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WOUNDED WARRIOR PROJECT

Statement of
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Legislative Hearing Presentation of Wounded Warrior Project

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Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, distinguished members of the House and Senate Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement that highlights our legislative priorities for 2025. Our commitment to keeping the promise by rebuilding the lives of warriors impacted by war and military service remains as strong as ever. We are grateful for this opportunity to share how our experience serving veterans across the country has shaped our recommendations to improve their lives through public policy.

Building upon 21 years of service to America's post-9/11 wounded warriors, today we are proud to serve over 226,000 veterans and more than 56,000 of their family support members. Recently we have surpassed 2.3 million program transactions focused on connection, mental health and wellness, physical health, financial wellness assistance, and long-term support for the critically wounded; launched the MyWWP mobile app and web portal to provide more opportunities for registered warriors and family members to connect, stay in touch, and sign up for WWP services, events, and programs; and just this week, released our *Warrior Survey - Longitudinal: Wave 3* (hereinafter "2025 Warrior Survey") which is the most extensive study of post-9/11 wounded veterans. In just the last year (October 1, 2023, to September 30, 2024), WWP:

- Provided warriors and family members with more than **68,600** hours of treatment for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), substance use disorder (SUD), military sexual trauma (MST), and other mental health conditions;

- Placed more than **19,700** emotional support calls to warriors and their families to help mitigate psychological stress and improve quality of life and resilience;

- Delivered over **266,000** hours of in-home and local care through our Independence Program to the most severely injured warriors, helping them live more independent lives for as long as possible;

- Helped place over **1,250** warriors and family members with new employers;

- Secured over **$223 million** in Department of Veterans Affairs (VA) disability compensation benefits for warriors;

- Facilitated over **1,240** warrior-only peer-to-peer support group meetings; and

- Hosted more than **5,250** virtual and in-person events and programming engagements, keeping warriors and their families connected and out of isolation.[1]

Since 2012, WWP has supported 215 military and veteran-connected organizations through grants, reinforcing our programmatic efforts and expanding impact in alignment with our mission to honor and empower wounded warriors. Through these targeted investments, WWP helps reduce duplicative efforts across the community and grow a comprehensive network of support. In FY 2023 alone, WWP grants extended our reach to more than 51,000 post-9/11 veterans, caregivers, family members, military-connected children, and members of the Special Operations community. These grants aim to strengthen essential resources by investing in programs that enhance overall quality of life, reduce suicide risks, and support high-need populations; focusing in areas of connection, family resiliency and caregivers, financial wellness and wrap-around services; and addressing the needs of those with visible and invisible wounds.[2]

Together, WWP's direct programs, advocacy efforts, and partnerships with best-in-practice veteran and military organizations bring our mission to life – ensuring that wounded, ill, or injured post-9/11 veterans, families, and caregivers are supported at every step of their journey. Through these collective efforts, WWP remains steadfast in its commitment to keeping the promise to those we serve, continuously adapting to meet their evolving needs and providing the resources and support necessary to empower them for the future. Our success is rooted in helping every warrior find a new path in life – one of hope and renewed purpose – and that each warrior's path becomes a road home.

Congress plays a critical role by shaping our nation's policies which support wounded warriors, and WWP is committed to helping your committees identify, develop, and pursue public policy changes that will have the biggest impact on the wounded warriors we serve. Just as the 118th Congress answered our call to pursue initiatives we identified during this annual hearing in 2024, we hope that the perspectives offered today will inform the pursuits of the 119th Congress and help deliver large scale impact in the areas below. The list that follows represents our seven priority areas for 2025 and includes some of the most impactful data to illustrate why these topics are significant to the post-9/11 wounded, ill, and injured community that we serve.

- ***Mental Health & Suicide Prevention***: Almost 2 in 3 warriors (62.7%) responding to WWP's 2025 Warrior Survey reported symptoms of one or more mental health conditions. The top three reported issues were anxiety (80%), depression (77%), and post-traumatic stress disorder (PTSD, 77%). While not limited to mental health, just over half of WWP warriors (55.4%) experienced some degree of difficulty accessing health care through VA. (More on page 4)

[1] For more information on WWP's programming impact, please see Appendix.
[2] Please visit the Appendix at the end of this statement for a list of WWP's community partners.

- ***Brain Health and Traumatic Brain Injury***: VA has more than 185,000 actively enrolled veterans in their system identified with some form of a brain injury. Recent literature suggests that TBI results in excess mortality (predominantly from suicides or accidents) in the post-9/11 military and veteran population.[3] (More on page 8)

- ***Women Veterans***: In a recent poll of 7,000 VA health care users, 82% of women veterans reported being pleased with their VA provider – a notable increase over a period of years where gender-specific care has been a focus for VA. Even so, 37% reported not understanding benefits, and 27% reported not having enough information on how to use VA health care.[4] (More on page 11)

- ***Economic Empowerment***: Warriors completing WWP's 2025 Warrior Survey reported unemployment (12.4%) at a higher rate compared to the country's general population with a disability (7.4%) and overall veteran population (3.6%). Approximately 2 in 3 (67%) of all warriors reported that they did not have enough money to make ends meet at some point in the past 12 months. (More on page 14)

- ***Transition Support***: Every year approximately 200,000 Service members transition out of the military.[5] According to research from Blue Star Families, more than half find the transition from military to civilian life "difficult."[6] (More on page 17)

- ***Toxic Exposure***: Since the *PACT Act* was signed on August 10, 2022, 9% of warriors responding to our 2025 Warrior Survey reported receiving treatment at VA for toxic-exposure related illness, with an additional 14.4% who have tried but not received such treatment. (More on page 18)

- ***Severely Wounded Service Members and Veterans***: Nearly 8 in 10 (78.8%) of warriors responding to our 2025 Warrior Survey reported a service-connected disability of 70% or higher. Among all responding warriors, about one in four (26.0%) reported needing aid and/or assistance from another person due to service-connected injuries or health problems. (More on page 21)

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[3] Jeffrey Howard et al., *Association of Traumatic Brain Injury With Mortality Among Military Veterans Serving After September 11, 2001*, 5(2) JAMA NETW. OPEN (2012), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788974.
[4] Press Release, U.S. Dep't of Vet. Affairs, The Barriers for Women Veterans to VA Health Care 2024 (Dec. 2024), *available at* https://news.va.gov/136796/va-raises-the-bar-on-care-for-women-veterans/.
[5] *See, e.g.*, U.S. GOV'T ACCOUNTABILITY OFF., GAO-24-107352, TRANSITION TO CIVILIAN LIFE: BETTER COLLECTION AND ANALYSIS OF MILITARY SERVICE DATA NEEDED TO IMPROVE OVERSIGHT OF THE SKILLBRIDGE PROGRAM 1 (2024).
[6] BLUE STAR FAMILIES, 2023 COMPREHENSIVE REPORT: TRANSITION AND VETERAN EXPERIENCES 5 (2023), *available at* https://bluestarfam.org/wp-content/uploads/2024/03/BSF_MFLS_Comp_Report_Transition_Veteran_Experience.pdf

Mental Health & Suicide Prevention

I. ***Community coordination & training***: Advocate for funding and alignment of new and ongoing efforts like VA's Fox Suicide Prevention Grant Program, the Governor's and Mayor's Challenges to Prevent Suicide, and Mission Daybreak to ensure a robust public health approach.

- **Oversight**: *Senator Elizabeth Dole 21st Century Veterans Benefits and Health Care Improvement Act* (P.L. 118-210 § 149) (hereinafter, the "*Dole Act*"); *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (*Hannon Act*) (P.L. 116-171 § 201)

- **Legislation**: *No Wrong Door for Veterans Act* (H.R. 9438, 118th Cong.); *Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act of 2024* (S. 5210 § 401, 118th Cong.); *PFC Joseph P Dwyer Peer Support Program Act* (H.R. 438, 119th Cong.)

Federal support and coordination for upstream suicide prevention services: Launched in 2022, VA's Fox Suicide Prevention Grant Program is a groundbreaking initiative that empowers community-based organizations to provide targeted mental health and crisis intervention services to veterans. The program was established through the *Hannon Act* (§ 201), with over 93 organizations awarded grants in FY24 that provide or coordinate a range of suicide prevention programs for veterans and their families.[7] WWP is supportive of efforts to reauthorize the program for an additional three years, including the *BRAVE Act* (§ 401) and the *No Wrong Door for Veterans Act*. Both efforts would reauthorize the program, with the *No Wrong Door Act* also seeking to establish clear standards and measurable objectives of the program for grantees to help track and ensure success.

