S. HRG. 119–333

LEGISLATIVE PRESENTATION OF VETERANS OF FOREIGN WARS OF THE UNITED STATES AND MULTI VSOs: STUDENT VETERANS OF AMERICA, JEWISH WAR VETERANS OF THE USA, BLINDED VETERANS ASSOCIATION, FLEET RESERVE ASSOCIATION, MINORITY VETERANS OF AMERICA, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

JOINT HEARING

OF THE

COMMITTEE ON VETERANS' AFFAIRS

BEFORE THE

UNITED STATES SENATE

AND THE

HOUSE OF REPRESENTATIVES

ONE HUNDRED NINETEENTH CONGRESS

SECOND SESSION

MARCH 3, 2026

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C O N T E N T S

MARCH 3, 2026

LEGISLATIVE PRESENTATION OF VETERANS OF FOREIGN WARS OF THE UNITED STATES AND MULTI VSOs: STUDENT VETERANS OF AMERICA, JEWISH WAR VETERANS OF THE USA, BLINDED VETERANS ASSOCIATION, FLEET RESERVE ASSOCIATION, MINORITY VETERANS OF AMERICA, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

TUESDAY, MARCH 3, 2026

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

The Committees met, pursuant to notice, at 10 a.m., in Room SD–G50, Dirksen Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present from the Senate:

Senators Moran, Cassidy, Sullivan, Banks, Sheehy, Blumenthal, Hassan, and King.

Present from the House:

Representatives Bergman, Hamadeh, King-Hinds, Takano, Pappas, Cherfilus-McCormick, Budzinski, and Conaway.

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

Chairman MORAN. Good morning, everyone.

[Chorus of good mornings.]

Chairman MORAN. Thank you. Nice of you to be here. I felt guilty as I walked in the doors to this building and did not have to stand in line, so I apologize to all of you who did. It was uncomfortable for me, but I did not know how to have all of you be my guests in getting through the security this morning.

We are delighted to have you here, and we are exceptionally pleased to have the Commander, the National Commander, with us this morning, and we are anxious to hear from the Veterans of Foreign Wars.

It is good to be here, soon with Chairman Bost, with Ranking Member Blumenthal, with Chairman Takano and the rest of our colleagues in this second of our joint hearings this year.

I welcome our witnesses from the Veterans of Foreign Wars, including Carol Whitmore, the first female Commander in Chief of the VFW.

[Applause.]

Chairman MORAN. I also want to welcome each of the organizations on our second panel. Thanks to each of you for taking the time to travel to the Nation's Capital, to come to Capitol Hill, and to advocate for veterans across the country. I extend a special thanks to the veterans from Kansas who are here in person or watching from home, and I look forward to meeting with the Kansans in my office this afternoon.

Your advocacy, the VFW and the other VSOs, your advocacy plays a critical role in informing us of the challenges veterans face on a daily basis, whether it is health care issues because of toxic exposure during your service to the Nation, or long wait times to access care, or receive the benefits that you each earned from the Department of Veterans Affairs.

The role of this Committee, the role of our two Committees, is to make certain that the VA is improving the lives of veterans and that every veteran has access to timely, high quality services they deserve, that promises that were made are promises that are kept. I look forward to hearing today how we can work together with each of the organizations who will testify this morning and their membership across the country to fulfill that mission.

Thank you again, all, for being here, and I now recognize the Ranking Member, Senator Blumenthal, for his opening remarks.

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

Senator BLUMENTHAL. Thanks, Mr. Chairman. I think that very important today is the picture of this Committee, a bipartisan statement of support for the veterans of America, and nobody advocates more effectively or strongly than the Veterans of Foreign Wars. Thank you, every one of you, for being here today.

[Applause.]

Senator BLUMENTHAL. I know we have some from Connecticut, because I met with you yesterday. Oorah. Thank you for being here.

Today is a day when I know most of us have on our minds the safety and well-being of the men and women in uniform in combat right now, and I do not need to belabor the point to this group that our thoughts and prayers are with them. They are our heroes who deserve our support now, and when they come home, as veterans, to leave no veteran behind.

[Applause.]

Senator BLUMENTHAL. When it comes to education, training, the GI Bill, and yes, health care, including mental health care, we should have every veteran as a priority and meet their needs, constantly and consistently, without creating uncertainty that may cause them additional anxiety. And I know everybody in this room here today shares that view.

Today is going to be an important day, as well, because I am going to go to the floor of the United States Senate and ask unanimous consent that we pass the Richard Star Act.

[Standing ovation.]

Senator BLUMENTHAL. Right now it is scheduled for noon. I do not suggest that anybody leave the hearing to be there. But I will be thinking of you as I offer it and make the case that this measure is long overdue. It is unacceptable, simply inexcusable, that tens of thousands of combat-injured veterans are denied full military benefits they have earned.

[Applause.]

Senator BLUMENTHAL. There is no excuse for failing to give them what they have earned. And I want to express my thanks to you, to the VFW, to the veterans service organizations, for your constant and effective advocacy. And I know that we will continue working together.

Let me just say, finally, that we need to make sure that the VA serves your needs. It is about you. It is not about us making speeches. It is not about the workforce at the VA, although many of them are veterans, and they deserve our support. We are enormously fortunate to have some of the most skilled and talented and dedicated health care providers, surgeons, doctors, nurses, schedulers, security, and custodial care. It is all a team. But eventually you are the ones who are the beneficiaries of that program, of the other kinds of care that is provided by the VA, and the PACT Act, where you have played a critical role in making our veterans community aware of the need to undergo screening and to seek benefits. We need to increase that awareness so that more people take advantage of it, and the VA has to provide a workforce that can deal with those applications for compensation and care.

So thank you for being here today. It makes an enormous difference. Never doubt it. And thank you, Mr. Chairman.

Chairman MORAN. Senator Blumenthal, thank you. I now recognize the Ranking Member from the House, Mr. Takano.

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

Mr. TAKANO. Thank you, Chairman Moran. Good morning, everyone.

[Chorus of good mornings.]

Mr. TAKANO. Thank you all for being here to inform us of the issues facing veterans and their families. I especially want to welcome those who have traveled from the great State of California. Where are you?

[Cheers.]

Mr. TAKANO. Thank you for making the trip here. Thank you, veterans, from all 50 states and our territories for being here. It is so good to see you all here. And a very special welcome to VFW National Convention Commander, National Commander, Carol Whitmore of Iowa, the first woman to lead the VFW in its 125-year history. Welcome, Commander.

[Applause.]

Mr. TAKANO. And I see beside you another woman veteran, the honorable Joni Ernst.

Women are the fastest-growing demographic in today's military. Commander Whitmore, welcome. Your leadership reflects the changing face of our force and the future of veteran leadership in this country.

I would also like to welcome VFW Auxiliary National President, Lois Callahan of Arkansas.

[Applause.]

Mr. TAKANO. And the representatives from all the organizations on our second panel of witnesses. It is great to see you all, and I look forward to an enlightening conversation.

But before we get started, we need to acknowledge the events of this past weekend. So far, we know that six U.S. servicemembers lost their lives in Operation Epic Fury, and at least 18 more have been injured.

Mr. Chairman, if you will indulge, I would ask that we take a moment of silence to hold these servicemembers and their families in our thoughts and our prayers.

Chairman MORAN. I agree.

[Moment of silence.]

Mr. TAKANO. As we honor those who were recently lost, we must acknowledge a hard truth. Every new conflict creates another generation of veterans and their families that we owe our support to. It is never acceptable to cut veterans' benefits. It is indefensible to do it while actively sending more American servicemembers into harm's way. This is the time for us to fully invest in the future of VA and ensure that the Department will be there to care for these veterans and their families when they come home.

Instead, this Administration has been subjecting veterans to uncertainty and chaos. As you all are aware, Secretary Collins recently attempted to publish an interim final rule that would limit VA's obligations to veterans whose service-connected conditions are improved by medications. The response from the VSO community was immediate and unified, and it worked. This is a victory that we should all learn from. When veterans stand together, things get done. In this case, the Secretary finally admitted defeat and rescinded the rule. That outcome shows the power of unified veteran advocacy.

However, while we may have won this battle, do not grow complacent. There are more on the horizon. We are now bracing for a massive reorganization of the Veterans Health Administration, one developed without consultation with Congress or input from the veteran community. We keep hearing phrases from VA leadership like "do more with less." Doing more with less has never worked well for VA. VA cannot deliver more care with fewer doctors. VA cannot process more claims with fewer examiners in VBA. You cannot strengthen VA by shrinking it. VA needs social workers, janitorial staff, police officers to ensure VA is meeting its mission.

While I never wore the uniform, I take seriously my responsibility to defend the promises we made to those of you who did. We owe a great debt to those left behind, one that cannot ever be repaid. And that is why I support my colleague, Representative Hayes' Caring for Survivors Act, and my colleague, Representative Hudson's Love Lives On Act.

Also, I know that many of you are waiting to see progress on the Major Richard Star Act. I have heard you loud and clear. So has my colleague, Senator Blumenthal. Senator Blumenthal, Godspeed today. That is why I co-sponsored this bill. It is time to get it passed now.

These bills are not inexpensive, but honoring our commitments never is. But if we can find money for the Administration's priorities, we can find the funds for our Nation's veterans, their dependents, and survivors.

Congress must make the correct and moral decision to prioritize funding for these bills, and we should do so without asking veterans themselves to shoulder the costs. We know veterans are willing to make sure their comrades are taken care of, and I respect that immensely. But the point is you should not have to. Veterans should never be asked to pay for their own benefits. That is Congress' responsibility. The American public has told us that it is willing to take care of these folks. It is just requires us, in Congress, to do the right thing.

One other top priority I would like to bring up, which I know you all share, is Representative Pappas' GUARD Act, which seeks to crack down on claim sharks. Claim sharks have sunk to a new low. I have seen ads where they are using the chaos sown by VA to scare veterans into signing up for their services to, quote/unquote, "protect their ratings." I think this is disgusting, it is predatory, and it must end. Claim sharks must be stopped.

[Applause.]

Mr. TAKANO. Unfortunately, congressional action has stalled recently because of expensive lobbying efforts on behalf of these companies. So I hope all those in the room today and all those listening at home will press their Member of Congress to act. The time is now.

Now, we can debate policy, we can disagree on tactics, but there should be no disagreement on this. When America asks its sons and daughters to serve, America owes them care—fully, promptly, and without condition.

Mr. Chairman, thank you for holding this important hearing today, and I look forward to a frank and fruitful discussion. Thank you, and I yield back.

Chairman MORAN. Ranking Member Takano, thank you very much.

[Applause.]

Chairman MORAN. I now recognize the Executive Director of the VFW's Washington Office, Ryan Gallucci, to introduce VFW National Officers. Ryan.

INTRODUCTION OF VFW NATIONAL OFFICERS BY RYAN GALLUCCI, VFW EXECUTIVE DIRECTOR

Mr. GALLUCCI. Thank you, Mr. Chairman. Members of the Senate and House Veterans Affairs Committee, I am honored to introduce the national officers of the VFW and our Auxiliary. Mr. Chairman, please allow me to ask those who are introduced to remain standing, and I wish to request the audience to hold applause until all have been introduced.

Chairman MORAN. Yes, sir.

Mr. GALLUCCI. The National VFW Auxiliary, National President, Lois Callahan from Arkansas; Senior Vice President, Donna Mills of Pennsylvania; Junior Vice President, Kim Harney from Arizona; and the National Auxiliary Secretary-Treasurer, Ann Panteleakos from Connecticut.

Our national officers of the Veterans of Foreign Wars, Senior Vice Commander in Chief, Cory Geisler from Wisconsin; Junior Vice Commander in Chief, Glenn Umberger Jr. from Pennsylvania; Adjutant General, Dan West from Texas; Quartermaster General, Marc Garduno from Delaware; Assistant Adjutant General, Brian Walker from Tennessee; Chaplain, Darren Atkins from Kentucky; Judge Advocate General, Ron Rusakiewicz from Connecticut; Chief of Staff, Kevin Jones from Missouri; Inspector General, Chris Haynes from Ohio; Surgeon General, Douglas Welch from Idaho. And Commander in Chief's spouse, Bradley Whitmore.

To my left, the Chairman of the VFW National Legislative Committee, Jason Johns from Wisconsin. Skipping over our Commander in Chief, Director of VFW National Legislative Service, Kristina Keenan from Department of Europe; and the Director of the VFW National Veterans Service, Michael Figlioli from Massachusetts.

I would also like to recognize the 11th class of VFW SVA Legislative Fellows, the VFW Women Veterans Committee, our partners from Grunt Style Foundation, and our past Commanders in Chief and Auxiliary Presidents who are with us.

[Applause.]

Chairman MORAN. Ryan, thank you for the introduction, and welcome to all of you, and particular to the leaders that were just introduced. We are welcome to have you in our Committee hearing today. We thank you for your service to our country and for your service to other veterans.

The honor of introducing the National Commander now falls to one of our colleagues, and I now welcome to the Senate Committee on Veterans' Affairs in joint session with the House Committee on Veterans' Affairs, our colleague, Senator Joni Ernst. Senator?

INTRODUCTION OF CAROL WHITMORE BY HON. JONI ERNST, U.S. SENATOR FROM IOWA

Senator ERNST. Thank you, Chairman Moran, Chairman Bost, Ranking Member Blumenthal, and Ranking Member Takano. As a lifetime member of the VFW, it is such a privilege to be here with you today.

[Applause.]

Senator ERNST. But, Mr. Chairman, it is much more of a privilege to be here to introduce someone that is not just a veteran and a fellow Iowan but someone who is also a very dear friend. So thank you to one of our Nation's most respected advocates of veterans, Carol Whitmore, Commander in Chief of the Veterans of Foreign Wars. Yes, please.

[Loud applause.]

Senator ERNST. I would also like to warmly welcome her husband, Brad, who, now retired, advocated tirelessly for Iowa's veterans for many, many years. Thank you so much, Brad.

[Applause.]

Senator ERNST. I have had the pleasure of knowing Carol for many, many years. We were just commenting on my hair color [laughs]. She is a native of Traer, Iowa, and attended the University of Northern Iowa.

Last year, Carol made history as the first woman to serve as Commander in Chief of the VFW, a milestone that reflects both her leadership and the evolving face of those who have served our Nation in uniform.

She began her service in the gender-segregated Women's Army Corps, before transitioning into the fully integrated regular Army, and ultimately concluded her career as a combat veteran of Operation Iraqi Freedom and New Dawn. During her deployment to Iraq she earned the Army's Combat Action Badge in recognition of her personal courage and leadership.

She has served at every level of the VFW, from Post Commander to Department Commander of Iowa, before being elected to lead one of the largest and most influential veterans service organizations in the country. Her leadership reflects the values Iowans know well—hard work, accountability, and commitment to their community. As a national leader who has served in uniform, Commander Whitmore understands the real-world impact of technology modernization and economic opportunity policies on veterans' access to benefits, care, and employment, making her perspective especially valuable to the Committees' work today.

And I also want to acknowledge with the ongoing operations the loss of those six souls that we have seen in the strikes, the counterstrikes coming from Iran, and we pray for the families and their units.

And with that, Mr. Chairman, I yield back.

Chairman MORAN. Senator Ernst, thank you very much. Commander Whitmore, you have been introduced by one of our colleagues who served more than just in the Senate, served her nation in uniform, and who holds the high regard of Members of this Committee and Members of the United States Senate. And what she says we take to heart, and we thank her for her comments today and bringing you a little bit closer to use in a more personal way.

So Commander Whitmore, let me now recognize you for your testimony, as soon as you determine hair color [laughter].

Commander Whitmore, welcome.

PANEL I

STATEMENT OF CAROL WHITMORE, COMMANDER IN CHIEF, VETERANS OF FOREIGN WARS OF THE UNITED STATES ACCOMPANIED BY RYAN GALLUCCI, EXECUTIVE DIRECTOR, WASHINGTON OFFICE; KRISTINA KEENAN, DIRECTOR, NATIONAL LEGISLATIVE SERVICE; MICHAEL FIGLIOLI, DIRECTOR, NATIONAL VETERANS SERVICE; AND JASON JOHNS, CHAIRMAN, NATIONAL LEGISLATIVE COMMITTEE

Ms. WHITMORE. Thank you. Good morning, everyone. Before I begin I would like to take a moment to acknowledge Operation Epic Fury also and give our thoughts and prayers to those who made the ultimate sacrifice and those who are in harm's way still,

like the VFW National Claims Representative, Rosa Valdez, currently serving in Kuwait.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees, thank you for this opportunity to testify on behalf of the nearly 1.3 million members of the Veterans of Foreign Wars of the United States and its Auxiliary.

Our message is simple and resolute: **Honor the Contract**.

[Applause.]

Ms. WHITMORE. When Americans raise their right hand and volunteer to serve, this Nation makes a solemn promise. If they are wounded, become ill, or die in service, America will care for them and their families. That promise is not charity. It is the binding contract between servicemembers and the country they defend. When some suggest that veterans' benefits are too expensive, let us be clear. This is the cost of war.

[Applause.]

Ms. WHITMORE. As a former Army nurse, caring for servicemembers and veterans is not an abstract policy issue for me. It is personal. When I retired in 2013, my duty to those wounded on the battlefield did not end, and it is our responsibility, yours and mine, to see that promise through.

The PACT Act was a landmark achievement, but passage alone does not fulfill the promise. Congress must ensure the VA aggressively applies its PACT Act authorities to address unrecognized toxic exposures, from Vietnam-era burn pits to K2 veterans, submariners, and others exposed in dangerous conditions.

The surge in PACT Act claims has driven the necessary expansion of the VA health system. As demand grows, VA direct care and community care must operate on a unified system. Veterans experience health care in moments of need. In those moments, what matters most is reliable, timely, high quality care, delivered with dignity and respect.

[Applause.]

Ms. WHITMORE. We must build a truly veteran-centric system. Scheduling an appointment should not feel like navigating a maze. VA must set and enforce clear benchmarks for wait times and travel standards. Veterans in consultation with their providers must retain the ability to choose the setting that best meets their needs. To strengthen that system, we urge Congress to pass the Veterans' ACCESS Act of 2025, because veterans should never have to fight their way through red tape just to receive the care they earned.

[Applause.]

Ms. WHITMORE. Parts of the VA community care remain outdated, such as the Foreign Medical Program, which serves disabled veterans overseas. Blane Gish is a retired Army veteran living in Berlin, with 100 percent VA rating for service-connected conditions. When he needed hearing aids, he was required to pay more than 5,000 euro up front and waited more than 6 months for VA reimbursement. The paper check he eventually received did not account for the exchange rate differences, leaving him with more than $1,000 in out-of-pocket costs. Meanwhile, veterans using stateside VA health care receive hearing aids at no cost.

Veterans overseas deserve equal treatment. We urge Congress to modernize this program and provide veterans abroad, many of

whom are still supporting the U.S. mission, with the care that they deserve.

[Applause.]

Ms. WHITMORE. Another area of VA community care that needs attention is CHAMPVA. Families who rely on CHAMPVA experience slow claims processing and limited access. These gaps delay care and strain families who have already sacrificed enough. We urge Congress to modernize and reform CHAMPVA.

Honoring the contract also requires urgent action on veteran suicide. If you are a veteran, family member, caregiver, or survivor whose life has been affected by veteran suicide, please stand if you are able.

[Majority of room stands.]

Members of the Committee, this is the scope of the challenge before us.

Many veterans seeking mental health care are prescribed psychiatric medications, including some that carry the strongest FDA warnings for risks such as suicidal thoughts and behaviors. Veterans must be fully informed and actively engaged in their treatment decisions.

After leaving the Air Force, veteran Derek Blumke from Michigan was placed on multiple central nervous system medications by the VA, ultimately cycling through a medication cocktail that required a painful, year-long withdrawal. This underscores the problem with uninformed psychiatric care. We must do better. Congress should require written informed consent for all VA-prescribed psychiatric medications.

[Applause.]

Ms. WHITMORE. We also urge Congress to pass the Veteran Suicide Prevention Act to strengthen oversight by reviewing suicides in which medications may have been a factor. We cannot improve what we do not examine.

Honoring the contract also means delivering innovative, effective care for the signature wounds of modern war—traumatic brain injury and PTSD. Joshua Stark from Oklahoma, a former infantry officer with two combat tours in Afghanistan, endured months of delays and ineffective treatment before finding help outside the VA through cognitive behavioral therapy, meditation, outdoor programs, and neurofeedback. These approaches helped him manage his symptoms, but only after he lost his marriage and his military career.

Veterans should not have to leave the VA to find healing. That is why we urge Congress to pass the Innovative Therapies Centers of Excellence Act, and ensure that the future of veteran care is driven by science, urgency, and the unwavering promise we made to those who served.

[Applause.]

Ms. WHITMORE. Another critical concern in honoring the contract is the transition from military life to civilian life. Nearly 200,000 servicemembers leave active duty each year, yet too many, especially those separating from overseas assignments in places like Poland and Kosovo, do not complete the Transition Assistance Program at the required time or with adequate resources. I recently spoke with soldiers in both countries who were preparing to leave

the military and had limited support for their transition. When servicemembers separate without proper guidance, they risk delays in receiving the benefits they earned through service.

That is why we urge Congress to pass the TAP Promotion Act to ensure servicemembers connect with VA-accredited representatives before discharge to receive earned benefits the moment they become civilians. Ensuring seamless continuity of care and compensation is how we honor the contract in real time.

[Applause.]

Ms. WHITMORE. Finally, though my next two topics fall under the purview of the Armed Services Committee, I include them in my testimony because several members on the dais also sit on those committees. Servicemembers are taught to leave no one behind. That commitment never ends. The Defense POW/MIA Accounting Agency (DPAA) conducts the solemn mission of accounting for those still missing from past conflicts, as it works to recover and identify remains so families can achieve closure. We must fully fund this mission.

At a time when the Pentagon proposes a record $1.5 trillion budget, once again the mission of DPAA is facing cuts. This is unacceptable and contrary to the warrior ethos. Fully fund DPAA so that our missing can receive their final salute on American soil.

[Applause.]

Ms. WHITMORE. This last issue represents what we consider a dishonorable breach of the contract. We must pass the Major Richard Star Act now.

[Standing ovation.]

Ms. WHITMORE. This offset forces more than 50,000 medically retired combat veterans to surrender their earned retirement pay because they also receive VA disability compensation. Alex Henry, a National Guard member from Arizona, survived an IED blast in Iraq and was medically retired with a traumatic brain injury. His condition worsened and eventually prevented him from working. His wife became his full-time caregiver, and they were forced to sell their home. No veteran should face financial ruin because of this unjust offset.

[Loud applause.]

Ms. WHITMORE. Veterans medically retired due to combat wounds did not choose to leave their service early. Their service was taken from them. Military retirement pay is earned through years in uniform, while disability compensation exists to recognize the lifelong impact of duty-related injuries. This is not double dipping. This is double sacrifice. Pass the Major Richard Star Act now!

[Standing ovation.]

Ms. WHITMORE. The all-volunteer force relies on trust, the trust that when young Americans raise their right hand, this Nation will keep its promise. Veterans have fulfilled their obligation. Now the country must honor the contract, not partially, not eventually, not some day, but today, fully and faithfully.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees, thank you for this opportunity to testify, and I look forward to your questions.

[Standing ovation.]

[The prepared statement of Ms. Whitmore appears on pages 47–85 of the Appendix.]

Chairman MORAN. National Commander, thank you very much for your testimony. You indicated in your conclusion a couple of issues that don't rest with the jurisdiction of the Senate Committee on Veterans' Affairs. But I am a longtime co-sponsor of the Major Richard Star Act, and I appreciate the strong support for that bill from the VFW, as demonstrated by what you had to say and what the members of the VFW said in standing and applauding behind you.

I look forward to the enactment of that legislation, and while that legislation is not part of our Committee's jurisdiction, that will not be an excuse for me to work to make certain that we find the path forward. And I have no doubt that the VFW will assist in that effort, based upon your testimony and my knowledge of the VFW.

So you have my commitment to find the best path forward that I can, working with my colleagues on other committees to try to make certain that happens as quickly as possible.

Ms. WHITMORE. Thank you.

Chairman MORAN. You indicated in your testimony a couple of the things I was going to ask you, so what is the answer to those who argue that receiving both military retirement pay from the DoD and disability compensation from the VA equates to providing two simultaneous payments for the same service-connected disability, what you also called or said is not "double dipping." What is the best answer to that question?

Ms. WHITMORE. Thank you for that question. You know, the Military Retirement Fund was created just for a purpose just like this, that the Chapter 61 retirees are falling into. And the Military Retirement Fund is flush. It has over $1 trillion, so I think that is a perfect place to start looking.

Chairman MORAN. Thank you. You gave a real-world example of the circumstances that a servicemember, a veteran, may find themselves in because of the prohibitions that the Richard Star Act would correct. Would you care to give other examples that you have seen at the VFW where in the absence of the passage of the Richard Star Act veterans and their families suffer?

Ms. WHITMORE. You know, every day I talk to veterans that have this incurred on them, and it is shameful. It is shameful that we have not honored the contract for those veterans who have earned that right.

Chairman MORAN. Do you think there is also an additional benefit that passage of the Richard Star Act would be another asset in our military recruitment and retention of those who soon will serve and those who are serving today?

Ms. WHITMORE. Absolutely. You know, when a veteran transitions from service, they go home and they talk to their friends, their families, their loved ones. And if they have a bad transition coming out of service or if they incurred a bad experience, as in the Richard Star Act, that does affect recruiting and it affects national security.

Chairman MORAN. National Commander, I look forward to working with you and Kansas VFW members to see that the goal of the VFW is accomplished.

Ms. WHITMORE. Thank you.

Chairman MORAN. I now recognize Senator Blumenthal.

Ms. WHITMORE. Thank you.

Senator BLUMENTHAL. Thank you, Mr. Chairman. Thank you for that really powerful testimony, National Commander. And I agree with you totally that the costs of caring for our veterans are part of the costs of war. We need to educate Americans about that basic principle. The $1 trillion or more budget for our military—and I am on the Armed Services Committee so I am very familiar with that budget—should be regarded as a down payment, not an endpoint for the obligation that we owe our national defense, and caring for veterans is part of our national defense.

[Applause.]

Senator BLUMENTHAL. Just to ask one more question, following up on the Chairman's line of inquiry. I do not know what the cost is of the Richard Star Act. Some have said that it is in the billions of dollars. Compared to the $1 trillion for the National Defense Authorization Act (NDAA), it is a fraction, a pittance, a rounding error. Would you agree with me that whatever that cost, the Richard Star Act is well worth it?

Ms. WHITMORE. Absolutely.

Senator BLUMENTHAL. Thank you. I want to ask you about the PACT Act, because your testimony is very pointed on the need for recognition of additional health conditions, the K2 veterans from Karshi-Khanabad, the airbase in Uzbekistan. I have led the effort to try to recognize the health conditions that have afflicted them as a result of their exposure to toxic chemicals, the 455 locations in the United States where there has been confirmed PFAS exposure. Would you agree that the health conditions eligible under the PACT Act for the presumptive consideration ought to be expanded to include all of those kinds of locations where veterans have been exposed to toxic chemicals?

Ms. WHITMORE. Absolutely. Thank you for recognizing that.

Senator BLUMENTHAL. That will be one of my main missions in this session and in future sessions, along with others on this Committee. I helped to lead passage of the PACT Act. We have the PACT Act because of the veterans service organizations and the veterans themselves who literally slept on the steps of the Capitol. We tend to forget, they literally persuaded my colleagues by their physical presence, their fight. And we may need you again on the steps of the Capitol. I know you will be there. Thank you very much for all you do for our veterans.

Ms. WHITMORE. Thank you. We will be there.

Senator BLUMENTHAL. Thank you.

[Applause.]

Chairman MORAN. Representative Bergman.

HON. JACK BERGMAN,
U.S. REPRESENTATIVE FROM MICHIGAN

Mr. BERGMAN. Thank you, Mr. Chair, and congratulations——

Ms. WHITMORE. Thank you.

Mr. BERGMAN [continuing]. On your election. As the son of a VFW Post Commander and Auxiliary President, I grew up when I was about this tall [motions height with hand], going to every kind

of events. I know what you are doing and I know the support you get from the community. Keep it up. Time, once or twice it is gone, money can recruit over time. So let's not waste any time.

Commander Whitmore, could you share the VFW's views on Secretary Collins' planned reorganization of the Veterans Health Administration?

Ms. WHITMORE. Thank you for that question. I am going to turn that over to our expert, Ryan Gallucci, on that.

Mr. GALLUCCI. Thank you, Comrade Commander in Chief. The VFW generally supports the efforts to restructure Veteran Health Administration. In fact, it is something that even under the last administration we had conversations with Secretary McDonough about.

