

## *Senate Committee on Veterans' Affairs*

### **Hearing: Programs for Justice-Involved Veterans**

**April 15, 2026**

#### ***Statement for the Record of Professor Rose Carmen Goldberg***

##### **Introduction**

Chairman Moran, Ranking Member Blumenthal, and members of the Committee, I thank you for the opportunity to testify today on the pressing topic of how we can better serve justice-involved veterans.

My name is Rose Carmen Goldberg. I am an Associate Teaching Professor and Director of the Veterans Clinic (Clinic) at the University of Washington School of Law.<sup>1</sup> The Clinic provides free legal assistance to low-income veterans in a range of U.S. Department of Veterans Affairs (VA) disability benefits matters and in U.S. Department of Defense discharge upgrade applications. Many of the Clinic's clients are justice-involved veterans. In my role directing the Clinic and during my decade of work in the veterans law field, I have seen firsthand the significant barriers that justice-involved veterans face to healing from service traumas, which too often lead to incarceration. This perpetuates the cycle of trauma, aggravating invisible wounds we have a duty to treat.

I write today to highlight policies and practices that harm justice-involved veterans, acknowledge successes, and to share recommendations for improvements.

##### **Veterans Treatment Courts**

Many justice-involved veterans carry invisible wounds from their service and struggle to reintegrate into civilian society.<sup>2</sup> Veterans Treatment Courts (VTC) are a highly effective intervention that improves outcomes for justice-involved veterans and serves public safety interests.<sup>3</sup> They do so by addressing the root causes of many veterans' justice involvement: mental health conditions originating in service traumas that lead to criminal behavior. These traumas and conditions often include combat, Military Sexual Trauma (MST), Post-Traumatic Stress Disorder (PTSD), and traumatic brain injuries (TBI).<sup>4</sup>

---

<sup>1</sup> The views set forth below are my own and do not reflect the views of the University of Washington.

<sup>2</sup> Nina A. Sayer, et al., *Iraq and Afghanistan War Veterans with Reintegration Problems: Differences by Veterans Affairs Healthcare User Status*, 42 Admin. Pol'y Mental Health 493 (2014), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4452614/>.

<sup>3</sup> Katherine J. Knudsen & Stephanie Wingenfeld, *A Specialized Treatment Court for Veterans with Trauma Exposure: Implications for the Field*, 52 Cmty. Mental Health J. 127 (2016), <https://pubmed.ncbi.nlm.nih.gov/25682282/>.

<sup>4</sup> U.S. Dep't of Just., *Fact Sheet: Access to Justice Is Access for Veterans* (2025), <http://www.justice.gov/archives/atj/fact-sheet-access-justice-access-veterans>.

VTCs use a combination of judicial supervision, mental health and substance use treatment, peer mentoring, and structured accountability to stabilize veteran participants and reduce incidences of recidivism.<sup>5</sup> VTCs are rigorous, often consisting of one to two years of intensive treatment and supervision of veterans.<sup>6</sup> Part of VTCs' power is their wraparound approach, through which they bring together community, local, state, and federal resources to assist veterans in accessing essential services like healthcare and housing. In linking justice-involved veterans with these services, VTCs contribute to VA's twin goals of reducing veteran homelessness and suicide.<sup>7</sup>

Unfortunately, not all veterans are permitted to participate in VTCs. Approximately 35% of VTCs do not extend eligibility to veterans with less-than-honorable discharges.<sup>8</sup> This is problematic for several reasons. First, this runs counter to the spirit of VTCs, which are grounded in the recognition that post-service criminal conduct often stems from mental health conditions resulting from service traumas. The same can often be said about military misconduct that results in a less-than-honorable discharge. Having a mental health condition makes it more likely that a servicemember will receive a less-than-honorable discharge.<sup>9</sup> The Government Accountability Office found that over a four-year period, 62% of servicemembers discharged for misconduct had diagnosed mental health conditions.<sup>10</sup> Many servicemembers have been unfairly discharged when undiagnosed mental health conditions, MST, or TBI manifest in behavior that is misinterpreted as misconduct.<sup>11</sup> These veterans deserve a second chance like any other veteran.