VA reporting on veteran suicide: Since it was first published in 2016, VA's National Veteran Suicide Prevention Annual Report has been a valuable source of data and insights about the landscape of veteran suicide and prevention efforts. The report has become a critical tool to guide community efforts and federal investments. WWP and others have come to rely on the report, and we have witnessed the report mature over the years to provide fresh insights. For example, the 2024 edition included new analysis of suicide rates among veterans receiving care through the Veterans Health Administration (VHA) as well as in the community. As suicide continues at alarming rates in communities across the country, it remains vital that this report continues to improve and be published on a consistent basis.

We applaud the passage of the *Dole Act* (§ 149), which requires VA to publish the annual report no later than September 30 of each year (the 2024 report was delayed until December; in 2023 it was released in November) and to ensure that VA includes specific information like Veteran Benefits Administration (VBA) benefits and use of veteran treatment courts. This information is pivotal to the greater veteran community, including individuals as well as stakeholders and organizations who work with veterans, especially those impacted by suicide or

[7] Press Release, U.S. Dep't of Vet. Affairs, VA Awards $52.5 Million in Veteran Suicide Prevention Grants, Announces Key Updates in the Fight to End Veteran Suicide (Sep. 2023), *available at* https://news.va.gov/press-room/va-awards-veteran-suicide-prevention-grants/.

mental health. We encourage the committees to remain vigilant in their oversight of VA suicide reporting and to continue prioritizing prevention until we end the scourge of veteran suicide.

Support peer-based programs to building community: Community organizations often have the cultural competency and grassroots connections necessary to reach veterans who may otherwise go unnoticed. To this end, WWP supports the *PFC Joseph P. Dwyer Peer Support Program Act*, which would provide grants to states and local entities to help fund peer support programs. Peer support and peer-led activities have been critical to our veteran outreach and engagement strategies – and have helped create a model for others to follow in communities we do not always reach. Warriors report feeling heard and accepted by their peers and the veteran community, and our organization has witnessed an increase in attendance and consistency of attending across the spectrum of peer support offerings (both virtual and in person). Peer encouragement can also drive veterans to other critical support, and we have seen that participation in peer-based programs has led to increased engagement in other community support offerings of all varieties.

II. ***Access to care and workforce improvements***: Pursue policies that help place veterans into high quality care with minimal wait times and optimal continuity between providers and health systems.

- **Oversight**: *Dole Act* (§ 101)

- **Legislation**: *Veterans' Accessing Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025* (H.R. 740/S. 275, Title II, 119th Cong.); *Expedited Hiring for VA Trained Psychiatrists Act* (H.R. 5247, 118th Cong.); *Mental Health Professionals Workforce Shortage Loan Repayment Act* (H.R. 4933/S. 462, 118th Cong.); *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* (S. 3430, 118th Cong.)

Culture of community care network referrals at VA: In 2018, Congress passed the *VA MISSION Act* (P.L. 115-182) to consolidate a mosaic of VA community care programs and ultimately streamline the process of referring veterans into the community for their health care when VA cannot provide it within specific times and distances. Notably, the law also permits veterans to seek care in the community when they and their VA health provider believe it would be in the veteran's best medical interest. However, according to our 2025 Warrior Survey, veterans still express challenges accessing care in the community.

We appreciate the efforts of Congress to ensure that VA is meeting the health care needs and expectations of veterans across the country. This includes committing to a process that more clearly places the veteran and their health care providers at the center of decisions regarding where to receive care – whether in the community or within VA. We encourage that work to continue, and we look forward to informing your committees about the impact of *Dole Act* Section 101, which took particular interest in affirming the finality of medical decisions made between a veteran and their VA physician about whether being referred into the community for care is in their best medical interest.

Mental health workforce shortages: WWP recognizes that we simply need more providers in the field regardless of whether they choose to practice at VA or in the community. To that end, we supported several bills in the 118th Congress that will help develop and sustain a mental health workforce that can begin to close the gap with demand for services. For example, the *Mental Health Professionals Workforce Shortage Loan Repayment Act* would authorize the federal government to repay up to $250,000 in eligible student loan repayment for mental health professionals who provide substance use disorder care in mental health shortage areas. Similarly, the *Better Mental Health Care, Lower-Cost Drugs, and Extenders Act* would provide incentives under Medicare and Medicaid to health care providers to provide mental health and substance use disorder treatment in health professional shortage areas.

VA Mental Health Residential Rehabilitation Treatment Programs (RRTPs): Assisting veterans who seek help and timely access to RRTP programs continues to be a challenge and a top priority for WWP. While a solution to this challenge was not ultimately included in the *Dole Act*, we thank the committees for making this a top priority in the 119th Congress.

VA's mental health RRTP provides residential rehabilitative and clinical care to eligible veterans who have a wide range of problems, illnesses, or rehabilitative care needs. Currently, VA offers inpatient acute stabilization for veterans experiencing a crisis or struggling with severe mental illness. RRTPs acts as a transition from acute care, providing a more intense treatment option in a residential setting once a warrior has been stabilized. RRTPs serve a small but high-need, high-risk population of veterans – approximately 32,000 veterans received RRTP treatment at VA or in the community in 2023.[8] For many of these veterans, RRTP provides life-changing and potentially life-saving care.

Despite the logical association between RRTP and mental health care, the access standards contemplated by the *VA MISSION Act* (P.L. 115-182 § 104) do not, in practice, apply to RRTP care. Unlike outpatient mental health care, for example, VA has no legal obligation by statute or regulation to offer RRTP care to veterans for whom it cannot provide the care within a defined time or distance. As a result, veterans are left without any meaningful recourse to receive this care within a defined time or distance, even after a VA provider has determined RRTP to be clinically appropriate. Passing the *Veterans' ACCESS Act of 2025* would remove the legal ambiguities that have allowed this practice to persist by creating new and clear access standards for RRTP care. As this bill continues through the legislative process, we encourage careful consideration of the fact that VA operates fewer than 150 RRTP facilities nationwide, and that not all of these access points provide each of the five varieties of RRTP that exist. This type of care is not abundant in the community either, so a long-term solution must contemplate how this type of care will be available on a timely basis to all who need it now and in the future.

[8] Jennifer Burden, U.S. DEP'T OF VET. AFFAIRS, PARTNERSHIP STAKEHOLDER MEETING JANUARY 2024: MENTAL HEALTH RESIDENTIAL REHABILITATION TREATMENT PROGRAM (digital slide deck) (2024).

III. ***Substance use disorder (SUD), chronic pain, emerging treatments***: Highlight key intersections in health care and innovation that offer opportunities to deliver effective mental health care interventions.

- **Legislation**: *Veterans CARE Act* (H.R. 3584; 118th Cong.); *Douglas 'Mike' Day Psychedelic Therapy to Save Lives Act* (H.R. 3684; 118th Cong.)

Integrated care, innovative approaches, & oversight: Veterans often face overlapping challenges with mental health conditions, SUD, and chronic pain, which require integrated and innovative approaches to treatment. In our recent Warrior Survey, we found that 44.6% of warriors reported a problem related to drug abuse. Nearly half (46.9%) of warriors screened positive for potential hazardous drinking or active alcohol use disorder. Additionally, SUDs and alcohol use disorders have both been correlated to be contributing factors for suicidality.[9][10] Emerging treatments, such as precision medicine, non-opioid pain management strategies, and psychedelic-assisted therapy, offer new possibilities for treating SUD and chronic pain while addressing comorbid mental health conditions.

Explore alternatives & non-opioid choices in pain management: Non-opioid medications have become more prevalent as options in pain management in recent years, but many of those medications are not included in all formularies. Efforts such as the *NOPAIN for Veterans Act*, which would require VA to cover non-opioid medication options for pain management, would empower veterans to navigate options that have a lower risk of addiction. Such reforms are already underway for Medicare patients (*see* P.L. 117-328 § 4135). We encourage Congress to work with VA to determine the most appropriate strategies moving forward to ensure that VA's veteran patients have better access to treatments that are both effective and less likely to become addictive, including innovative and holistic strategies. Such an approach could build off the success of VA's Opioid Safety Initiative, which has had several positive outcomes, including reducing opioid use in patients within VA

Increase research on innovative & emerging therapies: Veterans deserve access to the highest quality, cutting-edge, and evidence-based treatment. Within the context of PTSD, cognitive processing therapy, prolonged exposure, and eye movement desensitization and reprocessing (EMDR) are among the most widely deployed evidence-based treatments. While effective for many, others – particularly veterans – can struggle to commit to a full course of treatment. Some veteran patients view prescription medications skeptically due to a range of factors including side effects, dependency concerns, and perceived ineffectiveness.