We put out a pretty strong statement right before the holidays and basically said any system that has 18 VISNs, numbered 1 through 23, is overdue for reform. We saw some challenges with governance in the electronic health record, and it is because you had these little fiefdoms all thinking they all report to the Under Secretary for Health. I think there is a responsible way to fix that. We look forward to working with Secretary Collins——

Mr. BERGMAN. That's it, so you want to be engaged to help in the reform of the bureaucracy that has succeeded in one thing, serving itself, not the veterans. And that is what Secretary Collins is trying to do is get the entirety of the Veterans Administration bureaucracy serving the veterans.

Commander Whitmore, VA is the second-largest agency in the federal budget. Where do you see opportunities within the planned VHA reorganization to improve oversight of VA dollars? So if you are going to give that to Ryan, that is okay, too.

Ms. WHITMORE. Well, thank you for that question. You know, there are a lot of areas that can have improvement, and one of those is women's health care. I am very sensitive to that. You know, we are the largest growing demographic in the military, and the improvements for women's health care certainly has increased over the years, especially with increasing things as menopause, endometriosis. And, you know, on a personal note, I would like to ensure that the VA stops calling me Mr. Whitmore when I come in for my appointment.

[Applause.]

Mr. BERGMAN. We will take that one for action. I assume my time is running short. We have got our plate full working with all of you, and we are only as good as we are in the warfighting is because men and women like you continue to serve our great country, and we will serve you. Thank you, Mr. Chairman. I yield back.

Chairman MORAN. Thank you, Mr. Bergman. Commander, I would guess, based upon your last few sentences, you no longer will be recognized at the Department of Veterans Affairs when you seek medical care and treatment. So if the VA is out there listening, please correct this, pronto, and avoid that mistake again.

Representative Takano, Ranking Member.

Mr. TAKANO. Thank you, Mr. Chairman. Commander Whitmore, one thing I heard loud and clear from the veteran community this month is that veterans should never be punished for getting treatment. Before VA issued the Impact of Medication interim final rule

and then reversed course, did VA consult with VFW or discuss the plan in advance?

Ms. WHITMORE. They did not.

Mr. TAKANO. Should VFW and other VSOs be at the table before changes like that are rolled out?

Ms. WHITMORE. Absolutely.

Mr. TAKANO. Well, let's make sure that happens.

[Applause.]

Mr. TAKANO. Commander, this morning, *The New York Times* reported that VA cut more than 1,500 doctors and almost 5,000 nurses. Are you concerned that cuts like these and shrinking the VA's clinical staff is unsustainable and threaten VA's ability to deliver direct health care?

Ms. WHITMORE. There is always a concern with that, and I believe my counterpart, Kristina Keenan, has some information on that.

Ms. KEENAN. Thank you, Commander Whitmore. Of course we want VA to be fully funded and fully staffed, so we are concerned. We have not seen a direct impact yet, but we are continuing to monitor that situation because our veterans, including myself, who use VA full time, are worried about when they see cuts like that.

Mr. TAKANO. Thank you. There are several bills pending that would radically improve benefits for survivors. For example, Representative Hayes' Caring for Survivors Act. Commander, your testimony says that this is not charity, it is a promise. On survivor benefits, DIC is still set at 43 percent of other federal survivor programs at 55 percent. Do you agree that Congress should bring DIC up to parity, and we should do it in a way that does not take earned support away from other veterans to pay for it?

Ms. WHITMORE. Yes, absolutely. DIC has not had any improvements or increases since 1993. And I have a good friend, Deirdre Ziegler, who lives in Alaska, lost her husband last year, and she is struggling financially because she has not been able to connect the dots for her husband's sudden demise and the service-connection with that. And it is shameful that we treat our spouses like that and have not increased that at all.

Mr. TAKANO. Well, I could not agree with you more. I ask the same of the Major Richard Star Act. Combat-injured veterans should not lose retirement pay because they were hurt in service. I think you all agree that the Major Star Act is about basic fairness, ending an offset that reduces earned retirement pay for combat-injured veterans. And Congress needs to move it without making veterans trade away other benefits that cover the costs. Is that right?

Ms. WHITMORE. Correct.

Mr. TAKANO. Well, I certainly hope that there are no objections to the UC that Senator Blumenthal asks today, to pass the Richard Star Act today. Thank you.

Ms. WHITMORE. Thank you.

Chairman MORAN. Ranking Member, thank you. Representative King-Hinds.

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

Ms. KING-HINDS. Thank you, National Commander Whitmore, for your testimony and for your team being present here this morning. Before I start I want to give a special shout-out to the VFW chapter in Saipan, Commonwealth of the Northern Mariana Islands, which is the district that I represent, Commander Brad Ruszala and Quartermaster Pete Callaghan. And I want to say thank you to all of you for your continued advocacy and leadership.

The CNMI, you know, we have one of the highest per capita rates of military service in the Nation. And when our sons and daughters, mothers and fathers return home, we do not come home to a community VA hospital. We do not have a community out-base patient clinic. We do not have immediate access to specialty care. Our veterans have to travel thousands of miles away to be able to get specialty care, and all too often the choice is between having to pay for airfare or paying for their utilities, which means that they just delay the care altogether.

So National Commander Whitmore, when you started off by saying "Honor the Contract," I represent a jurisdiction where that contract is not being honored today. And I look at all of you, who all too well know what it means to serve in time of war, and so I just wanted to also underscore my gratitude this morning.

Ms. WHITMORE. Thank you. Thank you for that.

Ms. KING-HINDS. One of the things that I want to focus on, given all these conversations about VA reform, is how do we balance, right, some of these competing concerns and competing priorities, specifically community care, because there is a school of thought that if we expand access to community care, we are compromising access to direct VA care. And I kind of wanted to further flesh out that conversation and hear from you what that would look like.

Ms. WHITMORE. Thank you for that question. I have visited Saipan, and I know how isolated it is there. And it is hard for health care to exist there in the direct VA health care form. And that is why there has to be a balance between VA health care and the community care. I would like Kristina Keenan to expound on that just a little bit more.

Ms. KEENAN. Thank you, Commander Whitmore. Something that she mentioned in her testimony was access to community care. So that might be the perfect supplement for folks in territories, in rural areas, where there are large driving distances, or where there just is not VA services available. What our focus is on is making sure that access is seamless, that referrals are quick, that making appointments is quick and understood by veterans, and that veterans are informed of when they can go and get care in the community.

So funding needs to be balanced. We do not want to forget the infrastructure and the needs of VA direct care, but community care is very important, as well. We thank you for that question.

Ms. KING-HINDS. Thank you for that. I am out of time. I yield back.

Chairman MORAN. Senator Hassan.

HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE

Senator HASSAN. Thank you, Mr. Chairman, and Chairman Bost and Ranking Members Blumenthal and Takano. I also want to thank you, Commander Whitmore, for your service to our country in the military and for your continued service to our Nation's veterans in this role. It is deeply appreciated.

Ms. WHITMORE. Thank you.

Senator HASSAN. I also want to thank the rest of the VFW personnel who are here today, especially the Granite Staters out there, for your service to our country and to your fellow veterans.

And finally, before I get to my questions, I want to say that I know that all of us, no matter our political party, are united in praying for the safety of our servicemembers who are right now in harm's way. And we are keeping the families of the heroes we lost this week in our heart. We owe them a debt of gratitude that we can never fully repay, but we have to do everything we can to try to do that every single day.

Commander, I would like to start by discussing a topic that is deeply concerning to me, fraud and scams that target veterans. You have given testimony on claim sharks, so-called consultants who take advantage of veterans by charging fees to "help" the veteran file their VA benefit claim, and I put "help" in quotes there, effectively exploiting a legal loophole to profit off of disabled veterans.

I have long supported reinstating penalties for these unaccredited predators, but they are not alone. Veterans are targeted by a wide range of scammers who seek to take advantage of them and the benefits they have earned.

Commander, can you talk about how fraud and scams harm veterans and their families and what Congress can do to prevent that?

Ms. WHITMORE. Thank you for that question. It is shameful that they prey on desperate veterans, a veteran that is already desperate, either emotionally, financially, to charge exorbitant prices. Illegal is illegal, period.

Senator HASSAN. Right.

[Applause.]

Ms. WHITMORE. But I would like Mike Figlioli, our Service Officer Director, to talk on that a little bit more, though.

Senator HASSAN. Yes, thank you. Just briefly because I have one more question.

Mr. FIGLIOLI. Thank you, Commander in Chief. We obviously support the GUARD Act and we thank the Committee for that. As the Commander in Chief said, illegal is illegal, and if you were going to attach a claim you must be accredited, and you cannot collect fees, period.

Senator HASSAN. Thank you. I will continue to work with all of you on that.

Commander, your written testimony discussed the value of VA health care, and you highlighted how direct care from the VA, when properly resourced and managed, delivers high quality outcomes and really earns trust. This highlights the importance of supporting VA health care and veterans' access to it.

So I have continued to call on this Administration to publish its plan for a full-service VA hospital in New Hampshire, so that we

are no longer the only state in the Lower 48 without one. Can you just please discuss again the importance of ensuring that veterans continue to have access to VA direct care?

Ms. WHITMORE. Thank you for that. I think veterans mostly want to have VA health care. It is the personal bond that we have with each veteran. They want to go to a place where they know that they can talk to somebody about a home situation or something other than what their health care is, with that military connection. They crave that. They want that.

Senator HASSAN. That competency, that understanding of military culture, too.

Ms. WHITMORE. Yes.

Senator HASSAN. Thank you so much.

Chairman MORAN. Senator Sullivan.

HON. DAN SULLIVAN,
U.S. SENATOR FROM ALASKA

Senator SULLIVAN. Thank you, Mr. Chairman, and I want to thank you, Commander, and your team. And I want to thank all the veterans and VFW members who have traveled across the country for this wonderful hearing. This is one of my favorite hearings because it always gets a little rowdy and excited. So I want to speak on the rowdy. I want to recognize some of the veterans, maybe not as far as Saipan, Congresswoman, but I want to recognize my veteran VFW members from Alaska. They probably traveled some of the furthest distances. How about a round of applause for my fellow Alaskans.

[Applause.]

Senator SULLIVAN. We are proud of the fact that we have more veterans per capita than any state in the country in Alaska. I retired after 30 years in the Marine Corps, as an infantry and recon officer, a couple of years ago. And I may be Alaska's eighth United States Senator—we are a young state, Alaska—but with the exception of father and husband, the title I am most proud, by far, is United States Marine.

[Chorus of oorahs.]

Senator SULLIVAN. I knew that would get a couple of oorahs. And now the title I am also very, very proud of is United States veteran, and I am a proud member of Eagle River VFW Post 9785.

[Applause.]

Senator SULLIVAN. So thank you. When you guys are roaming the halls it is great, and it warms my heart, every single one of you.

Commander, I wanted to follow on your testimony about mental health. You know, my state has a lot of veterans, like I said, with a lot of suicide and mental health challenges. I recently held a roundtable in Fairbanks, Alaska, at one of our vet centers, on mental health challenges. And one of the issues that came up was this lack of continuum of care in our state, and more specifically, while there are a couple of Intensive Outpatient Programs, IOP programs in Anchorage, in most of my state, including Fairbanks, there is none. So when a veteran finishes inpatient treatment on mental health challenges—and again, in Alaska we do not have anything for that, so they have to leave the state to go get that treatment—

when they come back there is no continuum of care in a lot of the communities, no IOP programs or things like that.

So can you tell me more about the gaps the VFW sees in mental health treatment, both in community care and in the VA, and are there things that we, in the Congress, should be doing to make it so if you are coming back from inpatient treatment you should not have to have a hard landing. You should have a soft landing, being able to go to IOP centers throughout the state, whether it is a VA center or a community care center. And is that something we can work with you guys on? I think it is really, really important.

Ms. WHITMORE. Thank you for that question. A veteran should not have to start over with their care treatment. There are so many different modalities that the VFW would like Congress to look at—hyperbaric treatment and medical cannabis. There are many different things that can be done. A veteran does not want another pill thrown at them. They are tired of that. They are tired of feeling not themselves, around their families, their children. They want something different. They want a different treatment so that they can feel good about themselves. So I agree, they should not have to start over.

Ryan Gallucci can probably expound on that just a little bit more.

Mr. GALLUCCI. If we have some time. Yes, absolutely. It is about building up these networks, especially for those types of outpatient programs that a veteran might need. Ever since even Phoenix we have said community care is part of VA care, and especially in a place like Alaska, where access is a challenge. But making sure that VA has those networks in place and that they are complementary to VA, well, seamless to the veteran, so that when a veteran needs care they get the care.

Senator SULLIVAN. We would like to work with you, Commander, and your team on how we improve that. Thank you, Mr. Chairman.

Chairman MORAN. Representative Budzinski.

HON. NIKKI BUDZINSKI,
U.S. REPRESENTATIVE FROM ILLINOIS

Ms. BUDZINSKI. Thank you very much. Good morning, everyone. Chairman Moran and Ranking Member Blumenthal, Chairman Bost and Ranking Member Takano, thank you for convening this year's Joint VSO hearing. And thank you to every veteran here today for your service and for showing up and lending your voice here with us. And a shout-out to the Illinois veterans in the room, as well.

I would like to start out by also offering, in addition, my special recognition to Commander in Chief, Carol Whitmore, as the first woman to lead the VFW. Thank you for your service and for the message your leadership sends to women veterans across the country.

On that note I would like to use my short time that I have to focus on women veterans. In your testimony, VFW makes clear that as the veteran population diversifies, VA must deliver culturally responsible, responsive, and evidence-based care, and that requires stronger provider training and better measurement of out-

comes. This is also what I have heard from the Women Veterans Council I have in my own district.

We also know women veterans face unique mental health risks, often timed to trauma exposure, and that the care environment and the trust in the VA can determine whether someone engages in the treatment.

VFW urges more consistent demographic data and outcomes reporting, so disparities can be identified and corrected. Research from the Wounded Warrior Project shows women veterans are more likely to present moderate to severe symptoms of PTSD and depression, and women vets have higher rates of suicidal ideation.

Additionally, as you pointed out in your testimony, we know that there are documented racial disparities, such as earlier cancer risk among African American vets and increased cancer risk among women exposed to toxins and other airborne hazards. These kinds of gaps are very real and require targeted attention, and I am concerned how this Administration's attacks on diversity, equity, and inclusion may impact our ability to track and close them.

Commander Whitmore, what should Congress require so VA keeps measuring these disparities for women veterans and does not claim progress by simply stopping the measurement?

Ms. WHITMORE. Thank you for that question. I think training is paramount. You know, the more that the providers can have that connection with their patient is so important. And there should be choices for the women that have a provider, that their choice is a female. If they choose to have a female, that should be there for them, especially when they have experienced MST in the military, they should have that choice not to have a man do their exams for them. They have already been through enough that they do not deserve to have that again, that thought in their head.

Ms. BUDZINSKI. And do you think continuing the VA to track this type of data is really important to being able to better understand what the women veterans need?

Ms. WHITMORE. Absolutely. You cannot go forward without any research and then put it into practice.

Ms. BUDZINSKI. Thank you, and I yield back.

Chairman MORAN. Representative Hamadeh.

HON. ABE HAMADEH,
U.S. REPRESENTATIVE FROM ARIZONA

Mr. HAMADEH. Thank you, Mr. Chairman. Now this year is a very special year. It is the 250th anniversary of the founding of our great republic. And it is because of the men and women in this room who took that oath of office, took that oath of enlistment to serve our great country. It is the reason we lasted 250 years.

And typically, civilizations and empires only last 250 years, so we are at this precipice right now about how we are going to continue as a country. And for us in this room, veterans like myself and like all of you here today, it really is important for all of us to understand what that flag means, and the people who sacrificed their lives for it. So thank you, all of you, for being here.

The veterans service organizations in this room represent millions of Americans who took that oath to serve our country, and are

now relying on Congress and the Veterans Affairs Administration to help honor that commitment.

As an Army Reserve officer who served overseas, and a member of both the Armed Services Committee and the Veterans' Affairs Committee, this matter is personal for me. The veterans in Arizona's 8th District are watching. They want accountability, and they deserve results.

Commander, I am going to switch gears to economic opportunity. I introduced the Improving Emerging Tech Opportunities for Veterans Act, H.R. 7103, which broadens vet tech to include emerging fields like AI and semiconductor manufacturing. My district is home to one of the largest semiconductor investments in American history, and my bill would train veterans to be equipped to be first in line for those careers. As you know, AI is at the center of the future right now. I understand the VFW has already voiced support for this legislation.

Commander, can you speak to why ensuring veterans have access to training in emerging technology fields is a priority for the VFW?

Ms. WHITMORE. Thank you for that question. You know, as you said, AI is the future, and most of the young veterans that we have now, that is their interest. And so if you have a disabled veteran, the VR&E could be part of that. I think that transition for them is crucial.

I would like Ryan Gallucci to expound on that just a little bit more, or Kristina. Kristina, would you take that?

Ms. KEENAN. Thank you so much for working on this piece of legislation. VET TEC is a program that was incredibly popular. We are looking forward to that being relaunched, and including professions like this, where veterans can get on-the-job training. I think is going to be incredibly crucial for their futures.

Mr. HAMADEH. Thank you, and I am doing my part. I know all of these companies are investing foreign direct investments into the United States. I keep encouraging them to have to hire more Americans, and especially more veterans. Thank you.

I yield back, Mr. Chairman.

Chairman MORAN. Representative Conaway.

HON. HERB CONAWAY,
U.S. REPRESENTATIVE FROM NEW JERSEY

Mr. CONAWAY. Thank you, Mr. Chairman. Thank you, Commander Whitmore, for your testimony, and thank you to the VFW panel for all the work you do on behalf of veterans. And a shoutout to my fellow New Jersey veterans here in the room. I want to thank you, and to thank all of my fellow veterans, for your service.

Evidence has repeatedly shown that VA care provides the best outcome for veterans. Ms. Whitmore, Commander Whitmore, would you agree that given a choice between VA direct care or community care, veterans will ultimately prefer VA direct care. Do you agree with that statement?

Ms. WHITMORE. I think overwhelmingly veterans like to go to the VA because we do get to talk with fellow veterans and discuss our war stories with each other. It is a balance of both.

Mr. CONAWAY. I think that relationship of shared experiences is critically important to care. As a physician, that is something I know well.

VA care is uniquely designed to meet veterans' needs. In your written statement you said "that when VA direct care is properly staffed, funded, and managed, it delivers high-quality outcomes and earns trust." In your opinion, do you believe—and before asking this question, between January 2025 and December 2025, the VA's monthly workforce dashboard showed a net loss of more than 4,000 physicians and nurses. This is, again, is a report from the VA itself.

In your opinion, do you believe that VA direct care is being properly staffed or funded?

Ms. WHITMORE. I believe at this time it has been. We are closely monitoring that to see if any veterans have suffered any losses in their care. But Ryan Gallucci probably as a little more information on that.

Mr. GALLUCCI. Yes. Thank you, Commander in Chief Whitmore. I think it certainly is a challenge to look at VA care, but one of the things that I will say is that the challenges that they have seen hiring doctors and nurses mirror what you see on the civilian side.

We do poll our members from time to time, and our surveys demonstrate, yes, they prefer direct care. And with our partners at the "Veterans Independent Budget" we do talk about properly investing and making sure that VA has the staff that it needs to deliver that direct care, as well.

Mr. CONAWAY. Well, it is hard for me to imagine how you can deliver better care with less of a workforce, and we see this not only in health care but really across all endeavors where labor is involved. In this case we are talking about physicians and nurses.

Do you believe that these shortages could drive more and veterans to rely on community care, and if so, what are the implications of greater reliability on community care for veterans?

Ms. WHITMORE. It can do that. It depends on the geographic locations of the veterans. You know, in the larger cities they are going to have more access with direct care with VA. The rural communities have to rely on community care. I know, coming from a very small, rural town myself, just how critical that was to know that I had community care when I needed it. It just depends, again, on where the veteran lives.

Mr. CONAWAY. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Yes, sir. Thank you. Representative Pappas.

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

Mr. PAPPAS. Thank you very much, Mr. Chairman. Commander, thank you so much for your powerful testimony here today and for your leadership and the example that you set. I am grateful for so many VFW and Auxiliary members who have made the trip here to Washington, DC. Your presence really does help move the needle on these key initiatives that the Commander outlined. And we have got to honor that contract, and that is our obligation here in the Congress of the United States to work on a bipartisan basis to get some of these priorities across the finish line, including things

that represent fairness and justice for veterans, like the Major Richard Star Act. We have got to get that done.

Now one bill I wanted to highlight, and thank the VFW for its support, is the claim shark bill that I have introduced. Under federal law, only VA-accredited representatives may assist veterans with their claims. But these claim sharks, we know, are breaking the law. And they only reason they refuse accreditation is because they would no longer be able to profit off of our veterans.

Two decades ago, criminal penalties were removed from the statute, and we are seeking to reinstate those criminal penalties. It is why I have introduced this legislation that does that. And since I first introduced the bill in 2020, the claim sharks industry has hired lobbyists to discredit this bill and to push legislation that would legitimize their practices.

Thankfully, VFW and other VSOs are fighting back against this. And while we continue to educate colleagues and try to build support within Congress to pass this, we know that you are also making progress at the state level in ensuring that state legislatures and state attorneys general are going after these claim sharks and are making some progress.

So I would like to ask you this question. While we make progress at the state level, which is a positive thing, can you talk about the necessity of getting something done here at the federal level, to provide some clarity and some teeth to the law, so that we can go after these bad actors?

Ms. WHITMORE. I could not agree more. Thank you for that statement. I would like Jason Johns, who is kind of an expert on that area, to talk about that a little bit more.

Mr. JOHNS. Thank you, Commander in Chief. As you know, Representative, recently the VA issued two fraud warnings about DBQ schemes, and 10 people were indicted in Puerto Rico. Seven of them were veterans who, unfortunately, had utilized a local claim shark.

You know, accreditation is a shield, a shield between the VA and that veteran. And as an accredited VA attorney myself, I am held accountable for any misfilings or potential fraud, or errors. So if a veteran issues an unaccredited claim shark, or uses an unaccredited claim shark, and there is any fraudulent or errors or intentional misfilings, that veteran is held liable, full stop. There is no shark of record. There is an attorney of record, there is a representative of record, there is no shark of record.

And so it is important that Congress upholds the laws it passed over 30 years ago, almost 30 years ago, that required accreditation. It required accreditation to protect veterans from unscrupulous actors who are trying to prey upon them. It had a good reason then, it is still a good reason now, and Congress should stop trying to legalize an illegal activity. And we thank you for your support of this bill, Representative.

Mr. PAPPAS. We will keep working together on it until we get it done. Thank you very much. Thank you.

[Applause.]

Chairman MORAN. Senator King.

HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE

Senator KING. Thank you, Mr. Chairman. And I first want to recognize my friends from Maine, Steve San Pedro, and they came down here for the warmer weather. That is why they are here [laughter]. Are you back there, Maine? [Cheers.] Good to see you. Thank you.

What I want to share with all of you is that you have tremendous power here. You are one of the most respected groups in the country. And when we are talking about these various pieces of legislation, I want you to realize that, through your Commander in Chief and through your leadership, but also through your grassroots lobbying of your Representatives and Senators, you can make a real difference. I just want you to know the strength that you have because of the respect that you are held in by this body.

A couple of points and questions. TAP promotion—you are with us, aren't you?

Ms. WHITMORE. Absolutely.

Senator KING. That is for allowing VSOs to be involved in the TAP program. I believe that the government should spend as much time, money, and effort on transition out as they do on recruiting in. That is something we need to do.

[Applause.]

Senator KING. There is another issue, of course, we are all worried about veteran suicide. We are working with Members of this Committee on a bill that would provide a free lockbox for guns for veterans. No questions asked. No names. Just make that safe. Because what we have found is, what the studies have found, if there is a five-minute gap between the idea and the, I don't want to say the execution, it makes a real difference. Seventy-five percent of veteran suicides are committed with firearms. That is an appalling number.

So this is a simple, straightforward bill. It is based on a pilot program in Utah that has really worked. I hope you will give us some help on that one.

The final thing I wanted to ask about is, we know that there have been staffing changes and reductions at the VA, tens of thousands fewer people today than there were a year ago. What I need to know from you is, is that okay? Has it been done without affecting services, without affecting callbacks, without affecting scheduling? We need the input from the field, Commander, if you could survey your members. Because the Administration basically says, "No problem. This isn't affecting care. We are doing better." And I just want to be sure, from the veteran's point of view, that that is actually what is happening.

So can you get back to us on that?

Ms. WHITMORE. Absolutely. We daily monitor that, and we get feedback from our fellow veterans, and we will get back with you if we do find any concerns or considerations to provide to you.

Senator KING. Well, and just yesterday I met with the Secretary, and one of the issues, we talked about physician shortages, there is a cap as to what a physician for the VA can be paid, and therefore the VA is basically unable to compete in the local community.

I am going to be introducing a bill to lift that cap, because I think that is a real barrier to providing adequate service to our veterans.

So again, I want to thank you. You have got the power. Use it!

Ms. WHITMORE. Thank you.

[Applause.]

Chairman MORAN. You were briefer than usual, Senator King [laughter].

Senator KING. Did I deserve that crack from this guy?

[Laughter.]

Chairman MORAN. No, and I actually was leaving but I had to tell my staff to borrow one of your expressions, that you said during your questioning of the witness.

Senator KING. Nothing is trademarked, Mr. Chairman.

[Laughter.]

Chairman MORAN. I appreciate it. Senator Banks.

HON. JIM BANKS,
U.S. SENATOR FROM INDIANA

Senator BANKS. Thank you, Mr. Chairman. Hopefully we have a few fellow Hoosier veterans in the room.

[Cheers.]

Senator BANKS. What a great crowd. All right. Great to see all of you. What a tremendous group that you all are. Thank you for what you do and your service and what you continue to do to support our veterans. And I am proud to represent Indiana on this important Committee.

America's professional, all-volunteer military is the best in the world, not just because our country has the most advanced military technology and the best training. Also because our sailors, soldiers, and airmen know our government and all of our people support them. And at a time, like right now, when we have war breaking out around the world, let's keep all of our servicemembers in our prayers as they defend us overseas.

Commander Whitmore, the VA's legal authority to care for homeless veterans expired during the government shutdown last fall. They continued their programs using other authorities, but it has caused many problems. I am introducing legislation to make the Health Care for Homeless Veterans (HCHV) Program permanent. Can I count on VFW's support to help pass that bill?

Ms. WHITMORE. Of course, yes.

Senator BANKS. Thank you.

[Applause.]

Senator BANKS. Commander Whitmore, I agree the VA is not fully using the tools that Congress gave them in the PACT Act to investigate and cover toxic exposures. What more should the VA be doing?

Ms. WHITMORE. I believe that, you know, there are so many venues that have not been explored yet, and the veterans provide that information, and that needs to be put pen to paper with what the symptoms are and what needs to be covered. But Kristina Keenan has a little bit more information on that.

Ms. KEENAN. Thank you so much for the question. VA needs to have some avenue for veterans to report their conditions and report the toxic exposures they have experienced. We would love to see

these Committees have some oversight of VA's process. What are they looking at? What are they researching? What are they considering as future presumptive conditions? Veterans just need to know what is happening, and some oversight would be amazing for that. Thank you.

Senator BANKS. Great. Good. We will work on it. I look forward to working on that together.

Commander, I appreciate you highlighting the need to reform how the VA plans and funds infrastructure. They need more construction funding, and they need to stretch every dollar that they have a lot further than what they do. What are you recommending in the "Independent Budget?"

Ms. WHITMORE. Obviously, AI is our future, and that needs to be tended to, especially on the VA care. I think they still have three different systems that they have to report on. I know, as a former nurse at the VA, there were at least two systems that I had to log onto, and now they have added a third one. So definitely needs to have some different structure and infrastructure done at the VA.

Senator BANKS. Good. Okay. We will work on that together too. Thank you very much. Thank you to all of you. As a proud member of VFW at the Columbia City, Indiana Post, it is great to be with all of you today.

[Applause.]

Chairman MORAN. Senator Banks, thank you. Representative Cherfilus-McCormick, welcome.

HON. SHEILA CHERFILUS–MCCORMICK,
U.S. REPRESENTATIVE FROM FLORIDA

Mrs. CHERFILUS-MCCORMICK. Thank you. Thank you, Mr. Chairman, and also thank you to all the VSOs who are here today, doing this important work for our veterans. It is so needed.

Ms. Whitmore, your testimony today underscores a fundamental principle. When Americans raise their right hand and swear an oath, this Nation makes a solemn promise in return. The promise is not conditional, and it is not negotiable.

