

Chairmen Moran and Takano, and Distinguished Members of the House and Senate Veterans Affairs Committees, thank you for the opportunity to testify today.

My name is Rita Graham, and I served as a U.S. Army Field Artillery officer and now serve as Policy Director for the Service Women's Action Network (SWAN), a national organization advocating for the needs of servicewomen and women veterans. I commissioned in 2017, the first full year this combat role was open to women.

Women veterans like me volunteered to serve, knowing the risks of combat. What we did not expect was that after service, access to earned healthcare and benefits could depend on our sex, reproductive status, or whether systems designed for veterans fully account for women's service experiences.

On behalf of SWAN and women veterans everywhere, I respectfully submit three legislative priorities for 2026.

1. Restore Comprehensive Reproductive Healthcare Access for Veterans

In December 2025, the Department of Veterans Affairs reversed its 2022 policy permitting abortion services and counseling in cases of rape and incest.

Not only does this restrict life-saving healthcare at every single VA facility in the country, but this policy reversal also directly impacts survivors of military sexual trauma (MST).

According to the [VA](#), 1 in 3 women and 1 in 50 men report experiencing military sexual trauma during their military service. According to the Watson Institute at Brown University's findings in 2024, rates of sexual assault in the military are likely [2.5x higher](#) than what the DoD estimates, with racial, gender, and sexual minorities at the greatest risk.

At the same time, VA reporting under the Deborah Sampson Act documented over 1,500 incidents of sexual harassment on VA campuses in a single year, with reports increasing since 2021.

Women veterans face a difficult reality: A veteran who survives sexual violence during or after service may seek care within the VA system but lacks access to the full range of pregnancy-related medical counseling and treatment options available to their civilian counterparts.

Congress has the authority to ensure that survivors of service-related sexual violence receive the same medically appropriate care available in civilian healthcare systems.

SWAN respectfully urges Congress to:

- Restore VA authority to provide abortion services and counseling in cases of rape, incest, and life-threatening pregnancy
- Ensure survivors of military sexual trauma have access to comprehensive, trauma-informed reproductive healthcare
- Require transparent reporting on women veterans' access to reproductive and pregnancy-related medical services

No veteran should lose their bodily autonomy because of our service to our country.

2. Expand PACT Act Implementation to Address Women Veterans' Fertility and Reproductive Health Needs

The PACT Act established that long-term health harms from toxic exposure must be recognized and treated as service-connected conditions.

However, implementation gaps remain for women veterans.

Toxic exposures are not gender-neutral in their biological effects. Exposure to burn pits, heavy metals, industrial solvents, and airborne toxins is associated in occupational and environmental health literature with endocrine disruption, ovarian toxicity, menstrual disorders, miscarriage risk, and impaired fertility.

Women veterans already report substantially higher infertility rates than civilian women; approximately [15.8 percent compared to 7.8 percent](#) in the general population. Yet reproductive outcomes, infertility diagnoses, and pregnancy-related complications remain understudied within toxic exposure research affecting veterans.

The National Academies and VA research bodies have repeatedly noted insufficient sex-specific data on reproductive health impacts of military toxic exposures. Without targeted study and tracking, service-connected reproductive harm risks remain invisible within the very system designed to recognize toxic exposure consequences.

SWAN is encouraged that VA's PACT Act implementation now includes gender-disaggregated toxic exposure screening data. However, significant gaps remain in claims reporting, outcome transparency, and condition tracking related to infertility and reproductive endocrine disorders.

To ensure the PACT Act fulfills its intent for all veterans, SWAN respectfully urges Congress to:

- Require VA to collect and publicly report PACT Act claims, approvals, and denials disaggregated by gender and reproductive health condition category

- Direct VA and the National Academies to prioritize research examining links between toxic exposure and infertility, pregnancy complications, menstrual disorders, reproductive cancers, and related endocrine conditions
- Evaluate whether fertility impairment and reproductive system disorders should be considered for future presumptive condition review based on emerging scientific evidence
- Ensure veterans experiencing service-connected infertility have clear eligibility pathways for fertility treatment, including IVF where medically appropriate

Recognizing reproductive harm from toxic exposure is not a departure from the PACT Act's purpose. It is a direct continuation of the same principle that governs every presumptive condition already included: that the long-term biological consequences of service exposure must be acknowledged when evidence supports them.

Ensuring that the toxic exposure policy reflects our service realities is not a future issue; it is a present responsibility for implementation.

3. Protect Progress on Women's Military Service and Combat Integration

While outside the direct jurisdiction of these Committees, current Department of Defense reviews of women's participation in combat-designated roles carry long-term implications for the veteran population.

More than 5,000 women currently serve in combat-designated military occupational specialties, and thousands more have already transitioned into veteran status after serving in those roles.

DoD has previously conducted an extensive, multi-year integration review, culminating in the 2013 Women in the Services Review (WISR), followed by implementation analysis, operational testing, and independent research by RAND and other institutions. These studies consistently found that integration challenges could be addressed through standards enforcement, leadership accountability, and infrastructure investment—not exclusion.

Re-litigating previously settled integration decisions risks further undermining recruitment, retention, and trust among future women veterans. Women have already been in combat since the Revolutionary War, but the 2016 integration period codified women's roles. It allowed us greater access to VA healthcare, educational opportunities, and the respect of our fellow service members.

Women are now the fastest-growing veteran population in the United States. Policies affecting their ability to serve today directly affect the veteran healthcare system tomorrow.

SWAN encourages continued Congressional oversight to ensure that personnel policy decisions remain evidence-based and do not inadvertently expand future disparities in veterans' access to care.

I did my job, as did thousands of other service women. Now, we just want the same rights as the men we served honorably alongside.

Closing

When I was commissioned as a Field Artillery Officer, I did not consider it a historic milestone. I simply believed I was doing my job. Women veterans across this country did their jobs too— in combat zones, flight lines, medical units, intelligence centers, and forward operating bases.

Today, we are asking for something very simple: that the veteran healthcare and benefits system fully reflect the realities of our service.

Thank you for your time and for your continued commitment to all who served. I look forward to answering your questions.