Emerging treatment modalities for PTSD, such as psychedelic assisted therapies, have the potential to advance PSTD treatment from a "one-size fits all approach" – which has been proven to not be effective for all – to an individualized model of care where the treatment plan is tailored to the needs of each unique veteran and augmented based on symptomology and responsiveness to treatment. MDMA-assisted psychotherapy for PTSD in particular has shown

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[9] Gabriela Kattan Khazanov et al., *Access to Firearms and Opioids Among Veterans at Risk for Suicide*, 8(1) JAMA Network Open (2025), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2829659.

[10] *See, e.g.*, Vignesh Kuppusamy et al., *Suicidality in Patients with Substance Use Disorders: A Narrative Review*, 29(2) J. MENTAL HEALTH AND HUMAN BEHAV. 62-68 (2024), *available at* https://journals.lww.com/mhhb/fulltext/2024/07000/suicidality_in_patients_with_substance_use.4.aspx.

great promise in multiple studies and is safe when used in clinical trials. However, access to those seeking these types of emerging modalities is extremely limited – forcing veterans to pursue care outside of the country, and at times, using unsafe avenues. VA can and should be a leader in this space.

VA recently announced the first VA-funded study for psychedelic-assisted therapy since the 1960s, which would focus on MDMA-assisted therapy for PTSD and alcohol use disorder among veterans. This research is vital to forwarding research and access to innovative therapies; however, the field still has fundamental questions to answer. Based on multiple factors like veteran demand, provider availability, and cost, the Veterans Health Administration (VHA) will not be able to provide care to all who seek MDMA-assisted therapy after FDA approval. While several VA locations are primed to provide this modality of treatment on a limited basis as potential psychedelic treatment centers, we know the need for treatment has the potential to overwhelm the system, further straining capacity. As such, we are committed to helping advance further research to help bring safe, effective treatments to market – and scale.

Legislatively, bipartisan efforts such as the *Douglas 'Mike' Day Psychedelic Therapy to Save Lives Act*, which would direct the Department of Defense (DoD) to conduct and support research into the use of psychedelics to treat individuals diagnosed with a traumatic brain injury (TBI), PTSD, or chronic traumatic encephalopathy, could be expanded to include VA. Furthermore, efforts such as the *Veterans CARE Act* would require VA to conduct research on the efficacy and safety of medicinal cannabis for veterans experiencing chronic pain or diagnosed with PTSD. WWP is invested and engaged in this area and encourages support for these efforts and others of their kind.

Brain Health

I. ***Prevention, Tracking, Treatment***: Traumatic Brain Injury (TBI) is the signature wound of the post-9/11 generation. Promote policies across the lifespan of military service to ensure brain health and safety among the Active duty and veteran populations.

- **Legislation**: *Veterans National Traumatic Brain Injury Treatment Act* (H.R. 3649, 118th Cong.)

Pursue innovative TBI treatments: We encourage the ongoing advocacy of congressional leaders with legislative initiatives that direct the research for evidence-based treatments and the subsequent outcomes for veterans living with the residual symptoms of TBI. As one example over the last three sessions of Congress, legislators have introduced bills to study TBI and affiliated PTSD symptoms through VA directed pilot programs utilizing hyperbaric oxygen therapy (HBOT). HBOT treatments involve a patient entering a special chamber where they breathe pure oxygen in air pressure levels 1.5 to 3 times higher than average. This helps fill the blood with enough oxygen to repair brain tissue and restore normal body function. Currently this treatment is approved by the Food and Drug Administration (FDA) for treatment of inflammation in the body, and some doctors believe that both TBI and PTSD are

the result of brain inflammation due to trauma.[11] WWP is encouraged by the science behind these alternative treatments and looks forward to engaging with Congress on promoting any research and longitudinal studies examining these treatments.

II. ***Research***: Commit to research that explores the course of neurological and cognitive functioning after TBI and build evidence to help expand access to effective treatments and community-based supports.

- **Legislation**: *Precision Brain Health Research Act of 2024* (S. 5460, 118th Cong.)

Invest in TBI research: As the post-9/11 generation continues to age, the need to overcome the barriers to accessing targeted care will only continue to grow. TBI remains a complex injury with a wide spectrum of short and long-term conditions. Medical evidence calls attention to the importance of tailoring treatments and interventions to support effective psychological, cognitive, and occupational outcomes. This is critical in expanding an understanding of the injury biomarkers that can be included in the research, treatment, and care protocols for brain injuries. We applaud the work of the House and Senate Veterans' Affairs Committees and numerous congressional leaders who are proactively pursuing legislation to study multidisciplinary evidence-based treatment regimens to address the symptoms affiliated with brain injuries.

In the closing days of the 118th Congress, Senators Jerry Moran (R-KS) and Angus King (I-ME) introduced the *Precision Brain Health Research Act of 2024*, which would direct the VA and other research partners to comprehensively study the impacts of repetitive low-level blast injuries on veterans' mental health. WWP recognizes the importance of this legislation in providing a science-based look into the effects that repeated low-level blasts have had on our veterans. Based on the input of many of our warriors, we also would highlight the need to pay particular attention to those Service members who serve in occupational specialties that place them in direct contact with prolonged and repeated exposure to blasts. There is a need to study the effects upon these cohorts and to change the culture in which there is no longer fear in reporting physiological conditions for concerns with losing flight status or the ability to operationally deploy.

[11] *See, e.g.*, Victoria Risbrough, *Role of Inflammation in Traumatic Brain Injury – Associated Risk for Neuropsychiatric Disorders: State of the Evidence and Where Do We Go From Here*, 91(5) BIOL. PSYCH. 438-48 (2022), available at https://www.biologicalpsychiatryjournal.com/article/S0006-3223(21)01792-3/abstract.

III. ***Long-term care***: Support policies to promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

- **Oversight**: *Dole Act* (§ 127); 38 U.S.C. 1710D ("Traumatic brain injury: comprehensive program for long-term rehabilitation"); 38 U.S.C. 1710E ("Traumatic brain injury: use of non-Department facilities for rehabilitation")

Expand assisted living services: Section 127 of the Dole Act delivered on one of WWP's recurring requests for Congress – the need to begin planning for expanded assisted living services for younger veterans with TBI who cannot live independently. The three-year pilot program to allow VA to pay for assisted living in two Veteran Integrated Service Networks (VISNs) is not limited to veterans with the most severe cases of TBI; however, the intent to assess care quality and patient outcomes should provide helpful data to inform future action for this narrower population who may require long-term services and supports for months, years, or even their lifetime. For these reasons, we urge Congress to ensure that this pilot is launched on time, and we look forward to understanding the results of this pilot as they will no doubt inform how we can best support veterans with TBI.

Additionally, Congress can pursue legislation for assisted living services directly targeted at veterans with TBI. As observed in a 2022 report, the National Academies of Sciences, Education, and Medicine noted that "funding and infrastructure for post-TBI rehabilitation and community services vary widely by state, and the need for services to help patients and families meet long-term needs after TBI is not well addressed in many areas of the country.[12]" VA can and should be a pioneer in serving this community, but efforts to create a clear vision for how those with the greatest needs will be supported as caregivers age have tapered off. VA's Assisted Living for Veterans with TBI (2009-18) helped place veterans with moderate to severe TBI with long term neurobehavioral rehabilitation needs in private-sector TBI rehabilitation facilities.[13]

VA found that AL-TBI participants realized improvements in physical and emotional health, TBI symptoms, and other outcomes, and veterans and family members were highly satisfied with the care received.[14] After this program sunset, VA has not filled the gaps in care and support that were left. Currently, VA facilitates such care through the Traumatic Brain Injury – Residential Rehabilitation program but does not pay the full cost. Veterans must pay for room and board, which can be a considerable out-of-pocket expense, often $800–$1,200 per month.[15] Long-term care for TBI can create significant financial barriers for many veterans, and VA may need more regulatory authority to pay for long-term rehabilitation; otherwise, a supplementary disability benefits may need to be considered for these veterans.