Furthermore, veterans with less-than-honorable discharges are often most in need of the integrated and structured treatment that VTCs provide. They are at significantly higher risk of

---

<sup>5</sup> See U.S. Dep't of Just., Off. of Just. Programs, Bureau of Just. Assistance, *FY25 Veterans Treatment Court Program* (2025), <https://www.ojp.gov/funding/docs/bja-2025-172484.pdf>; Nat'l Treatment Court Res. Ctr., *Ten Key Components of Veterans Treatment Courts* (2022), [https://ntcrc.org/wp-content/uploads/2022/02/Ten\\_Key\\_Components\\_of\\_Veterans\\_Treatment\\_Courts.pdf](https://ntcrc.org/wp-content/uploads/2022/02/Ten_Key_Components_of_Veterans_Treatment_Courts.pdf).

<sup>6</sup> Jack Tsai, et al., *A National Study of Veterans Treatment Court Participants: Who Benefits and Who Recidivates*, 45 Admin. Pol'y Mental Health 236 (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5776060/>.

<sup>7</sup> Monica Diaz, *VA's Goal to Prevent and End Veteran Homelessness in 2023*, VA News (Apr. 11, 2023), <https://news.va.gov/118026/vas-goal-to-prevent-end-veteran-homelessness/>; Audrey Bhullar, *VA Collaborates on National Effort to Reduce Veteran Suicide by 2032*, VA News (Mar. 31, 2026), <https://news.va.gov/145844/va-national-reduce-veteran-suicide-2032/>.

<sup>8</sup> Julie Marie Baldwin, *Investigating the Programmatic Attack: A National Survey of Veterans Treatment Courts*, 105(3) J. of Crim. L. & Criminology 705, 723 (2015), <https://scholarlycommons.law.northwestern.edu/cgi/viewcontent.cgi?article=7568&context=jclc>; see also Evan R. Seamone, *Who's a Veteran? Challenges in Defining and Identifying Veteran Status*, Council on Crim. Just. (Feb. 2023), [https://counciloncj.org/wp-content/uploads/2024/04/Whos\\_A\\_Veteran\\_Final.pdf](https://counciloncj.org/wp-content/uploads/2024/04/Whos_A_Veteran_Final.pdf).

<sup>9</sup> Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open (2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12102701>; Stephanie Brooks Holliday & Eric R. Pedersen, *The Association Between Discharge Status, Mental Health, and Substance Misuse Among Young Adult Veterans*, 256 Psychiatry Research 428 (2017), <https://pmc.ncbi.nlm.nih.gov/articles/PMC5603389/>.

<sup>10</sup> U.S. Gov't Accountability Off., GAO-17-260, *DOD Health: Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations* 14 (2017), <https://www.gao.gov/assets/gao-17-260.pdf>.

<sup>11</sup> Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>.

suicide than other veterans.<sup>12</sup> Veterans with an Other Than Honorable or punitive discharge are four times more likely to be unhoused than honorably discharged veterans.<sup>13</sup> Homelessness, mental health struggles, and substance use increase the risk of contact with law enforcement and the justice system.<sup>14</sup> VTCs that exclude veterans with less-than-honorable discharges are therefore screening out veterans who often have the highest behavioral-health intervention needs.

VTCs can utilize a variety of treatment options for veterans with less-than-honorable discharges who are not recognized as VA-eligible because of their discharge status. Veterans who served at least 100 days and served in a combat theater or piloted a drone in combat can receive VA mental healthcare regardless of discharge status.<sup>15</sup> VA also provides treatment for MST-related injuries to veterans irrespective of discharge status.<sup>16</sup> Veterans with mental health conditions VA has recognized as service connected are eligible for VA treatment for these conditions, even if they are not eligible for VA compensation because of their discharge status.<sup>17</sup> VA Vet Centers provide mental healthcare to veterans regardless of discharge status in certain circumstances.<sup>18</sup> Treatment may also be available through private insurance, or state, local, or community-based sources. VTCs should feel confident that veterans with less-than-honorable discharges can access the treatment necessary to successfully complete the VTC program.

