

LEGISLATIVE PRESENTATION OF DISABLED AMERICAN VETERANS AND MULTI VSOs: MILITARY OFFICERS ASSOCIATION OF AMERICA, BLUE STAR FAMILIES, VIETNAM VETERANS OF AMERICA, NATIONAL CONGRESS OF AMERICAN INDIANS, SERVICE WOMEN'S ACTION NETWORK, GOLD STAR WIVES OF AMERICA, INC., BLACK VETERANS PROJECT

JOINT HEARING
OF THE
COMMITTEE ON VETERANS' AFFAIRS
BEFORE THE
HOUSE OF REPRESENTATIVES
AND THE
UNITED STATES SENATE
ONE HUNDRED NINETEENTH CONGRESS
SECOND SESSION

FEBRUARY 24, 2026

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AMERICAN VETERANS AND MULTI VSOs:
MILITARY OFFICERS ASSOCIATION OF
AMERICA, BLUE STAR FAMILIES, VIETNAM
VETERANS OF AMERICA, NATIONAL CON-
GRESS OF AMERICAN INDIANS, SERVICE
WOMEN'S ACTION NETWORK, GOLD STAR
WIVES OF AMERICA, INC., BLACK VETERANS
PROJECT**

TUESDAY, FEBRUARY 24, 2026

U.S. HOUSE OF REPRESENTATIVES,
AND U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committees met, pursuant to notice, at 10 a.m., in Room SD-G50, Dirksen Senate Office Building, Hon. Nancy Mace, presiding.

Present from the House:

Representatives Mace, Luttrell, King-Hinds, Takano, and Pappas.

Present from the Senate:

Senators Moran, Boozman, Cassidy, Sullivan, Banks, Blumenthal, and Duckworth.

**OPENING STATEMENT OF HON. NANCY MACE,
U.S. REPRESENTATIVE FROM SOUTH CAROLINA**

Chairwoman MACE. Good morning, and thank you all for being here. I am glad to be here in the Senate with Chairman Moran and Ranking Member Blumenthal. Chairman Bost wishes he could be here today, but due to travel issues caused by the recent snowstorm that we are enduring today, he could not make it here in time for the hearing.

I would like to thank the DAV's National Commander, Mr. Coleman Nee, for being here today. I would also like to recognize the DAV Auxiliary National Commander, Melissa Pierce. Thank you for being here today. A special shout-out to Mr. Dan Pierce for being here as well.

And I am pleased that there are folks here from across the country, including my home State of South Carolina. Thank you for

traveling through a blizzard, through the snow to be with us here this morning.

If you are from South Carolina, please stand if you are able. I would like to see some of my folks out there. There you are.

[Applause.]

Chairwoman MACE. God bless you all, and thank you for traveling here. And I want to give a warm welcome to those folks.

This year marks my fifth year on the Committee. Veterans have always been a part of my life. I grew up around veterans, I know veterans, and they have always been part of our community and our family's community. Every time I am on the House floor debating a bill or sitting on the dais, I am always thinking of them, and like my dad, the generations of men and women who have served, my siblings. In fact, I just had one come back from a deployment overseas in the Middle East.

For me it is always about taking care of our veteran community when they come home. I know the sacrifices each of you have made, especially our disabled community. Each of you has fought to protect the freedoms we hold dear.

I, along with my House Republican colleagues, are leading the charge to first help make life more affordable for severely disabled veterans and survivors through the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act that we reported out of the Committee two weeks ago. The bill would raise the monthly benefits rate for the most severely service-connected disabled veterans that require around-the-clock care by offering an additional \$10,000 annually. It would also boost the monthly support payment that veterans and survivors receive by an additional 1.5 percent annually over the next two years.

These increases have not been made in decades. I need your support to help ensure they are not cut up in election year political games and that they are finally enacted.

Second, ensure veterans get quality health care at the VA or within the community. That is why we are fighting for the Veterans' ACCESS Act, which is commonsense legislation to build and solidify the gains made in the CHOICE and MISSION Acts. The bill would give veterans even more options in how they access their health care outside of the VA, especially veterans living in rural and remote areas.

Third, we authorize VA to make sure the VA's programs work for today's and tomorrow's veterans, something that has not been done in decades. The importance of the Transition Assistance Program, or TAP, is an area that remains a key priority for me and many of us, all of us, on the VA Committee. Ensuring that service-members are set up for their next mission in life is not something I take lightly. Thank you to the DAV for highlighting the importance of new veterans understanding the benefits they have earned and that they deserve.

We are also committed to ensuring opportunities for veterans to explore nontraditional education. Whether that be through apprenticeships, on-the-job training, during TAP, or the Veteran Readiness and Employment program. We must continue to focus our efforts to ensure veterans are able to find and maintain meaningful employment.

The DAV plays an important role in making sure we advance commonsense proposals and conduct oversight to meet the needs of all veterans, no matter their ZIP Code and no matter where they work. Veterans should have the choice to use the benefits VA offers in exchange for their service to meet their own needs. You know where we need to push the Agency forward and not stick to the status quo.

I can promise you one thing, my House Republican colleagues and I will never stop fighting for you. And the voices you represent, the hundreds of thousands of veterans outside the DC Beltway who just want their health care on time, their benefits without a headache, and to live the American dream. We take this mission seriously and I know my House and Senate Republican colleagues, as well as VA Secretary Doug Collins, and President Trump do too.

We made progress with the most recent NDAA, and I proudly supported the following major provisions: enhancing the financial planning section of TAP to cover topics such as debt management, taxes, and investing; improving the warm handover process between VA, DOW, and DOL; allowing servicemembers to attend TAP multiple times and encourage folks to bring their spouses along too. These things make a real difference for transitioning servicemembers and they must have all the tools needed to prepare for their next phase of life with their family.

We will continue to fight to deliver historic economic relief for all veterans, including severely disabled veterans like Eric Edmundson and survivors like Sharri Briley. We will continue to fight to modernize the VA and its programs forward through reauthorization. We will continue to ensure veterans, no matter where they live, get the health care they deserve, at the VA or in their community.

I look forward to completing your mission alongside each and every one of you, and thank you again for being here today. And with that I will recognize Ranking Member Takano for his opening remarks.

**OPENING STATEMENT OF HON. MARK TAKANO,
RANKING MEMBER, U.S. REPRESENTATIVE FROM CALIFORNIA**

Mr. TAKANO. Well thank you, Madam Chair. Good morning, everyone. I am glad to see so many of you here ensuring that your voices are heard today.

Now as tradition, I would like to shout-out to those who have traveled from the great State of California. Where are you, California? All right. There, California, yes.

[Applause.]

Mr. TAKANO. Welcome, welcome to our Nation's capital. Welcome to everybody to our Nation's capital.

I would especially like to welcome DAV National Commander Coleman Nee and DAV Auxiliary National Commander Melissa Pierce, as well as the representatives from all of the organizations on our second panel of witnesses. It is great to see you all, and I am looking forward to an enlightening conversation.

Since you were here last, we have all experienced uncertainty and, at times, flat-out chaos. Just last week, Secretary Collins announced an interim final rule that would limit VA's obligations to veterans whose service-connected conditions are improved by medi-

cations. The response from the veteran community has been loud and near universal, and I agree with you. This rule cannot stand.

[Applause.]

Mr. TAKANO. Medication may be able to minimize the effects of injury or illness, it does not erase them. I know that the Secretary has stated that he will not enforce the rule, frankly, that is not enough. Mr. Secretary, if you are listening, I call on you to rescind this rule immediately.

[Applause.]

Mr. TAKANO. The Committee intends to submit a comment in the Federal Register voicing our disapproval, and I highly recommend that each of you do the same. The link to do so can be found in the banner on top of our website at democrats-veterans.house.gov.

This year, in addition to the Secretary's harmful interim final rule, we are facing a massive reorganization of the Veterans Health Administration. Neither of these major actions were planned with input from Congress, or as far as I can tell, from the veteran community either. VA needs improvement, but this proposal appears to be more of an effort to align VA with what is happening in for-profit health care. VA should not emulate that model.

I also want to address the hurdles that our veterans face in linking their toxic exposures to their service. We have had several discussions regarding overlooked veteran populations that need care. VA has the authority to create new presumptive conditions and deliver that care, and yet they do not use that authority nearly enough. Instead, we seem to have a VA leadership that wants to do more with less, as we have recently heard the Secretary say.

You know what? Doing more with less has never worked for veterans. We cannot expand benefits to more veterans without having staff at VA to do so. We need doctors and nurses and researchers. We need claims examiners in VA, social workers, janitorial staff, and police officers in VHA to ensure VA is meeting its mission.

Each of you has served, and you continue to serve your fellow veterans and their survivors. Now, from the moment you raised your hand and put on that uniform, you set yourself apart. That commitment came with a promise that you and your family would be taken care of afterwards. You fulfilled your duty. I consider it my duty, and the duty of every American, to honor that commitment.

Over the past year we have seen attacks on veterans and their earned benefits in an attempt to paint you as a group of scammers, or that you are receiving overly generous benefits. Let me be clear, these are not handouts, these are earned benefits.

[Applause.]

Mr. TAKANO. Benefits that were earned by long days, long nights, months away, missed birthdays, missed anniversaries, through blood, sweat, and tears, through great sacrifice, and for some, the ultimate sacrifice. And for those left behind, the survivor community, we owe you a great debt, as well. That is why I support the Caring for Survivors Act and the Love Lives On Act. These bills provide meaningful change for an underserved and deserving community. I know everyone is waiting to see progress on the Major Richard Star Act. I have heard you loud and clear. We need to pass that act.

[Applause.]

Mr. TAKANO. I strongly urge support for the Major Richard Star Act and delay on action is unacceptable. It is time to get it done.

[Applause.]

Mr. TAKANO. Now I am being very transparent with you, none of these bills are cheap. And under the current rules of the House, it has been a struggle to find ways to pay for them. But that is just a lame excuse. If we can find an extra \$500 billion for the Pentagon, that they do not want or need, we can find an extra \$50 billion for our Nation's veterans, their dependents, and survivors.

[Applause.]

Mr. TAKANO. Congress must do the right thing, and we should do so without asking veterans to shoulder the costs. Veterans earned their benefits already. They should not be asked to pay for them again when they leave service. We know veterans are willing to make sure their comrades are taken care of, and I respect that immensely. But the point is they should not have to. Congress can and should do better.

The American public has told us that it is willing to stand up for those who have served and ensure they get the benefits they have earned. And that includes taking a stand against claims sharks. We must pass Representative Pappas' GUARD Act today.

[Applause.]

Mr. TAKANO. Anytime benefits are increased, the sharks come circling. Claims sharks prey on veterans and siphon off hundreds of millions of dollars a year of veterans' hard-earned benefits, and this is wrong. Even in the past week, the sharks have come circling again, pushing out ads in an attempt to profit off of the chaos sown by VA's rule to roll back disability ratings. The purpose of these ads is to scare veterans into signing up for their service to, quote/unquote, "protect their ratings." I have even been targeted by these ads. They are slick and they are made to look like they are coming from the VA.

There must be consequences for this behavior. But the lobbying efforts of these companies is immense, and it has stalled congressional action. Fortunately, states have stepped into the breach, and I would like to shout-out to my home State of California for stepping up on this issue and passing legislation that takes on these claims sharks. Thank you, California. And I am proud to see California is leading the way, but Congress is still not off the hook. We must act.

So Madam Chair, thank you for holding this important hearing today, and I look forward to a frank and fruitful discussion today.

Chairwoman MACE. Thank you, Mr. Takano. I will now recognize Chairman Moran.

**OPENING STATEMENT OF HON. JERRY MORAN,
CHAIRMAN, U.S. SENATOR FROM KANSAS**

Chairman MORAN. Thank you, Chairwoman Mace. It is good to be here with my Ranking Member, Senator Blumenthal, with Congressman Takano and you, for our first joint hearing this year.

I want to welcome our witnesses and I am glad that you are here. This is an important component of what we do to make certain that we are paying attention to those who served, and I am

appreciative of the Disabled American Veterans and the other veteran service organizations for their presence here today. And I extend a special welcome to the Kansans who are in the audience today, and I look forward to spending more time with you this afternoon.

I am grateful for the work that VSOs, like the ones we will hear from this morning, do every day across the country and here in our Nation's capital to support their fellow veterans and their families, and advocate for a stronger and better Department of Veterans Affairs. Our Committees are working every day with those same goals in mind.

We may talk often about the challenges veterans face after service, but I am always reminded at these hearings that veterans are not defined by those challenges. Far from it. Every day, in every state, in every district, veterans bring a wealth of skills, leadership, experience and values from the military into their communities. It is our responsibility to make certain that federal programs and policies, at the VA and in every other department and agency, help veterans translate those strengths into long-term stability, health, and opportunity.

This responsibility is why I, along with Ranking Member Blumenthal, have introduced the National Veterans Strategy Act to coordinate the efforts of federal, state, and local governments, along with for-profit and nonprofit organizations, all in the best interest of our Nation's veterans. I am grateful for the widespread support for that bill among the VSO community, and I am eager to discuss it with our witnesses today.

I am grateful to the VSO leaders today for their tireless work to make certain that the Congress and the VA remain focused on doing what is in the best interest for our veterans and military communities. I look forward to hearing how your legislative priorities advance veteran success and where Congress can do more to make certain that the VA's policies translate into real improvements in the veterans well-being.

Thank you again for being here, and I look forward to today's hearing.

Chairwoman MACE. And I now recognize Ranking Member Blumenthal.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Chair Mace and thank you, Senator Moran, our Chairman in the Senate. I am honored to be with all of you today, and I particularly want to welcome anyone who has managed to make it here from Connecticut, out of the snow. If you are here, Connecticut, thank you. And thank you to all the rest of you. Never doubt—never doubt—that you are making a difference.

Our VSOs are the lifeblood of our veterans' health care and other benefits and compensation to the men and women who are our national heroes. You are the ones who stand in watch over the VA and over us. The latest example was your reaction to the cuts that were threatened, cruel, stupid cuts in VA benefits, and you and your voices turned it around. Thank you to the veterans service or-

ganizations for correcting what would have been a disastrous slash in benefits for countless veterans who rely on medications to manage their service-connected conditions. Thank you, all of you.

[Applause.]

Senator BLUMENTHAL. But there is still work to be done. There is still work to be done on that issue, among others. Representative Takano and I this morning sent a letter to Secretary Collins demanding the immediate rescission of the Department of Veterans Affairs interim final rule. It is entitled “Evaluative Rating: Impact of Medication,” a benign-sounding rule that in fact will impact, cruelly and dangerously, our veterans. I call on Secretary Collins to rescind, this rule, this morning, while you are testifying here.

[Applause.]

Senator BLUMENTHAL. And I thank all my colleagues who have joined in this letter. I am hoping that this effort will be bipartisan, as so much of our work is and should be, but it has to result in action.

I read, just this morning, an excellent article written by Barry Jesinoski. Thank you for this excellent article in *Military Times*. I asked that it be put into the record, Madam Chair.

Chairwoman MACE. Confirmed.

[The article referred to appears on pages 159–161 of the Appendix.]

Senator BLUMENTHAL. Its headline is, “Veterans aren’t campaign props—Congress must start acting like it.” I couldn’t have said it better.

[Applause.]

Senator BLUMENTHAL. And to quote the article, “Recent Congresses rank among the least productive in modern history, paralyzed by dysfunction, partisan infighting and an apparent inability to do the basic job voters sent them to Washington to do.” Yes, that deserves your applause for sure. Thank you, Barry.

[Applause.]

Senator BLUMENTHAL. We need to overcome this kind of dysfunction, not only for our veterans, but for our whole country. And I hope that this hearing will mark a critical step in that effort. And the best example would be passing the Richard Star–Major Richard Star Act. Most of you know, I have championed this bill for years. I went most recently to the floor of the United States Senate and asked for unanimous consent. It was blocked by one of my colleagues.

I ask all of you, make your views known about the Richard Star Act. Make sure that your Member of the Senate or Congress joins in supporting a measure that is about basic fairness, so that our combat veterans are not deprived of benefits they have earned. These are not beneficence. They are not charity. They are not philanthropy. You have earned them. It is not double dipping. It is deserved. The Richard Star Act should pass during this session of the United States Congress. And I will go to the floor and again ask unanimous consent that it be approved.

Let me say finally, I am deeply grateful to all of you for the support that you provided to a range of other measures. I have read your testimony. The GUARD Act, the kinds of basic architecture

that we need to sustain. We have seen a systematic degradation of VA health care and the first-ever net reduction in VA staff. A concerted effort that has forced thousands of physicians, schedulers, registered nurses, and others to leave federal service. Veterans have seen increased mental health care wait times, politically motivated policies that threaten at-risk veterans and decrease quality of veterans' decisions. These administrative actions also demand scrutiny and reversal.

Thank you for all you do for America and for the veterans of the United States. Thank you.

[Applause.]

**INTRODUCTION BY HON. NANCY MACE,
U.S. REPRESENTATIVE FROM SOUTH CAROLINA**

Chairwoman MACE. Thank you. We have with us today National Commander Coleman Nee, a DAV life member of Chapter 3 in Boston, Massachusetts, and lives in Cape Cod with his family. He is a Marine veteran of the Persian Gulf War and a graduate of American University right here in Washington. The son of a World War II veteran, Commander Nee walked into a recruiter's office at the age of 18 and joined the Marine Corps Reserve. It was an opportunity to serve something bigger than himself while pursuing higher education.

But instead of attending his college graduation, Commander Nee was called to active duty and boarded a plane to Saudi Arabia, in response to Saddam Hussein's invasion of Kuwait. There as a motor transport operator, he supported infantry units with supply runs for six months.

Like so many of our veterans, Commander Nee's service did not end when he took off the uniform. From 2011 to 2015, he served as the Secretary of the Massachusetts Department of Veterans' Services. Under his leadership, the department created a number of new initiatives to increase access to services for all veterans, including the more than 47,000 returning Massachusetts veterans from the wars in Iraq and Afghanistan.

As Secretary, Commander Nee also oversaw the creation of a first-in-the-nation initiative to support veterans and their families coping with the stresses of returning from war and oversaw management of the Massachusetts Women Veterans Network, one of the most successful women's veterans advocacy organizations in the Nation.

Commander Nee went on to spend nearly nine years as CEO for a company dedicated to empowering people with disabilities, to succeed in employment and leadership positions.

Before being elected to the organization's highest post, Commander Nee served on DAV's Board of Directors, National Interim Legislative Committee, and the National Executive Committee.

Through his time in the Marine Corps and his decades of mission-driven work, Commander Nee has shown who he is—a servant leader who appreciates and honors service.

It is now with great pride and appreciation and admiration that the Committee now recognizes DAV National Commander Coleman Nee to deliver some opening remarks.

[Applause.]

PANEL I

STATEMENT OF COLEMAN NEE, NATIONAL COMMANDER, DISABLED AMERICAN VETERANS ACCOMPANIED BY BARRY JESINOSKI, NATIONAL ADJUTANT; BRYAN "CODY" VANBOXEL, EXECUTIVE DIRECTOR, NATIONAL HEADQUARTERS; JIM MARSZALEK, EXECUTIVE DIRECTOR, WASHINGTON HEADQUARTERS; SCOTT HOPE, DAV NATIONAL SERVICE DIRECTOR; JON RETZER, DAV NATIONAL LEGISLATIVE DIRECTOR; JOHN KLEINDIENST, NATIONAL DIRECTOR OF VOLUNTARY SERVICE; RON MINTER, NATIONAL CAREGIVER SUPPORT PROGRAM DIRECTOR; AND MELISSA PIERCE, AUXILIARY NATIONAL COMMANDER

Mr. NEE. Thank you, Madam Chairman. Thank you, Chairwoman. Thank you for that very, very kind introduction, and I appreciate you stepping in for my good friend, Representative Stephen Lynch, who could not be here. I believe Representative Lynch is still digging out a parking spot up in Boston, so thank you for stepping in.

Chairwoman Mace, Chairman Moran, Ranking Members Blumenthal and Takano, and Members of the Committees on Veterans Affairs, thank you for the opportunity to present the 2026 legislative priorities of DAV, Disabled American Veterans, and our partners in the Auxiliary, of which I am also a proud member. Together our over 1 million members represent more than 6 million wounded, ill, and injured veterans, all of whom returned from war-time service forever changed.

My written testimony details DAV's key legislative goals for this 119th Congress and it summarizes our many programs and accomplishments that we have made over the last year. So I will use my limited time here today to highlight some of our critical policy goals.

But before I do that, please let me introduce my DAV colleagues joining me here today: our National Adjutant and CEO, Barry Jesinoski; our National Headquarters Executive Director, Cody VanBoxel; our Washington Headquarters Executive Director, Jim Marszalek; our National Service Director, Scott Hope; National Legislative Director, Jon Retzer; our National Voluntary Services Director, John Kleindienst; our National Caregiver Support Program Director, Ron Minter; our National Employment Director, Jeremy Yost; and my good friend and my partner and my commander, our Auxiliary National Commander, Melissa Pierce.

I would also like to recognize the many DAV members and leaders who join me here today. Obviously, not every one of our members could make the trip to Washington, but their contributions have been critical to DAV's success as the Nation's premier veteran service organization.

I also wish to express my gratitude to our National Executive Committee, members of our Interim Legislative Committee, as well as my Chief of Staff Mike Valila, for all of their support.

And finally I want to thank my beautiful family, my wife Karen, my son Jack, and my daughter Kate, who have remained steadfast partners and supporters, not only of me but veterans everywhere.

Members of the Committee, I sit before you as a service-disabled veteran of the Gulf War. I know from my own time in uniform, as well as from the experiences of my comrades in arms, that there is a price paid by all those who serve. As the former Massachusetts Secretary of Veteran Services, I oversaw more than \$100 million in state funding for veterans and dependents. This included financial aid and programming. Suffice it to say, I understand the difficulties you all face when it comes to making decisions that affect the lives of your fellow countrymen. It is not easy, and there is no shortage of critics. So let me take this opportunity, up front, to simply say thank you for all that you do.

Long before gaining that insight, I watched and admired as those who made it home from Vietnam built one of the Nation's first memorials to the 25 sons of South Boston who made the ultimate sacrifice there. Witnessing my friends and neighbors from Southie honor our fallen heroes had a profound impact on me. It illustrated the importance of banding together to accomplish a task bigger than oneself. And like many of those seated behind me, I found military service reinforced that idea.

As a Marine motor transport operator, I spent a lot of time getting tossed around the insanely uncomfortable cabs of military vehicles. It was not the kind of thing that gets glamorized in Hollywood. But getting Marines and supplies where they needed was enough for me to know that I did my part.

But as we all know, military services comes with trials and tribulations that can last far beyond our time in uniform. Fortunately, the Department of Veterans Affairs is there to assist us throughout our lives. When I pursued my higher education, it was the GI Bill that paid my tuition. When the VA Home Loan Guaranty Program helped Karen and I buy the house that we live in today. When my service-connected disabilities contributed to me stepping down from as CEO from an organization that I ran for nearly nine years, it was VA disability compensation that helped me keep our finances in order. When I needed the medical care for those same disabilities, it was VA hospitals and vet centers that provided the care I needed and still need today. And when I am called to stand my final post, the VA's National Cemetery Administration relieves the burden for my family and ensure that I am laid to rest with honor and dignity.

None of this is unique to me. Countless veterans can share that same story. Yet with everything happening in our country today, I cannot help but wonder if VA will be there for future generations as it was for me and for all of our Nation's veterans.

The VA stands at a defining crossroads, one that will shape not only the institution itself but our Nation's enduring commitment to those who have worn its uniform. On one path lies the dismantling, fragmentation, and gradual erosion of a system that was built to serve veterans. On the other lies a principled effort to modernize, strengthen, and safeguard the VA for future generations who will answer the call to serve. This is not merely a political or bureaucratic debate. It is a moral issue. It is a strategic issue. It is even a national security issue.

As an organization founded before our Nation had a federal agency charged with honoring veteran sacrifices, we, DAV, know that

the VA was not created by accident or convenience. It was built out of necessity and obligation. After each major conflict in American history, our Nation confronted the same question: How will we keep our promise to those who bore the cost of war?

The VA emerged as the answer. Its mission is singular in American governance, to serve a population not defined by age, income, or geography but by service and sacrifice.

Yet today, VA faces intense pressure. Critics point to long wait times, uneven quality of care, outdated infrastructure, and administrative inefficiencies. These criticisms are not unfounded. The VA, like many large institutions, has struggled to adapt to changing demands, particularly the complex needs of post-9/11 veterans.

But acknowledging flaws is not the same as abandoning the mission. Costs to dismantle or significantly privatize VA are often framed as pragmatic solutions, offering veterans choice by shifting care to the private sector. On the surface, this may sound reasonable. In practice, it risks hollowing out the only health care system in this country that is purpose-built for veterans. Private health care systems are not designed around military service. They don't specialize in combat trauma or polytrauma rehabilitation. They don't take into account the lifelong consequences of military toxic exposures, and they are not accountable to veterans in the same way that a public institution is accountable to the people that it serves.

[Applause.]

Mr. NEE. Dismantling, once begun, is rarely reversible. As resources, talent, and expertise are siphoned away, the VA's ability to function deteriorates. This creates a self-fulfilling prophecy in which weakened performance is used to justify further destruction of the Department. Veterans are left navigating a fragmented landscape of providers, insurers, and bureaucracies, often at the moments when they are least equipped to do so.

Preservation, on the other hand, does not mean defending the status quo. Preserving the VA means reforming it, with seriousness and resolve. It means modernizing facilities, investing in digital health infrastructure, streamlining our claims processing, and holding leadership accountable for performance. It means expanding our mental health capacity, strengthening rural access, and ensuring that care keeps pace with evolving medical science.

Most importantly, preservation means recognizing that VA is not simply a health care provider. It is a covenant with those who have earned its services.

[Applause.]

Mr. NEE. If our Nation is serious about honoring the promise made to those who served, then our priorities must be clear. Here are some of DAV's critical policy goals for this year.

First, we must make the claims and appeals process work for veterans, not against them. Timely, accurate decisions are not a courtesy; they are a moral obligation.

[Applause.]

Mr. NEE. We must also strengthen presumptive policies so that veterans exposed to toxic substances are not forced to prove what history and science already know. No veteran should have to be

forced to wait decades for the health care and benefits that they have already earned.

[Applause.]

Mr. NEE. Equally urgent is closing the gaps in mental health care and suicide prevention. Every veteran in crisis deserves immediate, comprehensive support, because no one who has served this Nation should ever feel forgotten or alone.

[Applause.]

Mr. NEE. Our survivors also deserve better modernizing and strengthening their benefits ensures financial security after a veteran is gone. Their sacrifices have earned the gratitude of a grateful nation, and we must never neglect them.

[Applause.]

Mr. NEE. As veterans age, long-term care must keep pace with their needs. That means expanding assisted living options and strengthening support for caregivers, many of whom bear enormous responsibilities with limited resources. These unsung heroes deserve not just our thanks but meaningful support that makes a difference in their lives.

[Applause.]

Mr. NEE. We must also protect veterans' programs from arbitrary budget caps and PAYGO offsets that quietly erode funding year after year. Our nation should never balance its budget on the backs of those who have stood to defend it. They already paid.

[Applause.]

Mr. NEE. And finally, just last week, a new regulation was published by the VA. It would have reduced compensation for some disabled veterans simply because they take medication for their service-connected disabilities. We are pleased Secretary Collins listened to veterans and announced that the VA would not be implementing the rule. No veteran should be penalized for taking the medication they need to survive.

[Applause.]

Mr. NEE. Every generation of veterans inherits a system built by those who came before. The VA that treated World War II veterans, like my dad, enabled the care of Korea and Vietnam veterans. The reforms driven by Gulf War veterans like myself laid the groundwork for post-9/11 care. What we decide now will determine whether future veterans inherit a robust, integrated institution or a patchwork of programs that treats their needs as transactional rather than holistic. The choice before us is not between reform or stagnation. It is between responsibility or retreat.

The VA stands at a crossroads. History will judge which path we choose. What lies beyond is not merely an institutional outcome but a statement of our national character. Let us choose preservation. Let us choose reform. And above all, let us choose to keep the promise to those who have always kept faith with us.

[Applause.]

Ladies and gentlemen, that concludes my testimony. May God continue to bless DAV, the men and women who serve our great nation, and the United States of America. Thank you very much.

[Standing ovation.]

[The prepared statement of Mr. Nee appears on pages 49–82 of the Appendix.]

Chairwoman MACE. Alright. Beautifully stated with a beautiful Boston accent, so thank you.

I'm going to recognize myself. We will have approximately three minutes each on this initial round, and I am going to recognize myself for questions.

Commander Nee, how important is community care for veterans, home health care in rural and remote areas?

Mr. NEE. I believe integrated community care with VA facilities is critical for a lot of our rural veterans. Many of these areas that we go to don't have ready access to VA services right away. It is why I am very proud of our DAV transportation network. We are getting many of these veterans to their medical appointments. But integrated, coordinated care with our VA services is something that DAV has for a long time supported. But it has to be done in the right manner and it has to be integrated with their VA health care records, that we are collecting that data nationwide.

Chairwoman MACE. And in addition to transportation means, are there other things that we can be doing to improve community care in rural areas?

Mr. NEE. Yes. If you don't mind I want to answer your question, Madam Chairwoman, but I also have some great experts up here, as well, so I may refer to them occasionally, just to give some follow-up background. And I know Jon Retzer, our National Legislative Director, might have some comments.

Mr. RETZER. Great question, Chairwoman. I appreciate that. And with community care, one of the things that we really want to see is, first and foremost, the standards that VA has in training is also extended and required by our VA community providers. And why is that? When you look at the toxic exposure, traumatic brain injury, women veterans, special needs, those all need levels of competency that meet the standards of the very diverse needs of our population. So that is one of them.

The second part is we need a robust interoperable system. The Electronic Health Record Modernization, as we watch VA go through '26 and '27 as they deploy to 13 in 26 sites, we really need to make sure that they have taken and addressed all of the incidents that you have all identified that are concerning and safety issues, and make sure that they roll it out very seamlessly, and ensure that change management within the staff is also adopted. And that is working between DoD, VA, and Community Care seamlessly.

Chairwoman MACE. Thank you. And Commander Nee, my next question is for you but you may ask somebody else. In some of your testimony you have discussed alternative therapies in health care. Any thoughts on any technologies that are more valuable than others? What should we be focused on on alternative therapies or tools for recovering and healing for our veterans when they come home?

Mr. NEE. Great question, Madam Chairwoman. Yes, I personally am a huge believer in alternative therapies. I, myself, have used alternative and naturalistic therapies for my own disabilities. We have done a significant amount of work on that, and in fact, we have done a significant amount of research.

I believe, Jon, would you like to weigh in a little bit on some of the specifics?

Chairwoman MACE. We only have a few seconds left before I have to hand it off.

Mr. RETZER. Great. Actually, what we look at is alternate options, and we really appreciate the alternate options, doing research on psychedelics. We are looking at options in how HBOT can have efficacy with regards to our post-traumatic stress disorder. And we are continuing to also ensure that our woman veterans, with regards to menopause research, is also there.

Chairwoman MACE. All right. Thank you. And I now yield to Ranking Member Takano. Thank you.

[Applause.]

Mr. TAKANO. Mr. Nee, how would you characterize this past year in terms of information flow between the Department and the VSO community?

Mr. NEE. Yes, I know Jim Marszalek, our Washington Executive Director deals directly every day with the VA, and I would like him to weigh in a little bit. But before that I can say that honestly, over the years what I have seen is when your vet service organization community has an active working partnership with VA, the system is a lot better and more gets done.

Jim, would you like to weigh in on the specifics of this particular conversation?

Mr. MARSZALEK. Yes. Thank you, Commander, and thank you, Ranking Member Takano for the question. I think the Commander said it perfectly, as well, that working together is very, very important. So if we are able to collaborate more, the better off VA is going to be, as well, as you have just seen last week what occurred. I think if we were involved earlier we could have told them, "Hey, this is not going to go over well in the veteran community. This is not a good thing for veterans at all."

So the collaboration has improved a little bit over the last year. I think Deputy Secretary Paul Lawrence was at our conference. He spoke on Sunday. Before he made formal remarks, I was able to meet with him. He did assure me we will be collaborating more. We have a meeting later this week to discuss a couple of things. So I am optimistic. I am excited about being able to sit down with him and his team and find out how we can work better together.

Mr. TAKANO. Okay. Well, I am glad you are optimistic about that, that information flow seems to be improving. But I can tell you that I have seen that getting data from VA has been very difficult. This interim final rule being announced without any input from veterans, much less Congress, I thought was a huge misstep and a mistake.

We have several bills that would radically improve benefits for survivors, like Love Lives On and Caring for Survivors. DAV supports these bills, right? Is that correct, Commander Nee?

Mr. NEE. I believe we do. Jon?

Mr. RETZER. That is correct, Ranking Member. DAV supports the Major Richard Star, Love Lives On, and we want to ensure that we bring the parity with all our veterans as they are—

Mr. TAKANO. Well, great. Thank you. I know, as a nonveteran, I would never ask you or your members to bear the cost of your earned benefits. Would you agree that veteran and survivor benefits are earned and therefore should be paid by the general public?

Mr. NEE. I would agree with that, Mr. Ranking Member. Thank you.

Mr. TAKANO. I ask the same for the Major Richard Star Act. Should veterans shoulder the cost of the Major Richard Star Act?

Mr. NEE. No, they should not. We are opposed to any reduction of benefits or services that help our injured or ill veterans in VA care.

Mr. TAKANO. Should we allow arbitrary congressional rules to stand in the way of doing what is right for veterans?

Mr. NEE. No.

Mr. TAKANO. The answer is no. Thank you so much. I yield back. [Applause.]

Chairwoman MACE. I will now recognize Ranking Member Blumenthal.

Senator BLUMENTHAL. Thank you, Madam Chair. Thank you for that excellent testimony, Mr. Nee. I have just a few questions. I am very interested in your emphasis on the need for standards for community care and at the same time improving the quality of care in the VA. If the emphasis is exclusively on expanding community care, doesn't that endanger the quality and availability of care for the VA, if all the resources go to community care?

Mr. NEE. Thank you for that question. I believe if all the resources were going to community care, no, that would not be something we are in favor of. I believe VA works better if there is a coordinated community care network, but in my own experience, having that information and that medical record flow, flow from the community back into your VA record, helps tremendously.

Senator BLUMENTHAL. And you would agree that standards comparable to what the VA has to meet should be applied to community care. Correct?

Mr. NEE. Yes.

Senator BLUMENTHAL. And information about what is happening in community care should be the same—the data, the basic information that is provided should be the same. Correct?

Mr. NEE. Correct.

Senator BLUMENTHAL. And would you agree that there ought to be a commitment to repair and upgrade VA's aging infrastructure? [Applause.]

Mr. NEE. I absolutely would agree with that, Mr. Ranking Member.

Senator BLUMENTHAL. And to replace the 30,000—yes, it is 30,000—physicians, nurses, and others essential to VA health care should be filled and replaced. Would you agree?

Mr. NEE. I would agree, and I think Mr. Retzer might have some thoughts on that, as well.

Senator BLUMENTHAL. Thank you.

Mr. RETZER. Thank you, Ranking Member. I appreciate the line of questioning. And really what DAV has always supported is a balance amongst community care, but we have to make sure. If you look at our Veterans "Independent Budget" of Fiscal Year 2027, we have provided recommendations to decrease community care budget. And the reason is that we have got infrastructure issues, we have inflation market values that is really plaguing the Department of Veterans Affairs. We want to make sure that we internally

strengthen VA's health care system to meet the needs of all of our veterans, to include rural veterans. So as you look at our report, it will give you some guidelines.

One of the things that we noticed with the community care, too, is the cost of emergency and urgent needs and going out into community care. So we did a recommendation in our report citing a plus-up with regards to strengthening—

Senator BLUMENTHAL. Let me just speak because my time is about to expire. I am going to interrupt with apologies. We have encountered tremendous difficulty, and I will say on both sides of the aisle. I do not want to speak for anyone, but the flow of information from the VA has been highly obscure. And even after the last hearing that we had, when Secretary Collins promised to fully answer all of our questions, to this moment, we have received half or less than he promised to provide.

So I hope you will join in this effort to demand full and complete transparency from the Department of Veterans Affairs, so that you can be effective advocates for the veterans of America.

Thank you so much for being here today.

Chairwoman MACE. Thank you, Senator.

[Applause.]

**HON. MORGAN LUTTRELL,
U.S. REPRESENTATIVE FROM TEXAS**

Chairwoman MACE. I will now recognize Representative Luttrell.

Mr. LUTTRELL. Thank you, Madam Chairwoman. And it is good to be in the house with all my brothers and sisters. I miss you terribly, so I am glad everyone made the trip.

[Applause.]

Mr. LUTTRELL. You know for decades, Congress has appropriated millions and millions of dollars to the Department of Veterans Affairs for suicide prevention inside the VA. Millions of dollars. Decades and decades. And every year the suicide rate increases. We are losing that battle.

You hear the number 22 veterans a day, up to 40 veterans a day. Does anyone on the panel know how many spouses of veterans commit suicide? Does anybody know the answer to that question?

[No response.]

Mr. LUTTRELL. From what I understand, every eight days a spouse takes his or her life. I do not know if that is concrete. I would like to put that onto the panel to find that answer out for me. But through my research that is what I am hearing. Every eight days, a spouse of a veteran takes their life.

I heard you say that you are supporting alternative means of treatment, psychedelics, neuroplastogens. We are trying to find a name that does not scare everyone away. And to date, thousands and thousands of our brothers and sisters go overseas for this treatment, and it is highly effective.

And out loud, I will say there are three Members of Congress—myself, Mr. Correa, and Mr. Bergman, that are openly engaged with the VA, with DoD, HHS, FDA, on moving research on these medications to save us from that one-inch pistol range. And to date, it is like pushing a wet noodle up a hill. It is amazing, and some of the responses I have gotten was like, "Well, how many do

you actually think this will save?” and my response is, “One! If it saves one veteran [applause], we are moving in the right direction.”

[Applause.]

Mr. LUTTRELL. But we are not making enough noise. The three of us cannot do this alone. You would think in the House of Representatives this is where the power lives. But when I look out into the crowd, and if DAV supports this effort, I am calling for an all-hands muster. You have to be present. Is this direction the way that we want to go? I adamantly believe it is. It is either taking a step somewhere else or continuing down the road of opioids and SSRIs and all the other stuff that we pump into our bodies to make ourselves feel good, and that inevitably leads to one place for those unfortunate ones.

And I do not have a question more than a statement. If we are all in, like we are when we are in combat, and you look to your left and your right and like, “Hey, I’m with you. We’re going,” this is what we have to do. So I am asking for your help. When you travel around the lower chamber, the upper chamber, or you are hanging out at the Administration, ask these questions. Why aren’t, why can’t, or why haven’t we moved research in the VA, in the DoD, and why isn’t the FDA supporting this? Why is the FDA not supporting this? And God bless each and every one of you and your families for your service. Thank you.

[Applause.]

Chairwoman MACE. Amen. All right. Now I recognize Representative Pappas.

**HON. CHRIS PAPPAS,
U.S. REPRESENTATIVE FROM NEW HAMPSHIRE**

Mr. PAPPAS. Thank you, Madam Chair, and Commander, thanks very much for your testimony, and to all the members that are here in this room, thank you for service, for making this country so great.

Commander, I share your deep concerns that you expressed about VA not being there for future generations and efforts to dismantle the workforce, to carry out reorganization without significant feedback from the veteran community and stakeholders, and to implement policies that threaten rather than increase or improve benefits, and how that will really undermine the ability of VA to be there and to deliver, and create this self-fulfilling prophecy around privatization, I think we all are in agreement we need to guard against.

You asked an essential question, which is how will we keep our promise to those who have borne the battle? And then, conveniently, you gave us all the answer. You gave us a good roadmap in terms of what Congress needs to do to answer that question and to make good on the debt that we owe to all those who have worn the uniform of this country.

And I regret that it has taken so long to get things like the Major Richard Star Act considered and across the finish line, things like the Love Lives On Act, which is really important to survivors.

One issue that I hear, which is a top concern of veterans in New Hampshire and I believe across the country, that is always brought up to me, is dental coverage. And I know that Representative

Brownley is not here. She has led on that issue for a number of years. But could you talk about this as a priority in terms of treating the whole veteran and making sure that we have the right providers at VA to be able to expand this and make sure that more vets get access to dental coverage?

Mr. NEE. Yes, thank you very much for that question, Congressman. Dental care is essential. Dental care, proper dental care helps many of our veterans prevent cancer, diabetes, other very serious health issues. It helps in employment rates. I know when I got to many veteran homeless standdowns one of the major services that is provided, with the longest lines, is for the dental care, because that helps with them to get employment and it helps with their mental health. And I think if you talk to all of our members they will tell you, all of our service-connected disabled veterans in this country deserve comprehensive, holistic health care, and dental care is health care, period.

[Applause.]

Mr. PAPPAS. Thank you for that response. Absolutely. Well, I want to recognize the great veterans from the "Live Free or Die" State of New Hampshire who are joining us here. We had a conversation yesterday that touched on a number of issues. Included among those was dependency and indemnity compensation, which we know is a critical benefit to surviving spouses and family members who have supported our servicemembers and veterans. They talked about waits, people waiting months to be able to get access to these benefits. Do you have any recommendations for Congress on what we should be doing to shorten that timeframe and to make sure these benefits actually provide the kind of support that survivors and family members deserve?

Mr. NEE. Yes, absolutely, we do. Thank you, that is a great question. I know we have worked extensively on this, and I believe Scott Hope has some very specific comments on this particular matter.

Mr. HOPE. Thank you, Commander, and thank you for the question. Our dependency and indemnity compensation is specifically for surviving spouses. Anything that we can do to bring in additional funds and parallel what other federal agencies have for individuals who pass away of a service-connected disability, we would definitely support. We are willing to link shields to defend what is currently available, and we will raise our swords to assist you or any member of your staff to fight for something in the future.

Mr. PAPPAS. Thanks for that commitment, for all that you do. I yield back.

Mr. NEE. Thank you.

Chairwoman MACE. Thank you. I now recognize Representative King-Hinds.

**HON. KIMBERLYN KING-HINDS,
U.S. REPRESENTATIVE FROM NORTHERN MARIANA ISLANDS**

Ms. KING-HINDS. Thank you, Madam Chair. First of all, let me start off by saying thank you for your service and thank you for making your voices echo in the halls of Congress today. I honor you today with my thank you.

I think, just listening in on the conversation, what we are all really talking about is reform, and I think that we can all agree that the VA needs reform, right? But the question here is how do we do that reform responsibly so that, one, it improves performance, but more importantly, delivers better outcomes for all of you? And I think in these conversations what I am looking for is trying to find that right balance.

And so I want to ask any member of the panel who can answer this, what metrics should Congress monitor to ensure that we are improving access without hollowing out the VA facilities? At what point does expanding community care risk weakening the VA's internal capacity? As a non-veteran myself, these are the conversations that I would like to have so that I can make an informed opinion.

Mr. NEE. Thank you very much for the question. Obviously, as someone who is reliant on VA health care for my own health, I am interested in that as well. I believe that we have done a significant amount of work on this, and let me ask Jon to give you a little bit of a background, please.

Mr. RETZER. Thank you. And as we address the health care reform and how we balance community care, we have to address the access standards, which you have all done for some time, with CHOICE Act, MISSION Act. And now we are at a point where we also have the introduction of the ACCESS Act, which DAV supports. And we believe, as we look at it, not only do we have to look at the ACCESS Act with regards to how it facilitates services for the urban metropolitan, but we do have to address, very specifically, how do we do that differently for our rural and remote veterans, along with our women veterans. When we have over 1 million this year now enrolled in the VA health care system, they are the highest users of community care. So we have got to figure out how to bring that back into the VA health care system.

So we do need to look at the model of health care and flip it maybe upside down to say it is not a hospital model only. We need to look at really strengthening the CBOC, and that CBOC methodology could really strengthen—

Ms. KING-HINDS. I am going to reclaim my time. I guess, what type of metrics should Congress develop when we are talking about actually addressing those issues?

Mr. RETZER. Yes. And I think because we have such limited time we would love to work with your staff on it, and we have some recommendations within the Veterans "Independent Budget" that talks about the staffing, infrastructure, and the budget requirements.

Ms. KING-HINDS. All right. Thank you. I am about to run out of time, but just a quick question. If Congress does nothing differently over the next five years, what is the single greatest risk to the long-term viability of the VA system?

Mr. NEE. Jon, would you like to—

Ms. KING-HINDS. And real quickly because I am out of time.

Mr. RETZER. Yes. It is going to be that we need mandatory funding to keep it strong and healthy.

Ms. KING-HINDS. All right. Thank you. I yield back.

Chairwoman MACE. Thank you. I know that Ranking Member Takano has a few more questions, so I will allow a second round two minutes. Our side went over by one minute, so I am going to give Ranking Member Takano three minutes. But before I do that I am going to say something real quick.

I love what everyone has said here today, and Congressman Luttrell, I am with you. I suffer from post-traumatic stress disorder, and I have authored legislation on plant-based therapies. I have had a bill in the House and that companion bill was in the Senate with Senator Cory Booker and Senator Rand Paul.

One of the problems up here, as Congressman Luttrell said, is that anything up here is like pushing a wet noodle up a hill—and I am going to steal that one. We really, to move things fast, it is not happening, and the stats on plant-based therapy for veterans who are suffering from PTSD and have suicidal ideation, the stats of success are through the damn roof. It is amazing what it has done to save lives. I mean, the majority of veterans who suffer from PTSD and pay thousands of dollars, or are sponsored by someone who can afford thousands of dollars to go down to Costa Rica or wherever for these plant-based therapies, in some cases it is over 75 percent of improvement. And why we are denying veterans the ability to do that unless they are in some sort of special program at Johns Hopkins, that the vast majority of vets cannot get into, is beyond me. Because it literally saves lives.

So as Congressman Luttrell said [Applause], and as the daughter of a Vietnam veteran, I have been to a lot of my father's Vietnam reunions. They do not have them anymore. Last year was probably the last one. And I have talked with men who served with my father, who have a lifetime of trauma. And it is only by God's grace that they are still alive.

So I really appreciate this very candid conversation, and we do need your voices here on the Hill. So thank you all and God bless you. And with that, Ranking Member Takano, you have got three minutes.

Mr. TAKANO. Thank you. Commander, have you heard anything from your members about negative impacts to their health care due to VA staffing shortages?

[Laughter.]

Mr. NEE. Great question, Ranking Member Takano.

Mr. TAKANO. Raise your hand if you have problems with staffing shortages at VA direct care.

[Hands raised.]

Mr. TAKANO. Go ahead and respond. And let the record show that nearly all of the audience raised their hands.

Mr. NEE. No, it is a very serious issue, sir. And again, for those of us who rely solely on VA for our health care, timely and convenient appointments again are not just a courtesy. They are something that is an obligation.

Mr. TAKANO. Have your members raised concerns about their care in the community?

Mr. NEE. Yes. I have heard anecdotes around community care, issues around military service not being understood, insensitive comments, things of that nature.

Mr. TAKANO. So the level of training and preparedness of community providers, as compared to VA providers, is a significant issue, would you say?

Mr. NEE. It is a very significant issue.

Mr. TAKANO. Would your members support training requirements for community providers?

Mr. NEE. Yes.

[Applause.]

Mr. TAKANO. And should those requirements be enforced through the community care agreements? We are about to enter into a 10-year agreement. In other words, if VA has a requirement about suicide prevention and medications and opioids, should community care providers be trained in those standards as equally as they are within the VA?

Mr. NEE. Yes. I mean—

Mr. TAKANO. That was a problem a number of years ago.

Mr. NEE. Correct. Community providers should have specific military training so that they recognize the issues that are very specific to our veterans.

Mr. TAKANO. And my understanding is that previous contracts, and including going forward—in a hearing that I had previously on community care that VA told me that third-party administrators, that they are not required to do this, and so when they build the networks for community care providers they cannot really get their providers to do all these trainings to be up to the same standards as VA doctors and providers. Do you think that is a problem?

Mr. NEE. I do think that is a problem, sir.

Mr. TAKANO. And would you change that? Would you ask VA to make sure that third-party administrators build networks that require their providers to take the same training that VA doctors get?

Mr. NEE. I would.

Mr. TAKANO. I think we should do that.

[Applause.]

Could you elaborate on your written testimony regarding the risks to adequately staffing VA's own health care system that are presented by legislation that would create grant programs to fund services outside of VA?

Mr. NEE. The specifics of that, I know Jon has done a lot of research.

Mr. TAKANO. I have run out of time. I want to be respectful to the Chairwoman. But if you could quickly maybe get the written testimony to me.

Mr. RETZER. We can get back to you on that question.

Mr. TAKANO. Okay. Thank you.