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[12] NAT'L ACADEMIES OF SCI., ENG'G, AND MED., TRAUMATIC BRAIN INJURY: A ROADMAP FOR ACCELERATING PROGRESS 122 (2022), *available at* https://nap.nationalacademies.org/catalog/25394/traumatic-brain-injury-a-roadmap-for-accelerating-progress.
[13] ERIN BAGALMAN, CONG. RSCH. SERV., R40941, HEALTH CARE FOR VETERANS: TRAUMATIC BRAIN INJURY (2015).
[14] U.S. DEP'T OF VET. AFFAIRS, ASSISTED LIVING PILOT PROGRAM FOR VETERANS WITH TRAUMATIC BRAIN INJURY (AL-TBI): JULY 1, 2017, TO SEPTEMBER 30, 2017, QUARTERLY AND FINAL REPORT (2018)
[15] *Id.*

Women Veterans

I. ***Gender-specific care***: Pass legislation that would expand access to gender-specific services at VA and through Community Care Network providers, as well as empower women veterans in decision-making processes related to health care.

- **Oversight**: *Deborah Sampson Act* (P.L. 116-315 § 5101)

- **Legislation**: *Maternal Health Care for Veterans Act* (H.R. 3303/S. 2026, 118th Cong.); *Improving Menopause Care for Veterans Act* (H.R. 219, 119th Cong.); *Service Women and Women Veterans Menopause Research Act* (H.R. 7596, 118th Cong.)

Improve access to services & care: Gender-specific care for women refers to medical, psychological, and social services tailored to address the unique health needs and challenges faced by women. Women are the fastest-growing segment of the veteran population, yet health care systems often fall short in meeting their unique medical needs. Women veterans face significant barriers when seeking care, including a lack of specialized providers, inadequate training among general practitioners, and inconsistent availability of gender-specific services in rural areas. Oversight of the *Deborah Sampson Act,* specifically section 5101 which established the Office of Women's Health within VA to oversee Women's Health Programs, is vital to ensure in-house care is available and accessible, as well as partnerships with Community Care providers for gender-specific care.

To expand gender-specific care, WWP has supported efforts including the *Maternal Health Care for Veterans Act*, which would require VA to report on maternity health care services and evaluate efforts to improve care and coordination of care. The *Improving Menopause Care for Veterans Act* would ensure that there is a better understanding of specific health care services that are needed to support women veterans as they age. Investing in more research can also ensure that care delivery is in line with best practices and gold standard models. The *Service Women and Women Veterans Menopause Research Act* would require that both DoD and VA conduct research into perimenopause, menopause, and post-menopause periods of life. We urge the committees to prioritize access to gender-specific care and to continue to modernize care delivery models to meet the needs of all veterans.

Continue VA's WHISE initiative: Women veterans experience unique health needs that require medical support. The Women's Health Innovations and Staffing Enhancements (WHISE) initiative was launched in 2021 to mitigate gaps in care and support the continuation of improvements to VHA women's health services. We support continued investment in WHISE, as women veteran enrollment in VA has been anticipated to grow by 50 percent between 2020 and 2030. Since the initiative was launched, it has supported over 1,000 women's health care positions across the country and helped improve administrative efficiencies and expand care delivery. With continued commitment, we are hopeful that positive trends, including increased veteran satisfaction and fewer community referrals, continue.

II. ***Financial wellness***: Promote policies to assist with employment, financial obligations, food security, housing stability, and childcare.

- **Legislation**: *Edith Nourse Rogers STEM Scholarship Opportunity Act* (H.R. 5785, 118th Cong.), *Disabled Veterans Housing Support Act* (H.R. 224, 119th Cong.); *Fair Housing for Disabled Veterans Act* (H.R. 9788, 118th Cong.); *Housing Unhoused Disabled Veterans Act* (H.R. 965, 119th Cong.)

Expand employment & education: In our 2023 WWP Women Warriors Report, we found that women warriors reported being more highly educated than their male peers, but more likely to report being underemployed. Furthermore, financial strain is an issue that women warriors reported experiencing at rates slightly higher than their male counterparts (65.4% v. 64.0% reported experiencing financial strain in the prior 12 months). One way to address these gaps is through careers in Science, Technology, Engineering, and Math (STEM).

Women are underrepresented in STEM careers, comprising just 26% of the STEM workforce,[16] yet are more likely to pursue STEM careers, potentially at double the rate of their civilian counterparts.[17] To this end, educational programs and benefits can help women veterans access engaging and sustainable employment, especially in STEM fields. Efforts such as the *Edith Nourse Rogers STEM Scholarship Opportunity Act* would seek to increase outreach and engagement for the Edith Nourse Rogers STEM Scholarship within VA. WWP was supportive of this effort in the 118th Congress, as well as efforts to allow the scholarship to be used for graduate education programs.

Modify financial support criteria for homelessness: While incidences of homelessness are decreasing for veterans overall, incidences of women veterans experiencing homelessness have increased steadily since 2021, comprising 39% of the homeless veteran population counted in 2024 nationwide.[18] During our 2023 WWP Women Warrior Initiative focus groups, where we discussed issues on housing stability, women warriors reported a lack of financial education as being a main topic related to their financial wellness. Legislation and policies are needed to ensure outreach and engagement with veterans at risk for homelessness, including women veterans.

While not specific to women veterans, WWP supports legislative efforts such as the *Disabled Veterans Housing Support Act* and the *Fair Housing for Disabled Veterans Act*, which would instruct the Department of Housing and Urban Development (HUD) to exclude disability compensation from VA from the formula that is used to calculate low-income eligibility for HUD-VASH programs or tax credits. These efforts would address one driver of housing challenges for veterans – the difficulty of accessing HUD-VASH because of service-connected disability income. WWP is grateful for the recent House passage of the *Housing Unhoused Disabled Veterans Act* and encourages the Senate to move quickly to pass this important effort.

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[16] Jenny Tucker, *Ten Years of International Women and Girls in Science Day: Progress and Barriers to Equal Representation*, PLOS (Feb 2025), https://everyone.plos.org/2025/02/11/ten-years-of-international-women-and-girls-in-science-day-progress-and-barriers-to-equal-representation/.
[17] INST. FOR VET. AND MIL. FAMILIES, SYRACUSE UNIV., ENHANCING VETERANS' ACCESS TO STEM EDUCATION AND CAREERS: A LABOR MARKET ANALYSIS OF VETERANS IN THE STEM WORKFORCE (Dec. 2018), *available at* https://ivmf.syracuse.edu/wp-content/uploads/2019/10/IVMF_Veterans-in-STEM_Tech-Full-Report_Dec-2018_FinalV2.pdf.
[18] DEP'T OF HOUSING AND URBAN DEV., POINT-IN-TIME COUNT AND HOUSING INVENTORY COUNT (2024) *available at* https://www.hudexchange.info/programs/hdx/pit-hic/#2024-pit-count-and-hic-guidance.

III. ***Cancer***: Increase access and supports for mammography, screening, and surveillance services, particularly for breast, cervical, ovarian, endometrial/uterine, or other gynecological cancers.

- **Oversight**: *SERVICE Act* (P.L. 117-133); *MAMMO Act* (P.L. 117-135)

- **Legislation**: *Women Veterans Cancer Care Coordination Act* (H.R. 10153, 118th Cong.)

Access to mammography screening and services: Expanding access to mammography and other gynecological screening services within the VA healthcare system is critical. Women who have served in the military are estimated to be at a 40% increased risk of developing breast cancer than their civilian counterparts.[19] As such, we urge the Committees to support enhanced access and resources for cancer-related healthcare services and screenings, particularly for breast, cervical, ovarian, endometrial/uterine, and other gynecological cancers.

Women warriors often encounter barriers to timely cancer screenings, including gaps in awareness of eligibility, limited access to services, geographic challenges, and insufficient outreach. While VA offers mammogram screenings at over 78 facilities, approximately 40% of screenings take place through Community Care.[20] To help manage transitions between VA and the community, the *Women Veterans Cancer Care Coordination Act* would increase the quality of care provided for women veterans by requiring Regional Breast Cancer Coordinators and Gynecologic Cancer Care Coordinators throughout VA. Additionally, oversight of existing mammography screenings and services ordered through the *SERVICE Act* and the *MAMMO Act* are needed. Furthermore, mobile screening units (Mobile Mammography Units) and partnerships with community healthcare providers can help ensure women warriors living in rural or underserved areas receive the preventive care they need.

