

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

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May 6, 2025

The Honorable Douglas Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave. NW
Washington, D.C. 20420

Dear Secretary Collins:

As part of the Committee on Oversight and Government Reform's investigation into the Biden Administration's failures to provide access to care for government employees suffering from Havana Syndrome and other anomalous health incidents (AHIs),¹ the Committee seeks to understand the Department of Veterans Affairs' (VA) role in facilitating health care to former military personnel affected by AHIs. Despite the serious and lasting impact of AHIs,² the Biden Administration failed to establish a clear and effective system for diagnosing and treating affected individuals.³ VA operates the Veterans Health Administration (VHA), the largest integrated healthcare system in the United States and the primary source of care for nearly half of all veterans.⁴ According to VA's own reporting, a significant number of individuals affected by AHIs are veterans.⁵

The Fiscal Year 2022 National Defense Authorization Act expanded the Department of Defense's (DoD) authority to provide care for federal civilian employees impacted by AHIs, granting them access to military medical treatment facilities.⁶ Despite this expansion, a 2024 Government Accountability Office (GAO) report highlights ongoing challenges AHI patients face in accessing specialized DoD facilities, such as the National Intrepid Center of Excellence

¹ Letter from James Comer, Chairman, H. Comm. on Oversight and Gov't Reform, to Pete Hegseth, Sec'y, U.S. Dep't of Defense (Feb. 20, 2025).

² *Silent Weapons: Examining Foreign Anomalous Health Incidents Targeting Americans in the Homeland and Abroad: Hearing before the Subcomm. on Counterterrorism, Law Enforcement, and Intelligence, H. Comm. on Homeland Sec'y*, 118th Cong. 2 (May 8, 2024) (statement of Greg Edgreen, Lt. Col. (Ret.), U.S. Army, C.E.O. and Founder, Advanced Echelon LLC).

³ Letter from James Comer *supra* n.1.

⁴ ADVANCED SURVEY DESIGN, LLC., CONTRACT NO. VA245-17-C-0178, 2021 SURVEY OF VETERAN ENROLLEES' HEALTH AND USE OF HEALTH CARE, at xiii (Sept. 24, 2021), *available at* https://www.va.gov/VHASTRATEGY/SOE2021/2021_Enrollee_Data_Findings_Report-508_Compliant.pdf.

⁵ *Anomalous Health Incidents (AHI)*, U.S. DEP'T OF VETERANS AFFAIRS, WAR RELATED ILLNESS AND INJURY STUDY CTR. (last updated Nov. 14, 2024), *available at* <https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/CETC-1/AHI.asp>.

⁶ National Defense Authorization Act for Fiscal Year 2022, Pub. L. No. 117-81, § 732, 135 Stat. 1797 (2021).

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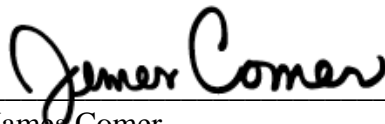
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(NICoE).⁷ The Committee understands that VA has established internal efforts to study AHIs and to facilitate care for veterans affected by these incidents, including coordination with DoD medical facilities.⁸ Given the complexity of AHI symptoms and the difficulties associated with diagnosis and treatment, the Committee seeks to better understand how VA is managing these cases and ensuring that affected veterans can access appropriate and timely care, particularly through specialized DoD facilities like NICoE.⁹

The Committee seeks to better understand the Biden Administration's shortfalls and the Trump Administration's path forward. The Committee requests a staff-level briefing on this matter. The VA should be prepared to answer the following questions: (1) if VA has established data-sharing agreements with DoD to receive medical data collected by DoD relating to AHIs, (2) if VA has reviewed clinical data gathered by DoD to inform disability rating criteria relating to AHI, (3) whether the VA has coordinated with the Institute of Medicine to assess the utility of a presumptive service connection rule for AHIs, and (4) how many veterans have successfully been given access to care on the basis of an AHI.

The Committee on Oversight and Government Reform is the principal oversight committee of the U.S. House of Representatives and has broad authority to investigate "any matter" at "any time" under House Rule X. To schedule the briefing, please contact the Committee on Oversight and Government Reform Majority staff at (202) 225-5074. Thank you for your attention to this important matter.

Sincerely,



James Comer
Chairman

cc: The Honorable Gerald Connolly, Ranking Member
Committee on Oversight and Government Reform

⁷ U.S. GOVERNMENT ACCOUNTABILITY OFFICE, GAO-24-106593, HAVANA SYNDROME: BETTER PATIENT COMMUNICATION AND MONITORING OF KEY DOD TASKS NEEDED TO BETTER ENSURE TIMELY TREATMENT (July 29, 2024).

⁸ AHI War Related Illness and Injury Study Ctr. *supra* n. 5; *Situational Awareness of Anomalous Health Incidents (AHI) for Providers*, U.S. DEP'T OF VETERANS AFFAIRS, WAR RELATED ILLNESS AND INJURY STUDY CTR., OFF. OF PATIENT CARE SERVS., at 42-54 (May 14, 2024), available at <https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/docs/AHIWebinarnotes0514.pdf>.

⁹ H. SELECT COMM. ON INTELLIGENCE, INVESTIGATING THE INTELLIGENCE COMMUNITY'S CONCLUSIONS ON ANOMALOUS HEALTH INCIDENTS: IS THE INTELLIGENCE COMMUNITY HIDING THE REAL REASON FOR THIS PHENOMENON?, at 9 (Dec. 5, 2024); S. SELECT COMM. ON INTELLIGENCE, REVIEW OF CIA'S EFFORTS TO PROVIDE FACILITATED MEDICAL CARE AND BENEFITS FOR INDIVIDUALS AFFECTED BY ANOMALOUS HEALTH INCIDENTS, at 5 (Dec. 27, 2024).