



Statement of Allison Jaslow
Before a
Joint Hearing of the
House and Senate Veterans Affairs Committees
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Chief Executive Officer
of
Iraq and Afghanistan Veterans Of America
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Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and members of the Committee. On behalf of Iraq and Afghanistan Veterans of America's (IAVA) more than 425,000 members, thank you for the opportunity to share our priorities for the start of the 119th Congress.

IAVA is the leading voice of the Post-9/11 generation of veterans. For nearly two decades, we've spoken up and our nation has listened to us on the issues that matter most to our generation of veterans. At times, those have been so-called 'veterans issues.' We fought for improvement to veteran education benefits and won passage of the Post-9/11 GI Bill. IAVA's voice was also key in raising awareness around the veteran suicide crisis, which is a battle we are still fighting today. And, IAVA's prioritization of women veterans and the awareness we raised around their unique needs catalyzed improvements in VA care for women.

2024, however, marked the start of a new era for IAVA. We have continued to show up for our community and get the backs of our fellow veterans on a range of issues. But we have begun to be more vocal on other issues of importance to our community, and ones in which the veteran-voice is a voice of authority.

Grounded in feedback from our members in our annual survey, the following are Iraq and Afghanistan Veterans of America priorities in what is an important time for our community, our country, and could be make-or-break for the future of both.

We Need to Repeal or Reform the 2001 and 2002 Authorizations of Military Force

After 9/11, Congress passed an authorization for use of military force (AUMF) that would allow us to retaliate against Al-Qaeda and resulted in the United States going to war in Afghanistan. In 2002, after the case was made for U.S. troops to invade Iraq with the intent of dismantling Iraq's weapons of mass destruction and ending Saddam Hussein's reign in the country, Congress passed another AUMF in October of that year. That AUMF resulted in the Iraq War. A war Americans were told was over in December of 2011, and as we all watched in August of 2021, America's



involvement in Afghanistan was finally ended. But these AUMFs remain in place, with the 2001 AUMF still being used today to justify putting our fellow Americans into harm's way to defend us from threats to our national security.

America may very well need to deploy its sons and daughters to defend us abroad, but we owe it to them and their families to debate the purpose for which we're asking them to risk their lives, and for how long to do so. 68% of IAVA veterans surveyed want repeal or reform of the 2001 and 2002 AUMFs. Only 15% of IAVA veterans told us that they think the AUMFs should be left 'as-is'.

Repealing, or at a minimum reforming, the 2001 and 2002 AUMFs is the responsible thing to do. Additionally, repeal of the 1991 AUMF related to Iraq is long overdue. Not addressing the state of these AUMFs sets a terrible precedent for future wars, and is a dereliction by our elected leaders in Congress of their most solemn duty.

The Fight for Gender Equality in America Needs to Include Shared Sacrifice - Selective Service

Current law requires every male citizen and male immigrant in the United States— regardless of legal status — between the ages of 18 and 26 to register with the Selective Service. Failure to register is considered a felony and can also make a man in America permanently ineligible for government employment and certain benefits like federal student aid.

IAVA veterans overwhelmingly support including women in the Selective Service. In our recent IAVA member survey, 75% of our veterans said that women should be required to register, while only 16% were opposed. By gender, 76% of male respondents said they believed that women should also be required to register in the Selective Service, while 71% of female respondents agreed. In the 117th Congress, H.R. 5392 was introduced and would authorize the Military Selective Service Act to be amended and allow women to elect to register for the draft. Proposals to amend Selective Service Registration followed in the 118th Congress through the 2025 NDAA process. IAVA has not yet seen a similar bill introduced this Congress, but strongly urges legislators to continue to move this fight forward to help ensure full gender equality in America.

It remains to be seen as to whether a draft will be needed again to protect and defend the United States. But one thing is clear - the time has come for our nation to ask equally of its daughters as it does its sons.

The Post-9/11 Generation Wants Alternative Therapies - And Now

Post-9/11 veterans came of age amidst the opioid crisis. Many of us have buddies back at home who lost their lives due to an overdose, and many of us are eager to have alternatives to prescription drugs when treating our wartime wounds. This includes greater access to cannabis



treatments. Currently, however, veterans who live in states where cannabis has been legalized completely are unable to even be prescribed cannabis for medicinal purposes by their doctor at the VA.

When asked if they would support legalizing cannabis at the federal level to ensure that veterans in every state have equal access to cannabis as an option for treating their wartime wounds, a resounding 71% of IAVA veterans said they did. In comparison, a mere 12% said they opposed. IAVA has consistently sought progress at the VA around cannabis, and it's past time for national policy change to empower VA doctors to connect veterans who want to explore cannabis as a treatment option, to it.