In your testimony you noted that the VA lost as many as 30,000 full-time employees by the end of fiscal year 2025, due to funding instability and attrition. While demand for care continues to rise, have you seen evidence that these staffing reductions or organizational changes are disproportionately affecting access to care for specific groups of veterans, including women, minorities, rural veterans, and those seeking mental health services?

Ms. WHITMORE. Thank you for that question. We have not heard anything specifically relating to the cutback, but we continue to monitor it every day.

Mrs. CHERFILUS-MCCORMICK. Thank you. And if you do, please let us know. We are very concerned. I am very concerned about the veteran suicides that we are seeing, the cuts that are happening in that department. So really stay in close contact to make sure all of our veterans have access to health care. Mental health, specifically, is really one of our goals.

My second question is that you also emphasized the importance of culturally responsive, trauma-informed care, and improved data collection on race, ethnicity, sexual orientation, and gender iden-

tity. In the light of recent VA reorganizations, do you believe VA currently has adequate oversight mechanisms in place to detect and prevent disparities in care delivered, or should Congress consider additional statutory guardrails?

Ms. WHITMORE. I think there always has to be oversight. I do not think there can ever be too much. You know, it is a good balance that needs to happen in that, and Kristina Keenan, again, has more information on that.

Ms. KEENAN. Thank you for that question. We do recommend that VA continue to collect data on women veterans and other groups of veterans at VA, so that gaps can be identified. So if there are underserved groups, without collecting that data we just do not know where the gaps are. So we encourage VA to continue to collect that information so that they can better serve veterans and know who needs those services.

Mrs. CHERFILUS-MCCORMICK. Thank you. Since we have so many of our lovely veterans here, has anybody in the audience seen any gaps when it came to care because of the funding sources? You can just say aye or raise your hand.

[Show of hands.]

Thank you. That is a good number. So we look forward to discussing more of how we can have any guardrails.

Is there anybody else who may have any suggestions?

[No response.]

Mrs. CHERFILUS-MCCORMICK. Thank you, then. I yield back.

Chairman MORAN. Thank you. Commander, thank you for your expertise and commitment. The quality of the conversation that we had today I hope is satisfactory to you and the VFW members that are with you and behind you. It is very valuable for our Committee to have heard what you had to say today, and I appreciate your responses to our questions.

We are going to pause for just a few moments while we ask you to depart the witness table and invite other veterans service organizations to present their leadership here for the continued hearing. Thank you for your service.

Ms. WHITMORE. Thank you so much for this time.

Chairman MORAN. Yes, ma'am.

[Applause.]

[Recess.]

Chairman MORAN. Good morning, again. We now welcome our second panel of witnesses, and an additional set of audience members, as well. And we are delighted that you all are here, and we are pleased to have the opportunity to hear what instructions, suggestions, and marching orders you may have for the Senate and House Committee on Veterans' Affairs.

I am going to speak on the House floor—sorry, I am not going to speak on the House floor. I have not done that in years—but on the Senate floor momentarily, and Senator King has agreed to chair the meeting until noon. But please do not take any suggestion that I am not interested in what you have to say, and I intend to return as quickly as I can.

Our second panel of witnesses testifying today is Tammy Barlet, the Vice President of Government Affairs for Student Veterans of America; Chief Warrant Officer 4, Scott P. Stevens (Ret.), the National Commander for the Jewish War Veterans of the United States of America; Lea Rowe, the National Executive Director for Blinded Veterans Association; Richard Fetro, the National President for Fleet Reserve Association; Colonel Lorry M. Fenner, Ph.D., United States Air Force (Ret.), Senior Policy Advisor for Minority Veterans of America; Andrew Tangen, the President of the National Association of County Veterans Service Officers; and Dr. Kyleanne Hunter, the Chief Executive Officer of Iraq and Afghanistan Veterans of America. Thank you all for being here. We look forward to your testimony as we continue to find ways to improve the lives of our veterans and their family members.

Ms. Barlet, you are recognized for your testimony.

PANEL II

STATEMENT OF TAMMY BARLET, VICE PRESIDENT OF GOVERNMENT AFFAIRS, STUDENT VETERANS OF AMERICA

Ms. BARLET. Chairman Moran, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to speak with you today on behalf of Student Veterans of America. From across the United States, from California to Alaska, to Florida to New York, the veterans making their way from service to workforce through a transformative power of higher education are represented in today's room. If you are a student veteran, member, or a chapter leader with Student Veterans of America, please stand.

[Applause.]

Ms. BARLET. Thank you. I want to begin with a simple premise. Student veterans are already succeeding. They persist, they graduate, they contribute, and all while doing this while working, raising families, and rebuilding a civilian identity in a real time. Veteran success in higher education is a known reality.

Today's conversation is instead about the national return on investment. We can let veterans succeed despite friction, or we can build a system that intentionally turns their talent into national strength. A servicemember separates from the military and decides to pursue higher education, like many do. The GI Bill works the way it is meant to work, as a front door to stability and mobility. Enrollment is a plan instead of a gamble. Work, whether through VA work-study or private sector opportunities, connects to early learning. Housing is stable throughout the year, health care is reached before crisis, and campus belonging comes through trusted spaces that reduce isolation and sustains momentum.

SVA's data shows that today's student veterans are overwhelmingly prior-enlisted and first-generation college students, mostly between the ages of 25 and 35, frequently supporting families, and nearly 75 percent are working while enrolled. Even under this workload, they overwhelmingly bypass their national academic averages.

When we keep the pipeline to opportunity narrow, employees lose talent and communities lose leadership. We should, therefore, treat this as an economic competitiveness agenda.

First, we tighten the connection between education and career outcomes. Veterans pursue higher education because it remains the clearest pathway to meaningful civilian careers. We can provide access to materials and technology imperative of the 21st century. We can support paid and relevant work while veterans are enrolled in school. We can work to lower the barriers to internships.

Second, we fix the visibility problem. Beyond health care visibility with data continuity through our electronic health records, too many campuses still cannot identify the veterans who are on their campus, and that is before the benefits are certified. But with that delay, and many institutions have the system like Common App, they can verify students' veteran status and benefit eligibility through a governed, permissioned, data matching, and begin certification early, connect veterans to right resources early, and measure outcomes with real validity. The Federal Government already has secured the technical pathway that can support early verification and better coordination.

Third, we want to protect stability, from separation to career placement. Policies should reflect how veterans use their education today, including intentional online and hybrid learning. That makes school possible when you are working, caregiving, or managing a disability. At the same time, we want to structure the guardrails so flexible learning supports persistence, without weakening the campus connection that drive belonging.

This is a moment where we can choose to run the GI Bill as a benefit or we can run it as a national talent strategy. SVA's national conference this year shows us what coordination efforts can do. More than 200 VA representatives provided assistance to 414 veterans. They scheduled and performed 201 exams, and completed 23 disability ratings. Eight people—I will say it again, eight people—started a claim that Thursday, were seen by an exam on Friday and Saturday, and received a decision by Monday. Life changing.

People, processes, and authorities were all in the same room with that same goal, and this is a blueprint for how VA and organizations can show up and partner at scale.

Members of the Committee, student veterans already show us what they can do, and every day we delay, we build into a system that is potential that we can never get back. Thank you, and I welcome your questions.

[The prepared statement of Ms. Barlet appears on pages 86–105 of the Appendix.]

Chairman MORAN. Ms. Barlet, thank you. I now recognize Mr. Stevens.

STATEMENT OF SCOTT P. STEVENS, CWO4, USA (RET.), NATIONAL COMMANDER, JEWISH WAR VETERANS OF THE USA

Mr. STEVENS. Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, Members of the House and Senate Committees on Veterans' Affairs, my fellow veterans and ladies and

gentlemen, I am CWO4 Stevens, a 30-year veteran, and the 94th National Commander of the Jewish War Veterans of the United States.

JWV's message is strong and clear. We advocate for military and veterans' benefits and services with congressional officials, executive branch departments, and the White House. We also have a special focus on combatting antisemitism, bigotry, and hate.

JWV opposes religious discrimination and ethnic bigotry, and we are especially determined to speak out against antisemitism. During the last six years, JWV, the sole Jewish veterans service organization, has joined many roundtables, we have addressed hate speech, and announced antisemitic activities, events, and actions. JWV will continue to be a strong voice in fighting antisemitism wherever and whenever it arises.

We recognize and appreciate Chairman Bost and Chairman Moran as well as Ranking Members Blumenthal and Takano for meeting with JWV leadership in 2024 and 2025 regarding antisemitic activities targeting veterans and military communities.

JWV also supports H.R. 6047, a bill to improve DIC and special monthly compensation benefits.

JWV also advocates for legislation to immediately allow concurrent receipt of full military retired pay and veterans' disability compensation for disabled retirees. Specifically, JWV is pushing for the enactment of the Major Richard Star Act. JWV urges Congress to schedule a floor vote on the act or as an amendment to the NDAA during the 119th Congress. Congress needs to have the courage to fund people over weapons. Thank you, Senator Blumenthal, for being a champion of the Star Act.

JWV joined with many auxiliary and veterans service organizations in opposing the VA's interim final rule, which affected disability ratings. On February 26th, VA rescinded the IFR, based on the combined outrage from VSOs and Congress.

JWV supports the Fallen Servicemembers Religious Heritage Restoration Act, as both the House and the Senate passed their bills to begin the process of properly marking graves and honoring these courageous Jewish American servicemembers. JWV commends Chairman Jerry Moran as the principal sponsor in the Senate. JWV supports the Senate's version with a 10-year authorization and funding from the American Battle Monuments Commission.

VA recently announced a Veterans Health Administration reorganization plan. While JWV expressed concern when VA reduced its employee count by 30,000 in 2025, the Department stated most of the 30,000 were vacant billets and did not involve layoffs. Under the proposed reorganization, VA would consolidate 18 veterans integrated service networks into 5, shifting decision-making from the field to the headquarters.

Doctors, nurses, and other clinicians provide essential services, and those services should not be compromised, nor should staffing be reduced for VA direct care. The VHA structure must be reformed, not dismantled. Our veterans must have a fully resourced and staffed VA to provide them with the benefits and state-of-the-art medical care they have earned and deserve. JWV wants to be clear that Community Care Network is not a substitute for VA di-

rect care. While community care funding has increased significantly, VA direct care must not be compromised. With new community care contracts being negotiated, VA will continue to monitor the results.

JWV values our relationship with Committee members and staff and appreciates your support. This concludes our testimony, and we look forward to answering your questions.

[The prepared statement of Mr. Stevens appears on pages 106–120 of the Appendix.]

Chairman MORAN. Mr. Stevens, thank you. Now, Ms. Rowe, you are recognized.

STATEMENT OF LEA ROWE, NATIONAL EXECUTIVE DIRECTOR, BLINDED VETERANS ASSOCIATION

Ms. ROWE. Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to present the Blinded Veterans Association 2026 legislative priorities.

My name is Lea Rowe, the National Executive Director of BVA and a certified low-vision therapist. Today I represent over 130,000 legally blind veterans and over 1 million more living with serious vision loss. I ask you to champion those who sacrificed their sight and service but never lost their vision for an independent life.

As we speak, American forces are engaged in conflict across the Middle East. History tells us many of these heroes will return with devastating blast-related eye trauma. While VA provide long-term care, we must invest in research that improves outcomes for those currently in harm's way.

BVA requests $20 million for the DoD CDMRP—Vision Research Program. Other federal agencies do not fund this specific blast trauma research. We urge this Committee to include this in their views and estimates letter to ensure ocular trauma remains a national priority.

Blindness is a low-incidence, high-complexity disability. To ensure sustainability, BVA urges the Blind Rehabilitation Service (BRS) funding be modeled after Spinal Cord Injury centers to protect specialized budgets.

Furthermore, accessibility is a civil right. While the VA has made mobile progress, physical kiosks remain fundamentally inaccessible to those without sight. We urge final passage of the Veterans Accessibility Advisory Committee Act. This legislation is vital because it brings all disabilities to the table, ensuring that VA leadership hears directly from the experts, disabled veterans themselves.

By mandating the Section 508 compliance is a foundational requirement for all VA procurement, this Committee will ensure that no veteran is left behind by new technology, regardless of their specific disability.

For many, independence has four legs. However, our veterans face inconsistent gatekeeping while VA facilities see a spike in incidences involving untrained animals. We urge Congress to mandate a voluntary service dog fast pass. The VA already tracks accredited guide dogs in their prosthetics database. We are simply

asking the VA to autogenerate a physical or digital credential for these veterans.

To support this, we propose the VA Service Animal Integrity Data Act. Make misrepresenting a pet as a service animal on VA property a federal misdemeanor. Empower VA police to remove any animal displaying aggression, regardless of their status. Require the VA to formally track and report dog-on-dog attacks to protect these $50,000 mobility tools.

We most modernize the caregiver program to reflect the clinical reality of blindness. Current assessments focus on physical mobility, but for our blind veterans the primary need is safety and support. A veteran who cannot inspect their food for spoilage, distinguish clinical medication labels, or identify skin infections, is a high risk. BVA proposes eligibility automatically include veterans with corrected acuity of 5/200 or worse, or a visual field of 5 degrees or less.

Crucially, we must eliminate the pay-first model for travel. Navigating the digital travel portal is a massive accessibility hurdle. We urge Congress to create an automatic catastrophic exemption for veterans with 20/200 acuity or worse, ensuring upfront ticketing and total waiver of travel deductibles. No veteran should have to choose between financial stability and the rehabilitation they so need.

Finally, we urge the 119th Congress to pass the Major Richard Star Act, to end the unfair retirement offset for combat-injured veterans. We also call for full funding for gender-specific health care for our fastest growing cohort, women veterans.

Members of the Committee, remove the barriers. Fund the research that saves sight, and protect the programs that restore dignity. Stand with us to ensure every blinded veteran can access the quality of life they have earned.

[The prepared statement of Ms. Rowe appears on pages 121–135 of the Appendix.]

Chairman MORAN. Ms. Rowe, thank you. Mr. Fetro, welcome.

STATEMENT OF RICHARD FETRO, NATIONAL PRESIDENT, FLEET RESERVE ASSOCIATION

Mr. FETRO. I would first like to recognize and pray for the six lost warriors and their families.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees, my name is Richard Fetro, and I am the National President of the Fleet Reserve Association. Thank you for the opportunity to testify on behalf of our members in the oldest sea service association, with more than 100 years of service to our Nation's sailors, marines, Coast Guardsmen, veterans, and their families.

Today I will address three issues of critical importance: the Major Richard Star Act, the VA Electronic Health Record Modernization program, and the need for a thoughtful reform of the VA Disability Compensation system.

I will begin with the Major Richard Star Act. Major Richard Star, a decorated combat veteran, whose military career was cut short because of wounds sustained in service. His story reflects the

experience of tens of thousands of veterans wounded, whose service ended through no fault of their own.

The Major Richard Star Act restores fairness by allowing these veterans with both their earned military retirement pay and VA disability compensation. About 50,00 veterans will be affected. Regarding double dipping, that claim ignores reality. Military retirement pay compensates for the years of service already rendered. VA disability compensation exists because veterans were wounded during service. Providing both benefits honors service and sacrifice.

Others argue there is no money. Congress routinely finds funding for its priorities. Combat-wounded veterans must be one of them. No credible case can be made that other expenditures are more important than fulfilling our obligation through those who gave their flesh and their future in defense of this Nation. The Major Richard Star Act has overwhelming bipartisan support.

The second issue is the VA Electronic Health Record Modernization program. Congress must maintain strong oversight to ensure successful completion across the entire VA system. A fully deployed and interoperable electronic health record improves access to care, reduces duplication, and ensures continuity between the VA, community providers, and the DoD. Fragmented records are not just inconvenient, they delay care and put veterans at risk.

Technology evolves faster than legislation. That makes it even more important for Congress to set strong policy foundations. This is why we support H.R. 3455. This legislation allows VA to responsibly explore secure data management technologies that empower veterans and protect their information. We envision a system where veterans have control over their health data and can easily share it with providers inside and outside the VA.

Rising costs are often cited without acknowledging the obvious cause. The United States has fought multiple wars over the past decades. When we send people to war, disability claims increase. That is not a system failure. That is the cost of war.

Any reform must be understandable to the veterans. Veterans understand basic math, and the VA must adapt calculation method that is logical, transparent, and easy to explain.

Another essential reform is automating presumptive claims through better coordination between the VHA and the VBA. When presumptive conditions is diagnosed, eligibility should be identified automatically, and benefits granted or offered without unnecessary delay.

In closing, the FRA respectfully asks Congress to take three actions. First, pass the Richard Star Act and end the unjust offset for combat-wounded retirees. Second, ensure completion of the VA Electronic Health Record Modernization program and support innovation through passage of H.R. 3455. Third, pursue disability compensation reform that prioritizes transparency, automation of presumptive claims, and timely delivery of benefits without reducing earned compensation. These actions are about justice, readiness, credibility, and keeping the faith with those who gave their flesh, their future, and their lives in the service of this Nation.

Thank you for the opportunity to testify.

[The prepared statement of Mr. Fetro appears on pages 136–145 of the Appendix.]

Chairman MORAN. Thank you. Colonel Fenner.

STATEMENT OF COL. LORRY M. FENNER, PHD, USAF (RET.), SENIOR POLICY ADVISOR, MINORITY VETERANS OF AMERICA

Colonel FENNER. Good morning, Chairmen, Ranking Members, other Committee members. I am Colonel Lorry Fenner, and I am represent Minority Veterans of America. We are an organization dedicated to advancing equity for our Nation's millions of minority veterans including racial, gender, sexual, and religious.

We are overrepresented in service and in the challenges we face. In fact, the past year has been devastating as we have watched decades of progress unravel as essential protections, disparity data, and clinical pathways have been weakened, reversed, or erased. Veterans are now navigating a system in which political ideology rather than evidence or statutory obligation increasingly shapes the policies that determine our health, safety, and access to care.

First, Executive orders targeting transgender Americans have produced immediate consequences for gender-diverse servicemembers and veterans. Servicemembers have been discharged or placed in limbo, many becoming veterans against their will and suddenly. Inside the VA, these directives have destabilized clinical guidance, disrupted health care access, and weakened protections in shelters. No veteran should face heightened medical risk or diminished personal safety because of their gender identity. Now they do. At least stop the rhetoric of irresponsible leaders who demean and dehumanize those who serve.

Second, reproductive health care has also been significantly undermined. VA's decision to remove abortion counseling and care in cases of rape, incest, or threats to health was not grounded in evidence or clinical need. It is a political decision that endangers veterans. Nearly 300,000 veterans of reproductive age rely on the VA, and many now live in states with severe bans. This rollback of access is not theoretical, it does shape futures. If you will survive pregnancy complications or if you will be able to conceive in the future. Pass the CRA and stop the VA's dark of night rule enacting.

Third, gender-based harassment and assault in VA facilities are rising. The Deborah Sampson Act required the VA to create a comprehensive prevention and reporting system, but implementation has not matched your intent. Mandatory training was paused or diluted. Offices of responsibility have been shuttered or gutted. Essential demographic information has been erased. And by VA's own admission, too many data pathways have led to the inability to truly assess the problem. A no-wrong-door approach is meaningless if the underlying infrastructure does not work. Please enforce and improve the Deborah Sampson Act.

Finally, across the country we are watching the histories of minorities disappear, and that same erasure is happening in VA offices. Those who are responsible for identifying and addressing, especially racial disparities in benefits and care, are closed—removing the very infrastructure needed to monitor inequity. For instance, reopen the Office of Equity Assurance and other offices and publish the unredacted report you demanded on outdoor recreation that was a bipartisan move. The information has not been included. Publish the unredacted report.

The pattern is clear across every issue area, from health care, to suicide prevention, to personal safety in VA facilities. Minority veterans have carried this Nation through every conflict, even while fighting for rights at home. We took our oath as patriots, not because conditions were fair for us. Today, as other safety nets are dismantled and protections eroded, we return here with a simple demand, that the country we defended will honor its obligations to every veteran, that no one is left behind because of what we look like or who we are.

We thank you, we thank the other VSOs for their support, we thank our colleagues and coalition partners, and we celebrate Women's History Month. Thank you.

[The prepared statement of Colonel Fenner appears on pages 146–175 of the Appendix.]

Chairman MORAN. Thank you. Mr. Tangen.

STATEMENT OF ANDREW TANGEN, JD, MBA, MS, PRESIDENT, NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS

Mr. TANGEN. Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Members of the Joint Committee, on behalf of the National Association of County Veteran Service Officers, thank you for the opportunity to testify before you today.

Too often we organize the transition conversation around individual subjects—benefits, health care, employment, housing—rather than the veteran's lived experience moving through all of them, all at once. Veterans do not experience government as a seamless continuum. They encounter a series of disconnected entry points, each with its own rules, timelines, and forms to complete. Every transition introduces risks. Missed benefits, delayed care, bad information, and vulnerability to exploitation are not anomalies. They are predictable outcomes of fragmented design.

This fragmentation is not caused by a lack of connection. VA itself is not broken. It is the product of decades of well-intentioned systems built to solve specific problems at specific moments in time. VA cannot predict every future need of every veteran generation. As a result, it perpetually adopts a reactive posture. What is missing is the intentional continuity, a human connection that carries veterans forward once their service is ended, and follows them home.

Veterans know what effective continuity looks like because they experienced it in uniform. That continuity vanishes at separation, precisely when it is needed most. This is not a failure of veterans or technology, it is a failure of system architecture.

Today's veterans are pushed through a transition that replaces human continuity with the illusion of access, mistaking overabundant information for connection. Transition is treated as an event, not a process. Veterans leave service-connected on paper, but without a bridge to the communities upon which they return.

This is where Government Veteran Service Officers, or GVSOs, operate every day. GVSOs are the local government equivalent to the Federal Government's service, translating policy into action

and connecting the veterans to resources at the federal, state, county, and community levels. When continuity is absent, fragmentation multiplies risk. Veterans without a trusted point of contact return to whoever answers the phone or advertises the loudest.

That is where unaccredited claims consultants, sometimes referred to as claim sharks, thrive. Veterans do not seek them out because they want choice. They happen upon them because navigating such a complex system alone makes paying for help seem reasonable. Profiting from a veteran's initial claims is already illegal, but without active enforcement to curb such efforts, how would a veteran know, given the complexity of just gaining access?

Early engagement with advocates prevents friction that fragmentation creates. Recently, the VA paused and then rescinded implementation of a proposed disability rule rating, after hearing concerns from veterans and their service organizations. We commend VA leadership for their responsiveness. However, ideally, these conversations occur within established channels of engagement rather than on the columns of task and purpose and stars and stripes.

GVSOs are simply not another layer of support. They are a continuation of service. Life is not experienced in silos, so why do systems designed to serve veterans function as if they do? GVSOs live at the intersection of these systems. Because GVSOs are present, they see failures long before they appear in reports for you. Yet despite being called partners, GVSOs remain grossly underutilized. Congress can change that.

First, by fully implementing and funding Section 302 of the Dole Act, previously known as the CVSO Act. This law reinforces continuity that already exists and ensures equitable veteran outcomes, regardless of geography or local resources. NACVSO helped draft this legislation. Why create a new system when the most efficient solution is in stabilizing and scaling a proven one?

Second, by reinforcing accreditation and claims integrity. Predatory actors flourish where connections are broken. Veterans deserve ethical, accountable representation, not exploitation disguised as choice.

Third, by formalizing federal and local coordination. Benefits, health care, education, dependency, death, and survivors programs all must communicate the way veterans live their lives. GVSOs already do this work. Policies should codify the value of these most effective conduits.

If a national veteran strategy is to be meaningful, it must engage and utilize what already works. Veterans do not need warm hand offs. They need continuity. Fragmentation is a failure of architecture, not intent.

Thank you for the opportunity to testify, and I look forward to your questions.

[The prepared statement of Mr. Tangen appears on pages 176–188 of the Appendix.]

Chairman MORAN. Thank you for your testimony. Dr. Hunter.

STATEMENT OF KYLEANNE HUNTER, PHD, CHIEF EXECUTIVE OFFICER, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Ms. HUNTER. Thank you. Chairman Moran, Ranking Member Takano, and Members of the Committee, thank you for inviting me to testify on behalf of Iraq and Afghanistan Veterans of America.

First and foremost, I want to recognize the servicewomen and men currently engaged in military operations in the Middle East. IAVA was born out of advocating for the needs of servicemembers and veterans, and we will continue to do so for this newest group of veterans.

Veterans of the post-9/11 era have shaped modern policy debates and civic life. We lead in public service, bring frontline experience to national security and health care discussions, and mobilize community when policy falls short. Since our founding, IAVA has delivered tangible, bipartisan wins, from the Post-9/11 GI Bill, to the PACT Act, to the Deborah Sampson Act. Our record shows that veterans' voices change policy when paired with rigorous evidence and sustained advocacy.

I have been in this job less than a year, and in that time I am proud to take on the mantle of the legacy that IAVA holds. All of us at IAVA are looking forward to working with you to continue to build on this history and improve the lives of post-9/11 veterans.

At IAVA, we build our policy agenda on one principle—evidence matters. Our 2026 priorities are grounded in what veterans told us through surveys, flash polls, and direct engagement and the latest available research. This year, our members identified health care access, economic stability for veterans and their families, support of Afghan allies, equity for women veterans, and strengthening civic engagement as their top issues. I will briefly summarize each of these priorities and the actions we urge you to take. My written submission contains the research behind each of these priorities.

First, veterans health care. Access to high-quality care clearly emerged as the number one issue for our members. While the VA provides care equal to or better than non-VA settings, veterans still face fragmented care in the Community Care Networks, inconsistent mental health care access, persistent suicide risk, delays in disability claims, and uneven experience while making the PACT Act claims.

IAVA's 2026 health care priorities include fully funding and rigorous overseeing the PACT Act implementation and the Toxic Exposure Fund; advancing lethal means safety legislation to strengthen suicide prevention; expanding rural and telemental health capacity, including stable funding for clinical resource hubs; and supporting research and clinical trials for innovative therapies.

Second, economic stability. Veterans generally fell well on employment and home ownership averages, but disparities persist for women, veterans of color, disabled veterans, and single parents. Underemployment, credential transfer barriers, housing cost burdens, and gaps in GI Bill delivery remain challenges.

Our policy asks: improve credential transferability for veterans; scale Housing First programs with robust wraparound services and case management, and hire the needed staff at the VA to do it; protect the VA Home Loan programs; and continue to protect the GI

Bill; sustained congressional oversight on VA benefits modernization to ensure intended outcomes reach our veterans.

Third, Afghan allies and national security. Supporting the Afghans who served alongside U.S. forces is both a moral obligation and a strategic necessity. The unfinished evacuation and SIV backlog creates deep moral injury in the veteran community and undermines American credibility.

IAVA urges Congress to pass the Afghan Adjustment Act, restore SIV processing, provide permanent legal protections for evacuees on humanitarian parole, and institutionalized reforms to prevent future allied abandonment, including increased staffing and interagency coordination.

Fourth, equity for women veterans. Women are the fastest-growing segment of the veteran population, yet face persistent gaps, including inconsistent reproductive and menopause care, high denial rates for military sexual trauma claims, facility infrastructure shortfalls, and underinvestment in women-focused research.

Our 2026 priorities include oversight of the Deborah Sampson Act implementation; expanded comprehensive reproductive health care and access to abortion counseling; strengthening MST claims training and accountability; and advancing gender-specific research, including menopause.

Fifth and finally, strengthening and protecting civic engagement. Veterans overwhelmingly view democratic participation as part of their service. Yet they are concerned about voting access, mis- and disinformation, digital exploitation of the veteran identity, and threats to equitable military service.

We support legislation to protect and expand voting access and transparency, measures to curb deceptive political content and disinformation, protections that preserve equitable access to military service to include our transgender sisters and brothers, and expanded public service transition programs to sustain veteran civic leadership.

Our veterans deserve policies rooted in evidence and the lived experience of those who served.

Thank you, and I look forward to your questions.

[The prepared statement of Ms. Hunter appears on pages 189–218 of the Appendix.]

Senator KING [presiding]. Thank you very much, Dr. Hunter, and thanks to all of you for your really excellent testimony.

You may wonder, you see people coming and going. Hopefully AI will eventually help us to schedule around here so we do not have three things at once. But I can assure you, Senator Moran, for example, is due to make a speech on the Senate floor, which I have a feeling may touch on veterans.

I have several questions or comments. Ms. Barlet, I was particularly struck by your comments about the GI Bill. Going back to the '50s, the GI Bill is the single most important and significant economic development statute ever passed in this country, and it continues to provide those benefits every day. I think one of the things I would ask of you, and I am going to ask all of you, is give us your four or five points about how we could improve it, where the gaps

are, where the bureaucracy is a problem, and those kinds of things. Because it is one of the most important programs that we have.

