousands of pilots and aircrew members who are defending our Nation every single day. We see them. We thank them. We have their backs. This is the air cover that they so desperately deserve.

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time for closing.

I ask all of my colleagues to join me in passing S. 201. I thank Representative PFLUGER for this legislation. I am very honored and pleased to be able to support it, and I ask all of my colleagues to do the same.

Before I yield back, I do want to say that there are many more of our veterans who have been exposed to some toxic substances, whether it is radiation or something that is going on with our pilots.

We have learned recently of the Area 51 veterans who served at the Nevada Test Site and who obviously show signs collectively of exposure to radiation and bear the medical consequences of that.

We have ample evidence, for example, that our naval servicemembers who serve on speedboats and have been exposed to intense vibrations may have medical consequences that merit our attention. We know that exposure to overblast may cause serious traumatic brain injury.

Mr. Speaker, in the spirit of this legislation, which I can wholly support, I believe that we must do more. I ask the chairman if we might schedule a hearing for the more extensive examination into the many other types of exposures—environmental exposures, toxic exposures—that our veterans have been and our servicemembers are being subjected to. Let us pay attention to those, as well. I humbly request such a hearing.

Mr. Speaker, I yield back the balance of my time.

Mr. BOST. Mr. Speaker, understand that we at the committee have hearings and will continue to have hearings on things like this many times. We will take the ranking member's comments under advisement. We will set the agenda and figure out what we will have hearings on and what we won't. I appreciate the request. This is why we have these types of hearings, and that is why we have this legislation here today.

Mr. Speaker, once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MCCLINTOCK). The question is on the

motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, S. 201.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

LEONARD G. "BUD" LOMELL VA CLINIC

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2170) to name the Department of Veterans Affairs community-based outpatient clinic in Toms River, New Jersey, the Leonard G. 'Bud' Lomell, VA Clinic, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2170

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

SECTION 1. FINDINGS.

Congress finds the following:

(1) The Department of Veterans Affairs outpatient clinic, a state-of-the-art facility serving the region's largest veteran population, located at 1055 Hooper Avenue, recently opened in the Township of Toms River, Ocean County, New Jersey, in the Fourth Congressional District.

(2) The local community, including veterans, believe that this facility deserves to be named in honor of Second Lieutenant Leonard G. "Bud" Lomell, a long time Toms River and Ocean County resident, who served courageously and heroically during World War II.

(3) Second Lieutenant Lomell was born in 1920, the adopted son of Scandinavian immigrant parents living in Brooklyn, New York, and his family eventually moved to Point Pleasant Beach, New Jersey.

(4) After graduating from Tennessee Wesleyan College, Second Lieutenant Lomell was drafted into the Army, serving first with the 76th (Liberty Bell) Infantry Division. When the 2nd Ranger Battalion was formed in April 1943, Leonard Lomell was invited to be the First Sergeant of D Company.

(5) On D-Day, June 6, 1944, First Sergeant Lomell's platoon landed at Pointe du Hoc, Normandy, France, successfully scaling the cliffs, despite a withering German defensive barrage.

(6) Pointe du Hoc, a rugged 100-foot-high coastal promenade along the English Channel was located between the American landing beaches, Omaha and Utah. It was heavily defended by the Germans and the mission of Colonel James Earl Rudder's 225 Rangers was to disable five 155-millimeter artillery guns, which could have rained artillery fire on the American forces landing on either beach, jeopardizing the invasion.

(7) Unknown to the American forces, the guns had been moved from the tip of the Pointe and hidden, pointed in the direction of Utah Beach, in an inland apple orchard nearly a mile from the coastal batteries.

(8) First Sergeant Lomell and another Ranger, Sergeant Jack Kuhn, found the guns undefended, and, with Kuhn providing cover, Lomell destroyed the weapons with thermite grenades and used his rifle butt to smash the sights of the guns.

(9) First Sergeant Lomell subsequently received a battlefield promotion to Second Lieutenant, and was awarded some of the