In 41 states and territories and Washington D.C., post-9/11 veterans have access to medical marijuana yet many veterans fear retribution for cannabis use due to current VA policy and federal scheduling. The *Marijuana Safe Harbor Act* (H.R. 2682), introduced in the 118th Congress would create a temporary, five-year safe harbor protection for veterans who use medical cannabis, allowing VA doctors to discuss and recommend marijuana as a treatment option for patients if a state-legal medical marijuana program is in place. IAVA is looking forward to the Act's re-introduction in the 119th Congress.

In 2024, IAVA also called on the U.S. Department of Justice (DOJ) and the U.S. Drug Enforcement Administration (DEA) to accept the U.S. Department of Health and Human Services (HHS) recommendation to reschedule cannabis to Schedule III allowing for veterans to discuss cannabis use with their VA providers without fear of retribution. A call we hope members in this body can also support.

IAVA members strongly support access to alternative therapies such as cannabis and while we understand that the administrative scheduling process involves several steps, the sooner the DEA moves forward with a reclassification of cannabis, the sooner it could potentially be integrated into the VHA - our nation's largest healthcare system.

Currently, most psychedelics are also not approved for use in mental health treatments. But recently the VA decided to fund studies on the use of psychedelics in treating mental health conditions. This came after years of a growing number of veterans hearing stories from fellow vets about the game-changing effects of this breakthrough mental health therapy. Many veterans are so bought in on psychedelic treatments that they've left the country at their own expense to get this care.

In a first for our member survey, we asked IAVA veterans whether they supported expanding veteran access to psychedelic treatment options within the VA, and 65% of them told us they did. Only 12% told us they were opposed. We welcomed the investment in psychedelic research that signed into law as a part of the National Defense Authorization Act (NDAA) in the last Congress, and hope that the learnings from that research are incorporated into further action by



Congress that can help to expand the treatment options available to US service members and veterans to care for their wartime wounds.

Whether it's cannabis or psychedelics, the data makes clear that our generation of veterans is ready to try more alternative therapies to treat everything from chronic pain to PTSD. We just need our elected leaders to help make it possible.

We Need to Have the Backs of Women Veterans and Military Families Post-Dobbs v. Jackson

On July 1, 2022, in the wake of the fall of *Roe v. Wade*, few were thinking about how putting abortion laws in the hands of the states would impact our national security. But overnight, the landscape changed for thousands of troops and their families who were stationed in states with regressive abortion laws and couldn't just pick up and leave their duty station. With this one decision by the Supreme Court, women veterans who were also in those states couldn't even turn to the VA if they had a pregnancy crisis.

In the months following, the Departments of Veterans Affairs and Defense stepped in to help women veterans, members of the military and their families get access to greater reproductive care. In the early days of the new Administration, the policy at the Department of Defense was rolled back, but not because an overwhelming number of members of the military and their families asked the Administration for this policy change. When IAVA veteran members were asked if they supported the VA and DoD stepping in to make sure troops, their families and veterans have access to the reproductive care that they need post-Dobbs decision, 68% said they did, while only 20% opposed.

Similar to most Americans, IAVA veterans want women in America to have access to the reproductive care they need and deserve, including 60% of male veteran respondents in our most recent member survey. We'll continue to fight to ensure women veterans, members of the military and their families have access to reproductive care they need following the Supreme Court's decision in *Dobbs v. Jackson*, and we're ready to work with our elected leaders in all corners of government to ensure it is reality.

Additionally, fixing the VA coverage gap for birth control has been needlessly difficult. Nearly 15 years since passage of the Affordable Care Act eliminated co-pays for most women in America, those who get their healthcare through the VA are still subjected to one. Starting in 2019, members of Congress began to work to right this wrong, seeking passage of the *Equal Access to Contraception for Veterans Act*, which aimed to provide no-cost contraceptive care for women veterans. So far, it has yet to become law and IAVA strongly supports its passage in the 119th Congress as H.R. 211.



We Need to Have the Backs of Our Afghan Allies

In the months leading up to the United State's withdrawal from Afghanistan in 2021, veterans of the War in Afghanistan were seemingly screaming into the void as they raised alarm bells that thousands of our allies on the ground there still needed refuge. As we all know, the US has now withdrawn American forces from Afghanistan, but our allies remain - most of whom are living in constant fear of the Taliban. That is, if they're even still alive.

It has been clear for some time now that IAVA veterans think more should be done on behalf of Afghans who served alongside U.S. troops during our two decades of involvement in Afghanistan. In our recent survey, 72% of IAVA veterans think more should be done, while only 3% say less. 12% also personally participated in efforts to assist Afghan refugees during or after the withdrawal from Afghanistan, while another 33% knew someone who did. Many of our veteran members also told us that they contributed some of their own money to help Afghans in need, in addition to providing emotional support to Afghans they served alongside that in some cases helped save their life.