The success of the numerous and well-established VTCs at the state level should be used as a springboard for encouraging more federal courts to start VTCs. Specialty courts that offer alternatives to incarceration have existed at the state level for almost thirty years but are a newer addition to the federal court system.<sup>19</sup> The first federal VTC is believed to have started in Utah in 2010, and several other federal courts, including in New Jersey, Ohio, and California, have followed suit.<sup>20</sup> Veterans should not lose out on the healing power of VTCs just because of where their case lands.

### **Incarcerated Veterans: Deprivation of VA Benefits**

VA deprives justice-involved veterans of earned disability benefits in three primary ways. First, regaining access to their full entitlement upon release from incarceration is often a second

---

<sup>12</sup> Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open (2025), <https://pmc.ncbi.nlm.nih.gov/articles/PMC12102701>.

<sup>13</sup> *Id.*

<sup>14</sup> Bardis Vakili, Jennie Pasquarella & Tony Marcano, *Discharged, Then Discarded: How U.S. Veterans Are Banished by the Country They Swore to Protect*, ACLU of Cal. 2 (2016), <https://www.aclusocal.org/publications/discharged-then-discarded>.

<sup>15</sup> 38 U.S.C. § 1720I.

<sup>16</sup> *Id.*

<sup>17</sup> 38 C.F.R. § 3.360.

<sup>18</sup> U.S. Dep't of Veterans Affs., *Vet Centers (Readjustment Counseling), Vet Center Eligibility*, <https://www.vetcenter.va.gov/eligibility.asp>.

<sup>19</sup> Laura Baber, et al., *Expanding the Analysis: Alternatives to Incarceration Across 13 Federal Districts*, 85 Fed. Probation 3 (2021), [https://www.uscourts.gov/sites/default/files/85\\_3\\_1\\_0.pdf](https://www.uscourts.gov/sites/default/files/85_3_1_0.pdf).

<sup>20</sup> Veterans Court, U.S. Prob. & Pretrial Servs., Dist. Utah, <https://www.utp.uscourts.gov/veterans-court>; Federal Bar Association National Council Meeting Materials 139 (2017), <https://www.fedbar.org/wp-content/uploads/2019/12/NC-Meeting-Materials-9-16-17-pdf.pdf>; William Cracraft, *Veterans Treatment Court Provides Second Chance to Offenders*, U.S. Cts. for the Ninth Cir. (Apr. 17, 2023), <https://www.ca9.uscourts.gov/circuit-executive/veterans-treatment-court-provides-second-chance-to-offenders/>; *Veterans Court*, U.S. Dist. Ct. for the Dist. of N.J., <https://www.njd.uscourts.gov/veterans-court>.

battle.<sup>21</sup> VA reduces veterans' benefits during periods of incarceration under certain conditions. For veterans convicted of a felony and incarcerated for more than sixty days, at day sixty-one VA cuts benefit payments for ratings of 20% or higher to 10%.<sup>22</sup> Veterans rated 10% see their benefits cut in half.<sup>23</sup> This means that a veteran without dependents rated 100% for service-connected PTSD sees their benefits drop from \$3,938.58 to \$180.42 a month.<sup>24</sup> This is a big difference. In addition, VA discontinues pension benefits for veterans convicted of a misdemeanor or felony upon day sixty-one of confinement.<sup>25</sup> Veterans are entitled to full restoration of their benefits upon release, but this can take many months of advocacy. Veterans should not have to fight through red tape to get their earned benefits back during the delicate reentry period. VA should automatically resume paying veterans' full benefits upon their release, as provided in the Get Justice-Involved Veterans BACK HOME Act discussed further below.

Second, VA fails to consistently reduce incarcerated veterans' benefits, which results in overpayments.<sup>26</sup> While VA has access to data to determine if a veteran is incarcerated, its matching process is incomplete.<sup>27</sup> The onus falls on veterans to notify VA of their incarceration so that their benefits can be adjusted accordingly.<sup>28</sup> However, the conditions of incarceration do not make this easy, nor are veterans necessarily aware they should do so. As a result, upon release, or many years later, a veteran may receive the surprising news that VA has deemed them indebted for overpayment of benefits and is garnishing their benefits going forward. Overpayment debts can be significant and threaten successful reentry into society.<sup>29</sup>

For veterans who get hit with an overpayment, VA should use its existing authority to waive debt as a matter of "equity and good conscience" to liberally waive the debts of justice-involved veterans.<sup>30</sup> Incarcerated veterans face high barriers to notifying VA of their change in circumstance, and serious challenges with reentry if deprived of their benefits. Waiver is thus warranted in the interest of fairness.