Chairwoman MACE. And thank you so much. Our first panel is now dismissed, and I want to thank you all for being here. We will take a three-minute recess to get the second panel installed. Thank you.

Mr. NEE. Thank you very much.

[Applause.]

[Recess.]

Chairwoman MACE. Good afternoon and welcome to our second panel. I want to thank you all for being here. We have a lot of information of important organizations to hear from on this panel, so I would like us to get right to it.

Today we are joined by Lieutenant General Brian Kelly of Military Officers Association of America; Dr. Lindsay Knight of Blue Star Families; Mr. Tom Burke of Vietnam Veterans of America; Mr. Larry Wright, Jr., of National Congress of American Indians; Captain Rita Graham of Service Women's Action Network; Ms. Barbara Burt of Gold Star Wives of America; and Mr. Richard Brookshire of Black Veterans Project.

Again, welcome to all of you, and to all of your members in the audience here today.

Lieutenant General Kelly, you are now recognized for 5 minutes for your opening statement.

PANEL II

STATEMENT OF LT. GEN. BRIAN T. KELLY, U.S. AIR FORCE (RET.), PRESIDENT AND CHIEF EXECUTIVE OFFICER, MILITARY OFFICERS ASSOCIATION OF AMERICA

General KELLY. Thank you, Chairwoman Mace and although not here, thanks to Chairman Bost and Chairman Moran and to our Ranking Members Takano and Blumenthal, and all the distinguished Members of both Committees. On behalf of the Military Officers Association of America, thank you for the opportunity to appear before you today. I am honored to be here along with so many members of our community who work tirelessly to support and help those who serve and have served our veterans and their families, who allow our Nation to remain free and strong.

I would like the MOAA members and staff who are here today to stand. They represent more than 356,000 members whose voices strengthen our advocacy and who work to preserve and protect the earned benefits of over 22 million Americans who serve, have served, their families and survivors across all ranks and all uniformed services. Thank you.

Let me begin by thanking both Committees for your leadership in advancing the Veteran Caregiver Reeducation, Reemployment, and Retirement Act, MOAA's top veterans' health care priority this year. This legislation includes meaningful steps to address the financial, professional, and emotional burdens borne by caregivers who enable veterans to live with dignity and independence. As the bill progresses, we respectfully respect your continued support to bring it to the floor in both chambers and ensure its passage. As strengthening education, employment, and retirement opportunities for caregivers honors their service and helps family members avoid choosing between caring for a veteran and securing their own future, all while reducing long-term reliance on public assistance.

You have my written testimony, but today I am focusing my opening remarks on two priorities that go to the heart of the system integrity and long-term force sustainability: the GUARD VA Benefits Act and the TAP Promotion Act.

First the GUARD VA Benefits Act. Federal law establishes who may charge veterans for assistance with VA disability claims. That law exists to protect veterans, preserve the integrity of the claims process, and ensure accountability for those who operate within it. When criminal penalties for unaccredited were removed in 2006, Congress did not authorize a new industry to emerge outside the existing framework. Yet that is exactly what has happened. Unaccredited, for-profit companies now openly charge veterans for services that federal law already restricts. They operate beyond VA oversight and without meaningful consequences.

Faced with growing claims volumes, the answer cannot be to simply change the law to accommodate those who are breaking it. If the system is under strain, our responsibility, all of our responsibilities, is to fix the system, not to legitimize practices that siphon earned benefits away from veterans.

As someone who has spent decades in uniform, responsible for people, processes, and accountability, I can say this clearly. Weakening standards to compensate for system stress only compounds the problem. It erodes trust, which is our ultimate currency, undermines legitimately accredited representatives, and sends the wrong message to servicemembers who expect the rules to apply evenly.

The GUARD VA Benefits Act restores accountability without restricting access to lawful, accredited assistance. It reaffirms that the solutions to system challenges is better performance and better oversight. MOAA urges Congress to advance this legislation and make clear that earned benefits belong to veterans, not to companies exploiting gaps in enforcement.

Second, the TAP Promotion Act. MOAA believes that service does not exist in silos. It begins the day someone raises their right hand, and it continues into burial honors. From a readiness enforced management perspective, the transition from servicemember to civilian is truly a consequential period, not only for the individual but for the credibility of the all-volunteer force. Yet transition outcomes vary widely. Too many servicemembers leave uniform not understanding their earned benefits, available resources, or where to turn to for trusted help. That lack of continuity increases the risk to the veteran.

As both an MSO and a VSO, MOAA occupies a unique position in this space. We support servicemembers while they are still in uniform and continue that support throughout their life as a veteran. That continuity matters.

The TAP Promotion Act strengthens outreach, improves consistency, and ensures servicemembers and their family members receive timely, accurate information before separation, not after problems arise. It reinforces connections to organizations like ours and the others at this table who are there testifying before this Committee, that remain with veterans long after their service departs.

This belief in lifecycle responsibility is also why MOAA launched the TotalForce+ Conference. With TotalForce+ we bring together leaders from the uniformed services, the Pentagon, the VA, the Congress, industry, and the nonprofit community to collaborate and advance solutions across this lifecycle together. There are plenty of venues that focus on the types of the next ships, the next planes, the next tanks, the next weapons. TotalForce+ focuses on the peo-

ple who make strong national defense possible, because outcomes improve when responsibility is shared rather than passed along, and everybody believes that people truly outrank everything.

From first salute to final honors, how we care for those who serve and those who stand beside them directly impacts who will be willing to serve next. That group of people that was behind us before with those hats on are your biggest advocates. How they are treated will tell whether they tell somebody else to serve, and that is important.

MOAA stands here today ready for you to serve, and I thank you, and I look forward to your questions.

[The prepared statement of General Kelly appears on pages 83–110 of the Appendix.]

Chairwoman MACE. Thank you. I would now like to recognize Dr. Knight for 5 minutes for your opening statement.

**STATEMENT OF LINDSAY KNIGHT, PHD,
CHIEF IMPACT OFFICER, BLUE STAR FAMILIES**

Ms. KNIGHT. Thank you, Chairwoman Mace, Chairman Moran, Ranking Members Blumenthal and Takano, and distinguished Members of the Committee. Thank you for the opportunity to provide testimony on Blue Star Families' 2026 priorities.

Blue Star Families is the Nation's largest military and veteran family supporting organization. Its research-driven approach builds strong communities with a focus on innovative and data-informed solutions. Since 2009, our research has gathered trusted feedback from over 150,000 active-duty and veteran-connected families. Our goal is to enable military-connected families to thrive in the communities that they call home.

Since our founding, Blue Star Families has delivered more than \$336 million in benefits, counts over 440,000 members, and supports more than 1.5 million people annually. Thirty-three percent of our membership base is comprised of veterans, veteran spouses, and veteran family members.

Using this data and member insights as our guide, Blue Star Families has three primary legislative priorities in 2026.

The first one, in 2022, as a result of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, Blue Star Families was awarded funding by the VA under the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. Blue Star Families appreciates the extensive work your two Committees have done to extend this program past the original three-year pilot legislation, but we call on you both to work together to extend the program for at least another three years, and then to work toward a long-term authorization for the most successful initiatives.

As recipients of the Staff Sergeant Fox grant, Blue Star Families operates a program, Blue Star Support Circles Upstream Solutions to Crisis. Through this community-based suicide prevention program, we prioritize veterans who are at risk of suicide by ensuring that their friends and family members can recognize and understand signs and intervene before a veteran's struggle becomes a crisis.

As a quick aside to Representative Luttrell, because he brought up the question of how many veteran spouses die by suicide a year, I do not have the number of veteran spouses but I do have the most recent number from a DoD annual report in 2023 on suicide in the military. That report states that 146 family members, 93 of which were active-duty spouses, died by suicide. I think it is an open question and one that our research team is certainly interested in pursuing in partnership with the VA to find out what the corollary number is for veteran spouses.

But I also wanted to point out this is why community- and family based interventions and programs matter. Servicemembers do not stand on their own. They stand as part of a unit, whether that is a family, a community. They are connected to others, and oftentimes those individuals are most able to tell when a crisis is going to happen before the emergency is at our feet. That is the entire theory of change behind our program.

To date, nearly 200 individuals have completed this eight-week nonclinical program with Blue Star Families. Support Circles was externally validated by the University of Alabama, and participants demonstrated through pre- and post-surveys statistically significant improvements in their capacity to help others experiencing suicidal thoughts and their own self-efficacy to intervene.

Our program increased participants' confidence in discussing suicide from 55 percent to 74 percent, enhance knowledge of appropriate language and resources, and significantly imparted skills to mitigate factors for loved ones who might be having thoughts of suicide. Additionally, the share of participants indicating that all firearms were stored and unloaded increased from 30 percent to 43 percent as a result of this program.

Veteran suicide prevention, however, is not nice to have. It is a moral imperative. I think everyone in this room would agree with that. And it also saves VA health care resources when done right and done upstream and in a preventative fashion.

In 2025, using the first three years of participant data, we had an external firm conduct an economic analysis of outcomes. That analysis projects that the Blue Star Support Circles generate health care and economic cost savings 17 times greater than program costs. That amounts to roughly \$13,247 of net cost savings per cohort participant. Our participants show measurable PHQ-9 depression improvements, reducing major depressive disorder-related health care costs, and preventing costly emergency visits and psychiatric hospitalizations.

The second legislative priority that we have is that we are calling on Congress to enact the Building Readiness and Integration for Dependents Going to Civilian Environments Act. This is sponsored by Senator Alex Padilla and Representative Sanford Bishop and Jen Kiggans. The measure would establish a three-year pilot project at four U.S. military bases where national organizations serving the military and veteran community would coordinate the extension of military transition services to military families.

Challenges veterans face around transition are persistent. In our 2025 annual "Military Family Lifestyle Survey," 58 percent of veteran respondents described their overall transition from military-to-civilian life as difficult or very difficult, and 44 percent found it

more difficult than expected. The transition from military-to-civilian life is not just a personal journey for the servicemember, it is a profound change experienced by the entire family. However, many support services for spouses cease at the time of separation, which is often when families require it the most. Successful military-to-civilian transitions depend on comprehensive support strategies that recognize the unique needs of veteran family members, not just in their capacity as caregivers but as individuals navigating a significant transition themselves.

A true measure of a successful transition extends beyond the veteran's employment or access to benefits is reflected in the family's stability, well-being and connection to their community as they establish their new life as a veteran family.

Finally, Blue Star Families calls on Congress to pass the Major Richard Star Act. As many of you know, this bill will allow 52,000 combat-injured, medically retired veterans to receive their earned retirement pay and disability compensation without offset. The Star Act has 315 House and 77 Senate co-sponsors. That is three-quarters of Congress. And it could pass today if brought to the floor on each side of the Capitol.

Thank you all and distinguished Members of the Committee for inviting Blue Star Families to provide our priorities, views, and research. I am happy to answer any questions.

[The prepared statement of Ms. Knight appears on pages 111–121 of the Appendix.]

Chairwoman MACE. Thank you. I would now like to recognize Mr. Burke for 5 minutes for your opening statement.

**STATEMENT OF TOM BURKE, NATIONAL PRESIDENT,
VIETNAM VETERANS OF AMERICA**

Mr. BURKE. Chairman Moran, Chairman Bost, Ranking Members Blumenthal and Takano, I appear before you today as a Vietnam veteran and the proud President of Vietnam Veterans of America, an organization born not from comfort or consensus but from necessity.

Our motto is simple, and it is unyielding: "Never Again Will One Generation of Veterans Abandon Another." That promise was forged by Vietnam veterans who came home to a country that did not know what to do with us. We did not return to parades, gratitude, and too often we had returned to silence. Some questioned even if Vietnam was a real war. We learned quickly that if veterans did not fight for each other, no one else would. So we fought. We fought for ourselves when no one else would, and we won battles many said we could not win.

Long before PTSD had a name, Vietnam veterans forced this Nation to recognize invisible wounds as real injuries. Long before Agent Orange or toxic exposure were politically safe to acknowledge, we demanded accountability for harms caused in service to this country.

There were no playbooks, no large budgets—only conviction, perseverance, and the refusal to be ignored. That is how Vietnam Veterans of America was built. We may not have the largest balance sheets, but our passion is rooted in lived experience and the hard,

hard knowledge of what happens when a nation looks away from those it they sent to war.

That is why, although our name reflects one generation, our mission has never been confined to one. We speak today not only for Vietnam veterans but for all veterans, because we know what abandonment looks like, and we will not allow it to be repeated. Never again will one generation of veterans abandon another.

That history brings me directly to the Vietnam Veterans' highest priority, the full accounting of our prisoners of war and those still missing in action. For those who served, this is not an abstract. These are names not in the database. They are friends we trained with, people we served beside, and we expected them to come home.

The promise that no one would be left behind did not end when the battle stopped, and it does not weaken in time. That is why VVA has never wavered on POW/MIA accountability for all wars. It is a sacred obligation, not a discretionary program.

Reducing budgets for the agencies responsible for recovering our missing servicemembers is unacceptable. It breaks faith with families who have waited decades and with those currently serving who trust their country will not forget them. Accounting for the missing is not about the past. It is about trust.

Vietnam Veterans of America also carries the same sense of passion into a cause that our members know all too well, a fight for veterans exposed to toxic exposures. For too many of us the war did not end when we came home. It followed us. It surfaced years later in our bodies, and too often in our families. Vietnam veterans were exposed to Agent Orange long before anyone was willing to admit what it was doing to our bodies. And evidence now demands serious research into toxic exposure may affect spouses and biological descendants.

This fight is not limited to one generation. Vietnam veterans have stood with all veterans who have been harmed by toxic exposure, including those suffering from the Gulf War illness, whose symptoms were dismissed for far too long. We push for recognition because we know exactly what happens when denial replaces accountability.

This nation must fully accept this responsibility to every veteran harmed in service, and the Vietnam veterans will continue to speak about this.

And this brings me to what deeply—veterans must never be used as political leverage. No veteran should ever be helped, or ignored, because it is politically convenient. Care must never depend on party loyalty, polling, or legislative timing. When veterans become bargaining chips, progression stops, trust erodes, and real people pay the price. Vietnam Veterans of America did not pick sides. We pick outcomes, and we will work with anyone, of any party, who is serious about delivering results for those who served.

Vietnam Veterans of America will continue working across the aisle on a wide range of legislative issues. We look forward to working with both Committee and every Member willing to engage in good faith. We will offer our expertise directly to any office, wherever it is helpful, because results matter more than credit.

Before I close I must ask, how a nation that asks so much of its servicemembers can accept that so many will die from suicide, sleeping in the streets, or fall apart in transition once the uniform comes off? How do we explain that the danger does not end when the service is over, be that in combat or any area of other service? How can we accept the danger continues, in paperwork, in silence? These veteran losses are mostly caused by delay, diffusion of responsibility, and the excuse of complexity. And when systems fail to act, veterans pay the price with their lives.

These are our people. They stood watch, they carried the burden, and they deserve urgency. They do not deserve explanations about why help must wait. Vietnam Veterans of America will not accept a system that saves resources while it costs lives. Vietnam veterans taught this Nation something important, that progress does not come from waiting to be invited, it comes from showing up, from telling the truth, and from refusing to go away. That is who we are, and that is what we continue to be, as long as we have breath in our bodies.

Thank you for the opportunity to testify.

[The prepared statement of Mr. Burke appears on pages 122–130 of the Appendix.]

Chairwoman MACE. Thank you. I now recognize Mr. Wright for 5 minutes for your opening statement.

**STATEMENT OF LARRY WRIGHT, JR., EXECUTIVE DIRECTOR,
NATIONAL CONGRESS OF AMERICAN INDIANS**

Mr. WRIGHT. [Speaks Native language.] Good morning, distinguished Members of the Committee. I address you in my Tribal language, my Ponca language, out of respect and to raise awareness for our Navajo Code Talkers, who were instrumental in helping our country during World Wars I and II.

My name is Larry Wright, Jr. I am the Executive Director for the National Congress of American Indians. Previously I served as Tribal Chairman for the Ponca Tribe in Nebraska for 11 years. I am also a proud veteran.

Thank you for the opportunity to testify on behalf of American Indian and Alaska Native veterans, who continue to proudly serve this country at higher rates than any other demographic in the United States.

As noted in my written testimony, the contributions of Native American veterans span from the Revolutionary War to today. Whether serving as Code Talkers during World War II or helping raise the American Flag at Iwo Jima, Native American veterans have demonstrated courage, commitment, sacrifice, and undeniable service to this country, many before we were even citizens of this country.

Many of these veterans commit to continued service upon returning to their communities, whether in Tribal governance, community development, or other forms of public service. Native American veterans carry forward a long tradition of warrior societies, rooted in responsibility, protection, and leadership. This is why it is important that NCAI is here today to advocate for the needs of our veterans, including health care, housing, food, and other support

mechanisms that ensure their continued success in contributions to our communities and this country.

First, on health care. Since I last testified before your Committees, I am proud to report that the Congress has continually provided advanced appropriations for the Indian Health Service. Many of our veterans live far away from VA health care facilities, making IHS the only way for many of our veterans to access health care. I thank you for your support in this effort, and ask that you continue to ensure that Native American veterans relying on IHS receive the same advanced appropriations as the VA does.

Second, on housing. Many of our veterans have difficulty finding safe and affordable housing on or near Tribal communities. NCAI supports the Native American Direct Loan Program, which provides necessary financing for homes located on Tribal trust lands at a 2.5 percent interest rate. Given the high cost of housing across the United States and the unique financing challenges associated with trust land, below-market interest rates are critical to putting our deserving veterans in healthy homes.

To ensure that the program is successful, we urge Congress to provide a directive to the VA to put it into its current hiring freeze, and more specifically to hire necessary VA staff that can educate Native American veterans on the program and provide much needed technical assistance to improve its utilization.

Likewise, NCAI strongly supports the continuation and expansion of the Tribal HUD-VASH Program. As part of this process, we encourage your Committees to remove any unnecessary restrictions for Native American veterans who reside in current assisted stock units. In some Tribal communities, these units are the only vacant units available to Native veterans. They should not be penalized because of limited housing options.

Third, on food. NCAI has been paying close attention to the changes to the Supplemental Nutrition Assistance Program. We were disappointed to see that recent changes to SNAP removed the work requirement exemption for veterans, Native and non-Native alike. The elimination of this exemption creates unnecessary burdens in accessing critical nutrition for the bravest among us, rather than serving as an incentive for employment. A significant portion of our veterans reside in remote Tribal areas where local unemployment rates are often three times or more the national average. In these regions, failure to secure a job that satisfies specific hourly requirements is more frequently due to geographic limitations than lack of effort.

Fourth, on additional resources. The VA Advisory Committee on Tribal and Indian Affairs has served as a critical mechanism to ensure that Tribal voices remain at the table as the VA develops policies, programs, and services that directly impact more than 145,000 Native American veterans that the VA serves today. NCAI strongly believes that any disruption to the advisory committee's operations undermines the VA's ability to effectively serve Native American veterans. We urge your Committees to ensure that the advisory committee has the legal framework and financial resources required to meet its obligations.

To this point, we appreciate the introduction of the National Veterans Strategy Act, which would establish metrics to determine the

well-being of our veterans regarding their physical health, mental health, spiritual health, economic security and opportunity, education, family and social engagement, and civic engagement. This important bill rightfully recognizes Tribal governments and Tribal organizations as key stakeholders to determine these metrics.

Indian Country knows firsthand the shortfalls that our veterans face, and we are eager to work with Congress to close those gaps. Thank you for your time. I am happy to answer any questions that you may have.

[The prepared statement of Mr. Wright appears on pages 131–136 of the Appendix.]

Chairwoman MACE. Thank you so much. I will now recognize Captain Rita Graham for your opening remarks in 5 minutes.

**STATEMENT OF RITA GRAHAM, POLICY DIRECTOR,
SERVICE WOMEN'S ACTION NETWORK**

Ms. GRAHAM. Good morning, distinguished Members. Thank you for the opportunity to testify today.

My name is Rita Graham. I served as an Army Field Artillery Officer, and I now serve as the Policy Director for the Service Women's Action Network, or SWAN. On behalf of woman veterans everywhere and on behalf of SWAN, I respectfully highlight three priorities today.

Number one, closing the gender-based research gaps under the PACT Act. Number two, restoring comprehensive reproductive health care access for veterans. And three, protecting evidence-based policies on women service and ground combat units. These priorities reflect what we are seeing from women veterans across the country.

Veterans like me volunteered to serve, fully knowing the risks of combat. But what we did not expect was that after our service our access to health care and benefits that we earned could still depend on whether or not the VA systems recognize our service and sacrifice.

Which leads me to priority number one, ensuring the PACT Act implementation fully addresses reproductive and fertility impacts. The PACT Act has been hugely successful in establishing long-term harms from toxic exposure. However, implementation gaps remain for women veterans specifically. Women veterans report substantially higher infertility rates than civilian women, yet researchers consistently identify significant gaps in data on reproductive health outcomes among women exposed to military environmental hazards. Substances linked to reproductive toxicity, miscarriage risk, and infertility are routinely encountered in everyday military environments from motor pools, maintenance facilities, and firing ranges.

Yet infertility and many reproductive health conditions are not currently included among toxic exposure presumptive conditions. And proving service-connection can be particularly difficult due to complex nexus and service-connection requirements.

While VA data shows success in women veterans' enrollment proportional to their population in toxic exposure screenings, however, the gap that we see today is that publicly available data related to

claims approvals and denials and condition level outcomes are not consistently disaggregated by gender, making it difficult to fully assess whether benefits are being delivered appropriately.

This issue is not whether or not women are being exposed to these chemicals. That has already been well documented. The issue today is that research systems to track these toxic exposures were built when the force was primarily male. Therefore, reproductive outcomes were not systematically tracked appropriately. Our challenge today is whether or not these outcomes are being fully and effectively measured.

And let me be clear. This is not primarily a benefits issue. It is a measurement and accountability issue.

SWAN urges Congress to require gender disaggregated reporting, prioritizing longitudinal reproductive health research, and ensuring veterans with service-connected infertility have clear treatment pathways. Recognizing reproductive harm from toxic exposure does not expand the PACT Act's mission but instead fulfills it.

Priority two, restoring comprehensive reproductive health care access. In December 2025, the VA reversed its policy permitting reproductive health services in cases of rape and incest. This policy reversal affects countless numbers of survivors of military sexual trauma within the female veteran population. VA data proves that roughly 1 in 3 women will experience military sexual trauma throughout their life, and reporting under the Deborah Sampson Act has documented more than 1,500 instances of sexual harassment on VA campuses every single year.

These data highlight the serious ongoing risk, where a veteran who survives sexual violence may seek care inside a VA system, yet lack the full range of pregnancy-related medical counseling available in their counterpart civilian health care systems.

At SWAN, we believe that no veteran should lose their bodily autonomy because of their service to our country. SWAN urges Congress to ensure survivors of sexual violence have access to the same medically appropriate care available in their civilian health care counterparts.

Our final priority number three, protecting evidence-based policies that affect women's military service. Last month, the Department of Defense announced a new or re-review of women in ground combat positions. This review comes despite more than a decade of research and operational experience that prove that integration challenges are solved through leadership, standards, and infrastructure, not inclusion.

Today, there are approximately 5,000 women who serve in ground combat roles, and thousands more have already transitioned to veteran status, like myself. While not directly under the scope of this Committee, the policies that affect who can serve today will shape the population that the VA and this Committee will serve tomorrow. SWAN encourages continued oversight to ensure personnel decisions remain evidence-based to sustain a strong military.

Before closing, SWAN would like to appreciate the VA's reversal of the interim final rule on medication and disability ratings, and hope this will lead to more transparency and congressional oversight for all future regulatory changes.

In closing, when I became one of the first women integrated into a ground combat unit, I did not consider it a historic milestone. I was doing my job, as did so many other women veterans around the country. And now today we women veterans ask for something very simple. We ask that the veteran health care system and benefits fully reflect the realities of our service.

Thank you, and I look forward to any questions.

[The prepared statement of Ms. Graham appears on pages 137–141 of the Appendix.]

Chairwoman MACE. Thank you. I will now recognize Ms. Barbara Burt for her opening remarks.

**STATEMENT OF BARBARA BURT, LEGISLATIVE LIAISON,
GREATER BOSTON CHAPTER AND NEW ENGLAND REGION,
NATIONAL BOARD MEMBER, GOLD STAR WIVES OF AMERICA, INC.**

Ms. BURT. Chairwoman Mace, Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member Blumenthal, and distinguished Members of the Committees, my name is Barbara Burt. I was born in Kansas, and now live in Hanson, Massachusetts, on a small farm. I appear today on behalf of Gold Star Wives of America, Inc., representing the widows and widowers across this Nation who have lost their spouses as a result of military service.

Gold Star Wives of America was founded in 1945, to advocate for policies and financial support for military survivors and their children. Eighty years later, that mission remains as urgent as ever.

I am the widow of Robert Burt Jr., who served in the United States Army Reserves and as a full-time recruiter in the Kansas Army National Guard. As the effects of Agent Orange emerged, Bob's health declined. In 2019, he was diagnosed with multiple system atrophy, a devastating neurodegenerative disease. Within two years it took everything from him, including his life.

After Bob's death, I became trapped in grief. Gold Star Wives of America, Inc., became my restoration. Dependency and Indemnity Compensation, DIC, was created to prevent economic collapse after the loss of a servicemember. The word "indemnity" recognizes the loss caused by military service is permanent, yet today that promise is not being fulfilled.

As a new member of Gold Star Wives of America, Inc., I was struck by who these military spouses are. Many gave up careers, education, and financial security to care for their veteran. They met medical, emotional, and financial needs without guarantee of a future. When the spouse returned broken in body and spirit, or in a flag-draped casket, they stepped forward into a life of caregiving, loss, economic instability, without hesitation. They served a nation that has not always served them.

For more than 30 years, Gold Star Wives of America, Inc., has advocated for updating the inadequate level of DIC. We are often told it costs too much. Meanwhile, I watch grieving spouses struggle with inadequate heat, food insecurity, housing instability, and unmet medical needs, and still show up. They show up for each other, for their communities, and for this country. These brave, selfless women and men validated my grief and showed me that

purpose can grow from loss, what the Bible calls “beauty from ashes.”

Today most surviving spouses live on approximately \$1,700 per month from DIC. Some receive Social Security. Many do not. Every year that DIC remains inadequate, military spouses pay the consequences, not in theory but in daily hardship. That hardship means choosing between heat and medication, groceries and gasoline, it means delaying care, skipping meals, and living with the constant fear that one unexpected expense will undo what little stability remains. For many it means losing a family home and moving into shared or unstable housing.

Members of the Committee, you can change this. H.R. 6047 provides a modest but meaningful increase, and we thank Chairman Bost and the House Committee for advancing this bill. As noted at markup, this is a down payment, progress, not completion. That completion is S. 611 and H.R. 2055, the Caring for Survivors Act. Today, DIC replaces only 43 percent of 100 percent disabled veterans’ compensation. This bill raises that to 55 percent, aligning military survivors with other federal survivors. This is not just a matter of fairness. It is a matter of survival.

H.R. 1685, the Justice for ALS Veterans Act, reflects medical reality. ALS carries a two- to five-year life expectancy. Policies requiring eight years of total disability create structural exclusion.

We also support S. 410 and H.R. 1004, the Love Lives On Act, which affirms that our Nation’s responsibility to military families does not end at loss. Chairman Moran, thank you for your leadership.

Finally, we support H.R. 2264, the Service-Connected Suicide Compensation Act. Like the PACT Act, it shifts the burden of proof away from grieving spouses and toward fairness and compassion.

Members of this Committee, we urge your favorable consideration of these bills and are confident that bipartisan leadership can move them to the President’s desk.

Thank you for the opportunity to testify on behalf of Gold Star Wives of America, Inc.

[The prepared statement of Ms. Burt appears on pages 142–148 of the Appendix.]

Chairwoman MACE. Thank you. I would now like to recognize Mr. Richard Brookshire for 5 minutes for your opening statement.

STATEMENT OF RICHARD BROOKSHIRE, CO-CHIEF EXECUTIVE OFFICER AND CO-FOUNDER, BLACK VETERANS PROJECT

Mr. BROOKSHIRE. Chairman Moran, Chairwoman Mace, Ranking Members Blumenthal and Takano, and distinguished Members of the Committees, Black Veterans Project represents the first comprehensive reparative justice effort mobilizing Black veterans and military families systematically denied access to the GI Bill during the height of Jim Crow, as well as those who endured systemic racial inequities across the Department of Veterans Affairs benefits programs since the end of legal segregation.

BVP leverages data-driven research, narrative storytelling, and impact litigation to redress the Federal Government’s sustained

legacy of racial bias that has siphoned an estimated \$100 billion in wealth-generating opportunities from Black veterans and military families since World War II.

While the families of white veterans now hold 32 times more wealth than those of Black veterans—a gap of \$164,000 per household—Black veterans remain twice as likely to live in poverty and represent fully one-third of the homeless veteran population.

Since 2020, Black Veterans Project has worked with Yale Law School and the National Veterans Council for Legal Redress to FOIA internal VA data exposing the systemic denial of billions in disability pay to Black veterans in the post-9/11 era. *Monk v. United States*, a legal case leveraging these findings, is poised to become the first race-based class action reckoning with the legacy of racial discrimination in VA's benefits programs.

While more recent disparities at VA has taken years of strategic advocacy to bring to light, efforts to further investigate and address systemic inequities were haphazardly upended last year, when the Office of Equity Assurance was liquidated under the auspices of government efficiency.

For decades, VA flat-out ignored repeated requests by advocates to access its racial data. A 2021 lawsuit by Black Veterans Project compelled the release of just two decades' worth of disability grant rate data by race, substantiating what Black veterans and advocates had long suspected—sustained and systemic disparities in the administration of a veterans' benefits program. Despite a government record spanning the widespread obstruction of Civil War pensions through the multigenerational obstruction of veterans' housing, education, and healthcare benefits from World War II through the Gulf Wars, accountability remains elusive.

In January 2024, VA summarily eliminated its diversity, equity, and inclusion initiatives focused on improving outreach to minority, women, and veterans adversely affected by persistent inequality. Seemingly overnight, it terminated more than 60 employees and re-allocated more than \$14 million in earmarked funding to wage a war shameless war on “woke.” Now, innocuous rule changes and unregulated artificial intelligence are wreaking havoc in ways that will undermine access, with too few guardrails in place to ebb their impact.

The deployment of anti-diversity, equity, and inclusive narratives, levied through dubious Executive orders, has sown confusion and fear, threatening those working to mitigate adverse discriminatory outcomes at VA and beyond. The very systems built to catalyze integration and guarantee accessibility for all veterans have been eroded for partisan political gain, and the dignity of our Nation's veterans has become collateral damage for an anti-woke agenda that serves to distract from the rapid privatization of our Nation's largest public health care system.

Worse still, powerful forces are actively colluding to redefine who is entitled to the myriad of benefits earned through military service and whose contributions in uniform are ultimately remembered, honored, and uplifted.

As we mark our Nation's 250th anniversary, historical erasure is adding insult to injury. The veneration and advancement of anti-democratic, discriminatory narratives and policies present a nexus

of crisis across our Federal Government that must be confronted, and a decay of values that must be uprooted and repaired. Americans envision a multiracial democracy in which all veterans are respected and protected. That is not the moment in which we now find ourselves.

We are at a pivotal crossroads where apathy, animus, and willful ignorance are converging. This must be met with moral clarity and conviction. The shared values of integration, equal opportunity, equity, and inclusion are structural necessities that equip the best of us to do the most for all of us. That is the America for which countless souls have perished, that is the America for which I donned a uniform, and that is the America your Committees must embody to adequately care for those who have borne the battle, no matter their identity.

Black Veterans Project looks forward to working with each of you to repair past and present harms and to rebuild the public trust required for VA, veterans, and our Nation to thrive into the future. Thank you.

[The prepared statement of Mr. Brookshire appears on pages 149–155 of the Appendix.]

Chairwoman MACE. Thank you so much, Mr. Brookshire. I will now recognize myself for three minutes of questions.

My first question goes to you, General Kelly. The barriers within the transition process preventing veterans from accessing and understanding their benefits, what are those barriers?

General KELLY. First, thanks for the question, Chairwoman, and thanks for having us here again today. I think first and foremost, when you get into those room—you know, I have gone through the Transition Assistance Program, as many of the veterans, I am sure, Representative Luttrell went through, as well—you get in there and there is focus on a very short period of time, and most people are focused on only their disability claims, the information that comes out and what is going to happen. There are so many other benefits and so many other things that have to happen that the information is not necessarily passed in the right way.

In addition, to make the connections that have to happen afterwards, to help people make their transitions to the VA and access to all those other benefits and have continued—continued—continuity in that really requires a focus, for which many of the VSOs, many of the MSOs that you see here, are prepared and set to do that, not just on the disability side—in fact, we do not even do disability claims at MOAA—but to make sure that those veterans have access to all of the benefits that they have, and have information from a trusted source, so that they do not go looking for somebody who is out there just doing it for profit.

Chairwoman MACE. And so what are some of those key benefits you think that they are missing hearing about?

General KELLY. Education, housing, other health care that is not related to disability claims. There is a variety of those in there that they have earned through their service, that are just being lost, or sometimes they are being sent to folks who are there to prey on them in regard to helping them get a disability outpayment, for

which then they will reap the benefits, which is unfortunate for our veterans.

Chairwoman MACE. I think we call those sharks, right?

General KELLY. Yes, we do. That is correct.

Chairwoman MACE. And then how do we, I guess for that continuity, making sure they know all their benefits, how do we remove some of those barriers? What are some of your ideas?

General KELLY. I think we have looked at some of them in our written testimony, but certainly the work that is being done for the GUARD VA Act, to help make sure we police some of those sharks, as you called them, out of there is important, make sure we get the right groups of people involved in that transition so that the connections and the discussions can be made, and we can know who the trusted sources are so the veterans, even if they do not have the information the first time, have the right places to follow up and make sure that they get access to all of their benefits.

Chairwoman MACE. Thank you. And I have 45 seconds left, Captain Graham. My last question is for you. How can the VA be more efficient with how it delivers benefits to veterans, their families, women, et cetera, everything you talked about?

Ms. GRAHAM. Thank you for the question. I think, first of all, just having proper reporting data coming from the VA up. The question obviously is how to receive the benefits, but the VA needs to know what issues there are. A lot of the data that we pull is anecdotal from individuals. The VA just needs a better understanding of what these issues are for service women, and that comes from better research, disaggregated by gender.

Chairwoman MACE. Okay, thank you. I would now like to recognize the Ranking Member.

Mr. TAKANO. I will yield to Senator Duckworth.

Chairwoman MACE. Okay. Senator Duckworth, you are now recognized.

**HON. TAMMY DUCKWORTH,
U.S. SENATOR FROM ILLINOIS**

Senator DUCKWORTH. Thank you, and I want to thank the Ranking Member, Congressman Takano for yielding to me. I am running a little behind schedule.

From the moment my buddies carried me to safety, I have dedicated my life to supporting our Nation's veterans and serving them, in order to try, in a minuscule way, honor their bravery and their sacrifice. That mission is why I am here today as a Member of Congress, and that is why I continue to join you in fighting tirelessly against Donald Trump's attack on the VA. Because I see clear as day that the end goal here is to privatize and eventually dismantle the VA, and this effort has started even before this Administration. It has been long ongoing, and we have been fighting this for a very long time.

At this point, President Trump has fired more veterans than any other President in American history. He has taken an axe to the VA workforce. He has killed collective bargaining rights to instill a culture of fear, and consistently withheld oversight authorities from Congress. His Administration plans to gut the Veterans Health Administration's management structure and outsource \$1

trillion away from VA clinicians and to a civilian provider network that does not have the specialized infrastructure to provide service-informed care.

Over one year into his second term, there is still no clear strategy on how Donald Trump's VA plans to deliver more resources to veterans, not less. He claims that he cares about veterans, and I state, the President said, and I quote, "Under my leadership our Nation will always uphold the legacy of our veterans, and as President I will always have their backs," end quote.

Frankly, I am tired of his broken promises, and the veteran community should be too. His Administration has turned its back on veterans every single time an opportunity has presented itself.

Secretary Collins' most recent ambush interim final rule, should be a sobering call to action. Do not be fooled. Until Secretary Collins rescinds that rule, it remains in effect. It remains in effect. If you think that this is the end of this Administration's effort to attack disability compensation, then you are wrong. If that was the case, Secretary Collins would have consulted all of us, or at the minimum rescind the rule and assert a clear consultation plan with all stakeholders being consulted, beginning with the Members of Congress, and then, of course, with the VSOs. You are the voice of our Nation's veterans, each and every one of you. You should have been consulted.

This is not a Republican versus Democrat issue. This is not even a Trump issue. This is an issue of privatizing the VA, which has been an effort that has been underway for decades, and we must stand up to it. This is a veterans issue.

And my promise, my commitment, is to fight to uphold our Nation's promise to veterans, even when that makes us unpopular and calls for confrontation. More than ever, Republicans, Democrats, and VSOs alike need to come together to protect our Nation's veterans. So, let's get to work to codify protections that ensure that Donald Trump, or any other future President, cannot come after veterans' disability compensation, ever again.

Before I close, I want to get the panel's view on a particularly offensive angle of this ambush rulemaking that the public may not fully appreciate. And again, I want to establish a precedent that no future President, no future administration, regardless of their party affiliation, can do this ever again. So this question is open-ended to the members of the panel that is here.

Can you explain why it was so inappropriate to use an interim final rulemaking process for such a controversial policy and address the message that is being sent by the Administration to the VSOs and the entire veterans community and seeking to jam this through before a single comment was filed? Basically, I would like each of you to explain to me why it is important that you should be consulted when such a rule is being made. General?

General KELLY. Senator Duckworth, first, thanks for your support of veterans in what you do. It is amazing.

You know, all of us think we have the ears of our veterans and have some information to provide, so transparency in terms of consulting us, giving us information, we think would have provided the Secretary and the VA with some information that may have adjusted the outcomes, which means anxiety and all the things that

were associated with this recent thing would have been avoided. And we think that can happen in the future.

This group of people has information to provide and should be consulted.

Senator DUCKWORTH. Anybody else?

Mr. WRIGHT. Yes. From Indian Country it is very important that we have those consultation processes and upholding the trust and treaty responsibility that the United States has to our Tribal people, and in this case, especially our veterans. When we look at, there are 145,000 Native veterans in this country, a law was passed creating a VA Tribal Advisory Committee, and this kind of information and that kind of consultation should have gone through that committee, that is upheld by law.

Senator DUCKWORTH. I was very proud when I was at VA, under General Shinseki, to set up the situation where we dealt with our First Nation veterans on a nation-to-nation basis. That is critically important, especially for a population that has the highest per capita service in our Nation's military than any other population. So thank you. I think you have a unique voice, and you should have a seat at the table, because your veterans, in particular, have unique needs that should have been addressed, and you were not consulted, and that is completely inappropriate.

Ms. GRAHAM. On behalf of Service Women's Action Network we also fully believe that the filing of the interim rule is so important because it has happened to us already, where the reproductive health access were taken away under an interim final rule. So this just shows a pattern of these unofficial systems without any of the veterans, the VSOs being consulted on ways to take away further and further minority health care and minority veteran benefits.

Senator DUCKWORTH. Thank you. You have been very indulgent, Madam Chairwoman.

Chairwoman MACE. I have been very generous. It is fine. I want to hear from our veterans, and thank you, Senator Duckworth.

Ranking Member Takano, you are now recognized for three minutes.

Mr. TAKANO. Thank you, Madam Chair. Ms. Graham, my colleagues and I in both the House and the Senate have introduced legislation to overturn VA's final rule restricting abortion access. How important is it to your members to overturn this rule and allow veterans access to abortion?

Ms. GRAHAM. Thank you for the question. We believe it is incredibly important. If nothing else, there is no other health care in the VA system that men can have that women cannot, other than this abortion ruling. When these actions get taken place, women veterans are just told time and time again that our service does not count as much, it does not mean as much, and that we do not deserve the same benefits.

Mr. TAKANO. Can you tell me, how do women veterans feel that they have put on the uniform of our country, put their lives on the line to defend the rights of all Americans, but yet have this right over their own health care taken away?

Ms. GRAHAM. It is insulting, both as a veteran, and on behalf of SWAN. It is insulting that the fact that our health care could even be limited in this system that we have earned, that we have de-

served. So it is insulting, and it is also terrifying. Women veterans, especially, need trauma-informed care, that the VA is really excellent at providing, and it has only improved over the years. When we cannot receive trauma-informed care for reproductive health access, women will die. Their health outcomes will be adversely impacted. So it is hugely detrimental.

Mr. TAKANO. Thank you. Mr. Wright, how is the implementation of the Dole Act regarding awarding grants to states and Indian Tribes to improve veteran outreach, how has that been going this year?

Mr. WRIGHT. Indian Country is very thankful for the Dole Act and the impact that it has. And in particular, this law was signed in January 2025. Two landmark provisions that represent a significant step forward for Indian Country is expanding home ownership opportunities for Native American veterans—

Mr. TAKANO. Excuse me, Mr. Wright. Is it going well? Is it not going well?

Mr. WRIGHT. It is. There are other opportunities that we would like to see continue to help with the Native American Direct Loan Program, HUD-VASH are two other programs that are very helpful for Indian Country.

Mr. TAKANO. Well, thank you. Mr. Brookshire, last May, Black Veterans of America participated in our roundtable assessing disparities for minority veterans. And what we highlighted was the importance of the VA's now shuttered Office of Equity Assurance. What has been the impact that this office closure has had on your community?

Mr. BROOKSHIRE. Thank you for the question. It is the inability to track data and to move on findings that the Office of Equity Assurance, findings that were beginning to materialize out of the office that were pinpointing where disparities were most concentrated and trying to get down to the root cause issues. Obviously that work has been abandoned.

Mr. TAKANO. We have seen an explosion in the use of artificial intelligence at VA, in both clinical and non-clinical spaces. What concerns do you have about these use cases, and what recommendations do you have for better protecting veteran data as AI continues to expand at VA?

Mr. BROOKSHIRE. The use of AI at this point is an evolving technology with a lot of concern about exacerbating racial bias in the system, if implemented without proper oversight and regulation. And I believe that many veterans organizations, including Black Veterans Project, want an AI Veterans Bill of Rights, so that we understand how our data is being leveraged at any given moment.

Mr. TAKANO. Thank you for that. Thank you, Madam.

Chairwoman MACE. All right. I will now recognize Ranking Member Blumenthal for three minutes.

Senator BLUMENTHAL. Thank you, Madam Chair. I am going to go a little bit off script, because as you know, you are here on a very important day. It is the day of the State of the Union address. And typically a President delivering the State of the Union address talks about veterans. I certainly hope tonight President Trump will talk about veterans.

And I have sort of a wish list. I don't know whether you do. I would like to see the President of the United States commit to immediate passage of the Richard Star Act. I would like to see the President of the United States commit to replace all of the 30,000 workforce who have been fired or encouraged to leave—positions that are open now and are essential to veterans' health care and other benefits. I would like to see him commit to restoring contracts. We do not know how many exactly, and we do not know which ones they are. But we know that hundreds have been canceled. The VA has not been forthcoming.

I would like to see the President commit to the full funding of all the programs that benefit veterans, education and training that are so essential to their making productive lives when they leave active duty. And I would like to see him commit to rescinding the interim final rule that we have been discussing here today—rescinding it. The Secretary of the VA can do it right away, and I would like to see the President commit to it, as well as the reversal of the ban which—Ms. Burt, you were talking about—that bars providing reproductive health care to veterans.

Those are just some of the steps that I would like to see him take. And I would like to invite anyone who wants to add to that wish list to do so now.

Mr. BURKE. Sir, if I might. The interim rule, according to our research, has been in existence since 1958, evaluating disability ratings in light of medications veterans are taking. This is really not a brand-new concept, but the way it was introduced created confusion and concern across the entire veterans community.

VVA was engaged in professional dialogue with Secretary Collins and senior officials to ensure veterans were protected. Our concern is not political. It is about clarity, transparency, and ensuring no veteran is harmed, now or in the future.

Never again means never again. Veterans should not be blindsided by regulatory action without clear communication and opportunity for input, which we never had, and we did not, obviously, have a clear communication from the VA. Our goal really is simple, is to protect veterans today and prevent problems for future generations.

Senator BLUMENTHAL. Well, thank you, sir. I hope the President is listening, or someone in the White House is listening to you, because that interim rule needs to be rescinded, or we need to do legislation that will, as you put it very well, clarify what the rules are and make sure that veterans understand, they do not have to sacrifice their medical benefits in order to comply with this rule, which is the threat that was raised, the confusion that was created, and the unfortunate impact on the veteran community without any real communication with them. Thank you.

My time has expired. Thank you, Madam Chair.

Chairwoman MACE. Yes. I will now recognize Mr. Luttrell.

Mr. LUTTRELL. Thank you, Madam Chairwoman. Mr. Brookshire, ideally, in my opinion, as a veteran you are probably going to appreciate what I am about to say. The transition from active duty to veteran, it really does not exist as far as information, moving from one space to the other. In my opinion, we should be able to take all of the information, our service records, our medical records,

everything that we have touched, tasted, felt, and smelled inside active duty, and it should automatically move into the veteran system. I am leaving the Navy, PSD says, "hey look,"— calls VA up, "Morgan is inbound." We are going to drag all the information that lands inside the VA. The VA says, "I've got him. He's good to go," and everything is actioned.

When I am dealing with VSOs, it touched the homeless population. The homeless population don't have all their information. They either lost it, or wherever that goes. How do we get out in front of the issue that affects our homeless population while they are still in the DoD? Is there a trajectory that we are missing? Is there information breakdown that we can catch? And when you are engaging with the homeless population, is there something that kind of elevates to the top, like hey, this is what we are seeing in the vast majority of our homeless veterans that we could probably catch while they are still active duty, or the VA could pay more attention to? Until—which I have been working on this for three years now—until the system itself moves effectively and efficiently for us.

Mr. BROOKSHIRE. I appreciate the question. I would like to consult with the organizations that focus specifically on that, specifically Black veterans organizations that focus on that, and get back to you.

Mr. LUTTRELL. Because I deal with Black Veterans Empowerment with Shawn Deadwiler. I do not know if you are familiar with that gentleman. This is where he operates. And I have asked the same question to him. But I am trying to gather as much information as possible here so we can legislate that appropriately. Because to your point, no veteran should be forgotten. No veteran should be dismissed. And the system itself, since its creation, has created that problem set. I would like to say that you take the veteran out of the equation, make the system correct, and the veterans are better taken care of. And the reason I asked you that specific question about our homeless population—and the answers that I get, some of our homeless population is like, "Hey, I'm happy where I'm at." How are we supposed to address that?

Mr. BROOKSHIRE. Again, I do not know how to specifically answer that question, but the first thing that comes to mind is there is a disproportionate amount of homeless veterans who are facing other-than-honorable or dishonorable discharges, so you have to kind of address some of the root causation of that within DoD, that puts them at a disadvantage to begin with when they get out. And Black folks are overrepresented even today, in the present data, twice as likely, almost three times as likely, depending on branch of service, to get out with an other-than-honorable discharge, which affects their accessibility to benefits. So I think there is a need to address the systemic racial justice issues relative to the UCMJ.

Chairwoman MACE. All right. Thank you. I would like to thank Chairman Moran, Ranking Member Blumenthal, we would like to thank you for being here today. I will now recognize Ranking Member Takano for closing remarks.

Mr. TAKANO. Thank you. Very briefly, I want to really thank the sincere interest of my colleague from Texas, Congressman Luttrell, in his questions. Congressman, your concern about the transition

of military servicemembers going smoothly, making sure that all the data, information gets transferred from DoD into the VA.

I want to suggest you take a look at legislation that I have offered called EVEST, which would basically be an opt-out program, so that veterans do not have to go and get into VA. They are assumed and presumed to automatically be enrolled in VA, and they have to opt out of it. That was what EVEST does. Oddly enough, it does cost some money to do this. But I think for that year, two years, three years that they leave the military, that is a very critical time for them to be in touch with VA and to know and learn about all the programs. They should not have to opt in. They should automatically be put into VA as number one.

Secondly, we know from the Vietnam War era, minority veterans, African American veterans, Latino veterans, faced disproportionate disciplinary actions, and upon review many of them might retrospectively look very unjust, and I would say unjust. And it is not just that particular war. It was many other conflicts, where other-than-honorable discharges were issued, and it is a big issue for the veteran community. And it impacts their ability to get those transition services, and many are disproportionately on the streets because of that reason.

So, I think if we want to address veteran homelessness, other-than-honorable discharges are something that we need to look at rectifying. And it goes beyond minority veterans. It goes to the general veteran population in addressing homelessness. We need to look at what veterans are being denied services that they need. And look who enters the military service. It is not the wealthiest. It is not the most privileged. It is people from low-income backgrounds who are looking for a way out, a way up. And for many servicemembers, the military has been an excellent place for that to occur. But the transition services are so important.