Fixing the Special Immigrant Visa system (SIV) to help our Afghan allies will not only save lives, it's critical to our national security that we keep the promises we made to them and others - you help us, we'll help you - if we want local help on the ground again in wartime. It also remains to be understood what the broader impact of this prolonged struggle has been on the military and veteran community, but many veterans have experienced an emotional toll, feeling personally responsible for the promise America made to their Afghan comrades, and in some cases shouldering responsibility for their avoidable death.

As we continue to work as a nation to fulfill our promise to our Afghan allies, we were pleased to see that the Coordinator for Afghan Relocation Efforts (CARE) Office within the U.S. Department of State was reauthorized for another three years in the 2025 NDAA. This entity only exists because of the dire situation that was created in Afghanistan after the withdrawal, and by no means is the long-term solution that we need to help us keep our promise to our Afghan allies. However, it is important infrastructure to help ensure an already perilous situation doesn't get worse in Afghanistan as we work to resettle those who fought alongside US troops in the Afghanistan War and assisted us in other mission-critical ways as we worked to achieve the objectives of that war.

While our top priorities have changed in recent years following passage of the landmark *Honoring Our PACT Act*, increased focus on veteran mental health and suicide, and marked progress for women veterans, many of our other priorities will still be a focus.

Fight Military Sexual Assault and Trauma



The VA reports that about 1 in 4 women veterans and 1 in 100 male veterans report experiencing military sexual trauma (MST). During the course of the investigation, the VA Office of the Inspector General (OIG) found that nearly half of MST claims submitted to VA were not properly processed according to the Veterans Benefits Administration's (VBA) claim processing policy. Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. According to IAVA's most recent member survey, 12% of all respondents told us they were survivors of MSA, and an alarming 56% of women veteran respondents reported they were survivors.

Introduced in the 118th Congress, The *Servicemembers and Veterans Empowerment and Support Act*, which was first introduced in 2017, would expand the evidentiary standard for survivors applying for disability benefits from the Department of Veterans Affairs (VA) to ensure MST survivors are provided equal access to the benefits and care they have earned. This legislative effort makes reforms that are urgently needed at VA to best support veterans who are survivors of military sexual trauma. IAVA urges Congress to re-introduce the *Servicemembers and Veterans Empowerment and Support Act* immediately to address the tragic faults in the VA claims process that have led to survivors of MST being unnecessarily retraumatized.

Defend the GI Bill

Ever since the Post-9/11 GI Bill was signed into law in 2008, IAVA and our VSO partners have defended the benefit, fought for improvements, and worked successfully to block predatory schools from benefiting from loopholes in military and veteran education programs.

In 2021, after many years of work with our VSO partners, IAVA celebrated passage of legislation to finally close the "90/10 loophole" which rewarded predatory schools for targeting veteran students for their generous education benefits. IAVA then played a lead role in the federal rulemaking process to ensure the Education Department implemented the law as intended. The Department published its final rule in October 2022, and in 2024, schools began to account for their use of military-connected education funds according to the intent of the law. IAVA calls on Congress to closely monitor the implementation of this law and ensure that veterans and military families are protected.

Efforts to roll back the closure of the "90/10 loophole" and years of work to ensure that veterans and the American taxpayer are not taken advantage of by predatory institutions have been underway since the law was changed and IAVA staunchly opposes any legislation to do so. The integrity of the Post-9/11 G.I. Bill rests with our elected leader's ability to disincentivize predatory actors and protect the education benefits that veterans have earned and the American people are investing in for them.

Additionally, IAVA strongly supports research into inequities in the distribution of benefits for marginalized veterans. IAVA continues the fight for the enhancement and improvement of GI



Bill benefits for marginalized veterans, including those veterans who have been denied the full range of G.I. Bill benefits due to their gender or race. We support efforts like *The GI Bill Restoration Act* from previous Congress, the restoration of GI Bill benefits denied to minority veterans and their families, and other efforts to see these economic harms repaired.

While there is much action to be done for our nation's veterans and service members, it is also equally as important to have strong congressional oversight for recent legislative wins.

Honoring Our PACT Act (P.L 117-168)

IAVA commends the hard work and tough decisions made by members of your committees and congressional leaders leading up to the summer 2022 passage of the *Honoring Our PACT Act*, the largest investment in veterans healthcare in decades. The conversation around toxic exposure was jump-started by IAVA's advocacy around the burn pits that were used in the Iraq and Afghanistan Wars. The momentum started by that conversation resulted in the PACT Act, which was ultimately supported by the *entire* military and veteran community. It is impossible to measure the great appreciation we have for those who supported us in this effort. Thank you.