VA should also act preventively and improve its systems to stay informed of veterans' incarceration status, and promptly make any needed benefits adjustments. This would help with

---

<sup>21</sup> U.S. Dep't of Veterans Affs., *VA Ingenuity Affords Formerly Incarcerated Veterans Valuable Resources for Rehabilitation* (Apr. 6, 2022) ("Currently, Veterans bear the administrative burden of restoring benefits post-incarceration. . . . This multi-step process causes a delay in the restoration of a wide range of health, rehabilitation and subsistence benefits for Veterans."), <https://news.va.gov/press-room/va-ingenuity-affords-formerly-incarcerated-veterans-valuable-resources-for-rehabilitation/>.

<sup>22</sup> 38 U.S.C. § 5313; 38 C.F.R. § 3.665.

<sup>23</sup> *Id.*

<sup>24</sup> U.S. Dep't of Veterans Affs., *Current Veterans Disability Compensation Rates*, <https://www.va.gov/disability/compensation-rates/veteran-rates/>.

<sup>25</sup> 38 C.F.R. § 3.666.

<sup>26</sup> See U.S. Dep't of Veterans Affs. Office of Inspector General, 13-02255-276, *Veterans Benefits Administration Audit of Compensation and Pension Benefit Payments to Incarcerated Veterans* (June 28, 2016), [https://www.prisonlegalnews.org/media/publications/VBA\\_Audit\\_of\\_Compensation\\_and\\_Pension\\_Benefit\\_Payments\\_to\\_Incarcerated\\_Veterans\\_\\_VA\\_OIG\\_2016.pdf](https://www.prisonlegalnews.org/media/publications/VBA_Audit_of_Compensation_and_Pension_Benefit_Payments_to_Incarcerated_Veterans__VA_OIG_2016.pdf).

<sup>27</sup> See Nikki Wentling, *VA Attempts to Recoup Money Paid to Veterans in Prison*, Stars & Stripes (Sept. 27, 2016), <https://www.stripes.com/news/va-attempts-to-recoup-money-paid-to-veterans-in-prison-1.431225>.

<sup>28</sup> *Id.*

<sup>29</sup> See, e.g., Patricia Murphy, *After Overpayment of Benefits, VA Wanted \$38,000 Back*, NPR (Jan. 27, 2016), <https://www.npr.org/2016/01/27/464348017/after-overpayment-of-benefits-va-wanted-38-000-back>.

<sup>30</sup> 38 C.F.R. § 1.965.

the related problem of underpayments, whereby VA inappropriately reduces justice-involved veterans' benefits when they do not meet reduction criteria. For instance, VA sometimes incorrectly believes a veteran is a fugitive felon<sup>31</sup> or misconstrues a misdemeanor as a felony.

Third, veterans have limited access to Compensation & Pension exams (C&P) while incarcerated, an essential step in the service-connection process. When veterans, including incarcerated veterans, present evidence showing a reasonable probability of a valid claim, VA must conduct a C&P exam if the evidence of record is not sufficient.<sup>32</sup> For incarcerated veterans, VA is required to consider alternative methods of conducting the exam as warranted by the circumstances of incarceration.<sup>33</sup> This could include arranging transport to a VA facility, having correctional facility medical personnel conduct the exam, or sending a VA examiner to the facility. Yet veterans and their representatives are often left to struggle to coordinate C&P exams between VA and correctional facilities, a process that can take many months, if successful at all. As a result, incarcerated veterans are too often denied for failure to participate in C&P exams they are physically unable to attend.