Outreach and awareness on eligibility for cancer screenings and care: To further support women veterans, VA can bolster its outreach efforts to promote awareness of cancer screening and eligibility benefits. Targeted communication campaigns and personalized navigation services can guide women veterans through complex healthcare systems and connect them to essential care. One potential avenue to leverage is the statutorily-mandated outreach required for the Office of Women's Health (*see* 38 U.S.C. § 7310(e)). Cancer screenings and associated services would make suitable topics for townhalls and focus groups, and reporting on VA's agenda for these forums could elucidate whether this information is being distributed on a national scale.

To that end, we applaud VA's Center for Women Veterans for their efforts to increase outreach and communication throughout the community, such as hosting the Quadrennial Women Veterans Summit in fall of 2024, which brought together women veterans and key stakeholders, supportive organizations, researchers, and subject matter experts from around the country to discuss topics important to the women veteran population, including cancer screenings and care. We believe that continuous and consistent communication with this

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[19] NAT'L BREAST CANCER FOUND., *Military Women's Patient Relief Fund* (2024), https://www.nationalbreastcancer.org/nbcf-programs/military-womens-patient-relief-fund/

[20] Elizabeth Depompei, DISABLED AM. VETS., *3D Mammograms for Women Veterans' Health Care* (Sep. 2024), *available at* https://www.dav.org/learn-more/news/2024/what-veterans-should-know-about-mammograms-at-the-va/.

population will have lasting impacts through increased trust, connection, and community. Additionally, while not solely a VA-centric solution, we believe VA and DoD can improve outreach and better educate women warriors about VA gender-specific care and resources as they are transitioning from Active Duty to veteran status.

Economic Empowerment

I. ***Major Richard Star Act***: In 2004, Congress passed a law allowing military retirees with at least 20 years of service who are rated at least 50 percent disabled to collect their full DoD retired pay and their full VA disability compensation benefits with no offset. The Major Richard Star Act would allow veterans who were retired for combat-related injuries with under 20 years of service to do the same.

- **Legislation**: *Major Richard Star Act* (H.R. 1282/S. 344, 118th Cong.)

When Service members retire from the military, they are entitled to both retired pay from the DoD and disability compensation from VA if they were injured while in service. Unfortunately, only military retirees with a minimum of 20 years of service and a disability rating of at least 50 percent can collect both benefits at the same time. For all other retirees, current law requires a dollar-for-dollar offset of these two benefits, meaning they must forfeit a portion of the benefits they earned from their military service.

Under the *Major Richard Star Act*, former Service members who were medically retired from the military with less than 20 years of service due to a chapter 61 medical discharge, and who are eligible for Combat-Related Special Compensation (CRSC), would no longer have their compensation reduced by the offset. This includes those who were medically retired for injuries sustained during combat operations and combat-related training.

DoD retirement pay and VA disability compensation are two distinct benefits established by Congress for differing reasons. Retirement pay is calculated to compensate the retiree for the years of service already sacrificed in defense of the nation, while VA disability compensation is calculated to make up for the loss of future earning potential due to the retiree's service-connected disabilities.

The *Major Richard Star Act* will expand concurrent receipt policy to more than 54,000 military retirees whose careers were cut short due to combat related injuries, allowing them to collect the full compensation that they have been denied up until now. WWP strongly believes that receiving both benefits should never be considered "double dipping" and no retiree should be subject to the offset. Many congressional leaders agree as well. In the 118th Congress there was overwhelming support for this legislation as the House bill received 326 co-sponsors and the companion bill in the Senate received 74 co-sponsors. WWP will continue to support legislation to eliminate the offset for all military retirees, and we consider the *Major Richard Star Act* one step toward achieving that goal. We look forward to the reintroduction of this legislation in both chambers in the 119th Congress.

II. ***Veteran Readiness & Employability (VR&E)***: Pass legislation that would allow VR&E to operate at its highest potential and expand access to more disabled veterans. These improvements should include veteran-friendly policies for when the program can be used, transparency about eligibility determinations, and more consistent training for VR&E counselors.

Wounded Warrior Project is committed to helping veterans seamlessly transition back into the civilian workforce. The VR&E program offers comprehensive support to veterans with service-connected disabilities, including job training, employment assistance, resume development, and job-seeking skills coaching. These services are designed to assist veterans facing challenges in preparing for, obtaining, or maintaining employment due to their disabilities.

According to our 2025 Warrior Survey, 77.4% of warriors reported utilizing VA or government benefits, with VR&E being one of the most used benefits at 21.1%. Beyond the veteran community, vocational training initiatives have proven to yield significant economic benefits. The Social Security Administration highlights the substantial return on investment in these programs, noting that every one dollar spent on vocational rehabilitation generates ten dollars in tax revenue from the re-employed individuals.[21]

Eliminate the VR&E delimiting date: Under current regulations, a veteran is only eligible for VR&E for 12 years from the date of their military discharge or the date they received a compensable disability evaluation (*see* 38 CFR § 21.41). The regulations do not consider whether a veteran's condition deteriorates after the initial rating or whether additional service-connected conditions have been recognized.

This issue was partially addressed by the enactment of *the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315 § 1025), which removed this delimiting date for all veterans who were discharged after January 1, 2013. To bring parity across all generations of service, we ask that the 12-year delimiting date be removed for all veterans. VA already has the authority to waive the 12-year rule on a case-by-case basis if the veteran is determined to have a "serious employment handicap" (*see* 38 U.S.C. § 3103(c)). However, the standards used to make that determination are not clear and, without specific guidance to follow, a Vocational Rehabilitation Counselor (VRC) is left to make a subjective decision whether to grant the veteran eligibility to the program. Wider and more predictable participation should be the goal.

Improve the relationship between Total Disability based on Individual Unemployability (TDIU) ratings and VR&E: Another avenue to improve VR&E is to ease access for veterans who have been found unable to secure and follow gainful employment due to their service-connected disabilities – those veterans with TDIU ratings. While the TDIU benefit is critical for many veterans, there are some who aspire to return to work as their conditions improve. One common example is a warrior with mental health challenges who seeks gainful employment to help with feelings of isolation and being an unproductive member of their

[21] Jody Schimmel Hyde & Paul O'Leary, *Social Security Administration Payments to State Vocational Rehabilitation Agencies for Disability Program Beneficiaries Who Work: Evidence from Linked Administrative Data*, 78(4) SOCIAL SECURITY BULLETIN (2018), *available at* https://www.ssa.gov/policy/docs/ssb/v78n4/v78n4p29.html.

community. In this example, the warrior becomes concerned about the support in place to help them reintegrate into employment and the financial impact it will have on meeting financial obligations.

Our experience has taught us that veterans would benefit from clearer communication about what returning to work – even in a limited capacity – means for the TDIU benefit, and what services are available to help manage that transition. VR&E can help veterans return to work as they become ready, and the ramp down from TDIU should be easier to manage. As the findings needed to establish TDIU generally exceed the eligibility criteria for VR&E, our focus shifts to the benefit of making services easier to find and use. By creating a smoother system of referral and eligibility for VR&E for veterans with TDIU ratings, these individuals can receive the comprehensive support they need to transition into the workforce, even if their initial evaluation deems them ineligible due to the severity of their disabilities.

Consider VR&E Resource Hubs: Current VR&E staffing initiatives are crucial in supporting veterans' needs. Staff training and resources are not uniform around the country and as a result, the same opportunities are not available to all veterans seeking VR&E support. WWP recommends exploring solutions to help ensure that all veterans, regardless of where they live, have equal opportunity to leverage VR&E resources in their pursuit of long-term employment. The VHA has found success utilizing Clinical Resource Hubs (CRH) to reduce gaps in services. These are Veteran Integrated Service Network (VISN)-owned and -governed programs that provide support to increase access to VHA clinical services for veterans when local facilities have gaps in care or service capabilities. Leveraging the power of telehealth, CRHs provide care to veterans at their local VA health care facilities through telehealth technology or in-person visits. When paired with telehealth technology CRHs allow veterans to connect with distant primary care, mental health, and specialty care teams to improve access to health care. If the CRH model can be adapted to VR&E, veterans stand to benefit from increased access to service and potentially lower wait times for services that are in demand but not uniformly available across the country.