Mr. Stevens, a similar question for you. You mentioned the reorganization. You were the only witness that mentioned the reorganization of the VA. We were presented with that, somewhat out of the blue, a few weeks ago. I would love to have your in-depth comments about how that will work, because it is still unclear to me where they reduced the VISNs, created a new HSA structure, and how that is actually going to work in practice. So it sounds like your organization has looked at that, and if you can share some of those insights with us, as we build the record from this hearing.

Mr. Fetro, my only comment to you is, isn't it about damn time we passed the Richard Star Act?

Mr. FETRO. Yes, sir.

Senator KING. That is something we have got to do.

[Applause.]

Senator KING. When that was first presented to me, I just could not understand it. You have two benefits that are earned, that are totally separate from one another. Why should they be offset against one another?

Mr. FETRO. This year, the 250th year, would be the perfect time to do it.

Senator KING. Well, I am certainly hopeful that we can do that. I know there is a lot of bipartisan support. It is just a question of getting it across the finish line. Your testimony is important.

And finally, Dr. Hunter, something you mentioned struck me, and that is credential transfer. And often that does not necessarily require federal law but it is a matter of state law, where you have a skill that is built in the military and then you have to go through an apprenticeship or exams and all the kinds of things to be state licensed. And it is redundant and a barrier. Do you agree? Is that something we need to tackle?

Ms. HUNTER. It is something that is often redundant, and setting federal standards often will help states comply with them so that individuals who have gained skills while they are in the military are not having to dip into GI Bill benefits, for example, to take training that they have already done in the military, and especially in fields like nursing, some of the mechanics that we have civilian shortages in. Setting a federal standard for individuals to be able to transfer their skills would encourage states to do so.

Senator KING. Thank you. I am going to ask you for your specific suggestions along those lines. I think that is something we really need to look at.

And finally, before I have to leave for another meeting, I want to say to all of you what I said to the VFW. You have very respected and powerful voices here. You should use it. And we cannot solve problems that we do not know about. So if there are issues that have not come up in the testimony or that are just emerging, please communicate with this Committee, because all of us are dedicated to serving you, and you have to help us to do that effectively.

Representative Takano.

Mr. TAKANO. Thank you, Mr. Chairman. Dr. Fenner, you know, no veteran should ever feel unsafe or unwelcome seeking care. Can

you describe how President Trump's anti-DEI Executive orders have impacted minority veterans across the country?

Colonel FENNER. Thank you, Representative Takano, Ranking Member. Yes. First of all, these have created chaos. So from one day to the next, veterans and those becoming veterans, do not know the waterfront that they will face. Also, we are erasing data. We are erasing data with AI machines and people doing word searches that impacts clinical care. We also are telling people they are unwelcome. So signage has been removed. Changes happen overnight. When I show up, I feel like I did not achieve my positions and my status as a retiree and veteran because of my merit of performance.

So we can write a book about this, and we probably will. Every single anti-DEI measure, it is poorly defined in the first place, and as veterans show up, they do not have security, they do not have assurity, and there is no office for them to go to, because we have also closed every office that might have women or race or some other minority in its title.

Mr. TAKANO. Thank you for that. I say that dignity and access are not politics. They are part of the promise that we made to all veterans.

Ms. Hunter, do you have thoughts on this topic?

Ms. HUNTER. Yes. One of the biggest things that we see is a problem, as Colonel Fenner mentioned, is the erasure of data. We cannot solve problems that we do not know the answer to, and when we have stopped, in the most recent suicide report, for example, there was no mention of LGBTQ+ identity. And we know that from past reports LGBTQ+ veterans are at a much higher suicide risk. And understanding what interventions work and do not work allow evidence-based policy to be created. And if we do not have the data, we cannot measure the policy.

Additionally, there has been an inconsistent application of training. For quite a while, training on military sexual trauma was cut because of the DEI Executive orders that came down. And that puts individuals, veterans who have experienced military sexual trauma, at a huge disadvantage because they are walking into an environment that does not know how to give culturally competent care. And the VA succeeds because of its ability to give culturally competent care. And when you remove that, you are now often double victimizing survivors.

Mr. TAKANO. Well, thank you for that testimony. This is very concerning to me, wrong-headed policies that are resulting in very grave consequences.

I yield back, Mr. Chairman.

HON. BILL CASSIDY,
U.S. SENATOR FROM LOUISIANA

Senator CASSIDY [presiding]. Thank you, sir.

Ms. Hunter, Senator King was asking you about, and you were responding about how can someone trained in the military transition do the same sort of job. A few years ago, I think we passed this, this has been like 10 years, I thought, in which I had a bill that someone trained as an EMT in the service could take that same training, a paramedic, and use that in the private sector, fig-

uring that if you had handled trauma in Iraq, you could handle trauma in Lafayette, Louisiana.

Do I remember that correctly? Was that passed into law?

Ms. HUNTER. That was passed into law, but we see an uneven, actually, application as well as an understanding that this is something that is even possible, often——

Senator CASSIDY. Uneven understanding by whom? By the states that regulate the licenses or——

Ms. HUNTER. It is very state dependent. It can be by the states that regulate it. It can be during the transition process, the education to the actual servicemembers as they are transitioning out that this is an option for them——

Senator CASSIDY. Now that is, therefore, an issue for the Armed Services. This is just a nice oversight of something which I think I passed 10 years ago.

Ms. HUNTER. For EMTs specifically, yes, there is oversight that needs to be done on the Armed Services side for the transition need to be involved. But there does not exist the same thing for some of the nursing professions——

Senator CASSIDY. So, the only reason I bring that up is because there could be lessons learned from what we have already done for EMTs and to apply it to others. Correct?

Ms. HUNTER. A hundred percent.

Senator CASSIDY. Now nursing, I mean, nurses are in such demand. It is hard for me to think that a state nursing board would put barriers—it is just a question of licensing in the State of Louisiana versus Oklahoma versus wherever. Correct?

Ms. HUNTER. It may be, but there is, but also, often the nurses who have been trained, particularly enlisted nurses in the military, are required to take additional schooling before states will let them even attempt to take a licensing exam.

Senator CASSIDY. But presumably they have had adequate training to become a nurse, a licensed nurse, in the military. I am a physician, and so if I signed up for the military, I would still be a doc, right? It is just that my licensing per state is different.

Ms. HUNTER. Correct. But the way that nursing licenses work per state, there are states that do not recognize the military training and require additional——

Senator CASSIDY. Let me know what that is, will you?

Ms. HUNTER. Okay. Yes, absolutely. I will get you that, because I think we can take a lot of the learnings from the work that has been done on EMTs. So 100 percent.

Senator CASIDY. I was walking in here talking to Dr. Bobby Bourgeois, Bob Bourgeois now. I knew him when he was Bobby. And he said, "You know, we have these veterans who were trained to do electronics. But now, they're homeless." Now, I do not know if this Dr. Bourgeois' personal experience. But the point he was trying to make was that, and based on this, as well, if somebody has been in the military, can we bring them into training, workforce training, and he used particularly the data centers being created, which are hiring all kinds of people.

So how good are we—and I am asking; I do not know—how good are we at finding that veteran who maybe had not been able to fully use the education he or she received in the military and then

either upscaling them or licensing for things like electronics? Just turning to you.

Ms. BARLET. Yes, thank you, Senator Cassidy, for that question. Programs like VET TEC are a great avenue for those that did some type of cybersecurity or maybe drone licensing while they were in service and now are looking to continue that into civilian careers. In addition, SVA has had the opportunity to provide thousands of Coursera courses to our student veterans and our chapter members, again, helping to leverage some of their knowledge or interests they gained in their active-duty service, now branching out to add onto their resumes, going forward.

Senator CASSIDY. And I am sorry, because I was trying to communicate with my colleague here. And it has been successful? What can we do to make it better?

Ms. BARLET. Better is more support. Better would be helping things like the book stipend adjustment. The book stipend for Post-9/11 GI Bill has been $1,000 annually since 2009.

Senator CASSIDY. Now online, Coursera is an online course. I mean online courses, theoretically, you have low marginal cost. Do you still need to spend more money?

Ms. BARLET. You still have rent. You still have child care. You still have transportation. We have helped in support of legislation to at least bring the monthly housing allowance for those who are taking all classes full-time online, monthly housing allowance to the full national average. There is a piece of legislation over in the House, and that is H.R. 3753. That would bring the national monthly average, a monthly housing allowance for those students pursuing online.

Senator CASSIDY. Okay. Mr. Takano.

Mr. TAKANO. Closing statements, or is that questions?

Senator CASSIDY. Closing statement. I am told I am to close out the thing, if you want to do a closing statement, or in closeout.

Mr. TAKANO. Yes, sure. I will go ahead and close.

Thank you, Senator, and thank you all for being here today. We simply cannot do our jobs without the critical input that you all provided today with your testimony and responses to our questions. And I look forward to working with you all to ensure that Congress honors the obligations that we have to our veterans and survivors, and survivors of veterans.

We still have much to do. I have to report, unfortunately, that Senator Blumenthal's efforts to bring the Major Richard Star Act up for a vote were not successful. There was an objection. I do not understand. There could be a vote on this bill. It has overwhelming support. In the House it has more than, I think, 300 co-sponsors, I among them, and in the Senate it has similar support. We saw the support earlier indicated by the many delegates that came in for the American Legion and those of you here representing the various VSOs here today.

But we must push past this partisan resistance and get the Richard Star Act, Love Lives On, and Caring for Survivors Act passed. It is way past time to do it, and the time to do it is now. And I vow that we will get it done in this Congress. Thank you very much, and God bless all of you.

[Applause.]

Senator CASSIDY. As we conclude this hearing, I again thank our witnesses on the second panel for your work to support those who serve our Nation's veterans and their families. Your efforts have a real impact. This conversation has impacted me, and I look forward to the follow-up.

With that, the hearing is adjourned.

[Whereupon, at 12:20 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statements

Statement of
Carol Whitmore
Commander-in-Chief
Veterans of Foreign Wars of the United States

Before the

Joint Hearing
Committees on Veterans' Affairs
United States Senate and United States House of Representatives

Washington, D.C. March 3, 2026

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today on behalf of the more than 1.3 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary—America's largest war veterans' organization.

Our message is simple and resolute: Honor the Contract. When young Americans raise their right hands, swear an oath, and sign the DD Form 4, they agree to surrender personal freedoms, obey lawful orders, and, if called upon, risk life and limb in defense of this nation. In return, America makes a promise that if they are wounded, become ill, or die in service, the country will care for them and their families. That is not charity. It is a binding, moral contract, and every man and woman who wore the uniform has already honored their end of it. Yet we are hearing troubling refrains that veterans' benefits are too expensive, or worse, that veterans are claiming benefits they do not deserve. Recent commentary in outlets such as *The Washington Post* has portrayed veterans' health care and disability compensation as bloated or rife with abuse. We have seen this playbook before. The Economy Act of 1933 gutted veterans' benefits with devastating consequences. These ideas were wrong then, and they are wrong now.

Fraud exists in every large system that handles public funds, including the Department of Veterans Affairs (VA). But fraud is rare, investigated, and prosecuted. It is not the identity of America's veterans. The so-called "invisible wounds" of modern war such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and toxic exposures are real. Congress did not lower standards when it passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) of 2022* (Public Law117-168), it acknowledged the reality of what our troops endured and fulfilled a long-overdue obligation. VA disability compensation is not welfare. It exists to compensate for lost earning capacity and the lifelong toll of service-connected injuries and illness. A job does not erase a TBI. A paycheck does not make chronic pain disappear. If policymakers are concerned about perverse incentives, they should fix flawed policies, not vilify the veterans who navigate them.

As a former Army nurse, caring for service members and veterans is in my DNA. When I retired from the Army in 2013, my commitment to those wounded on the battlefield did not expire. The all-volunteer force has borne the burden of more than two decades of war. We kept our promise.

Now the nation must keep its word. Do not balance the budget on the backs of veterans. Do not rewrite history to make heroes into scapegoats. Honor the Contract.

Disability Assistance and Memorial Affairs

Crack Down on Unaccredited Claims Consultants Known as Claim Sharks

Over the past year, the VFW has continued its strong advocacy against unaccredited, predatory claims consultants and companies that aggressively market to veterans and charge them for VA disability claims assistance. Accredited Veterans Service Organizations (VSOs), including the VFW, provide this assistance at no cost as required by statute. However, nearly twenty years ago Congress removed criminal penalties for unaccredited claims activity from statute, creating a loophole that allowed these predatory actors to proliferate. The VFW urges Congress to reinstate these penalties so authorities can hold bad actors accountable. Without them, VA's only enforcement mechanism is issuing cease-and-desist letters and referring to enforcement agencies for review, which is an entirely inadequate deterrent given the volume of unaccredited claims consultants operating today. Unlike the VFW and other accredited entities, unaccredited claims consultants routinely require veterans to sign contracts that obligate them to pay multiple times the value of any increase in their disability award—often as much as five times the benefit amount. This business model exploits veterans and is unacceptable.

The VFW urges Congress to require all claims consultants to obtain VA accreditation, which ensures standardized, VA-approved training, continuing education, background checks, and VA oversight. The VFW firmly maintains that anyone who advises, prepares, or presents VA disability claims must hold proper accreditation. Also, it cannot apply to only one individual within a claims consulting company; every person providing claims assistance must meet the same standards to ensure accountability and protect veterans. Assertions that the accreditation process is overly lengthy or burdensome do not withstand scrutiny. The VFW accredits more than 2,300 representatives in full compliance with Title 38 of the Code of Federal Regulations, demonstrating that the process is both achievable and essential to preserving the integrity of the system. These illegitimate claims consultants typically avoid accreditation not because it is impractical, but because it would limit their fees and subject them to VA oversight.

VA oversight also protects veterans by ensuring reasonable fee structures when accredited agents may charge for services. Accredited attorneys, who are also claims agents, may charge reasonable fees, generally between 20 to 33 percent of a retroactive award. VA caps fees at 20 percent when it administers the payment and limits them to no more than 33 percent when it does not.

While the VFW respects a veteran's right to choose who provides claims assistance, we strongly support congressional action to regulate the business practices of unaccredited claims consultants to prevent fraud and exploitation. The VFW will never agree with charging fees from future benefits, known as an "assignment of benefits." VA, the Social Security Administration, and civil claims systems including tort, workers' compensation, and asbestos litigation, prohibit this practice. It is illegal, predatory, and can easily push veterans into debt. Title 38, United States

Code (U.S.C), section 5301(a) prohibits obligating claimants to pay fees from their VA benefit payments; the law permits fees only from retroactive awards. Veterans who are seeking financial relief for their service-related disabilities should never be put in debt simply for trying to access their benefits.

Some unaccredited claims companies also covertly obtain veterans' VA login credentials to track benefit increases and demand additional payments years later. The surge in claims following enactment of the PACT Act further intensified this problem. These bad actors currently operate without accountability, oversight, or meaningful consequences. Congress should hold businesses that prey on veterans and disregard statutory authority accountable, not legitimize their predatory practices either tacitly or overtly through supportive legislation.

Toxic/Environmental Exposures

The historic passage of the PACT Act provided health care and benefits to a tremendous number of veterans and survivors, some of whom had waited years for relief. The VFW is grateful to these committees for developing and passing this legislation. However, the enactment of the PACT Act was not the end of the journey for all toxic-exposed veterans and their survivors. The law primarily addresses conditions associated with certain known toxins and exposure locations including burn pits, herbicide exposure (particularly Agent Orange), and specific radiological hazards. Anticipating that additional toxins, contaminated locations, and related health conditions would continue to emerge, Congress included an enduring framework in the legislation requiring VA to conduct continuous, systematic evaluations of toxic exposures not covered in the statute. VA refers to this framework as the Presumption Decision Process. It is very detailed with several steps and multi-month stages that could contribute to opacity and skepticism. To enhance transparency and build trust with veterans, the VFW recommends that VA develop an aggressive outreach program to inform them about how to register their own health conditions in this system. Consequently, robust oversight of this process is now our focus.

Veterans routinely contact the VFW with concerns about health conditions they attribute to toxic exposures not included in the PACT Act. These include but are not limited to exposures at Kashi-Khanabad (K2) Air Base in Uzbekistan; Fort McClellan in Alabama; Naval Air Facility Atsugi in Japan; and various radiological exposure sites in the southwestern United States. Contamination by per- and polyfluoroalkyl substances (PFAS) is another significant concern. The Department of Defense (DOD) has identified more than 455 locations in the United States where it confirmed PFAS exposure. Announced via a Federal Register notice in September 2024, VA is currently using the Presumption Decision Process to assess any association between PFAS exposure and kidney cancer. Additional recent exposure incidents such as the 2021 fuel spill at Joint Base Pearl Harbor–Hickam, as well as routine exposures inherent to certain military occupational specialties such as missile specialists or submariners, underscore the hazardous nature of military service. The VFW appreciates that Congress passed the *Aviator Cancer Examination Study (ACES) Act of 2025* last August to study the potential correlation between military aviation service and increased cancer risks. The VFW urges Congress to pass legislation to study other at-risk populations, including missile specialists and submariners.

VA also published Federal Register notices announcing the use of the Presumption Decision Process to assess associations between certain military environmental exposures and various illnesses afflicting K2 veterans, including multiple forms of cancer and other complex conditions reported by that cohort. Also, in its October 2, 2025, response to its November, 27, 2024, solicitation of public comments on K2 exposures, VA announced its K2 Surveillance Program (K2SP) designed to assess the health effects of toxic exposures on K2 veterans and to be a key source of the scientific evidence related to K2. VA officials will review data from the K2SP and from claims filed with the Veterans Benefits Administration (VBA) to determine if health conditions in the K2 cohort not currently covered by the PACT Act occur at sufficient rates to justify a formal evaluation. The VFW supports recognition of unaddressed K2-specific maladies and inclusion as presumptive conditions. These veterans were among the first to deploy after the 9/11 terrorist attacks and have asked for many years for a detailed review of their cohort's peculiar health conditions. Because of the elapsed time and the classification of some K2 missions, these veterans have had difficulty collecting corroborating evidence to substantiate disability compensation claims. Affording presumptive status to their unique medical conditions, some of which took several years to manifest, would greatly help these veterans obtain their earned benefits.

While we recognize that the Secretary of Veterans Affairs has the authority to add or remove presumptive conditions, we are concerned by his September 2025 decision to remove male breast cancer from the list of PACT Act presumptive conditions. This cancer had been added in 2024 at the recommendation of experts based on the shared pathology of this disease across sexes. The absence of transparency and publicly available scientific evidence underlying the reasons for its removal raises serious concerns and risks undermining confidence in the Presumption Decision Process. Lack of transparency in this process invites cynicism and uncertainty among veterans who rely on the stability of these presumptions.

Additionally, VA initiated the epidemiological study mandated by the PACT Act to examine health outcomes among veterans who served at Fort McClellan between 1935 and 1999. Although VA anticipates that the study may take more than two years to complete, we see its commencement as an important step forward. However, we were disappointed by VA's decision to truncate the study's time frame to 1979-1999 due to the poor quality of the early records. The VFW urges Congress to provide robust resources for VA to properly and efficiently research and review overseas and domestic toxic exposures and related medical conditions. We also recommend congressional oversight of the efficiency and effectiveness of VA's Presumption Decision Process.

Increase Dependency and Indemnity Compensation Benefits for Survivors

The VFW strongly supports an increase in the amount of Dependency and Indemnity Compensation (DIC) payments that are a benefit for the spouse, child, or parent of a veteran who died from a service-related injury or illness. Currently, DIC is paid at 43 percent of the compensation of a 100 percent permanent and totally disabled veteran. In comparison, other federal survivor programs pay 55 percent. Also, this survivor benefit has received only cost-of-living increases since it was created in 1993, further devaluing it. For several years, including in the current Congress, legislators have introduced the *Caring for Survivors Act* seeking to raise the DIC payment to achieve parity with other federal survivor programs. The VFW has strongly

supported its passage. Military and veteran survivors need this increased compensation and deserve parity with other federal programs.

It is also essential that both veterans and their prospective survivors understand eligibility criteria for survivor benefits and the application process. Veterans receiving VA disability compensation or health care often assume that VA will automatically provide benefits to their survivors without any application. VFW Service Officers frequently report that many surviving spouses do not realize that VA disability payments stop when the veteran dies, and that they must apply for DIC, which is an amount that is often significantly lower than the veteran's disability compensation. Without this knowledge in advance, surviving spouses can unexpectedly find themselves in serious financial hardship.

Beginning in May 2025, VA implemented several improvements to help survivors navigate the DIC claims process. VA moved the Office of Survivors Assistance from VBA to the Office of the Secretary, elevating the visibility of survivor issues, streamlining decision making, and improving accountability, transparency, and coordination across VA. It also established a "white glove" survivor outreach team to guide eligible survivors through the DIC claims process and expanded automation to accelerate claims handling. The VFW applauds these changes that should help survivors cut through bureaucracy and access their DIC benefits more easily and quickly during an already vulnerable time.

Improve Burial Benefits

The purpose of the National Cemetery Administration (NCA) is to provide burial options for 95 percent of all veterans within 75 miles of their homes. The VFW applauds NCA's considerable progress toward reaching that 95 percent benchmark, increasing reasonable burial options within a 75-mile radius from 65 percent in 1995 to 93.7 percent in 2025. Nearly 15 years ago, NCA reduced its threshold of 170,000 veterans within a 75-mile radius with no access to a national or state cemetery to 80,000 veterans. Increased demand prompted NCA to plan for additional cemeteries, develop both an urban and rural initiative, acquire lands adjacent to existing cemeteries, build columbaria, and use innovative designs maximizing available space. Additionally, through its management of the Veterans Cemetery Grants Program, NCA enables states, U.S. territories, and tribal governments to build cemeteries in areas unserved by a national cemetery, affording more veterans burial alternatives a reasonable distance from their homes.

For veterans who are not near a national or state cemetery or who prefer burial in a private cemetery, VA provides burial allowances to help defray costs for transportation of the decedent's remains, the cemetery plot, and the burial or interment. VA also provides a headstone or marker allowance. Unfortunately, although the allowance amount has increased over the years, it is considerably below market costs. As of 2025, the burial allowance is $2,000 for a death related to a service-connected condition and $978 for a non-service-connected death. VA will also provide a $978 plot allowance and a $231 headstone or marker allowance for burial in a private cemetery. However, according to the National Funeral Directors Association, the 2023 median cost of an adult funeral and burial was $8,300 and a cremation cost $6,280, both far above the VA burial allowances. Additionally, costs vary per region with the most expensive burials and cremations in the New England region (Connecticut, Maine, Massachusetts, New Hampshire,

Rhode Island, and Vermont) at $8,985 and $7,023, respectively. The least expensive is the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) at $7,390 and $5,505 respectively, still far above the current VA burial allowance. The VFW urges Congress to pass legislation to align burial allowance increases with the Consumer Price Index.

We are pleased that in accordance with the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Public Law 118-210), VA has temporarily expanded burial benefits for certain veterans. Qualified individuals are those who are discharged from a VA-provided medical or nursing care facility to receive VA-provided hospice at their home, and who subsequently die between July 1, 2025, and October 1, 2026. Previously, these veterans were not always eligible for a full VA burial allowance, and this law fills that gap.

The VFW also applauds NCA's pilot program that established green burial sections at Pikes Peak National Cemetery in Colorado Springs, Colorado; the National Memorial Cemetery of Arizona in Phoenix, Arizona; and Florida National Cemetery in Bushnell, Florida. We support NCA's plans for burial without chemicals or embalming fluids and using biodegradable materials in caskets, shrouds, and urns. These green burial sections will enable honoring our decedents with minimal environmental impact, aiding in conserving natural resources, reducing carbon emissions, protecting worker health, and restoring and preserving habitats. These environmental actions will ensure the national cemeteries remain pristine, national shrines for as long as possible.

Improvements to Claims and Appeals Processing

Transparency and Communication

The VFW notes that veterans often find VA communications confusing, filled with legal and medical jargon that makes it difficult to understand claim statuses or appeal outcomes. This lack of clarity undermines trust and delays veterans' ability to respond effectively to VA correspondence. To address these problems, the VFW supports legislative reform proposals such as the *Veteran Appeals Transparency Act of 2025, Simplifying Forms for Veterans Claims Act,* and *Clear Communication for Veterans Claims Act.* These measures would simplify VA forms, make decision letters more readable, and provide veterans with regular, understandable updates about their place in the appeals docket. The VFW also urges VA to collaborate with VSOs and federally funded research centers to test and refine communications so that they are clear, concise, and veteran-focused.

Digital Systems and Automation Problems

While VA has expanded its use of digital systems to streamline claims and appeals, the VFW remains concerned that technical delays and automation errors continue to harm veterans. VA-accredited service officers have reported that claims submissions sit idle in VA's digital mail portal for 40–60 days, resulting in missed deadlines and even wrongful dismissals. These delays often lead veterans to believe that their accredited representatives have acted improperly or are failing to move their claims forward. When VA does not establish claims in a timely

manner or fails to take responsibility for avoidable delays, veterans become more vulnerable to unaccredited actors who exploit their frustration and uncertainty. To prevent this, VA must implement systems that establish claims promptly, communicate delays clearly, and deliver earned benefits as quickly and efficiently as possible. The VFW recommends that VA invest in modern, reliable technology infrastructure and implement robust oversight mechanisms to identify and correct processing delays early. We also urge VA to create clear accountability and reporting structures for digital system performance and to ensure that automation complements, not replaces, human review where accuracy is critical. We believe that better designed digital systems will reduce delays, prevent data loss, and protect veterans from avoidable denials.

Appeals Modernization and Persistent Delays

The VFW continues to support the intent and framework of Public Law 115-55, the *Veterans Appeals Improvement and Modernization Act of 2017* (AMA) that simplified and accelerated the VA appeals process. However, we remain concerned that the system continues to fall short of its promise. Despite progress since the Legacy system, the Board of Veterans' Appeals (BVA) continues to face excess workloads, inefficient case management, and poor coordination with VBA and accredited representatives. The VFW reports that VA's electronic management tool, CASEFLOW, remains unreliable, often failing to update case statuses accurately or provide full transparency to advocates. To resolve these issues, the VFW recommends that VA overhaul or replace CASEFLOW with a modernized, user-friendly system that provides real-time access and status tracking for veterans and representatives. This system should work in conjunction with the available record in the Veterans Benefits Management System (VBMS) instead of as a separate standalone platform. BVA needs to streamline internal communication, dedicate resources to clearing AMA backlogs, and ensure all appeals are processed efficiently and fairly without sacrificing accuracy.

Remands and Quality of Decisions

When BVA identifies deficiencies or gaps in the evidence presented during the appeals process or in providing the appellant due process, it has the authority to remand the case back to VBA for further action or development. This step is intended to reflect VA's commitment to ensuring a fair and comprehensive review of veterans' claims. The VFW has often found that despite the intent of this step in the process, if the record is fully associated with all the evidence or a complete and thorough review is completed prior to a decision being rendered, a remand can be duplicative or completely unnecessary.

The VFW has consistently been concerned with the high rate of remands at BVA, particularly under the Legacy system where about 40 percent of appeals were remanded, often multiple times. We view this as evidence of incomplete case reviews and poor decision quality. Many remands could be avoided if claims were fully developed or reviewed before adjudication. To address this, the VFW calls for improved training and oversight of both Veterans Law Judges and staff attorneys to ensure thorough record reviews before issuing decisions. We suggest enhancing collaboration between BVA, VBA, and accredited representatives so that veterans receive clear guidance on the evidence needed to prevail on appeal. We also encourage VA to

analyze remand data to identify recurring errors and implement targeted training programs to reduce unnecessary rework and delays.

Staffing and Retention Challenges

The VFW identifies high staff turnover, especially among attorneys and hearing coordinators, as a key factor in the delays and inconsistencies within the appeals process. Frequent personnel changes disrupt communication and force veterans and their advocates to repeatedly rebuild working relationships. To strengthen continuity and expertise, the VFW recommends increasing pay flexibility for BVA attorneys, supporting legislation such as the *Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act*, to raise the pay ceiling for experienced attorneys to General Schedule (GS)-15. We also urge VA to fill open senior management positions promptly, maintain a stable leadership structure, and invest in long-term workforce development to reduce burnout and turnover that contribute to backlogs.