Madam Chair, thank you so much for hosting these hearings, and thank you to all the veteran service organizations for being here and testifying. I yield back.

Chairwoman MACE. Thank you. And I want to thank everybody for being here today, for the veterans who served and traveled through snow, through a blizzard, for their testimony today. It is very clear we still have, no surprise, shocker, a lot of work to do for our veterans when they come home. I am the daughter of a Vietnam veteran, exposed to Agent Orange, have seen the lifelong health complications that my father has had.

You would like to give remarks, as well? Okay. I will recognize you.

Senator BLUMENTHAL. I am happy to follow you, Madam Chair.

Chairwoman MACE. Okay, that is fine. You can go. Go for it.

Senator BLUMENTHAL. Thank you. Well, let me begin by thanking you and our other House colleagues for making the long trip over here. But I think this hearing has been very, very useful. Thank you for your and Representative Takano's leadership, and of course, Senator Moran. And I want to thank all of you who have demonstrated your enormous patience and perseverance in staying with us in the audience and, of course, this panel, which has been excellent, like the last one. And as I said at the very start, never doubt that you are making a difference. You are the chief cham-

pions and advocates for our veterans, and they need your voice and face.

I want to reiterate, for the record, that the Senate Committee has yet to receive many of the most important responses that we have urged—I was going to say demanded, but that we have requested—from the Secretary of the VA, Doug Collins. I am going to ask that our letter of February 4th, almost three weeks ago, which asks for this information as promptly as possible—we have not yet received more than half of the responses that are due. If there is no objection, Madam Chair.

Chairwoman MACE. So ordered.

[The letter referred to appears on pages 162–163 of the Appendix.]

Senator BLUMENTHAL. And again, I think transparency is so important; transparency, the flow of information, communication. Our veterans are attuned to listening. If you are taught nothing else in the military it is pay attention. Our veterans pay attention. And they deserve, and they need, to be told the truth, promptly and accurately.

So thank you all for being here today because your oversight is so important. And thank you again, Madam Chair.

Chairwoman MACE. Thank you, Senator. I would be remiss if I did not recognize the Charleston Ralph H. Johnson Veterans Affairs Medical Center for those who are here from South Carolina. Some of the most preeminence and greatest technologies coming out of there for our veterans. A lot of my family gets served there, and we are very proud of their work. But coming from a veteran family, talking about those that are poor and destitute to get out of rural America and make something of themselves.

My father went into the Army in 1963. He was from little old Hampton, South Carolina. He knew to hunt. His family did not have a lot of money. And when he went to Vietnam he was one of the best sharpshooters they had, even though they did not really have that back then. And, you know, he still has shrapnel in his body from those days, from serving two tours in Vietnam. And his best friend, Mr. Brookshire, was his radio operator, a Black young man from North Carolina, who died in that service. My father still cannot tell that story without tearing up because of the sacrifices. Men and women from all walks of life, all colors, have come forward to serve their nation, valiantly.

And I appreciate the very open, the very honest conversation we have had today. I would urge you all to continue to use your voices, to be loud, to be heard, as we work together for the future, for serving all of our veterans across the country. I want to say thank you, I want to say welcome home, and I want to say God bless each and every one of you.

Thank you, and this concludes today's joint VSO hearing. I think it is clear that the Committees, in collaboration with the VA, under the leadership of Secretary Collins, have a lot more work to do in service to our veterans and their families. And, of course, we all are committed to the work needed for our veterans and their families.

Chairwoman MACE. So I ask unanimous consent that all members have five legislative days in which to revise and extend their remarks and include any extraneous materials. And hearing no objection, so ordered. This hearing is now adjourned.
[Whereupon, at 12:23 p.m., the hearing was adjourned.]

A P P E N D I X

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**STATEMENT OF
COLEMAN NEE
DAV NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 24, 2026**

Chairman Moran, Chairman Bost, Ranking Members Blumenthal and Takano and Members of the Committees on Veterans' Affairs:

Thank you for the opportunity to present the 2026 legislative priorities of DAV—Disabled American Veterans—a nearly 1-million-member organization representing our nation's over 6-million wounded, ill, and injured veterans—all of whom returned from wartime service forever changed.

Messrs. Chairmen, this July, our nation will celebrate the 250th anniversary of the Declaration of Independence. Throughout our history, more than 41 million Americans have worn the uniform; since 1973, that burden has been carried by the men and women of our all-volunteer force. While the landscape of military service has transformed over two and a half centuries, the principles of loyalty, duty and honor remain its unchanging foundation.

I am humbled to stand before you today as a husband, a father and a proud New Englander with a lifelong dedication to the veteran community. I am a service-disabled Marine veteran who served as a motor transport operator in the Gulf War. I spent a lot of time getting tossed around the *insanely* uncomfortable cabs of military vehicles. It wasn't the kind of thing that gets glamorized in Hollywood, but getting Marines and supplies where they needed to be was enough for me to know I did my part.

Long before gaining that insight, I watched and admired as those who made it home from Vietnam built one of the nation's first memorials to the 25 sons of South Boston who made the ultimate sacrifice there. Witnessing my fellow "Southies" honor our fallen heroes had a profound impact on me and illustrated the importance of banding together to accomplish a task bigger than oneself. Like many of those seated behind me, I found that military service reinforced that idea.

But as we all know, military service comes with trials and tribulations that can last far beyond our time in uniform and the transition to civilian life can be isolating. That is why the presence of those who have walked the same path is so vital. This realization defined my life's mission long after my time in the Marine Corps. During my tenure as

the Massachusetts Secretary of Veterans' Services, I oversaw more than \$100 million in funding for veterans and their dependents. When our heroes returned home from Iraq and Afghanistan, we didn't wait for them to find us—we went to them. We embedded ourselves in their communities, engaged face-to-face, and connected them to life-changing support.

We learned a simple truth: It is one thing to say you have someone's back; it is another thing entirely to show up. That is what DAV does best. We don't just provide services; we show up. We don't just listen and advocate; we navigate life's toughest transitions shoulder-to-shoulder with our veterans.

For over a century, this has been the bedrock of DAV. But service is more than just connecting veterans to their earned benefits. It is the phone call to check in; it is reaching out to underserved communities; it is building a wheelchair ramp so a neighbor can leave their home with dignity. Every action—large or small—makes a difference.

Ronald Reagan famously emphasized the nation's duty to veterans, stating, "We owe them a debt we can never repay. All we can do is remember them, and what they did, and why they had to be brave for us." He noted, "Veterans know better than anyone else the price of freedom, for they've suffered the scars of war. We can offer them no better tribute than to protect what they have won for us."

Fortunately for me and other sons (and daughters) of South Boston and of the United States, the Department of Veterans Affairs (VA) was there to assist us throughout our lives. When I pursued my higher education, it was the GI Bill that paid my tuition. The VA Home Loan Guaranty Program helped Karyn and me buy the house we live in. When my service-connected disabilities contributed to my stepping down as CEO from a company I ran for nearly 9 years, it was VA disability compensation that kept our finances in order. When I needed medical care for those same disabilities, VA hospitals and Vet Centers provided the care I needed and still need today. And when I'm called to stand my final post, the VA's National Cemetery Administration will ease the burden for my family and ensure I'm laid to rest with honor and dignity.

None of that is unique to me, as countless veterans can share that same story. Yet with everything happening in our country today, I can't help but wonder if the VA will be there for future generations as it was for me and those here today.

Messrs. Chairmen, today the VA stands at a defining crossroads—one that will shape not only the institution itself, but also the nation's enduring commitment to those who have worn its uniform. On one path lies the dismantling, fragmentation and gradual erosion of a system built to serve veterans. On the other lies a principled effort to modernize, strengthen and safeguard the VA for future generations who will answer the call to serve. This is not merely a political or bureaucratic debate. It's a moral, strategic and even a national security issue.

As an organization founded before our nation had a federal agency charged with honoring veterans' sacrifices, we know the VA was not created by accident or

convenience. It was built out of necessity and obligation. After each major conflict in American history, our nation confronted the same question: How will we keep our promise to those who bore the cost of war?

The VA emerged as the answer—a comprehensive system designed to provide health care, disability compensation, education benefits, housing support and dignified burial services. Its mission is singular in American governance—to serve a population defined not by income, age or geography, but by service and sacrifice.

Yet today, the VA faces intense pressure. Critics point to long wait times, uneven quality of care, outdated infrastructure and administrative inefficiencies. These criticisms are not unfounded. The VA, like many large institutions, has struggled to adapt to changing demands, particularly the complex needs of post-9/11 veterans.

But acknowledging flaws is not the same as abandoning the mission. Calls to dismantle or significantly privatize the VA are often framed as pragmatic solutions—offering veterans “choice” by shifting care to the private sector. On the surface, this may sound reasonable. In practice, it risks hollowing out the only health care system in the country that is purpose-built for veterans.

Private health care systems are not designed around military service. They do not specialize in combat trauma, polytrauma rehabilitation, or the lifelong consequences of military exposures. And they are not accountable to veterans in the same way a public institution is accountable to the people it serves.

Dismantling, once begun, is rarely reversible. As resources, talent and expertise are siphoned away, the VA’s ability to function deteriorates—creating a self-fulfilling prophecy in which weakened performance is used to justify further destruction of the department. Veterans are left navigating a fragmented landscape of providers, insurers and bureaucracies, often at moments when they are least equipped to do so.

Preservation, on the other hand, does not necessarily mean defending the status quo. Preserving the VA means reforming it with seriousness and resolve. It means modernizing facilities, investing in digital health infrastructure, streamlining claims processing and holding leadership accountable for performance. It means expanding mental health capacity, strengthening rural access, and ensuring that care keeps pace with evolving medical science.

Most importantly, preservation means recognizing that the VA is not simply a health care provider—it is a covenant with those who have used and earned its services. If our nation is serious about honoring the promise made to those who served, then our priorities must be clear and non-negotiable. Here are DAV’s critical policy goals for this year.

MAKE THE CLAIMS AND APPEALS PROCESS WORK BETTER FOR VETERANS

Messrs. Chairmen, each year, millions of veterans file claims for disability compensation and other earned benefits based on illnesses and injuries incurred during military service. In addition, hundreds of thousands of veterans are forced to appeal VA decisions in order to obtain the benefits they have earned. Because the VA's claims and appeals systems are complex and often confusing, veterans service organizations (VSOs) have long advocated for regulatory and legislative reforms to make the process more understandable and veteran-centric.

While many reforms have improved internal efficiencies, too many veterans continue to face significant barriers when seeking benefits. Process improvements that benefit the VA do not always translate into better outcomes or experiences for veterans, their caregivers and survivors.

Despite progress made through modernization initiatives such as the Veterans Appeals Improvement and Modernization Act (AMA), veterans still encounter lengthy delays, complex filing requirements, inconsistent decisions and unclear notifications. Many veterans struggle to understand evidentiary standards, navigate higher-level review options or determine when and how to appeal to the Board of Veterans' Appeals (the Board).

For veterans with severe disabilities, terminal illnesses or urgent financial needs, these delays are not merely administrative inconveniences—they can cause profound harm to veterans' health, financial stability and families. Although the AMA was designed to create faster and more predictable appeal pathways, inconsistent application of the duty to assist, uneven evidence development and poor communication with veterans continue to undermine its full potential. Meanwhile, the Board faces rising caseloads and growing wait times, further delaying access to timely and fair decisions.

To address these challenges, VA must take additional steps to simplify and modernize the benefits filing process itself. First, VA should eliminate effective date penalties when veterans submit claims using incorrect forms, ensuring veterans are not punished for navigating an unnecessarily complex system. Veterans, their caregivers and survivors should have the ability to initiate claims by phone, particularly for those with disabilities, limited access to technology or urgent needs. In addition, VA must significantly improve the clarity, accuracy and usability of its decision notification letters so claimants can clearly understand claim outcomes, the evidence considered and the options available to them.

VA must also improve the disability examination process, which is too often a source of delay, confusion and avoidable appeals. This includes strengthening examiner training and quality control systems to ensure examinations are accurate, consistent and adequate for rating purposes. VA should enable veterans to certify their own symptom statements, ensuring that competent and credible lay evidence is properly considered. Finally, VA should establish a secure medical examiner portal that

allows veterans' private physicians to directly submit Disability Benefits Questionnaires, streamlining evidence submission, reducing administrative burdens and preventing unnecessary appeals caused by incomplete or rejected medical evidence.

Veterans did their part in service to this nation. They should not be forced to navigate an overly complex and burdensome system to receive the benefits they earned. Veterans and their families deserve a claims and appeals system that is simple and efficient, and we urge Congress and VA to work together to ensure the system finally delivers on the nation's promise.

STRENGTHEN PRESUMPTIVE POLICIES TO ENSURE TOXIC-EXPOSED VETERANS RECEIVE EARNED BENEFITS IN A TIMELY MANNER

Messrs. Chairmen, for more than a century, U.S. service members have been exposed to hazardous and often deadly toxins during military service. These exposures include mustard gas in World War I, atomic testing in World War II, Agent Orange in Vietnam, sarin gas during the Persian Gulf War, contaminated drinking water at Camp Lejeune, burn pits in Iraq and Afghanistan, polyfluoroalkyl substances (PFAS) in firefighting foam, and other environmental hazards encountered wherever troops are deployed.

Too often, veterans exposed to toxic substances face significant barriers to accessing the health care and benefits they earned. Toxic-related injuries and illnesses frequently take years—or even decades—to manifest. When symptoms finally appear, it is often exceedingly difficult for veterans to document the exposure or establish the required connection to military service.

The Honoring Our PACT Act of 2022 marked the most significant expansion of health care and benefits for toxic-exposed veterans in a generation. The law expanded access to care for millions of veterans, established new presumptive conditions related to burn pits and other toxic exposures, and codified a VA process for identifying future presumptive conditions. However, the PACT Act lacks sufficient accountability mechanisms to ensure timely decision-making, leaving many veterans still waiting for recognition of service-connected toxic injuries, including those who served at Karshi-Khanabad Air Base (K2) in Uzbekistan, Fort McClellan in Alabama and other PFAS-contaminated locations.

According to [*Ending the Wait for Toxic-Exposed Veterans: A post-PACT Act blueprint for reforming the VA presumptive process*](#), a joint report by DAV and the Military Officers Association of America (MOAA), it takes an average of 34.1 years from the initial occurrence of a military toxic exposure to the establishment of presumptive service connection—forcing some veterans to wait decades for the health care and benefits they deserve.

To prevent future generations of veterans from enduring these delays, our report calls on Congress to enact legislation that would establish a new legal framework for creating toxic exposure presumptives that includes distinct, sequential steps: formal

acknowledgment of exposure events, concession of individual exposure and the timely establishment of presumptive service connection.

Our report further recommends more effective coordination of the VA's presumptive decision-making process for toxic exposure claims. This would ensure that research, analysis and policy implementation are effectively coordinated across the Veterans Benefits Administration (VBA), the Veterans Health Administration (VHA) and other relevant offices within the Department, improving accountability and delivering timelier outcomes for toxic-exposed veterans.

Finally, we recommend the creation of a veteran stakeholder advisory committee to advise the Department on matters relating to toxic exposures and environmental hazards encountered during military service. Centering the lived experiences of veterans in this process will strengthen policy development, enhance trust and help ensure that VA decisions reflect the realities faced by those who served. We also recommend creating a new VA office of toxic exposures that directly advises the Secretary on matters related to toxic exposures. This executive-level office would ensure there is sustained focus and attention by VA on studying, acknowledging, treating and compensating veterans exposed to toxic exposures and other harmful military environmental hazards.

Messrs. Chairmen, the PACT Act was a generational legislative victory for veterans, and we are truly grateful for the work that so many of you on both veterans' affairs committees did to make that happen. However, there is still more work to be done. We believe that by working together to implement the recommendations in our report, we can finally end the wait for toxic-exposed veterans.

ELIMINATE GAPS IN VETERANS MENTAL HEALTH CARE AND SUICIDE PREVENTION

Another key DAV legislative policy goal for 2026 is to ensure that service-disabled veterans have timely access to the VA's specialized mental health care, services and supports to address post-deployment readjustment challenges, serious mental illness and suicide risk—while also strengthening gender-tailored care and eliminating persistent gaps in veterans' mental health care and suicide prevention.

Despite significant investments by the VA in suicide prevention and mental health services—including care for post-traumatic stress disorder (PTSD), substance use disorders, traumatic brain injury (TBI), depression, anxiety and military sexual trauma (MST)—too many veterans continue to die by suicide each year. Numbers have not meaningfully improved and have remained at or near the same levels annually, underscoring persistent gaps in access, capacity, coordination and understanding across the system.

These outcomes reflect the complexity of suicide within the veteran population and the interaction of numerous risk and protective factors. They also demonstrate that existing approaches—while necessary—have not been sufficient to reverse long-

standing trends, particularly for historically underserved populations such as women veterans.

While recent data have shown fluctuations in suicide rates among women veterans, these short-term changes obscure a troubling long-term reality: suicide risk among women veterans has increased over time and remains unacceptably high. DAV's special report, [*Women Veterans: The Journey to Mental Wellness*](#), identified significant gaps in the VA's understanding and integration of gender-specific suicide risk factors and offered more than 50 recommendations to strengthen gender-tailored care and improve suicide prevention efforts for all veterans.

Experiences such as MST, intimate partner violence (IPV), and menopause-related mental health impacts are well-established contributors to suicide risk and adverse mental health outcomes. VA has taken meaningful steps to incorporate MST and IPV into its suicide risk prediction efforts, and the updated REACH VET model now includes these factors, reflecting an important step forward; however, menopause-related mental health impacts are not yet consistently reflected. The model continuously scans veterans' electronic health records to identify individuals who may be at elevated risk and enable timely intervention. While it has demonstrated value, it does not yet fully capture suicide risk associated with hormonal transition and menopause.

As evidence continues to emerge regarding the intersection of hormonal transition, mental health symptoms and suicide risk among women veterans, VA's predictive models and prevention strategies must continue to reflect the full range of factors that elevate suicide risk—particularly for women and other historically underserved veteran populations.

A persistent challenge, however, is the fear among some veterans that seeking mental health care through the VA could result in firearm confiscation. Addressing these concerns through transparent communication, trust-building and veteran-centered counseling is essential. These partnerships show promise and must continue to evolve as part of a comprehensive, respectful and effective approach to reducing suicide risk.

Timely access to high-quality, evidence-based mental health care is essential to reducing suicide. While VHA has made progress in increasing overall clinical staffing, severe shortages of mental health providers—particularly psychologists and psychiatrists—persist across much of the country.

At the same time, newly established grant programs and community-based suicide prevention initiatives must not come at the expense of adequately staffing VA's own mental health system. Evidence consistently shows that veterans who receive VA direct care experience better outcomes than those who rely solely on community care. This underscores the importance of VA serving as the primary provider and coordinator of care, even when veterans access services through the VA Community Care Network.

Community care providers play an increasingly important role in veterans' mental health care, yet significant gaps remain in training and preparedness. Unlike VA

clinicians, community providers are not uniformly required to complete suicide prevention training, lethal-means safety counseling or trauma-informed care consistent with VA standards. Only a small percentage have completed this evidence-based, lifesaving training.

Understanding the veteran experience—and possessing core competencies in evidence-based, trauma-informed treatments—is essential to quality care delivery, suicide prevention and successful health outcomes. These gaps undermine continuity of care and place veterans at risk.

To eliminate gaps in veterans' mental health care and suicide prevention, DAV strongly recommends that all VA Community Care Network mental health providers complete suicide prevention and lethal-means safety training consistent with VA standards. In addition, the VA should ensure that community care providers treating veterans receive trauma-informed care training aligned with VA clinical practice guidelines, and community providers should be held to the same quality, access and competency standards as VA mental health clinicians. Furthermore, the VA should continue expanding proven initiatives, such as Safety Planning in Emergency Departments, while also investing in alternative and emerging therapies that demonstrate promise beyond traditional, one-size-fits-all approaches.

This approach to suicide prevention has not been effective in addressing the unique needs of the veteran population. This highlights the importance of alternative and emerging therapies, such as psychedelics, which have shown promise in being more effective than traditional methods. By exploring and implementing these innovative treatments, we can better support the mental health and well-being of veterans. The VA must also continue expanding the implementation of its Safety Planning in Emergency Departments initiative. This initiative has proven effective and is crucial in providing immediate support and post-intervention for veterans in crisis.

Finally, VHA must continue proactively identifying and enhancing interventions for veterans at risk through integrated clinical and community strategies. Special attention is needed for veterans in rural areas, Native American reservations and remote regions such as Alaska, where access barriers remain significant.

Addressing veteran suicide requires sustained commitment and adequate resources. Congress must ensure the VA is equipped with sufficient funding, staffing and a robust suicide prevention research portfolio to continually refine and improve evidence-based practices.

DAV looks forward to continued collaboration with the VA and Congress to eliminate gaps in veterans' mental health care and suicide prevention, reduce suicide and improve mental health outcomes for all who have served our nation.

STRENGTHENING AND IMPROVING VETERANS AND SURVIVORS BENEFITS

Messrs. Chairmen, despite notable progress over the past decade, wounded, ill and injured veterans and their survivors continue to face barriers and inequities in securing financial stability. These challenges stem from unjust practices and failing to provide parity with comparable government-provided civilian benefits.

Currently, eligibility to receive both full military retired pay and VA disability compensation is limited to longevity retirees eligible for Concurrent Retirement and Disability Pay (CRDP)—those with at least 20 years of service and a VA disability rating of 50% or higher. However, veterans with a VA disability rating of 40% or lower and those medically retired under Chapter 61 experience offsets, where every dollar of VA disability compensation reduces their retirement pay. These veterans are effectively funding their VA compensation out of their retirement benefits, despite having earned both separately. This offset is inherently unjust.

DAV calls on Congress to enact legislation to eliminate this long-standing and inequitable offset between military retirement pay and VA disability compensation for all impacted veterans, including Chapter 61 medically retired veterans. Similarly, veterans who receive separation pay from the Department of Defense must repay those funds if they later become eligible for VA disability compensation. Because separation payments are unrelated to service-connected disabilities, withholding VA disability benefits to recover these payments is unfair. DAV urges Congress to enact legislation to end the practice of withholding VA disability compensation based on the receipt of military separation payments, ensuring veterans retain both benefits earned through service.

While the VA rightly prioritizes the needs of veterans, we must not overlook the families, caregivers and survivors who share the burden of their sacrifice.

Dependency and Indemnity Compensation (DIC), created in 1956, provides support to surviving spouses of service members who die in the line of duty or as a result of service-connected conditions. However, the current DIC benefit is insufficient to ensure economic stability for survivors. For example, a 100% service-disabled veteran with a spouse receives approximately \$4,158 per month, while surviving spouses receive only \$1,699—a mere 41% of the veteran's compensation. In contrast, survivors of federal civil service retirees receive up to 55% of the retiree's benefits under the Federal Employees Retirement System or Civil Service Retirement System. This disparity highlights the inequity between the benefits provided to survivors of federal employees and those of our nation's veterans.

Veterans' surviving spouses eligible for DIC should at least have parity with federal civil service survivors and receive 55% of their veterans' disability compensation rate. This increase to DIC payments would equate to approximately \$7,000 more per year. DAV urges Congress to increase DIC payments to 55% of the compensation for a 100% service-disabled veteran with a spouse and index the benefit to inflation to ensure fair and meaningful support for survivors.

Another challenge survivor spouses face is the remarriage penalty, which removes their eligibility for DIC benefits if they remarry before the age of 55. While lowering the remarriage age from 57 to 55 in 2021 was an improvement, the penalty remains unjust for younger survivors. DAV calls on Congress to eliminate the remarriage age restriction for DIC recipients, ensuring that surviving spouses are not penalized for rebuilding their lives through remarriage.

These measures are vital to address long-standing inequities and ensure that veterans, their families and their survivors receive the justice and support they have earned through sacrifice and service.

EXPAND COMPREHENSIVE DENTAL CARE SERVICES TO ALL SERVICE-DISABLED VETERANS

Another one of DAV's key critical policy goals is to ensure all service-disabled veterans have access to comprehensive dental care services. Currently, the VA only provides full dental care to a limited number of veterans enrolled in its health care system, which includes those who have a service-connected dental disability, 100% service-disabled veterans and those receiving Total Disability Based on Individual Unemployability benefits. Of the 9 million veterans enrolled in the VA health care system, less than 25% are eligible for dental care coverage, and less than 900,000 received dental care services in FY 2025.

The VA's health care model is specifically designed to be holistic, integrated and preventive—a system that treats the entire well-being of the veteran. However, the absence of dental care in VA health care coverage represents a significant and harmful gap. Studies have demonstrated that poor dental hygiene can lead to a variety of chronic health conditions, including serious infections from decaying and dying teeth, which, if left untreated, can become life-threatening. Failure to address dental conditions has been shown to increase the risk of cardiovascular disease, diabetes, renal impairment and cancer. These conditions can also affect mental health and economic stability by eroding self-esteem, contributing to depression and limiting employment opportunities. According to the American Institute of Dental Public Health, nearly 600,000 veterans experienced productivity loss due to oral health problems. Many private employers and state Medicaid programs include dental care as part of a comprehensive health care package, and it is time our nation's veterans had parity.

DAV urges Congress to pass legislation that would provide dental access to all service-disabled veterans enrolled within the VA health care system. Also, it is imperative that Congress provide funding to increase the number of VA dentists, oral health clinicians and technicians; open new dental clinics; and expand treatment space in VA health care facilities.

CREATE ASSISTED LIVING CARE OPTIONS FOR SERVICE-DISABLED VETERANS

Another longstanding critical legislative priority for DAV in 2026 is ensuring service-disabled veterans have access to a full continuum of long-term care (LTC) services, including assisted living care options, by revising and expanding existing programs to meet a rapidly aging veteran population with increasingly complex needs.

Aging and Service-Disabled Veterans

An estimated 8.3 million veterans are aged 65 years or older, including 4.9 million aged 75 or older and 1.3 million aged 85 or older. The VA projects that the number of veterans aged 85 and older will rise by 33% in the next decade. While tens of thousands of veterans with disability ratings of 50% and 60% may need extended care but do not meet mandatory eligibility for care. An increasing number of aging women veterans will also need extended care services, necessitating appropriate changes to address their gender-specific health, safety and privacy concerns.

To meet aging veterans' needs, VA's Geriatric and Extended Care program provides a broad range of long-term supportive services, including institutional care through VA operated Community Living Centers (CLCs), State Veterans Homes (SVHs) and contracted community nursing homes, as well as a comprehensive suite of home and community-based services. Despite these programs, significant gaps remain for veterans who cannot stay at home but do not require full nursing home care.

Assisted living, which offers semi-independent living with meal preparation, housekeeping, medication management and help with daily activities would provide a supportive, yet less intensive, option to fill this gap. Expanding home-based service options, paired with strong caregiver support, would also help fill this gap in VA's long-term care continuum. Unfortunately, funding has not kept pace with rising demand, and workforce shortages, limited-service availability and geographic barriers continue to restrict access—especially for rural and remote veterans.

We urge Congress to increase resources for expanding home-based services, modernizing and expanding VA Community Living Centers and State Veterans Homes, and creating assisted-living care options for service-disabled veterans. Legislation should also expand the VA's benefits package to include mandatory eligibility for long-term nursing home care for service-disabled veterans rated 50% and 60%. This will help ensure that veterans can live with dignity and independence to the greatest extent possible and enjoy the quality of life they have earned through their service.

DAV Caregivers Support

DAV also operates its own initiative for Caregivers Support to help facilitate assistance and connect caregivers to an array of public and private resources that help improve the quality of life for care receivers and their caregivers. This no-cost program

offers tailored support and resources to veteran caregivers or friends, family members and loved ones who are caregivers for veterans.

DAV Caregivers Support helps ensure that care receivers can age with dignity while extending the time those care receivers can live in their own homes. It also relieves the burden on health care systems and ensures that caregivers have the support and training they need to perform their vital roles effectively. DAV Caregivers Support is not just an act of gratitude; it is a commitment to the lifelong health and happiness of our veterans, their families and survivors.

REFORM VA INFRASTRUCTURE FUNDING TO SUSTAIN THE VA HEALTH CARE SYSTEM AND EXPAND ITS CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS

Another of our critical legislative priorities is expanding VA's capacity to deliver timely, high-quality care to veterans through sustained investment in infrastructure, workforce and technology. Over the past couple of decades, VA has faced unprecedented demand, increased clinical complexity and rising enrollment, while simultaneously implementing reforms to improve access and quality. Despite these efforts, delays in care persist, forcing many veterans to use non-VA providers to meet their health needs. Service-disabled veterans choose and rely on VA's integrated, veteran-centric model, which combines specialized medical, mental health and rehabilitative services with comprehensive wraparound support.

DAV firmly believes that VA should remain the primary provider and coordinator of veterans' health care. However, to meet the needs of a growing veteran population, VA must continue to strengthen its internal capacity. This includes modernizing aging facilities, addressing workforce shortages, expanding virtual and specialty care, and fully implementing a reliable electronic health record (EHR) system. Each of these investments directly impacts veterans' access to care, quality of outcomes and overall satisfaction.

VA facilities remain among the oldest in the nation's health care system, with a median age of approximately 60 years. As a result, many of them are unable to support modern clinical workflows, advanced technologies and infection control standards. These limitations not only reduce operational efficiency, but they also impact patient safety, provider effectiveness and the department's ability to expand services to meet the needs of veterans with complex care requirements.

Unfortunately, federal funding to maintain, repair and replace VA hospitals and clinics has been woefully inadequate for decades, regardless of which political party has been in control of Congress or the White House. Without timely investment, deferred maintenance and outdated infrastructure will continue to compromise access, reduce quality of care and force veterans to seek non-VA care. The decades-long inability to properly fund, maintain and expand the VA's infrastructure to meet rising demand for care by veterans has led to an unsustainable growth in community care and related funding, threatening the long-term viability of the entire VA health care system.

Renovation and modernization efforts directly support improved clinical outcomes, reduced delays and enhanced safety for both veterans and staff. Upgrading facilities also has the added benefit of boosting staff morale and retention by providing environments designed to support modern health care delivery.

To break this cycle of bipartisan underfunding, we recommend Congress create a new VA infrastructure funding process that matches care demand to facility capacity using proven capital planning methods. For example, a strategic approach that would require quadrennial reviews of infrastructure lifecycle costs, matched by full congressional funding for repairs and renovations secured in a capital reserve fund. This type of approach could require the VA to set project priorities every four years and require funding for at least the first two years of approved new or expanded facilities via a capital improvement fund. With sustained bipartisan congressional support to modernize existing facilities and construct new ones, we could ensure that VA can deliver care in safe, technologically advanced, veteran-centered environments. This investment is not only an operational necessity, it is a direct reflection of the nation's commitment to veterans, ensuring facilities support contemporary standards for quality, safety and care outcomes.

Vacancies and Staffing Shortages

A fully staffed and capable workforce is essential for VA to deliver timely, high-quality care. VA onboarded 470,411 personnel at the beginning of FY 2025, compared to approximately 439,736 personnel in early 2026, a decline of nearly 7%. This reduction disproportionately affects the VHA, which comprises nearly 90% of VA employees. Staffing shortages in physicians, nurses, psychologists, social workers and allied health professionals can lead to longer wait times, reduced care coordination and potential delays in treatment. Ensuring VA onboarded positions are fully staffed is critical to delivering timely, high-quality care to veterans.

The VA Office of Inspector General (OIG) Fiscal Year (FY) 2025, [Determination of Veterans Health Administration's Severe Occupational Staffing Shortages](#) report, found that all 139 Veterans Health Administration (VHA) facilities they surveyed reported at least some severe staffing shortages in FY 2025. The report documented 4,434 severe occupational staffing shortages in FY 2025, which was about a 50% increase from the 2,959 shortages reported in FY 2024, directly affecting appointment availability, care coordination and quality of outcomes.

Staffing gaps not only create delays for veterans, but they also increase burnout and turnover among existing staff, reducing morale and further compromising care. These shortages undermine VA's ability to fully utilize upgraded facilities, implement new technologies and provide consistent, high-quality care. Veterans experience these consequences as longer wait times, fragmented care and reduced access to specialized services they rely on.

Congressional support is needed for recruitment, retention and workforce development initiatives, including education incentives, competitive pay and

professional development programs. Investing in the VA workforce directly improves clinical outcomes, reduces wait times and ensures veterans have access to the full spectrum of integrated, veteran-centric care that is the hallmark of VA health services. Sustained support strengthens VA's ability to respond to both routine and complex health needs for current and future veterans.

Information Technology and Electronic Health Record Modernization

Reliable information technology and a fully operational EHR system are essential for delivering safe, coordinated and high-quality care. VA's EHR modernization program continues to address challenges identified during early deployment, including workflow integration, data reliability and interoperability with other health systems. These efforts are vital to ensure veterans' records are accurate, complete and accessible across VA facilities nationwide, and when shared with community providers as needed.

In 2026, VA plans to deploy its Federal Electronic Health Record system at 13 medical centers as part of a phased modernization schedule, with an additional 26 sites planned for go-live in 2027. This approach is tied to readiness investments including infrastructure upgrades, testing and end-user support to ensure deployments are stable, supported and minimize disruption to clinicians and patient care. Sustained post-go-live training and workflow support are also part of the planning to help improve care coordination and outcomes as the system expands across the VA health-care network.

Sustained funding, leadership oversight and staff training are essential to maintain progress, protect against cybersecurity threats and fully integrate EHR systems nationwide. A modernized VA EHR is not simply a technology upgrade—it is the backbone of VA's ability to deliver safe, timely, coordinated and veteran-centric care now and into the future.

ENSURE FULL FUNDING FOR VA HEALTH CARE AND PROTECT VETERANS BENEFITS

VA continues to face unprecedented demand for health care and benefits, particularly following the expansion of programs required by the PACT Act. Full and timely funding of VA health care and benefits is essential to prevent delays in care, ensure timely claims processing and protect the health and financial security of veterans. Recent reductions in claim backlogs and improvements in appointment access demonstrate the direct impact of sufficient funding on veterans' outcomes.

Underfunding VA puts veterans at risk. Delays in appropriations or rigid statutory budgetary controls, including sequestration and Pay-As-You-Go (PAYGO) laws and rules, can force across-the-board cuts that disrupt care and slow delivery of earned benefits. VA health care and benefits are earned compensation for service and sacrifice, not discretionary spending. Using procedural budget rules to justify reductions undermines the moral contract between the nation and those who served, forcing veterans into delayed care, financial hardship and preventable health risks.

DAV urges Congress to exempt all veterans programs, benefits and services from PAYGO requirements, including sequestration and any House or Senate PAYGO rules adopted in the 119th Congress. Funding for VA health care and earned benefits must never be held hostage to unrelated budget priorities. Veterans have already paid the price for the protections and care they are entitled to; Congress must ensure they receive these benefits without delay, reduction or erosion, maintaining the nation's solemn obligation to those who served.

DAV also strongly opposes any efforts to tax VA disability compensation or count it as income for other federal program eligibility. Veterans with service-connected disabilities should not face new financial burdens on benefits meant to offset the lifelong impacts of their injuries. Likewise, proposals to reduce or restructure Total Disability Based on Individual Unemployability (TDIU), including phasing it out once a veteran reaches Social Security retirement age, are unacceptable. These benefits reflect the intersection of disability and employability and must be preserved for those unable to maintain gainful employment due to service-related injuries.

NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission nationwide is the direct provision of services to America's ill and injured veterans—and to the families and caregivers who support them. DAV fulfills this mandate most prominently through our National Service Program, which employs a dedicated corps of national service officers (NSOs). All DAV NSOs are wartime service-connected disabled veterans who have successfully completed our rigorous 16-month formal on-the-job training program.

NSOs' personal experience navigating VA disability claims and health care not only provides deep institutional knowledge but also fuels their passion for guiding fellow veterans through the often-complex VA system. These benefits advocates are co-located in VA-provided space at regional offices and other VA facilities nationwide.

Together with DAV's national, department, chapter and transition service officers—alongside county veterans service officers—more than 4,100 DAV benefits experts represent claimants across the country. They serve on the front lines, delivering essential benefits advocacy to veterans, their families, caregivers and survivors. With the generous support of a grateful American public and patriotic businesses, DAV proudly provides these services at no cost to any veteran, dependent or survivor in need.

In 2025 alone, DAV's service program took more than 3 million actions on behalf of veterans and their families. These actions included representing claimants in hearings and appeals, reviewing and developing records, providing professional guidance, responding to inquiries and establishing new claims for earned benefits.

I can state with pride that DAV operates the largest and most comprehensively trained veterans service program in the nation. No other organization has a greater impact on empowering disabled veterans to become productive members of society. More than 1.1 million veterans and survivors have chosen DAV as their representative before VA. In 2025, DAV presented 567,062 claims to the Veterans Benefits Administration, encompassing 1,547,771 specific injuries and illnesses. Through the dedicated work of our service officers, DAV-represented claimants secured more than \$33.1 billion in earned benefits that year.

Appellate Representation of Denied Claims

Beyond our work at VA regional offices, DAV employs national appeals officers who represent appellants before the Board of Veterans' Appeals. These highly trained advocates prepare written briefs and provide formal representation during hearings before veterans law judges. The Board is VA's highest appellate body and issues final decisions on veterans benefits claims; more than 96% of cases before the Board involve disability compensation.

In FY 2025, DAV appeals officers represented veterans in more than 11% of all appeals decided by the Board—nearly 124,000 appeals. Among appeals represented by DAV, 80% of original decisions were either overturned or remanded to regional offices for additional development and readjudication.

DAV also operates a pro bono representation program for veterans seeking review before the United States Court of Appeals for Veterans Claims. Through partnerships with two of the nation's most accomplished veterans law firms, each case handled by DAV's national appeals office in calendar year 2025 was reviewed to identify improperly denied claims. As a result, 1,299 cases previously denied by the Board were appealed to the Court.

These partnerships—made possible through close coordination between DAV and our attorney partners—include Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, these firms have offered free representation to more than 26,800 veterans and have provided full pro bono representation in over 19,800 cases.

Transition Services for New Veterans

DAV also provides direct, on-site assistance to ill and injured active-duty service members through our Transition Service Program. This program offers benefits counseling and claims assistance to separating service members seeking to file initial claims for VA-administered benefits.

In addition to NSOs, DAV employs transition service officers (TSOs) who are specially trained to deliver transition briefings, review military service treatment records,

and initiate claims at nearly 100 military installations nationwide. DAV currently employs 29 TSOs who provide these services at no cost.

In 2025, the Transition Service Program conducted nearly 900 group briefing presentations attended by 37,109 separating service members. TSOs also counseled more than 33,000 individuals through in-person interviews and electronic communications, reviewed 5,072 service treatment records, and submitted over 12,400 benefits applications.

DAV remains firmly committed to ensuring that transitioning service members are fully informed about the benefits they have earned. Through this program, DAV helps ensure that veterans understand their entitlements and are aware of the free advocacy and representation available throughout the claims and appeals process.

Information Seminar Program

DAV's Information Seminar Program provides another critical avenue for outreach and education. Through this program, DAV NSOs—supported by state-level departments and local chapters—conduct free seminars nationwide to educate veterans and their families about VA benefits and services.

During 2025, DAV conducted more than 450 seminars, reaching over 20,100 veterans and family members. At these events, service officers also conducted interviews and assisted attendees with filing new claims for benefits.

Disaster Relief Program

DAV's Disaster Relief Program provides emergency financial assistance and supply kits to veterans and their families affected by natural disasters. This support helps cover temporary lodging, food and other essential needs following events such as hurricanes, tornadoes, floods and wildfires.

In 2025, DAV distributed more than \$326,000 in disaster relief assistance to 450 veterans across 21 states. Over the past decade, DAV has disbursed 19,505 relief checks totaling \$10,242,520 to veterans and their families in times of crisis.

VOLUNTARY SERVICES

A vital part of DAV's success is the more than 17,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives. By enlisting the support of volunteers, DAV helps ensure that ill and injured veterans are able to attend their medical appointments and receive care in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 594,000 hours of essential services that DAV in-hospital volunteers provided in 2025 at no cost to veterans, the cost to taxpayers would have exceeded \$20.6 million last year.

DAV Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 145 hospital service coordinators and more than 3,400 volunteer drivers at VA medical centers across the country.

During FY 2025, DAV volunteers donated over 614,000 hours of their time transporting veterans to their VA medical appointments. With most VA medical facilities returning to full operation, volunteers logged more than 9.6 million miles and provided over 230,000 rides to VA health care appointments, saving taxpayers more than \$21.3 million. Since our national Transportation Network began in 1987, over 20.4 million rides have been provided, with volunteers transporting veterans more than 770 million miles.

We are also very pleased to report that in 2025, DAV donated 76 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$3.4 million. In 2026, we plan to donate 49 additional vehicles to the VA, at a cost of more than \$2.1 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of five new vehicles to the DAV Transportation Network. To date, Ford donations have exceeded more than \$6.6 million toward the purchase of 274 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to ensuring veterans can access the care they earned is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. DAV has donated a total of 3,909 vehicles, with a value of more than \$97.4 million, to the VA since the program began transporting veterans to their medical appointments.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2024, to June 30, 2025, LVAP volunteers performed buddy checks, delivered groceries and provided other help to our nation's heroes in a variety of ways. Overall, they donated more than 2.9 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

Our LVAP volunteers contribute time and energy to various activities that include but are not limited to:

- State department- and chapter-level volunteer benefits advocacy
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites
- Direct assistance to veterans, their families and their survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities

To date, LVAP volunteers have donated more than 19.6 million volunteer hours in their local communities. We believe this important program makes a difference in the lives of all those we serve.

Mentorship and Rehabilitation

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV also sponsors all-female veteran cohorts. In 2025, 52 veterans were a part of these life-changing retreats. Since 2015, 386 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including DAV past national commanders, national service officers and other DAV members, have served as mentors at these retreats for the latest generation of seriously injured veterans. Spouses of many of these leaders have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of serving as caregivers.

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs and associated events that directly improve the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to co-present the annual National Disabled Veterans Winter Sports Clinic, and the National Disabled Veterans Golf Clinic.

DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, since 1991, an event often referred to as "Miracles on the Mountainside." Last year, more than 350 veterans were able to participate in this unique clinic, which promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other adaptive sports and recreational activities. Often, this event offers veterans their very first

experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and blindness.

The 39th National Disabled Veterans Winter Sports Clinic was hosted March 30-April 5, 2025. This year's 40th event is scheduled for April 4-11 in Snowmass, Colorado.

The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans with opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. We are happy to report that the event near Iowa City, Iowa, Sept. 7-12, 2025, was also at full capacity. This year's event is scheduled for September 13-18.

Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives. I invite all members of these committees to come and experience these events with DAV leaders this year.

The Next Generation of Volunteers

Each year, DAV awards scholarships to deserving youth volunteers. These outstanding young people, who participate as DAV volunteers in the VA Voluntary Service Program and/or LVAP, donate their time and provide compassion and support to ill and injured veterans. They represent not just our next generation of volunteerism but also the future of our nation.

We are excited to present 15 scholarships annually for a total of \$140,000, with the top scholarship of \$30,000. The top award will be presented at the 2026 DAV and Auxiliary National Convention later this year.

Since the scholarship program's inception, DAV has awarded 251 individual scholarships valued at more than \$2 million, enabling exceptional young people to pursue their goals in higher education and experience the significant rewards of volunteering. DAV is very proud of this program, and we are honored to award these scholarships to worthy student volunteers.

Messrs. Chairmen, DAV is extremely humbled by the service provided by our volunteers, many of whom are ill or injured veterans themselves or family members of such veterans. These volunteers continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and we applaud their compassion and dedication.

EMPLOYMENT AND ENTREPRENEURSHIP

The journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women transition from military to civilian life, and DAV remains dedicated to providing its employment services to all who have served and their spouses. Specifically, DAV remains fully committed to ensuring that they gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment or to pursue their own paths to success through entrepreneurship.

DAV believes in the potential of disabled veterans and spouses and works tirelessly to remove barriers so they can achieve their professional goals. In partnership with RecruitMilitary, DAV hosted over 100 traditional and virtual career fairs in 2025. DAV utilizes digital resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve component personnel, veterans and spouses.

DAV is proud of our efforts to connect veterans and spouses with meaningful careers. From June 2014 through December 2025, DAV hosted just under 1,200 in-person and virtual career fairs, resulting in a monumental milestone—over 200,000 job offers extended to over 385,000 participants. During 2025, we supported both in-person and virtual career fairs nationwide, with 96 in-person and 17 virtual events. In 2026, we will host over 90 career fairs. We encourage you to share with your constituents our full schedule of career fairs, which can be found at dajobfairs.org. Please let them know that companies are aggressively recruiting and hiring military veterans because they know the value veterans and their spouses bring to their organizations.

In addition to our sponsored veteran career fairs each year, DAV works directly with just under 400 companies seeking the many talents and skills they know veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage at jobs.dav.org, including a job search board offering more than a quarter-million current employment opportunities around the world, direct links to companies, resources for employers and other helpful information.

Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—organizations that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring, support and retention efforts. DAV's Patriot Employer recognition program provides well-deserved recognition to many outstanding employers and encourages others to follow suit. We invite you to visit patriotemployers.org and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with "Hiring America," a televised program dedicated to helping veterans secure meaningful employment opportunities.

Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers—including those on American Forces Network (AFN)—we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

DAV has expanded our published resource [*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans With Disabilities*](#) for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased to announce, with the ongoing positive response to our hiring guide, we will be publishing an updated guide in early 2026. We will keep this valuable information available to companies who visit our employment resources every day. We encourage you and your staff to visit jobs.dav.org to download a copy of our hiring guide.

DAV Patriot Boot Camp

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV is the hub for a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training to make the business world more accessible to those who served. This community within DAV provides a network of support and resources to veterans and spouses who wish to change the world and contribute to our nation through their ventures. Veterans are more likely to hire their fellow veterans and spouses and the jobs they create strengthen our national economy.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year, three events in 2022 and four events in 2023, including an accelerator program. In 2024 and 2025, DAV Patriot Boot Camp continued its impressive growth, hosting three in-person events, bringing the total to 27 in-person programs since its inception. This, combined with seven virtual events, has affected over 1,250 veteran entrepreneurs nationwide. DAV also hosted a Patriots Pitch competition at the DAV national convention, where the winner received \$15,000 in non-dilutive capital.

DAV Patriot Boot Camp also provides monthly webinars and additional resources to empower founders to succeed. This initiative complements DAV's ongoing efforts to support and advocate on behalf of service-disabled veteran-owned small businesses.

In 2026, DAV Patriot Boot Camp will continue to expand its reach with three in-person cohorts scheduled for this winter, summer and fall. Cohorts will take place in Myrtle Beach, South Carolina, in February; in Utah in the summer; and at DAV National Headquarters near Cincinnati, Ohio, in the fall. In addition to the direct service this program provides to veterans and spouses, it helps prepare and inform our advocacy.

We invite you to attend one of these transformational events yourself and to encourage veterans to attend and prospective mentors in your constituencies to volunteer.

DAV CHARITABLE SERVICE TRUST

While many programs support our nation's ill and injured veterans, there remain unmet needs and creative solutions that deserve our support. Formed in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of ill and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, over \$195 million has been invested to serve the interests of our nation's heroes.

To fulfill the Trust's mission of service, grants are offered to organizations to ensure quality care and support for veterans with PTSD, TBIs, substance use challenges, amputations, spinal cord injuries and other combat-related injuries. The Trust also fuels efforts to combat hunger and homelessness among veterans, with priority given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter and other necessities to veterans who are homeless or at risk of homelessness
- Mobility items or assistance specific to veterans with blindness, vision loss, hearing loss or amputations
- Qualified therapeutic activities for veterans and/or their families
- Physical rehabilitation, mental health and suicide prevention services

Save A Warrior

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit organization committed to lowering the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, the Trust provided

another \$200,000 grant for programming, and the center opened in June 2022. Save A Warrior received an additional \$1 million grant in November 2022 to offer trauma-focused cognitive-behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants.

The Trust continued its partnership with the organization in 2023 by awarding a \$2 million grant for general operating costs and construction expenses for lodging at the S/SGT Dick Wood Warrior Village. The lodges are in a peaceful, wooded area near their National Center of Excellence, and amenities include comfortable sleeping quarters, communal areas for group interactions, dedicated meditation rooms and expansive outdoor spaces ideal for both physical activities and quiet contemplation. Save A Warrior has since extended its healing cohorts to the spouses and adult children of veterans to strengthen family dynamics and promote healing across the entire household and implemented Alumni Intensives for cohort alumni. The Trust awarded a \$1 million grant in 2024 and again in 2025 to support these initiatives.