VA's difficulty providing C&P exams to incarcerated veterans is puzzling given the relative ease of contacting incarcerated veterans compared to other veterans, such as unhoused veterans and those who move frequently. Incarcerated veterans are in one place, at a government facility with which VA can communicate directly. Providing C&Ps to incarcerated veterans can and should be a success story for VA. To this end, VA should solidify and consistently implement sound practices for providing C&P exams to incarcerated veterans.

### **S. 4162, Get Justice-Involved Veterans Behavioral Assistance and Care for Key Health Outcomes to Maintain Empowerment (BACK HOME) Act**

I was pleased to see the Get Justice-Involved Veterans BACK HOME Act introduced recently and strongly support this bill. It contains several important reforms that would improve justice-involved veterans' access to the VA services they earned through their service. These changes are urgently needed as veterans are often most in need of VA support during and following incarceration.

One of the most important parts of the bill is the creation of a pilot program under which VA would provide telemental health treatment to incarcerated veterans. Currently, VA's position is that it does not have a duty to provide mental healthcare to incarcerated veterans.<sup>34</sup> This breaks with VA's long history of recognizing the connection between military traumas and incarceration, and providing mental healthcare to incarcerated veterans.<sup>35</sup> The relatively recent exclusion of incarcerated veterans from standard VA care is both inequitable and harmful.

---

<sup>31</sup> *Jones v. Shinseki*, No. 08-3245, 2009 LEXIS 249, at \*5 (Vet. App. Mar. 4, 2009).

<sup>32</sup> 38 C.F.R. § 3.326; see *Wood v. Derwinski*, 1 Vet. App. 190, 193 (1991).

<sup>33</sup> *Bolton v. Brown*, 8 Vet. App. 185, 191 (1995).

<sup>34</sup> 38 C.F.R. § 17.38(c)(5).

<sup>35</sup> Evan R. Seamone, *Healing on the Inside: A History of Healthcare for Incarcerated Veterans*, Council on Crim. Just. (July 2024), <https://counciloncj.org/healing-on-the-inside-a-history-of-healthcare-for-incarcerated-veterans/>.

The non-VA mental healthcare available to incarcerated veterans is inadequate. Access to mental healthcare in jails and prisons is inconsistent, and it is challenging to remain on mental health medication regimens once incarcerated.<sup>36</sup> Limited resources and mental health screening capabilities contribute to the dearth of mental health treatment in jails and prisons.<sup>37</sup> Of incarcerated individuals with a history of mental illness, only 63% of state and 58% of federal inmates report receiving any treatment since their confinement.<sup>38</sup> This gap in care exacerbates incarcerated veterans' service-connected mental health conditions. Unsurprisingly, veterans recently released from incarceration have higher rates of serious psychiatric conditions than other veterans.<sup>39</sup> They are also almost twice as likely to die than other veterans.<sup>40</sup>

I commend the bill for specifying that the mental healthcare to be provided to incarcerated veterans be provided directly by VA, not a third-party provider. VA-furnished mental healthcare is critical because it is more effective than private sector care.<sup>41</sup> Specialized care that accounts for the unique military experience is an integral component of VA mental health services. VA provides specialized treatment for combat-related traumas, MST, and the conditions that often stem from these injuries, notably, PTSD and TBI. Part of the success of VA mental health services is VA's practice of identifying and providing tailored treatment when a veteran with PTSD has complex needs because of a co-morbid substance use disorder, TBI, or experience of MST.<sup>42</sup> Indeed, access to VA mental healthcare can literally be lifesaving. Veterans with a less-than-honorable discharge who are unable to access VA mental healthcare have a significantly elevated risk of suicide, a difference that disappears if they gain access.<sup>43</sup>

I encourage expansion of the telemental health pilot program to include less-than-honorably discharged veterans. Veterans with less-than-honorable discharges have higher rates of incarceration than other veterans.<sup>44</sup> While only accounting for 6% of all discharges, they

---

<sup>36</sup> Jennifer M. Reingle Gonzalez & Nadine M. Connell, *Mental Health of Prisoners: Identifying Barriers to Mental Health Treatment and Medication Continuity*, 104 Am. J. Pub. Health 2328, 2328 (2014), <https://pubmed.ncbi.nlm.nih.gov/articles/PMC4232131/>.

<sup>37</sup> *Id.* at 2330.