Training and Quality Assurance

The VFW emphasizes that inadequate training across the VA system, especially among claims processors, raters, and Veterans Law Judges, continues to cause errors, delays, and remands. The VFW urges VA to adopt a continuous, data-driven training model that uses insights from BVA remands and United States Court of Appeals for Veterans Claims reversals to pinpoint systemic weaknesses. The VFW also recommends periodic quality audits of BVA and VBA decision making to ensure consistent application of law and proper evidence evaluation. To improve accuracy and fairness, the VFW calls for enhanced communication between judges and their legal staff, as well as expanded collaboration with VSOs to refine training standards and ensure veterans' representatives are kept informed of procedural changes. The VFW believes strengthening quality assurance programs will reduce remands, shorten appeals timelines, and restore confidence in VA decision making.

Improve the Accuracy of Disability Compensation Claims Related to MST

Military sexual trauma (MST) profoundly affects the lives of both service members and veterans. While PTSD is the most common condition associated with MST-related VA disability claims, other mental and physical health diagnoses can also be attributable to MST. Some survivors hesitate to report the incident to law enforcement or their chain of command, and some delay coming forward for years because they fear being disbelieved, having to relive the trauma repeatedly, or facing punishment for related misconduct. This delay, combined with the frequent absence of traditional evidence such as police reports or medical records, makes MST claims particularly complex and nuanced to adjudicate. Still, timely and accurate claims processing is essential to ensuring survivors receive the VA benefits they deserve.

In response to the VA Office of Inspector General (OIG) 2021 report *Veterans Benefits Administration Improvements Still Needed in Processing Military Sexual Trauma Claims*, VBA consolidated MST claims processing into a single, remote operations center to streamline operations, strengthen internal controls, and ensure accountability. An MST

operations center was established in 2022 and became fully operational in October 2023. However, according to the VA OIG 2025 report *Implementation of a Military Sexual Trauma Operations Center Resulted in Minimal Change Despite Planned Intent to Improve Claims-Processing Accuracy*, VBA faced significant challenges in recruiting and retaining knowledgeable MST claims processors. It also pointed to culture and stigma problems that led to some incorrect claim denials. Combined with an insufficient quality assurance process, these issues led to claims decisions consistently falling below the 96 percent accuracy benchmark, as confirmed by the OIG's review of 35 claims processed between October 1, 2023, and January 16, 2024. The findings indicate that ineffective processing of these complex and nuanced claims persists despite trying a new operating model. The VFW recommends ending centralized processing of MST claims and to train claims processors across the VA workforce to address these deficiencies more effectively. Accordingly, we call for continued congressional oversight to ultimately ensure timely and accurate adjudication of MST claims.

Additionally, the VFW urges Congress to pass the *Servicemembers and Veterans Empowerment and Support Act of 2025* to require VA to update the standard of proof for MST-related PTSD claims on par with that accepted for combat-related PTSD claims and other in-service traumas. It would also provide a modern definition of MST to include technological and online abuse, codify acceptable direct and indirect evidentiary support, and require a review of the quality of VA's MST claims processing training. These steps are necessary to ensure veterans' MST claims are handled respectfully and adjudicated accurately so that VA may provide necessary support services.

Economic Opportunity

Parity for Guard and Reserve

Parity for the National Guard and Reserve components remains a critical priority for the VFW. Guard and Reserve members serve alongside active duty service members under the same conditions and risks, yet VA policies still unfairly hinder them from accessing their earned education benefits. The VFW strongly urges Congress to pass the *Guard and Reserve GI Bill Parity Act of 2025*. This legislation would allow qualifying duty statuses including inactive duty training, annual training, and full-time National Guard duty to count toward Post-9/11 GI Bill eligibility. Importantly, this legislation would apply retroactively to service performed since September 11, 2001, ensuring long-overdue recognition for decades of sacrifice. Congress must act now to correct this inequity. Guard and Reserve members have supported missions during the COVID-19 pandemic, natural disasters, and border security operations. Whether serving during drill weekends, annual training, or Active Guard Reserve duty, every paid day in uniform reflects a commitment to our nation and should count toward GI Bill eligibility.

Access to Education and Training

Access to education and training is equally vital. Since the passage of the PACT Act, more veterans have qualified for VA's Veteran Readiness and Employment (VR&E) program. VR&E remains VA's primary employment initiative for veterans with service-connected disabilities and significant barriers to employment. According to the *Veterans Benefits Administration Annual Benefits Report Fiscal Year 2024*, VR&E served 192,586 veterans

receiving evaluation and counseling services and had 144,249 unique participants during the year. While participation continues to grow, persistent shortages of vocational rehabilitation counselors and administrative staff remain a concern. The VFW urges Congress to enforce the 1:125 counselor-to-veteran ratio and fund additional technicians and administrative support positions to reduce counselor workload. These steps would ensure counselors have more time to dedicate to their mission priorities, such as conducting the VR&E application approval process and offering vital counseling on veterans' academic trajectories and career success.

The VetSuccess on Campus (VSOC) program remains a vital resource for student veterans. VA currently supports 104 schools nationwide with 86 VSOC counselors, providing on-campus benefits assistance and counseling. The VFW supports legislative proposals that would strengthen VSOC by increasing staffing flexibility and removing unnecessary education requirements for counselors. The VFW strongly supports expanding this program so more student veterans can access timely and coordinated support.

Housing and subsistence allowances also require urgent attention. The VFW calls on Congress to expand VR&E subsistence allowances during gap periods between semesters. These veterans face significant barriers to employment and cannot reasonably be expected to work during academic breaks. Additionally, the Post-9/11 GI Bill housing allowance for students taking online courses remains one-half the national average Basic Allowance for Housing for an E-5 with dependents, which is insufficient for many non-traditional students who rely on flexible learning formats. Housing stability is a key factor in reducing veteran suicide, and Congress must act to raise this rate to at least the national average. Finally, the VFW urges VA and Congress to provide child care stipends for student veterans. Veterans with children often struggle to pursue education due to the cost and availability of child care. Providing targeted stipends would empower more veterans to use their earned benefits and improve their long-term employment prospects.

Reducing Red Tape

Institutions of higher education continue to face significant compliance challenges under VA education benefit programs. The VFW remains concerned that overly complex regulations disincentivize participation, particularly for smaller schools with limited staff. VA currently provides 90 days' notice for policy changes under 38 U.S.C. § 3699D, but schools report this timeline is insufficient. The VFW urges Congress to provide at least six months' notice for implementing new VA education rules to allow changes outside peak enrollment periods. Providing this flexibility would help ensure continued participation by educational institutions and reduce the perception that compliance is too cumbersome to justify processing VA education benefits.

Risk-based surveys remain an important oversight tool to prevent fraud, waste, and abuse. Previously, schools were given only one business day of notice before a survey, which was unrealistic for institutions with limited administrative capacity. The Dole Act remedied this challenge by requiring VA to provide two business days' notice, which is a change the VFW strongly supports. Full implementation of this provision across all VA regions is essential to ensure fairness and transparency.

The VFW continues to advocate for the repeal of Section 1018 of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (Public Law 116-315) that requires schools to provide personalized "shopping sheets" to students using VA education benefits. While well-intended, this mandate has proven burdensome and often inaccurate, particularly for students receiving Chapter 35 Survivors' and Dependents' Educational Assistance. In-state tuition status for these students cannot be confirmed until after relocation, making compliance difficult and creating unnecessary risk for schools. The VFW urges Congress to modify or eliminate this requirement.

The VFW also recommends that VA adopt a master calendar for education regulation changes, modeled after the Department of Education's approach (20 U.S.C. § 1089), to provide predictable implementation dates. Additionally, VA should maintain a single, centralized website for current training and policy updates to ensure schools have a reliable resource for compliance information.

Veteran Homelessness

The *2024 Annual Homelessness Assessment Report (AHAR) to Congress* from the U.S. Department of Housing and Urban Development (HUD) reported that 32,882 veterans experienced homelessness on a single night in January 2024, which is an 8 percent decrease from 2023. Since 2010, veteran homelessness has declined by more than 55 percent, reflecting the success of resources such as Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Supportive Services for Veteran Families, and the Grant and Per Diem Program. Despite this progress, nearly 20,000 veterans remain unhoused, and more than 13,000 are unsheltered. The VFW applauds Congress for supporting these programs but emphasizes that the mission is not complete until every veteran has access to safe, stable housing.

The VFW thanks Congress for passing the *Housing Our Military Veterans Effectively (HOME) Act of 2023* as part of the Dole Act. This law increased per diem rates for transitional housing providers and expanded HUD-VASH voucher flexibility for essential needs such as food and transportation. VA has since implemented Title IV, Section 402 of the Dole Act, raising the maximum transitional housing per diem rate from 115 percent to 133 percent of the State Veterans Homes domiciliary care rate beginning on the date of enactment and continuing through September 30, 2027. The VFW urges Congress to ensure these authorities remain fully funded and available for as long as needed to sustain national progress toward ending veteran homelessness.

During the COVID-19 pandemic, VA implemented temporary mortgage forbearance and relief options for veterans with VA-backed home loans. To provide permanent protections, Congress enacted the *VA Home Loan Program Reform Act* (Public Law 119-31) in July 2025. This law established a partial claim program, allowing VA to cover up to 30 percent of missed mortgage payments and defer repayment until the loan is refinanced, sold, or paid off. It also mandates standardized loss mitigation procedures before foreclosure. These protections are critical for the estimated tens of thousands of VA loans that remain delinquent. The VFW urges Congress to ensure robust oversight and funding for this program to prevent unnecessary veteran homelessness.

Home Loan Access for Transitioning Service Members

Housing stability is an essential need when service members transition from the military to their new civilian lives. Expanding access to the VA Home Loan Guaranty program would make the process of quickly purchasing a home less daunting for transitioning service members and their families.

The VFW urges Congress to support transitioning service members by ensuring they can access the VA Home Loan Guaranty program before receiving a disability rating from VA. Many cannot afford to wait until after their VA disability claims are processed before acting on home purchasing opportunities. Some may choose to purchase a home when the right opportunity arises, rather than delaying months for a VA rating. For those who conduct a pre-discharge examination, the VFW calls for the ability to receive reimbursement for the VA home loan funding fee if they finalize a home purchase before receiving a disability rating. Disabled veterans are exempt from this fee, and transitioning service members should be as well once VA has completed their Benefits Delivery at Discharge (BDD) claims. Reimbursement of the funding fee would directly help these families, providing added support as they begin the next phase of their lives.

Employment Protections

As the National Guard and Reserve components are increasingly called to active duty to support a range of military and domestic needs such as responding to natural disasters, securing U.S. borders, and participating in overseas missions, the VFW is committed to ensuring that these service members do not face financial hardship or job insecurity upon their return. To protect their livelihoods, we urge Congress to pass legislation improving Public Law 103-353, the *Uniformed Services Employment and Reemployment Rights Act of 1994* (USERRA). This law was designed to shield National Guard and Reserve members from job loss and missed promotions, and to provide equity when mobilized for more than thirty consecutive days. However, loopholes and bad actors have at times undermined the law's effectiveness. The Dole Act included provisions to improve oversight and compliance mechanisms for USERRA. The VFW supports removing sovereign immunity loopholes for certain federal agencies to ensure all employers comply with USERRA.

The VFW also urges Congress to require regular updates to the Department of Labor's (DOL) *Veterans' Employment and Training Service (VETS) Investigations Manual: USERRA, VEOA, VP*, that governs enforcement of USERRA, the *Veterans' Employment Opportunity Act of 1998* (VEOA), and Veterans' preference (VP). The manual was last updated in 2024 and should be revised regularly with transparent reporting to Congress to ensure consistency in investigations and accountability.

Another critical concern for the VFW is the widespread use of forced arbitration clauses in employment contracts, which often require service members to waive their USERRA rights before any dispute arises. These clauses force military personnel into binding arbitration proceedings that are typically biased in favor of employers and prevent service members from seeking damages in civil court. The VFW calls on Congress to pass legislation making

arbitration optional for service members, ensuring that their rights are fully protected in the workplace.

Transition

Every service member will eventually take off the uniform. For some, that transition is smooth, but for many, particularly younger, junior enlisted members, it becomes one of the most challenging periods of their lives. The Transition Assistance Program (TAP) was designed to ensure that every service member enters civilian life with the preparation the individual needs. Yet more than a decade after Congress mandated meaningful transition support, TAP continues to fall short of its intent and too many new veterans rejoin civilian life at a disadvantage.

The VFW was pleased to see the *National Defense Authorization Act (NDAA) for Fiscal Year 2026* includes a requirement for DOD to report annual TAP participation metrics to Congress, including detailed installation-level reporting on timely attendance and completion rates, adherence to counseling requirements, and pre- and post-separation employment and education metrics. These reporting requirements are essential for congressional and public oversight, especially given Government Accountability Office (GAO) findings that nearly one in four transitioning service members never completed mandatory TAP, and that 70 percent began too late. Within the Special Operations Forces community, GAO found that only 39 percent attended TAP on time.

VFW leadership recently visited a major military installation on the West Coast and heard directly from garrison commanders that participation in TAP among separating service members averages only 30–35 percent. They also reported that units continue to deploy those who are nearing separation in order to meet mission requirements, returning them to home station with as little as one week remaining on their contracts. When transition preparation is treated as secondary to operational demands, service members and their families bear the consequences. This is precisely why sustained congressional oversight and greater reporting transparency are essential. While improved reporting is a critical step toward accountability, data alone will not close these gaps, which is why the VFW's own survey findings offer valuable insight into how TAP access and timing directly affect the ability to secure benefits and stability at separation.

BDD Program Access and TAP 6.0

VA's BDD program remains one of the most effective tools to ensure new veterans receive timely access to their earned benefits. When service members can file a disability claim before leaving active duty, they are far more likely to enter civilian life with home loan assurance, financial stability, and continuity of health care.

As one of the nation's largest accredited VSOs, the VFW maintains accredited representatives on 24 military installations and across the country who assist service members in preparing and filing their initial disability claims at no cost. Working within VA's BDD framework, our representatives ensure service members understand evidence requirements, navigate contract examinations, and avoid preventable delays that often occur when claims are filed after

separation.

That is why the VFW was disappointed that the FY 2026 NDAA failed to include a provision that would have codified access for accredited VSOs to participate in on-base TAP courses to provide BDD assistance. Since the introduction of VSOs as participants in on-base courses through TAP 6.0 in 2023, demand for accredited claims assistance, including BDD support, has increased substantially. In 2025 alone, VFW's pre-discharge representatives briefed more than 35,000 service members, and filed nearly 15,000 claims resulting in $213 million in compensation delivered to deserving veterans.

Service members consistently tell us that early contact with accredited representatives improves their understanding of the claims process and increases satisfaction with their initial rating decisions. Through the VFW's ongoing survey in conjunction with the Columbia University Center for Veteran Transition and Integration, BDD claimants say they would overwhelmingly recommend our services to other transitioning service members.

Early findings from the VFW transition survey confirm that access, timing, and command support matter, and that the service members who need transition support the most are often the least likely to receive it on time. These findings also reinforce the essential role VA-accredited representatives play within VA's BDD program. Veterans who delay filing, attempt to navigate the claims process alone, or cannot begin claims preparation before discharge face increased risk of income instability, missed benefits, and confusion about their rights. Delays also leave some veterans vulnerable to unaccredited, predatory "Claim Sharks" who charge excessive fees for services veterans are entitled to receive for free.

The VFW strongly supports codifying VA's current practice of guaranteeing service members access to accredited representatives during the VA portion of TAP. Although this important provision was not included in the FY 2026 NDAA, the *TAP Promotion Act* offers a cost-neutral solution that would ensure consistent access to expert assistance regardless of installation, command culture, or operational tempo.

TAP Timing and Access

VFW survey data shows that only about 41 percent of Tier 3 service members (those assessed as least prepared for transition) completed TAP on time, compared with 72 percent of Tier 1 members. Junior enlisted service members were significantly more likely than senior ranks to attend TAP late or too close to separation to meaningfully access BDD. These delays directly limit a service member's ability to file a pre-discharge claim and secure timely benefits. Responses to statements such as "I felt supported by my unit leadership during my transition" reveal a clear rank-based divide. Senior service members were more likely to report strong command support, while junior enlisted respondents reported substantially lower levels of leadership engagement. Free-text responses repeatedly cited mission requirements, manning shortages, and informal pressure from units as barriers to attending TAP on time, even when no formal waiver was issued.

Impact of Tier Assignment and Other Concerns

Veterans who reported understanding their tier level assignment or engaging with transition or community organizations before separation consistently reported stronger post-service outcomes. These respondents were more likely to report stable housing, better understanding of VA benefits, and higher overall quality of life after discharge than those who lacked early guidance or connections.

SkillBridge participation was heavily skewed by rank. Senior non-commissioned officers and officers were more likely to participate than junior enlisted service members. Importantly, participation correlated with higher post-separation satisfaction and better quality-of-life outcomes, even when controlling for rank, suggesting that access rather than effectiveness is the primary barrier.

Among respondents who expressed concerns about leaving the military, the most common issues cited were employment, paying bills, and the loss of camaraderie, purpose, or a support network. These concerns align closely with delays in TAP participation, missed BDD opportunities, and inconsistent command support during the transition process.

Oversight and Structural Accountability

The BDD program and TAP work, but only when service members are allowed to access them on time. Congress must ensure that every service member, not only those with flexible schedules or highly supportive commands, can complete TAP early enough to file a BDD claim as the law intended. The VFW urges the House and Senate Committees on Armed Services to reengage fully in their oversight responsibilities. Since 2022, the Committees on Veterans' Affairs have held at least seven dedicated hearings on TAP and military transition, while the Committees on Armed Services have held only one. Transition is fundamentally a DOD responsibility, and congressional oversight must reflect that reality.

The evidence is clear that further reform is necessary. Too many service members, particularly those at highest risk, are still leaving the force without timely access to transition programs, benefits counseling, or command support. Transition outcomes should not depend on rank, installation, or unit culture. The VFW believes the military services must integrate transition support into military culture early and consistently, and commanders must be incentivized to prioritize transition planning alongside mission readiness. To achieve this, DOD must have a senior official with the authority and accountability to oversee and coordinate all transition programs, enforce TAP requirements, and address the cultural stigma that continues to undermine transition readiness.

The VFW was therefore disappointed that the FY 2026 NDAA failed to include a provision establishing a senior DOD official to be responsible for all aspects of military-to-civilian transition. VA and DOL cannot meet their statutory obligations when DOD inconsistently enforces the very transition requirements Congress has already enacted. The VFW urges Congress to establish a senior DOD official for transition assistance, preferably an Under Secretary of Defense for Transition, and to pair that authority with meaningful oversight. This reform is essential not only to improve veteran outcomes, but to strengthen the recruitment,

retention, and well-being of our all-volunteer force. Transition must be recognized as a core mission of DOD. Until Congress addresses these structural gaps, too many service members will continue to leave military service without the preparation, support, or opportunity they have earned.

However, the VFW commends Congress for including a provision in the NDAA directing DOD to pilot TAP–based counseling for military spouses. This initiative appropriately recognizes that transition is a family event, not an individual one. Military spouses shoulder many of the employment, financial, health care, and caregiving impacts of separation, yet they are too often excluded from formal transition planning. Expanding structured transition support to spouses would strengthen family stability and improve post-service outcomes. The VFW urges DOD to implement this pilot expeditiously and evaluate whether spouse access to TAP should become a permanent component of transition policy.

Community Connections

Successful transition from military service depends not only on what occurs inside the installation, but on whether service members are connected to trusted resources in communities where they choose to live after separation. Congress recognized the importance of this support when it required in 10 U.S.C. § 1142(c)(2)(C) that every separating service member meet with a counselor and receive information about resources, including those related to MST, located in the community in which the member will reside. This requirement applies universally, not only to those whom DOD identifies as high risk.

Despite this clear statutory mandate, community connections are not occurring consistently or effectively. GAO found that between April 2021 and March 2023, DOD facilitated warm handovers for roughly 41,000 service members, yet more than 4,300 service members who were considered at-risk of a challenging transition received no connections at all. GAO also noted that DOD has not assessed whether these handovers are effective or examined why eligible individuals are not receiving them. Taken together, these findings indicate that DOD's community-connection efforts remain uneven, insufficiently measured, and overly dependent on the discretion of individual installations and counselors.

These gaps matter. Research from RAND, DOL, and the Syracuse University D'Aniello Institute for Veterans and Military Families demonstrates that coordinated, community-based networks improve navigation, access to services, and long-term well-being for veterans and their families. New veterans who enter civilian life with structured ties to local organizations, whether focused on employment, education, health care, family support, or specialized needs, are more likely to achieve stability, purpose, and economic security. When these connections are inconsistent or left to chance, service members often struggle to identify trustworthy organizations in unfamiliar communities, and may miss support that could have prevented early hardship.

An existing tool is the National Resource Directory (NRD), which is a partnership among DOD, VA, and DOL, established in 2008 to maintain a vetted, nationwide catalog of community-based organizations. Today, eighteen years later, when searching the database for any U.S. ZIP Code, the database transitioning service members are encouraged to use displays less than 400 of the

estimated 40,000 organizations in the United States that provide services to military and veteran communities. This situation must be why Congress saw the need, through the FY 2026 NDAA, to direct VA to create and maintain a public website searchable by ZIP Code listing programs for recently separated veterans and their dependents.

The VFW is happy to see this change but urges Congress to reaffirm and strengthen DOD's obligation to connect service members with vetted community resources in the specific locations where they will live following separation. Clear expectations, transparent reporting, and meaningful oversight are necessary to ensure that the statutory requirement is being carried out as intended. Congress must ensure the NRD provides relevant information and is fully integrated into transition counseling so that every service member receives accurate and up-to-date information about local resources.

No single national organization can meet every need in every city or state, yet there are well-established networks specializing in higher education, technology, corporate pathways, skilled trades, health and wellness, and support for specific military communities. These organizations cannot fully support transitioning service members if DOD does not consistently connect individuals to them as required by law. TAP cannot do everything, but it must serve as the bridge to those who can.

Community connections are not optional. They are an essential step in the transition process for service members to enter civilian life with not just a discharge document, but with a community. The VFW urges Congress to ensure that every service member receives the local connections, navigation support, and community-based resources that will allow them to thrive as new veterans. The VFW further urges the Committees on Armed Services to step in and hold DOD accountable for the chronic TAP and community-connection shortfalls that continue to undermine transition.

Health Care

VA Direct Care

The Department of Veterans Affairs is the guarantor of the lifelong health care promise this nation makes to those who have served. As the steward of the Veterans Health Administration (VHA), VA manages the largest integrated health care system in the United States. It is an interconnected network of medical centers, clinics, community-based outpatient facilities, domiciliaries, and specialized treatment programs uniquely designed to meet veterans' needs. This integrated model allows VA to coordinate care across specialties, maintain a unified electronic health record, conduct veteran-focused research, and deliver services tailored to service-connected conditions, toxic exposures, combat injuries, and the complex health impacts of military service.

The VFW views VA direct care as the foundation of the veterans' health care system. Community providers play an important complementary role, but they cannot replicate VA's depth of military cultural competence, expertise in service-related conditions, or its statutory mission to serve veterans first. VA clinicians understand the long-term health consequences of exposures such as burn pits, Agent Orange, and other toxic substances, as well as the invisible

wounds of war. VA also serves as a national leader in prosthetics, spinal cord injury care, TBI treatment, blind rehabilitation, polytrauma care, and mental health services specifically tailored to veterans. This specialized expertise is not incidental; it is the result of decades of focused investment in veteran-centric care.

In our engagement with members nationwide, most veterans consistently tell the VFW that they prefer to receive their care directly from VA when it is accessible, timely, and convenient. Veterans value the coordinated, team-based approach, the ability to receive comprehensive services under one system, and the reassurance that their providers understand military service and its long-term impacts. Satisfaction surveys and anecdotal feedback reinforce what we hear daily, that when VA direct care is properly staffed, funded, and managed, it delivers high-quality outcomes and earns trust.

For these reasons, the VFW believes VA must remain the first-line provider and coordinator of veterans' health care. A strong direct care system is essential not only to meeting current demand but also to preserving specialized clinical expertise, training the next generation of providers in veteran-specific medicine, and sustaining VA's research and emergency preparedness missions. Community care should supplement, not supplant, the integrated VA system. Policies that weaken VA's internal capacity risk fragmenting care, eroding institutional knowledge, and undermining the very system designed to fulfill the nation's promise.

Community Care Reform

The VFW continues to believe that community care is VA care, and that the Community Care Network (CCN) is a necessary complement, not a replacement, for VA's direct care system. While many veterans rely on the CCN because of distance, appointment delays, or specialty gaps, VA's priority must remain ensuring veterans receive timely, coordinated, high-quality care regardless of whether the provider is inside or outside VA. Recent years have shown that community care demand continues to grow, now accounting for over 35 percent of all VA health expenditures, yet the system still lacks the consistency, coordination, and oversight required to meet the intent of the *VA MISSION Act of 2018*.

The VFW commends Congress for enacting the Dole Act, which modified VA's referral process to allow the veteran and the VA clinician to jointly decide if it is in the veteran's best medical interest to receive care from a community provider. This reduces administrative red tape so veterans can get the care they need faster, something for which the VFW was a strong advocate. The VFW also advocated for inclusion of enhanced mental health and substance use residential treatment program placement by establishing a standardized clinical-needs screening process. This legislation made important improvements to the coordination of the CCN, but foundational issues within the CCN persist.

VA OIG reports from 2023 and 2024 indicate that Veterans Integrated Service Networks (VISNs) interpret MISSION Act eligibility in 18 distinct ways, which is a concern highlighted by the Buffalo, New York, OIG's 2024 findings, and identified as a primary issue by the VFW. Veterans continue to experience inconsistencies in referral approvals, confusion about scheduling, and delays when VA staff manually manage referrals rather than use automated

scheduling. These challenges occurred during the 2024–2025 VA hiring freeze and workforce reductions, a period in which concerns were raised by veterans about care coordination staffing levels and reported backlogs in CCN authorization and scheduling.

VA continues to encounter challenges in care coordination, even though the same third-party administrators (Optum Serve and TriWest Healthcare Alliance) operate highly efficient networks for DOD. Veterans transitioning from military service anticipate seamless access to care, but they encounter a VA system that increasingly centralizes and controls scheduling rather than fully leveraging third-party administrator capabilities. The VFW asserts that this legacy approach impedes timely access to care.

The VFW strongly supports strengthening oversight, transparency, and coordination across all community care programs to ensure veterans receive clear information about eligibility, referrals, and scheduling, and that community providers are paid promptly so VA can maintain a robust and reliable network. For this reason, the VFW urges Congress to pass the *Veterans' ACCESS Act of 2025*, which would create desperately needed reforms to improve the efficiency and accountability of VA's community care program. This proposal is significant because it directly addresses long-standing system failures including inconsistent referral practices across VISNs, unclear communication of eligibility criteria, delayed appointment scheduling, and chronic provider payment delays that undermine veterans' trust in both VA and community providers. By standardizing processes, enhancing oversight, and improving coordination between VA facilities, third-party administrators, and community clinicians, this legislation would ensure veterans receive more consistent and timely access to care. The VFW believes these reforms are critical to delivering clear information, predictable access, and strong provider networks that veterans deserve.

Emergency care continues to represent the largest cost driver within VA's community care. The VFW has called on VA to enhance oversight of third-party administrators, improve after-hours triage protocols, and ensure consistent interpretation of emergency eligibility across VISNs. Addressing this persistent gap in the CCN system is critical to preventing further harm to veterans. To be blunt, gaps in direct care and community care coordination lead to excessive use of emergency room care.

The CCN continues to experience significant operational challenges, and the VFW cautions that expanding the system without addressing fundamental issues in scheduling, staffing, care coordination, and eligibility would further degrade veterans' experiences seeking timely, high-quality care. Improving community care is essential to maintaining confidence in the broader system. When effectively managed, the CCN saves lives, but when mismanaged it discourages veterans from accessing the care they have earned and deserve.

Operational weaknesses in the CCN extend beyond purchased care and indicate broader issues with outdated systems and fragmented benefit administration across VA-managed health programs. While CCN needs stronger oversight, staffing, and coordination, other VA-administered programs also require modernization to ensure timely and reliable access to care. Addressing deficiencies in only one program will perpetuate inconsistency and confusion for veterans and their families. Comprehensive reform should include improvements to all related benefit programs, including those serving dependents, survivors, and veterans overseas.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) remains outdated compared to other federal health programs. Between 2023 and 2025, Congress introduced multiple CHAMPVA expansion bills, including proposals to increase age eligibility and enhance coordination with Medicare Advantage, but none have been enacted. The VFW continues to recommend updating CHAMPVA reimbursement rates, permitting digital claims submissions, and expanding eligibility for surviving spouses and dependents up to age 26 to align with TRICARE Young Adult.

