

nation must provide more opportunities, like those at this outstanding school, to encourage our children and youth to focus on STEM fields and to help our nation remain competitive in the global economy.

In times of economic uncertainty, we cannot lose sight of the paramount importance of our children's education, and I am honored to represent Silva Health Magnet High School.

VETERANS SEXUAL ASSAULT PREVENTION AND HEALTHCARE ENHANCEMENT ACT

SPEECH OF  
**HON. SHEILA JACKSON LEE**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 11, 2011*

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today in support of H.R. 2074, "the Veterans Sexual Assault Prevention and Healthcare Enhancement Act of 2011." This legislation requires the Veterans' Administration, VA, to report and track sexual assaults and other safety related incidents at its medical facilities. Further, it requires: a payment of nursing home care for veterans with service-connected disabilities, requires individualized care for traumatic brain injuries (TBI), allows service dogs on VA properties, and establishes a three year pilot program to assess the effectiveness of mental health and post traumatic stress disorder (PTSD) treatments of veterans who are utilizing dog training therapy.

Throughout my tenure in Congress, I have remained committed to meeting the needs of veterans. They have kept their promise to serve our nation and have willingly risked their lives to protect the country we all love. We must now ensure that we keep our promises to our veterans. It is only prudent to require the VA to take steps to ensure that our veterans are safe while in their care.

In the State of Texas, we have nearly 1.7 million veterans, and 18th District is home to 32,000 of them. The veterans I represent are aware of the services provided by the Veterans' Administration. When they return home, the least we can do is to ensure that while they are receiving care their physical safety concerns are being addressed.

The Veterans' Administration is charged with providing for the healthcare needs of our nation's veterans. Part of this care includes providing for their safety. Although the majority of the men and women who have served our country are upright and law abiding citizens there are always a few bad actors. The veterans must be protected against bad actors in the same way that they have helped to protect the United States against our enemies.

The Department of Defense estimates that in 2010 alone, there were over 19,000 sexual assaults in the military, which amounts to nearly 52 sexual assaults per day. It is not unreasonable to imagine that those tens of thousands of survivors and their perpetrators vanish after they are discharged from the military. There are substantial numbers of veterans who are survivors of sexual trauma, survivors utilizing the VA services. According to a VA report in FY 2010 68,379 patients had at least one outpatient visit to a VHA facility that was for the treatment of a condition related to military sexual trauma: 61 percent, or 41,475, of

those patients were women; 39 percent, or 26,904, were men.

We must remember that the Veterans' Administration does serve tens of thousands of veterans every year. This number will continue to grow as more of our troops return home. As with any institution that meets the needs of so many the VA must ensure the safety of the patients under their care. To do so the VA must train members of their staff on sexual harassment and sexual assault responses, and educate patients on the process to file a sexual assault allegation.

According to the Government Accountability Office, GAO, there were nearly 300 sexual assault incidents reported to the VA police from January 2007 through July 2010—including alleged incidents that involved rape, inappropriate touching, forceful medical examinations, forced or inappropriate oral sex, and other types of sexual assault incidents. Many of these sexual assault incidents were not reported to officials within the management reporting stream which is a direct violation of VA policy and Federal Regulations.

H.R. 2074 addresses some of the factors identified by the GAO, namely that the VA did not have a consistent sexual assault definition that could be utilized for reporting purposes. The VA also did not have clear expectations for incident reporting across VA medical facilities. In addition, the VA does not have the ability or mechanisms in place to monitor sexual assault incidents reported through the management reporting stream. H.R. 2074 would require the VA to establish a comprehensive policy to report and track all incidents of sexual assault and other safety concerns.

It is important that the men and women receiving care at VA medical facilities are adequately protected from harm. It is unfathomable that this issue has not been addressed sooner. We must remember that although sexual assault is often considered an issue only affecting women, in fact, both men and women have suffered sexual assaults. Further, victims may be assaulted by predators of the same or the opposite sex. Like other types of trauma, sexual trauma can leave lasting scars upon the physical and mental health of its victims. Veterans who are already receiving care for their wounds should not be left to defend themselves against aggressors.

In addition, the GAO determined that five VA medical facilities visited, had poorly monitored surveillance cameras, alarm system malfunctions, and the failure of alarms to alert both VA police and clinical staff when triggered. Inadequate system configuration and testing procedures contributed to these weaknesses. Further, facility officials at most of the locations GAO visited said the VA police were understaffed. These issues could have dire consequences, as it could lead to delayed response time to incidents and seriously erode the VA's efforts to prevent or mitigate sexual assaults and other safety incidents. This is simply outrageous.

H.R. 2074 requires the VA to take this matter seriously. As it stands this bill requires the VA to have clear accountability goals for VA staff. Every VA medical facility is required to have a military sexual trauma coordinator; considering the volume of patients who are coping with this condition that should not be a surprise. What is surprising is that at most VA

facilities this position is not a full time job. These employees are often given additional duties and obligations not related to military sexual trauma. This legislation should be a wakeup call. Protecting the safety of our veterans while they are in our care is a top priority.

In addition, this legislation opens the possibility of meeting the health needs of veterans who reside in nursing homes, are receiving treatment for PTSD and other mental health services. It is important to note that when a soldier returns from the battlefield he or she brings with them both physical and mental wounds. It is our duty to ensure that each and every one of those veterans who survive the fields of combat are able to receive the care they need when they make it home.

I urge my colleagues to join me in supporting H.R. 2074, the Veterans Sexual Assault Prevention and Healthcare Enhancement Act.

USDA PROPOSED RULE FOR  
SCHOOL MEALS

**HON. RENE L. ELLMERS**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 18, 2011*

Mrs. ELLMERS. Mr. Speaker, I rise today during National School Lunch Week to express my concern about the U.S. Department of Agriculture's proposed rule change to the National School Lunch Program. As a mother and a nurse and a representative of the medical community, families, and farmers in the second district of North Carolina, I fully support improving nutrition for our nation's school children, and I believe that we must do everything we can to protect against childhood obesity.

But in this time of economic uncertainty, we cannot overlook the unintended consequences of these new and conflicting standards. A recent Gallup poll found that 19 percent of American families are food insecure. According to a study by the USDA, nearly 17 million American children struggle with hunger. For many of these children, school is their most reliable source of a well balanced meal.

In my state more than half of the school food programs in the state are operating in the red, losing a total of \$28 million in 2008. Their financial problems are mounting at a time when parents, child health advocates and legislators are looking to school food programs to improve students' nutrition at a sensible and affordable price. In 2006, the state legislature required schools to serve more fruits, vegetables and whole-grain food, and fewer dishes with lots of fat and sugar. However, it did not kick in extra money for the higher costs of the more nutritious foods. Collectively, school food programs in North Carolina spent \$683 million during the last school year. Almost half, 47 percent, went to salaries and benefits. The rest went to food purchases (44 percent) and other expenses (9 percent).

According to USDA estimates, this new school meals rule will cost taxpayers \$6.8 billion over the next ten years. How are we going to afford that?

At a time when so many are hungry and the National School Lunch Program is serving more children than ever, I have strong reservations with USDA's proposal to place serious limitations on school nutritionists' options