The VA, Congress, and the VSO community have an enormous responsibility to get implementation of this right. In the previous Administration, under the leadership of Secretary McDonough, the VA did an incredible prioritizing implementation of the PACT Act. The agency's efforts have, frankly, surpassed what we had thought possible by the VA. We hope that the new Administration leans into getting veterans who've experienced toxic exposure the care they deserve, and ask for this body to hold them accountable for doing so.

The Department of Defense (DoD) also has a substantial responsibility with many who have been exposed throughout the Global War on Terror (GWOT), are still on active duty today, and will one day transition from service. Nearly 200,000¹ service members leave the military each year and they and their families need to know the benefits they have earned and how to get enrolled in the VA to obtain them.² Many service members in the Reserve and Guard component are eligible now for VA care and also need immediate outreach by DoD and the VA.

Since passage, there has been an astounding 2,061,712 processed PACT Act Claims, with 1,533,309³ claims approved. Additionally, there have been several administrative actions taken to include other ailments not included in what originally passed in Congress. IAVA applauds the work of VA to meet the moment following the PACT Act's passage and urges current leadership to continue researching ailments that could be connected to burn pits and other toxic exposure

¹[https://www.dol.gov/agencies/vets/programs/tap#:~:text=Every%20year%2C%20approximately%20200%2C000%20men,TAP\)%2C%20provided%20under%2010%20U.S.C.](https://www.dol.gov/agencies/vets/programs/tap#:~:text=Every%20year%2C%20approximately%20200%2C000%20men,TAP)%2C%20provided%20under%2010%20U.S.C.)

² GAO, WatchBlog, *For Veterans Day – Is A Key Program Meant to Help Transition to Civilian Life Reaching its Audience?*, November 9, 2023.

³ <https://department.va.gov/pactdata/>



VA also must continue its outreach to American Indian Tribes, Native Hawaiians, and Alaskan Natives through the Indian Health Service, Bureau of Indian Affairs, Tribal veterans service organizations, and other suitable organizations and agencies. Additionally, a concerted effort must be made to reach veterans throughout rural America as they are often more disconnected than others. Continued and increased outreach to marginalized communities is also necessary. VA must look at unique ways to engage the diverse communities within the veteran community and inform them about the benefits they have earned from their service.

Compact Act (P.L. 116-214)

The Veterans Comprehensive Prevention, Access to Care, and Treatment Act or the ‘COMPACT Act,’ provides veterans with a pathway to access emergent suicide care when and where they need it. IAVA supported this legislation to combat the crisis of veteran suicide and we are encouraged by the tens of thousands of veterans that have already accessed this benefit. While this is promising, IAVA has also learned that many medical facilities are unaware of this benefit for veterans. More oversight of this program needs to be done by Congress to ensure that widespread outreach is done to the medical community about it, in addition to our veteran community.

Losing one veteran to suicide is too many, and the knowledge that emergent suicide care is available, without having to worry about the cost, could save lives each day.

Deborah Sampson Act (P.L. 116-315)

The *Deborah Sampson Act*, which IAVA developed hand-in-hand with members of Congress, filled important gaps in care for women veterans. The centerpiece of our #SheWhoBorneTheBattle campaign remains the most comprehensive law of its kind to empower the fastest-growing cohort in our military and veteran community. IAVA is encouraged by implementation of this law to this point and appreciates the updates that VA has provided our community. However, we know that the fight to ensure women veterans feel safe, fully cared for, and fully recognized by the VA is far from over. IAVA welcomes the opportunity to work with each of you on ways to continue to change the reality for women veterans today, whether it's around consistent and persistent oversight of implementation of the *Deborah Sampson Act* or new initiatives to fill gaps in care for women veterans.

Separate from this legislation, but very important to many of the veterans we represent, is the need to change the VA's motto to ensure it recognizes the service of *all Americans* who have served, their caregivers and their survivors. IAVA was pleased to see Secretary McDonough act to change the motto digitally and in VA publications, but remains disappointed that change is not also reflected in the bronze signs outside of VA. This needs to finally change, and recent efforts to ensure that VA is unable to change the motto physically are shameful and disrespectful.



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IAVA has worked hard with allies in recent years to ensure every veteran who walks through the doors of a VA facility feels they belong there. That the VA sees them, and that they are viewed equally in the eyes of the very agency that's supposed to support them the most. Preventing the VA's motto from being fully updated would harm the progress we have made to obtain greater recognition for women veterans in America and send a clear message to not just women veterans, but also LGBTQ+ veterans, caregivers and survivors that they don't belong.

Thank you for inviting us here today. For making sure that the voice of my generation of veterans is heard. And for taking the time to listen to our priorities.

I am happy to answer any questions you may have.