The Foreign Medical Program (FMP) remains essential for veterans residing overseas, yet its modernization has lagged behind other VA programs. FMP staff lack access to VA disability rating information or do not take veterans' ratings into consideration, often resulting in inaccurate reimbursement denials. The FMP's requirement that medications be Food and Drug Administration (FDA)-approved is often impractical in many foreign health systems, leaving veterans abroad with fewer options than those available in the United States. The VFW aims to modernize the FMP by expanding eligibility to all veterans abroad, removing outdated barriers, updating reimbursement systems, and establishing provider networks outside the United States. Many veterans living overseas continue to support American national security interests through DOD and the Department of State. They should not be subject to a lower standard of care. Two years ago, the VFW introduced this as a national security concern and we continue to request that the Committees host a hearing on the unique challenges facing overseas veterans, and pass legislation to offer equitable access to care.

To achieve these goals, the VFW strongly urges the passage of the *Foreign Medical Program Modernization Act of 2025.* This would enable VA to lift the restriction on providing reimbursement for only service-connected care. It would require electronic reimbursements for care to streamline claims processing, and direct VA to explore contracting with external providers abroad to build a broader care network through a contract vendor. Together, these reforms would boost care coordination, reduce treatment delays, prevent care gaps, and ensure that veterans everywhere receive timely access to earned services.

Electronic Health Record Modernization

The VFW commends VA for its accelerated plan to resume Electronic Health Record (EHR) modernization in April of this year. With deployments paused in April 2023 due to patient safety concerns and user challenges, the updated plan to deploy to 13 sites this year is welcome news and long overdue.

We look forward to VA's EHR system delivering meaningful improvements for veterans through enhanced interoperability and continuity of care, particularly for service members transitioning from active duty to VA health care. A streamlined workflow will enable clinicians to operate within a single system for medications, laboratory results, and clinical documentation. Real-time bed capacity management will also improve inpatient processing and patient flow, replacing outdated reliance on paper spreadsheets and phone coordination.

However, these deployments will require additional resources. Many VA medical facilities operate on antiquated IT infrastructure that must be replaced, upgraded, and sustained to support

modernization. We call on Congress to fully fund VA to ensure successful implementation and to avoid a return to the limitations of the VistA legacy system that was built on layers of patches and outdated technology.

Staffing and Retention

Federal hiring freezes, funding instability, and workforce reductions continue to strain VA and VHA. After adding more than 60,000 employees in FY 2023, VA entered FY 2025 under a full-year continuing resolution that maintained funding at essentially FY 2024 levels that are well below what was required to meet actual demand for care and benefits. This funding shortfall compounded staffing pressures, as incentivized and sometimes coerced attrition reduced the workforce by as many as 30,000 full-time employees by the end of FY 2025. Although VA projects approximately 448,000 full-time equivalent positions, hiring has been largely limited to mission-critical roles, even as patient demand rises.

Budgetary unpredictability has worsened the situation. Congress failed to enact timely appropriations for both FY 2025 and FY 2026, and the longest federal government shutdown in history further disrupted operations. While a full-year advance appropriation ultimately funded VA for FY 2026, it was based on the inadequate FY 2025 baseline and remains insufficient to meet full demand. At the same time, VA announced a major VHA reorganization, creating additional uncertainty for staff retention and recruitment.

Looking ahead to FY 2027, demand will continue increasing due to PACT Act eligibility expansions, an aging veteran population, and potential loss of Medicaid or Affordable Care Act coverage that may push more veterans toward VA care. More than 740,000 new veterans have already enrolled under the PACT Act. Yet VA lacks the infrastructure, staffing, and technology capacity to absorb this growth, as reflected in unacceptable wait times and expanded reliance on community care.

In this environment, workforce reductions and hiring constraints threaten access to care. VHA must prioritize targeted hiring in high-demand areas such as mental health, toxic exposure treatment, specialty care, and direct clinical services. Support staff, often labeled non-mission-critical, are also essential to maintaining quality and patient experience, particularly in already strained services like oral health and maternal health. With rising enrollment and increased demand across the system, now is not the time to underfund or understaff VA. Adequate FY 2027 appropriations are essential to stabilize the workforce, protect access, and ensure veterans receive the timely, high-quality care they have earned.

Enhance Programs and Services for Women and Underserved Veterans

As the veteran population is rapidly diversifying, VA must be equipped to meet the needs of a 21st-century force. As more veterans identify across broader racial, ethnic, gender, and sexual-orientation spectrums, culturally responsive, evidence-based, and trauma-informed care becomes essential to deliver equitable outcomes. The VFW urges VA to strengthen and expand provider training, modernize data collection systems, and standardize demographic reporting. These key

steps will help VA better understand and proactively address the unique health challenges faced by underserved veterans.

Women are the fastest-growing group among veterans. Their health care needs include pregnancy, postpartum, gynecologic, perimenopause, and menopause. Research from the VA Women's Health Research Network found significant gaps in menopausal care. There is no standardized guidance specifically tailored for women veterans. Limited research on menopause within VA also constrains clinician training and specialty protocol development. To address these deficiencies, the following actions are recommended: expand menopause and women's health research within VA; develop specific clinical guidance for menopausal care for women veterans; and increase access to infertility, maternity, lactation, and menopause services as required by the *Deborah Sampson Act* and ongoing modernization initiatives.

Comprehensive demographic data is essential for identifying and addressing health disparities. However, these data fields are often incomplete, inconsistently entered, or missing in older systems. Reviews by the GAO in 2023 and 2024 show that VA lacks standard procedures for recording sexual orientation, gender identity, race, and ethnicity data in all clinical settings. VA must fully integrate these data into EHRs and outcome reporting systems. This will make early detection of disparities possible and ensure accountability in closing care gaps. Documented examples exist, such as earlier cancer risk among African American veterans and higher reproductive cancer risks among women veterans exposed to toxins or airborne hazards.

Consistent collection of data on race, ethnicity, sexual orientation, and gender identity will enhance preventive care and inform screening practices. Key recommendations include revising gastrointestinal screening guidelines to permit earlier screening for high-risk groups, such as African American veterans versus adhering to the standard age of 45, and implementing enhanced, gender-specific screening protocols and counseling for women veterans exposed to toxins in response to evidence indicating a higher prevalence of reproductive cancers in this population.

Maternal health equity should remain a central focus. African American women in the United States are three times more likely to die from pregnancy-related causes than White women, and preliminary VA analyses indicate that these national disparities are also present among veterans. Key recommendations for VA providers include training to recognize obstetric emergencies, conducting comprehensive postpartum follow-up, assessing the interactions between oral health and pregnancy, and implementing risk-reduction strategies. These measures are essential to ensure that women veterans receive evidence-based, culturally informed care throughout their reproductive lives.

VA must address the needs of a diverse and changing veteran population. It should fully implement comprehensive demographic data collection, expand gender-specific and culturally responsive training, and provide enhanced outreach to LGBTQ+ veterans harmed by discharge. In this regard, Congress should require DOD to proactively identify veterans who were separated due to homosexuality, mandate automatic and timely discharge upgrades for these individuals, and ensure immediate access to VA benefits once their records are corrected.

Also, clinical screening guidelines for high-risk minority groups should be updated. The VFW urges Congress and VA to prioritize these reforms as these changes would ensure equitable access, improved health outcomes, and sustained trust in veteran health care for all who have served.

Strengthen Care and Research for Mental Health and Brain Health

The VFW supports grant programs that expand veteran-focused mental health support through community entities, especially in rural or underserved areas where VA access is limited. With mental health needs rising, these community programs are essential extensions of the overall system of care. The VFW also urges VA to improve policies and processes for Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to ensure that veterans in crisis receive timely, high-quality, and consistent residential care. This care should address clinical needs and, whenever possible, respect individual preferences. We believe that the new 72-hour screening and admissions decision requirement included in the Dole Act can save lives, reduce drop-off rates among veterans seeking help, and rebuild trust in VA responsiveness during acute need. To foster help-seeking behaviors, Congress and VA must ensure adequate staffing, funding, and management of MH RRTPs, so that unnecessary delays do not discourage veterans from pursuing care.

In addition, VA should address barriers that prevent veterans from accessing the range of community-based residential treatment programs, many of which are designed specifically for veterans. The current CCN structure that is split between Optum Serve and TriWest Healthcare Alliance and managed through regional contracts can be limiting for veterans seeking mental health and substance use disorder treatment. The MISSION Act requires VA to coordinate care across regional networks for veterans who need to receive treatment outside their home network. Veterans continue to tell us that VA is not following this part of the law and creates restrictions on where they can receive their care. For example, one VFW member had to discontinue care after discovering the most suitable program was outside of her region, as were other gender-specific and trauma-informed options.

While the current network system may work for routine medical needs, it falls short for veterans needing residential mental health or substance use disorder services. These specialized fields have fewer providers and greater variability in treatment approaches. Restricting access by network boundaries reduces VA's ability to coordinate timely, personalized care. The VFW urges Congress and VA to consider statutory and regulatory changes that would allow veterans to access the most appropriate programs, regardless of network region, so clinical need and not contract geography guides life-saving care.

Without meaningful reform, veterans facing urgent mental health and substance use crises will continue to encounter avoidable barriers to the specialized care they need. Additionally, the VFW calls on Congress to direct DOD to expand research on the long-term health effects of blast overpressure exposure, including links to brain injuries and chronic disease, to protect current and former service members. We also call on DOD to ensure thorough documentation and monitoring of blast exposures throughout service members' careers, formally recognizing the associated risks and ensuring that affected service members receive ongoing evaluation and care.

Accordingly, the VFW strongly supports the *Precision Brain Health Research Act of 2025* to improve coordination and accelerate research so service members receive the best prevention, treatment, and long-term support for brain health injuries.

Alternative Therapies

The VFW acknowledges the growing demand for alternative and emerging treatments for PTSD, and we maintain long-standing organizational resolutions supporting expanded, scientifically rigorous research in this area. While veterans currently receive medications approved by the FDA—primarily selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)—alongside evidence-based psychotherapies such as cognitive processing therapy, prolonged exposure therapy, and eye movement desensitization and reprocessing, these treatments are not universally effective. Many veterans continue to experience debilitating symptoms, and some are unable to tolerate or respond meaningfully to existing options. This reality underscores the importance of exploring additional, innovative treatment modalities grounded in robust clinical evidence.

PTSD affects veterans at significantly higher rates than the general population and contributes to cascading challenges, including elevated risks of homelessness, substance misuse, family strain, and difficulties reintegrating into civilian life. VA estimates that approximately 7 percent of veterans will experience PTSD in their lifetime, with the condition occurring at disproportionately higher rates among women veterans (13 percent) compared to men (6 percent). According to the Substance Abuse and Mental Health Services Administration's 2020 National Survey on Drug Use and Health, younger veterans aged 18–25 use marijuana and hallucinogens at significantly higher rates than older veterans, reflecting both changing attitudes toward alternative therapies and persistent gaps in treatment effectiveness for younger service members. As a result, some veterans are actively seeking alternative treatment modalities outside traditional VA frameworks. These emerging approaches include:

Stellate Ganglion Block (SGB): A targeted nerve injection that has demonstrated short-term symptom reduction, though long-term benefits require further research.

Hyperbaric Oxygen Therapy (HBOT): A treatment involving inhalation of 100 percent oxygen under pressure, which early studies suggest may promote neuroplasticity and improve cognitive and emotional symptoms.

Ketamine and Esketamine Treatments: Rapid-acting pharmacologic interventions shown to reduce suicidal ideation, depressive symptoms, and emotional numbing, especially for veterans with treatment-resistant conditions.

MDMA-Assisted Therapy (MDMA-AT): A modality currently under FDA review that has demonstrated substantial symptom reduction in controlled trials, including increased emotional regulation, reduced fear responses, and enhanced processing of traumatic memories.

Research in these areas is accelerating. The FDA is actively evaluating MDMA-AT for potential approval, the National Institutes of Health has increased funding for psychedelic-assisted therapy

studies, and multiple VA facilities are participating in or preparing for federally sponsored clinical trials. However, VA still lacks sufficient resources, statutory authority, and infrastructure to study these options at scale.

The VFW believes that if alternative therapies show promise—and early evidence suggests many do—then VA must receive the funding, research authority, and operational capacity necessary to fully evaluate their safety, efficacy, and long-term outcomes. Expanding the range of evidence-based PTSD treatments available to veterans has the potential to reduce suffering, enhance quality of life, and ultimately save lives by reducing suicide risk. Veterans deserve access to every effective tool possible, and the nation must invest in the research required to bring those tools into reach.

With nearly 2.5 million veterans seeking mental health care through VA, it is uniquely positioned to lead the nation in developing next-generation PTSD treatments. The VFW urges Congress to pass the *Innovative Therapies Centers of Excellence Act of 2025*, which would establish five specialized VA medical centers dedicated to evaluating and advancing cutting-edge therapies, including stellate ganglion block, hyperbaric oxygen therapy, ketamine infusion, MDMA-assisted therapy, medical cannabis, and other emerging treatments. Creating these centers of excellence would allow VA to standardize research, accelerate clinical innovation, and expand treatment options for veterans who have not found relief through traditional therapies.

More than 40 percent of veterans receiving VA care live with a service-connected mental health condition, and many rely on long-term psychiatric medications such as SSRIs and SNRIs. Veterans routinely tell the VFW they are concerned about potential over-prescribing, limited effectiveness, and the side effects associated with these drugs. To safeguard veterans' health and support fully informed decision-making, the VFW strongly urges passage of the *Written Informed Consent Act*, which would expand VA's written consent requirements to five additional psychiatric medication categories. This legislation is essential to ensuring veterans receive clear, written information on the risks, benefits, and alternatives before beginning long-term treatment, strengthening patient safety, clinician transparency, and trust in the VA mental health care system.

VA Infrastructure

In the past ten to twelve years, VA infrastructure funding has had only marginal increases. In 2014, VA requested $1.1 billion. In 2025, for FY 2026, VA requested approximately $2 billion for its discretionary construction budget. Also, VA requested an additional $900 million Recurring Expenses Transformational Fund contribution for infrastructure projects, bringing the total request for FY 2026 construction funding to approximately $3 billion. Conversely, the infrastructure backlog known as the Strategic Capital Investment Planning (SCIP) project list has quadrupled in approximately the same timeframe increasing by more than 400 percent. In FY 2016, the SCIP was approximately $40 billion worth of work. Currently, it is estimated to be more than $170 billion. Unless there is a drastic increase in resources provided for VA infrastructure, this funding backlog will continue to grow, particularly as infrastructure costs continue to increase. To overcome VA's infrastructure challenges, Congress must not only

provide significantly increased funding to fully address these long-standing issues but must also enact comprehensive planning, budgeting, management, and oversight reforms to ensure more effective use of those funds. The VFW suggests that the level of funding for VA's construction budgets should total, at a minimum, 3 percent of its overall operating budget just to keep up with the growing backlogged SCIP list.

Our All-Volunteer Force

Preserving the all-volunteer force is a national security imperative. In a period of global instability and growing strategic competition, the United States cannot afford a force weakened by preventable recruiting and retention challenges. While much attention is paid to recruiting shortfalls, the more immediate warning signs are coming from within the ranks—families who are struggling, service members who feel overstretched, and veterans who are increasingly reluctant to recommend military service.

Recent data reinforces this concern. DOD's 2024 Youth Poll found that interest in service remains low, with young Americans weighing military life against civilian opportunities that offer stable pay, family time, and predictable support. Blue Star Families' latest Military Family Lifestyle Survey showed that although most families value their service, only 37 percent would recommend military life to a young family member, which is down sharply from 2016. Families cited unstable housing, child care shortages, and spouse unemployment as major deterrents.

These issues are not abstract. The GAO recently reported that service members and families face growing financial strain in competitive housing markets, often taking on debt or extreme commutes to secure basic housing, while DOD still lacks complete data to guide policy. These quality-of-life problems directly undermine readiness, retention, and the long-term sustainability of the force.

Transition experiences also shape the future of the all-volunteer force. As noted above, when service members struggle with their transition after separation, they are less likely to recommend military service to the next generation. Inadequate transition support is not only a veterans issue, but also a recruiting problem. New veterans are often the most credible ambassadors for service in their hometowns, campuses, and workplaces, and if their first year out of uniform is marked by avoidable hardship, the damage to the military's reputation spreads quickly.

The VFW urges Congress and DOD to treat these trends as a readiness imperative. Strengthening the all-volunteer force requires sustained investment in pay, housing, spouse employment, child care, health care access, and transition support, along with consistent congressional oversight of DOD's personnel policies. Our nation asks for extraordinary sacrifice from its service members, and it must meet that sacrifice with a quality of life that makes continued service, and recommending service to others, both possible and appealing.

Military Readiness

Military readiness and the long-term health of the all-volunteer force depend on the well-being of the service members and families who make the mission possible. Persistent shortfalls in

compensation, housing, food security, health care access, spouse employment, and child care continue to strain the force and undermine readiness.

The VFW is pleased that the FY 2026 NDAA included a 3.8 percent pay raise for all service members, along with several targeted quality-of-life improvements. These steps reflect an understanding that competitive pay and family stability are essential to recruitment, retention, and mission effectiveness. Blue Star Families' 2025 research determined that 51 percent of enlisted service members report difficulties making ends meet or are "just getting by" financially. This is why compensation increases must be paired with sustained attention to the structural challenges that continue to place disproportionate pressure on junior enlisted families.

Food insecurity remains one of the most urgent concerns. According to the U.S. Department of Agriculture's Economic Research Service, nearly 25 percent of active duty service members experienced food insecurity in recent years, which is more than double the rate among comparable civilian adults. Blue Star Families found that 30 percent of military families struggled to afford balanced meals, 22 percent of respondents ate less than they felt they should because there was not enough food, and 28 percent were categorized as having low or very low food security.

Federal nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) exist to support eligible families, including those serving in uniform. Yet many service members report reluctance to utilize these programs due to stigma or concerns about perceptions within their units. No service member should feel that accessing a lawful benefit for which their family qualifies reflects poorly on their dedication or readiness. Reducing stigma and reinforcing command support for eligible families who use these programs is an important part of strengthening force readiness.

Over the past eight years, through its partnership with Humana, the VFW has helped provide more than 6.4 million meals through the Uniting for Veterans campaign. While this effort reflects strong private-sector support, charity is not a substitute for policy. The VFW welcomes recent reforms to how basic food allowances are calculated and protected from year-to-year reductions, which represent meaningful progress toward ensuring enlisted service members can reliably meet basic nutritional needs.

Housing conditions also remain a readiness concern. GAO reporting has documented widespread deficiencies across both barracks and family housing, including mold, sewage problems, unreliable temperature control, long-standing maintenance delays, and inadequate oversight. These conditions fall most heavily on junior enlisted service members and directly affect physical health, mental well-being, unit cohesion, and retention. Increased transparency around how housing allowances are calculated is a positive step, but it must be paired with continued congressional oversight to ensure housing costs and conditions reflect reality, and meet minimum health and safety standards.

Family stability challenges further affect readiness. Chronic child care shortages, high rates of spouse unemployment and underemployment, and uneven access to TRICARE providers, particularly specialty care, continue to drive stress and attrition. These challenges are further

amplified when military families are moved to duty stations overseas. The VFW appreciates recent improvements to parental leave policies that recognize supporting families during critical life events strengthens retention and long-term force health, but more needs to be done. Recent government shutdowns have further highlighted these vulnerabilities. When the government goes unfunded, service members and their families are among the first to feel the consequences. Congress must meet its obligation to fund the government on time and prevent political impasses from directly undermining military quality of life and readiness.

The VFW urges Congress and DOD to continue treating these issues as core readiness priorities. Sustaining the all-volunteer force requires competitive compensation, reliable nutrition, safe and affordable housing, accessible health care, family support, and predictable funding. Readiness is ultimately measured not only in platforms or budgets, but in people who are healthy, supported, and confident that their nation is equally committed to them.

Military Sexual Trauma

The VFW remains deeply concerned about the continued prevalence of sexual assault and harassment across the armed forces. According to the *Department of Defense Annual Report on Sexual Assault in the Military Fiscal Year 2024*, DOD received 8,195 reports of sexual assault, which is a modest decline from the previous year. However, because it did not conduct a force-wide prevalence survey in FY 2024, this change cannot yet be interpreted as meaningful progress. Underreporting remains a serious concern, and without updated prevalence data DOD cannot determine whether barriers to reporting have improved or worsened.

Of the FY 2024 reports, approximately 63 percent were filed as unrestricted, and 37 percent remained restricted, underscoring the importance of preserving confidential reporting options while continuing to build trust in the formal reporting system. In cases where The Office of Special Trial Counsel and commanders had jurisdiction to act, roughly two-thirds of cases reviewed had sufficient evidence to support disciplinary action. These outcomes reinforce the importance of the Special Trial Counsel system, which removes prosecutorial responsibility from unit commanders and is essential to a more independent, consistent, and survivor-centered approach to accountability across the services.

The VFW is encouraged that recent reforms continue to strengthen this framework. Provisions enacted in the most recent NDAA require enhanced reporting on sexual assault prevention and response training within the National Guard, ensuring commanders have access to timely legal advice, and directing DOD to examine whether existing Uniform Code of Military Justice offenses fully capture emerging forms of sexual harm. This includes analysis of how abusive sexual contact is defined, how the wrongful distribution of intimate images applies to digital forgeries and "deepfake" technology, and whether additional punitive articles are needed to address offenses related to child exploitation. These reviews are necessary to ensure military law keeps pace with evolving threats and better protects service members from exploitation and abuse.

The NDAA also strengthens prevention and transparency by updating sexual assault prevention and response training guidance, and requiring policies to notify installation communities when

registered sex offenders reside or work on military bases. These steps reflect an understanding that prevention, accountability, and trust must extend beyond individual cases to the broader installation environment.

The VFW continues to be alarmed by sexual abuse and misconduct within the Junior Reserve Officers' Training Corps (JROTC) programs. GAO's most recent review identified at least 114 instructors with substantiated sexual abuse allegations, and documented systemic failures in background checks, oversight, and transparency. JROTC introduces young Americans to military culture and serves as a recruiting pipeline. When those pathways are compromised by abuse, the damage extends well beyond the immediate victims by eroding trust in the institution and undermining recruiting, retention, and readiness.

Sexual assault and harassment remain among the leading reasons young Americans cite for choosing not to pursue military service. Survivors already in uniform continue to report fear of retaliation, uneven access to support services, and inconsistent case handling across installations. Each unreported or unresolved assault weakens morale, fractures unit cohesion, and drives capable service members out of the force. These harms are not isolated; they are readiness and national security risks.

The VFW urges Congress to maintain rigorous oversight of the services' sexual assault prevention and response efforts, ensure the Special Trial Counsel system achieves its intended independence and consistency, and require transparent reporting on outcomes, training effectiveness, and survivor support. Equal attention must be given to how survivors are transitioned into VA care, where MST–related claims and mental health needs remain significant.

A truly ready force is one in which all service members, from cadet to senior leader, can serve without fear of harassment or assault, can trust the system to protect them, and can see military culture reflect the values the nation expects it to uphold. The VFW stands ready to work with Congress, DOD, and VA to ensure that standards are met.

Military Suicide

Military suicide remains one of the most urgent and painful challenges facing the armed forces and veteran community. Although DOD has not released new suicide surveillance data since its *Calendar Year 2023 Annual Report on Suicide in the Military*, the broader trend remains unmistakable—suicide continues to claim more service members each year than combat, training, or operational missions. Despite sustained attention and repeated policy initiatives, progress remains uneven and transparency is insufficient.

In 2023, DOD's Suicide Prevention and Response Independent Review Committee (SPRIRC) released a comprehensive report containing 127 recommendations organized across four pillars: healthy and empowered individuals, families, and communities; clinical and community preventive services; treatment and support services; and surveillance, research, and evaluation. The fourth pillar is particularly critical, as effective suicide prevention depends on strategies grounded in reliable, timely, and accessible data.

Yet, unlike GAO recommendations, which can be tracked and publicly assessed over time, there is no open-source mechanism to determine which SPRIRC recommendations DOD has implemented, which are underway, and which remain unaddressed. More than a year after the report's release, Congress, the public, and families who have lost loved ones still lack the transparency necessary to evaluate progress or hold DOD accountable.

This lack of visibility is especially troubling given the risk factors SPRIRC identified as strongly associated with suicide, including housing instability, food insecurity, financial stress, limited access to child care, spouse underemployment, stigma surrounding mental health care, inconsistent access to behavioral health professionals, and barriers to lethal means safety. These pressures compound over time, erode resilience, and directly affect readiness.

The VFW welcomes recent congressional direction requiring DOD to study the psychological and mental health effects of unmanned aircraft systems in combat operations. As the character of warfare evolves, so too must our understanding of its human cost. The moral and psychological burdens associated with remote warfare, persistent exposure to lethal decision-making, and cumulative operational stress must be better understood and addressed as part of a comprehensive suicide prevention strategy.

The Congressional Research Service continues to note elevated suicide risk among younger enlisted men, particularly in the Army and Marine Corps, as well as unique vulnerabilities within the National Guard and Reserve, including geographic isolation, inconsistent access to care, and limited connection to installation-based support. These realities reinforce that suicide prevention cannot be treated as a clinic-only issue; it is a leadership, community, and quality-of-life issue.

The VFW urges Congress to require greater transparency from DOD regarding implementation of SPRIRC recommendations, including public progress reporting comparable to GAO's established tracking practices. We also urge investment in evidence-based prevention strategies such as VA's Veteran Sponsorship Initiative, improved access to mental health care across the force, parity for National Guard and Reserve members, and stronger coordination between DOD and VA.

Suicide prevention is not only a public health responsibility, it is a readiness imperative. A force that cannot protect its people cannot sustain itself. The strength of the all-volunteer force, and the lives of those who serve, depend on sustained accountability, transparency, and action.

Military Compensation

Financial stress is a recognized contributing factor to suicide risk, which makes military compensation a matter of force health, not just pay policy. Fair, predictable, and competitive compensation directly affects service members' well-being, family stability, readiness, and retention.

The VFW supports the 3.8 percent pay raise authorized in the FY 2026 NDAA. While necessary, this increase largely tracks inflation and should be viewed as a baseline, not a solution. It does not fully address the compensation gap facing many service members, particularly junior enlisted

families, as military pay and benefits increasingly lag comparable civilian opportunities.

The Fourteenth Quadrennial Review of Military Compensation recommends aligning military compensation closer to the 75th percentile of comparable civilian wages, recognizing the unique demands, risks, and constraints of military service. Compensation must be understood holistically, including base pay, allowances, health care access, family support, and retirement benefits, all of which contribute to financial security and force sustainability. Persistent quality-of-life challenges, including food insecurity, inadequate housing conditions, rising out-of-pocket costs, and limited child care availability, continue to place disproportionate strain on enlisted families. These pressures undermine morale, retention, and long-term readiness, and cannot be solved by annual pay raises alone.

The VFW urges Congress to sustain competitive pay growth, implement the recommendations of the Quadrennial Review of Military Compensation, and ensure compensation policies reflect the real cost of living faced by military families. America cannot maintain a ready, resilient all-volunteer force if service members are forced to choose between serving their country and supporting their families. Competitive compensation is both a moral obligation and a national security requirement.

Concurrent Receipt

For more than twenty years, Congress has enforced an indefensible policy that forces disabled veterans to give up part of their earned military retirement pay solely because they receive VA disability compensation. These are separate benefits earned for separate reasons, yet the law treats them as mutually exclusive. After decades of reports, promises, and half-measures, the injustice remains fully intact.

No issue in the veterans' space commands more bipartisan support. As of this writing, the *Major Richard Star Act* has the backing of 392 of 535 members of Congress, which is an extraordinary level of consensus rarely achieved on any policy matter. Nearly three-quarters of Congress have publicly endorsed the bill. VSOs, military families, and the American people overwhelmingly support it. And yet, despite this consensus, Congress still refuses to act.

The explanation most often given is cost, specifically, the requirement to identify a budgetary offset as though correcting an injustice for disabled retirees must come at the expense of another defense or veterans priority. That framing is misplaced. Ending the concurrent receipt offset does not require DOD to trade readiness, delay procurement, or sacrifice national security investments. Congress already created the appropriate financing mechanism for military retirement obligations, namely the Military Retirement Fund (MRF).

Established in 1983, the MRF finances military retired pay on an accrual basis and already supports certain forms of concurrent receipt. The fund exists precisely so that earned retirement benefits are not subject to annual appropriations tradeoffs. The MRF's most recent valuation in 2025 shows more than $1.7 trillion in assets and long-term actuarial stability. The Congressional Budget Office has estimated that the *Major Richard Star Act* would increase federal outlays

by $9.75 billion over ten years, but that figure reflects budget scoring conventions, not the underlying solvency or capacity of the MRF.