DAV has also provided nearly \$1.3 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. As long as veterans experience unemployment, homelessness and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

By supporting these initiatives, the Trust furthers the mission of DAV. For over a century, DAV has directed its resources to the most needed and meaningful services for the nation's wounded, ill and injured veterans, and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

CONCLUSION

Messrs. Chairmen, every generation of veterans inherits the system built by those who came before. The VA that treated World War II veterans enabled the care of Korea and Vietnam veterans. The reforms driven by Gulf War veterans laid the groundwork for post-9/11 care. What we decide now will determine whether future veterans inherit a robust, integrated institution or a patchwork of programs that treat their needs as transactional rather than holistic.

A choice is before us and it's not between reform or stagnation. It is between responsibility or retreat.

If we dismantle the VA, future generations may ask why a nation capable of sending its sons and daughters into harm's way was unwilling to maintain the institution created to care for them afterward.

The VA stands at a crossroads, and history will judge which path we choose. What lies beyond it is not merely an institutional outcome, but a statement of national character. Let us choose preservation. Let us choose reform. And above all, let us choose to keep faith with those who have already kept faith with us.

Messrs. Chairmen, for more than a century DAV has stood as a relentless advocate for America's disabled veterans, their families, caregivers and survivors. Our mission has always been clear: to ensure that those who return home with the visible and invisible wounds of war receive the care, benefits and support they need to rebuild their lives with dignity and purpose. While these wounds may shape a veteran's life, they must never be allowed to diminish their future. We deeply appreciate this committee's unwavering commitment to those who served and your continued leadership in safeguarding their well-being.

President John F. Kennedy and DAV life member, reminded us that, "As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them." His words speak directly to the responsibility we share as a nation. The freedoms and security we enjoy are safeguarded by the vigilance, sacrifice and service of our veterans—and by the promises we keep to them long after their military service ends.

It has been the honor of my life to wear this nation's uniform and to continue that service through DAV. On behalf of our nearly 1 million members, I call on this committee and our fellow citizens to honor our veterans not only with words, but through the hard work of protecting the benefits, care and support they have earned.

May God continue to bless DAV, the men and women who serve our great nation, and the United States of America. This concludes my statement.



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Biographical INFO

COLEMAN NEE National Commander DAV (Disabled American Veterans)

Coleman Nee, a service-connected disabled Marine veteran, was elected national commander for the nearly 1 million-member DAV at the organization's 2025 national convention in Las Vegas. Nee also currently serves as an advisor on DAV's national board of directors. He has previously served as the DAV National Executive Committee representative of District 1 from 2017 to 2019. He was elected by that body to serve on DAV's board of directors for the same period.



Nee served as secretary of the Massachusetts Department of Veterans' Services from 2011 to 2015, overseeing a \$120 million budget that included the commonwealth's municipal veteran benefits programs, the Veterans and Gold Star Families Annuity Program, long-term care facilities and cemeteries.

During Nee's tenure, the department created a number of new initiatives to increase access to services for Massachusetts veterans, including the more than 47,000 returning from the wars in Iraq and Afghanistan.

He oversaw the creation of the Statewide Advocacy for Veterans' Empowerment (SAVE) program. This first-in-the-nation initiative supports veterans and their families coping with the stresses of returning from war and assists them in obtaining veterans benefits and services. His team instituted many new veteran workforce development programs and student veteran support services. He led new outreach and case management efforts that helped significantly reduce the number of veterans and families experiencing homelessness in Massachusetts. Nee also oversaw management of the Massachusetts Women Veterans Network, one of the most successful women veteran advocacy organizations in the nation.

Before his service with the commonwealth, Nee worked in public policy development, public relations, commercial, nonprofit and private-sector management for over 20 years. He is a graduate of American University in Washington, D.C.

Nee is a veteran of the Persian Gulf War and a DAV life member of Chapter 3 in Dorchester, Massachusetts.

Nee is a Boston native and resides in the city's Cape Cod neighborhood with his family.



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Biographical INFO

BARRY A. JESINOSKI National Adjutant/CEO DAV (Disabled American Veterans)

Barry A. Jesinoski, a service-connected veteran of the Persian Gulf War era, was appointed national adjutant for the nearly 1 million-member DAV in June 2023. As DAV's chief executive, Jesinoski leads the organization, overseeing all staff and operations for one of America's largest charitable institutions.

Before his appointment, he served as executive director of DAV National Headquarters in Erlanger, Kentucky, since August 2013. As executive director, he served as the organization's chief financial officer and chief operating officer, overseeing employment initiatives, voluntary services, communications, membership activities, fundraising, accounting, administration, human resources, information technology, outreach and logistics.

Jesinoski began his DAV career as a member of Class II at the National Service Officer Training Academy in Denver in 1995. Following graduation from the academy, he worked on the front lines of DAV's largest service initiative and represented veterans in their claims for benefits.

He rose from an apprentice in Seattle to supervise one of DAV's most prominent offices in San Diego in two years. In 2001, he was promoted to oversee benefits advocacy for an area encompassing California, Arizona, Oregon, Nevada and Hawaii. Later that same year, he was appointed to the national service staff and assigned to DAV's Washington Headquarters. The following year, he was promoted to assistant national service director.

In 2007, he was appointed deputy director of human resources and relocated to DAV National Headquarters before taking the lead as director in 2009. Then, in 2011, he returned to Washington, D.C., to lead DAV's service and legislative efforts as executive director and as DAV's principal spokesperson at the Department of Veterans Affairs, Congress and the White House. He served in that capacity until his current appointment in August 2013.

Jesinoski is focused on improving efficiencies and aligning DAV's efforts and collaboration across the organization's departments. He's initiated several DAV programs, such as the transition service program, the employment and entrepreneurship departments, service officer certification training, the case management system, the results management office and the most significant IT infrastructure project in the organization's history. He also led the site selection and construction of DAV's new national headquarters. Internally, he's championed benefit enhancements, such as a performance and retention program, flexible work schedule, accelerated PTO allotments, and bereavement and parental leave.

Through his leadership, DAV's outreach efforts have quadrupled in scope, fundraising has been diversified, and every department in his purview has taken on new initiatives aimed at achieving strategic objectives and modernizing the delivery of services.

A native of Ottertail County, Minnesota, Jesinoski was medically discharged from the Marine Corps in 1993. He earned his initial Senior Professional in Human Resources (SPHR) certification from the Human Resources Certification Institute in 2008.

He lives in Fort Mitchell, Kentucky, with his wife and two sons.





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Biographical INFO

B. CODY VANBOXEL

**Executive Director/Chief Financial Officer, National Headquarters
DAV (Disabled American Veterans)**



Cody VanBoxel, a service-connected disabled veteran of the Iraq War, was appointed executive director and chief financial officer for the nearly 1 million-member DAV in June 2023. He is employed at DAV National Headquarters in Erlanger, Kentucky.

As executive director and chief financial officer, VanBoxel oversees employment and entrepreneurial initiatives, voluntary services, fundraising, accounting, membership activities, caregiver support, administration, information technology, communications, outreach, human resources, facilities and logistics critical to DAV's mission of support for disabled veterans and their families.

Prior to this current appointment, he was appointed to assistant executive director in 2021. In this role, he worked closely with the executive director to oversee and guide numerous programs, services, and departments. VanBoxel worked as a leader and mentor to assist in guiding several important initiatives efficiently and through to completion. One of his proudest, being his assistance in the acquisition of DAV Patriot Boot Camp.

In 2017, VanBoxel was appointed to the position of national human resources director, where his responsibilities included advising the executive director and providing executive oversight for the company's human resource initiatives. He participated in strategic planning, organizational change, leadership development, talent acquisition, diversity, executive compensation, performance development and benefits. He served as chairman of the DAV National Headquarters Health and Safety Committee and provided direct oversight of all facility construction and maintenance operations. He was also instrumental in the construction and design of the new DAV National Headquarters.

Prior to directing HR, VanBoxel served as assistant national human resources director from August 2015 to October 2017.

He began his career as a national service officer apprentice at the DAV National Service Office in Washington, D.C., in 2011. He subsequently transferred to Philadelphia, an office he ultimately supervised before his first appointment to DAV National Headquarters.

A native of Hambden, Ohio, VanBoxel enlisted in the U.S. Marine Corps in June 2003 as an electronics maintenance technician. In 2005 he was accepted to the very selective Marine Security Guard program and subsequently served in West Africa, Eastern Europe and Asia. He spent nearly all of 2007 on duty in Iraq providing specialized security to Department of State and Multi-National Force - Iraq headquarters. He was honorably discharged as a sergeant in January 2009.

VanBoxel attended Western Governors University, earning a bachelor's of science degree in business management. He is also a Society of Human Resources Management Senior Certified Professional.

VanBoxel is a life member of DAV Chapter 19 in Northern Kentucky. He and his wife Giedre have three children and reside in Union, Kentucky.



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Biographical INFO

JIM MARSZALEK

Executive Director, Washington Headquarters
DAV (Disabled American Veterans)

Jim Marszalek was appointed executive director, Washington Headquarters in Washington D.C. for the nearly 1 million-member DAV in January 2026.

As executive director, he directs DAV's legislative and service programs, which provide free benefits assistance to over 200,000 veterans, their family members and their survivors each year. Between Washington Headquarters and all our service offices nationwide, Marszalek will help manage more than 400 professional and support staff. Marszalek will also serve as key spokesperson for DAV before Congress, the Department of Veterans Affairs and the White House.



Marszalek, a Marine veteran, began his DAV career in 2001 as a member of Class XI at the DAV National Service Officer Training Academy in Denver. He has served in supervisory roles across the country and until he was appointed to service staff in 2011 and national service director in 2013. In August 2025, Marszalek was appointed assistant executive director of DAV Washington Headquarters, where he served until his current appointment.

A nationally recognized expert of veterans benefits and services, Marszalek was instrumental in advancing reforms of VA claims and appeals systems, including DAV's advocacy surrounding the Veterans Appeals and Modernization Act of 2017, and has testified before the Senate and House Veterans' Affairs committees numerous times.

A life member of Chapter 76 in Pittsburgh. He and his spouse, Jillian, reside in Ashburn, Virginia, with their two sons.



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Biographical INFO

SCOTT HOPE National Service Director DAV (Disabled American Veterans)

Scott Hope was appointed national service director at Washington Headquarters in Washington D.C. for the nearly 1 million-member DAV in August 2025.

As national service director, Hope manages all activities of DAV's largest initiative, the National Service Program, which employs approximately 255 professional national service officers, 30 transition service officers and support staff in all our service offices nationwide. These service officers represent veterans and their families with claims for benefits from the Department of Veterans Affairs and the Department of Defense.

Hope, a disabled Army veteran, began his DAV career in 2007 as a national service officer apprentice in Pittsburgh. He was promoted to assistant supervisor in 2009, supervisor in 2011 and national area supervisor in 2014. He served as deputy national service director for training since 2016 until this current appointment.

Hope served from 1997 to 2005 as a medical specialist and flight medic, with deployments to Bosnia and Honduras and two tours in Iraq.

A life member of Chapter 76 in Pittsburgh. He and his spouse, Sandy, and their son, Daxton, live in Laurel, Maryland.





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Biographical INFO

JON RETZER National Legislative Director DAV (Disabled American Veterans)

Jon Retzer, a service-connected disabled veteran of the U.S. Army and Army National Guard, was appointed as national legislative director of the nearly 1 million-member DAV in January 2026. He is based at DAV's Washington Headquarters in Washington, D.C.

Retzer's DAV career began in 2003 as a national service officer trainee in St. Paul, Minnesota. He was first promoted to assistant supervisor of the Fort Snelling National Service Office and then to supervisor, where he served until his appointment as assistant national service director at DAV Washington Headquarters in August 2017.

In 2022, Retzer transitioned into legislative advocacy and joined DAV's legislative team as assistant national legislative director, working to shape policies that make a meaningful impact on the lives of veterans and their families. Retzer was appointed deputy national legislative director for health in August 2024 before being promoted to deputy national legislative director in May 2025, where he served until his current appointment.

A native of Fridley, Minnesota, Retzer served in the Army infantry from 1991 to 1995 and continued his service with the Army National Guard until his medical separation in 1999. He is a life member of Chapter 39 in Anoka, Minnesota.





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Biographical INFO

JOHN KLEINDIENST National Voluntary Services Director DAV (Disabled American Veterans)

John Kleindienst was appointed national voluntary services director for the nearly 1 million-member DAV in August 2014. He is employed at DAV National Headquarters in Erlanger, Kentucky.

As national voluntary services director, Kleindienst is responsible for a corps of DAV volunteers who, along with DAV Auxiliary volunteers, donate nearly two million hours a year to volunteer work at Veterans Affairs (VA) medical facilities. He also directs the nationwide DAV Transportation Network, in which DAV hospital service coordinators arrange transportation for veterans who have no way to get to and from VA medical appointments. The network provides hundreds of thousands of rides for veterans across the country each year.

Kleindienst directs and coordinates activities involving the annual National Disabled Veterans Winter Sports Clinic, co-presented by DAV and the VA, which employs sports such as skiing, sled hockey and other activities to promote physical rehabilitation and therapy for veterans struggling to overcome the impact of profound disability. The clinic is the largest rehabilitation event of its kind in the world.

Additionally, Kleindienst manages DAV activities regarding the National Disabled Veterans Golf Clinic each year. As a co-presenter, DAV helps provide legally blind and eligible disabled veterans an opportunity to develop new skills and strengthen their self-esteem through adaptive golf and bowling events.

A native of Waco, Texas, Kleindienst enlisted in the U.S. Marine Corps in June 1996 and was medically discharged in October 2003 as a result of service-connected injuries. He joined DAV's professional staff as a national service officer in February 2003 at DAV's National Service Office in Waco. Following service as a service officer in multiple U.S. locations, he was appointed deputy director of human resources at DAV's National Headquarters in June 2013 and served in that position until his current appointment.

A 1996 graduate of Connally High School in Waco, he is a life member of DAV Chapter 20 in Texas. He studied criminal justice at Coastal Carolina Community College while in the Marine Corps and attended McLennan Community College in Waco after his discharge.

He and his spouse, Melanie, reside in Burlington, Kentucky and have two children, Sean and MaKenna, and two grandchildren.





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Biographical INFO

RON B. MINTER

National Caregiver Support Program Director
DAV (Disabled American Veterans)

Ron B. Minter was appointed national caregiver support program director for the nearly 1 million-member DAV (Disabled American Veterans) in November 2024 at DAV National Headquarters in Erlanger, Kentucky.

As national caregiver support program director, Minter is responsible for leading the expansion of DAV Caregivers Support. His responsibilities include developing and deploying evidence-based programs and resources to empower caregivers. He also monitors outcomes and builds partnerships with healthcare providers, social services, community organizations, and other stakeholders to expand on the initiative's impact.

A service-connected disabled veteran, Minter enlisted in the U.S. Navy in 1990. He was medically discharged in 1995 and began his career with DAV in 1999. Minter initially served in Waco, Texas and later supervised the national service office in Baltimore, Maryland.

Minter was appointed the national voluntary services director in 2011, where he served until returning to the national service office in Waco in 2014. In 2018, he was appointed to assistant national voluntary services director and was promoted to deputy national voluntary services director in 2023, where he served until his current appointment.

A life member of Chapter 3 in Waco, Texas, he and his wife Jennifer have one daughter, Chrissy.



Biographical **INFO**

MELISSA PIERCE
National Commander
Disabled American Veterans Auxiliary

Melissa Pierce was elected National Commander for DAV Auxiliary at the 2025 DAV and Auxiliary National Convention in Las Vegas, Nevada.

Melissa joined DAV Auxiliary as a life member in 1989. She began her membership as a junior member through her father, who was a Marine during the Vietnam War. During his three tours of duty in Vietnam, he received three Purple Hearts and was rated at 100% VA disability. He was also a lifetime DAV member. Her mother also served in the military and was a Navy nurse stationed at Portsmouth Naval Shipyard at the base hospital. She is a lifetime DAV Auxiliary member. Both her parents were active in DAV and DAV Auxiliary.



Melissa is currently a member of Unit 20 in Des Moines, Iowa, and serves as senior vice commander. She also volunteers for many chapter and unit functions including bingo at the Des Moines VA Community Living Center, the back-to-school backpack events and Vietnam Veteran Recognition Day. Melissa is a past member of Unit 10 in Cedar Rapids, Iowa. At the unit level, Melissa has served as adjutant, junior vice commander and senior vice commander. At the state level, she has served as junior vice commander, senior vice commander and commander. Melissa is currently the Department of Iowa adjutant and has served in this position for the past 6 years. At the national level, Melissa has served as national VA Voluntary Services representative (2017-2021), 15th district alternate National Executive Committee (NEC) (2017-2019) and 15th district NEC (2019-2021). Melissa has been the National Caregiver Initiative chair since 2018.

Melissa was born and raised in Cedar Rapids, Iowa. She is the second oldest of five children. She married her husband Dan in 1991. Melissa and her husband have two children, Danielle and Justin. Dan, Danielle and Justin are also DAV Auxiliary members.

Melissa has been the DAV hospital service coordinator at the Iowa City VA since March 2020. Prior to that, she was the director of data management and field services at Jefferson Davis Associates, where she worked for 27 years. In her spare time, she also works at Riverside Casino and Golf Resort.



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

For

VETERANS HEALTH CARE and BENEFITS

2nd SESSION of the 119th CONGRESS

Before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

February 24, 2026

Presented by

**Lieutenant General Brian T. Kelly, U.S. Air Force (Ret)
President and CEO**

EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) offers its deep appreciation to the members of the House and Senate Veterans' Affairs Committees for continuing this essential forum. These hearings remain vital to understanding and addressing the evolving needs of veterans, their families, caregivers, and survivors. My experience as the Air Force's deputy chief of staff for Manpower, Personnel, and Services (A1) reinforced a core truth: Caring for our people — through service and long after they leave uniform — is a lifelong obligation and fundamental to sustaining the all-volunteer force.

While the committees have continued their active oversight, progress over the past year on several important Department of Veterans Affairs (VA) health care and benefits challenges has moved more gradually than hoped. Key policy areas including disability claims processing, appeals modernization, workforce readiness, caregiver support, survivor benefits, and equitable access for underserved communities would benefit from continued attention to fully meet veterans' needs. These ongoing gaps continue to influence veterans' experiences, at times adding challenges to accessing care and benefits, increasing the complexity of already demanding VA processes, and placing additional pressure on VA systems as demand grows.

Throughout my career, I witnessed how critical it is to support servicemembers across a full continuum of care and responsibility. Their hardest transitions often occur after they remove the uniform — navigating medical systems, civilian employment, family stability, and earned benefits. That is why MOAA's work is so essential. We stand at the intersection of service and veteran life, and no organization understands the transition space better. Every day, MOAA helps servicemembers, veterans, and their families make informed decisions about careers, education, health care, retirement planning, and service-earned benefits.

MOAA has long supported efforts to identify efficiencies and save taxpayer dollars, so long as those savings never come at the expense of veterans. As VA's restructuring moves forward, the real measure of success will not come from MOAA or any veterans service organization (VSO), but from the veterans who have earned the right to timely, high-quality services. Their experiences and outcomes will guide our support; we will listen closely and bring their feedback directly to VA and congressional leaders.

MOAA also plays a prominent leadership role within The Military Coalition by providing expertise, coordination, and trusted advocacy, helping shape cohesive policy positions and unifying the voices of more than 35 military and veterans service organizations. Building on that leadership, MOAA remains committed to working with the committees, the VA, and the administration to strengthen VA's core functions and ensure veterans and their families receive the care and benefits they earned through their service. Supporting them is both a solemn responsibility and a strategic investment in the future of the all-volunteer force, as today's servicemembers look to how our nation honors those who served before them.

MOAA'S KEY 2026 LEGISLATIVE PRIORITIES

MOAA has identified three bills as key priority legislation for the 119th Congress. We urge lawmakers to prioritize these bills, which would provide meaningful improvements in the lives of not just veterans, but their caregivers and survivors.

- ***The Veteran Caregiver Reeducation, Reemployment, and Retirement Act¹*** would extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers' transition into the workforce or retirement. Caregivers provide a vital service not just to their loved ones, but to the VA care system as a whole – they should not have to risk their mental health or financial future as part of these duties.
- ***The Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act²*** would hold fraudulent agents accountable and deter exploitation of veterans and survivors navigating complex claims processes by reinstating criminal penalties for predatory agents. These actions would help restore trust in the VA claims process while protecting veterans who could spend thousands of dollars for unaccredited “help” filing an initial claim.
- ***The Major Richard Star Act³*** would end the unjust dollar-for-dollar offset that reduces retirement pay for combat-injured veterans, allowing those medically retired due to combat-related disabilities to receive both full Department of War (DoW) retirement pay and VA disability compensation concurrently. This bill, which has been cosponsored by a wide majority of lawmakers through several sessions, fulfills Congress' original intent to provide for these warriors and puts a stop to a “wounded veteran tax” that has unfairly targeted tens of thousands of veterans and their families.

OTHER MOAA LEGISLATIVE PRIORITIES

MOAA has identified these bills as additional priorities for the current Congress. We will continue our effort to secure their passage as standalone legislation or as part of a veterans-focused legislative package.

- ***Servicemembers and Veterans Empowerment and Support (SAVES) Act⁴*** — Expands evidentiary standards and counseling access related to military sexual trauma (MST), along with health care and benefits services, for MST survivors.
- ***Improving Menopause Care for Veterans Act⁵*** — Requires a Government Accountability Office (GAO) review and a VA strategic plan for standardized menopause care.

¹ H.R. 2148 / S. 879: <https://www.congress.gov/bills/119th-congress/house-bill/2148/text> / <https://www.congress.gov/bills/119th-congress/senate-bill/879/text>

² H.R. 1732: <https://www.congress.gov/bills/119th-congress/house-bill/1732/text>

³ H.R. 2102 / S. 1032: <https://www.congress.gov/bills/119th-congress/house-bill/2102/text> / <https://www.congress.gov/bills/119th-congress/senate-bill/1032/text>

⁴ H.R. 2576 / S. 1245: <https://www.congress.gov/bills/119th-congress/house-bill/2576/text> / <https://www.congress.gov/bills/119th-congress/senate-bill/1245/text>

⁵ H.R. 219: <https://www.congress.gov/bills/119th-congress/house-bill/219/text>

- ***Mammography Access for Veterans Act*⁶** — Makes VA's tele-mammography pilot permanent and requires nationwide access within two years, improving early detection and health equity for women, rural, disabled, and other underserved veterans.
- ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*⁷** — Enhances veterans' access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.
- ***(Draft Bill) Military Toxic Exposures and Environmental Hazards Executive Office Act*** — Directs the VA to establish the Toxic Exposures and Environmental Hazards Office within the Office of the Secretary of Veterans Affairs to create a single entity charged with building a unified framework for handling toxic exposure claims.
- ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act*⁸** — Increases the rate of Dependency and Indemnity Compensation (DIC) to provide additional financial support for survivors, and increases the rate of Special Monthly Compensation (SMC) to boost financial support for catastrophically service-connected disabled veterans.
- ***TAP Promotion Act*⁹** — Expands and strengthens outreach for the Transition Assistance Program to ensure separating servicemembers and their families receive timely, consistent information about the benefits, employment resources, and services available as they transition to civilian life.
- ***Love Lives On Act*¹⁰** — Eliminates penalties that reduce survivor benefits when widows or widowers remarry, allowing surviving spouses to rebuild their lives without sacrificing financial security.

VETERANS' LEGISLATION SUPPORTED BY MOAA

In addition to the above legislation, MOAA has endorsed the following bills.

VETERANS HEALTH CARE

- ***Servicewomen and Veterans Menopause Research Act*¹¹** — Directs the VA and DoW to study service-related menopause impacts and improve care.
- ***Lactation Spaces for Veteran Moms Act*¹²** — Requires a lactation space in each VA medical center.

⁶ H.R. 7411 / S. 3395: <https://www.congress.gov/bills/119/congress-house-bill/7411/text> / <https://www.congress.gov/bills/119/congress-senate-bill/3395/text>

⁷ H.R. 740 / S. 275: <https://www.congress.gov/bills/119/congress-house-bill/740/text> / <https://www.congress.gov/bills/119/congress-senate-bill/275/text>

⁸ H.R. 6047: <https://www.congress.gov/bills/119/congress-house-bill/6047/text>

⁹ H.R. 1845: <https://www.congress.gov/bills/119/congress-house-bill/1845/text>

¹⁰ H.R. 1004 / S. 410: <https://www.congress.gov/bills/119/congress-house-bill/1004/text> / <https://www.congress.gov/bills/119/congress-senate-bill/410/text>

¹¹ H.R. 2717 / S. 1320: <https://www.congress.gov/bills/119/congress-house-bill/2717/text> / <https://www.congress.gov/bills/119/congress-senate-bill/1320/text>

¹² H.R. 1646 / S. 778: <https://www.congress.gov/bills/119/congress-house-bill/1646/text> / <https://www.congress.gov/bills/119/congress-senate-bill/778/text>

- ***Improving VA Training for Military Sexual Trauma Claims Act*¹³** — Mandates trauma-informed training and streamlined MST claims processing.
- ***Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act*¹⁴** — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.
- ***Improving Veteran Access to Care Act*¹⁵** — Requires the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
- ***CHAMPVA Children's Care Protection Act*¹⁶** — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the military's TRICARE program.
- ***Dental Care for Veterans Act*¹⁷** — Provides dental care to all veterans enrolled in VA's health care system, eliminates statutory eligibility restrictions for VA dental care, and makes dental care part of the standard medical benefits package for veterans.
- ***Veterans Accessibility Advisory Committee Act*¹⁸** — Creates an independent advisory body to improve accessibility for veterans with disabilities.
- ***Fisher House Availability Act*¹⁹** — Allows TRICARE beneficiaries, including active-duty servicemembers and families, to use VA Fisher House lodging on a space-available basis when traveling for medical care, expanding eligibility beyond veterans to reduce travel burdens.

VETERANS BENEFITS

- ***Streamlining the Solid Start Communications Act*²⁰** — Improves VA's outreach to newly separated veterans by enhancing and standardizing the Solid Start Program, ensuring veterans receive timely, accurate information about their benefits and how to access them.
- ***Simplifying Forms for Veterans Claims Act*²¹** — Requires the VA to streamline and simplify benefits forms, reducing administrative burdens and making it easier for veterans and survivors to submit complete, accurate claims.
- ***Delivering Digitally to Our Veterans Act*²²** — Expands VA's digital communications and online tools to allow veterans to access, track, and manage their benefits electronically to improve speed, accuracy, and user experience.

¹³ H.R. 2201: <https://www.congress.gov/bills/119/congress/house/bills/2201/text>

¹⁴ H.R. 6024 / S. 609: <https://www.congress.gov/bills/119/congress/house/bills/6024/text> / <https://www.congress.gov/bills/119/congress/senate/bills/609/text>

¹⁵ H.R. 6038 / S. 607: <https://www.congress.gov/bills/119/congress/house/bills/6038/text> / <https://www.congress.gov/bills/119/congress/senate/bills/607/text>

¹⁶ H.R. 1404 / S. 605: <https://www.congress.gov/bills/119/congress/house/bills/1404/text> / <https://www.congress.gov/bills/119/congress/senate/bills/605/text>

¹⁷ H.R. 210: <https://www.congress.gov/bills/119/congress/house/bills/210/text>

¹⁸ S. 1383: <https://www.congress.gov/bills/119/congress/senate/bills/1383/text>

¹⁹ H.R. 3726 / S. 3119: <https://www.congress.gov/bills/119/congress/house/bills/3726/text> / <https://www.congress.gov/bills/119/congress/senate/bills/3119/text>

²⁰ H.R. 3386: <https://www.congress.gov/bills/119/congress/house/bills/3386/text>

²¹ H.R. 1286: <https://www.congress.gov/bills/119/congress/house/bills/1286/text>

²² H.R. 3481 / S. 2101: <https://www.congress.gov/bills/119/congress/house/bills/3481/text> / <https://www.congress.gov/bills/119/congress/senate/bills/2101/text>

- *Modernizing All Veterans and Survivors Claims Processing Act*²³ — Updates VA's outdated claims processing systems to reduce delays, eliminate backlogs, and improve transparency for veterans and survivors navigating the benefits process.
- *Combat Veterans Pre-Enrollment Act*²⁴ — Automatically pre-enrolls eligible combat veterans in VA health care upon separation, ensuring immediate access to care and benefits without unnecessary administrative delays.
- *Giving Reservists a Valiant Eternity (GRAVE) Act*²⁵ — Extends burial and memorial benefits to certain National Guard and Reserve members, ensuring they receive the same dignity and recognition in death as their active-duty counterparts.
- *Veteran Burial Timeliness and Death Certificate Accountability Act*²⁶ — Requires the VA and partnering agencies to improve the timeliness and accuracy of death certificates and burial processing so surviving families can access benefits without unnecessary delays or administrative barriers.
- *Veterans Scam and Fraud Evasion (VSAFE) Act*²⁷ — Strengthens protections against fraud and identify theft by establishing a Veterans Scam and Fraud Evasion Officer at the VA to oversee reporting and interagency coordination, and to implement enforcement actions to prevent benefit-related scams.
- *Student Veteran Benefit Restoration Act*²⁸ — Restores VA education benefits to student veterans whose schools close or engage in fraud, ensuring they are not penalized for institutional misconduct beyond their control.
- *Caring for Survivors Act*²⁹ — Improves VA support and benefits for survivors of deceased servicemembers and veterans, including enhanced counseling, case management, and an increase in DIC rates.

CHAIRMEN BOST and MORAN, RANKING MEMBERS TAKANO and BLUMENTHAL, and members of the committees, on behalf of the Military Officers Association of America (MOAA) and the more than 356,000 servicemembers, veterans, and families we represent, thank you for the opportunity to testify on our legislative priorities for veterans' health care and benefits. MOAA looks forward to working with Congress and the VA throughout the year to close out the 119th Congress with legislation that strengthens VA's long-term viability and safeguards the earned benefits relied upon by our veteran community.

Neither MOAA nor its subsidiary charities hold any federal grants, subgrants, contracts, or subcontracts related to the subject matter of the hearing.

²³ H.R. 3854: <https://www.congress.gov/bills/119/congress/house-bill/3854/text>

²⁴ H.R. 683: <https://www.congress.gov/bills/119/congress/house-bill/683/text>

²⁵ H.R. 4928: <https://www.congress.gov/bills/119/congress/house-bill/4928/text>

²⁶ H.R. 4398 / S. 2309: <https://www.congress.gov/bills/119/congress/house-bill/4398/text> / <https://www.congress.gov/bills/119/congress/senate-bill/2309/text>

²⁷ H.R. 1663 / S. 2683: <https://www.congress.gov/bills/119/congress/house-bill/1663/text> / <https://www.congress.gov/bills/119/congress/senate-bill/2683/text>

²⁸ H.R. 1391: <https://www.congress.gov/bills/119/congress/house-bill/1391/text>

²⁹ H.R. 2055 / S. 611: <https://www.congress.gov/bills/119/congress/house-bill/2055/text> / <https://www.congress.gov/bills/119/congress/senate-bill/611/text>

VETERANS HEALTH CARE PRIORITIES

IMPROVE LONG-TERM SUPPORT FOR VETERANS' CAREGIVERS

Veteran Caregiver Reeducation, Reemployment, and Retirement Act

Family caregivers are an indispensable, yet often overlooked, component of the nation's veterans health care, long-term services, and support systems. Millions of military and veteran caregivers provide daily, uncompensated care to veterans who are aging, disabled, or managing complex service-connected injuries and illnesses. These caregivers enable veterans to remain in their homes, reduce avoidable institutional care, and help stabilize already strained VA, federal, and community health care resources. Yet despite their critical role, caregivers frequently are forced to sacrifice their own financial security, career advancement, physical health, and emotional well-being.

The need for caregiver support will intensify as the nation's veteran population ages. Veterans age 65 and older comprise a rapidly growing share of VA patients, and VA projections indicate approximately 80% will require some level of long-term support services as they age.

There are an estimated 14.3 million military and veteran caregivers — about 5.5% of the U.S. adult population — and nearly three-quarters care for veterans age 60 or older³⁰. These individuals provide assistance ranging from transportation and medication management to complex medical and behavioral health support, often over many years.

The VA provides important clinical support, training, and a monthly stipend for roughly 67,000 caregivers enrolled in its Program of Comprehensive Assistance for Family Caregivers (PCAFC). However, that stipend is classified as unearned income, meaning caregivers are unable to build Social Security credits, retirement savings, or other long-term financial protections during years of full-time caregiving. As a result, many caregivers emerge from their caregiving role — whether due to a veteran's recovery, loss of eligibility, or death — financially insecure and disconnected from the workforce.

While PCAFC and related programs have improved caregiver recognition and clinical support, significant gaps remain:

- **Economic insecurity:** Caregivers often forgo wages, promotions, and retirement contributions with no mechanism to offset long-term financial harm.
- **Barriers to workforce reentry:** Years spent outside the labor force create gaps in employment history, expired licenses, and skills mismatches.
- **Mental and emotional strain:** Prolonged caregiving is associated with elevated rates of depression, anxiety, and burnout.
- **Abrupt loss of support:** When caregiving ends, many caregivers lose access to VA services with little transition assistance.

³⁰ RAND Report, Sept. 24, 2024: *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, https://www.rand.org/pubs/research_reports/RRA3212-1.html.

Absent targeted reforms, these challenges could leave caregivers reliant on public assistance, shifting costs rather than reducing them.

2024 RAND Report — *America’s Military and Veteran Caregivers, Hidden Heroes Emerging from the Shadows:*

Care recipients benefit from the work these caregivers do, and caregivers benefit as well. But caregiving is not without its costs, both financial and emotional. About one third of military/veteran caregivers thought they need mental health care but don’t receive it — mainly because they don’t have the time. Individuals reported spending \$8,583 out of pocket each year on delivering care and forgoing more than \$4,000 in annual income.

One Caregiver of an Army Veteran:

“I provide assistance with basically everything. I have to take care of the house. I have to help him get a shower, get his shoes on, his pants ... I transport him to appointments. I go to the store for him.”

To address these shortfalls, MOAA strongly supports passage of the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act*. This bipartisan legislation represents a pragmatic and fiscally responsible step toward recognizing caregivers as partners in care and preparing them for long-term economic stability.

MOAA urges Congress to prioritize comprehensive caregiver policy in the remainder of the 119th Congress by advancing legislation that reflects the full lifecycle of caregiving — from active caregiving service to post-caregiving transition. Caregivers enable veterans to live with dignity and independence; they should not be left to rebuild their own lives alone once that service ends.

By strengthening education, employment, and retirement pathways for caregivers, Congress can honor their sacrifices, sustain the capacity of VA’s care system, and ensure veterans’ families are not forced to trade their own futures to care for those who served.

MOAA Recommends:

- ***Congress enact the Veteran Caregiver Reeducation, Reemployment, and Retirement Act*** (H.R. 2148 / S. 879) to expand caregiver support through:
 - **Reeducation**
 - Reimburse up to \$1,000 for licensure fees.
 - Provide access to VA training modules for continuing education credits.
 - Study feasibility of a “returnship” program for workforce reentry.
 - **Reemployment**
 - Offer employment assistance for former caregivers.

- Study barriers and incentives for hiring caregivers within the VA.
- **Retirement**
 - Provide retirement planning services.
 - Study feasibility of a caregiver-specific retirement plan.

Implementation of VA PCAFC Regulations

Established in 2010 and expanded by Congress through the 2018 VA MISSION Act (P.L. 115-182) to cover veterans of all service eras, PCAFC remains a critical lifeline for veterans with severe injuries and the family members who support them. However, PCAFC continues to operate under an Oct. 1, 2020, regulation that has led to high denial rates, inconsistent eligibility decisions, and administrative delays. These shortcomings undermine congressional intent and disrupt continuity of care for veterans and their caregivers who rely on the program's support.

In June 2022, the VA paused caregiver reassessments and dismissals after identifying flaws in eligibility evaluations and assessment processes. While MOAA supported this pause to prevent improper loss of benefits, it was intended as a temporary measure. Instead, the VA has repeatedly extended protections for caregivers approved prior to Oct. 1, 2020 — known as the “legacy cohort” — most recently delaying dismissals until 2028³¹. These extensions preserve benefits for current participants but leave PCAFC in prolonged regulatory limbo, with no clear resolution for caregivers evaluated under post-2020 criteria.

The VA has not published revised PCAFC regulations nor provided a timeline for doing so. The absence of updated, finalized rules perpetuates uncertainty, restricts access to benefits for eligible veterans and caregivers, and limits the ability of VSOs to provide effective guidance.

MOAA Urges:

- The VA to publish and implement revised PCAFC regulations without further delay, accompanied by a clear, transparent implementation timeline that ensures continuity of care and restores confidence in the program's long-term stability.

STRENGTHEN VA SUPPORT SERVICES AND RESEARCH PROGRAMS FOR WOMEN, MINORITY, AND OTHER UNDERSERVED VETERANS

Women, minority, and other underserved veterans comprise a growing and increasingly diverse segment of the veteran population. From FY 2000 to FY 2023, the proportion of women veterans increased from 6.3% to 11.3% — totaling approximately 2.1 million today — and is projected to reach 17.2% of living veterans by 2043³². Minority veterans represent roughly 27% of the veteran population, including significant Black, African American, and Hispanic/Latino communities³³. Despite expanded gender-specific and minority-focused services, persistent disparities remain in access to care, quality, and health outcomes across the VA system.

³¹ VA News, Nov. 20, 2025, *VA Extends Caregiver Support Program Eligibility for “Legacy” Veterans, Caregivers*: <https://news.va.gov/press-room/va-extends-caregiver-support-program-eligibility-for-legacy-veterans-caregivers/>.

³² Facts and Statistics - Women Veterans Health Care: <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>.

³³ VA Health Equity Data on Minority Veterans: <https://www.va.gov/HEALTH/EQUITY/dataviz/minorityVeterans.html>.

Recent VA³⁴ and independent studies³⁵ highlight persistent barriers that delay or deter care for underserved veterans. These include geographic distance to VA facilities, lack of benefit awareness, system complexity, and inconsistent application of trauma informed practices — an especially serious concern for survivors of military sexual trauma (MST). Mental health challenges, including MST-related trauma and elevated suicide risk among women veterans, underscore the need for targeted research, culturally competent care, and improved outreach. Yet key evidence gaps remain in areas such as menopause, toxic exposures, and MST-related mental health, limiting VA’s ability to establish consistent standards of care and claims adjudication.

Deputy Assistant Inspector General, VA Office of Inspector General, Senate Committee on Veterans’ Affairs testimony on equity for women veterans (April 10, 2024):

“While VA has expanded women veterans’ services, our oversight work continues to identify deficient programs that are not adequately supporting the needs of women veterans, particularly in accessing gender-specific and trauma-informed care.”

A clear example of ongoing gender-based inequities is the lack of dedicated lactation spaces in VA medical centers. The Congressional Budget Office reports 26 VA facilities lack a designated lactation room, with the VA estimating about \$25,000 per site to create such a space (an overall cost of roughly \$1 million over FY 2025-2030³⁶). These are modest, high-impact investments, especially as half of the women veterans who use VA health care are of child-bearing age.

Without accessible, hygienic, private lactation spaces, many new mothers — including those managing postpartum recovery, mental health conditions, or MST-related needs — face avoidable barriers that can deter them from fully engaging in VA care.

Compounding these challenges is VA’s slow translation of research into routine clinical practice. The VA has found it can take up to 17 years for a small fraction of research findings to be implemented³⁷, while GAO³⁸ has identified weaknesses in VA’s processes for prioritizing and operationalizing research investments. As a result, providers lack timely guidance, training remains uneven, and underserved veterans face continued access and trust barriers — leaving more than 1 million women veterans disengaged from VA care.

³⁴ VA Report, February 2024, *Study of Barriers for Women Veterans to VA Health Care*: <https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Study-of-Barriers-for-Women-Veterans-to-VA-Health-Care.pdf>.

³⁵ Disabled American Veterans Report, 2024, *Women Veterans: The Journey to Mental Wellness*: <https://www.dav.org/wp-content/uploads/2024/01/Women-Veterans-Study-2024.pdf>.

³⁶ CBO Score for S. 778, *Lactation Spaces for Veteran Moms Act*: <https://www.cbo.gov/publication/61638>.

³⁷ VA Health Systems Research News, Jan. 4, 2023: https://www.hsrd.research.va.gov/news/research_news/research-010423.cfm.

³⁸ GAO Report, January 2020, *VA Health Care: Efforts to Prioritize and Translate Research into Clinical Practice*, <https://www.gao.gov/assets/gao-20-211.pdf>.

MOAA Recommends:

Congress and the VA advance initiatives and legislation that strengthens support services, expands research, improves demographic data collection, and ensures trauma-informed, culturally competent care for all veterans. The following bills are cost-effective, high-impact investments that uphold our moral obligation to provide equitable service-earned health care and benefits.

- **Expanding Research and Gender-Specific Care**
 - *Servicewomen and Veterans Menopause Research Act* (H.R. 2717 / S. 1320) — Directs the VA and DoW to study service-related menopause impacts and improve care.
 - *Improving Menopause Care for Veterans Act* (H.R. 219) — Requires a GAO review and a VA strategic plan for standardized menopause care.
 - *Mammography Access for Veterans Act* (H.R. 7411 / S. 3395) — Makes VA's tele-mammography pilot permanent and mandates nationwide access within two years via tele-screening, VA medical facilities, or mobile units. Improves early detection and health equity for women, rural, and disabled veterans.
 - *Lactation Spaces for Veteran Moms Act* (H.R. 1646 / S. 778) — Requires a lactation space in each VA medical center.
- **Enhancing Mental Health and MST Support**
 - *Improving VA Training for Military Sexual Trauma Claims Act* (H.R. 2201) — Mandates trauma-informed training and streamlined MST claims processing.
 - *Servicemembers and Veterans Empowerment and Support (SAVES) Act* (H.R. 2576 / S. 1245) — Expands evidentiary standards and MST-related counseling access, and strengthens coordination between VA health care and benefits systems.
 - *Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act* (H.R. 6024 / S. 609) — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.

IMPROVE VA MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS

The VA has expanded mental health and suicide prevention efforts in recent years, including the Veterans Crisis Line, REACH VET predictive analytics, and Vet Centers. These initiatives have improved outreach and crisis response, yet suicide among veterans remains unacceptably high, with an average of 17.5 veteran deaths per day³⁹. Women veterans face particularly elevated risk⁴⁰, with suicide rates 92% higher than those of non-veteran women, underscoring the need for gender-responsive prevention strategies. At the same time, approximately one-third of VA patients live in rural areas, where access to timely, high-quality mental health care remains limited⁴¹.

Significant structural challenges continue to hinder VA's ability to deliver consistent and effective mental health services. Rural veterans often face long travel distances, transportation

³⁹ 2025 National Veteran Suicide Prevention Annual Report: https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

⁴⁰ Disabled American Veterans Report, 2024, *Women Veterans: The Journey to Mental Wellness*: <https://www.dav.org/wp-content/uploads/Women-Veterans-Study-2024.pdf>.

⁴¹ GAO Testimony, May 15, 2024, *VA Health Care: Opportunities to Improve Access for Veterans Living in Rural Areas*: <https://www.gao.gov/assets/gao-24-107559.pdf>.

barriers, and inadequate telehealth infrastructure⁴². Workforce shortages further strain the system: in FY 2025, VA reported more than 4,400 severe staffing shortages, a 50% increase from the prior year, with behavioral health and substance use disorder positions among the hardest to fill⁴³. Vet Centers — critical, community-based providers of stigma-free counseling — face facility deficiencies and technology limitations that restrict their capacity to meet rising demand⁴⁴.

Current suicide prevention programs, while impactful, have not produced sustained reductions in veteran suicide rates. Gaps remain in early intervention, community-based care, and tailored approaches for high-risk populations, particularly women veterans and survivors of military sexual trauma⁴⁵. Programs often fail to fully integrate gender-specific risk factors, limiting effectiveness for women veterans and contributing to disparities in outcomes. Addressing these gaps requires targeted investments, workforce flexibility, and strengthened infrastructure.

MOAA Recommends:

Congress strengthen VA mental health care and suicide prevention by enacting and fully funding legislation that expands access, addresses staffing shortages, and modernizes community-based care:

- ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*** (H.R. 740 / S. 275) — Enhances veterans' access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.
- ***Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act*** (H.R. 6024 / S. 609) — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.

IMPROVE VETERANS' ACCESS TO VA HEALTH CARE

Serving more than 9 million enrolled veterans, VA's health care system remains a cornerstone of veteran well-being. However, despite recent legislative expansions under the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210), Sergeant First Class Heath Robinson Honoring Our PACT Act (P.L. 117-168), and the 2018 VA MISSION Act (P.L. 115-182), access gaps persist. Workforce shortages, aging and inadequate facilities, and inconsistent care coordination strain the system and threaten VA's ability to sustain timely, high-quality care as demand continues to grow.

The VA's infrastructure backlog exceeds \$150 billion, with many facilities more than 50 years old — conditions that threaten patient safety, limit service availability, and delay modernization efforts needed to support 21st-century care delivery⁴⁶.

⁴² VA Rural Health Fact Sheet, April 2024: https://www.ruralhealth.va.gov/docs/issue-briefs/Rural_Telehealth_Fact_Sheet_508c.pdf.

⁴³ 2025 VA OIG VHA Severe Staffing Shortage Report: <https://www.vaioe.gov/sites/default/files/reports/2025-08/vaioe-25-01135-196-final.pdf>.

⁴⁴ GAO Report, Nov. 13, 2024: *VA Vet Centers: Opportunities Exist to Improve Asset Management and Identification of Future Counseling Locations*: <https://files.gao.gov/reports/GAO-25-106781/index.html>.

⁴⁵ VA Women's Health Research Network, September 2024, *Preventing Suicide Among Women Veterans: A Need for Trauma-Informed, Women-Centric Approaches*: https://www.hsrd.research.va.gov/centers/womens_health/suicide-prevention-snapshot.pdf.

⁴⁶ *The Independent Budget for Fiscal Years 2026-2027*: https://www.dav.org/wp-content/uploads/IB_FY26_27.pdf.

Further, GAO has identified persistent deficiencies in VA community care scheduling and oversight that continue to impede timely, coordinated access to care under the MISSION Act. Weak referral management and monitoring, particularly acute in rural areas, contribute to delays and limited access to mental health, specialty, and substance use services⁴⁷. Access gaps are further compounded by restrictive dental eligibility, leaving most enrolled veterans without comprehensive oral health coverage and driving preventable emergency department utilization⁴⁸. According to GAO, addressing these risks requires stronger governance and data-driven oversight of purchased care while sustaining VA's core capabilities in its direct care system to ensure timeliness, quality, and continuity of care⁴⁹.

MOAA Recommends:

Congress make transformative improvements to veterans' health care by advancing legislation that closes critical gaps in access, coverage, and equity. This can be achieved by enacting the following bills to modernize VA systems and expand essential services:

- ***Improving Veteran Access to Care Act*** (H.R. 6038 / S. 607) — Requires the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
- ***CHAMPVA Children's Care Protection Act*** (H.R. 1404 / S. 605) — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the military's TRICARE program.
- ***Dental Care for Veterans Act*** (H.R. 210) — Provides dental care to all veterans enrolled in VA's health care system, eliminates statutory eligibility restrictions for VA dental care, and makes dental care part of the standard medical benefits package for veterans.
- ***Veterans Accessibility Advisory Committee Act*** (S. 1383) — Creates an independent advisory body to improve accessibility for veterans with disabilities.
- ***Fisher House Availability Act*** (H.R. 3726 / S. 3119) — Allows TRICARE beneficiaries, including active-duty servicemembers and families, to use VA Fisher House lodging on a space-available basis when traveling for medical care, expanding eligibility beyond veterans to reduce travel burdens.

VA HEALTH CARE DELIVERY AND FACILITY MODERNIZATION

Recent changes in VA's approach to health care delivery and management have revealed persistent weaknesses in scheduling, oversight, and coordination. GAO has found that these shortcomings undermine timely access and continuity of care, particularly as the VA balances an expanding community care network with its direct care system. While VA direct care often delivers higher-quality outcomes than purchased care⁵⁰, inconsistent access standards and fragmented coordination between the two create delays and confusion for veterans. GAO's

⁴⁷ GAO Testimony, May 15, 2024, *VA Health Care: Opportunities to Improve Access for Veterans Living in Rural Areas*. <https://www.gao.gov/assets/gao-24-107559.pdf>.

⁴⁸ AIDPH & CareQuest Institute for Oral Health Report, March 2023: *Inadequate Dental Care for Veterans Is Painful and Costly*. <https://aidph.org/wp-content/uploads/2024/04/Inadequate-Dental-Care-for-Veterans.pdf>.

⁴⁹ GAO Testimony, Feb. 12, 2025, *Veterans Health Care: Opportunities to Improve Access to Care Through the Veterans Community Care Program*. <https://files.gao.gov/reports/GAO-25-108101/index.html>.