III. **Employment**: Create opportunities throughout the federal government to help place veterans in positions that leverage skills and experience developed in the military.

- **Oversight**: *Dole Act* (§ 212)

- **Legislation**: *Service Member Equal Recognition and Transition Support (SERTS) Act* (H.R. 8511, 118th Cong.)

Continue to fund the VET-TEC program: Maximizing the effectiveness of VA employment programs and services is crucial to the success of post-9/11 veterans who are wounded, ill, or injured. Despite their high levels of education (42% possess a bachelor's degree or higher), over a quarter of warriors responding to our Warrior Survey (36.6%) report being employed but not earning sufficient wages. To address this challenge, Congress can play a vital role by focusing its oversight on programs designed to help veterans secure higher-paying jobs. One such success is the reauthorization of the Veterans Employment Through Technology Education Courses (VET-TEC) program, included at Section 212 of the *Dole Act*. VET-TEC has

been a successful pilot program, yielding more than 14,000 beneficiaries with an average starting salary of $65,000 and we are pleased to see the VET-TEC program reauthorized. Congress should take steps to make sure this vital program meets the demand signals of the community and ensure that the program has the funding resources it needs to be successful for our veterans.

Translating Military Skills to Civilian Employment: While DoD has developed the Credentialing Opportunities On-Line (COOL) portal to assist Service members and their civilian counterparts with credentialing, some transitioning Service members with specialized and marketable skills continue to struggle in finding suitable civilian employment. To address this, WWP recommends Congress consider passing the *Skills and Employment Readiness for Transitioning Service Members Act (SERTS) Act*, which proposes that DoD, VA, and the Department of Labor collaborate to submit a report to Congress assessing the number of veterans who successfully transfer their eligible professional credentials to civilian jobs; which certifications were most commonly used for post-military civilian employment, such as airplane mechanics; and any other barriers veterans face to transferring military mechanical skills to State certifications. A similar provision was included in the House-passed *National Defense Authorization Act (NDAA) for Fiscal Year 2025* but was omitted from the final conference agreement.

<u>Transition Support</u>

I. Promote policies to support warriors while they are still in the military and at or near their transition point to prepare them for the changes they will face when trying to adjust to civilian life. Help coordinate efforts across VA, DoD, and the community to ensure that the process is seamless across all critical areas related to health care, benefits, and career readiness.

- **Legislation**: *Combat Veterans Pre-Enrollment Act* (H.R. 683, 119th Cong); *Enhancing the Transitioning Servicemember's Experience Act* (H.R. 7732, 118th Cong.)

Provide seamless VA healthcare enrollment: Combat veterans who were discharged or released from active service on or after January 28, 2003, are eligible to enroll in the VA healthcare system for 10 years from the date of their discharge or release, regardless of their disability claim status. Research suggests that an interruption in healthcare access that many reintegrating veterans experience, along with other suicide risk factors, may contribute to increased suicidal thoughts and behaviors following separation from the military.[22] Additionally, many combat veterans separating from the military served in areas that are listed under the *PACT Act* as having a higher likelihood of toxic exposures that could cause life threatening illnesses and diseases.

Recognizing that warriors face challenges when making this transition, WWP supports legislative efforts such as the *Combat Veterans Pre-Enrollment Act*, which would create a

[22] Claire Hoffmire et al., *Contribution of Veterans Initial Post-separation Vocational, Financial, and Social Experiences to Their Suicidal Ideation Trajectories Following Military Service*, 53(3) SUICIDE AND LIFE THREATENING BEHAV. 443-56 (Mar. 2023), *available at* https://onlinelibrary.wiley.com/toc/1943278x/2023/53/3.

mechanism for Service members who are within 180 days of transitioning out of the Armed Services and who have been in combat theatres to begin pre-enrollment into the VA healthcare system.

Improve the Transition Assistance Program (TAP): The Transition Assistance Program (TAP) was established to assist Service members who were separated due to forced withdrawal. TAP has since grown to offer pre-separation counseling to all Service members and is now a pre-separation requirement. However, a U.S. Government Accountability Office (GAO) report found that 70% of Service members started TAP later than the legally mandated timeline of one year before their separation date, and that nearly 25% of Service members who needed maximum support did not attend the mandatory 2-day class.[23] This data is concerning, considering that part of the TAP program includes a financial literacy session. Research suggests that managing or taking on too much debt can affect an individual's stress level, mental health, and overall quality of life.[24] Additionally, 75.3% of WWP warriors reported that their debts (excluding the mortgage on primary residence) were either "somewhat unmanageable" or "very unmanageable." We believe and highly recommend that to prepare Service members for stability before transitioning to civilian life, financial management training should be implemented in the transitioning process. Legislation like the *Enhancing Transition Servicemember's Experience Act* would assist by establishing TAP counseling regarding financial planning. WWP supports this legislation.

Toxic Exposure

I. ***Presumptive decision-making process***: We will continue to work with all U.S. government and VSO stakeholders to ensure the VA's presumptive decision-making process established by the PACT Act has the capacity and resources to reach timely decisions on conditions that may be exposure related. WWP encourages VA to consider burn-pit related conditions beyond cancer-related conditions to include respiratory ailments and health issues potentially related to exposures not explicitly covered by the PACT Act, both known and emerging.

- **Oversight**: *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics* (*PACT*) *Act of 2022* (P.L. 117-168)

Federal collaboration: We support VA's collaboration with the National Academies of Science, Engineering, and Medicine (NASEM) in proactively identifying the root causes, prevalence, and rates of cancer among the veteran population as part of a comprehensive framework of education, prevention, and treatment. We believe in a science-based and data-driven approach to identifying and linking conditions to service-related toxic exposure and expanding the list of presumptive conditions accordingly. This process should be deliberate, transparent, and driven by a sense of urgency as many of our veterans are in a race for their lives fighting the most aggressive and virulent forms of cancer and other toxic-related diseases.

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[23] U.S. GOV'T ACCOUNTABILITY OFF., GAO-23-104538, SERVICEMEMBERS TRANSITION TO CIVILIAN LIFE: DOD COULD ENHANCE THE TRANSITION ASSISTANCE PROGRAM BY BETTER LEVERAGING PERFORMANCE INFORMATION 22 (2022).

[24] Gillian Marshall et al., *The Price of Mental Well-being in Later Life: The Role of Financial Hardship and Debt*, 25(7) AGING & MENTAL HEALTH 1338-44 (2020), *available at* https://doi.org/10.1080/13607863.2020.1758902.

Stakeholder collaboration: WWP and likeminded stakeholders continue to engage directly with VA's PACT Act Enterprise Program Management Office Working Group. We appreciate the communication and request a more formalized tempo of engagement so that all stakeholders can remain informed as to what conditions are studied and advanced through the presumptive decision process. While this process is understood by the agencies who participate in the decision cycle, it remains confusing and opaque for those stakeholders who reside outside of the federal government. Our community continues to stress the importance of this transparency as we seek updates on the studies of numerous conditions from *PACT Act*-covered veterans afflicted with a variety of complex conditions.

When conducting future studies, WWP encourages the Working Group to expand the types of conditions it considers for post-9/11 exposures beyond the two categories of presumptive conditions established by the PACT Act – respiratory conditions and cancers. In our most recent Annual Warrior Survey, veterans most frequently cited neurological problems as the condition most likely to be related to their toxic exposures (35.1%). Hypertension (33.2%), chronic multi-symptom Illness (24.4%), immune system problems (10.5%), and liver conditions (7.8%) are conditions that survey respondents commonly believe are associated with in-service exposures. We also anticipate that ongoing research mandated by the *PACT Act*, specifically studies on the mortality of veterans who served in Southwest Asia (§ 503), health trends of post-9/11 veterans (§ 504), and cancer rates among veterans (§ 505), will further inform which conditions the Working Group should prioritize in the future.

II. ***Cancer among high risks populations***: Ensure VA has the staff and resources it needs to be able to provide every exposed veteran with the "Gold Standard" in cancer care, to include early detection through exposure-informed screening, treatment, and care.

- **Oversight**: *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics* (*PACT*) *Act of 2022* (P.L. 117-168)

- **Legislation**: *Aviator Cancer Examination Study (ACES) Act* (H.R. 530/S. 201, 119th Cong.)