The barrier to progress is therefore not affordability; it is process. It is the application of budget rules that treat disabled retirees differently from other military retirees who already receive concurrent benefits financed through the same fund. Congress has already recognized that concurrent receipt is compatible with responsible retirement funding. The question is not whether the MRF can support this policy since it already does. The question is whether Congress will apply that same logic consistently to combat-disabled veterans whose careers were cut short by injury.

The VFW believes it is time for Congress, particularly the House and Senate Committees on Armed Services, to fully examine this issue. We urge these committees to hold hearings on concurrent receipt, its history, its equity implications, and the appropriate use of the MRF to finance earned retirement benefits.

The VFW's end state is clear: full, concurrent receipt of benefits for all who earned them. The *Major Richard Star Act* is the necessary next step, restoring fairness for medically retired and combat-injured veterans who did everything their nation asked of them. These men and women did not "double dip." They double sacrificed. They earned their retirement through service, and their disability compensation through injury.

Disabled veterans should not be asked to subsidize the federal budget with their retirement pay. They should not be told to wait another year, another Congress, or another scoring window. After twenty years of delay, the time has come to stop debating whether justice is affordable, and start delivering it. The VFW calls on Congress to pass the *Major Richard Star Act* without further delay and commit to eliminating every remaining prohibition on concurrent receipt. Delay does not make this injustice lesser, it makes it deeper.

National Security, Foreign Affairs, and POW/MIA

DPAA Accounting Mission

For generations, our nation has upheld a sacred promise to never leave a fallen comrade behind. The VFW remains steadfastly committed to the fullest possible accounting of all U.S. service members still listed as Missing in Action. The Defense POW/MIA Accounting Agency (DPAA) carries out this solemn mission, and its work remains essential to maintaining the integrity of our nation's word to those who served.

The VFW has played a foundational role in enabling the modern accounting mission. We were the first U.S. organization to advocate for the normalization of relations with Vietnam, countering misinformation, building trust, and opening access to archives, former battlefields, and local partnerships that now make DPAA's field operations possible. For more than three decades, the VFW has sustained annual engagement in Southeast Asia and periodic engagement in Russia and China to advance DPAA's mission and promote reconciliation. As combat

veterans, we understand both the cost of war and the humanity of those who once fought on opposing sides.

Today, fewer than 81,000 American personnel remain unaccounted for from World War II through Operation Iraqi Freedom, most in the Indo-Pacific region and many presumed lost at sea. This number is not just a statistic; it represents the families that are still waiting for answers, some for generations. While the accounting mission is complex and resource-intensive, abandoning it is unthinkable. No American family should be denied the dignity of having a loved one brought home.

This mission requires sustained, predictable resources including a reliable budget. The reduction of DPAA's budget between 2025 and 2026 has caused the agency to reduce its field operations by 38 percent, and caused the loss of 26 civilian billets. Budget uncertainty, government shutdowns, and personnel shortfalls repeatedly disrupt DPAA's operations and delay long-overdue closure for families. Consistent with the VFW's national resolution calling for full and stable funding for DPAA, we urge Congress to ensure reliable mission funding, adequate staffing, strong support for partner agencies such as the Armed Forces DNA Identification Laboratory, continued stability for the Service Casualty Offices, and the protection of international partnerships that provide essential access to archival and recovery sites.

We will continue to support the DPAA's mission because we see it as a national obligation, and because as veterans we know the price of sacrifice and the weight borne by the families of the missing. We will not rest until every hero who can be found is finally brought home, whether through the work of DPAA or through independent efforts to repatriate the first Americans missing in action who were lost in 1804 during the Barbary Wars and remain interred in Tripoli. The fullest possible accounting of America's missing service members remains one of the VFW's highest priorities.

Foreign Nationals and U.S Allies

America's armed forces have long relied on foreign-born service members who swore the same oath as their U.S.-born counterparts. Many later become permanent residents or citizens, yet too many fall through gaps in the naturalization process. As a result, veterans who once wore our nation's uniform can face deportation for low-level or non-violent offenses simply because their naturalization was never completed. This challenge has become even more pressing as Afghan refugees, including many who supported U.S. missions, now face an increase in deportation proceedings and the potential reversal of previously granted asylum.

The VFW believes that honorable service must be considered when veterans encounter legal or immigration challenges. We urge Congress to ensure that eligible veterans have access to Veterans Treatment Courts and that DOD provides comprehensive naturalization support to immigrant service members before they separate from the military. The consequences of inaction remain significant. Nearly four years after the 2021 evacuation from Afghanistan, approximately 80,000 Afghan partners in the United States remain in legal limbo. These individuals served alongside American forces during some of the most dangerous operations of the past two decades, and their families continue to face substantial risk. Supporting our allies must be a consistent and principled commitment. Just as the United States stands with Ukraine, Israel,

and Taiwan against existential threats, we must show the same resolve toward our wartime partners who now reside within our own communities.

For these reasons, the VFW strongly supports passage of the *Afghan Adjustment Act* to provide a clear and permanent pathway to lawful permanent residency for our Afghan partners. We urge Congress to enact this legislation and to strengthen protections for foreign-born veterans who have defended this nation.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, thank you for the opportunity to provide our testimony today. As the VFW has done for 126 years, we stand ready to assist service members, veterans, families, and survivors. We are prepared to answer any questions you may have.

Carol Whitmore
Commander-in-Chief
Veterans of Foreign Wars of the United States

Carol Whitmore was elected Commander-in-Chief of the Veterans of Foreign Wars of the U.S. on Aug. 13, 2025, at the 126th VFW National Convention in Columbus, Ohio.

Carol served in the United States Army from 1977 to 2013, earning her VFW eligibility by serving in Iraq. In recognition of her service, she received the Legion of Merit Medal, Bronze Star Medal, Army Commendation Medal (six), Army Achievement Medal, Good Conduct Medal, Army Reserve Components Achievement Medal (two), National Defense Service Medal, Iraq Campaign Medal, Non-Commissioned Professional Development Ribbon (three), Army Service Ribbon, Overseas Ribbon (three), Armed Forces Reserve Medal with "M" device, and the Combat Action Badge.

She joined the VFW in 2012 at Post 9127 in Des Moines, Iowa, where she maintains her Gold Legacy Life membership. She has served in elected and appointed positions at the Post, District and Department levels, culminating with her election as the VFW Department of Iowa Commander from 2018 to 2019, in which she achieved All-American status. On the national level, she served on the Legislative Committee, the General Resolutions Committee, and on the National Council of Administration from 2019 to 2023. Carol is the first woman and Iowan to be elected VFW National Commander-in-Chief.

Carol also served on the Iowa Veterans Commission from 2018-2023 appointed by Governor Reynolds. Carol attended the University of Northern Iowa and Hawkeye Community College. She is a retired nurse.

She is a life member of the Military Order of the Cootie, the VFW National Home, and the American Legion and its Auxiliary.

Carol and her husband, Brad, reside in Des Moines, Iowa.

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Ryan M. Gallucci
Executive Director, Washington Office
Assistant Adjutant General
Veterans of Foreign Wars of the United States

Ryan M. Gallucci was appointed Executive Director of the VFW Washington Office on March 1, 2023. He is responsible for day-to-day VFW operations in the nation's capital, as well as all engagements with the executive and legislative branches of the federal government, foreign dignitaries, and peer veteran service organizations. Ryan is the first post-9/11 veteran to hold the position. In addition to his role position as Executive Director, Ryan was duly appointed as Assistant Adjutant General on July 27, 2023.

He started as a VFW employee in June 2011. His past roles with the VFW include deputy executive director; National Veterans Service (NVS) director; NVS deputy director; and National Legislative Service deputy director. Ryan is a life member of VFW Post 3150 in Arlington, Va.

During his time with the VFW, Ryan was instrumental in the implementation of numerous veteran-focused initiatives, including modernizing the VFW's cornerstone benefits assistance program, which assisted veterans continuously during the COVID-19 pandemic. He worked directly with Congress and federal agencies to craft and implement transition and education policies benefiting veterans, such as in-state tuition protections and redesigning the Transition Assistance Program. He served as advisor, and later chairman, on the Secretary of Labor's Advisory Committee on Veterans Employment, Training, and Employer Outreach, providing feedback to the Department of Labor and Congress on the employment needs of veterans and the efficacy of federal employment programs for veterans. He also established the VFW-SVA Legislative Fellowship program, which offers exemplary student veterans the opportunity to learn about veterans' advocacy hands-on in Washington.

Ryan is a native of North Kingstown, R.I. He served in the Army Reserve from June 1999 to June 2007, and served in the Iraq War from 2003 to 2004 as a civil affairs sergeant with the 443rd Civil Affairs Battalion. For his service, he received the Bronze Star and the Combat Action Badge. Ryan used his G.I. Bill benefits to attend college, interned as a public affairs specialist at the Naval War College, and earned a bachelor's degree in journalism and political science from the University of Rhode Island. His prior experience includes public relations work for Ceisler Media & Issue Advocacy and Susan Davis International, as well as deputy communications director for American Veterans (AMVETS).

He and his wife, Katie, reside in Arnold, Maryland, with their daughters, Lily and Mia.

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10/2024

Kristina J. Keenan
Director
National Legislative Service
Veterans of Foreign Wars of the United States

Kristina Keenan is the director of the National Legislative Service of the Veterans of Foreign Wars of the United States. It is her responsibility to plan, coordinate, and implement the VFW's national legislative agenda by working with members of Congress, congressional staffers and committees, departments and agencies, and fellow veteran-serving organizations on Capitol Hill. Her mission is to protect all programs and services provided by the federal government for veterans, service members, and their families, and to help defeat proposals that are not beneficial.

Kristina grew up in Northfield, Minnesota, and joined the Minnesota Army National Guard in 1999 as a counterintelligence agent. She deployed in 2003 with the 34th Infantry Division to Tuzla, Bosnia, as part of the Stabilization Force (SFOR), a NATO peacekeeping operation. Immediately following her deployment, Kristina volunteered for a second deployment to Bosnia, working in both Sarajevo and Mostar as a tactical human intelligence team leader with an allied military intelligence battalion. She finished her military service in 2005 with the rank of sergeant.

Following her discharge, Kristina completed a bachelor's degree in political science at the American University of Paris in France, and a master's degree in human rights and humanitarian action from the Institut d'études politiques de Paris (Paris Institute of Political Studies, commonly known as Sciences Po). She worked at the American University of Paris in alumni affairs, communications, and fundraising from 2009 to 2018. During her time in Paris, Kristina discovered an active American veteran community and joined VFW Post 605 — the oldest Post in Europe — where she served two years as the Post Commander.

Kristina has been advocating for the VFW's legislative priorities since 2016. She played an integral part in the passage of the Honoring our PACT Act, which was a major legislative victory on behalf of our nation's veterans. Her advocacy work has earned her a place as one of the country's top lobbyists, recognized by the Washington, D.C., publication *The Hill* in 2022, 2023, and 2024.

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August 2025

Michael S. Figlioli
Director, National Veterans Service
Veterans of Foreign Wars of the United States

Mike Figlioli was appointed Director of the VFW National Veterans Service (NVS) on March 1, 2023, which operates out of the VFW Washington Office in Washington, D.C.

As NVS Director, Mike is responsible for the day-to-day operations of the program, which ensures veterans, service members and their families have access to their earned benefits through the Departments of Veterans Affairs, Defense and Labor. The scope of his role also includes overseeing the VFW's network of more than 1,950 VFW Accredited Service Officers located around the world and on almost two dozen military installations, to ensure they have the necessary training and resources to provide the best possible service to their veteran clients.

Mike joined the VFW Washington Office in 2011. His past roles with the VFW include National Veterans Service (NVS) Deputy Director; NVS Assistant Director, Veterans Benefits Policy; NVS Associate Director, Field Operations; and as a Pre-Discharge Claims Representative in the National Veterans Service directorate.

As the subject matter expert for veteran service claims, benefits and compensation, many have come to rely on Mike's knowledge and professionalism. Mike was appointed as a special advisor to Secretary of Veterans Affairs, Robert A. McDonald to serve on the Advisory Committee for Cemeteries and Memorials. He was reappointed by Secretary Robert Wilkie for a second term from 2018 to 2020. He has also testified numerous times before Congress – experiences Figlioli will continue to use as the conduit between the veterans advocacy and veterans' compensation, health care and benefits.

He served in the U.S. Army from 1988 to 1996. After completing Basic and Advanced Individual Training at Fort Sill, Oklahoma, he was assigned to the 18th Field Artillery Regiment in Augsburg, Germany, as a cannon crewmember, and later, as a maintenance clerk. He would serve as a Training and Operations NCO with the 24th Infantry Division at Fort Benning, Georgia, and as the Division Ammunition NCO for the 2nd Infantry Division, Camp Casey, Republic of Korea. He returned to the United States in June 1995 to complete his Army career with the 3rd Infantry Division at Fort Stewart, Georgia. His military decorations include the Army Commendation Medal, five Army Achievement Medals, the National Defense Service Medal, and the Korean Defense Service Medal.

Mike is a Life member of USS Jacob Jones VFW Post 2017 in Dedham, Massachusetts. Along with his appointment as the VFW Department of Massachusetts Service Officer in 2008, he was also appointed Department Legislative Director and elected as VFW District 5 Commander and VFW Post 2017 Commander. He has served on numerous VFW committees at both Department and National levels, to include Budget, Bylaws, Legislative, Veterans Service, National Security and Foreign Affairs, and POW/MIA.

Mike is a native of Dedham, Massachusetts. Mike's wife, Dawn Jirak, is a retired U.S. Air Force Master Sgt., a veteran of Operation Desert Shield/Desert Storm, and a past NVS Deputy Director. The two reside in Deale, Maryland.

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3/2023

BIO FOR JASON E. JOHNS

Jason E. Johns is the Chairman of the VFW's National Legislative Committee. He is a Past Commander for the VFW Department of Wisconsin and is a Gold Legacy Life Member of Post 328 in Stoughton, WI. This April he reaches the milestone of 20 years membership in the VFW. He earned his eligibility through his service with the U.S. Army in Operation Iraqi Freedom (2003-2004) where he earned the Combat Action Badge and received the Purple Heart medal, among other decorations.

Mr. Johns is a VA accredited attorney representing his fellow veterans with their appeals in front of the Board of Veterans Appeals and the U.S. Court of Appeals for Veterans Claims. He serves on the USCAVC's Committee on Admission & Practice and is a former president of the CAVC Bar Association. Jason is also a longtime sustaining member of the National Organization of Veterans Advocates (NOVA) and serves on their Congressional Testimony Committee.

In addition to his Veterans Benefits Law practice, Jason is the outside general counsel for the Center for Veterans Issues, Inc., Wisconsin's largest nonprofit provider of transitional and permanent housing for homeless and at-risk veterans and is a legal consultant to the general counsel for the VFW.

NATIONAL HEADQUARTERS
WASHINGTON, DC

Testimony of Tammy I. Barlet
Vice President of Government Affairs
Student Veterans of America (SVA)
Before the joint Senate and House Committees on Veterans' Affairs United States Congress

Date: March 3, 2026

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of Senate and House Committees on Veterans' Affairs,

Student Veterans of America (SVA) submits this testimony with deep respect for the responsibility these Committees carry and with equal respect for the students whose futures are shaped by the policies you steward, *to, through, and beyond higher education*.[1] Education remains one of the nation's most enduring covenants with those who serve and steady, structural guarantor of national security.[2] When it is designed with care and administered with fidelity, it becomes a durable engine of mobility, dignity, and continued civic contribution.

The student veteran population is changing in ways that demand attentiveness rather than nostalgia. Today's veterans arrive on campus older, frequently with families, often balancing employment and caregiving alongside coursework.[3] They pursue education across modalities that reflect necessity rather than preference. Policy that assumes a single, linear student experience no longer serves the population it intends to honor.

SVA's recommendations for 2026 are grounded in proximity to these realities. They reflect sustained engagement with student veterans on campuses across the country, rigorous research translated into practice, and an institutional memory informed by nearly two decades of advocacy. Our aim is straightforward and exacting: to align federal education benefits with the realities of veterans' lives and the trajectories they seek to build. We invite policymakers, educators, and partners across sectors to engage with these priorities as a matter of shared stewardship and enduring national interest.

Introduction

Founded in 2008, Student Veterans of America (SVA) emerged from a grassroots coalition of GI Bill users whose education benefits no longer aligned with the realities of the higher education system they entered. These veterans organized around the shared concern that the promise of the GI Bill risked erosion without sustained advocacy to preserve the fidelity of its purpose. Their efforts helped shape and secure the Post-9/11 GI Bill, ensuring that education benefits reflected both the scale of modern service and the demands of contemporary education.

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[1] SVA's mission is to "act as a catalyst for student veteran success by providing resources, network support and advocacy to, through, and beyond higher education." SVA's vision is "empowering student veterans to lead and live their best lives." For more on the mission and vision of the organization, see https://studentveterans.org/.
[2] Eberstadt, N., & Abramsky, E. (2022). *The changing global distribution of highly educated manpower, 1950–2040: Findings and implications*. American Enterprise Institute. https://www.aei.org/research-products/report/the-changing-global-distribution-of-highly-educated-manpower-1950-2040-findings-and-implications/
[3] Student Veterans of America. (2023). *SVA Census*. https://studentveterans.org/research/sva-census/

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That momentum did not end with legislative success. As veterans carried these benefits onto campuses and into classrooms, they became instruments of economic mobility and professional reinvention. They entered higher education with earned capability and clear intent, even as many institutions struggled to keep pace with their transition. The organization today was born from this, as SVA evolved into a national organization dedicated to advancing veteran success through policy, research, and campus-based leadership.

Today, SVA's system of record lists more than 1,600 chapters at colleges and universities in the United States and abroad. These chapters are the backbone of the student veteran ecosystem. They serve as hubs of peer support, leadership development, and institutional engagement, often acting as the first point of contact for veterans navigating enrollment, benefits, academic challenges, and transition stress. On many campuses, SVA chapters function as informal advising networks, referral points for basic needs support, and trusted partners to campus leadership. An estimated 840,000 students currently use GI Bill benefits,[4] and nearly 600,000 of them attend institutions with an SVA chapter.[5] Through this network, SVA helps veterans navigate higher education while fostering belonging, purpose, and persistence.

Saddleback College Student Veteran Club

At Saddleback College in Mission Viejo, California, the *Saddleback College Student Veterans Club* has become a connective presence within campus life, linking the experiences of military-affiliated students to the broader academic community through sustained engagement, collaboration, and service. The chapter operates as a bridge, translating veteran experience into shared civic understanding while strengthening inclusion across student, faculty, and administrative spaces.

One of the chapter's most consequential contributions has been the establishment of a Senator for Veteran Students within the Associated Student Government. This role institutionalized veteran representation in campus governance and improved coordination among the VETS Center, Counseling Services, and student leadership. The result has been clearer communication, greater visibility, and a more consistent understanding of veteran needs across the college.

The chapter also integrates veteran perspectives into the cultural and social life of the institution. Through joint programming with other student organizations and campus departments, including forums centered on women veterans, family-oriented events, and college-wide galas, the chapter creates spaces where the veteran experience is both recognized and shared. These efforts invite engagement from non-military students and reinforce veterans as contributors to the intellectual and civic fabric of the campus.

Beyond the college, the chapter sustains partnerships with local organizations that reflect a continued commitment to service. Members participate in environmental stewardship through coastal cleanups, coordinate food deliveries for families in need, and engage with veteran service organizations across Orange County. These activities extend the chapter's presence beyond campus while reinforcing intergenerational ties within the veteran community.

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[4] According to the VBA Annual Benefits Report Fiscal Year 2023, updated February 2024, there were 843,135 recipients combined of the Post-9/11 GI Bill (chapter 33), MGIB-AD (chapter 30), MGIB-SR (1606), DEA (chapter 35), and VEAP (chapter 32).

[5] The number of those receiving GI Bill benefits reported by campus in the VA's GI Bill Comparison Tool dataset were cross-referenced with campuses present in the SVA system of record as having an SVA chapter.

Through this work, the Saddleback College Student Veterans Club demonstrates how chapters function as institutional assets. By embedding the veteran voice in governance, student life, and community engagement, the chapter strengthens the campus as a whole while advancing belonging, visibility, and shared responsibility.

The Student Veterans Association at The Ohio State University

The Student Veterans Association at The Ohio State University chapter operates as an anchor for student veterans and military-connected students, supporting academic persistence, professional development, and civic engagement through sustained collaboration and leadership. Working in close partnership with Ohio State's Military and Veteran Services, campus offices, and student organizations, the chapter helps student veterans and their families access resources, build durable connections, and navigate higher education with confidence.

The chapter places particular emphasis on career readiness and leadership development by bringing high-impact opportunities directly to campus. Through convenings that have included Hiring Our Heroes, SVA national leadership, and the President of The Ohio State University, the chapter has strengthened pathways linking military service, education, and employment. This work is reinforced by a strong internal leadership pipeline. Current and former officers participate in the SVA Leadership Institute, including the chapter's Media Secretary and President, and senior student leaders continue to contribute as mentors, sustaining continuity and institutional knowledge.

Beyond the university, the chapter maintains active relationships with state and community partners to expand support networks for military-connected students. The chapter's annual 9/11 Stair Climb, which has included participation by the Ohio Secretary of State, integrates remembrance with civic engagement and public service. Chapter leaders have also worked to elevate access to mental health resources and visibility for student veterans, including support for campus-wide initiatives focused on wellness and connection.

Through participation in SVA regional programming and the hosting of mentorship-centered professional development events, including engagements with private-sector partners, the Ohio State chapter demonstrates how campus-based leadership can extend outward, strengthening both institutional capacity and community trust. In doing so, the chapter reflects the broader role SVA chapters play in translating veteran experience into academic, professional, and civic contribution.

Nikki Gold, U.S. Navy Veteran, Oregon State University

At Oregon State University, Nikki Gold serves in multiple leadership roles that shape academic governance and veteran representation. A U.S. Navy veteran, SVA Leadership Fellow, and public health science student, Nikki serves as President of the Student Veterans Association, LGBTQ+ Veteran Coordinator at the Holcomb Center, and Undergraduate Trustee for the university. Through these roles, they contribute directly to shaping policy, representation, and belonging for military-connected students across campus and throughout the state of Oregon.

Nikki's path to higher education followed active-duty service as a surface sonar technician aboard guided-missile destroyers in San Diego and Hawai'i, where they advanced to the rank of Petty Officer Second Class. In the Navy, Nikki developed a leadership style grounded in responsibility, collaboration, and care for diverse teams. Those same qualities now inform their work in higher education, where leadership is exercised through institution-building rather than command.

At Oregon State, Nikki has strengthened the visibility and influence of student veterans by linking campus initiatives with statewide partners and public agencies. They co-founded Those Who Serve in collaboration with Counseling and Psychological Services, creating a structured peer support space for LGBTQ+ veterans and currently serving

members. This work reflects a broader commitment to ensuring that institutional systems recognize the full range of veteran experiences and identities.

Looking forward, Nikki plans to pursue legal education as a continuation of public service. Their aim is to integrate public health, policy, and law in pursuit of systemic change that expands access, strengthens representation, and advances opportunity for veterans and other historically underrepresented communities.

Gregory Hillman, U.S. Marine Corps Veteran, University of Nevada, Reno

Gregory Hillman's work reflects a sustained commitment to individual growth, community restoration, and service grounded in lived experience. An United States Marine Corps veteran with eleven years of service, including five years as an Explosive Ordnance Disposal technician, Greg served in high-risk operational environments that demanded technical precision, sound judgment, and resilience under pressure. His military service, followed by international contracting work, shaped a deep understanding of trauma, responsibility, and the enduring effects of service across the life course.

Following his transition from active service, Greg pursued higher education and service-oriented work with intention. He reframed experience into practice, focusing on healing, learning, and community contribution. He earned an associate degree in theatre, psychology, and social work and is currently completing a bachelor's degree in social work, with plans to pursue graduate study at the University of Nevada, Reno. His academic path reflects a commitment to translating experience into professional capacity.

At Truckee Meadows Community College, Greg serves as a Peer Academic Advisor, supporting students as they navigate higher education, integration, and personal development. His work is particularly impactful for military-connected students, for whom he provides guidance rooted in shared experience and informed by professional training. In this role, Greg contributes directly to retention, belonging, and academic persistence.

Beyond campus, Greg serves as Mentor Coordinator at Court Assistance Military Offenders (CAMO) Court in Reno, Nevada, where he supports justice-involved veterans through structured mentorship and accountability-based community engagement. He also volunteers as a guitar instructor with CreatiVets, using music as a connective and therapeutic practice that fosters expression, trust, and recovery. At the University of Nevada, Greg remains active in student leadership and advocacy through organizations including Wolfpack Vets and the Undergraduate Students of Social Work Association. Across these roles, Greg approaches leadership as relational rather than positional. Guided by empathy, curiosity, and a belief in human potential, he works to help others recover dignity, recognize possibility, and pursue purpose, even in the aftermath of hardship.

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SVA understands its responsibility to be one of stewardship and accountability, guided by the chapters and the students whose leadership gives the organization its mandate. At our national headquarters in Washington, D.C., the organization's mission remains to ensure that student veterans are equipped to succeed in higher education and to translate that success into durable economic and civic outcomes. This work is anchored in the understanding that transition is a sequence of choices shaped by access to timely information, credible guidance, and sustained support.

SVA works to ensure that transitioning service members and their families are prepared to make informed decisions about education and economic futures. Through national initiatives such as the SVA Success Hub and the SVA Advising Center, veterans receive structured guidance that helps them navigate benefits, select programs aligned with career goals, and anticipate the financial and professional implications of those choices.

At the campus level, SVA invests directly in chapter capacity. Leadership development, national and regional programming, and ongoing chapter services strengthen local ecosystems of support and ensure that student veterans are not navigating higher education in isolation. These efforts recognize chapters as essential partners in retention, belonging, and institutional engagement.

SVA also advances veteran well-being by supporting access to mental health care during and after transition. Through collaborative efforts such as the Veteran Wellness Alliance[6] and partnerships with the Department of Veterans Affairs, SVA helps reduce barriers to care and promotes continuity between campus-based support and federal services. Through sustained campus visits and direct engagement with institutional leadership, SVA works to ensure that student veterans can access guidance and services responsive to varied backgrounds, identities, and life circumstances. This engagement reinforces accountability while strengthening institutional understanding of veteran experiences.

Finally, SVA builds and maintains strong connections with employers across the private, public, and nonprofit sectors. Through a networked approach and the SVA Career Center, the organization supports career readiness, facilitates meaningful employment pathways, and reinforces education as a bridge between military service and long-term professional contribution.

SVA's work operates across multiple levels. At the campus level, chapters build community, identify unmet needs, and connect students to resources. Chapter leaders regularly surface barriers related to housing insecurity, food access, childcare, mental health, and benefits administration long before those challenges appear in national data. At the national level, SVA aggregates these lived experiences through research, convenes cross-sector partners, and advocates for policy reforms that align education benefits with contemporary realities. This testimony reflects that integrated approach.

[6] The Veteran Wellness Alliance (VWA) is a coalition of veteran peer-to-peer networks and top mental and brain health care providers, connecting veterans, service members, and their families to high-quality care for invisible wounds. For more information, see https://www.bushcenter.org/topics/veterans/veteran-transition/veteran-wellness-alliance

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Table of Contents

SVA

The GI Bill is the Front Door to VA

Measured not only by its scale but by its consequences, the Post-9/11 GI Bill has become one of the most consequential federal interventions shaping veterans' economic trajectories in the twenty-first century. Longitudinal analyses of federal education and earnings data demonstrate that veterans who use GI Bill benefits enroll in postsecondary education at high rates and complete credentials at levels that compare favorably with, and in many cases exceed, those of similarly situated civilian learners.[7] Among enlisted veterans eligible for the benefit between 2009 and 2019, more than 54 percent made use of GI Bill education benefits, with participation rising to approximately 62 percent when transferred entitlements to spouses and dependents are included.[8] These outcomes are associated with measurable earnings gains and improved long-term labor market attachment, reinforcing the GI Bill's role as a primary engine of post-service economic mobility.[9]

Yet the GI Bill's significance extends beyond education alone. For many veterans, engaging the benefit constitutes their earliest sustained interaction with the federal systems designed to support them after service. That experience quietly shapes how veterans understand the obligations to them and their own willingness to seek assistance in the future. When education benefits function predictably, transparently, and without friction, they establish a foundation of institutional trust.[10] When they do not, disengagement follows, often long before veterans learn to dial 1-800-MyVA411.