⁵⁰ VA Report, October 2024, *VA Versus Non-VA Quality of Care: A Living Systematic Review*. <https://www.hsrd.research.va.gov/publications/esp/quality-of-care-review.cfm>.

findings underscore the need for targeted modernization to strengthen governance, improve care integration, and ensure accountability across both VA in-house and community-based care.

VA's capacity challenges are multifaceted. Aging facilities burdened by deferred maintenance and widespread staffing shortages, particularly in clinical disciplines, are compounded by inefficient human resource processes. Together, these constraints reduce access, prolong wait times, and place at risk VA's ability to carry out its four core, integrated missions: health care delivery, research, workforce training, and emergency preparedness.

Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars, The Independent Budget (IB) for Fiscal Years 2026-2027:

"We call on Congress to focus on ensuring that VA remains the primary provider and coordinator of care for veterans and that community care is available and accessible to veterans as needed to support and supplement their VA care ... Our nation has a sacred obligation to ensure that veterans, their families, and their survivors receive the care and benefits they have earned and deserve. The IBVSOs call on Congress to fully fund VA to ensure that health care and benefits are available in a timely manner to those who have sacrificed in their service to the American people."

Modernization challenges also extend to VA's digital infrastructure. The Electronic Health Record Modernization program remains stalled, with significant cost growth and ongoing concerns regarding interoperability and implementation readiness⁵¹. Meanwhile, the VA continues to rely on aging VistA platforms and fragmented financial and acquisition systems that limit data integration, complicate care coordination, and undermine operational efficiency. Together, outdated physical and digital infrastructure threatens VA's ability to deliver seamless, high-quality care and sustain its nationally significant roles in clinical training and medical research.

MOAA Recommends:

To continue modernization of workforce, infrastructure, and health care delivery to ensure veterans receive timely, high-quality care, and to sustain VHA's role as a national health care leader, Congress should:

- **Ensure sustained, predictable funding to modernize VHA's workforce systems** — recruitment, retention, and training — while avoiding stopgap measures that delay mandates and hinder modernization.
- **Invest in modernizing and maintaining VA's facility infrastructure** to provide safe, efficient, and resilient environments aligned with long-term VHA mission requirements.

⁵¹ GAO Report, Feb. 24, 2025, *Electronic Health Record Modernization: VA Is Making Incremental Improvements, but Much More Remains to Be Done*: <https://www.gao.gov/products/gao-25-108091>.

⁵² GAO Report, July 1, 2021: *Veterans Affairs: Systems Modernization, Cybersecurity, and IT Management Issues Need to be Addressed*: <https://www.gao.gov/products/gao-21-105304>.

- **Work collaboratively with the VA to preserve and strengthen VHA's direct care system**, safeguarding its foundational missions while ensuring veterans have timely access to high-quality services.
- **Enact provisions** included in the:
 - *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act* (H.R. 740 / S. 275) — Standardizes VA residential rehabilitation and treatment infrastructure; establishes a pilot for veterans to self-schedule outpatient mental health and substance use treatment at community facilities; modernizes VA's scheduling systems and telehealth infrastructure; and mandates an online health care portal for managing community care referrals, scheduling, and appeals.
 - *Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act* (H.R. 6204 / S. 609) — Requires a GAO report evaluating VHA's real-estate model for expanding Vet Centers, guiding modernization of facility infrastructure and IT systems.
 - *Improving Veteran Access to Care Act* (H.R. 6038 / S. 607) — Directs the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
 - *Veterans Accessibility Advisory Committee Act* (S. 1383) — Creates an independent advisory body to improve accessibility for veterans with disabilities.

VETERANS BENEFITS PRIORITIES

A strong Veterans Benefits Administration (VBA) must be predictable, transparent, and veteran-centric. MOAA appreciates the meaningful investments Congress has made in modernization and staffing, but persistent gaps in enforcement authority, communications, transition assistance, and fraud prevention continue to delay or deny access to earned benefits. These challenges disproportionately impact newly separated veterans, medically retired servicemembers, veteran students, and survivors navigating the system during periods of vulnerability.

MOAA urges Congress to address these weaknesses through targeted, bipartisan reforms.

ELIMINATING PREDATORY VA BENEFITS CLAIMS AGENTS

Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act

Federal law clearly establishes that only VA-accredited representatives — attorneys, claims agents and organizations — may assist veterans with disability claims in exchange for compensation. Accreditation requires training, ethical compliance, continuing education, and fee oversight under 38 U.S.C. §§ 5901 and 5904 and 38 C.F.R. §§ 14.629-14.636⁵².

⁵² 38 U.S.C. §§ 5901 and 5904 and 38 C.F.R. §§ 14.629-14.636; <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section5901&num=0&edition=prelim> / <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section5904&num=0&edition=prelim> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.629> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.630> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.631> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.632> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.633> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.634>

However, in 2006, Congress removed VA's authority to enforce penalties against unaccredited individuals charging illegal fees, creating a regulatory gap. In the absence of enforcement, predatory companies have emerged with business models designed to exploit that gap, targeting veterans and survivors at their most vulnerable moments, charging excessive contingency-style fees, and interfering with legitimate claims processing.

The risk has intensified in recent years. According to the VA, the average disability claim takes more than 84 days⁵³, leaving many veterans frustrated and searching for assistance. The PACT Act's passage significantly expanded eligibility for toxic exposure benefits, dramatically increasing the number of new and reopened claims. While the act was a critical step forward in caring for toxic-exposed veterans, it created a rapidly growing pool of new claimants who face heightened risk of being targeted by predatory consultants operating outside VA oversight.

Numerous unaccredited companies now offer to "prepare," "coach," or "consult" on VA claims. Fee structures range from large upfront payments to contingency-style fees totaling five times the amount of awarded benefits. For example, a veteran filing an initial claim and receiving a rating of 100 percent could face a fee of \$20,000.⁵⁴ These companies commonly advertise that they can "maximize ratings," "expedite decisions," or uncover conditions a veteran "did not know about," using sophisticated, data-driven marketing campaigns across social media platforms. Some even boast about employment of their own medical review networks that will provide nexus letters and diagnosis of conditions associated with higher disability ratings. These activities are not subject to VA accreditation requirements or fee oversight.

A Retired Navy Petty Officer First Class and Veteran Advocate

"For over two decades, I have volunteered helping veterans prepare VA claims, and in recent months I've seen veterans contacted almost immediately after filing by companies promising guaranteed disability ratings for a percentage of their back pay. These callers possess detailed, sensitive information about newly submitted claims and falsely imply they are affiliated with the VA, pointing to a dangerous breach of trust that exposes veterans to exploitation and demands immediate oversight and accountability."

The growth of this industry has been dramatic. Some companies claim they have assisted tens of thousands of veterans and collectively generated millions in disability increases. Advertising and lobbying expenditures for these companies have surged accordingly, reflecting the emergence of

ECFR2d861683c66a39/section-14.634 / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.635> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.636>

⁵³ Department of Veterans Affairs: <https://www.va.gov/disability/after-you-file-claim/>

⁵⁴ Veteran disability compensation rates: <https://www.va.gov/disability/compensation-rates/veteran-rates/>

a mature, profit-driven sector built around VA claims processing. In 2025 alone, one such company reported \$1.86 million in lobbying expenditures.⁵⁵

Veterans report aggressive marketing campaigns, data-targeted solicitations, and contracts that are difficult to understand or terminate. Complaints have risen to the point that the VA created a Claims Predator Toolkit⁵⁶ and a reporting system⁵⁷ to help veterans identify and report suspected abuses.

Despite these efforts, VA's enforcement tool remains extremely limited. Today, VA's primary recourse against unaccredited agents is a cease-and-desist letter – an action that is frequently ignored. In 2024, the VA sent 25 cease-and-desist letters⁵⁸ to as many companies, yet at least 21 of those companies are still in business targeting veterans and survivors.

The 2006 repeal of criminal penalties was intended to provide veterans with greater choice, based on the belief that attorneys had become well-versed in veterans' law and could serve as a resource in the claims process. What Congress could not have anticipated was the rise of highly sophisticated, data-driven companies – often staffed by former VA raters – using modern digital marketing techniques to extract earned benefits directly from veterans and survivors.

This environment erodes trust in the VA system, undermines accredited representatives, and exposes veterans and survivors to financial exploitation with little recourse.

MOAA urges Congress to take action against these for-profit, predatory agents. Restoring criminal penalties for unaccredited individuals who charge unauthorized fees will deter fraudulent practices while preserving veterans' access to legitimate, accredited assistance.

MOAA Recommends:

- ***Congress enact the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act*** (H.R. 1732) to ensure earned disability benefits are retained by veterans and survivors, not lining the pockets of VA claim sharks. The legislation:
 - Restores criminal penalties for unaccredited individuals charging unauthorized fees.
 - Reinstates accountability mechanisms Congress originally intended to protect the VA claims process.
 - Deters fraudulent practices while preserving access to legitimate, accredited assistance.

⁵⁵ Veterans Guardian Lobbying Expenditures (2025): <https://www.opensecrets.org/federal-lobbying/clients/summary?id=D000089168>

⁵⁶ DigitalVA Claims Predators Fraud Prevention Campaign: <https://digital.va.gov/outreach-toolkits/claims-predators-fraud-prevention-campaign/>

⁵⁷ Veteran, Service Member, Family Fraud Evasion (VSAFE): <https://vsafe.gov/va-toolkit/va-fraud-prevention-kit/disability-and-pension-benefits/>

⁵⁸ The War Horse Article, Dec. 2, 2025, *VA Warned These Companies They May Be Breaking the Law. Most Are Still in Business*: <https://thewarhorse.org/veterans-affairs-claim-benefit-company-letters/>

KEEPING FAITH WITH THOSE WHO BEAR THE COST OF WAR

Eliminating the “Wounded Veterans Tax”

Combat-injured servicemembers who are medically retired before completing 20 years of service face a unique and unjust penalty: a dollar-for-dollar offset that reduces their earned retirement pay by the amount of VA disability compensation they receive.

While Congress has partially addressed this inequity through Combat-Related Special Compensation (CRSC), more than 50,000 combat-injured veterans remain excluded from full concurrent receipt. Nearly 28,000 of these veterans have 10 or more years of service yet are denied the same benefits afforded to longevity retirees despite injuries sustained in combat.

Retired Army National Guard Staff Sergeant

“I am the sole provider for my family. We have three children, and the passage of the Richard Star Act would be life-changing for us due to some of my conditions having gotten worse over the years, especially last year with no improvement. Passage ... would be life-changing considering my dependency on my wife, which limits both of our ability to seek any form of additional income which we desperately need.”

This policy penalizes those forced out of service due to wounds incurred in defense of the nation and undermines trust in the military compensation system.

MOAA Recommends:

- **Congress enact the Major Richard Star Act** (H.R. 2102 / S. 1032) so combat-injured servicemembers are not forced to forfeit earned retirement pay to receive VA disability compensation. This bill:
 - Allows combat-injured medical retirees to receive both DoW retirement pay and VA disability compensation concurrently.
 - Ends the so-called “wounded veterans tax” without expanding benefits beyond those already earned.

Ensure Continued Focus on Toxic Exposures

Following the passage of the PACT Act, MOAA and Disabled American Veterans (DAV) co-authored the *Ending the Wait for Toxic-Exposed Veterans*⁵⁹ report to highlight four recommendations that will ensure future veterans do not face decades-long delays in acknowledgment of and compensation for toxic-exposure related illnesses. While the VA has previously committed to open and transparent communication with the veterans’ community on

⁵⁹ MOAA/DAV Report, September 2024, *Ending the Wait for Toxic-Exposed Veterans*: <https://www.dav.org/ending-the-wait/>

the implementation of the PACT Act, the community remains concerned that the lack of a formal Office of Toxic Exposures will diminish the intent of Congress to not only care for toxic-exposed veterans, but to improve policies to address future exposures.

MOAA, DAV, and other VSOs are pursuing a draft bill that would establish the Executive Office of Military Toxic Exposures and Environmental Hazards within the VA. This bill acknowledges the importance of formalizing this office to ensure ownership and accountability within the VA. Having a central coordinating body for toxic exposure policy across the VA central office and the benefits and health administrations, the Board of Veterans' Appeals, the Veterans Experience Office, and the Office of the Secretary will ensure continuity of support, timely outreach, education, and assistance for toxic-exposed veterans, their families, caregivers, and survivors.

MOAA Recommends:

- *Introduce and enact the Military Toxic Exposures and Environmental Hazards Executive Office Act* to ensure critical coordination of efforts across the VA to support toxic-exposed veterans, their families, caregivers, and survivors.

Enhanced Support for Catastrophically Wounded Servicemembers and Military Survivors

Catastrophically wounded servicemembers and their families shoulder lifelong burdens that current benefits simply do not reflect. Special Monthly Compensation⁶⁰ (SMC) was designed to offset the extraordinary costs associated with severe combat injuries, but its value has not kept pace with modern medical realities, inflation, or the true cost of long-term caregiving. As a result, many severely wounded veterans are forced to rely on spouses and family members as unpaid, full-time caregivers, often at the expense of household income, career advancement, and financial stability.

The *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* would take a meaningful step toward correcting this imbalance by increasing SMC for catastrophically wounded veterans whose service-connected injuries require constant care and supervision. These veterans survived the battlefield, but their injuries impose permanent, compounding costs that far exceed standard disability compensation.

Home modifications, specialized transportation, sophisticated medical equipment, and full-time care come at a high cost, one made higher when factoring in lost earnings for those supporting these veterans. Updating SMC is not about creating new entitlements; it is about restoring the original intent of the benefit and ensuring those with the most severe wounds are not left behind as costs continue to rise.

Equally urgent is the need to strengthen Dependency and Indemnity Compensation (DIC) for surviving spouses. Survivors often lose not only their loved ones, but also long-term financial security, retirement planning, and household stability. DIC rates lag other federal survivor benefits, leaving many survivors struggling to meet basic needs despite the ultimate sacrifice

⁶⁰ Veteran Special Monthly Compensation rates: <https://www.va.gov/disability/compensation-rates/special-monthly-compensation-rates/>

made by their servicemember. Increasing DIC acknowledges that the cost of service does not end at death and that surviving spouses deserve dignity, stability, and predictability.

Failing to modernize SMC and DIC sends a damaging message to today's servicemembers and military families – that even the most profound sacrifices will be met with outdated and insufficient support. Congress must act to reaffirm the nation's commitment to those who have borne the heaviest costs of war. Strengthening SMC and DIC through this legislation is an investment in the integrity of the all-volunteer force and the promise we make to every individual who raises their right hand to serve.

MOAA Recommends:

- *Congress enact the amended Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* (H.R. 6047) to provide enhanced financial support to catastrophically wounded veterans and survivors.

ENHANCING THE SERVICEMEMBER-TO-CIVILIAN TRANSITION

The Transition Assistance Program (TAP) is intended to serve as the bridge between military service and civilian life, yet its execution remains uneven across installations and services. Common challenges include insufficient preparation time prior to separation; inconsistent delivery of benefits education; limited attention to mental health, social reintegration, and family readiness; and poor tracking and accountability for outcomes.

As a result, many servicemembers leave active duty without a clear understanding of the benefits they have earned or how to access them, increasing the risk of unemployment, financial instability, and untreated health conditions.

Integrating VSOs into TAP is essential to ensuring servicemembers leave uniformed service with real-world guidance that extends beyond the classroom. VSOs offer lived experience, specialized expertise, and long-standing trust within the military community. These assets cannot be replicated by government-only instruction.

By engaging VSOs early in the transition process, servicemembers gain direct access to organizations that can help navigate benefits, employment, education, health care, and family support long after separation or retirement. This connection helps close the gap between what servicemembers are told during TAP and the practical steps they must take once they enter civilian life.

Equally important, VSO integration strengthens continuity of support at a moment when many servicemembers are most vulnerable to confusion, misinformation, or exploitation. VSOs can reinforce accurate information about earned benefits, provide follow-on assistance when challenges arise, and serve as trusted advocates when navigating confusing systems. Their presence within TAP is a step toward normalizing help-seeking behavior and reduces the likelihood of veterans falling through the cracks when they transition to civilian life.

MOAA is uniquely positioned to support this transition space because it serves simultaneously as a military service organization (MSO) and a VSO, supporting servicemembers while in uniform and continuing that support throughout retirement and veteran status. This continuity allows MOAA to reinforce accurate, timely information before separation, serving as a reliable resource as servicemembers navigate the complex realities of civilian life. MOAA can help bridge the gap between DoW and VA systems, helping servicemembers and families understand how today's transition decisions affect long-term benefits, health care, employment opportunities, and financial stability. Integrating organizations like MOAA into TAP reduces vulnerability during transition and ensures servicemembers leave uniformed service connected to an organization that will continue advocating for them long after their military service ends.

MOAA Recommends:

- ***Congress enact the TAP Promotion Act*** (H.R. 1845) to enhance the Transition Assistance Program through:
 - **Expanding** outreach and awareness of TAP resources.
 - **Ensuring** consistent dissemination of information about benefits, employment, and support services.
 - **Strengthening** coordination with VSOs and community partners.

IMPROVED VA COMMUNICATIONS AND TIMELY ACCESS TO BENEFITS

The VA continues to rely on fragmented communications systems, outdated claims platforms, and overly complex forms that create barriers to access – particularly for newly separated veterans, survivors, and those with limited digital access or disabilities. These challenges result in missed enrollment windows, incomplete or inaccurate claims submissions, delays in care and compensation, and increased reliance on third parties, including predatory actors.

Reliance on limited communication methods and overly complicated forms can significantly reduce veterans' access to critical support programs and service-earned benefits. Many younger veterans, having grown up in a more tech-forward environment, are less likely to engage through traditional phone calls and instead prefer text messaging, online portals, and other digital communication tools. When agencies rely heavily on phone-based outreach or paper-driven processes, critical information may never reach veterans in the way they are most likely to receive and act on it.

At the same time, complex application processes create additional barriers that can delay or derail access to care and benefits. Filing claims for disability compensation, pension, and survivor benefits is often difficult, increasing the risk of processing delays, incorrect decisions, or outright denials. Transitioning servicemembers face added challenges, as they must wait until separation paperwork is finalized before applying for VA health care and other services. This gap can leave veterans temporarily without access to essential benefits, underscoring the need for simpler forms, earlier eligibility, and modernized communication methods that align with how today's veterans interact and seek support.

MOAA Recommends:

- **Enhancing Outreach and Simplifying Forms**
 - *Streamlining the Solid Start Communications Act* (H.R. 3386) – Expands forms of outreach for the VA Solid Start Program to “tailored lines of communication” including traditional mailings, text messaging, virtual chats, and other electronic messaging methods.
 - *Simplifying Forms for Veterans Claims Act* (H.R. 1286, passed by the House on May 19, 2025⁶¹) – Requires the VA to enter an agreement with a federally funded research and development center to assess the forms the VA sends to claimants and provide recommendations on how the VA can make the forms clearer and more organized.
 - *Delivering Digitally to Our Veterans Act* (H.R. 3481, passed by the House on Sept. 17, 2025⁶² / S. 2101) – Allows veterans the option to receive GI Bill information and benefits through electronic messages rather than traditional mail.
 - *Modernizing All Veterans and Survivors Claims Processing Act* (H.R. 3854, passed by the House on Sept. 15, 2025⁶³) – Requires the VA to plan for and implement technological improvements that modernize and automate claims processing; improve records retrieval, evidence compilation, interagency information sharing, correspondence generation, and dependency and education benefit coordination; and ensure accurate document labeling within the Veterans Benefits Management System.
- **Ensuring Timely Access**
 - *Combat Veterans Pre-Enrollment Act* (H.R. 683) – Automatically enrolls eligible combat veterans in VA health care upon separation.

PRESERVING DIGNITY AND HONOR IN VETERANS’ FINAL REST

Burial benefits and death documentation delays compound grief for families, can postpone access to survivor benefits and insurance payments, and can cause financial instability. National Guard and Reserve families are particularly vulnerable due to eligibility gaps and inconsistent processing.

Many reservists who served honorably are excluded from receiving a VA headstone or grave marker because they were never activated. When someone volunteers to serve this nation, they deserve honor and recognition worthy of their willingness to serve. Active duty service thresholds required by the VA to receive a headstone or grave marker result in the exclusion of members of the Reserve components who selflessly served in other capacities.

Delays or refusals by VA health care clinicians to sign death certificates for veterans who die from natural causes have created serious and unnecessary hardships for grieving families and local communities. In some cases, families have waited nearly eight weeks for a death certificate, delaying burial arrangements and preventing timely access to survivor and burial benefits, often at a moment of acute emotional and financial vulnerability. These delays persist despite the reality that modern VA care frequently relies on virtual appointments and ongoing medical

⁶¹ Congress.gov: <https://www.congress.gov/bills/119th-congress/house-bill/1286/all-actions>

⁶² Congress.gov: <https://www.congress.gov/bills/119th-congress/house-bill/3481/all-actions>

⁶³ Congress.gov: <https://www.congress.gov/bills/119th-congress/house-bill/3854/all-actions>

records rather than recent in-person visits, and VA clinicians routinely diagnose and treat patients remotely without legal risk. When VA providers do not sign death certificates promptly, responsibility is shifted to local coroners and medical examiners who have never treated the veteran, must request VA medical records, and incur avoidable costs and administrative burdens. Requiring VA clinicians to sign death certificates within 48 hours would streamline processes, reduce strain on local systems, and ensure veterans' families receive timely, compassionate support consistent with the service and sacrifice of their loved ones.

MOAA Recommends:

- *Giving Reservists a Valiant Eternity (GRAVE) Act* (H.R. 4928) – Expands VA eligibility for headstones and grave markers to certain Reserve component members who do not meet minimum active-duty service requirements but honorably served.
- *Veteran Burial Timeliness and Death Certificate Accountability Act* (H.R. 4398 / S. 2309) – Requires VA physicians or nurse practitioners to certify a veteran's death within 48 hours of learning of it to prevent burial delays and ensure timely access to survivor benefits.

ENHANCING FRAUD PROTECTIONS FOR VETERANS, THEIR FAMILIES, AND SURVIVORS

According to the Federal Trade Commission, veterans lost more than \$415 million due to fraud, identity theft, or other scams in 2024,⁶⁴ reflecting a growing pattern of increasingly sophisticated schemes that prey on the complexity of VA benefits and the credibility of individuals claiming to “help.” These scams siphon hard-earned benefits, compromise personal and financial data, undermine confidence in the VA system, and increase administrative burdens on VA staff. While the VA has taken steps to educate veterans and survivors about fraud and scams and to support those who fall victim,⁶⁵ stronger protections and accountability measures are essential to ensure veterans and their families are not exploited simply for seeking the benefits and assistance they have rightfully earned.

Equally important, GI Bill benefits should be restored for veterans who used their education benefits at colleges or universities that were later found to be fraudulent, deceptive, or in default. When an institution fails or is exposed for wrongdoing, the veteran – not the school – often bears the lasting consequences, losing both time and benefits with nothing to show for it. The recent indictment of members of the House of Prayer Christian Churches⁶⁶ demonstrates how far these schemes can go, with estimates of more than \$23.5 million paid to the school before the deception was discovered. Requiring veterans to absorb the loss of GI Bill benefits because of the delinquency of the school/program compounds the injustice and undermines the purpose of this education benefit as a pathway to opportunity and upward mobility. Restoring GI Bill eligibility in these cases ensures veterans are not punished for institutional misconduct beyond

⁶⁴ Federal Trade Commission, March 2025, *2024 Consumer Sentinel Network Data Book*: https://www.ftc.gov/system/files/ftc_gov/pdf/csn-annual-data-book-2024.pdf

⁶⁵ VA.gov, *Protecting Veterans from Fraud*: <https://www.va.gov/initiatives/protecting-veterans-from-fraud/>

⁶⁶ Justice Department Press Release, Sept. 10, 2025, *Eight Members of the House of Prayer Christian Churches Indicted for Fraud Schemes in Operation “False Profit”*: <https://www.justice.gov/usao-sdga/pr/eight-members-house-prayer-christian-churches-indicted-fraud-schemes-operation-false>

their control and requires the VA to provide more stringent oversight in determining which schools/programs are eligible for the GI Bill program.

MOAA Recommends:

- *Veterans Scam and Fraud Evasion (VSAFE) Act* (H.R. 1663, passed by the House on Jan. 20, 2026⁶⁷ / S. 2501) – Establishes a Veteran Scam and Fraud Evasion Officer within the VA to be responsible for fraud and scam prevention, reporting, and incident response plans.
- *Student Veteran Benefit Restoration Act* (H.R. 1391) – Restores GI Bill and other VA education benefits to veterans and beneficiaries who were defrauded by or attended schools that later lost approval, closed, or were found liable for fraud. Requires fraudulent institutions to repay the VA for improperly received education funds.

SURVIVOR BENEFITS PRIORITIES

Servicemembers are asked to accept extraordinary risks in defense of the nation, and they do so with the belief that if the unthinkable happens, their sacrifice will secure a lifelong equitable financial protection for their survivors that cannot be taken away. This expectation is rooted in long-standing federal commitments under Title 38, which affirm that benefits earned through service extend to surviving families. Survivors deserve nothing less than the full measure of support their servicemember earned.

Yet after the servicemember is gone, survivors learn that this promise has conditions that were not relayed by the servicemembers. By that time, it's too late: The clock cannot be unwound, and the service commitment cannot be retracted. The servicemember has made the ultimate sacrifice while the surviving family is left with a promise weakened by undisclosed limitations.

Love Lives On Act

Servicemembers volunteer to wear the uniform fully aware that their duty may one day require the ultimate sacrifice. They accept this risk believing and trusting that if that day comes, their families will be financially protected and supported in their absence. Our government reinforces this commitment through the benefits provided to surviving spouses immediately following a loss, signaling that the nation stands behind those left to carry on. This promise allows those in uniform to focus on the mission, confident that their spouse and family will be financially protected even if they are no longer physically present.

This is what Capt. John J. Sax believed the last day he kissed his pregnant wife, Amber, and almost 2-year-old daughter as he walked out the door for a routine training mission on June 8, 2022. Captain Sax had previously discussed with Amber the risk of death that can come with military service and had reassured her that she and their daughters would be left with financial stability. He also encouraged Amber to remarry, stating, "These girls can't grow up without a dad. I've seen firsthand what that does to girls, and it can't happen to our girls."

⁶⁷ Congress.gov: <https://www.congress.gov/bills/119th-congress/house-bill/1663/all-actions>

Captain Sax believed his sacrifice would financially provide for his surviving family. He had no idea that the financial provision that came from his death had a serious condition – that his wife would not be able to remarry until she was 55 years old without the loss of the financial provisions left from his death.

When Captain Sax boarded a V-22 Osprey on his final day, he had no idea his family would have to choose between the financial provisions left from his death and his wish for his family unit to be rebuilt. The Osprey, an aircraft that had four fatal crashes between 2022 to 2023, resulted in 20 servicemember deaths, Captain Sax was one of these fatalities. The ages of these servicemembers ranged from 19 to 37; Captain Sax was 33. A GAO study of the crashes completed in 2025 found that between 2015 and 2024, the Osprey aircraft had a serious accident rate higher than the Departments of the Navy and Air Force fixed-wing and rotary-wing fleets.⁶⁸ The aircraft had a high safety risk for at least 10 years, yet it continues to be used and flown by the Marines, Navy, and Air Force.

The V-22 crash in June 2022 left Captain Sax’s widow to raise two young girls as a single parent. Amber’s girls will be 23 and 21 before Amber can remarry and grant her husband his wish to give her girls back a second parent to love and care for them, without a significant cost to her family’s financial security.

Through a known high-risk crash rate, a two-parent household was transformed into a single-parent household overnight, and the government has designed its survivor policy to financially incentivize these families to remain single-parent households. This policy does not make the surviving family whole. Captain Sax’s little girls will not have their father present to celebrate their graduations, walk them down the aisle at their weddings, nor be there to share in the joys of other special accomplishments and milestones. Members of the surviving family will always have a hole in their life because Captain Sax died through a known risk the government took with his life.

The *Love Lives on Act* is about ownership: Ownership for the known risks the government visits upon servicemembers. When the government determines a servicemember’s life is worth the risk of a warfighting capability or sending them into a combat situation that puts their lives in danger, it must own the result of that decision. Dependency and Indemnity Compensation (DIC) and the Survivor Benefit Plan (SBP) are not acts of charity – they are part of the enduring commitment our nation makes to the families of those who serve. These benefits reflect the long-term responsibility that comes with sending servicemembers into harm’s way and ensuring their loved ones are financially supported if the worst should happen. These payments were earned by the deceased servicemember for their surviving family in exchange for their life. Earned benefits should not have an age restriction, especially when the purpose of an indemnity payment is to “compensat[e] a person for damages or losses they have incurred due to a specified accident, incident, or event”⁶⁹. This payment is owed by the government to the surviving family because of its liability in loss of life.

⁶⁸ GAO Report, Dec. 8, 2025. *Osprey Aircraft: Additional Oversight and Information Sharing Would Improve Safety Efforts*: <https://www.gao.gov/products/gao-26-107285>

⁶⁹ Legal Information Institute: <https://www.law.cornell.edu/wex/indemnify>

Lauren Tomkiewicz, Surviving Spouse of Capt. Matthew Tomkiewicz

"My husband made the ultimate sacrifice in service to this country shortly after my 26th birthday. The Love Lives On Act recognizes that honoring our nation's fallen heroes means allowing widows the freedom to grieve, heal, and rebuild their lives without being forced to wait until 55 to love again or face financial hardship. Supporting this act is a promise that our nation truly honors their sacrifice."

MOAA Recommends:

- **Congress enact the Love Lives On Act** (H.R. 1004 / S. 410), which has strong bipartisan support in the House and Senate. This legislation would enable surviving spouses of all ages to keep the compensation their deceased spouse earned for the surviving family through their military service and stop the financial incentive to keep these surviving family members from reestablishing two-parent households.

Caring for Survivors Act

Dependency and Indemnity Compensation (DIC) for survivors was set at a monthly dollar value of \$1,154 in 1993, with an annual cost-of-living adjustment (COLA). As of 2026, the DIC monthly payment is \$1,669.36. Because DIC is based on a static dollar amount, the value of the baseline benefit has declined. In fact, the U.S. dollar has declined 58.8% in buying power over the last 33 years, making the buying power of \$1,154 in 1993 worth just \$474.95 today.⁷⁰ Even with the additional \$515.36 COLA addition to the benefit over time, the buying power of this benefit is still lower at \$990.31 (\$474.95+\$515.36) than originally intended.

MOAA Recommends:

- **Congress enact the Caring for Survivors Act** (H.R. 2055 / S. 610), which modernizes DIC by aligning survivor compensation with the more appropriate and sustainable benchmark of veterans' disability compensation, ensuring the entitlement remains fair and adequate into the future. A survivor's DIC benefit would be set at 55% of a 100% disability rating, matching the established 55% rate used for the Survivor Benefit Plan (SBP). This change ensures greater parity, fairness, and long-overdue modernization for surviving families.

⁷⁰ Consumer Price Index Inflation Calculator maintained by Official Data Foundation, sourcing the Bureau of Labor Statistics Consumer Price Index: <https://www.in2013dollars.com/us/inflation/1993?amount=1154>

CONCLUSION

MOAA's veteran priorities underscore the urgent need to strengthen and sustain the systems that serve veterans, as well as their families, caregivers, and survivors. Addressing these challenges demands sustained collaboration among Congress, the VA, the administration, MOAA, and the broader VSO community to ensure veterans lived experiences drive effective, durable policy solutions. We appreciate your leadership and commitment, and MOAA stands ready to work with Congress to fulfill our nation's enduring promises to those who have served.

BIOGRAPHY



Lt. Gen. Brian T. Kelly, USAF (Ret)
President and CEO

Lt. Gen. Brian T. Kelly, USAF (Ret), is a native of New Jersey. He earned his bachelor's degree in aerospace engineering from the University of Notre Dame and holds two master's degrees, one in national resource strategy from National Defense University and another in military operational arts and sciences from Air University.

Kelly joined the Air Force in 1989 as a graduate of Notre Dame's ROTC program. In his 33-year Air Force career, Kelly served in a number of key command and staff positions, including commander, 92nd Mission Support Squadron, Fairchild AFB, Wash.; deputy director, manpower and personnel, Multi-National Security Transition Command, Iraq; director, manpower, personnel and administration, U.S. Southern Command, Fla.; commander, 31st Mission Support Group, Aviano Air Base, Italy; commander, 501st Combat Support Wing, RAF Alconbury, U.K.; director, manpower, personnel and services, Air Combat Command, JB Langley-Eustis, Va.; director, military force management policy for deputy chief of staff for manpower, personnel and services at the Pentagon; and commander, Air Force Personnel Center, JB San Antonio-Randolph, Texas.

At the time of his service retirement in 2022, Kelly had completed 3½ years serving as the Air Force's deputy chief of staff for manpower, personnel and services at the Pentagon.

Kelly took over as MOAA's president and CEO in January 2023.



**Testimony of Lindsay Knight, PhD
Chief Impact Officer, Blue Star Families
before a
Joint Hearing of the
House Committee on Veterans Affairs
and
Senate Committee on Veterans Affairs
February 24, 2026**

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Members of the committees, thank you for the opportunity to provide testimony on Blue Star Families' critical 2026 priorities.

Blue Star Families is the nation's largest military and Veteran family support organization. Its research-driven approach builds strong communities with a focus on innovative and data-informed solutions. Our goal is to enable military-connected families to thrive in the communities they call home. Since its founding in 2009, BSF has delivered more than \$336 million in benefits, counts over 440,000 members, and supports more than 1.5 million people annually through an expansive network of chapters and outposts – 33% of our membership base is comprised of Veterans, Veteran spouses, and Veteran family members.

Blue Star Families envisions a world where every military and Veteran family feels welcome and thrives by connecting to a vibrant network of support in communities where they live and serve to strengthen our nation.

The United States military is the most talented and committed fighting force the world has ever known. But the strength of that force rests not only in those who wear the uniform, it rests in their families, the quiet pillars who uphold our nation's promise of security, stability, prosperity, and freedom. Military families carry the weight of service alongside their loved ones, and too often, their sacrifices and challenges go unseen.

Blue Star Families was created to change that. From the start, we have built our work by going directly to military and Veteran families: asking about their lives, listening closely, and

responding in ways that matter. That approach has guided our growth from a small grassroots network into the nation's largest nonprofit dedicated to military and Veteran families.

Chapters & Outposts

Blue Star Families maintains a robust nationwide footprint through strategically located regional Chapters. Our 14 Chapter locations, which we expect to expand to 24 by the end of 2027, offer both in-person and virtual support to active-duty, Guard, Reserve, and Veteran families. Chapters serve as trusted local hubs, delivering innovative programs, hosting community events, and providing essential services that are vital to fostering connection and belonging. In 2025, Veterans and their family members made up 22% of attendees at our chapter-based caregiver events and 11% of our chapter-based outdoors programming. By actively building bridges between military and Veteran families and their local neighbors, institutions, and community organizations, we ensure that those who are serving and have served feel a sense of belonging in and support from their local communities.

With the generous support of Craig Newmark, founder of Craigslist, Blue Star Families has established a growing network of 20 Outposts—with a goal to expand to 48 by the end of 2027. Outposts are trusted local organizations that receive small grants from Blue Star Families, and in return bring Blue Star Families-aligned programs, best practices, and support to military and Veteran families in locations where Chapters are not yet present. Outpost organizations are as diverse as the needs of military and Veteran families and we're proud to include organizations specializing in arts and culture, workforce development, mental health and wellness, and even a locally owned grocery store among our Outposts. These incredible partners work with Blue Star Families to ensure that families feel seen, supported, and connected in their own communities.

Programs

Blue Star Families' suite of national programs supports the wellbeing and belonging of military families from first duty stations through life as a Veteran family. Our programming—which includes coffee connections and one-off drop-in events, career and workforce development for military and Veteran spouses, outdoor engagement for family resiliency, childhood literacy, museum access, caregiver support, and suicide-prevention efforts—is built on the premise that a holistic support system and upstream solutions to crises are the best ways to improve quality of life and increase positive outcomes for military and Veteran families.

As our Veteran membership has grown, so has Veteran participation in our national programs. Veterans and Veteran spouses account for over 20% of our participating members in Blue Star Careers. A resounding 51% of participants in our Blue Star Caregivers program identified themselves as Veteran spouses. All of our participants in our Staff Sergeant Fox Suicide

Prevention Grant Program (SSG Fox SPGP), “Support Circles,” consist of Veterans or Veteran-connected supporters and family members. Blue Star Families is here for all of our military-connected families — active-duty, Guard, Reserve, and Veteran.

Blue Star Family Applied Research and Evaluation

Blue Star Families' research highlights the unique experiences and challenges faced by military and Veteran families. Our flagship effort, the annual Military Family Lifestyle Survey (MFLS)—developed in partnership with Syracuse University's D'Aniello Institute for Veterans and Military Families (IVMF) and fielded since 2009—is the largest, most comprehensive survey of military and Veteran families, totaling over 113,000 respondents to-date and providing millions of data points. In our most recent national survey, the 2025 MFLS, which fielded between May 14 and June 30, 2025, there were 6,127 total respondents. Of those, 33% (n=2,034) identified as Veterans and 13% (n=812) as spouses or domestic partners of Veterans.¹ This rigorous scholarship, alongside other Blue Star Families' research, is currently used at every level of government to inform policy decisions impacting our military-connected communities. In partnership with members of Congress, our MFLS data has provided clarity on the scope and size of the Veteran suicide crisis, and led to over 40+ Quality of Life wins in the 2025 NDAA for active duty service members and families. Since 2009, our research has gathered honest, trusted feedback from 150k+ active duty and Veteran connected families—filling the gap left by DoD and VA surveys and influencing systemic change. This research has resulted in Blue Star Families publishing more than 70 reports since 2009.

In addition to extensive in-house evaluation, in 2025, Blue Star Families worked with QV Health Solutions (QVHS) to determine the long-term cost savings of a select number of evidence-based national programs that deliver substantial health and economic value while improving family wellbeing. As we have three years of data on the outcomes and impact of our SSG Fox SPGP, we included this pilot in the analysis.

Blue Star Support Circles | Upstream Solutions to Crisis, generously funded by the VA's Staff SSG Fox SPGP, was evaluated for long-term cost savings and will be extensively discussed in a succeeding section as a critical 2026 legislative priority.

Blue Star Families honors the deeply personal stories behind our data, bringing both evidence and lived experience to supporting the military and Veteran quality of life. Our 2026 legislative priorities center the Veteran with a whole-family approach to the military transition and upstream solutions to Veteran mental health crises.

¹ Blue Star Families. 2026. “2025 Military Family Lifestyle Survey Comprehensive Report.” https://bluestarfam.org/wp-content/uploads/2026/02/2025-MFLS_Findings_Full-Report.pdf

2026 Legislative Priorities

Transition Assistance Program and the *Building Readiness and Integration for Dependents Going to Civilian Environments Act*

MFLS data has provided valuable insights into the transition into post-service life for Veterans and their families. One sobering revelation is the persistent challenge Veterans face during their transition. In the 2025 MFLS, 58% (n=1,066) of Veteran respondents described their overall transition from military to civilian life as “difficult” or “very difficult,” and 44% (n=805) found it more difficult than expected.²

The Department of Defense’s (DoD) Transition Assistance Program (TAP) is intended to serve as a foundational resource for service members as they prepare to separate from military service. Recent data indicates that TAP is underutilized and inconsistently effective. According to the 2024 MFLS, only 28% of Veteran respondents reported using TAP resources and finding them helpful, while 23% reported using them but not finding them helpful, and a notable 49% did not use TAP during their transition.³ Low engagement rates suggest a need to improve both awareness and relevance of the program to better meet the evolving needs of transitioning Veterans and their families.

Recent MFLS data demonstrates that preparedness for the military-to-civilian transition is linked to Veterans’ sense of belonging and financial wellness, highlighting potential long-term impacts of transition experiences. 68% (n=494) of Veteran respondents who had felt prepared for their transition also said they felt a sense of belonging to their current community, compared to 38% who felt unprepared (n=316).⁴ Of Veteran family respondents who reported a “difficult” transition process, 39% (n=523) indicated they were currently “just getting by” or “finding it difficult to get by” financially.⁵ Enhanced transition support has broad implications, extending beyond the individual well-being of service members to the long-term health and stability of Veteran families.

Families’ Experiences with Transition

The transition from military to civilian life is not just a personal journey for the service member—it is a profound change experienced by the entire family. Military spouses and children

² Blue Star Families and Institute for Veterans and Military Families. 2026. “2025 Military Family Lifestyle Survey: Veteran Families in the 2025 MFLS; Community, Transition Needs, and Family Financial Situation.”

³ Ibid

⁴ Blue Star Families. 2025. “2024 Military Family Lifestyle Survey Comprehensive Report.” https://bluestarfam.org/wp-content/uploads/2025/02/BSF_MFLS24_Comp_Report_Full-v2.pdf

⁵ Blue Star Families and Institute for Veterans and Military Families. 2026. “2025 Military Family Lifestyle Survey: Veteran Families in the 2025 MFLS; Community, Transition Needs, and Family Financial Situation.”

are significantly impacted by the shifts in identity, support systems, organizational structures, and oftentimes financial stability that occur when a service member separates from service.

Military spouses are critical to the stability and well-being of the military family. This is especially true during and after the shift to civilian life. Spouses are frequently the primary caregivers for both children and the Veteran, a responsibility that increases significantly if the Veteran experiences service-related issues such as physical injuries or psychological trauma. This caregiving role becomes even more critical when Veterans are managing the aftereffects of combat exposure,⁶ which can introduce complex challenges such as post-traumatic stress disorder (PTSD), depression, and chronic pain. This can lead to difficulties such as strained relationships, communication breakdowns, and an increased caregiving burden for spouses, all of which negatively impact long-term family wellbeing.

Reintegration plays a foundational role in shaping how military families adapt to life after service.⁷ The military-to-civilian transition requires the renegotiation of roles, routines, and family structures, as families shift away from the institutional support and demands of military life. The success of this transition varies widely and is influenced by how effectively each family member adapts to these new demands and responsibilities.⁸

The successful transition of a service member is significantly influenced by the health and wellbeing of their spouse. However, many support services for spouses cease at the time of separation, which is often when families require them most.⁹ Although TAP resources are available to spouses, they are often insufficiently marketed to spouses or tailored to their unique needs.¹⁰ This gap in outreach and support leaves many spouses underprepared for the challenges of military-to-civilian transition.

Successful military-to-civilian transitions depend on comprehensive support strategies that recognize the unique needs of Veteran family members, not just in their capacity as caregivers, but as individuals navigating a significant transition themselves. A true measure of a successful transition extends beyond the Veteran's employment or access to benefits. It is reflected in the

⁶ Pflieger, Jacqueline C., Cynthia A. LeardMann, Hope S. McMaster, Carrie J. Donoho, and Lyndon A. Riviere. 2018. "The Impact of Military and Nonmilitary Experiences on Marriage: Examining the Military Spouse's Perspective." *Journal of Traumatic Stress* 31 (5): 719–29. <https://doi.org/10.1002/jts.22321>.

⁷ O'Neal, Catherine Walker, and Justin A. Lavner. 2021. "Military-Related Stress and Family Well-Being among Active Duty Army Families." *Family Relations* 70 (4). <https://doi.org/10.1111/fare.12561>.

⁸ Elnitsky, Christine A., Cara L. Blevins, Michael P. Fisher, and Kathryn Magruder. 2017. "Military Service Member and Veteran Reintegration: A Critical Review and Adapted Ecological Model." *American Journal of Orthopsychiatry* 87 (2): 114–28. <https://doi.org/10.1037/ort0000244>.

⁹ Graham, Emily. 2024. "The US Military Does Not Adequately Prepare Members for Transition from Service." <https://surface.syr.edu/cgi/viewcontent.cgi?article=1251&context=lerner>

¹⁰ Ibid

family's stability, wellbeing, and connection to their community as they establish their new life as a Veteran family.

Blue Star Families calls on Congress to enact the *Building Readiness and Integration for Dependents Going to Civilian Environments Act* sponsored by Sen. Alex Padilla (D-CA) and Reps. Sanford Bishop (D-GA) and Jen Kiggans (R-VA). The measure would establish a three-year pilot project at four US military bases, including one OCONUS, where national organizations serving the military and Veteran community, selected by the DoD, would coordinate the extension of military transition services to military families.

Under the program, the participating organizations would identify military families who are within two years of transitioning to civilian life and provide those families with resources, training, and neighborhood connection support on an ongoing basis. Programming would include peer-led support groups, resilience workshops, and a digital resource hub focused on emotional wellness, practical life skills, and community reintegration for spouses, children, and caregivers. They would track the progress of those families, and a comprehensive report on the program would be submitted by the DoD to Congress within six months of completion of the pilot.

Blue Star Support Circles | Upstream Solutions to Crisis and the Staff Sergeant Parker Gordon Fox Suicide Prevention Program

Addressing Veteran suicide is a moral duty to those who have bravely served and sacrificed for our country. The persistent, high rate of suicide among Veterans is a stark indicator of the profound, often hidden, difficulties they face when transitioning to civilian life. According to the Department of Veterans Affairs (VA), suicide is the second-leading cause of death among Veterans under the age of 45 years old,¹¹ who are “1.5 times more likely to die by suicide than their nonveteran” peers.¹² In the 2025 MFLS, 11% of veteran respondents reported having seriously considered suicide within the last year, and 25% of Veteran respondents reported having a friend or family member who expressed suicidal thoughts, had a suicide attempt, or died by suicide in the 12 months prior to survey fielding.¹³ These figures underscore the immediate necessity for sustained and coordinated efforts. We must address the complex factors contributing to Veteran suicide and ensure that every Veteran receives timely, effective, and compassionate support.

¹¹ Office of Suicide Prevention. (2024). *2024 National Veteran suicide prevention annual report*. US Department of Veterans Affairs. https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2_508.pdf

¹² DeAngelis, T. (2022). Veterans are at higher risk for suicide. Psychologists are helping them tackle their unique struggles. *American Psychological Association*, 53 (8), 56. <https://www.apa.org/monitor/2022/11/preventing-Veteran-suicide>

¹³ Blue Star Families, “2025 Military Family Lifestyle Survey.” Unpublished data, 2026.

In 2022, Blue Star Families was awarded funding by the VA under the SSG Fox SPGP, established under the *Commander John Scott Hammon Veterans Mental Health Care Improvement Act of 2019*. We extend our gratitude to Chairman Moran and members of the committees for your leadership in developing and enacting this landmark legislation, which honored Veterans' sacrifices and prioritized comprehensive Veteran suicide prevention. Through the SSG Fox SPGP, Blue Star Families has facilitated two innovative upstream solutions to the Veteran mental health crisis: Blue Star Support Circles and the Combat the Silence Campaign.

The Combat the Silence Campaign tackles the persistent stigma surrounding mental health among military and Veteran populations, seeking to normalize conversations about mental health, encourage help-seeking behaviors, and increase awareness of available resources. From October 1, 2024, to March 31, 2025, the campaign significantly extended awareness and engagement across military-connected communities, reaching an estimated 5.6 Million people through broadcast media, social media, and Blue Star Families' YouTube channel. The Emmy Award-winning Combat the Silence campaign raised awareness, reduced stigma, and connected military families to supportive resources.

Through the SSG Fox SPGP, Blue Star Families also operates Blue Star Support Circles | Upstream Solutions to Crisis. Through this innovative, community-based suicide prevention program, we prioritize Veterans who are at risk of suicide by ensuring their friends and family members can recognize and understand signs, and intervene before a Veteran's struggle becomes a crisis.

We recognize that Veterans and their family members act as critical extensions of the mental health care ecosystem in the Veteran community. By equipping these trusted individuals with appropriate education, enabling them to recognize mental health signs and symptoms and engage in supportive dialogue, they can play a meaningful role in early identification and intervention, significantly enhancing our collective response.

While this non-clinical approach does not replace critical clinical mental health care—it is a critical approach in strengthening the communities that Veterans are embedded in, and (now) a proven way to get resources into the hands of those communities and support networks to preempt crises. Blue Star Families firmly believes that empowering loved ones to step in to support Veterans can address a growing mental health concern before it becomes a suicide crisis.

This program offers facilitated, non-clinical, closed-group cohorts for Veterans and Veteran supporters. Over eight weeks, participants engage in virtual sessions designed to foster peer-based connections, deliver evidence-based training, and provide resources and referrals. The program empowers participants to effectively support Veterans.

Blue Star Families has partnered with experts in the field such as PsychArmor, American Red Cross, Spiritune, Veterans Yoga Project, and Tragedy Assistance Program for Survivors (TAPS), to provide world-class, relevant and actionable strategies and techniques to recognize, address, and intervene before an issue becomes a crisis. In addition to education and peer support, participants receive tangible tools—such as lockboxes for lethal means safety—and work with facilitators to develop personalized crisis plans.