Investigate cancer incidence in military aviators and others: In recent years numerous veterans' groups and Service members have called attention to the prevalence of certain types of cancer with higher rates of occurrence than that of the general U.S. population. One such population is former Air Force and Naval fixed wing aviators. To that end, a January 2023 DoD report mandated by the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (Public Law 116–283) found that military aircrew with service dating back to 1992 had an 87% higher rate of melanoma, a 39% higher rate of thyroid cancer, and a 16% higher rate of prostate cancer when compared to a demographically similar sampling of the general U.S. population.[25] While these numbers are alarming, the scope of the study did not include an examination of whether potential exposures that are unique to military aviators are linked to elevated cancer risks.

[25] DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., CANCER STUDY: CANCER DIAGNOSIS AND MORTALITY AMONG MILITARY AVIATORS AND AVIATION SUPPORT, https://health.mil/Reference-Center/Technical-Documents/2023/08/11/Military-Aviator-Cancer-Study-Infographic.

We support legislation that would address this research gap. If enacted, the *ACES Act* would require VA to contract with the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a study on the prevalence and mortality of cancers among military aircrew. Specifically, it would identify the agents, chemicals, and compounds to which they may have been exposed and determine any scientific associations between those exposures and the increased incidence of cancer. This information will enable VA to establish presumptive service connection for that population if warranted, ensuring that the military aviation community has access to the health care and benefits they deserve. This legislation also lays the groundwork for the expansion of these scientific studies into other potentially high-risk populations, including rotary wing aviators, missileers, fire, crash and rescue crews, and other ground related military occupational specialties.

Research cancer incidence in missileers: One area of growing exposure concern in the military and veterans' community is among those who operate and support the operation of intercontinental ballistic missiles (ICBMs). The United States Air Force operates missile silos across the United States that are an integral component to the national security strategy. Many missileers and their family members have voiced concerns about health-related issues that they believe are attributed to environmental exposures at the missile silos.

Recently, members of the missile community have come forward reporting unusually high rates of cancer diagnoses, particularly Non-Hodgkin's Lymphoma (NHL). Although early studies between 2001-2005 by the U.S. Airforce School of Aerospace Medicine (USAFSAM) have found no link between missile service and cancer, this renewed concern among missileers prompted the U.S. Air Force to approve a new study to reexamine this potential relationship. The Missile Community Cancer Study[26], led by the Department of Defense (DOD), is a multi-phase study to evaluate environmental factors at three intercontinental ballistic missile (ICBM) wings and ICBM facilities at Vanderberg Space Force Base. This study compares cancer rates for 14 common cancers – including non-Hodgkin's lymphoma – in the general population compared to service members working in missile-related careers. WWP remains interested in the results of the full study as it continues to study the possible linkages of cancer to the missileer population, and we will track any legislation that is generated from its findings.

[26] Press Release, Air Force Global Strike Command Public Affairs, AFSG Hosts Virtual Town Hall to Discuss MCCS Phase *1B Results* (Nov. 2024), https://www.airforcemedicine.af.mil/News/Display/Article/3960115/afgsc-hosts-virtual-town-hall-to-discuss-mccs-phase-1b-results/.

III. ***Expand access to care***: Many military exposures are recorded in DoD's Individual Longitudinal Exposure Record (ILER) system and help qualify veterans for care under the PACT Act. Efforts focused on missileers, aviators, and per- and polyfluoroalkyl substances (PFAS) have potential to close the gaps that remain.

- **Legislation**: *Veterans Exposed to Toxic (VET) PFAS Act* (H.R. 4249/S. 2294, 118th Cong.)

Domestic exposures: WWP will continue to endorse legislation in the 119th Congress which explores scientific studies that identify conditions related to military duty for any veteran who served at a military base where individuals were exposed to PFAS substances. Per-and polyfluoroalkyl substances (PFAS) are a group of chemicals used to make fluoropolymer coatings and products that resist heat, oil, stains, grease, and water. Due to its highly effective nature as a fire suppressant, the Department of Defense (DoD) began using PFAS-containing firefighting foam (i.e., Aqueous Film Forming Foam, AFFF) in the 1970s. However, over time, risks associated with PFAS have been documented. These chemicals have been linked to serious health problems, such as cancer, liver damage, thyroid disease, obesity, fertility issues, and harm to the immune system.

Severely Wounded Service Members and Veterans

I. ***Complex case management***: While the number of Service members catastrophically injured in service has decreased in recent years, the needs of severely injured Service members and veterans – including those challenged by comorbid disabilities – have not diminished over time and will, in many cases, grow. Support policies to help these individuals navigate the health system and promote a broad community effort to address overlapping resources and nonuniform availability of federal, state, and local resources.

- **Oversight**: VA's Care Coordination and Integrated Case Management program; VA's Federal Recovery Consultation Office

Federal Recovery Coordination: In a pair of 2007 memorandums of understanding, DoD and VA launched the Federal Recovery Coordination Program (FRCP) and designated Federal Recovery Coordinators as the "ultimate resource" for monitoring the implementation of services for wounded, ill, and injured Service members. At the time, these actions recognized that because of the dramatic changes in military battlefield medicine and rapid evacuation from the combat theatre, many returning Service members, and subsequently veterans, have multiple complex medical and mental health problems, including TBI, spinal cord injury (SCI), amputations, burns, and PTSD. Due to the complex nature of their benefits and health care needs, these warriors may receive care from many providers in multiple facilities, including Military Treatment Facilities (MTFs), VA Medical Centers (VAMCs), private hospitals, rehabilitation facilities, or through home health agencies. Transitions among these facilities and providers, absent coordination, can result in care and benefits gaps.

The challenges that existed then persist to this day, and health systems must remain committed to uniform training for recovery coordinators and medical and non-medical care/case managers, efficient tracking systems, and commitments to comprehensive plans for the seriously injured. As time has passed however, the FRCP was consolidated into the Federal Recovery Consultant Office (FRCO) in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to address the reforms that have not been fully realized. Additionally, we believe that similar efforts can be undertaken to support a broader population of veterans with complex needs and should include steps to ensure central oversight of policy implementation.

Elevated case management services at VA: During its June 2023 testimony before the House Veterans' Affairs Subcommittee on Health, VA testified that it was deploying an overarching framework called Care Coordination and Integrated Case Management (CCICM), which coordinates the work between various programs within the enterprise so veterans have one point of contact to assist with their care needs within the Veterans Health Administration (VHA). Part of the process included the establishment of an integrated project team (IPT) between CCICM and the Office of Integrated Veteran Care (IVC) to enhance operations between those entities and to increase VHA's ability to offer collaborative, coordinated and seamless care experiences for veterans. A series of recommendations were put into practice over the year that followed.

The success of initiatives like this are critical to developing and delivering on a long-term strategy to ensure that veterans with the most complex care needs receive the best care in the quickest possible timeframe. While we currently lack insight about what changes have been put in place, we continue to emphasize that a successful approach should include a mechanism to help proactively identify those most in need of assistance with care coordination and a process for veterans and caregivers to self-identify as in need of these services. Lessons learned from the process implemented by VA can help inform ways to improve how we serve this community and what additional policies are required to ensure that the most severely injured – or veterans with highest complex care needs – receive the care and support needed to live a more independent and fulfilling life.

III. ***Prosthetics + adaptive devices***: Drive for improvement that can further strengthen VA prosthetic care to help veterans rebuild function and reintegrate back into the community more quickly and effectively, and ultimately improve their quality of life.

- **Oversight**: *Veterans Expedited TSA Screening Safe Travel Act* (P.L. 118-238)
- **Legislation**: *Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act* (*Veterans SPORT Act*) (H.R. 9478, 118th Cong.)

Accessible air travel: WWP appreciates all the work Congress has done to improve the lives of our amputee population, to include the passage of *the Veterans Expedited TSA Screening Safe Travel Act*, which provides TSA Pre-Check at no cost to severely disabled veterans who are amputees, paralyzed, blind, or require an assistive mobility device. This benefit is already

offered to Active Duty, Reserve, and National Guard Service members. WWP believes this will allow veterans a more dignified travel experience and improve safety and efficiency at airport security checkpoints. We request that Congress continue to closely follow the coordination between TSA and VA to ensure the law is implemented correctly no later than January 2026.

