

OPENING STATEMENT  
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**of the Subcommittee on Space**

House Committee on Science, Space, and Technology  
Subcommittee on Space  
*“Human Spaceflight Ethics and Obligations:  
Options for Monitoring, Diagnosing, and Treating Former Astronauts”*  
June 15, 2016

Good afternoon, and welcome to our distinguished panel of witnesses. I want to thank Chairman Babin for calling this hearing.

Human space flight is inherently risky. That is why NASA exercises diligence and caution during all phases of a space mission, including training, vehicle flight testing, launch, mission operations, and landing. In addition to mission risks, astronauts bear significant personal risks, particularly as they relate to their health.

Health risks during long duration flights include both short-term health consequences as well as potential long-term health conditions that may arise months and sometimes years after an astronaut’s service. This is a problem. Because of the small number of U.S. astronauts who have flown in space, and the corresponding small data set currently available on astronaut exposure to long duration flights, characterizing those risks is a major challenge for NASA. However, if we are to go to Mars, as I have strongly advocated, mitigating these health risks is critical. But we also need to ensure that the risks NASA’s astronauts take are recognized and addressed by the American people.

While active astronauts receive comprehensive health care, former astronauts do not. This needs to change. We need to ensure that care is provided for all of our NASA astronauts, not just those who are on active status.

Providing ongoing medical care for active and former astronauts will give NASA the needed insight to enable earlier detection and treatment of any potential medical problems that could result from human spaceflight. It will also provide NASA with the data that are needed to help mitigate against health risks related to future human space exploration.

This is also the recommendation of a 2014 National Academies report, which concluded that lifetime healthcare for astronauts is our ethical responsibility. The report’s principle of “Fidelity” recognizes that *“Given the risks that astronauts accept in participating in hazardous missions, NASA should respect the mutuality of obligations and ensure health care and protection for astronauts not only during the mission but after return, including provision of lifetime care for astronauts”*.

NASA responded to the National Academies report by proposing a legislative change that would give NASA the authority to provide medical monitoring, diagnosis and treatment for

psychological and medical conditions that are deemed by NASA to be associated with human spaceflight.

It is worth noting that the bi-partisan NASA Authorization Act of 2015, H.R. 810, passed by the House in February 2015, directs NASA to provide a formal response to the National Academies report. This response must include the budgetary resources required for implementation of the report's recommendations, as well as any options that might be considered as part of the response. Had the bill been enacted, it is likely that our discussion today would have been better informed.

That said Mr. Chairman, it is clear to me that ensuring comprehensive care of our astronauts before, during, and after their active service is a high priority. NASA's legislative proposal provides one option for addressing this issue, and I hope that we can explore other options as well.

However, the impact each option would have on existing authorities warrants careful consideration. For example: *Should Congress direct NASA to provide astronauts with lifetime healthcare in return for their service to the Nation? Under this scenario, how would existing astronaut health care support systems be affected, including those provided by the Veterans Administration (VA) for former military astronauts?*

*Or should Congress pattern astronaut care after NASA's Legislative Proposal by directing NASA to provide enhanced medical screening that would (a) facilitate claims made by former astronauts for occupational health conditions under the FECA and VA processes and (b) provide proactive diagnosis and treatment, if needed, while those FECA and VA processes are underway?*

*In either scenario, how would such authority be implemented?*

In addition, we need clarity on how NASA intends to establish the causality link between human spaceflight and any identified psychological and medical conditions astronauts may develop. But the bottom line is that we need to do the right thing.

Mr. Chairman, if the Committee intends to address the issues contained in NASA's proposal, I would hope that we could craft legislation on a bipartisan basis, and I look forward to working with you.

Thank you and I yield back the balance of my time.