To date, 181 individuals, including 43 Veterans, have completed an eight week cohort. Our program was externally validated by the University of Alabama, and participants demonstrated through pre- and post-surveys statistically significant improvements in their capacity to help others experiencing suicidal thoughts and their self-efficacy to intervene. Our participants showed a marked improvement in participants' attitudes towards suicide prevention (from 4.3% to 13%), increased confidence in discussing suicide (from 55.3% to 73.9%), enhanced knowledge of appropriate language and resources, and significantly imparted skills to mitigate risk factors for loved ones who might be having thoughts of suicide. Additionally, the share of participants indicating that all firearms were stored locked and unloaded increased from 30% to 43%, suggesting improved safe storage practices among firearm owners.

The BSF Support Circle program is creating a shift in how people think about suicide prevention, increasing what they feel they can do to prevent suicide, and provides participants with a valued sense of community and support for families of veterans regarding suicide awareness and prevention.

Veteran suicide prevention is not only a moral imperative—it also saves VA healthcare resources. The economic analysis that we conducted with QVHS in 2025 projects that Support Circles generate healthcare and economic costs savings 17 times greater than program costs—a \$13,247 net cost savings per cohort participant.¹⁴ Participants show measurable PHQ-9 depression improvements, reducing MDD-related healthcare costs (estimated \$6,429 annually per person) and preventing costly emergency visits and psychiatric hospitalizations. For Veterans with severe depression completing crisis response plans, a 76% reduction in suicide attempts translate to \$14,681 in avoided attempt-related healthcare and productivity-related economic costs per prevented attempt.¹⁵

Notably, among the 100 grants awarded by the VA in 2022, Blue Star Families' program was the only one selected to utilize a holistic approach to readiness for Veterans and their families. Through participation in Support Circles, Veteran family members learn to identify and respond to the health, environmental, and historical factors that put Veterans at greatest risk. By

¹⁴ QV Health Solutions, "Value Analysis of Blue Star Families Programs: Quantifying Health and Economic Impact." Unpublished Analysis, 2025.

¹⁵ Ibid.

supporting those closest to our Veterans, we are expanding the reach of our nation's suicide prevention strategy and building a stronger, more resilient support network for our Veterans.

Current Status / Funding

As we enter Year 4 of the SSG Fox SPGP, our focus sharpens on engaging at-risk veterans who are experiencing or are at risk for a mental health crisis. Building upon the previous years' successes, this year we will work even more closely with our local chapter and outpost locations to identify veterans who may be disconnected from the support they need. These individuals may not yet be connected to clinical services or may face significant barriers to access, including geographic isolation, financial hardship, or lack of awareness about available resources.

Our program offers a peer support, non-clinical model that empowers veterans to help themselves while providing them with the tools, resources, and training to intervene with others they may know who are in crisis. This model aligns with social determinants of health, recognizing that veterans' well-being is shaped by a combination of social, environmental, and economic factors. By addressing these broader determinants, such as social isolation and lack of community support, our approach helps reduce barriers to care and supports veterans in creating meaningful connections.

Blue Star Families appreciates the extensive work your two committees have done to extend the program past the original three-year pilot legislation through 2026, and we call on you both to work together to extend the program for at least another three years, and then to work toward a long-term authorization for the most successful programs.

Pass the Major Richard Star Act (H.R. 2102/S. 1032) - End the Wounded Veteran Tax

Blue Star Families is a new and committed member of The Military Coalition, comprising 35 organizations representing more than 5.5 million members of the uniformed services—active, reserve, retired, survivors, Veterans—and their families. It remains a top priority of ours to finally pass the *Major Richard Star Act*.

As many of you know, the bill will allow 52,000 combat-injured medically-retired Veterans to receive their earned retirement pay and disability compensation without offset. The DoD is responsible for retired pay, and the VA is responsible for disability compensation. These are different payments for different purposes and not “double dipping.” Reducing DoD retirement pay due to a combat injury breaks faith with those who serve our country now and those who will in the future.

The *Star Act* has 315 House and 77 Senate cosponsors. That is three quarters of Congress, and it could pass today if brought to the floor on each side of the Capitol.

A key finding in our MFLS tells us that the percentage of our active-duty family survey respondents who are willing to recommend military service has nosedived from 55% in 2016 to 37% (n=866) in 2025.¹⁶ For the health and well-being of our All-Volunteer Military Force, we need to set an example by taking care of those who need it most by passing the *Major Richard Star Act*, and other measures to improve the lives of our military and Veterans.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Members of the committees, thank you once again for inviting Blue Star Families to provide our priorities, views, and research. I am happy to answer any questions.

¹⁶ Blue Star Families and Institute for Veterans and Military Families. 2026. "2025 Military Family Lifestyle Survey: Veteran Families in the 2025 MFLS: Community, Transition Needs, and Family Financial Situation."



Lindsay Knight, PhD

Chief Impact Officer, Blue Star Families



Lindsay is a social impact leader with two decades of experience spanning grassroots community non-profits, multinational private sector firms, and academic and policy -adjacent institutions. Her niche area of expertise is creating ways for public, non -profit, philanthropic, and private sector stakeholders to discover and achieve collective ends.

She received her PhD in Political Science from the University of Chicago, with an area focus on civic responsibility, institutional change, democratic theory, and mixed -methods research.

Her work has been recognized with awards and fellowships from the Mellon Foundation, the Marguerite Casey Foundation, and the United Nations - Chicago for achievements in "Innovation, Industry, and Infrastructure" in social development. She is a mentor in the [Institute of Politics](#) ' Women in Public Service program, and an Advisory Board member at the [Outdoor Alliance](#) . Lindsay lives in Washington D.C. (...but as a 20 year Chicagoan and Wisconsinite by birth, she calls the Midwest home).

Testimony of



Legislative Priorities
&
Policy Initiatives *for the*
119th Congress, Second Session

Presented by

Tom Burke
National President

Before the
House and Senate
Veterans Affairs Committees

February 24, 2026

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, Members of Congress:

I appear before you today as a Vietnam veteran and the proud president of Vietnam Veterans of America, an organization born not from comfort or consensus, but from necessity.

**Our motto is simple, and it is unyielding:
“Never Again Will One Generation of Veterans Abandon Another.”**

That promise was forged by Vietnam veterans who came home to a country that did not know what to do with us. We did not return to parades or gratitude. Too often, we returned to silence, skepticism, or hostility. Some questioned our service. Some questioned whether Vietnam was even a real war.

But we knew the truth. We learned quickly that if veterans did not fight for each other, no one else would. So we fought. We fought for ourselves when no one else would. And we won battles many said could not be won.

Long before PTSD had a name, Vietnam veterans forced this nation to recognize those invisible wounds as real injuries. Long before Agent Orange or toxic exposure were politically safe to acknowledge, we demanded accountability for harms caused in service to this country.

There were no playbooks and no large budgets — only conviction, persistence, and the refusal to be ignored. That is how Vietnam Veterans of America was built. And that spirit has never faded. That is who we are. We may not have the largest balance sheets, but our passion is rooted in lived experience and the hard, hard knowledge of what happens when a nation looks away from those it sent to war.

That is why, although our name reflects one generation, our mission has never been confined to one. We speak today not only for Vietnam veterans, but for all veterans. Because we know what abandonment looks like, and we will not allow it to be repeated.

Vietnam Veterans of America wants to reaffirm our strong commitment to working in partnership with the U.S. Department of Veterans Affairs to strengthen outreach, access, and trust across the entire veteran community. Our mission has always been grounded in one simple but powerful truth: service to our nation matters.

Whether a veteran served in combat or non-combat roles, in the air, on the sea, or on land, before or after 9/11, their honorable service is worthy of respect and recognition. The uniform does not measure sacrifice solely by exposure to enemy fire. It represents commitment, discipline, readiness, and a willingness to stand in defense of the United States whenever called.

We recognize the invaluable contributions of our Cold War veterans and those who stood watch during periods often described as “peacetime,” yet marked by real-world tensions, deterrence missions, and global instability. Their vigilance helped prevent conflict and preserved freedom. They are an essential part of the fabric of this great nation.

Too many veterans across generations have hesitated to seek VA services because they feel unworthy or believe their service does not “measure up.” That belief is both heartbreaking and incorrect. VVA is committed to expanding multigenerational outreach programs that connect veterans and their families to the benefits and services they have earned. We will work alongside the VA and partner organizations to ensure veterans understand that their honorable service, regardless of era or occupational specialty, entitles them to care, respect, and support.

We also acknowledge that, over time, legislative focus on specific conflicts or service periods, while often necessary and well-intentioned, has sometimes unintentionally contributed to fractures within the broader veteran community. VVA’s goal is not to divide, but to unify. We are prepared to collaborate with all organizations and leaders willing to set aside partisan rhetoric and political noise in favor of principled cooperation.

Our commitment applies to every generation: past, present, and future. VVA stands ready to build bridges, strengthen networks, and ensure that no veteran or family member feels forgotten, overlooked, or less than worthy because of when or where they served. Service is service. Honor is honor. And together, we will ensure that no veteran is left behind.

Vietnam Veterans of America has stood with all veterans harmed by toxic exposure, including those suffering from Gulf War Illness, whose symptoms were dismissed for far too long. VVA has worked tirelessly to have the needs of sick Gulf War veterans addressed with the Department of War (DoW) and the VA and has taken the lead among VSOs to address these important and specific concerns of Gulf War

veterans, who, by the way, are often the sons and daughters of Vietnam veterans. Fighting for justice regarding toxic exposures is never limited to a specific era.

Vietnam Veterans of America will continue working across the aisle on a wide range of legislative issues. We look forward to working with both Committees and every Member, offering our expertise and opinions directly to any office whenever it is helpful, because results matter more than credit.

Vietnam veterans taught this nation something important: that progress does not come from waiting to be invited. It comes from showing up, from telling the truth, and from refusing to go away. That is who we are.

Thank you for the opportunity to testify.

Vietnam Veterans of America Legislative Priorities

Fund the Defense POW/MIA Accounting Agency (DPAA) Our long-time top priority remains a demand to properly fund the DPAA. That agency has been underfunded for years. As a Nation who is dedicated to the Warrior Ethos, especially noting we “never leave a fallen comrade behind,” we are missing the mark on recovering our fallen soldiers. We must honor the 250th anniversary of this nation and increase the DPAA budget immediately to \$250 million and add the staffing needed to bring resolution to the missing comrades who indeed have been left behind. We must not forget the prisoners of war and those who went missing in action. Since VVA’s formation, the accounting and recovery of POW/MIA servicemembers have remained our top priority. The DPAA investigates potential crash and burial sites and aids in the recovery and identification of remains in Southeast Asia and other conflict locations. To do so, it must engage in extensive research, conduct interviews, and collaborate with numerous nonprofit organizations and foreign governments. Funding the DPAA is an effective way for Congress to ensure that the families of the unaccounted-for receive the fate-clarifying information they deserve. Time is the enemy, as witnesses are passing away and identified potential sites are being altered by construction and land reclamation.

Form a Congressional Committee to Aggregate Existing Research on Biological Descendants of Veterans Exposed to Toxic Substances VVA calls upon Congress to create a federally chartered advisory committee to look at the intergenerational impact on descendants of service members and veterans who were exposed to toxic substances. This body should be charged with collecting, organizing, and rigorously evaluating existing research from VA, DoW, NIH, academic institutions, and relevant international sources concerning potential biological-descendant effects of military toxic exposures. By synthesizing the current scientific evidence, identifying gaps in knowledge, and clearly outlining areas of consensus and uncertainty, the task force would create a strong, transparent foundation to guide prudent and evidence-based next steps.

Revise the Blue Water Navy Act and Investigate Broadscale Dioxin Exposure Congress must amend the Blue Water Navy Vietnam Veterans Act of 2019 (PL 116-23) to include servicemembers who served aboard vessels that supported the war effort but were excluded from coverage. Congress must also investigate heightened dioxin exposure due to Navy water distillation methods. The Blue Water Navy Vietnam Veterans Act established a presumption of Agent Orange exposure for veterans who served offshore in the territorial waters of Vietnam between January 9, 1962, and May 7, 1975. Unfortunately, the Act imposed a rough twelve-nautical-mile limit for presumed exposure. The result was the denial of presumption for the tens of thousands of sailors who served aboard nearly two dozen aircraft carriers. Dioxin does not respect arbitrary lines in the sea and can be found in most bodies of water. Before the advent of reverse osmosis systems following the Vietnam War, U.S. military vessels used multi-stage flash distillation for water purification. While this water purification method is effective at removing larger masses from potable water, condensers increase the toxicity of drinking water by increasing the concentration of dioxins and adjacent pollutants. Exposure amounts for sailors were estimated to be two to three magnitudes higher because of distiller use. It should be noted that these toxic effects were seen using systems comparable to the reverse osmosis systems used by the Navy after the Vietnam War, systems that were supposed to be more effective at removing contaminants but failed to purge dioxin and other toxins. Generations of sailors and Marines were presumably at risk of exposure. Congress is therefore obliged to compel the DoW and VA to properly investigate dioxin exposure due to these faulty water purification methods.

Suicide Prevention Initiatives The alarming rate of veteran suicides demands immediate action. According to the most recent 2026 National Veteran Suicide Prevention Annual Report, the rate for veterans aged 55 to 74 years old held at 4.4 percent, and suicide rates fell by 8.1 percent for male veterans aged 75 and older who were actively engaged with VA geriatric or primary care. Veterans in crisis must have immediate access to mental health services without being turned away due to staffing shortages or funding limitations. Tragically, many veterans have taken their lives shortly after being denied access to care. When mental health services cannot be provided within 24 hours of a veteran's request, the VA must refer them immediately to the nearest veteran community care provider and provide transportation. We urge the continued funding and prioritization of alternative therapies and peer mentoring programs that provide vital support to veterans struggling with mental and physical health issues. Such initiatives can significantly reduce the suicide rate among veterans and foster a sense of community and understanding.

Addressing Homelessness Among Veterans Since the 2024 Point-in-Time (PIT) Count of homelessness in the United States, there has been nearly a 5 percent decrease, bringing the total number of veterans experiencing homelessness to an expected 31,450. The nationwide picture of veteran homelessness, however, remains complex and deeply concerning, particularly in areas like West Los Angeles. We must ensure that properties designated for homeless veterans are not repurposed for non-veteran use, as has been done in West L.A. This includes preventing such properties from being converted into civilian homeless shelters or other non-supportive uses.

Veteran Transition Assistance The move from military service to civilian life is one of the most vulnerable periods a servicemember will face. Service members leave a highly structured environment with built-in purpose, housing, healthcare, and community, and must quickly navigate employment, education, financial planning, mental health care, and family stability on their own. Without effective transition support, even highly trained and disciplined veterans can struggle with underemployment, financial hardship, homelessness, or isolation. Strong transition programs help translate military skills into civilian credentials, connect veterans to meaningful careers, and ensure access to earned benefits and healthcare. Investing in transition assistance is not simply a workforce issue; it is a moral obligation that

honors service, protects families, and reduces long-term social costs by setting veterans up for stability and success from day one of civilian life.

Enact Legislation Prohibiting the Reduction of VA Disability Compensation for Incarcerated Veterans Veterans involved with the justice system who are otherwise eligible for VA benefits served their country with distinction, and incarceration should not be used as justification for diminishing earned benefits. Congress must enact legislation prohibiting the reduction of VA disability compensation for these veterans, placing any balance above 10 percent into an escrow account until a veteran's release date. Under current regulations, benefits for these veterans are capped at 10 percent, leaving them with inadequate financial resources upon release. The natural consequence of this is an increased risk of poverty, homelessness, and recidivism for veterans and their families. By holding justice-involved veterans' money in escrow, we can reduce instability and help them return as productive members of society once they have served their time. We recommend continuing to develop comprehensive support systems to address the root causes of veteran homelessness, including mental health services, job training, and housing assistance. Legislative efforts must focus on providing the necessary resources and support to prevent homelessness among veterans. Careful oversight of new programs to address veteran homelessness must also be mandated by Congress to avoid delays and misappropriations like what has played out at the West L.A. Campus and VA Medical Center.

Order the VA to Reinstitute the Use of Physician Assistants as Mental Health Treatment Providers at VA Hospitals and Clinics Access to mental healthcare has historically been a struggle for veterans. VA is the largest centralized provider of these services, operating over 1,500 facilities where it provides mental health services to roughly 2 million veterans. The level of service, however, is grossly inadequate; an August 2023 OIG survey found that more than 75 percent of the VA's hospital networks and associated clinics reported severe shortages of mental health providers. Permitting physician assistants to practice in this space will allow for the dramatic expansion of access to mental health services for our nation's veterans.

VIETNAM VETERANS OF AMERICA
Funding Statement
February 24, 2026

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For further Information, contact: James McCormick
Executive Director for Government Affairs
Vietnam Veterans of America
(301) 585-4000 extension 111

Tom Burke

Tom Burke was elected to serve as Vietnam Veterans of America National President at VVA's 22nd National Convention in New Orleans, Louisiana.

A Navy veteran, Burke volunteered for service in 1963. He was sent to Helicopter Combat Support Squad One at Ream Field, California, and in his final year, served aboard the Aircraft Carrier USS *Hancock*. Burke is a Gold Star family member who lost his brother during the Korean War.

Burke's VVA service includes three consecutive terms as National Vice President (2019-2025). He was first elected to the VVA National Board of Directors in 2009 and served as At Large Director for one term (2009-2011) and as National Region 5 Director for two terms (2015-2019). As Region 5 Director, he represented the states of Michigan, Ohio, Indiana, and Illinois.

Over his tenure at VVA, Burke has been appointed by the VVA National President as National committee Chair, Vice Chair, and as a member of several committees. He has led or has served as a member of the following VVA national committees: Government Affairs (2013-2019); Veterans Benefits Chair (2015-2019); Public Affairs (2011-15); Finance; Veterans Incarcerated; and Disciplinary.

Burke represented Ohio to VVA's Council of State Council Presidents as the president of the Buckeye State Council, a position he held for eight years. He first joined VVA in 2000, and was soon elected president of VVA Chapter 857, a position he held for eight years.

Burke's dedication to veterans, combined with his strength of leadership earned him the VVA Commendation Medal, VVA's highest award. In 2016, he was inducted into the Ohio Veterans Hall of Fame.

In his professional career, Burke spent 37 years in the Transportation & Logistics sector. Employed by the Canadian National Railroad for 27 years, he served as Market Manager for the pulp and paper division, with current annual sales more than \$14 B. Later, he was employed by the Wheeling & Lake Erie Railway, with operational control as well as marketing and sales of the intermodal Terminal operation.

After leaving the Railroad Industry, Burke moved over to the trucking side of the transportation industry, serving as Vice President of Marketing for a privately held trucking company, prior to establishing a highly successful consultancy business in Logistics.

Burke, and his wife, Robin, reside in New Philadelphia, Ohio.



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EXECUTIVE DIRECTOR

Larry Wright, Jr.
Ponca Tribe of Nebraska

NCAI EXECUTIVE DIRECTOR LARRY WRIGHT TESTIMONY BEFORE THE SENATE VETERAN AFFAIRS COMMITTEE AND HOUSE VETERAN AFFAIRS COMMITTEE DURING A LEGISLATIVE PRESENTATION OF DISABLED AMERICAN VETERANS & MULTI VSOs: MILITARY OFFICERS ASSOCIATION OF AMERICA, BLUE STAR FAMILIES, VIETNAM VETERANS OF AMERICA, NATIONAL CONGRESS OF AMERICAN INDIANS, SERVICE WOMEN'S ACTION NETWORK, GOLD STAR WIVES OF AMERICA, INC., BLACK VETERANS PROJECT

February 24, 2026

Chairmen, Ranking Members, and Members of the Senate and House
Veterans Affairs Committees:

Thank you for the opportunity to testify on the needs of American Indian and Alaska Native (AI/AN) veterans who have proudly and have rightfully earned entitlements and benefits due to them by virtue of their service to this country. My name is Larry Wright, Jr., and I am a former Chairman of the Ponca Tribe of Nebraska and currently serve as the Executive Director for the National Congress of American Indians (NCAI). NCAI was founded in 1944 and is the oldest, largest and most representative American Indian and Alaska Native organization serving the broad interests of tribal governments and communities. On behalf of NCAI, thank you for this opportunity to provide testimony on issues affecting Native American veterans.

Today, I stand before you to honor the valor and service of AI/AN veterans to this country. As many of you may know, Native people serve in the Armed Forces at a higher rate than any other demographic group in the U.S. Beginning from the Revolutionary War, AI/AN veterans served in several wars even before they were recognized as U.S. citizens and had the right to vote. During World War II, Navajo Code Talkers played a vital role in securing Allied communications in the Pacific. Pascal Cleatus Poolaw, Sr., a member of the Kiowa Tribe, is the most decorated Native American veteran in history, with 42 medals and citations during his tours in World War II, Korea, and Vietnam. Ira Hayes, a member of the Pima Indian Tribe, was one of the six U.S. Marines to raise the American flag at Iwo Jima during World War II. Minnie Spotted-Wolf, a member of the Blackfeet Tribe, was the first Native American woman to enlist in the U.S. Marine Corps in 1943. Lori Piestewa, a member of Hopi Tribe, was the first Native American woman killed in combat while serving in the U.S. military during the Iraq War. While these are only a few examples, it is undeniable that AI/AN veterans have demonstrated courage, commitment, sacrifice, and undeniable service to this country.



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NCAI is proud that in addition to these contributions, many of our veterans return home and continue to lead in public service, Tribal governance, and community development, carrying forward a long tradition of warrior societies rooted in responsibility, protection, and leadership. Despite this, too many AI/AN veterans face difficulties in accessing healthcare, housing, nutritious foods, and the support they need to be successful. This is why in 1995, NCAI members voted unanimously to establish a Veterans Committee to "support the common interest and welfare of Native American veterans".¹ Below are concerns and recommendations supported by that Committee.

I. Healthcare - Continue Supporting Advanced Appropriations for IHS

Obtaining health care for Native veterans often means navigating both the Veterans Health Administration (VHA) and the Indian Health Service (IHS). The primary health care provider in most Native communities—and for many of our Native veterans—is IHS. Thus, one mechanism for improving the health of Native veterans is to fully fund and provide advanced appropriations for IHS. The last time I testified before your Committees in 2022, I spoke about NCAI Resolution #ECWS-19-001,² which called on Congress to pass legislation authorizing advance appropriations for IHS like it does for the VHA. In 2024, Congress included the first ever advanced appropriations for IHS in the Consolidated Appropriations Act enacted on December 23, 2022, which provided funding for FY 2024. The support for advanced appropriations has continued in FY 2025 and FY 2026. I want to commend your Committees and Congress as a whole for recognizing this dire need and. Advanced appropriations has significantly aided Tribal communities in providing critical, lifesaving services for our members and veterans alike in times of uncertainty stemming from continuing resolutions and government shutdowns, but we need your continued support. Our veterans deserve it.

II. Housing - Assist Tribal Communities in Providing Stable and Affordable Housing

Many of our veterans have difficulty finding safe and affordable housing in their communities, whether on or near Tribal lands. This is why NCAI calls for your support for several housing programs and incentives - (A) the Native American Direct Loan Program (NADL), (B) Elizabeth Dole Act implementation, (C) continuation of NADL 2.5 percent interest rate, and (D) the Tribal HUD-VASH Program.

A. Native American Direct Loan Program Background

The NADL program is a home loan program authorized by 38 U.S.C. § 3761 to provide direct loans to Native veterans living on trust lands. The loans are available to purchase, construct, or improve homes to be occupied as veteran residences, or to refinance a loan previously made under this program to lower the interest rate. The program began as a pilot program in 1993 and was made permanent by P.L. 109-233, the Veterans Housing Opportunity and Benefits Act of 2006. However, the VA lacks adequate staff and resources to provide the required level of technical assistance to help qualified Native veterans to fully access this VA benefit. According to the Government Accounting Office (GAO) report entitled, "Native American Veterans: Improvements to VA Management Could Help Increase Mortgage Loan

¹ NCAI Resolution #SD-95-054, Establishment of a Permanent Full Veterans Committee at NCAI, available at <https://ncai.assetbank-server.com/assetbank-ncai/action/viewAsset?id=3864>.

² NCAI Resolution #ECWS-19-001, Support for Advanced Appropriations for the Bureau of Indian Affairs and Indian Health Service, available at <https://ncai.assetbank-server.com/assetbank-ncai/action/viewAsset?id=5376>.



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Program Participation" (GAO-22-104627) released in April 2022, the VA originated only 89 NADL loans to veterans in the contiguous United States, 91 loans in Hawaii, and none in Alaska. This represents loans to less than one percent of the estimated potentially eligible population of 64,000–70,000 veterans in these areas. In addition, a 2019 study conducted by the South Dakota Native Homeownership Coalition found that 75 percent of Native veterans interested in purchasing a home reported having no understanding or minimal understanding of the NADL program³.

B. Implementation of Elizabeth Dole Act

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, signed into law on January 2, 2025 (Public Law 118-210), includes two landmark provisions that represent a significant step forward in expanding homeownership opportunities for Native American veterans. Section 231 strengthens the NADL program by expanding eligibility to allow Native American veterans to purchase, construct, improve, or refinance homes both on and off federal trust land — addressing a longstanding structural limitation that left many veterans without access to this critical benefit. Section 232 establishes a Native Community Development Financial Institution (CDFI) Relending Program, authorizing the VA to make loans at a one percent interest rate to Native CDFI's, which in turn relend those funds to qualified Native American veterans. Together, these provisions represent the most meaningful legislative advancement for the NADL program in years, and NCAI strongly supports its full and timely implementation.

The importance of Sections 231 and 232 cannot be overstated. Native American veterans have historically faced compounding barriers to homeownership, including the complex legal landscape of trust land lending, geographic isolation, and a chronic lack of culturally competent financial intermediaries. The Native CDFI relending model addresses this directly by leveraging financial institutions with deep roots in tribal communities that are far better positioned than the federal government to deploy mortgage capital effectively. Research on comparable USDA relending efforts has demonstrated a 400 percent increase in direct loan volume on reservations where Native CDFIs were engaged as partners.⁴ However, this authority will only translate into real outcomes for Native veterans if the VA moves swiftly to implement both provisions — including securing the authorized \$10 million in appropriations for FY 2027 and FY 2028, developing the necessary regulations and guidance, and dedicating sufficient staff to carry out these programs. NCAI urges the Department to treat implementation of Sections 231 and 232 as an urgent priority in fulfilling its commitment to Native American veterans.

The current hiring freeze at the Department has hindered the delivery of the current NADL program and has negatively impacted the ability of the VA to stand up the new programs and to implement the recommendations put forward in the GAO's 2022 report. We urge the Secretary to fully staff the NADL

³ South Dakota Native Homeownership Coalition, Veterans Housing Needs and Homeownership Study, Pg. 37, 2019, available at https://sdnativehomeownershipcoalition.org/site/wp-content/uploads/2014/12/SDNHC_vets_report_061319.pdf.

⁴ Gregg, M., & Kell, H. (2025, October 7). Native CDFI relending program expands access to affordable homeownership in Indian Country. Federal Reserve Bank of Minneapolis, Center for Indian Country Development, available at <https://www.minneapolisfed.org/article/2025/native-cdfi-relending-program-expands-access-to-affordable-homeownership-in-indian-country>



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team which should include dedicated construction and valuation specialists to assist with issues unique to new construction and renovations on trust land, as required by Section 231.

In addition, we encourage Congress to include the reauthorization of Section 232, which is set to sunset on September 30, 2027.

C. Continuation of the NADL 2.5 Percent Interest Rate

NCAI also strongly supports the continuation of the 2.5 percent interest rate reduction for the NADL program. Given the high cost of housing across the United States and the unique financing challenges associated with trust land, below-market interest rates are critical to driving program utilization and expanding access to meaningful homeownership opportunities for Native American veterans. Furthermore, as Congress has now provided statutory authority for Native American veterans to refinance non-VA loans through the NADL program, maintaining the 2.5 percent rate reduction becomes even more urgent — without it, any expanded eligibility will fail to translate into tangible homeownership equity gains. Sustaining this rate reduction is a concrete and impactful step the Department can take to honor its commitments to Native American veterans and to meaningfully close the persistent homeownership gap in Indian Country.

D. Tribal HUD-VASH

NCAI strongly supports the continuation and expansion of the Tribal HUD-VASH program. We encourage Congress to remove any unnecessary restrictions on allowing the program to be utilized for Native American veterans who reside in current assisted stock (CAS) units because, in some tribal communities, CAS units managed by Tribally Designated Housing Entities may be the only vacant units available to Native veterans.

III. Food - Removing Barriers to Accessing Critical Feeding Programs

NCAI encourages Congress to support the Feed Our Veterans Act (H.R. 7383), which restores the work requirement Supplemental Nutrition Assistance Program (SNAP) exemption for veterans, Native and non-Native alike. The elimination of this exemption has the effect of creating unnecessary burdens for the bravest among us. For many in Indian Country, this work mandate serves as a barrier to accessing critical nutrition for our veterans rather than an incentive for employment. A significant portion of our veterans reside in remote Tribal areas where local unemployment rates are often three times or more the national average. In these regions, securing a job that satisfies specific hourly requirements is frequently a geographic impossibility rather than a lack of effort. Additionally, the "digital divide" places a heavy administrative weight on Native veterans, who often lack the high-speed internet access required to navigate the complex digital reporting systems of modern state agencies.

IV. VA Tribal Advisory Committee

NCAI stands in strong support of the VA Advisory Committee on Tribal and Indian Affairs and calls for its continued, uninterrupted operation. The Committee serves as a critical mechanism through which the VA fulfills its legal Trust and Treaty obligations to the more than 145,000 AI/AN veterans across the United States, providing the VA Secretary with essential tribal perspectives and expertise that cannot be



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replicated through any other advisory channel. Established under the Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020 (PL 116-315) and codified at 38 USC § 547, the Committee carries a clear statutory mandate — including a legally required minimum of two in-person meetings per year with the Secretary — reflecting Congress's recognition that meaningful, ongoing tribal consultation is not optional but foundational to the VA's mission. NCAI strongly believes that any disruption to the Committee's operations undermines the VA's ability to effectively serve AI/AN veterans and places the federal government out of compliance with its own legal framework. The Committee's advisory role is vital to ensuring that tribal voices remain at the table as the VA develops policies, programs, and services that directly impact AI/AN communities, and NCAI urges the VA to protect and preserve the Committee's ability to carry out its vital work.

V. Creating a National Veterans Strategy

As previously mentioned, NCAI is proud that many of our veterans return home and continue to lead in public service, Tribal governance, and community development. For this reason, we support the enactment of the National Veterans Strategy Act, which would establish metrics to determine the well-being of our veterans regarding their physical health, mental health, spiritual health, economic security and opportunity, education, family and social engagement, and civic engagement. We are appreciative that this bill recognizes Tribal governments and Tribal organizations as key stakeholders to determine these metrics. As noted by my testimony, we know first-hand the shortfalls in benefits provided to our veterans and we are eager to work with Congress to close these gaps.

Larry Wright, Jr. (Ponca Tribe of Nebraska)
NCAI Executive Director

Larry Wright, Jr., is the Executive Director for the National Congress of American Indians. Previously, he worked as the Director of Leadership Engagement for NCAI. Mr. Wright served his people as Ponca Tribal Chairman for eleven years after serving four years as a member of the Tribal Council. Additionally, Wright represented his Tribal Nation in the Great Plains Tribal Chairmen's Association, and his peers elected him to represent the Great Plains Region as an NCAI Regional Vice President on the NCAI Executive Committee.

Wright is a recognized national Tribal leader and advocate, familiar to many on Capitol Hill and in every corner of Indian Country, and has testified before Congress on four occasions. In addition, Wright served on the Board of Directors of the National Indian Health Board, as Chairman of the Nebraska Commission on Indian Affairs Board of Directors, and as Chairman of the Nebraska Inter-Tribal Coalition. He also previously served as Co-Chair of the NCAI Taxation Subcommittee and the NCAI Trust Lands, Natural Resources, and Agriculture Subcommittee while serving on NCAI's Executive Committee.

Wright is a military veteran who served in the United States Army National Guard and is dedicated to national advocacy on behalf of Tribal veterans. He has a diverse background in education, management, and entrepreneurship. For six years, he taught Secondary Social Studies in Lincoln Public Schools and owned and operated a general contractor business. Wright graduated from the University of Nebraska at Kearney with a BA in Secondary Social Studies and Political Science and an MA in History from the University of Nebraska Wesleyan.

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.

Biography

Rita Graham is the Policy Director for the Service Women's Action Network (SWAN), where she leads federal advocacy on issues affecting servicewomen and women veterans, including healthcare access, military personnel policy, and toxic exposure.

Ms. Graham served as a U.S. Army Field Artillery officer after commissioning in 2017. She was assigned to the 2d Cavalry Regiment in Vilseck, Germany, where she served as a Fire Support Officer, Platoon Leader, and Headquarters Executive Officer, earning recognition as the top Joint Fires Observer in her regiment and the top-performing lieutenant in her unit. She later served at Joint Base Lewis-McChord as a Battalion Fire Support Officer and Brigade Operations Officer. She completed both the Field Artillery Basic Officer Leader Course and Captain's Career Course at Fort Sill, Oklahoma.

Following medical retirement from the Army, Ms. Graham earned a Master in Public Policy from the Harvard Kennedy School, where her thesis on military healthcare received the school's award for top thesis in Peace and Human Rights. She joined SWAN in June 2025.



Gold Star Wives of America, Inc

**Statement of Barbara Burt on behalf of
Gold Star Wives of America, Inc.
Before the
Committees on Veterans' Affairs
U.S. Senate and U.S. House of Representatives
Washington, D.C.
February 24, 2026**

Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member
Blumenthal, and distinguished Members of the Committees,

My name is Barbara Burt. I appear today on behalf of Gold Star Wives of America, Inc., representing the widows and widowers across this nation who have lost their spouses due to their military service. Gold Star Wives of America, Inc., was established in 1945 to advocate for policies and financial assistance that provide support for improved quality of life for military survivors and their children due to their military service member's death. We have been advocating for such families for 80 years and are continuing to do so today.

My family and I are a part of the Gold Star Wives of America, Inc. organization. I am the widow of Robert Burt Jr., who served in the United States Army with the 101st Airborne Division in Vietnam. Bob continued his service in the Army Reserve, and later served full-time as a recruiter for the Kansas Army National Guard. Bob's PTSD was apparent immediately upon leaving the service. He struggled with life in public settings. He held 13 jobs in 13 years and we moved many times in those years. In 1989 I bought our home and started a Residential Program for severely disabled children and adults. And we agreed that Bob would work at home. We had established our home to be a place of peace and healing and it became that for Bob. He thrived there. He healed. Family life became easier and more stable. He had a good life, filled with our children,

grandchildren and great grandchildren, as well as our residents, he made friends and we traveled. That easier, more stable life lasted for 30 years and then the hidden damage from Agent Orange showed up. In July 2019 the VA diagnosed Bob with Multiple System Atrophy (MSA) which is a progressive neurodegenerative disorder that affects both the central nervous system (which controls how a person moves), and the autonomic nervous system, which controls involuntary functions such as blood pressure, respiration, speech etc. Within 2 years, MSA robbed him of everything including his life. From the age of 19 his life was affected by Vietnam, as was our family's. Bob's service became the guiding factor of our lives. After Bob's death I became trapped in my grief. Gold Star Wives of America, Inc. became my redemption and my restoration.

Dependency and Indemnity Compensation (DIC) was created to provide financial stability to the family that is left behind. It is intended to prevent economic collapse after such a significant loss. It is also intended – as the word “indemnity” suggests – as a reminder that the loss of a loved one due to service to the country is permanent, with compensation for that loss attached to the grieving spouse and children in loving memory and tribute.

As a new member of GSW I have been awestruck by the reality of who these wives and husbands are. Many are women who gave up everything to serve as the caretakers of their husbands. They gave up any thought of what they wanted or needed for themselves in order to pick up the pieces of their family's lives. They strived to meet every need whether it was medical, emotional or financial with no guarantee of a future. When their spouse returned broken in body, spirit or in a flag draped casket, they walked head first into a lifetime of long days of caretaking, loss and economic devastation, without hesitation. Military wives and husbands stepped up for a country who did not always step up for them.

Gold Star Wives of America, Inc. has advocated for over 30 years to update the inadequate amount of DIC. But these efforts have not yet resulted in change. The amount has only risen due to Cost of Living Increases and, while appreciated, DIC remains far below the meaningful replacement income that Federal and military retirees enjoy. We hear that it will cost too much. I wonder if that is exactly why it is so easy to ignore the reality of what daily life is for a military survivor. I watch Gold Star Wives grieve their spouses while facing days of less than necessary heat, food, housing and

GSW Testimony (FINAL - Feb 24, 2026).docx

personal needs. And yet they still step up, for each other, for the Veteran and Military Communities and for their local communities. Selfless, brave women who validated my grief while showing me that purpose can be found through loss. As the Bible says, there can be "beauty from ashes."

Currently, most surviving spouses live on approximately one thousand six hundred ninety-nine dollars and thirty-six cents per month from DIC. If they are lucky, they may have some Social Security to augment this. Not all do. The DIC number does not represent meaningful stability. It represents choices and consequences. It represents choosing between heat or cooling and medicine, between groceries and gasoline to reach a doctor's appointment, postponing dental care, and stretching meals farther than anyone should have to.

Many of our members left careers, reduced work hours or worked in jobs that had flexible hours to serve as full-time caregivers to their disabled veteran spouses. That interruption affected lifetime earnings, retirement savings, and Social Security benefits long after the caregiving ends. For most, DIC is not supplemental income. It is foundational.

This financial strain has resulted for many members in the loss of long-held family homes, a move into shared housing or transient living arrangements. These outcomes are not the result of mismanagement, but of fixed benefits not meaningfully replacing a portion of the income our spouses received prior to their deaths.

Members of the Veterans' Affairs Committees, you have the ability to help us. I am here to suggest how you might help us by soliciting your support for bills pending before this Congress. Today, I will focus primarily on H.R. 2055 and H.R. 6047, but I will also offer comments regarding H.R. 1685 and H.R. 2264, which reflects issues we anticipate formally adding to our agenda in the coming year.

First, H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act, would provide a modest but meaningful increase of 1 percent above COLA for the first year and 0.50 percent the second year. We respectfully urge support for that increase. But this increase should be viewed as progress not completion. We also strongly support the provision increasing compensation for catastrophically disabled veterans. I want to thank Chairman Bost and the members of the House Veterans' Affairs Committee for moving this legislation out of Committee two weeks ago. It was

an important and symbolic first step. I am confident that Republicans and Democrats will, as they always have in the past, find common ground on a solution to get this bill to the President's desk this year.

Members, enactment of H.R. 6047 is but a downpayment -- as Chairman Bost stated at the House markup two weeks ago. Our goal remains enactment of H.R. 2055, the Caring for Survivors Act. Currently, DIC benefits replace only 43% of a 100% service-connected veteran's disability income upon their passing. The Caring for Survivors Act would increase DIC benefits to reflect the same percentage of replacement income -- 55% -- that surviving spouses of other Federal retirees, both civilian and military, receive. This bill being signed into law is not only a matter of fairness for spouses however, it is also a matter of survival for many Gold Star wives and husbands who are struggling to make ends meet.

Turning to H.R. 1685, the Justice for ALS Veterans Act, legislation that highlights the fact that eligibility standards must reflect medical reality. ALS typically carries a life expectancy of two to five years after diagnosis. When policy for entitlement to DIC requires eight years of total disability in the face of that reality, the result is structural exclusion.

I now turn to S. 410 and H.R. 1004, the "Love Lives On Act." The Love Lives On Act affirms our nation's responsibility to stand with Gold Star Wives and Husbands beyond their moment of loss. It asserts that honoring service must emphatically include honoring those who constantly endure life with the rigors of its sacrifices, along with its lasting associated costs. Chairman Moran, thank you sir for championing this bill in the Senate. And thank you to the many members of the committees on Veterans' Affairs and beyond who have signed on in support for both the Senate and the House bills.

Finally, Gold Star Wives of America, Inc. supports H.R. 2264, the Service-Connected Suicide Compensation Act. The goal of this bill is simple. It would presume in law for purposes of compensation benefits that a death by suicide of a veteran with a service-related mental health condition is service-connected as well. Members of the Committee, nearly four years ago you eased the burden on veterans seeking to prove their disabilities & diseases were related to various military exposures with enactment of the PACT Act. H.R. 2264 follows that same logic. Rather than battling the VA to prove

our loved one's death was related to military service, H.R. 2264 reasonably shifts that burden of proof to the benefit of the wives, husbands and families.

Recognition must endure.

Stability must strengthen.

And sacrifice must not be discounted.

Members of the Committee, we urge your favorable consideration of all of these bills. While our Veterans service ended in uniform, our responsibility to carry forward their legacy and to navigate the long-term consequences of that service did not. I thank you for your attention to my testimony on behalf of our Military Survivors and families who gave to this nation our ultimate sacrifice, that of our loved ones. We ask that you keep them in your thoughts as you deliberate and legislate on these important bills.

Again, thank you for providing Gold Star Wives of America, Inc. with the opportunity to testify today.

Barbara Burt is the Gold Star surviving spouse of Robert Burt Jr. She currently serves in the following Gold Star Wives of America, Inc. positions:

Legislative Liaison for the Greater Boston Chapter of Gold Star Wives of America, Inc.,

Legislative Liaison for the New England Region of Gold Star Wives of America, Inc.

Member: National Board of Directors Gold Star Wives of America, Inc.

Past Boards and Committee positions include:

Member: Board of Directors Greater Plymouth ARC

Chairperson: Plymouth Area Council for Children

Member: Children's Welfare League

Citizen Member: Plymouth Area Department of Developmental Services Complaint Resolution Team

Citizen Member: Brockton Area Department of Developmental Services Complaint Resolution Team

Member: Town of Hanson Finance Board

Deaconess: First Baptist Church of Hanson Board of Deacons

Barbara was born and grew up in Manhattan, Kansas. Upon completion of high school, she attended Washburn University in Topeka, Kansas and later Kansas State University in Manhattan, Kansas. Barbara met Robert Burt Jr. while he was stationed at Fort Riley, Kansas. After his enlistment they married and resided in Whitman, Massachusetts. Barbara and Bob returned to Manhattan, Kansas when he became a Full time Recruiter for Kansas National Guard stationed at Fort Riley. In 1982 they opened Council Grove Budget Center, a unique antique and second-hand store in Council Grove, Ks, where they lived until their return to Whitman Massachusetts in 1987. Barbara then was employed at several independent jobs trying to balance care of her children and husband with meeting financial needs. During this time, she began working as a Respite Provider for Bamsi, Inc, a subcontractor of Massachusetts Department of Mental Retardation. In 1989 they bought a house in Hanson Ma and Barbara established a private residential program for severely medically, physically and cognitively disabled children and adults, contracting with Massachusetts Department of Social Services and Massachusetts Department of Mental Retardation. Subsequently the family established a small farm aka The Burt Family Farm.

During these years, Barbara and Bob were blessed with 3 children, 8 grandchildren and 5 great grandchildren. In addition to their 3 children, they raised 2 of their grandchildren, and were blessed with 6 long term residents, who became family members. Three lived with the family until their passing, two now reside with one of Barbara's granddaughters and one remains in the home.

Barbara continues to reside in Hanson with her son, two grandsons and one of their long-term residents, who became a family member at the age of 2yr. old and is now 37.

Barbara has extensive experience advocating in the areas of developmental disabilities, children's welfare, medical, financial and educational services. Through Gold Star Wives of America, Inc., she now advocates on behalf of Veterans and Survivors. Barbara's focus is on changing and creating legislation to further support this community and on reaching survivors who need support through the transition of losing their Veteran



Statement of
Richard Brookshire, Co-CEO & Co-Founder
of
Black Veterans Project

before a joint hearing of the

Senate & House Veterans' Affairs Committees
One Hundred Nineteenth Congress

Tuesday, February 24th, 2026



Chairman Moran and Bost, Ranking Member Blumenthal and Takano, and Committee members,

Black Veterans Project (BVP) represents the first comprehensive reparative justice effort mobilizing Black veterans and military families systematically denied access to the GI Bill during the height of Jim Crow, as well as those who endured systemic racial inequities across the Department of Veterans' Affairs (VA) benefits programs since the end of legal segregation.

BVP leverages data-driven research, narrative storytelling, and impact litigation to redress the federal government's sustained legacy of racial bias that has siphoned an estimated \$100 Billion in wealth-generating opportunities from Black veterans and military families since World War II.

While the families of white veterans now hold 32 times more wealth than those of Black veterans—a gap of \$164,000 per household, Black veterans remain twice as likely to live in poverty and represent one-third of the homeless veteran population.

Since 2020, BVP has worked with Yale Law School and the National Veterans Council for Legal Redress to FOIA internal VA data exposing the systemic denial of billions in disability pay to Black veterans since 2001. *Monk v. United States*, a legal case leveraging these findings, is poised to become the first race-based class action reckoning with the discriminatory administration of VA's benefits programs.

While more recent discrimination at VA has taken years of strategic advocacy to bring to light, efforts to further investigate and address systemic inequities were haphazardly upended last year, when the Office of Equity Assurance was liquidated under the auspices of government efficiency.

The deployment of anti-DEI narratives levied through dubious Executive Orders has sown confusion and fear, threatening those working to mitigate adverse discriminatory outcomes at VA and beyond.

The very systems built to catalyze integration and guarantee accessibility have been eroded for partisan political gain. The dignity of minority veterans has become collateral damage for an anti-woke agenda cloaking the rapid privatization of our nation's largest public healthcare system.

Worse still, powerful forces are actively colluding to redefine who is entitled to the myriad of benefits earned through military service and whose contributions in uniform are ultimately remembered, honored, and uplifted.

As we mark our nation's 250th anniversary, historical erasure has added insult to injury. The veneration and advancement of anti-democratic, racist narratives and policies aimed at reconstituting a new Jim



Crow represent a nexus of crises across our federal government that must be confronted, and a decay of values that must be uprooted and repaired.

Diversity, Equity & Inclusion

For decades, VA ignored repeated requests by advocates to access its racial data. A 2021 lawsuit by BVP compelled the release of two-decades of disability grant rate data by race, substantiating what Black veterans, their families, and advocates had long suspected—sustained and systemic disparities in the administration of a veterans' benefits program. Despite a government record spanning the denial of Civil War pensions and the retraction of housing, education, and healthcare benefits through World War II, Vietnam, and the Gulf Wars, little more evidence has ever been made public.

In 2023, the Government Accountability Office substantiated findings of racial disparities in claim outcomes for issues ranging from hearing loss, impaired limb movement, and post-traumatic stress, prompting the Biden-Harris Administration to formally establish an office exclusively dedicated to rooting out the potential cause.

Less than a year into its work, the Office of Equity Assurance (OEA) was gutted.

In January 2024, VA summarily eliminated its diversity, equity, and inclusion initiatives focused on improving outreach to minorities, women, and veterans adversely affected by persistent inequality. Overnight, it terminated more than 60 employees and reallocated more than \$14 million in earmarked funding to wage a war on "woke".

Despite OEA's critical function in coordinating enterprise-wide efforts to root out discrimination and to conduct fundamental oversight to inform Congress on shifts in disparate outcomes, OEA's closure effectively hobbled any effort to investigate and eliminate long-standing racial inequities that VA had taken generations to openly acknowledge.

The consequences of these actions will be dire, wide-reaching, and deadly in the years ahead. BVP encourages the immediate introduction of legislation to permanently reinstate OEA, as well as VA's diversity, equity, and inclusion personnel and programming.

VA Privatization

Last Month, the Center for Health & Democracy provided House Veterans Affairs Committee testimony on the expansion of the Veterans Community Care Program (VCCP) through a proposed \$1 trillion



Community Care Network (CCN) Next Generation contract which would shift care and funding away from the Veterans Health Administration (VHA) into the private sector, despite evidence that VA care is equal or superior in quality, more efficient, and more cost-effective.

The Center's testimony noted how private insurers administering community care have demonstrated profit-maximizing behaviors that conflict with veterans' interests and taxpayer stewardship, including documented overbilling, overpayments, upcoding, prior authorization barriers, and network inadequacies. These practices raise serious concerns about expanding contracts with companies that have financial incentives to increase profits rather than improve care.

Research shows that VA facilities often outperform private-sector providers in mortality rates, ICU outcomes, surgical outcomes, cost efficiency, and wait times. VA care is also associated with lower administrative overhead and superior medical treatment. Additionally, the VHA plays a critical national role beyond direct care: it trains roughly 70% of U.S. physicians, conducts groundbreaking medical research, and fulfills its "fourth mission" as an emergency-response backstop during national crises. The proposal to expand community care will weaken VA's fiscal solvency and undermine the quality of care.

BVP supports the Center's recommendation deallocate \$1 trillion from private contractors to instead expand and modernize VA facilities, hire additional medical staff, and strengthen direct VA care capacity while using Medicare's existing administrative infrastructure to support veterans requiring specialized or geographically inaccessible private-sector care to reduce administrative waste, avoid private contractor profit extraction, and rely on a trusted, efficient public system.