<sup>38</sup> Laura M. Maruschak & Jennifer Bronson, *Indicators of Mental Health Problems Reported by Prisoners*, Bureau Just. Stat. 2 (2021), <https://bjs.ojp.gov/media/44841/download>.

<sup>39</sup> J.P. LePage, et al., *The Association Between Recent Incarceration and Inpatient Resource Use and Death Rates: Evaluation of a US Veteran Sample*, 134 Pub. Health 109, 112 (2016), <https://www.sciencedirect.com/science/article/abs/pii/S0033350616000123>.

<sup>40</sup> *Id.*

<sup>41</sup> See Eric A. Apaydin, et al., *Veterans Health Administration (VA) vs. Non-VA Healthcare Quality: A Systematic Review*, 38 J. Gen. Internal Med., 2179-88 (2023), <https://pubmed.ncbi.nlm.nih.gov/37076605/>.

<sup>42</sup> Lauren E. Walker, et al., *Longitudinal Mental Health Outcomes of Combat-Injured Service Members*, 11 Brain & Behavior 2 (2021), <https://pubmed.ncbi.nlm.nih.gov/33662185/>; Rachel Kimerling, et al., *The Veterans Health Administration and Military Sexual Trauma*, 97 Am. J. Pub. Health 2160, 2160 (2007), <https://pubmed.ncbi.nlm.nih.gov/articles/PMC2089100/>.

<sup>43</sup> See Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* 10 (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>; see also Mark A. Reger, et al., *Character of Discharge from the U.S. Military and Suicide Mortality*, 8 JAMA Network Open 8 (May 2025), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2834370>.

<sup>44</sup> Ugur Orak, *From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans*, Council on Crim. Just. (Oct. 2023), <https://counciloncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/>.

comprise 18% of all incarcerated veterans.<sup>45</sup> Veterans with less-than-honorable discharges also have higher rates of mental health conditions, homelessness, and suicide.<sup>46</sup> They are thus positioned to benefit greatly from this reform. VA has several avenues for providing telemental healthcare to incarcerated veterans who are not VA eligible because of their discharge status. For example, VA Vet Centers, already part of the mental health treatment plan in the bill, provide therapy to veterans with less-than-honorable discharges.<sup>47</sup> VA also provides mental healthcare regardless of discharge status for conditions it has recognized as service-connected even if a veteran is not receiving compensation,<sup>48</sup> for MST-related conditions,<sup>49</sup> and to veterans who served at least 100 days and served in a combat theater or piloted a drone in combat.<sup>50</sup> Given the heightened risks incarcerated veterans with less-than-honorable discharges face, it is crucial that we provide them with the mental health support key to breaking the justice-involvement cycle.

Finally, the bill is also laudable in providing for automatic resumption of VA benefits as incarceration ends for veterans whose benefits were reduced during confinement. This ensures veterans have essential financial support upon release, allowing them to focus on reintegrating into society. Timely resumption of earned benefits can be the difference between living on the streets and a high risk of recidivism, and safe housing as a launchpad to a healthy life. Automatic resumption of benefits is also consistent with the spirit of VA's duty to assist veterans,<sup>51</sup> which applies equally to incarcerated and non-incarcerated veterans.<sup>52</sup>

### **National Center for Veterans Justice**

I applaud Congress' decision to establish a National Center for Veterans Justice (National Center). In January 2026, as part of the Commerce, Justice, Science; Energy and Water Development; and Interior and Environmental Appropriations Act of 2026 (H.R. 6938), Congress appropriated \$4 million to the U.S. Department of Justice (DOJ) for the launch of this important initiative. The National Center is poised to serve as a hub for collection and dissemination of best practices, and to support on the ground technical assistance for implementation of innovation reforms that better serve justice-involved veterans. I urge DOJ to move expeditiously on launching the National Center, and to include within its mission the wide-ranging areas of policy discussed above in need of improvement.

The National Center is much needed. Currently, the programs and services available to justice-involved veterans across the country are a patchwork. For instance, as discussed above,

---

<sup>45</sup> Jennifer Bronson, et al., *Veterans in Prison and Jail*, 2011-12, Bureau Just. Stat. 7 (Dec. 2015), <https://www.bjs.gov/content/pub/pdf/vpj1112.pdf>.