Holistic health maintenance: According to our most recent Warrior Survey, 42.7% of responding warriors reported using physical activity to deal with stress, emotional challenges, and mental health concerns. As more warriors continue to experience these benefits, we are concerned that these opportunities may be less accessible for those who utilize a prosthetic device and adaptive equipment. Current law allows VA to provide prosthetics and adaptive equipment; however, regulations limit this availability by requiring that the veteran is receiving medical treatment and enrolled in a rehabilitation program (*see* 38 C.F.R. § 17.3230(a)(1)(ii)). WWP has seen firsthand the positive and life-changing effects of adaptive equipment on a veteran's quality of life and mental health. The *Veterans SPORT Act* would add adaptive prostheses and terminal devices for sports and other recreational activities to its definition of "medical services" and effectively obviate current VA guidelines that do not recognize adaptive sports and recreation prosthetic limbs as clinically necessary for veterans living with limb loss.

Prosthetics services at VA: WWP believes prosthetics services should be a core-competency in how we care for our veterans. To accomplish that goal, we recommend Congress consider legislation that would establish a dedicated amputee prosthetics Center for Excellence at VA; increase hiring of prosthetist within VA; and fabricate amputee prosthetic devices in-house.

- *Establish a dedicated amputee prosthetics Center for Excellence at VA:* Without a Center for Excellence dedicated to amputee prosthetics services and independently led by VA, veterans often choose or are even encouraged to seek care elsewhere, such as at DoD or out in the community. These options to receive amputee prosthetic care outside VA provide a less holistic care experience, are less convenient, and for veterans who must use community care, are often more expensive.

- *Increase hiring of prosthetists within VA:* The lack of funding for and attention to clinical care often results in long wait times and an inconsistent standard of care, often leading to a perception among veterans that VA is neither knowledgeable nor prepared to meet their needs. WWP's 2025 Warrior Survey revealed that 2.7% of warriors report that they need a prosthesis but do not have one.

- *Fabricate amputee prosthetic devices in-house:* Veteran amputees often face significant wait times for VA prosthetic services, including appointments, approvals, fittings, and repairs, sometimes waiting 90 days or more. Experiences of WWP Alumni reveal that warriors who utilize both VA and DoD systems of care receive new, repaired, or replaced prosthetics faster from DoD. Currently, the process to acquire a prosthetic device is cumbersome and lacks standardization. VA should be able to produce the necessary prosthetics in-house which will improve efficiency, reduce delays, and help ensure timely provision of needed items.

IV. ***Caregivers***: Advocate for caregivers providing assistance to those with the highest needs, including support for efforts related to the Program of Comprehensive Assistance for Family Caregivers and planning for retirement or life after caregiving.

- **Oversight**: *Dole Act* (§§ 122-23)

- **Legislation**: *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 9276/ S. 3885, 118th Cong.)

Mental health support for caregivers: Caregivers make immense sacrifices every day to ensure that our nation's most severely injured Service members and veterans are taken care of, which, in turn, places a heavy toll on the mental health of our caregivers. In a recently published report, RAND found that caregivers to disabled Service members and veterans who are age 60 or under are at higher risk of depression and are less likely to seek care than non-caregivers.[27] It is essential that caregivers are provided the opportunity and given the resources to seek mental health care. We were encouraged to see that the authority to provide grants to organizations to help improve the mental health of family caregivers of veterans was included in the *Dole Act* and encourage Congress to ensure VA is provided the necessary resources to deliver on that promise.

Investing in home-based care: Research has shown that caregivers benefit from home-based care and reported less caregiver burden.[28] The *Dole Act* included a provision that would expand the availability of VA's existing home and community-based services, including Veteran Directed Care (VDC) and the Home Maker and Home Health Aide Program, to all VA medical centers. It would also codify VA's existing Home-Based Primary Care Program and Purchased Skilled Home Care Program to better furnish in-home health care for veterans. As younger veterans with the most complex health care needs continue to age in home-based settings with the assistance of caregivers, investment in the expansion and success of these programs will be particularly critical to the health and wellbeing of both populations.

Planning for caregivers' secure financial future: Caregiving duties can also greatly impact the caregiver's ability to maintain a career, placing them in even deeper financial uncertainty. According to RAND, 70% of military and veteran caregivers to those 60 and under reported difficulty in paying their bills, nearly double the proportion of non-caregivers. One underlying factor is that caregivers face challenges finding employment that allows for the flexibility that caregiving requires – 27% of caregivers polled by RAND reported at least one work disruption, and of those, the top work disruption was "cutting back hours" (16%). Caregivers provide services worth at least $119 billion but incur about $8,500 in out-of-pocket expenses, forgo $4,522 in earnings, and largely fail to access benefits to which they are entitled.

With the many financial challenges that our caregivers face, Congress should continue to look for ways to address these issues to ensure that caregivers can establish better financial security, such as the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act*. This bill would allow caregivers to acquire new skills and education, helping them improve their

[27] Rajeev Ramchand et al., RAND, AMERICA'S MILITARY AND VETERAN CAREGIVERS: HIDDEN HEROES EMERGING FROM THE SHADOWS vii (2024), *available at* https://www.rand.org/pubs/research_reports/RRA3212-1.html.
[28] *Id*. At 103.

employment prospects or transition into new careers, particularly if their caregiving role has limited their ability to pursue traditional job opportunities. It would also require VA to provide retirement planning services and/or assistance which would help ensure that caregivers can secure long-term financial security, which is often overlooked as they focus on caregiving responsibilities. Lastly the bill would require VA to conduct several important studies to identify additional solutions to empower caregivers to help alleviate their economic and emotional burdens.

Concluding Remarks

Wounded Warrior Project thanks the House and Senate Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. Your actions over the remainder of the 119th Congress will have a significant impact on the next steps VA, and the greater community, take to better serve veterans while considering questions related to its care, programming, assets and infrastructure, workforce, technology, and more. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist when needed on these issues and any others that may arise.

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Appendix

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WOUNDED WARRIOR PROJECT®

COMMUNITY PARTNERSHIPS

Wounded Warrior Project (WWP) believes that no one organization can meet the needs of all wounded, injured, or ill veterans alone. Our Community Partnerships team reinforces our programmatic efforts and expands our impact by investing in like-minded military and veteran support organizations. Please refer to this list of current partners as you seek out resources beyond WWP:

AWP
ARMED SERVICES ARTS PARTNERSHIP
the YMCA ARMED SERVICES YMCA
BASTION A PLACE TO CALL HOME
BOULDER CREST
Cohen Veterans Network
THE COMFORT CREW for Military Kids
CreatiVets
Syracuse University D'Aniello Institute for Veterans & Military Families JPMorgan Chase & Co., Founding Partner
DOG TAG Inc.
ELIZABETH DOLE FOUNDATION
EOD WARRIOR FOUNDATION™
FARMER VETERAN COALITION
GOLD STAR PEAK, INC.
GREEN BERET FOUNDATION TRUST • STRENGTH • DIRECTION
HIRING OUR HEROES U.S. CHAMBER OF COMMERCE FOUNDATION
HOMES for our TROOPS www.hfotusa.org
HOPE For The WARRIORS®
MILITARY CHILD EDUCATION COALITION™
Military Family Advisory Network
NATIONAL MILITARY FAMILY ASSOCIATION Together we're stronger®
NAVY SEAL FOUNDATION
OPERATION HEALING FORCES
OPERATION HOMEFRONT
OUR MILITARY KIDS
Wounded Veteran FamilyCare Quality of Life
Shepherd Center SHARE Military Initiative
SOLDIERS TO SIDELINES
SW:S®
SPECIAL OPERATIONS WARRIOR FOUNDATION
COHEN VETERANS NETWORK The Steven A. Cohen Military Family Clinic at Alaska Behavioral Health
THE DONOVAN & BANK FOUNDATION
THE FIRE WATCH
THE HONOR FOUNDATION Navy SEAL Foundation, A Founding Partner
THE MISSION CONTINUES
THIRD OPTION
THREE RANGERS FOUNDATION
TRAVIS MANION FOUNDATION
U.S. VETS SERVING THOSE WHO SERVED
VFW VETERANS OF FOREIGN WARS.
VETS4WARRIORS
Warrior Canine Connection
WRF WARRIOR REUNION FOUNDATION

Wondering which of our partners might best suit your current needs?

The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (10.1.24)