Disability Claims

According to research by the National Association for Black Veterans (NABVETS), VA has implemented a series of significant policy interpretations, internal guidance updates, and shifts in administrative practice regarding disability claims over the last year, without providing prominent public notice or formal rulemaking.

While many of these changes were not published as regulatory revisions in the Federal Register, their cumulative impact on claims outcomes, compensation stability, and due process protections for veterans is substantial.

NABVETS has identified seven high-impact areas affecting Veterans Service Organizations (VSOs) and claimants nationwide, including expanded re-examinations for Total Disability based on Individual Unemployability (TDIU), tighter evidentiary standards in Compensation & Pension (C&P) exams,



narrowed acceptance of medical nexus opinions in Dependency and Indemnity Compensation (DIC) claims, higher thresholds for secondary mental health claims, procedural dismissals in appeals, gatekeeping in presumptive condition cases, and increased fiduciary referrals affecting veterans' financial autonomy.

Across these areas, VA practice has shifted toward heightened scrutiny, aggressive income verification, increased reliance on single adverse contractor exams over longitudinal treatment records, rejection of treating physician opinions for lack of "claims file review," and more frequent procedural denials rather than merit-based decisions.

Presumptive conditions are reportedly being denied based on speculative intercurrent causes, while fiduciary referrals are increasingly triggered by mental health exam language without clear and convincing evidence or full notice of due process rights. The practical effect is higher denial rates, greater reliance on appeals, increased administrative burden, and an elevated risk of benefit reductions or loss of autonomy for veterans who may be unaware of evolving standards.

BVP supports NABVETS recommendation that VSOs aggressively challenge inadequate examinations, ensure proper application of M21-1 provisions and relevant case law, preserve effective dates and inferred issues on appeal, and assert due process protections in reduction and fiduciary cases. More broadly, BVP supports NABVETS call for increased transparency, consistent application across Regional Offices, and adherence to statutory and regulatory standards to prevent quiet policy shifts from eroding veterans' earned benefits and procedural rights.

Unregulated Artificial Intelligence

Veterans deserve both modern technology and meaningful protection. The unregulated use of artificial intelligence across the federal government poses serious risks to the welfare of the veterans VA is meant to serve. When AI tools are adopted without clear safeguards, transparency, and strict limits on data use, we risk exposing veterans' private information, eroding trust, and undermining the quality of VA healthcare. Most concerning is the risk AI poses in replicating and amplifying existing racial disparities, as these tools are trained on historical data that reflects decades of unequal treatment and outcomes.

Black veterans already face documented inequities and could be disproportionately exacerbated if AI is more fully adopted, such as biased risk scores, misclassification of symptoms, or automated flags that affect benefits decisions. Even small error rates become serious civil rights concerns when they affect healthcare access, disability compensation, housing stability, or income for veterans and their families. AI should not replace human judgment in claims processing, healthcare determinations, or mental



health assessments. Veterans must have the right to know when AI is being used, to understand how decisions are made, and to challenge those decisions.

Conclusion & Call to Action

Americans still envision a multiracial democracy in which all veterans are respected and protected. That is not the moment in which we now find ourselves. We are at a pivotal crossroads, where apathy, racial animus, and wilful ignorance are converging. They must be met with moral clarity and conviction.

The shared values of racial integration, equal opportunity, equity, and inclusion are structural necessities that equip the **best of us** to do the most for **all of us**. That is the America for which countless souls have perished. That is the America for which I donned a uniform. That is the America your committees must embody to adequately care for those who have borne the battle, no matter their identity.

Black Veterans Project looks forward to working with each of you to repair past and present harms and to rebuild the public trust required for VA, veterans, and our nation to thrive into the future.

Biography

Richard Brookshire is a multi-hyphenate storyteller and nationally recognized political communications strategist. As the co-CEO and co-founder of the Black Veterans Project, he is advancing institutional reforms on racial equity and the case for reparations for Black veterans and military families. A former infantry combat medic and U.S. Army veteran of the War in Afghanistan, he is a graduate of Columbia University's School of International & Public Affairs, Fordham University, and the New York Film Academy's Documentary Conservatory.

Submissions for the Record

Opinion Veterans aren't campaign props — Congress must start acting like it

By Barry Jesinoski

Feb 23, 2026, 08:12 AM



The U.S. Capitol in Washington, Feb. 10, 2026. (Al Drago/Bloomberg via Getty Images)

Politicians love to parade veterans around during their campaigns. They treat us as props in television ads, backdrops for speeches and convenient proof points for patriotism. They shake our hands, thank us for our service and swear they “have our backs.”

Then they get elected.

Standing next to a veteran for a photo or soundbite costs nothing. It requires no courage, no compromise and no work. It fits effortlessly into campaign messaging, where symbolism is rewarded and accountability is absent. But governing is where promises are supposed to turn into policy.

Recent Congresses [rank among the least productive](#) in modern history, paralyzed by dysfunction, partisan infighting and an apparent inability to do the basic job voters sent them to Washington to do. Veterans pay the price for that inaction. When Congress stalls, veterans wait longer for care, benefits and justice they have already earned.

Take the [Major Richard Star Act](#), for example. This DAV-supported bipartisan legislation would fix a long-standing injustice that strips combat-injured veterans of the full benefits they earned through sacrifice. It has broad support on both sides of the aisle and has been championed for years. And yet Congress still hasn't finished the job. Veterans are told to wait — again — while lawmakers find time for partisan theater.

Even worse, Congress routinely hides behind budget tricks like PAYGO, short for “pay as you go,” a rule that requires Congress to offset new federal spending with cuts or revenue elsewhere. This self-imposed, arcane get-out-of-jail-free-card is a convenient excuse to delay or deny veteran legislation. It's waived for other priorities, but when it comes time to do right by veterans, suddenly the rules are ironclad. That's not fiscal responsibility — it's moral cowardice.

We hear endless speeches praising our service. But respect without action is meaningless. Veterans' issues are complex, but every member of Congress asked for this job. Each of them raised their hand knowing it would be tough. Difficulty is not an excuse for failure.

Veterans are often reluctant to demand more. We're trained to endure, adapt and push forward without complaint. Too many politicians exploit that, assuming we'll accept delays, half-measures and excuses.

Veterans deserve better than applause lines and empty promises. And that's why DAV remains so committed to ensuring these promises are kept. Our mission is to advocate — loudly and relentlessly, just as we are this week during the 2026 DAV Mid-Winter Conference in Washington — for veterans, their families, caregivers and survivors.

And we will continue to remind Congress of this simple truth: Honoring service isn't a campaign moment. It's a responsibility measured by laws passed, promises kept and lives improved, not by how many veterans appear in a campaign ad.

Barry Jesinoski is the national adjutant and CEO of Disabled American Veterans (DAV).

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ANGUS S. KING, JR., MAINE
TAMMY DUCKWORTH, ILLINOIS
RUBEN GALLEGOS, ARIZONA
ELISSA SLOTNICK, MICHIGAN
TONY MCCLAIN, STAFF DIRECTOR

February 4, 2026

The Honorable Doug Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Collins,

Thank you for your testimony at our hearing last week. We appreciate you and your team engaging with this Committee on the future of the Veterans Health Administration (VHA) and your efforts to improve the care it provides to veterans. That hearing will be one of several public engagements on this topic and we look forward to continuing a productive dialogue with you and your team as we fulfil our congressional oversight duties.

We are writing to document in one place the requests for information and briefings our Committee has made related to the hearing and several briefings on the Restructure for Impact and Sustainability Effort, or RISE, and the state of VA operations. As stated during the hearing, transparency is essential - especially as it relates to your proposed reorganization of VHA - to ensure veterans can access the care and benefits they have earned. You have already completed or begun to address several requests made during the hearing, and our staff is standing by to receive the additional information and briefings detailed below.

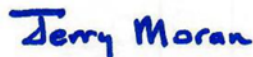
The list of information requests is as follows:

1. A full accounting of spending for the \$6 billion Congress gave VA in Fiscal Year 2025 to meet higher than expected cost and demand for VA health care. Specifically, proof this funding was not used to subsidize the deferred resignation program and/or voluntary early retirement authority.
2. A detailed compilation of current workforce data, including the number of staff who have left VA and those who have come onboard since January 2025, broken down by facility and position.
3. A detailed breakdown of the baseline staffing caps being established and any positions, including vacant positions, being cut based on those caps, broken down by facility and position.
4. The release of the annual veteran suicide prevention report.
5. A copy of the dashboard information referenced by Under Secretary Bartrum and others showing national wait time averages for primary care, mental health care, and specialty care for January of 2026. Please also provide a breakdown by medical center of the same information. We request to receive this information on a monthly basis moving forward.

6. A one-time briefing for Committee staff on how the information in the dashboard is compiled and validated and how wait times are calculated.
7. An action plan for a full-service medical center in New Hampshire.
8. A briefing by Deputy Secretary Lawrence for the Michigan delegation on the Electronic Health Record Modernization (EHRM) program before April 11, 2026.
9. An accurate and updated list of cancelled contracts, including the breakdown of how much each contract cost and a description of what each contract did. When you stated you would work to alleviate our concerns with this matter, a list detailing this information would be extremely helpful for us to have a better picture of the services VA still offers.
10. The white paper and updates on development of the VHA reorganization plan as they occur, with corresponding analysis.
11. Once available, share the risk assessment list for veterans' timely access to care under the VHA reorganization plan and provide a briefing on VA's plan to mitigate those risks.
12. List of key performance indicators (KPIs) and data collection methods implemented in developing the VHA reorganization plan.
13. List of the 18 KPIs every VA Medical Center now uses per VHA's instructions, and each facility's data on these KPIs.
14. An explanation of the roles and responsibilities of the VISNs and of the HSAs once RISE is implemented.
15. A list of benchmarks and specific outcomes VA and this Committee can use to evaluate the success of RISE after it is implemented.
16. As you mentioned during the hearing, VA has reduced the overall inventory of disability and pension claims pending decision. Please provide actions VA has taken or plans to take to reduce the inventory of claims.

We look forward to receiving the information above so the Committee can adequately conduct oversight and allow us to better ensure veterans can receive the highest quality care and benefits possible. Sharing this information in a transparent and timely manner will enable more constructive dialogues moving forward about the state of the Department. We also appreciate your commitment during the hearing that VA will meet with the Committee when invited to do so on a bipartisan basis. We are confident that working together on major reforms to VA will help produce the best outcomes for veterans and the dedicated VA staff that serve them.

Sincerely,



Jerry Moran
Chairman



Richard Blumenthal
Ranking Member

February 23, 2026

The Honorable Michael Bost
Chair, House Committee on Veterans Affairs

The Honorable Jerry Moran
Chair, Senate Committee on Veterans Affairs

The Honorable Mark Takano
Ranking Member, House Committee on
Veterans Affairs

The Honorable Richard Blumenthal
Ranking Member, Senate Committee on
Veterans Affairs

**Re: Statement for the Record in Opposition to Recent Department of Veterans
Affairs Interim Final Rule, Docket No. VA-2026-VBA-0067**

Dear Chairs Bost and Moran, Representative Takano and Senator Blumenthal:

On behalf of the undersigned veteran and military service and advocacy organizations, we ask you accept this as a group Statement for the Record for your upcoming February 24, 2026 Joint House and Senate VSO (Veteran Service Organization) Hearing, for us to specifically recommend this series of Joint Hearings specifically investigate the issue of disability rating and compensation reform, and to express our strong and specific concerns regarding the Department's recently issued Interim Final Rule (IFR) addressing changes to the disability evaluation and compensation framework. While we appreciate the Department's stated interest in reform, we must respectfully oppose this rulemaking as issued and urge its immediate rescission, and request your committees express such opposition as well.

First and foremost, the undersigned organizations are not reflexively opposed to reform of the VA disability rating and compensation systems. On the contrary, we recognize that periodic reassessment is necessary to ensure that the system reflects contemporary medical knowledge, functional impacts, and the lived experiences of veterans. Indeed, our organizations will be convening a comprehensive disability compensation reform conference in mid-March with the explicit goal of developing substantive recommendations for both the Department and Congress, and to which we will invite your participation and that of interested Members of Congress. That effort will examine not only the disability evaluation and rating process, but also the adequacy of current compensation levels and the integration of benefits necessary to support veterans' recovery, stability, and long-term well-being.

However, the IFR as published appears to be motivated not by a careful effort to align VA disability programs with the conditions veterans currently experience, but rather by an objective of generating cost savings irrespective of the real-world impact on disabled veterans or the medical and vocational realities underlying their claims. Regulatory reform must be evidence-driven, veteran-centric, and transparent. This action, issued without prior engagement with stakeholders, falls far short of that standard.

Failure to Meet *Administrative Procedures Act* Regulatory Issuance Requirements

The *Administrative Procedure Act* (APA) establishes a clear preference for notice-and-comment rulemaking over an Interim Final Rule. An Interim Final Rule may bypass the preferred advance notice process only when an agency demonstrates "good cause" that such procedures are

impracticable, unnecessary, or contrary to the public interest (5 U.S.C. § 553(b)(B)). Courts have consistently interpreted this exception narrowly and require agencies to show genuine urgency or harm that would result from following ordinary rulemaking procedures.

The justification articulated by the VA in the IFR does not meet this threshold. The Rule does not address an emergency, a statutory deadline that could not be met through ordinary procedures, or a circumstance requiring immediate regulatory action to prevent imminent harm. Instead, the issues addressed involve long-term policy judgments about disability evaluation and compensation – precisely the type of matters for which robust notice-and-comment participation is required. The absence of prior consultation, stakeholder input, or public discussion underscores that the IFR mechanism was used inappropriately. We therefore further request your committees exercise their oversight authorities to investigate the motivation for this IFR, and whether or not the Department properly followed regulatory procedures in issuing it.

Concerns Regarding the Announced “Pause in Enforcement”

We are further concerned by the Department’s announcement that enforcement of the IFR would be “paused.” While this may have been intended to reassure stakeholders like us, such a pause is insufficient and, as a matter of administrative law, potentially irrelevant to the legal status of the Rule. Specifically, the same authority which may allow the Secretary to pause enforcement of a rule purportedly issued with lawful effect (an authority which we doubt exists) could be used to reinstate enforcement at any time. This leaves disabled veterans uncertain about the security of their benefits and undermines confidence in the stability of the adjudication system.

Moreover, once an IFR is promulgated, the Executive Branch is generally obligated to faithfully execute it. The APA and the “Take Care” clause of the U.S. Constitution (Article II, Section 3) requiring faithful execution of the law, does not contemplate selective enforcement of duly issued regulations during a comment period; indeed, the IFR process is specifically designed to allow an agency to enforce the proposed Rule immediately because of the authorized specific exigent circumstances. A posture of selective non-enforcement not only threatens the underlying Rule to claims of arbitrary and capricious execution but also risks exposing the Department to legal challenges seeking to compel full implementation (including full enforcement), potentially creating precisely the instability the pause was meant to avoid.

The Path Forward

At this stage, the only responsible course is for the Department to rescind the Interim Final Rule in its entirety. If the Department still wishes to pursue these proposed changes in their current form, it should do so through a new Notice of Proposed Rulemaking (NPRM) that:

1. Engages veterans, clinicians, adjudicators, economists, and service organizations in meaningful dialogue of what reforms the Department believes are necessary, and why;
2. Provides a transparent explanation of the policy objectives and evidentiary basis for reform;
3. Allows sufficient time for public comment and data submission; and

4. Ensures that any final reforms are demonstrably tied to improving outcomes for veterans, not merely reducing expenditures.

Again, we believe it is time for your committees to exercise their oversight authorities to assist the VA in returning to a regulatorily compliant process for such reforms, whether by IFR or NPRM. Our organizations are ready to participate constructively in such a process both with the Department and Congress and will share the findings of our upcoming reform conference with both Congress and the Department. We believe collaborative, deliberative reform can strengthen the system while preserving the trust veterans place in it.

Regardless, while we pursue prompt meetings with the Secretary, the leadership of the Veterans Benefits Administration, the VA's General Counsel, the VA's Office of Regulatory Affairs, and the Office of Management and Budget's Office of Information and Regulatory Affairs, we also recommend your Committees host a series of roundtables on veterans disability rating and compensation reform to bring this process into a more collaborative, comprehensive transparent and regulatorily compliant process which continues to place the needs of disabled veterans at the center of these processes and goals.

Thank you for your attention to this matter and for your continued service to the nation's veterans.

Very Respectively,

National Defense Committee
 Military-Veterans Advocacy, Inc.
 Naval Enlisted Reserve Association
 Marine Corps League
 Vietnam Veterans of America
 Association of the U.S. Navy
 Veteran Warriors
 Operation First Response
 Wounded Paw Project
 WiseHealth/VeteranCaregiver.org
 American G.I. Forum
 Non Commissioned Officers Association
 Heroes Athletic Association
 Healing Household 6
 Shield of Sisters
 AMVETS
 Military Order of the Purple Heart
 Gold Star Spouses of America
 Iraq and Afghanistan Veterans of America
 TREA: The Enlisted Association
 Sea Service Family, Foundation

Jewish War Veterans of the USA
 American Logistics Association
 Enlisted Association of the National
 Guard of the United States
 America's Warrior Partnership
 Korean War Veterans Association
 Stronghold Freedom Foundation
 American Defenders of Corregidor and
 Bataan Memorial Society
 Armed Forces Retirees Association
 America's Retirees Association
 Commissioned Officers Association of the
 U.S. Public Health Service
 Fleet Reserve Association
 Tragedy Assistance Program for Survivors
 Army Aviation Association of America
 Grunt Style Foundation
 National Association of County Veteran
 Service Officers
 Burn Pits 360
 Chief Warrant Officers Association of the
 U.S. Coast Guard

Congress of the United States
Washington, DC 20515

February 24, 2026

The Honorable Doug Collins
Secretary of Veterans Affairs
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Collins,

We write to request the immediate rescission of the Department of Veterans Affairs (VA) interim final rule entitled "Evaluative Rating: Impact of Medication" (RIN: 2900-AS49). Though halting enforcement of the rule was a necessary acknowledgment of the widespread concern about its implications, the change made by the interim final rule is current law and remains in the Code of Federal Regulations. Without a complete and permanent rescission, veterans across the country will have to confront the unnecessary dilemma of continuing life-improving treatment for their conditions even though it could lead to a reduction in the benefits they have earned and desperately need.

This rule is a short-sighted and ill-timed reaction to the *Ingram v. Collins* decision. The appeal of that case is still pending, and VA's attempt to circumvent the judicial process by publishing this rule is troubling, as is the fact that there is little evidence to support issuing an interim final rule rather than pursuing formal rulemaking. We agree with the court's holding in *Ingram* and believe VA must discount the beneficial impact of medication when rating disability compensation claims. Veterans and Veteran Service Organizations have also made it clear that veterans should not be penalized for complying with treatment. Veteran Service Organizations have made their voices heard in the wake of this rule, but have repeatedly not been included in the conversations leading up to VA policy changes. This is a troubling trend, as it signals a desire to cut veteran voices out of the system designed to provide for them.

Medications help improve function and mask symptoms, but they do not eliminate the impacts of living with musculoskeletal disability, mental health conditions, spinal cord injuries, and other health conditions.

This rule forces veterans into an impossible choice: follow their prescribed treatment plan or risk losing their benefits. As one of the more than 18,000 comments opposing this rule indicates: *"I am a currently serving active duty soldier and my wife is a disabled veteran. Without medication, she cannot survive. This policy change essentially will pay disabled veterans less for taking medication, and creates a situation where disabled veterans have to choose between forgoing necessary medications or forgoing desperately needed compensation. My wife will never be in that situation because she cannot make that choice; without medication, she cannot survive. She sacrificed significant mobility in both arms, damage to her hips, and her sanity (she has severe PTSD), and is in constant pain every day. I myself am still serving, and am still ready to lay down my life in a heartbeat for this country. Sometimes, we question if serving was worth it. Rulings like these make us question that even more."*

We also have serious concerns that VA provided no advance notice to or consultation with veterans, VSOs, or Congress, despite the interim final rule's significant impact and estimated \$23 billion cost savings. The lack of transparency and lack of communication before its roll-out indicates this rule is a political maneuver aimed at cutting costs by abdicating VA's obligation to service-disabled veterans.

Given the widespread alarm this interim final rule has created and the significant harm it will cause, we request the following information not later than March 2, 2026:

- A description of the steps VA has taken to suspend implementation of the interim final rule and a timeline for its rescission or replacement.
- A review and accounting of VA's compliance with federal rulemaking procedures, to include VA's determination that there was good cause under section 553(b)(B) of title 5, United States Code, that "providing advance notice and prior opportunity for public comment was impractical and contrary to the public interest."
- A description of any action VA is planning regarding its appeal of the *Ingram v. Collins* decision.
- Information regarding any systematic review conducted by VA, or any other entity, of service-connected conditions and medication impacts, and which conditions and diagnoses are meant to be targeted by this rule, and the number of veterans impacted. If such information exists, please provide it to the Committees. If such information does not exist, please explain how this rulemaking was conducted without evidence to support its need and impact.

Further, be advised that this letter is a formal request to VA and the National Archives and Records Administration to preserve all stored communications, data, records, documents, reports, memoranda, correspondence, audio recordings, call logs, activity logs, audit trails, audit logs, notes from meetings, written agreements or other communication or any portion of any such communication, created, edited, modified, saved, or received by any former or current employee or contractor of VA regarding all matters pertaining to the development and issuance of this interim final rule. This request includes, but is not limited to, all stored communications, data, records, documents, reports, memoranda, correspondence, audio recordings, call logs, activity logs, audit trails, audit logs, notes from meetings, written agreements or other communication or any portion of any such communication, created, edited, modified, saved, or received by any current or former employee or contractor of the Office of the Secretary, Office of the Executive Secretary, Veterans Benefits Administration, Office of General Counsel, Office of Congressional and Legislative Affairs, and Office of Regulatory Policy and Management.

Millions of veterans continue to suffer from their service-connected disabilities despite taking medications or other interventions to manage symptoms. To discount that fact in the name of political expediency and cost-cutting on the backs of our nation's brave veterans is unconscionable. As President Trump said at Arlington National Cemetery just last year on Veterans' Day, "*Because of what every veteran has done today, the flame of liberty shines bright. The people of our nation sleep safe, the American dream surges forward, and our magnificent destiny stands more splendid and glorious than ever before.*" In that vein, we look forward to working with you to ensure those veterans receive the benefits they need and deserve to cope with the real, long-lasting impacts of their military service, and on repealing this misguided rulemaking.

Sincerely,



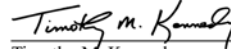
Richard Blumenthal
United States Senator



Mark Takano
Ranking Member
House Committee on Veterans'
Affairs



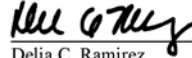
Tammy Duckworth
United States Senator



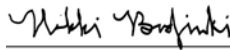
Timothy M. Kennedy
Member of Congress



Chris Deluzio
Member of Congress



Delia C. Ramirez
Member of Congress



Nikki Budzinski
Member of Congress



Angus S. King, Jr.
United States Senator



Herbert C. Conaway, Jr.
Member of Congress



Patty Murray
United States Senator



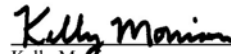
Bernard Sanders
United States Senator



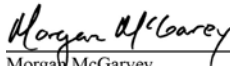
Sheila Cherfilus-McCormick
Member of Congress



Chris Pappas
Member of Congress



Kelly Morrison
Member of Congress



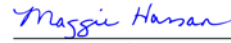
Morgan McGarvey
Member of Congress



Maxine Dexter
Member of Congress



Julia Brownley
Member of Congress



Margaret Wood Hassan
United States Senator



Mazie K. Hirono
United States Senator



Elissa Slotkin
United States Senator



Ruben Gallego
United States Senator

cc: James Byron,
Senior Advisor to the Archivist
National Archives and Records Administration

Questions for the Record



National Headquarters
860 Dolwick Drive
Erlanger, KY 41018
tel 859-441-7300
toll free 877-426-2838
dav.org

Washington Headquarters
1300 I Street, NW, Suite 400 West
Washington, DC 20005
tel 202-554-3501

*Responses to Senator Maggie Hassan
Questions for the Record
Senate Veterans' Affairs Committee
Legislative Presentation of Disabled American Veterans
& Multi VSOs
February 24, 2026*

Questions for Mr. Coleman Nee – National Commander, Disabled American Veterans

1. While community care plays a critical role for rural veterans, it is important that these veterans also continue to be able to receive direct care from the VA, should they prefer to do so. From DAV's perspective, what are some ways that Congress can help ensure that rural veterans remain connected with the VA healthcare system and able to access the care and expertise that the VA provides?

DAV has been very clear across DAV's and VFW's *Veterans Independent Budget, Fiscal Year 2027 for the Department of Veterans Affairs* and DAV's Critical Policy Goals, and years of testimony: rural veterans overwhelmingly want to receive their care from VA, not because it is convenient, but because VA is the only system built around the unique injuries, exposures and lifelong conditions that stem from military service.

The challenge is that VA's internal capacity has not kept pace with demand. The *Veterans Independent Budget, Fiscal Year 2027* shows that VA ended 2025 with 40,000 clinical and support vacancies, and decades of underfunding have left VA with an \$83.6 billion backlog in essential facility repairs. Rural facilities are often the oldest and most under resourced, and when VA cannot staff or maintain those sites, rural veterans are pushed into community care by necessity, not by preference.

From DAV's perspective, Congress can take several key steps to ensure rural veterans remain connected to VA's direct care system:

1. Rebuild VA's internal capacity — staffing, infrastructure, and technology.

The Veterans Independent Budget calls for aggressive hiring and major investments in Non-Recurring Maintenance. Without restoring VA's internal capacity, rural veterans will continue to be diverted into community care simply because VA lacks providers, exam rooms or functioning equipment.

2. Modernize VA's infrastructure planning and funding mechanisms.

DAV's Critical Policy Goals emphasize that VA's infrastructure is aging and underfunded. Congress should adopt a modern capital planning process, require quadrennial reviews of facility needs, and fully fund the first years of approved

projects. Rural veterans are disproportionately harmed when VA cannot build, repair or modernize facilities.

3. Expand telehealth, broadband access and mobile VA services.

Telehealth is essential for rural veterans, but only if broadband exists and VA has the staff to support virtual care. Congress can strengthen broadband partnerships, expand mobile clinics and ensure VA has the technology to deliver specialty care remotely.

4. Ensure community care supplements — not replaces — VA care.

DAV supports community care and finding the balance of when it is needed and used, but it must be used appropriately. In the *Veterans Independent Budget, Fiscal Year 2027*, it warns that overreliance on community care threatens the long-term viability of VA's direct care system. Congress should ensure that new community care contracts reinforce VA's role as the primary provider of care and the coordinator of care.

5. Prevent rural veterans from being defaulted into community care due to VA shortages.

Veterans should not lose access to VA simply because their local facility cannot recruit a provider or maintain adequate space. Congress can require VA to track and report when community care referrals are driven by internal capacity shortfalls — and then resource VA to fix those gaps.

Bottom line:

Rural veterans want VA care. They trust VA because VA understands their service, their exposures and their unique health needs. Congress can help ensure that preference is honored by rebuilding VA's capacity, modernizing its infrastructure, and ensuring community care remains a supplement — not a substitute — for VA's core mission.

2. Your written testimony mentioned that many veterans who apply for VA benefits encounter complex filing requirements and struggle to understand evidentiary standards. Beyond the helpful solutions provided in your testimony, what additional steps can Congress take to help make the initial claim filing process clearer and simpler for veterans to understand and navigate? Can you also please describe the burdens placed on veterans and their families when having to navigate the current complex claims process?

DAV hears from veterans every day who are overwhelmed by the complexity of the claims process. Our Critical Policy Goals describe the system as “*complex, confusing, and filled with unnecessary bureaucratic obstacles.*” The *Veterans Independent Budget, Fiscal Year 2027* reinforces this, noting that in early 2026 VBA had 575,000 pending claims, including 100,000 older than 125 days.

Even after the Appeals Modernization Act, too many veterans still face long delays, unclear evidentiary standards, inconsistent decisions, and confusing notifications.

Veterans with severe disabilities, terminal illnesses, or urgent financial needs simply cannot afford these delays.

Beyond the recommendations in our written testimony, DAV believes Congress can take several additional steps:

1. Simplify filing rules and eliminate effective-date penalties.

Veterans should not lose months of benefits because they used the wrong form or misunderstood a procedural rule. DAV recommends allowing claims to be initiated by phone and eliminating penalties for filing incorrect forms.

2. Require plain-language notices and clearer explanations of evidentiary standards.

Many veterans do not understand why their claim was denied or what evidence VA needs.

3. Improve the disability examination process.

DAV recommends better training and quality control for examiners, and a medical examiner portal to streamline DBQ submissions. Too many avoidable errors originate at the exam stage.

4. Strengthen the duty to assist at the earliest stages.

Veterans should not be denied because VA failed to gather federal records or clarify what evidence is needed. Strengthening early-stage assistance would reduce preventable appeals.

5. Support VBA's workforce and modernization efforts.

The Veterans Independent Budget recommends a \$300 million plus-up for claims processing to maintain staffing, overtime, and training. Without sustained investment, the backlog will grow again.

Burdens on Veterans and Families

The burdens of the current system are significant and deeply personal:

Emotional and cognitive burden

Veterans face complex forms, legalistic language and inconsistent decisions. For those with PTSD, TBI or cognitive impairments, this process can be overwhelming.

Financial strain

Delays can mean months without needed compensation. Veterans often pay out-of-pocket for private medical evidence or travel to exams.

Health consequences

For veterans with serious illnesses — including toxic exposures — delays can worsen health outcomes or deny timely access to care.

Family and caregiver stress

Caregivers often shoulder the burden of navigating the system. Many are already overwhelmed by the demands of caring for a severely disabled veteran.

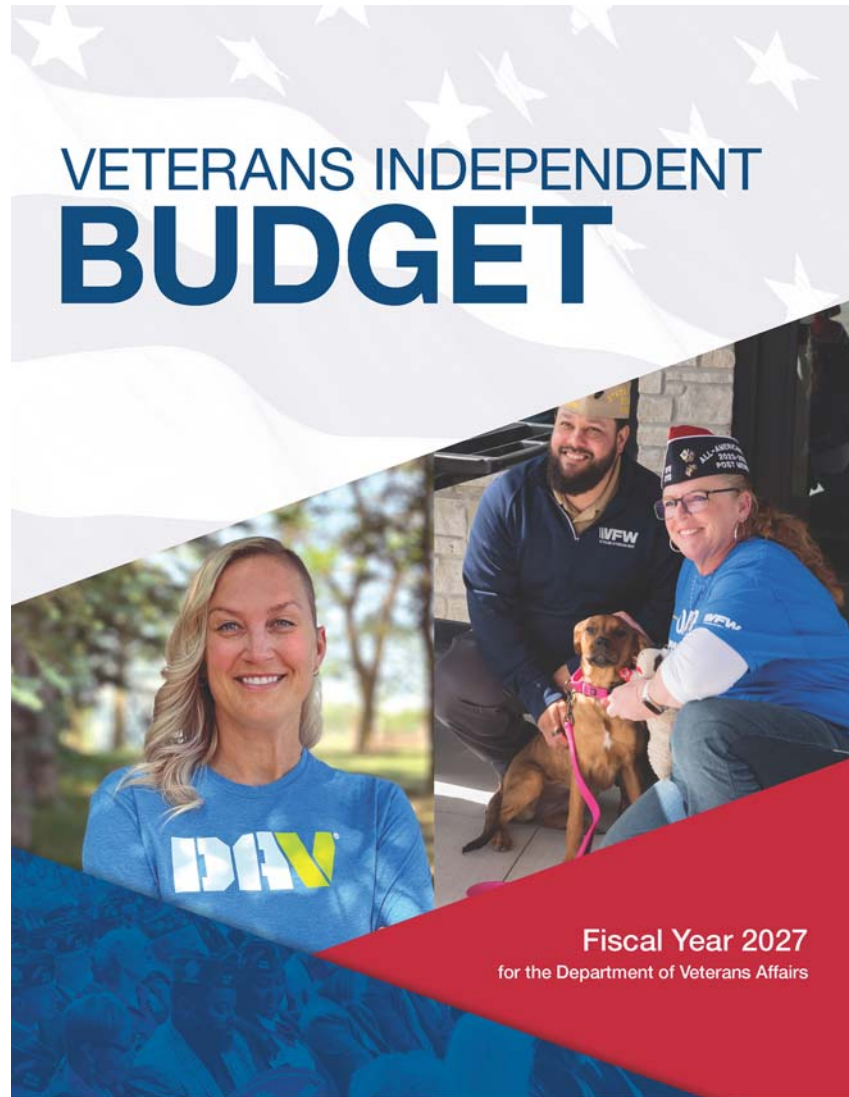
Disparities for unrepresented veterans

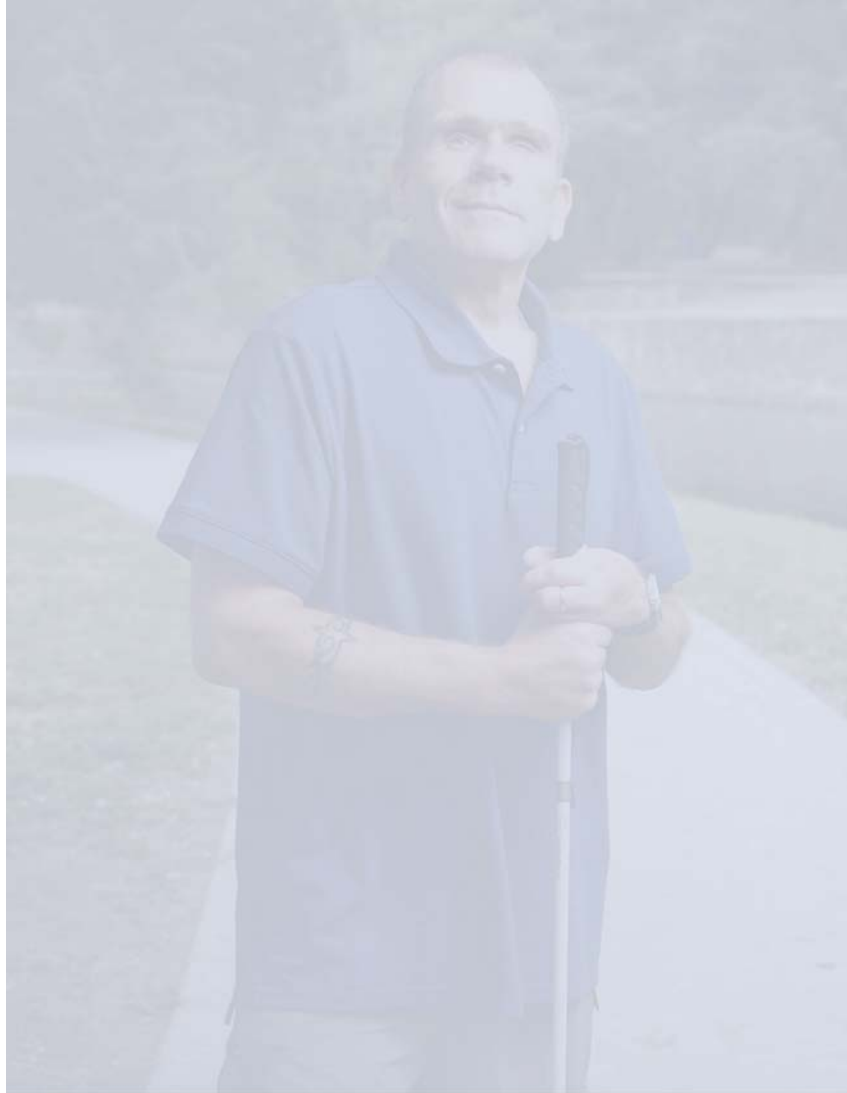
Veterans without accredited representation face the steepest barriers and are most vulnerable to procedural errors.

In short:

The claims process should honor veterans' service — not exhaust them. DAV believes Congress can make meaningful improvements by simplifying procedures, strengthening the duty to assist, improving communication, and ensuring VBA has the resources it needs to deliver timely, accurate decisions.

Thank you for the opportunity to address these important questions and for your continued commitment to improving the lives of our nation's veterans.





VETERANS INDEPENDENT **BUDGET**

Fiscal Year 2027
for the Department of Veterans Affairs



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Acknowledgments

DAV (Disabled American Veterans)

DAV (Disabled American Veterans) is a nonprofit, congressionally chartered and VA-accredited veterans service organization dedicated to ensuring our promise is kept to America's veterans. DAV does this by helping veterans and their families access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, providing employment resources to veterans and their families, offering programs and services to empower them, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV was founded in 1920 and has nearly 1 million members. For more information or to join, visit dav.org.

Veterans of Foreign Wars of the United States (VFW)

The Veterans of Foreign Wars of the United States (VFW) is the nation's largest and oldest major war veterans organization. Founded in 1899, the congressionally chartered VFW is composed entirely of eligible veterans and active-duty service members from the active, Guard, and Reserve forces. With more than 1.3 million VFW and Auxiliary members located in more than 5,500 posts worldwide, the nonprofit veterans service organization is proud to proclaim, "NO ONE DOES MORE FOR VETERANS" than the VFW, which is dedicated to veterans service, legislative advocacy, and military and community service programs. For more information or to join, visit our website at vfw.org.

Contributors to the FY 2027 Veterans Independent Budget

Shamala Capizzi, DAV	Shane Liermann, DAV
Meggan Coleman, VFW	Naomi Mathis, DAV
Joy Craig, VFW	Kevin Miller, DAV
Peter Dickinson, DAV	Jon Retzer, DAV
Joe Grassi, VFW	Nancy Springer, VFW
Joe Lemay, DAV	

Introduction

For nearly four decades, DAV (Disabled American Veterans), the Veterans of Foreign Wars of the United States (VFW), and other veterans service organizations have collaborated to make independent budget recommendations annually for the Department of Veterans Affairs (VA). Unlike budget and appropriations proposals from VA and Congress—which have to balance competing interests of the entire federal government—the Veterans Independent Budget produced by DAV and VFW for fiscal year (FY) 2027 is based solely on the actual, documented, and justified needs of America's veterans and their families, caregivers, and survivors.

Our recommendations for FY 2027 include appropriations levels to fully support projected demand for VA services and benefits, as well as additional funding necessary to implement critical policy improvements and program expansions. Our FY 2027 budget recommendations follow several years of substantial changes coupled with budgetary unpredictability at the department, exemplified by Congress' failure to enact VA appropriations bills before the start of FY 2025 and FY 2026.

In FY 2025, following a series of short-term continuing resolutions (CRs) to keep the government open, Congress approved and the President signed a full-year CR that provided VA with essentially the same funding levels it received in FY 2024, far below what was necessary to meet the full and true demand for care and benefits. The funding shortfall compounded challenges VA faced throughout 2025 due to incentivized and sometimes coerced attrition that may have reduced staffing by up to 30,000 full-time employees (FTE) by year's end.

At the start of FY 2026, Congress and the Administration were unable to enact a short-term CR, leading to the longest federal government shutdown in history. Ultimately, the law ending the shutdown (temporarily through January 31, 2026) included a full-year advance appropriation for VA; however, because it was predicated on the inadequate FY 2025 baseline, which was effectively the same as FY 2024, the FY 2026 appropriation will not be sufficient to meet the full and true demand for care and benefits. Then, in December 2025, VA announced a major reorganization of the Veterans Health Administration (VHA).

Looking ahead to FY 2027, the demand for VA health care will continue to rise as the number of veterans coming to

and relying on VA increases, in part due to the eligibility expansions in the Honoring our PACT Act of 2022 and an increasingly aging veteran population. As a result of reconciliation legislation enacted last year, we also expect a significant number of veterans will turn to VA as health care coverage from Medicaid and the Affordable Care Act (ACA) becomes more unpredictable. Unfortunately, VA currently does not have the capacity to meet this rising demand due to a decades-long failure to adequately fund infrastructure, technology, and staffing. Unacceptable wait times across the VA health care system and increased usage of community care are evidence that there exists unmet and suppressed demand for care from VA.

While there always has and always will be a need for a robust community care program, we believe VA must remain the primary provider and coordinator of veterans health care. As such, it is imperative that VA budgets begin to honestly reflect the significant need for long-term investments in staffing, infrastructure, and technology. Our recommendations also call on VA and Congress to dramatically increase funding for veterans' long-term care, dental care, breakthrough drugs and therapies, and urgent and emergency care services throughout the VA health care system.

The number of veterans, family members, and survivors receiving benefits from the Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), and other VA programs will continue to rise, still driven by the eligibility expansions included in the PACT Act. While VBA's disability compensation backlog began to fall in 2025 thanks to staffing increases in 2023 and 2024, it remains imperative that VBA and NCA maintain sufficient capacity and implement improvements focused on meeting veterans' needs and preferences.

One final note: Since passage of the PACT Act in 2022, VA receives funding from multiple sources, including annual and advance discretionary appropriations, the mandatory Toxic Exposure Fund (TEF), the Medical Care Collections Fund (MCCF), and other sources that vary from year to year. However, since the 2027 budget focuses on total resource requirements for VA programs, services, and benefits, it does not include specific recommendations for funding levels from each funding source.

Veterans Independent Budget

Fiscal Year 2027 Recommendation

Summary Table

(in thousands)	FY 2024 Total Resources Enacted	FY 2025 Total Resources Enacted	FY 2026 Total Resources Enacted	FY 2027 Total Resources Recommended
Veterans Health Administration (VHA)				
Medical Services	78,544,000	81,013,000	94,520,000	116,403,000
<i>MCCF for Medical Services</i>	<i>3,078,000</i>	<i>3,511,000</i>	<i>3,069,000</i>	<i>Note 1</i>
Subtotal, VA Medical Services (w/MCCF)	81,622,000	84,524,000	97,589,000	116,403,000
Medical Support and Compliance	11,600,000	11,719,000	12,490,000	12,837,000
Medical Facilities	9,049,000	9,548,000	9,846,000	15,810,000
Subtotal, VA Medical Care	102,272,000	105,791,000	119,925,000	145,051,000
Medical Community Care	37,082,000	38,249,000	48,030,000	46,427,000
<i>MCCF for Community Care</i>	<i>935,000</i>	<i>878,000</i>	<i>1,511,000</i>	<i>Note 1</i>
Subtotal, Medical Community Care	38,017,000	39,127,000	49,541,000	46,427,000
Total Medical Care	140,289,000	144,918,000	169,466,000	191,477,000
Medical and Prosthetic Research	989,000	994,000	945,000	1,455,000
Total Veterans Health Administration	141,278,000	145,912,000	170,411,000	192,932,000
VBA, NCA, and Other VA Programs and Offices				
Veterans Benefits Administration	5,638,000	5,325,000	5,282,000	6,223,000
Board of Veterans Appeals	276,000	277,000	280,000	285,000
National Cemetery Administration	480,000	480,000	499,000	602,000
General Administration	560,000	468,000	429,000	458,000
Office of Inspector General	296,000	296,000	296,000	328,000
Information Technology	7,629,000	7,591,000	6,910,000	7,324,000
Electronic Health Records Modernization	874,000	1,322,000	3,400,000	5,442,000
Construction Programs				
Major Construction	1,376,000	961,000	1,394,000	3,631,000
Minor Construction	873,000	1,012,000	1,250,000	5,114,000
State Home Construction Grants	171,000	171,000	275,000	600,000
State Cemetery Construction Grants	60,000	60,000	150,000	75,000
Total Construction Programs	2,480,000	2,204,000	3,069,000	9,420,000
Other Discretionary Loan Programs	320,000	320,000	348,000	354,000
Total Budget Authority	160,009,000	164,373,000	191,104,000	223,370,000

Note 1: The Veterans Independent Budget does NOT make recommendations for MCCF, only total resources needed.

Veterans Health Administration

Total Medical Care

The Veterans Health Administration (VHA) operates the largest integrated health care system in the United States and is expected to have more than 9.2 million enrollees and 7.5 million unique users in fiscal year (FY) 2026. VHA will provide comprehensive medical and mental health care through approximately 170 medical centers, 1,200 outpatient clinics, and 400 Vet Centers. VHA is projected to provide veterans with over 162 million outpatient visits in FY 2027, a record number that is still far short of meeting the actual and suppressed demand for care. Although the number of living veterans is declining, enrollment in the Department of Veterans Affairs (VA) health care system continues to slowly rise. More important, however, is the number of unique veteran users, which continues to rise, along with their utilization and reliance on VA for their care, both of which are projected to increase in the foreseeable future.

For FY 2027, we recommend approximately \$191.5 billion in total medical care resources for VHA, an increase of approximately \$22.1 billion, or 13%, over FY 2026. This funding covers medical care provided directly through VA facilities (Medical Services) and care provided through contracted community providers (Medical Community Care), as well as VHA management and administration (Medical Support and Compliance) and the operation and maintenance of VHA health care facilities (Medical Facilities).

The FY 2027 recommendations reflect an increased funding baseline for all medical care programs due to medical inflation and a 1% federal pay raise. It also covers increased workload that results from having more unique veteran users with greater utilization and reliance on VA. In addition, the FY 2027 recommendation includes significant investments in VA's health care capacity and commitment to meeting the full spectrum of veterans' medical needs, including long-term care, dental care, and urgent and emergency care services. Our recommendations also reflect an increased capacity for VA-provided direct care and a commensurate reduction in reliance on community care, as VA expands and maximizes its internal capacity to provide care.

Medical Services

VA Medical Services primarily cover the cost of VA direct care provided through its hospitals, clinics, and other facilities, including virtual care. In FY 2027, we estimate there will be an additional 188,000 unique users and a 2% increase in veterans' utilization and reliance on VA health care, in part fueled by veterans who will lose eligibility for Medicaid, ACA coverage, or employer health care due to economic uncertainty. To meet the increased demand and reduce VHA's

overreliance on community care providers, we call on VHA to aggressively fill clinical and support vacancies, which VA reported were about 40,000 at the end of 2025.

For FY 2027, we recommend approximately \$116.5 billion in total resources for VA Medical Services, an increase of approximately \$18.9 billion, or 19.4%, over FY 2026. This increase in part addresses the suppressed demand for care resulting from VHA's flatline budget in FY 2025, as well as significant plus-ups to address critical unmet needs for long-term care, dental care, and urgent and emergency care. It also includes a major increase in VHA pharmaceutical spending to provide veterans with the latest breakthrough drugs and therapies.

This funding level also includes a number of significant VHA programmatic expansions as detailed in the following plus-ups.

Long-Term Services and Supports (+\$2.5 billion)

VA's long-term care and home and community-based services are critical for supporting aging veterans and those with service-connected disabilities, allowing them to receive care at home or in homelike settings while reducing reliance on institutional care. With an aging veteran population driving increased demand for care and expanded eligibility under the PACT Act, VA's funding for long-term care over the past decade has been woefully inadequate to meet veterans' projected needs, and we recommend an additional \$2.5 billion in FY 2027.

Pharmacy (+\$1.45 billion)

Although VA has established policies to ensure appropriate prescribing and formulary use, it has not consistently adhered to its formulary management requirements. This issue is particularly evident in community care, where prescriptions account for a small share of total volume but a disproportionate share of expenditures. While VA has implemented routine updates and adjusted administrative costs for community care pharmacies, it has not provided adequate transparency to demonstrate improved compliance or effective cost containment. In addition, VA must have additional resources to provide veterans with the latest breakthrough drugs and therapies, such as GLP-1 medications, that have the potential to dramatically improve their well-being. Our recommendations stress that, without enhanced formulary oversight and financial controls, current funding levels will remain insufficient. Therefore, we recommend increasing VHA's pharmacy budget by at least 10% over the projected FY 2026 level of \$14.5 billion. This \$1.45 billion increase is needed to close funding gaps

that hinder VHA's ability to provide consistent access to medications, improve formulary oversight, and strengthen financial controls.

Clinical Social Workers (+3,000 FTE, +\$473 million)

To address staffing shortages and high caseloads exacerbated by the PACT Act and rising mental health and care coordination needs, we recommend adding 3,000 FTE to lower social workers' average caseload and strengthen veteran support.

Dental Care for All Disabled Veterans (+\$300 million)

Dental care is essential to veterans' overall health, yet less than 25% of all enrolled veterans are eligible for VA dental services. We recommend providing all disabled veterans with access to comprehensive dental care. Since there is currently a shortage of dental professionals and treatment space in VHA, we recommend a plus-up of \$300 million in FY 2027 to expand dental services inside VA, as well as a \$300 million plus-up in the Medical Community Care account. In addition, we recommend an increase of \$75 million in the Minor Construction account to expand dental treatment space.

Emergency and Urgent Care Capacity (+\$350 million)

To address rising demand and inflation-driven costs for acute and urgent care, we recommend an additional \$350 million to expand VA's emergency and urgent care services, including telehealth-enabled urgent care centers nationwide.