<sup>46</sup> Veterans Legal Clinic, Legal Services Ctr. of Harvard Law Sch., et al., *Turned Away: How VA Unlawfully Denies Health Care to Veterans with Bad Paper Discharges* 1 (2020), <https://legalservicescenter.org/wp-content/uploads/Turn-Away-Report.pdf>.

<sup>47</sup> *What Benefits Can I Get if I Have an Other Than Honorable Discharge?*, U.S. Dep't of Veterans Affs., <https://www.va.gov/resources/what-benefits-can-i-get-if-i-have-an-other-than-honorable-discharge/>.

<sup>48</sup> 38 C.F.R. § 3.360.

<sup>49</sup> 38 U.S.C. § 1720I(b)(4)(B); 38 U.S.C. § 1720D.

<sup>50</sup> 38 U.S.C. § 1720I(b)(4)(A).

<sup>51</sup> 38 U.S.C. § 5103A; 38 C.F.R. § 3.159.

<sup>52</sup> See *Wood v. Derwinski*, 1 Vet. App. 190, 193 (1991) (providing that the duty to assist incarcerated veterans requires VA to "tailor [its] assistance to the peculiar circumstances of confinement" as incarcerated veterans are entitled to "the same care and consideration given to their fellow veterans").

while some VTCs welcome veterans regardless of discharge status, others lock out veterans with less-than-honorable discharges. And while some incarcerated veterans can access C&Ps to establish service connection, others in different facilities, states, and localities cannot. Their claims are too often denied for failure to attend a C&P that they physically were unable to attend. Justice-involved veterans' access to life-saving benefits and programs should not depend on their zip code or where they happen to be incarcerated. The National Center is positioned to help address such inequities by promoting consistent access to proven programs and earned benefits.

The National Center can also play a central role in improving the justice system's identification of veterans in the first instance. Justice systems across the country use varying procedures, to the extent they have procedures, to identify veterans that come into contact with their system.<sup>53</sup> Unfortunately, some veterans fall through the cracks.<sup>54</sup> As one example, a veteran I spoke with was only identified as a veteran and able to participate in VTC after he happened to mention to his public defender that he was unable to meet at a certain time because of a meeting about his VA benefits. Whether a veteran is incarcerated or receives treatment should not be left to chance. The National Center can help ensure that sound practices for identifying veterans and connecting them to services become a cornerstone of every justice system.

### **Veterans Justice Outreach Specialists (VJOs)**

I would be remiss if I did not acknowledge VA VJOs for their indispensable role in meeting justice-involved veterans where they are at. VJOs contribute to prevention by linking justice-involved veterans with the supports they need at the earliest possible point, minimizing their contact with the justice system and its harms.<sup>55</sup> VJOs serve as navigators, helping individual justice-involved veterans every step of the way to succeed in VTCs, as well as in accessing housing and healthcare. Importantly, they also serve as the bridge between VA and the justice system, helping ensure that justice-involved veterans maintain maximum access to the VA services to which they are entitled. Put simply, VJOs make sure programs designed to help justice-involved veterans actually do. I encourage Congress to continue and expand its support of VJOs, including funding increased staffing of this critical role. The VJO Program should also be consulted in the design of the National Center for its invaluable boots on the ground perspective.

### **Conclusion**

In closing, I want to thank Chairman Moran, Ranking Member Blumenthal, and members of the Committee for your continued commitment to addressing the root causes of justice-involvement by veterans. By focusing on building programs that heal veterans' service traumas instead of punishing them, we can truly achieve justice for veterans.

---

<sup>53</sup> Angela Hawken, et al., *Invisible Warriors: Veterans in State Prisons*, Council on Crim. Just. (Aug. 2025), <https://counciloncj.org/invisible-warriors-veterans-in-state-prisons/>.

<sup>54</sup> *Id.*

<sup>55</sup> *Veterans Justice Outreach Program*, U.S. Dep't of Veterans Affs., <https://department.va.gov/homeless/vjp/vjo/>.