



Congress of the United States
House of Representatives
Washington, DC 20515-3605

July 9, 2024

The Honorable Lloyd J. Austin III
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Lieutenant General Telita Crosland
Director
Defense Health Agency
7700 Arlington Blvd., Suite 5101
Falls Church, VA 22042

Dear Secretary Austin and Lieutenant General Crosland:

On May 8, 2024, the House Committee on Homeland Security's Subcommittee on Counterterrorism, Law Enforcement, and Intelligence held a hearing on Anomalous Health Incidents (AHIs), within our subcommittee's oversight capacity. During this hearing, we heard testimony from victim advocates who highlighted issues that AHI patients are encountering while seeking care. We also learned that a large subset of the reported patients are Department of Defense civilian and military personnel, both actively and formerly serving.

We are writing to inquire how the Defense Health Agency (DHA) assists those affected by AHIs. The Defense Appropriations bills in FY23 and FY24 authorized and allocated \$21 million and over \$23 million respectively, for care for all USG AHI survivors and their families. This does not include the funding appropriated to the Defense Health Program for Research and Development in support of AHI understanding, modeling, detection, and treatment.

Of the total funds appropriated for AHI patient care-related expenses, it is our understanding that DHA has only executed \$2.8 million for a contract to JJR Solutions to develop a Plan of Action and Milestones (POAM) in FY23. We are keenly interested in understanding how DHA has delivered care to AHI patients, as directed and funded by Congress. While we understand the constraints of space-availability, it is essential that patients are provided with medical care and that the DHA executes the funding that Congress has allocated for that express purpose. We look forward to understanding DoD's commitment to the care and well-being of AHI patients and in learning of DHA's important role in delivering patient care.

We formally request a staff-level briefing from senior DoD and DHA officials by August 9, 2024, that provides an overview of the funds expended thus far, the recipients of the funds, how the expenditure of those funds was used to provide care for individual patients, and DoD and DHA's plans and timelines for the remaining funds. We respectfully request answers to the following questions by August 02, 2024:

Questions for Secretary Austin:

1. What is your plan to ensure that all congressionally appropriated funds for AHI patient care are expended?
2. How does the Department of Defense plan to administer those funds to support USG employees of other agencies?
3. Provide a full accounting of all AHI-associated O&M funds appropriated to the Defense Health Program by FY, from FY 2023-Present.
4. Since the HAVANA Act of 2021 was signed into law, what actions have you taken to implement the law and what is the status of that implementation?
5. What is the DoD's plan, in coordination with the Intelligence Community, to mitigate future attacks by our adversaries to prevent new cases of AHIs? You may respond to this question in a separate correspondence due to potential classification issues.

Questions for LTG Crosland:

1. Of the total funds allocated by Congress, how did DHA spend funds for AHI patient care in FYs 23-24? Provide a full accounting of all AHI-associated funds appropriated to the Defense Health Program by FY, from 2023-2024.
2. Did JJR Solutions complete the deliverable, for which FY23 funding was allocated? If yes, can the deliverable be provided to Congress?
3. Have you allocated FY24 funds to JJR solutions? If yes, for what services?
4. What is your plan to execute the \$23 million dollars in expedited care services for AHI patients and their families before the end of FY24? Have you received any proposals to execute these funds? If so, what is the status?
5. What is DHA doing to identify ALL Section 732 beneficiaries that are currently or have previously been treated in the Military Health System (MHS) for their AHI injuries (not just at National Intrepid Center of Excellence (NICoE)/Intrepid Spirit Centers (ISCs))? This includes ALL Tricare beneficiaries or former beneficiaries who were previously ineligible for a secretarial designation due to their status at the time of their injury.
6. What outreach methods is DHA utilizing to communicate with this population?
7. What documentation is DHA providing to this population indicating they are eligible, akin to the memos that Secretarial Designees receive?

Thank you for your consideration on this matter. Please send your response to coordinate a staff-level briefing to Alice McIntosh by August 22, 2024.

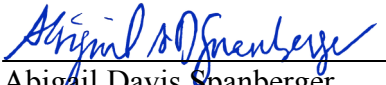
Sincerely,



August Pfluger
Member of Congress
Ranking Member,
Subcommittee on Intelligence
and Counterterrorism



Eric Swalwell
Member of Congress



Abigail Davis Spanberger
Member of Congress



Elijah Crane
Member of Congress