Mental Health Care and Suicide Prevention (+\$200 million)

Despite VA's concerted efforts to reduce veteran suicide, the number of veteran suicides has not declined and in fact is slowly increasing. Since the enactment of the PACT Act, there has been an 8.7% growth in veterans enrolling in VHA mental health services, creating pressure to deliver timely care to all veterans seeking support. To meet this rising demand within a competitive medical market, we recommend adding 1,000 mental health personnel at a cost of approximately \$160 million for FY 2027, plus an additional \$40 million for outreach, research, and targeted efforts for rural veterans. VA must maintain competitive salaries, promote hybrid work environments, and aggressively recruit providers across all VA medical centers and Community-Based Outpatient Clinics (CBOCs) to ensure sufficient mental health staffing.

Women Veterans Health Care (+\$100 million)

In FY 2026, the population of women veterans enrolled in VA health care grew to more than 1 million, requiring significant investment to ensure access to high-quality, gender-specific health care services. Critical needs include recruiting and training specialized clinical providers, particularly

gynecologists and women's primary care providers for rural communities, as well as expanding peer specialists, care navigators, and maternity care coordinators. We recommend an additional \$100 million in FY 2027 to expand and improve VA's capacity to address women veterans' health care needs.

- **Additional Women Veterans Plus-Ups:** We also recommend \$25 million for Non-Recurring Maintenance (NRM) in the Medical Facilities account and \$25 million in Minor Construction for repairs and modifications to women's health clinics. The budget further recommends a plus-up of \$5 million for the Women's Health Research Network, which is included in Medical and Prosthetic Research. In addition, we recommend a plus-up of \$5 million for the Center for Women Veterans to expand and sustain critical outreach efforts, which is included in the General Administration account.

Homeless Veterans Programs (+\$50 million)

In FY 2025, VA permanently housed 50,000 previously homeless veterans and offered a variety of assistance, including the Supportive Services for Veteran Families program. For FY 2027, we recommend an additional \$50 million to address the critical need for affordable housing with special adaptations for veterans with severe injuries, as housing vouchers do not cover modification costs that directly affect these veterans' quality of life.

VA's Transportation Program (+\$18 million)

To improve access and efficiency for veterans using the Beneficiary Travel program, we recommend an additional \$18 million to reinstate at least one fully functioning kiosk at every VA health care facility and CBOC.



Medical Support and Compliance

VA's Medical Support and Compliance account covers VHA's management and administration of the VA health care system, including Veterans Integrated Service Network (VISN) offices and VHA Central Office programs. While VA has announced a major VHA reorganization plan that could significantly impact the VISNs, until details are released and available, we are unable to assess whether it would increase or decrease the need for resources in the future.

For FY 2027, we recommend approximately \$12.8 billion in total resources for Medical Support and Compliance, an increase of approximately \$350 million, or 2.8%, over FY 2026. The recommended increase primarily reflects growth in current services based on the impact of inflation and a federal pay raise.

Medical Facilities

VA's Medical Facilities account covers the cost of operating and maintaining VHA's capital infrastructure, including NRM and medical leases. For FY 2027, we recommend approximately \$15.8 billion in total resources for Medical Facilities, an increase of approximately \$6 billion, or 60%, over FY 2026. The vast majority of this increase is required to address a rapidly rising backlog of unfunded NRM projects throughout VA health care facilities. According to VA's most recent Strategic Capital Investment Planning estimates, there is a need for approximately \$83.6 billion over the next 10 years to fund all necessary NRM projects, or an average of \$8.4 billion per year. Since VA requested just \$3 billion for NRM in its FY 2027 advance appropriation request, we recommend increasing the base level of funding by another \$5.6 billion for NRM in FY 2027. In addition, our recommendations include the following plus-up:

- **NRM for Women Veterans Health Care Modifications (+\$25 million)**

Medical Community Care

VA's Medical Community Care programs are designed to supplement care that would otherwise be provided by VA clinicians in VA facilities with adequate capacity and in circumstances when veterans would be required to wait too long or travel too far or when it is in the veteran's best medical interest. The enacted FY 2026 appropriation increased Medical Community Care to almost \$50 billion, a 27% jump that is more than twice the rate of increase provided to direct VA Medical Care. While we strongly support a robust community care program, our

recommendations believe that some of this increased funding would be better used to provide direct care in VA facilities. We continue to hear from veterans that they want VA to remain the primary provider and coordinator of care whenever and wherever feasible. Unfortunately, over the past decade, VA has failed to properly invest in infrastructure, technology, and staffing to increase its internal capacity, leading to an overreliance on purchasing non-VA care. As discussed in other sections of this document, we are calling for increased investment to expand VA's internal capacity, thereby allowing community care programs to revert to a smaller, more appropriate portion of VA's overall health care delivery strategy.

For FY 2027, we recommend approximately \$46.4 billion in total resources for Medical Community Care, a decrease of approximately \$3.1 billion, or 6.3%, below FY 2026. This decrease reflects rising health care costs due to inflation and a workload reduction based on our proposed investments in VA's internal capacity to meet rising demand for care. With both VA and Congress proposing major VHA reorganizations and with a new community care contract being considered, now is the time to rebalance how and where care is delivered to veterans, particularly for those who prefer VA for all or most of their care. This funding recommendation also includes the following plus-up:

- **Expand Dental Care to All Enrolled Disabled Veterans (+\$300 million)**

Medical and Prosthetic Research

VA's Medical and Prosthetic Research program drives innovations that improve veterans' health and advance health care nationwide. For FY 2027, we recommend approximately \$1.45 billion in total resources, an increase of approximately \$510 million, or 54%, over FY 2026. With overall federal support for medical research declining, this increase is necessary to retain top scientists, maintain a high-caliber research portfolio, and support cutting-edge technology. This funding level will support an expansion of clinical trials, research on veterans' health disparities, and mental health initiatives while ensuring VA continues to lead in high-impact, multisite research to meet evolving veteran needs. This funding level includes a plus-up of \$5 million for the Women's Health Research Network. In addition, we recommend a plus-up of \$35 million in the IT account to modernize IT systems for data handling, compliance, and enterprise-wide business functions that support research efficiency and nationwide clinical trials.

- **Women's Health Research Network (+\$5 million)**



VBA, NCA, and Other VA Programs and Offices

Veterans Benefits Administration

The Veterans Benefits Administration (VBA) consists of seven primary service lines: Compensation, Pension and Fiduciary, Insurance, Education, Home Loan Guaranty, Veteran Readiness and Employment, and Transition and Economic Development. Since implementation of the PACT Act, more than a million veterans have applied for new or increased benefits for themselves and their families, leading to increased workload for VBA and, most notably, a rising backlog of claims for disability compensation. In fiscal year (FY) 2025, VBA was finally able to begin reducing that backlog, thanks to aggressive hiring and training of new claims processors that took place in 2023 and 2024. However, it is imperative that VBA continue to maintain this enhanced workforce capacity until new technologies and artificial intelligence (AI)-enhanced processes are able to significantly increase productivity in the future.

For FY 2027, we recommend approximately \$6.2 billion in total resources, an increase of approximately \$940 million, or 18%, over FY 2026. This increase reflects the continued

high volume of claims for all VA benefits, rising inflation, and a federal pay raise. It also includes the following plus-ups:

Claims Processing (+\$300 million)

In January 2026, there were almost 575,000 pending claims for disability compensation and pension, of which about 100,000 were pending more than 125 days and considered part of the backlog. To maintain the momentum of the past year in production and quality while reducing the backlog and claims processing times, we recommend a plus-up of \$300 million to sustain VBA capacity for claims processing, including overtime pay and hiring, as necessary.

Transition Assistance (+\$32 million)

To support implementation of the Department of Veterans Affairs' Transition Assistance Program (TAP) 6.0 and fulfill new commitments under the May 2025 Department of Defense (DOD)–Department of Veterans Affairs (VA) Memorandum of Understanding, we recommend approximately \$32 million to expand VA transition staffing;

increase in-person engagement at TAP locations; and enable early enrollment, warm handoffs, and continuity of care for transitioning service members and their families.

Expanded Education Benefits After Rudisill Decision (+\$500 million)

The Supreme Court's Rudisill v. McDonough ruling allows veterans to combine Montgomery and Post-9/11 GI Bill benefits up to 48 months. We recommend \$500 million in additional funding for VA to better address the significant increase in claim reprocessing demands that currently totals more than 1 million claims.

Digital GI Bill (+\$150 million)

To build on the Digital GI Bill's progress and keep it on track for full implementation by mid-2026, we recommend an additional \$150 million for operations, including development and claims processing to guarantee a streamlined, efficient experience for veterans and their families.

Veteran Readiness and Employment Program (+\$15 million)

In recent years, an increasing number of veterans with employment handicaps have sought services from the Veteran Readiness and Employment (VR&E) program. To hire sufficient vocational counselors to maintain a caseload in line

with the 1-to-125 ratio set by Congress and to invest in a new cadre of employees, we recommend a plus-up of \$15 million in FY 2027.

VBA IT and AI

To modernize operations, improve efficiency, and support expanded claims processing, we recommend \$75 million in the Information Technology (IT) account for technology, including AI initiatives.

Board of Veterans' Appeals

The Board of Veterans' Appeals conducts hearings and decides appeals for veterans seeking to obtain the benefits they are entitled to receive. In FY 2025, the Board decided approximately 125,000 appeals, reflecting continued growth in output and the impact of hiring additional attorneys and support staff. For FY 2027, we recommend approximately \$285 million in total resources, an increase of approximately \$5 million, or 1.8%, over FY 2026. We also recommend a plus-up of \$30 million in the IT account for technology development to modernize case management and support timely decisions.

National Cemetery Administration

The National Cemetery Administration (NCA) oversees the operation and maintenance of VA national cemeteries and



provides headstones, markers, medallions, and certificates for eligible veterans. NCA is expected to inter more than 135,000 veterans and family members in FY 2026. For FY 2027, we recommend approximately \$602 million in total resources, an increase of approximately \$104 million, or 21%, over FY 2026, which includes the following plus-ups:

- **Cemetery Expansion and Maintenance (+\$75 million)**
- **National Shrine Initiative and Legacy Memorial (+\$20 million)**

General Administration

VA's General Administration account covers systemwide functions, including the offices of the Secretary, General Counsel, Management, Human Resources, Enterprise Integration, Public, Congressional and Legislative Affairs, the Veterans Experience Office, and other offices and functions. For FY 2027, we recommend approximately \$458 million in total resources, an increase of approximately \$29 million, or 6.8%, over FY 2026. This total includes the following plus-ups:

Office of General Counsel to Combat Claims Sharks (+\$7 million)

Since the passage of the PACT Act, there has been a proliferation of predatory and unaccredited agents, colloquially known as "claims sharks," who are charging veterans for claims assistance, which is an illegal practice. The Accreditation, Discipline, and Fees (ADF) Office in VA's Office of General Counsel (OGC) has limited staff to review and approve new accreditations while simultaneously monitoring the more than 13,000 current accreditations. Although ADF staffing has reached record levels, the office still takes a year or more to review and process claims agent accreditation requests. Accordingly, OGC needs a significant boost in funding and full-time employees (FTE) to process new accreditations in a timely manner and to monitor and ensure enforcement against bad actors. For FY 2027, we recommend an increase of 50 FTE, which would require an additional \$7 million.

Center for Minority and Underserved Veterans and the Center for Women Veterans (+\$10 million) and (+\$5 million)

Respectively, to expand outreach and awareness of programs targeted to underserved veteran populations.

Office of the Inspector General

The Office of Inspector General (OIG) performs audits, inspections, investigations, and reviews to improve VA program and service efficiency, effectiveness, and integrity. For FY 2027, we recommend approximately \$328 million in

total resources, an increase of approximately \$32 million, or 10.8%, over FY 2026. Given the volume and significance of changes enacted and undertaken over the past year — including contracting and staffing reductions and the upcoming Veterans Health Administration reorganization — our recommendations include an increase of 200 FTE to expand the OIG's capacity to ensure compliance and integrity of VA's operations and finances. Historically, investments in the OIG's capacity have resulted in savings from reductions in fraud, waste, and abuse in VA programs, effectively paying for the increases.

Office of Information Technology

VA's Office of Information Technology is tasked with maintaining all IT systems across the entire department, as well as developing new IT products and systems to make VA a more efficient and effective organization. We believe VA should be aggressively assessing how new AI systems can increase efficiency while simultaneously developing and implementing processes with safeguards to ensure that VA retains personnel with critical expertise and decision-making authority for the long term. For FY 2027, we recommend approximately \$7.3 billion in total resources, an increase of approximately \$414 million, or 6%, over FY 2026. This total includes the following plus-ups:

- **Medical Research (+\$35 million)**
- **Digital GI Bill (+\$150 million)**
- **VBA IT (+\$75 million)**
- **IT at the Board (+\$30 million)**

Veterans Electronic Health Record Modernization

VA's resumption of a market-based deployment strategy for its electronic health record (EHR) system modernization is central to transforming how the department delivers health care. Successful implementation of this enterprise-wide EHR is essential to standardize care across facilities, strengthen interoperability with DOD and community partners, foster innovation, and improve provider and veteran experiences. VA has identified 13 medical centers scheduled to go live in FY 2026, including four sites in Michigan and nine additional facilities in Indiana, Kentucky, Ohio, and Alaska, and Congress appropriated \$3.4 billion in FY 2026 to support this rollout schedule. For FY 2027, VA is expected to accelerate the deployment by going live in up to 26 additional sites, which will require a significant increase in funding to support these EHR transitions as well as infrastructure readiness projects. For FY 2027, we recommend approximately \$5.4 billion in total resources, an increase of approximately \$2 billion, or 60%, over FY 2026.

Construction Programs

Total Infrastructure Budget

The Department of Veterans Affairs (VA) owns and maintains more than 6,250 buildings that contain almost 160 million square feet on approximately 40,000 acres. Almost 90% of the buildings and 98% of the square footage is operated by the Veterans Health Administration to provide medical care, which includes 170 medical centers whose average age is about 60 years old. VA's Strategic Capital Investment Planning (SCIP) process is used to estimate the full cost of sustaining this infrastructure over a 10-year horizon — primarily through major construction, minor construction, and Non-Recurring Maintenance projects. In fiscal year (FY) 2016, the 10-year SCIP estimate for these three accounts was just over 40 billion; now, in FY 2026, the SCIP estimate has risen more than 400% to over \$170 billion. Yet, year-after-year, VA requests, and Congress provides, only a small fraction of the actual need and VA's infrastructure deficit continues to rise, threatening the long-term viability of the VA health care system. We call on Congress, VA, and the Administration to begin seriously funding infrastructure to ensure veterans continue to have timely and convenient access to their earned care and benefits.

Major Construction

VA's Major Construction account funds projects expected to cost more than \$30 million, the vast majority of which are medical facility renovations, replacements, and new hospital construction. The latest 10-year SCIP estimate was approximately \$34.8 billion, which equates to an average of approximately \$3.5 billion per year. For FY 2027, we recommend approximately \$3.6 billion in total resources, which includes a baseline of \$3.5 billion and the following plus-ups:

Construction Management (+\$47 million)

Add 350 FTE to oversee the planning and management of an expanded portfolio of construction projects.

- Address Critical Deficiencies in VA Research Facilities (+\$100 million)



Minor Construction

VA's Minor Construction account covers projects estimated to cost \$30 million or less, primarily focused on renovating, expanding, and modernizing VA facilities. The latest 10-year SCIP estimate was approximately \$50.1 billion, which equates to an average of approximately \$5 billion per year. For FY 2027, we recommend approximately \$5.1 billion in total resources, which includes a baseline of \$5 billion and the following plus-ups:

- Dental Care Capacity Expansion (+\$75 million)
- Improvements to Women Veterans Health Clinics (+\$25 million)

State Home Construction Grants

The State Home Construction Grant program is a partnership in which VA provides up to 65% of the cost of construction, rehabilitation, and repair of State Veterans Homes, with states required to provide at least 35% in matching funds. VA's most recent State Home Construction Grants Priority List for FY 2025 included 80 Priority Group 1 projects that already have state matching funds, with a total federal share of approximately \$1.2 billion. For FY 2027, we recommend an appropriation of at least \$600 million to cover at least 50% of the anticipated backlog of federal matching funding.

State Cemetery Construction Grants

The State Cemeteries Construction Grant program is a cost-effective partnership between the federal government and state, tribal, and territorial governments that helps the National Cemetery Administration provide veterans with burial options within 75 miles of their homes. For FY 2027, we recommend an appropriation of \$75 million to address rising construction costs and ensure timely cemetery development that helps maintain veterans' access nationwide.

Other Discretionary Programs

Other VA discretionary programs include the Veterans Housing Benefit Program Fund, the Vocational Rehabilitation Loans Program, and the Native American Veterans Housing Loan Program. For FY 2027, we recommend approximately \$354 million in total resources for these other discretionary programs, an increase of approximately \$6 million, or 1.8%, over FY 2026. The recommended increase primarily reflects the impact of inflation and a federal pay raise.





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DAV's Critical Policy Goals

- Make the claims and appeals process work better for veterans
- Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner
- Eliminate gaps in veterans mental health care and suicide prevention
- Prevent Congress or VA from reducing, offsetting or taxing veterans benefits
- Modernize and strengthen benefits for survivors
- Expand comprehensive dental care services to all service-disabled veterans
- Enhance long-term care by providing assisted living and increasing caregiver support
- Sustain the VA health care system by reforming infrastructure planning and funding mechanisms
- Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut funding

DAV is dedicated to ensuring our promise is kept to America's veterans. DAV does this by helping veterans and their families access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, providing employment resources to veterans and their families, offering programs and services to empower them, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. A nonprofit organization with nearly one million members, DAV was founded in 1920 and chartered by the U.S. Congress in 1932.



Make the claims and appeals process work better for veterans

The Challenge

Each year, veterans file millions of claims for disability compensation and other earned benefits based on the impact of illnesses and injuries incurred in military service, as well as hundreds of thousands of appeals of VA decisions. Due to the complex and confusing nature of the VA's claims and appeals process, veterans service organizations (VSOs) have long advocated for regulatory and legislative reforms to simplify the process. While many changes have enhanced internal efficiencies—meaning the VA claims process works better for the VA—too many veterans continue to face significant barriers when seeking the benefits they have earned.

Despite progress made through modernization initiatives like the Veterans Appeals Improvement and Modernization Act (AMA), veterans still encounter long delays, complex filing requirements, inconsistent decisions and confusing notifications. Many struggle to understand evidentiary standards, navigate higher-level reviews or determine when to pursue an appeal to the Board of Veterans' Appeals.

For veterans with severe disabilities, terminal illnesses or urgent financial needs, these delays can cause profound harm to their health, stability and families. Although the AMA was designed to create faster and more predictable appeal pathways, inconsistent application of the duty to assist, uneven evidence development and poor communication with veterans continue to undermine its full potential. Meanwhile, the Board faces rising caseloads and growing wait times, delaying access to timely and fair decisions.

Veterans deserve a claims and appeals system that is simple, efficient and worthy of their service—not one that burdens them with unnecessary bureaucratic obstacles.

Recommendations

- VA should simplify benefits-filing procedures by eliminating effective date penalties for filing incorrect forms, allowing veterans to initiate claims by phone, and improving the clarity and accuracy of decision notification letters.
- VA should improve the disability examination process by improving training and quality control systems, enabling veterans to certify their symptom statements, and creating a medical examiner portal that would streamline submission of disability benefit questionnaires (DBQs) by private physicians and reduce avoidable appeals.

Key Legislation

- H.R. 1039, the Clear Communication for Veterans Claims Act, would require the VA to enter into an agreement with a federally funded research development center to recommend improvements to the letters and notices that the VA sends to veterans.
- H.R. 3983, the Veterans Claims Quality Improvement Act, would reduce preventable errors, require an enhanced quality assurance framework at the Board of Veterans Appeals, and improve accountability and transparency in remand decisions.



Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner

The Challenge

Military service members have faced harmful toxic exposures for more than a century, including mustard gas in World War I, atomic testing in World War II, Agent Orange in Vietnam, sarin gas in the Persian Gulf War, contaminated water at Camp Lejeune, burn pits in Iraq and Afghanistan, per- and polyfluoroalkyl substances (PFAS) in firefighting foam, and other environmental hazards where troops were deployed. Unfortunately, veterans exposed to toxins often face significant obstacles in accessing the health care and benefits they earned. Toxic wounds and illnesses can take years or decades to appear, and by the time they do, it's often nearly impossible to document an exposure or establish a connection to service.

The enactment of the Honoring our PACT Act of 2022 provided the largest expansion of health care and benefits for toxic-exposed veterans in a generation. The law improved access to care for millions of veterans, created presumptives for burn pits and other toxic exposures, and established an internal VA process for creating future presumptive conditions. However, the PACT Act lacks adequate accountability measures to ensure timely decisions, leaving many veterans still waiting for recognition of service-connected toxic injuries, including those who served at Karshi-Khanabad Air Base (K2) in Uzbekistan, Fort McClellan in Alabama and other PFAS-contaminated locations.

According to "Ending the Wait for Toxic-Exposed Veterans"—a joint report by DAV and the Military Officers Association of America—it takes an average of 34.1 years from the first occurrence of a military toxic exposure to the establishment of presumptive service connection, forcing some veterans to wait decades for related benefits and health care.

Recommendations

- Congress should establish a new framework for toxic exposure presumptives that includes separate steps for the acknowledgment of exposure events, concession of exposure and presumption of service connection.
- Congress should enact legislation that directs VA to expand research, create independent scientific review and establish a veterans' advisory commission to ensure prompt, transparent and equitable decisions.

Key Legislation

- S. 2220, the Fighting for Overlooked Recognition of Groups Operating in Toxic Test Environments in Nevada (FORGOTTEN) Veterans Act, would establish a presumption that certain veterans were exposed to radiation and other toxins at the Nevada Test and Training Range.
- H.R. 3639, the Veterans Exposed to Toxic PFAS Act, would provide health care and establish presumptive service connection for veterans and dependents exposed to PFAS at military installations.
- H.R. 5339, the Susan E. Lukas 9/11 Servicemember Fairness Act, would establish a presumption of service connection for diseases associated with exposure to certain toxins at the Pentagon Reservation during a certain period beginning on Sept. 11, 2001.



Eliminate gaps in veterans mental health care and suicide prevention

The Challenge

Despite significant investments by the Department of Veterans Affairs (VA) in suicide prevention and mental health services—including care for post-traumatic stress disorder (PTSD), substance use disorders, traumatic brain injury (TBI), depression, anxiety and military sexual trauma (MST)—too many veterans continue to die by suicide each year. Losses have not meaningfully improved and have remained at or near the same levels annually, underscoring persistent gaps in access, capacity, coordination and system-wide effectiveness.

These outcomes reflect the complexity of suicide within the veteran population and the interaction of numerous risk and protective factors. Existing approaches—while necessary—have not been sufficient to reverse long-standing trends, particularly for historically underserved populations such as women veterans.

Suicide risk among women veterans has increased over time and remains unacceptably high. DAV's special report, *Women Veterans: The Journey to Mental Wellness*, identified significant gaps in the VA's understanding and integration of gender-specific suicide risk factors, including the role of intimate partner violence (IPV) and menopause-related mental health impacts, which are not consistently reflected in VA's suicide prevention strategies or predictive analytics, while offering more than 50 recommendations to strengthen gender-tailored care and improve suicide prevention efforts for all veterans.

Firearms remain the predominant means of suicide among veterans. Although VA has launched collaborative lethal-means safety initiatives, fear among some veterans that seeking VA mental health care could result in firearm confiscation continues to deter engagement.

Timely access to mental health care is further constrained by workforce shortages, long wait times, and uneven geographic distribution of providers, particularly in rural and remote areas. Care coordination between VA and community providers remains inconsistent, increasing the risk of missed follow-up after crises or emergency department visits. Variability in data sharing and accountability across care settings limits VA's ability to identify veterans at elevated risk in real time. These structural barriers collectively undermine continuity of care and the effectiveness of suicide prevention efforts.

Recommendations

- The VA should mandate, or Congress should require, community care providers treating veterans to complete suicide prevention and lethal-means safety training.
- The VA should require all community providers to receive trauma-informed care training consistent with VA standards.

Key Legislation

- S. 609, the BRAVE Act of 2025, would strengthen VA's mental health and suicide prevention efforts by expanding the mental health workforce, modernizing Vet Centers, improving outreach—especially to women veterans—and enhancing coordination of prevention programs.
- H.R. 3863, the VA Mental Health Outreach and Engagement Act, would require the VA to offer annual mental health consultations to veterans with service-connected mental health conditions, conduct outreach and evaluate the program's effectiveness within two years.



Prevent Congress or VA from reducing, offsetting or taxing veterans benefits

The Challenge

Over 5.6 million veterans receive VA disability compensation for injuries, illnesses and disabilities caused or aggravated by their military service. Yet, current law prevents some veterans from receiving their full military retirement pay concurrently with VA disability compensation, specifically those medically retired or rated 40% or less. As a result, many veterans must accept reduced retirement pay to receive their tax-free disability benefits, despite these payments serving distinct and unrelated purposes; military retirement compensates for length of military service, while disability compensation mitigates the impact of service-related impairments on earning capacity. Congress partially addressed this inequity in 2004 for veterans rated 50% or higher, but those with lower ratings or medical retirements remain disadvantaged.

Federal law requires some veterans to forfeit special separation pay if they also receive disability compensation, again, despite the two payments having unrelated purposes. Proposals to tax VA disability compensation, reduce benefits levels, phase out Individual Unemployability benefits after reaching Social Security retirement age or otherwise diminish payments for service-disabled veterans would compound these inequities. DAV strongly opposes any reduction or offset of VA disability compensation and supports full, concurrent receipt of earned benefits for all eligible veterans.

Recommendations

- Congress should enact legislation to eliminate all offsets of any military retirement or separation pay against VA disability compensation.
- Congress must ensure through word and deed, that it will reject all attempts to reduce, offset or tax veterans' disability benefits.

Key Legislation

- S. 1032/H.R. 2102, the Major Richard Star Act, would allow concurrent receipt of veterans' disability compensation and retired pay for disability retirees with combat-related injuries or illnesses.
- H.R. 303, the Retired Pay Restoration Act, would allow receipt of both retired military pay based on longevity and VA disability compensation of 40% and below.
- H.R. 333, the Disabled Veterans Tax Termination Act, would allow concurrent receipt for any longevity retiree with 20 years of service rated less than 50% ensuring they receive full retired pay and VA disability compensation. This bill would also allow concurrent receipt for Chapter 61 medical retirees with less than 20 years of service who have a compensable disability rating, restoring both their disability retirement pay and VA compensation in full.



Modernize and strengthen benefits for survivors

The Challenge

Our nation's obligation to the men and women who served also extends to the survivors of service members and veterans, particularly service-disabled veterans. The VA Dependency and Indemnity Compensation (DIC) program provides a tax-free monthly benefit to surviving spouses, children and parents of:

- Military service members who died in the line of duty;
- Veterans whose death resulted from a service-related injury or disease; and
- Veterans who were totally disabled from service-connected conditions for at least 10 years before their death; or were totally disabled at least five years immediately following their release from active duty until their death; or were totally disabled for at least one year and were a former prisoner of war.

The basic DIC benefit for a single surviving spouse of a veteran in 2026 is \$1,699 per month, which can be increased if there are dependent children or other special circumstances. Because the 2026 VA disability compensation rate for a 100% service-connected veteran with a spouse is \$4,158 per month, the DIC benefit for a surviving spouse would be approximately 41% of that amount. By comparison, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of their federal retirement benefits, which can be up to 55% of the total benefit. Veterans' surviving spouses eligible for DIC should at least have parity with their federal civil service survivors and receive 55% of their veteran's disability compensation rate. This increase to DIC payments would equate to approximately \$7,050 more per year.

Furthermore, survivors of veterans who die before they reach 10 years as a 100% totally disabled veteran do not qualify for any DIC benefit, even if the veteran died after being totally disabled for nine years and 11 months. In addition, surviving spouses who are currently in receipt of DIC benefits will lose them entirely if they remarry before age 55. These rules have undercut the purpose of DIC, which is to provide adequate care for surviving spouses.

Recommendations

- Congress should enact comprehensive legislation to modernize and strengthen DIC support for survivors of disabled veterans.
- Congress should eliminate the remarriage age penalty for a surviving spouse so that they remain eligible for DIC benefits regardless of when they choose to remarry.

Key Legislation

- S. 410/H.R. 1004—the Love Lives On Act of 2025, would restore earned survivor benefits and health coverage for remarried surviving spouses of service members and veterans by removing outdated remarriage restrictions under federal law.
- S. 611/H.R. 680, the Caring for Survivors Act, would increase financial support for surviving spouses by raising DIC rates to 55% of a 100% disabled veteran's compensation and providing partial DIC benefits when the total disability period is between five and 10 years..



Expand comprehensive dental care services to all service-disabled veterans

The Challenge

VA only provides full dental care services to a narrow group of veterans—those with service-connected dental disabilities, 100% disability ratings or those receiving Total Disability for Individual Unemployability (TDIU). Partial dental care is extended to former POWs, homeless veterans and those currently enrolled in Vocational Readiness and Employment (VR&E) programs. Of the over 9 million veterans enrolled in VA health care, less than 25% are eligible for dental care coverage.

Failure to address dental conditions increases the risk of serious infections and chronic illnesses such as cardiovascular disease, diabetes, renal impairment and cancer. These conditions can also affect mental health and economic stability by eroding self-esteem, contributing to depression and limiting employment opportunities. According to the American Institute of Dental Public Health, nearly 600,000 veterans experienced productivity loss due to oral health problems.

The VA health care model is designed to be holistic, integrated and preventative, with a focus on treating the full spectrum of veterans' health needs. However, the exclusion of dental care creates a costly and critical gap that undermines overall health and well-being. Untreated oral health conditions can lead to serious medical complications and significantly increase long-term health care expenditures. According to the Centers for Disease Control and Prevention, the U.S. health system could save up to \$100 million annually if dental offices routinely screened for chronic conditions and referred patients for appropriate treatment. Preventive dental care reduces long-term medical costs, improves quality of life and reinforces VA's mandate to deliver comprehensive, veteran-centered care.

Recommendations

- Congress should enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans, making it a standard part of VA's health benefits package.
- Congress must provide funding to increase the number of VA dentists and other oral clinicians, open new dental clinics and expand treatment space in VA health care facilities.
- VA must work with its community care networks to increase the availability of dentists and other oral health care specialists to improve access to this critical care across the country, particularly in rural areas.

Key Legislation

- H.R. 210, the Dental Care for Veterans Act, would mandate dental care as a standard VA medical service within the health care benefits package and establish a four-year, phased-in eligibility expansion for dental care for all enrolled veterans.



Enhance long-term care by providing assisted living care and increasing caregiver support

The Challenge

The VA estimates that there are over 8 million veterans 65 years or older out of approximately 17.5 million veterans living today. Of these, an estimated 4.9 million are 75 or older, and 1.3 million are 85 or older. By 2034, the VA anticipates a 33% rise in veterans aged 85 and older, while women veterans in this age bracket are projected to more than double. This aging trend mirrors the general population and will place increasing strain on our nation's health care infrastructure, particularly in providing sufficient long-term care support to aging Americans and our nation's ill and injured veterans.

To meet the needs of aging veterans, the VA offers a variety of long-term care (LTC) programs, ranging from intensive bed-based care to home- and community-based services. These programs include Homemaker and Home Health Aide Care, Home-Based Primary Care, Skilled Home Health Care, Respite Care, Adult Day Health Care and the Caregiver Support Program. For veterans requiring more comprehensive care, options include VA-operated Community Living Centers (CLCs), State Veterans Homes (SVHs) and contracted community nursing homes.

Despite existing programs, a gap remains for veterans who cannot remain at home but do not require full nursing home care. Assisted living, which offers semi-independent living with meal preparation, housekeeping, medication management and help with daily activities, would provide a supportive, yet less intensive, option to fill this gap.

Caregivers are essential in helping veterans remain at home, but over 60% of caregivers experience burnout and often lack guidance and support. DAV Caregivers Support has connected over 1,700 caregivers to resources since October 2023. The VA must continue expanding support for caregivers of severely disabled veterans, particularly those who would otherwise require institutional care.

Recommendations

- Congress should require the VA to provide assisted living options through VA-operated CLCs and other LTC programs, VA-supported state veterans homes and contracted community facilities.
- VA should enhance LTC programs with integrated caregiver support and graduated care transitions to ensure holistic care for service-disabled veterans.

Key Legislation

- H.R. 109, the TEAM Veterans Caregivers Act, would require the VA to formally recognize caregivers in veterans' medical records, notify both parties of changes in clinical or program eligibility, and temporarily extend caregiver benefits for 90 days following a notice of noneligibility.
- H.R. 1970, the Providing Veterans Essential Medication Act, would direct the VA to either reimburse State Veterans Homes or directly furnish high-cost medications to veterans to ease financial burdens on State Veterans Homes.
- S. 879/H.R. 2148, the Veteran Caregiver Reduction, Reemployment and Retirement Act, would enhance benefits for family caregivers of veterans by extending medical coverage, offering employment assistance and retirement planning services, and determining the feasibility of establishing an individual retirement or savings plan.



Sustain the VA health care system by reforming infrastructure planning and funding mechanisms

The Challenge

The VA operates the largest integrated health care system in the country, providing direct care to over 7 million veterans each year through a system of over 1,750 access points including medical centers, community outpatient clinics, Vet Centers and Community Living Centers (CLC). The VA has over 6,200 buildings with over 150 million square feet of space; VA hospitals are 60 years old on average. Unfortunately, federal funding to maintain, repair and replace VA hospitals and clinics has been woefully inadequate for decades, regardless of which political party has been in control of Congress or the White House.

The VA's Strategic Capital Investment Plan, which estimates the cost to maintain its health care infrastructure, shows that VA should be investing \$85 billion over the next decade, or roughly \$8.5 billion per year. Instead, the VA's last budget request for fiscal year 2026 was only \$2.1 billion for major and minor construction projects. Periodically, the VA and Congress have attempted a grand effort to address the longstanding backlog of construction projects, such as the Asset and Infrastructure Review (AIR) process, however, like earlier efforts, this process failed.

The decades-long inability to properly fund, maintain and expand the VA's infrastructure to meet rising demand for care by veterans has led to an unsustainable growth in community care and related funding, threatening the long-term viability of the entire VA health care system.

Recommendations

- Create a VA infrastructure process that matches care demand to facility capacity using proven capital planning methods.
- Require quadrennial VA reviews of infrastructure lifecycle costs, with Congress fully funding repairs and renovations through a capital reserve fund.
- Require VA to set project priorities every four years, with Congress funding at least the first two years of approved new or expanded facilities via a capital improvement fund.

Key Legislation

- S. 1846, the VA Design-Build Construction Enhancement Act of 2025, would direct the VA to accelerate medical center construction by adopting design-build methods, which aims to reduce project delays, improve efficiency and modernize health care infrastructure for veterans.
- S. 2988, the VITAL Act of 2025, would modernize infrastructure, prioritize rural and underserved areas, streamline construction, and improve transparency through annual reports and public disclosures.



Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut veterans' funding

The Challenge

In an attempt to control federal debt and deficits, Congress has adopted laws and rules to limit its ability to increase federal spending, regardless of the need for or merit of that spending. So-called “fiscal responsibility” reforms have included budget caps, sequestration and a particularly insidious mechanism called “PAYGO,” which stands for “pay-as-you-go.” Simply put—it requires Congress to cut existing benefits before adding new benefits. However, unlike other government programs, veterans' benefits and care have already been paid for through the sacrifices of those who served.

Both the House and Senate have adopted PAYGO rules to limit new spending.

Under the Senate PAYGO rule, any legislation that increases mandatory spending—such as expanding veterans' benefits—must include equal spending cuts or new revenue elsewhere. The House uses a variation called CUTGO (“cut-as-you-go”), which requires that increases in mandatory spending be offset only by cuts to other mandatory programs, not by revenue increases.

While Congress is generally unwilling to reduce veterans' benefits, especially for disabled veterans, budget rules often make it difficult to advance legislation that expands or improves VA programs, even with strong bipartisan backing. The Statutory Pay-As-You-Go Act of 2010 adds another layer of constraint, requiring the Office of Management and Budget to order across-the-board cuts, or sequestration, to nonexempt programs if the cumulative cost of newly enacted legislation in a year increases overall mandatory spending.

Finally, in recent years, Congress and the White House have relied on multiyear budget cap deals in lieu of annually approved budgets, which set out broad limits on overall discretionary spending, including VA health care. Such caps can artificially force VA spending to be constrained below its actual need for funding in order to prevent cuts to other federal programs.

These types of budget rules essentially force veterans to “pay for” their own benefit increases rather than all Americans. Ending PAYGO would help ensure that our entire nation contributes to cost of caring for veterans, their families, caregivers and survivors.

Recommendations

- Exempt all veterans' programs, benefits and services from Statutory Pay-As-You-Go Act requirements, including sequestration, as well as any House and Senate PAYGO rules adopted for the 119th Congress.
- Congress and the Administration should exempt all federal budget Function 700—Veterans Benefits and Services—from any budget cap deals in order to encourage VA budget requests that honestly reflect the true demand for veterans benefits and services.



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Statement for the Record



RESILIENCE THROUGH
REMEMBRANCE

Statement for the Record

Tamra Sipes
National President
Gold Star Spouses of America, Inc.

For the Joint Hearing of the
House and Senate Committees on Veterans Affairs

February 24, 2026

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and distinguished members of the House and Senate Veterans' Affairs Committees:

Gold Star Spouses of America, Inc. (GSSA) appreciates the opportunity to submit this statement for the record. GSSA is a national nonprofit organization representing surviving spouses of service members who died on active duty and veterans who died from service-connected conditions. GSSA's testimony represents over 530,000 surviving spouses and 16,500 surviving children worldwide as of January 30, 2026, who are eligible for Dependency and Indemnity Compensation (DIC).

Our work is focused on ensuring that surviving spouses find meaningful connections to each other and remembrance through our own resilience, assisting with benefits, policies, and educational programs that reflect both the permanence of military sacrifice and the realities faced by families after loss.

Surviving spouses and their children often face a combination of grief, financial instability, health care disruptions, and long-term economic uncertainty. These challenges are not short-term; for many families, they are shaped and intensified by policies that have not been updated in decades. GSSA works with Congress, veterans service organizations, and federal agencies to bring survivor perspectives into policy discussions and to advocate for reforms that are fair, sustainable, and responsive to lived experience.

GSSA is grateful for the bipartisan attention this Congress has given to survivor issues and for the progress made.

Strengthen the Office of Survivors Assistance and Codify Its Placement with the Office of the Secretary

We want to thank both Committees for their sustained oversight that helped push long-overdue administrative improvements, particularly the Department of Veterans Affairs' decision to move the Office of Survivors Assistance (OSA) back under the Office of the Secretary of Veterans Affairs.

GSSA appreciates Chairman Bost and Ranking Member Takano for their strong bipartisan leadership in advancing **H.R. 1228, the Prioritizing Veterans' Survivors Act**, introduced by Representative Ciscomani on February 12, 2025. This common-sense clarification passed the House by an overwhelming bipartisan vote (424–0) and was received in the Senate and referred to the Senate Veterans Affairs Committee (SVAC) on April 10, 2025.

OSA was established by Public Law 110-389, Title II, Section 222, in October 2008, to serve as a resource regarding all benefits and services furnished by the Department to survivors and dependents of deceased veterans and members of the Armed Forces. OSA also serves as a principal advisor to the Secretary of Veterans Affairs and promotes the use of VA benefits, programs, and services to survivors.

In February 2021, OSA was removed from reporting to the Office of the Secretary and transferred to fall under the Veterans Benefits Administration (VBA).

While we recognize and appreciate the VA voluntarily moving OSA back under the Office of the Secretary in May 2025, this administrative action alone is not a durable safeguard. Without a statutory requirement, OSA can be moved again, leaving survivors without consistent access, authority, and visibility at the Department's highest level in line with the VA's mission statement of Lincoln's promise, "to care for him who shall have borne the battle, and for his widow, and his orphan."

Chairman Moran and Ranking Member Blumenthal, GSSA respectfully asks for SVAC action on H.R. 1228. Even with the VA's current placement under the office of the Secretary, clarifying the law is necessary to prevent survivors from being deprioritized by future reorganizations and to ensure this does not happen again.

Raise Dependency and Indemnity Compensation (DIC) to Parity with other Federal Survivor Programs

DIC is the primary benefit provided by the VA to surviving spouses when a service member dies in service or when a veteran dies from service-connected causes. While DIC is essential, the benefit has not received a non-inflationary increase since 1993, and its adequacy has steadily eroded.

As of 2026, DIC provides close to 43% (\$1,699.36 per month) of the compensation paid to a veteran rated as 100% disabled (\$3,938.58 per month), while other federal survivor programs provide higher replacement levels of 55% (\$2,166.22 per month) in federal survivor annuity structures. The result is a disparity of \$466.88 per month (as of 2026) that leaves military surviving spouses with less protection than the surviving spouses of other federal employees.

GSSA supports **H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025**, which includes the first increase to DIC in more than three decades. While the bill does not establish parity with other federal survivor programs, it acknowledges what survivors have lived with for years: DIC has fallen behind, and the status quo is no longer defensible. This bill, named in part after GSSA Charter Founding Member Sharri Briley, provides a 1% increase in the first year, followed by a 0.5% increase in the second year. We know this does not come close to parity, but it is an important first step in helping to bridge the gap.

Sharri Briley's husband, CW3 Donovan, was killed on October 3, 1993, in Mogadishu, Somalia, when his helicopter was struck by a rocket-propelled grenade during Operation Gothic Serpent. His courage and sacrifice, and those of his comrades, were more commonly known as Black Hawk Down. For Sharri and their daughter Jordan, it was not a movie; it was their life. As a single parent, she took on multiple jobs throughout the years to provide financial stability and opportunities for her daughter. She continues to work today, as DIC has never come close to replacing the income her spouse would have provided to their family.

On February 12th, 2026, this important legislation was ordered to be reported to the full House (13-10 in favor) by the House Veterans Affairs Committee (HVAC). We respectfully ask both HVAC and SVAC to work with their colleagues to ensure timely passage.

GSSA also thanks Representatives Hayes and Fitzpatrick, and Senators Boozman and Blumenthal, for their continued support of **H.R. 2055 / S. 611, the Caring for Survivors Act of 2025**, which increases the monthly DIC rate paid to military and veteran service-connected surviving spouses. This bill was originally introduced to ensure parity with other federal survivor programs.

This approach reflects fairness, consistency, and a long-overdue commitment to ensuring survivors are not left behind by outdated benefit structures. DIC parity remains GSSA's number one legislative priority, and we look forward to continuing our meaningful work with you.

Eliminate the Remarriage Penalty Through the Love Lives On Act

GSSA supports the passage of **H.R. 1004 / S. 410, the Love Lives On Act of 2025**, to eliminate remaining remarriage penalties affecting surviving military spouses. The bill recognizes the basic principle that survivor benefits earned through service and sacrifice should not be contingent on marital status.

Age-based remarriage restrictions and related eligibility rules still force many survivors into an impossible dilemma: choosing between financial stability for their family and the human need for companionship, partnership, and support.

This policy primarily affects single parents raising children who have already lost one parent. These survivors should not be put in a position where forming a lawful family could jeopardize the income and health care benefits that protect them and their children from further harm. For surviving spouses whose faith holds marriage as a sacrament, “just cohabitate” is not a realistic option. This policy effectively pressures survivors to avoid remarriage or to live in ways that conflict with their values, failing basic standards of dignity and fairness.

We thank Chairman Moran for his leadership on **the Senator Elizabeth Dole Act of the 21st Century Veterans Healthcare and Benefits Improvement Act**, where a significant change was made to the definition of a surviving spouse, eliminating egregious penalties.

1962 Language: Definition of Surviving Spouse, 38 USC, Section 101, Paragraph 3 reads: “(3) *The term “surviving spouse” means (except for purposes of chapter 19 of this title) a person of the opposite sex who was the spouse of a veteran at the time of the veteran’s death, and who lived with the veteran continuously from the date of marriage to the date of the veteran’s death (except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse) and who has not remarried or (in cases not involving remarriage) has not since the death of the veteran, and after September 19, 1962, lived with another person and held himself or herself out openly to the public to be the spouse of such other person.*”

January 2, 2025: PL 118-210 Section 303, Definition of Surviving Spouse, 38 USC, Section 101, Paragraph 3 is amended to read as follows: “(3) *The term “surviving spouse” means (except for purposes of chapter 19 of this title) a person who was the spouse of a veteran at the time of the veteran’s death, and who lived with the veteran continuously from the date of marriage to the date of the veteran’s death (except where there was a separation which was due to the misconduct of, or procured by, the veteran without the fault of the spouse) and who has not remarried.*”.

This change removed the term, “...lived with another person and held himself or herself out openly to the public to be the spouse of such other person,” and simply stated, “...who has not remarried,” allowing surviving spouses to keep their benefits by living together as long as they did not hold the legal sacrament of traditional marriage. The cost estimate might be *greatly* reduced if the Congressional Budget Office (CBO) could score the effects of this provision.

We respectfully ask both Committees to jointly push for an official cost estimate for H.R. 1004 / S. 410. Currently, the VA and CBO do not agree on what this legislation will cost. Congress deserves a realistic, public estimate, aligned with data and clearly stated assumptions to move this legislation forward responsibly.

Surviving spouses do not stop living with the consequences of military service when they seek stability later in life. Service members served with the expectation that their families would be cared for if the worst occurred. That promise should not weaken when a surviving spouse

remarries. GSSA urges Congress to fully eliminate the remarriage penalty and ensure survivor benefits are administered in a manner consistent with earned entitlement, fairness, and respect.

Expansion of CHAMPVA and TRICARE Young Adult Program Coverage

GSSA supports the passage of **H.R. 1404 / S. 605, the CHAMPVA Children's Care Protection Act of 2025**, which would extend CHAMPVA dependent eligibility to age 26, regardless of marital status.

Surviving children should face equal expansion of eligibility to health care benefits with other federal survivor programs. Ensuring continuity of coverage is an essential step toward equity, stability, and mental health support during an especially vulnerable life stage.

GSSA also supports the passage of **H.R. 4768 / S. 2448, the Health Care Fairness for Military Families Act of 2025**, which would improve dependent coverage under the TRICARE Young Adult Program by eliminating the separate premium requirement and adjusting eligibility so military-connected young adults can remain covered through age 26 in a manner more consistent with civilian norms.

Access to affordable and continuous health care remains a significant concern for surviving families, particularly for young adult dependents transitioning into higher education or the workforce. Under current TRICARE rules, dependent eligibility ends at age 21 or age 23 for full-time college students. Families rely on TRICARE Young Adults as a separate, premium-based option.

As of 2026, the monthly premiums for TRICARE Young Adults (TYA) Prime coverage increased from \$727 to \$794, a 9.2% increase. TYA costs have increased exponentially. For example, in 2015, the monthly premium was \$208; by 2020, it had climbed to \$376, which is an increase of 81% in just five years. With the new premium rates, this represents a 250% increase since 2015.

For TRICARE Young Adults Select coverage, the 2026 increase was from \$337 to \$363, reflecting a 7.7% increase. Coverage to age 26 can cost up to \$9,528 per year.

The Department of Defense (DOD) does not subsidize this benefit. The Affordable Care Act (ACA) P.L. 111-148, March 23, 2010, requires most civilian insurance plans to cover dependents until they turn age 26 at no additional cost. The DOD must bring the TRICARE Young Adult 26 program into compliance with the provisions of this law since Congress established TYA26 in 2011, following equal provisions of the ACA passed by Congress in 2010.

Conclusion

Gold Star Spouses of America appreciates the continued engagement with HVAC, SVAC, and other leaders in Congress, and we look forward to ongoing collaboration. Our members stand

ready to work with you to ensure that the nation's commitment to service members is fully honored through sustained support for their families when a death occurs. The priorities outlined above represent practical and equitable reforms that would modernize survivor benefits to fall in line with other federal survivor programs and strengthen long-term stability for those who have already given so much, while they protected and defended America's freedom.

Gold Star Spouses of America, Inc.

Gold Star Spouses of America (GSSA) is a national nonprofit organization dedicated to supporting the surviving spouses of military service members and veterans who have made the ultimate sacrifice in defense of our country. Our mission is to provide meaningful connections, advocacy, remembrance, and education (CARE) for active duty military and veteran service-connected surviving spouses and their families. Through our programs and presence, we work to ensure that the needs of the spouses and their families are heard, addressed, and prioritized in communities and by policymakers at the federal, state, and local levels.

GSSA is listed as an approved resource in the National Resource Directory (NRD.gov) and through Military OneSource. GSSA is also recognized by the Department of Veterans Affairs for volunteer opportunities within the department's Center for Development and Civic Engagement.