Over the past decade, the administration of the GI Bill has undergone meaningful transformation. Investments in information technology modernization, automation of benefit processing, and customer service reform within the Veterans Benefits Administration have reduced delays and improved reliability.[11] These improvements are significant precisely because they reduce visibility in that education benefits are most effective when they recede into dependability rather than demand constant management by the beneficiary. Such gains, however, are not self-sustaining. They require continued oversight to ensure that modernization efforts remain responsive to veteran experience rather than driven solely by system efficiency.

Structural misalignment across federal agencies continues to complicate an otherwise successful program. Veterans routinely navigate overlapping jurisdictions among the Department of Veterans Affairs, the Department of Education, the Department of Defense, and the Department of Labor, each operating with distinct definitions, timelines, and data systems. Research consistently identifies fragmented governance and inconsistent advising as contributors to

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[7] This is shown in reports such as (1) Barr, A., Chen, S., & Eberly, J. (2023). *The Post-9/11 GI Bill: Impacts on enrollment, attainment, and earnings*. Referenced in Inside Higher Ed coverage: https://www.insidehighered.com/news/government/student-aid-policy/2024/02/16/new-depth-report-highlights-outcomes-post-911-gi-bill; and (2) Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf

[8] Radford, A. W. (2024). First look at Post-9/11 GI Bill outcomes for enlisted veterans (Working Paper). American Institutes for Research. https://www.air.org/sites/default/files/2024-02/First-Look-Post-9-11-GI-Bill-Outcomes-Enlisted-Veterans-February-2024.pdf

[9] Barr, A., Chen, S., & Eberly, J. (2023). *The Post-9/11 GI Bill: Impacts on enrollment, attainment, and earnings*. Referenced in Inside Higher Ed coverage: https://www.insidehighered.com/news/government/student-aid-policy/2024/02/16/new-depth-report-highlights-outcomes-post-911-gi-bill

[10] In 2025, the Department of Veterans Affairs (VA) experienced a significant increase in veteran trust, reaching over 80%, up from 55% in 2016. This rise in confidence coincides with the "Digital GI Bill" modernization, which has improved claims processing. See more at https://news.va.gov/press-room/veteran-trust-va-increased-25-since-2016-high/

[11] U.S. Department of Veterans Affairs. (n.d.). *Transforming the GI Bill experience*. Digital VA. Retrieved February 19, 2025, from https://digital.va.gov/delightful-end-user-experience/transforming-the-gi-bill-experience/

delayed enrollment, confusion over eligibility, and suboptimal program choice.[12] As postsecondary education increasingly includes apprenticeships, short-term credentials, workforce-aligned certificates, and online or hybrid instruction, the costs of this misalignment grow more pronounced. Institutional context further shapes outcomes. Veterans who enroll in higher-quality public and nonprofit institutions demonstrate stronger completion rates and more favorable earnings trajectories than peers attending lower-performing institutions, underscoring the importance of transparent information and informed choice for GI Bill users.[13] The benefit's promise is realized most fully when veterans are supported in navigating institutional quality rather than left to interpret opaque systems alone.

Looking forward, the durability of the GI Bill will depend on its capacity to adapt without losing coherence. Continued investment in digital benefits navigation, including mobile-first platforms, real-time decision support, and carefully governed AI-enabled customer service tools, offers a path toward reducing administrative burden while expanding equitable access for veterans balancing employment, caregiving, disability, or geographic isolation. These tools must support human judgment and interagency accountability rather than supplant them.

SVA recognizes the progress achieved through recent reforms and commends the Department of Veterans Affairs for elevating education benefits as a core operational priority. We will continue to advocate that sustaining that progress will require renewed attention to interagency coordination, data-sharing, disciplined oversight of modernization efforts, and deliberate removal of barriers that disproportionately affect rural, disabled, and non-traditional learners. Treated as a living system rather than a static entitlement, the GI Bill can continue to serve as a foundation for individual advancement and national capacity alike.

VA Claims One-on-One Support (*"The SVA NatCon-VA Claims Clinic"*)

At SVA's 18th Annual National Conference ("NatCon" in January of 2026), the sustained partnership between SVA and the VA entered its fourth year occupying a growing portion of the exhibitor hall (the "*SVA Campus*"), with over 200 VA representatives assisting student veterans with benefits counseling, mental health enrollment, and disability claims support. In two days and under four inches of snow, these VA representatives provided one-on-one assistance to 414 veterans, scheduled 201 compensation and pension exams, completed 23 disability ratings on site, and processed an additional 706 disability benefits questionnaires for claims.[14] What was most remarkable was the impact this event had on the eight individuals who filed their claims, received an examination, and received a claims decision in under 96 hours. These interactions are a blueprint of what VA engagement should look like nationwide—proactive, veteran-centric, and focused on delivering real results.

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Looking ahead, SVA remains resolute in its responsibility to safeguard the GI Bill as a lifelong instrument of veteran mobility and empowerment. Modern infrastructure, genuine accessibility, and rigorous interagency coordination are prerequisites for a system worthy of those it serves. The GI Bill embodies a national obligation. In this session of Congress, honoring that obligation requires deliberate action to ensure the promise of education is realized for every veteran, in practice as well as in principle.

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[12] Abbey, D. M. (2022). How veterans make meaning of the college choice process in the Post-9/11 era. *Journal of Community Engagement and Scholarship*, 13(4). https://jces.ua.edu/articles/63/files/62e2abdce93bb.pdf

[13] Kelchen, R., & Goldrick-Rab, S. (2023). Recent data show minimal change in veterans' enrollment patterns. Ithaka S+R. https://sr.ithaka.org/blog/recent-data-show-minimal-change-in-veterans-enrollment-patterns/

[14] This data was provided by the VBA Office of Colorado Springs, Denver Regional Office, who served during the 18th Annual SVA National Conference in Colorado Springs, CO, January 8-10, 2026.

SVA

SVA Research Findings and Initiatives

SVA's annual Census provides further insights into the unique demographics of student veterans.[15] Over 85 percent of GI Bill users are prior enlisted, while the remaining 14 percent are former warrant or commissioned officers. The vast majority (about 93 percent) are over the age of 25, with the largest portion between 25 and 35. Over half are married, and more than half have children, with around 20 percent being single parents. Nearly 75 percent of student veterans work while in school, with financial pressures varying significantly by race, ethnicity, and gender seeing 99 percent of student veterans who are Black women working while in school.

When it comes to school and degree choice, student veterans overwhelmingly attend public or nonprofit institutions.[16] Most are using their GI Bill to earn bachelor's degrees first, followed by master's degrees, associate degrees, and terminal degrees such as PhDs, JDs, and MDs. Importantly, student veterans outperform the national average in academic success—with an average GPA of 3.35 compared to the national average of 3.15.[17] The success rate for student veterans, measured as an aggregate of graduation, persistence, retention, and transfer-up, stands at 72 percent,[18] exceeding the national average of 66 percent.[19]

SVA approaches research as an act of stewardship, oriented toward what is possible rather than what has already occurred. The question before us is not whether veterans can succeed in higher education and the workforce. The evidence is unequivocal that they do.[20] The more compelling question is how much more they could achieve if the barriers they navigate were removed and their momentum fully supported.

Across recent analyses, one pattern remains consistent. Veterans who complete postsecondary credentials experience strong labor market outcomes.[21] Veterans with bachelor's degrees earn substantially more over their lifetimes than their civilian peers, and those with graduate and professional degrees see even greater earnings advantages.[22] Yet these gains coexist with forms of economic stifling that are less visible in annual income data. Delayed entry into the

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[15] Student Veterans of America. (2023). *SVA Census*. https://studentveterans.org/research/sva-census/

[16] Ibid.

[17] Westrick, P. A., Angehr, E. L., Shaw, E. J., & Marini, J. P. (2024, July). *Recent trends in college readiness and subsequent college performance: With faculty perspectives on student readiness*. College Board. https://research.collegeboard.org/media/pdf/Recent-Trends-in-College-Readiness-and-Subsequent-College-Performance.pdf

[18] Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf

[19] Success rate in NVEST was calculated as a non-attrition rate, so for civilian students, the corollary was used. See Education Data Initiative. (n.d.). *College dropout rates*. https://educationdata.org/college-dropout-rates

[20] Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf. Of note in this work, SVA has used "success rate" as compared to "graduation rate" because the standard metric of a cohorted four-, six-, or eight-year graduation rate is inappropriate for student veterans (and nontraditional students, writ large) because of the non-linear path these students take from high school and through higher education before starting a career. Success rate is a non-attrition rate that combines graduation, persistence, transfer, and retention. Compared to traditional students, the success rate of student veterans is significantly higher. When cohorted graduation rates are used, often military service or family or work obligations prevent student veterans from remaining in the same cohort, thus diminishing their presence in these metrics.

[21] A veteran with a bachelor's degree earns an average of $84,255 annually, compared to $67,232 for civilians. At the advanced degree level, veterans earn $129,082 annually, significantly higher than the $99,734 average for civilians. See more at D'Aniello Institute for Veterans and Military Families. (2019). *Student veterans: A valuable asset to higher education*. Syracuse University. https://ivmf.syracuse.edu/wp-content/uploads/2019/12/Student-Vets_Valuable-AssetFINAL-11.6.19.pdf

[22] Ibid.

civilian workforce, mis-aligned career opportunities, interruptions in career progression, and constrained access to professional networks translate into slower wealth accumulation and postponed financial security.[23] Earnings alone do not capture the full cost of service on economic mobility.

It is within this tension between measurable success and structural drag that SVA has focused its most recent research agenda. Economic mobility and career advancement sit at the center of this work. Through partnerships with employers, workforce intermediaries, and technology leaders, SVA has worked to document the pathways by which veterans translate education into meaningful careers. Our recent collaboration with Google examined career trajectories from military service through education and into the workforce in an *11-state Student Veteran Policy Landscape*. In doing so, it traced how credentials, digital skills, and employer signaling shape veteran hiring and advancement, surfacing both opportunity and friction in sectors that prize adaptability and leadership yet often misread military experience. These findings have informed employer engagement strategies, career navigation tools, and policy conversations about aligning education benefits with labor market demand[24] both at the national and state levels.

Continuing at the state level, SVA is in its second year adapting its *National Veteran Education Success Tracker (NVEST)* project.[25] Generosity from the Greater Texas Foundation and a partnership with the Texas A&M University System, supported by a consortium of Texas state agencies and other higher education institutions, has allowed SVA to create *NVEST in Texas*, which represents a new phase in evidence building. By institutionalizing a state-based approach to understanding student veterans, this project is moving beyond national averages to capture variation across institutions, regions, and systems. *NVEST in Texas* is allowing policymakers and educators to see where veterans are succeeding, where they are stalling, and where interventions can be targeted with precision. It is a model for how states can move from anecdote to infrastructure in supporting veteran education and workforce outcomes.

Underlying this work is a recognition that timely, high-quality data is itself a form of access. Veterans are often rendered visible to institutions only after challenges surface or benefits registered, but we know that not all veterans on campus are seen. The annual *SVA Census*[26] and the ongoing *LifeCycle Atlas*[27] are designed to change that temporal lag. Together, they map how veterans move across education, work, and community over time, capturing nonlinear pathways that defy traditional student classifications. These tools surface who veterans are, when they enroll, how

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[23] On average, a delay in workforce entry without the advancement that should come with the skills acquired in the military and credentials of a college degree stifles the accumulation of wealth through compounding interest of investments in retirement, for example. See other examples at Goger, A., & Alvero, A. (2023, November 9). *Veteran poverty, by the numbers*. Center for American Progress. https://www.americanprogress.org/article/veteran-poverty-by-the-numbers/.

[24] Google's investment in veteran career pathway research allowed Student Veterans of America to examine how veterans move from military service into education and ultimately into the workforce. The collaboration identified how credentials, digital skills, and employer signaling shape hiring, early career placement, and advancement opportunities for veterans, highlighting both points of alignment and persistent disconnects between military experience and civilian talent pipelines. These findings are informing employer-facing practices, career navigation guidance for student veterans, and policy recommendations aimed at improving access to high-demand fields and accelerating long-term career progression, including recommendation in credit for prior learning and needs insecurities mitigation.

[25] Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). *National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill*. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf

[26] Student Veterans of America. (2023). *SVA Census*. https://studentveterans.org/research/sva-census/

[27] Kinch, A. K., & Cate, C. A. (ongoing). *Life Cycle Atlas*. Student Veterans of America. https://studentveterans.org/research/life-cycle-atlas/

they balance work and family, and where institutional systems succeed or fail to meet them. Earlier access to this data enables earlier intervention, shifting policy from reactive accommodation to anticipatory support.

Economic mobility, however, cannot be disentangled from basic security. SVA's current *Basic Needs and Wellbeing Study*,[28] conducted in partnership with the Institute for Veterans and Military Families, examines the material and social conditions that shape veterans' capacity to persist in education and training during the first year after separation. Food and housing insecurity, financial precarity, caregiving responsibilities, and gaps in healthcare access exert quiet but cumulative pressure on academic and career decision-making. These pressures are compounded by less visible forms of insecurity, including social isolation and disrupted identity during transition.

To capture these dynamics, SVA has advanced a broader understanding of what enables stability. Through the development of *11-state State Student Veteran Policy Landscape* project and the *LifeCycle Atlas* as well complementary measures of social transition wealth, our research recognizes that belonging, trust, and community connection function as stabilizing forces during periods of disruption. SVA chapters repeatedly emerge as critical sites where these forms of support are generated, mitigating risk during moments when veterans are most vulnerable to disengagement. Taken together, this body of work points toward a simple conclusion with complex implications: Veteran success is neither accidental nor automatic but rather is produced at the intersection of economic opportunity, institutional knowledge, and basic security. Data allows us to see where that intersection holds and where it fractures. Policy determines whether those fractures widen or are repaired.

As Congress considers the future of veteran education and workforce policy, SVA urges a sustained commitment to evidence that is timely, disaggregated, and grounded in lived experience. Taken together, SVA's research presents a consistent and forward-looking picture of today's student veterans. They are enrolling in higher education with clear economic intent, persisting at high rates despite competing responsibilities, and translating education into meaningful work and long-term contribution. These outcomes are not accidental. They emerge from a combination of individual capability and the presence, or absence, of institutional supports at critical moments of transition.

What the data also makes clear is that veteran success is cumulative. Economic mobility is shaped early, while veterans are still enrolled and preparing for careers. Persistence depends on whether institutions can identify and support veterans before disruption occurs. Progress is sustained only when basic stability is preserved from the point of separation through workforce entry. Each of these elements reinforces the others. When one is missing, momentum slows. When they align, opportunity compounds.

This understanding informs SVA's approach to policy. Rather than treating education benefits, workforce programs, and student supports as separate interventions, SVA's legislative priorities for 2026 reflect how veterans actually move from service into civilian life. They are designed to strengthen the pathway from education to employment, improve visibility and coordination across systems, and ensure stability during the transition period when veterans are most vulnerable to disruption.

It is from this evidence base that SVA advances a coherent legislative theory of change. What follows outlines how these principles translate into specific policy priorities and why advancing them together is essential to realizing the full potential of veteran education as a driver of economic mobility.

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[28] Student Veterans of America. (n.d.). *Student veterans' basic needs and wellness survey*. https://studentveterans.org/research/student-veterans-basic-needs-and-wellness-survey/

SVA

A Legislative Theory of Change for Veteran Education and Workforce Policy

The research is unequivocal. Today's student veterans are succeeding in higher education and the workforce at scale, often while navigating obligations that would derail more traditional pathways. They are older, more likely to be supporting families, more likely to be working while enrolled, and more likely to pursue education with a clear eye toward economic mobility. These patterns are the context in which veteran education policy must operate.

SVA's current legislative priorities are grounded in this evidence. They reflect what chapters report from campuses, what longitudinal data reveals across systems, and what veterans themselves articulate through their choices. Taken together, these priorities advance a coherent theory of change: education serves as the primary engine of post-service mobility; data visibility determines whether that engine runs efficiently; and stability during transition determines whether momentum is sustained long enough to reach career placement. This framework is drawn directly from how veterans move through education and into work today.

SVA is putting forth the following **key policy priorities** that require immediate congressional action. These are briefly outlined below and are discussed in full in the following sections.

1. First, higher education must function as a **genuine pathway to workforce integration and economic mobility**. Veterans pursue education with the expectation that it will lead to meaningful employment, professional advancement, and long-term stability. Policies must therefore strengthen the connection between learning and work, ensuring that education accelerates, rather than delays, entry into the civilian labor market.
2. Second, systems must be able to **see and support veterans early** in their transition. Data visibility determines whether institutions can guide veterans proactively or are forced to respond after challenges emerge. Without timely insight into who student veterans are and where they are in their educational and career trajectories, even well-intentioned supports arrive too late to be fully effective.
3. Finally, progress depends on **stability during the transition period** itself. From the moment of separation through career placement, veterans are balancing education with housing, income, family responsibilities, and health. Stability during this window is not incidental. It is the condition that allows persistence, planning, and momentum to be sustained.

Together, these principles form the foundation of SVA's legislative priorities for 2026. What follows is a coordinated strategy designed to align education benefits, data systems, and transitional supports with how veterans actually move from service into civilian life.

Workforce Integration and Economic Mobility

Veterans overwhelmingly pursue higher education following military service because it remains the most reliable pathway into meaningful civilian careers. This choice reflects a rational economic calculation rather than a cultural expectation. Recent national analyses show that more than half of eligible enlisted veterans use their Post-9/11 GI

Bill benefits,[29] and those who complete degrees experience strong earnings outcomes over time.[30] The GI Bill is, by design, a generous and effective benefit. It succeeds in opening the door to education.

Yet generosity alone does not guarantee full economic return. Despite higher rates of degree completion and, eventually, higher earnings, veterans continue to experience delayed career progression and slower wealth accumulation relative to their civilian peers. Research indicates that even when veterans earn more annually after degree completion, they often require additional years in the workforce to close lifetime wealth gaps created by delayed entry, interrupted career trajectories, and reduced early access to professional networks. In effect, service confers skills and leadership capacity, but systemic gaps slow the translation of those assets into civilian economic advantage.

What is happening is not a failure of veterans to understand how to leverage internships or of education to correctly map military training to learning outcomes, but a misalignment of systems. Credentials matter, but credentials alone are insufficient. Veterans must also acquire civilian work experience while enrolled, translate military skills into employer-recognized signals, and remain financially solvent as they do so. National surveys and labor market analyses consistently show that veterans are less likely to participate in internships and early career experiential learning, not due to lack of interest, but because unpaid or low-paid opportunities are financially infeasible for students supporting families.[31] When these elements are misaligned, education becomes a slower and more precarious route to mobility than it should be.

In parallel with its policy and research efforts, SVA has invested in the responsible use of technology to narrow the distance between education and opportunity. Through the SVA Success Hub,[32] SVA has begun deploying AI-enabled systems that help student veterans translate their experiences, credentials, and academic pathways into clearer connections with internships, employment opportunities, campus resources, and support services. These tools are designed to reduce friction rather than replace human judgment, guiding veterans toward relevant opportunities more quickly while accounting for the realities of work schedules, family responsibilities, and geographic constraints. As these alignment systems mature, they increasingly function as connective tissue between education, workforce preparation, and support services, ensuring that veterans are not left to navigate complex ecosystems alone. This work reflects a broader recognition that access to opportunity is shaped by how effectively information, guidance, and pathways are integrated in real time. There is work to still be done, however, in extant policy opportunities to bridge gaps.

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[29] See Radford, A. W. (2024). *First look at Post-9/11 GI Bill outcomes for enlisted veterans.* American Institutes for Research and Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). National Veteran Education Success Tracker: A report on the academic success of student veterans using the Post-9/11 GI Bill. Student Veterans of America. https://studentveterans.org/wp-content/uploads/2020/08/NVEST-Report_FINAL.pdf.

[30] *Student veterans: A valuable asset to higher education.* Syracuse University. https://ivmf.syracuse.edu/wp-content/uploads/2019/12/Student-Vets_Valuable-AssetFINAL-11.6.19.pdf

[31] See Kinch, A. K., & Cate, C. A. (ongoing). *Life Cycle Atlas.* Student Veterans of America. https://studentveterans.org/research/life-cycle-atlas and Radford, A. W. (2024). *First look at Post-9/11 GI Bill outcomes for enlisted veterans.* American Institutes for Research

[32] Student Veterans of America has developed the SVA Success Hub as a centralized platform that integrates advising, career navigation, and resource referral for student veterans. The platform incorporates AI-enabled tools to assist veterans in identifying relevant academic, employment, and support opportunities based on individual goals, credentials, and constraints. These tools are designed to support decision-making rather than automate outcomes, with governance principles emphasizing transparency, data minimization, privacy protection, and human oversight. The Success Hub is intended to complement, not replace, campus-based advising and paid experiential learning programs by improving alignment between veterans and available opportunities in real time.

Modernizing VA Work-Study through H.R. 5965 and H.R. 6011 directly addresses this structural gap. These bills recognize that paid, relevant work during education is not ancillary to learning but integral to career formation. By increasing compensation, expanding eligibility, modernizing administrative processes, and aligning work-study roles with high-demand fields, these reforms allow veterans to earn income while building professional capital. This reduces the opportunity cost of education and accelerates entry into the workforce.

Similarly, updating the Post-9/11 GI Bill book and supply stipend through H.R. 1965 reflects the realities of contemporary education and employment. For the past almost 17 years, the stipend has remained unchanged from $1000 per year. As highlighted in Student Veterans of America's Comprehensive Analysis of Student Veteran Book Stipend Survey, the average student veteran spent $947.13 on books and materials in Fall 2023 alone, and $748.29 in Spring 2024, meaning many exceeded their allotted stipend in a single semester. Further, STEM students, juniors, and those in certain geographic regions incur even greater costs, with some students reporting annual book and supply expenses exceeding $7,500. Coursework in technical, scientific, and professional fields increasingly requires specialized software, equipment, licensing materials, and reliable digital access. When veterans cannot afford required materials, their preparation for the workforce is compromised long before graduation. Modernizing supply benefits ensures that veterans are equipped to succeed in programs that lead directly to employment and advancement.

These policies are necessary because economic mobility does not begin at commencement. It is shaped by the conditions under which veterans learn, work, and prepare for careers simultaneously. The evidence is clear that veterans are already using education strategically to advance into stable, well-aligned careers. The opportunity before policymakers is to ensure that military service enhances, rather than constrains, the economic potential that education is designed to unlock.

Data Visibility for Transitioning Servicemembers

One of the most persistent structural challenges in serving student veterans is that institutions often do not know who student veterans are. Outside of self-identification—use of veteran resources or a veteran center—or the use of education benefits, campuses have limited means of identifying veterans within their student populations. As a result, veterans frequently move through higher education unseen until disruption occurs. When institutions lack visibility, they cannot align advising, financial support, career preparation, or basic needs resources in a timely manner. The cost of this invisibility comes as delayed intervention, missed opportunities for workforce preparation, and preventable attrition among students who have already demonstrated resilience and capability.

Improving data availability is therefore foundational. Earlier insight into who student veterans are, when they arrive, and how they are progressing enables institutions to shift from reactive response to intentional guidance. Visibility allows campuses to anticipate common pressure points, coordinate services before challenges compound, and connect veterans to academic and career pathways that reflect their goals. Without it, even well-designed programs operate too late to fully realize their impact.

Federal investment in centers dedicated to serving student veterans emerged as one of the earliest efforts to address this gap. Previous grant programs enabled campuses to establish veteran and military-connected student centers that functioned as visible, trusted points of coordination. Many student veterans, members of our own SVA chapters, were afforded physical space, staffing support, or programmatic authority through these investments. Where such

centers existed, chapters consistently reported similar outcomes: stronger persistence, deeper campus belonging, clearer pathways to employment, and the formation of durable professional and peer networks.

These centers created visibility through relationship and proximity. Staff and chapter leaders developed a working knowledge of who their veterans were, when they arrived, and where challenges commonly surfaced. That relational insight allowed campuses to align academic advising with career planning, facilitate introductions to internships and campus employment, and help veterans translate military experience into civilian professional identity. In practice, SVA chapters reported that access to these spaces strengthened workforce readiness by embedding veterans within networks that extended beyond the classroom and into professional communities.

However, these successes were uneven and often fragile. The presence, capacity, and authority of veteran centers varied widely across institutions, frequently dependent on short-term funding cycles or individual champions. Data remained localized, coordination inconsistent, and outcomes difficult to sustain or scale. While SVA chapters demonstrated what was possible, the absence of formal infrastructure limited how broadly those gains could be replicated.

The Centers of Excellence for Veteran Student Success (CEVSS) pilot, established through H.R. 6358, represents a necessary next step. Rather than introducing a new model, CEVSS formalizes and extends what campuses and SVA chapters have already shown to work. By institutionalizing early identification, coordinated advising, and outcome tracking, the pilot transforms effective but contingent practices into durable systems. It preserves the human-centered strengths of veteran centers while enabling data-informed coordination across academic, workforce, and support domains.

In doing so, CEVSS elevates spaces long supported by SVA chapters from informal hubs to institutional anchors. It ensures that belonging, professional network formation, and pathways to economic mobility are no longer dependent on local circumstance, but embedded within how institutions identify, support, and prepare student veterans for life beyond the classroom. As education delivery and labor markets continue to evolve, renewed investment in this infrastructure ensures that campuses are equipped not only to serve veterans, but to see them early enough to support their full potential.

What remains is the opportunity to pair institutional commitment with technical capability. The federal government and its partners already possess the infrastructure necessary to make student veteran visibility timely, accurate, and actionable. Through secure, governed systems such as the VA's Lighthouse API,[33] it is now technically feasible to allow colleges and universities, at the point of application, to confirm veteran status and education benefit eligibility with VA data. This capability would not impose new burdens on veterans. It would simply allow institutions, with appropriate consent and safeguards, to recognize veterans early enough to begin aligning support before friction

[33] The Department of Veterans Affairs Lighthouse platform is VA's secure, federally governed interoperability framework that allows authorized partners to verify veteran benefit eligibility through encrypted, standards-based application programming interfaces (APIs). Built as part of VA's modernization strategy, Lighthouse operates within VA's identity verification and access control systems and uses federally required security protocols, including tokenized authentication and role-based authorization, to ensure that only approved entities access only the minimum necessary data. All access is logged, auditable, and compliant with federal privacy and cybersecurity standards under the Privacy Act, FISMA, and NIST guidance. This infrastructure allows institutions, with appropriate consent, to verify education benefit eligibility earlier and more accurately while preserving veteran data privacy and control. See more at: U.S. Department of Veterans Affairs, VA Lighthouse Platform, https://developer.va.gov.

emerges. Veterans would retain the ability to opt out of this verification process, but the default availability of accurate, secure matching would ensure that invisibility is no longer the structural norm.

The implications of this early visibility are immediate and practical. Institutions could begin the benefits certification process before a student arrives on campus, reducing delays in housing allowance and tuition payments that frequently destabilize transition. Advisors could proactively connect veterans to resources calibrated to their circumstances, including childcare options, workforce opportunities aligned with academic programs, mental health services, and community support networks in the surrounding area. Career services offices could facilitate early introductions to employers seeking veteran talent, allowing veterans to build professional capital while still enrolled rather than after graduation. In each of these cases, the difference is timing. Support delivered before disruption preserves momentum in ways that support delivered after disruption cannot fully restore.

Equally important, verified veteran identification would allow institutions to measure outcomes with validity and precision. Today, student veteran success is often inferred rather than observed, limited by incomplete or inconsistent identification. Secure data matching would allow colleges and universities to assess retention, completion, and workforce outcomes with the same rigor applied to other student populations. This visibility would strengthen institutional accountability while enabling policymakers to distinguish between programs that produce meaningful results and those that do not.

This opportunity extends beyond individual campuses. Integrating veteran identifiers into existing national data systems, including the National Student Clearinghouse's semi-annual enrollment and completion data pulls, would allow student veteran outcomes to be tracked with the same fidelity as other demographic groups. Such integration would not require the creation of new reporting structures, but rather the extension of existing ones to include a population whose educational trajectory is already supported by federal investment. The result would be national evidence base capable of informing policy, guiding institutional improvement, and ensuring that veteran education benefits are delivering their intended return.

The same principle applies to VA's information technology and electronic health record (EHR) modernization. Reliable, interoperable systems are foundational to safe, coordinated, high quality care and to ensuring veterans' records are accurate and accessible across VA facilities and community providers. As VA advances its phased EHR deployment in 2026 and 2027, sustained readiness investments, end user training, and post-go-live support are essential to minimize disruption and improve care coordination. This is larger than a technology upgrade; it is the backbone of VA's ability to deliver timely, veteran-centered care at scale, and it requires sustained funding, leadership oversight, and cybersecurity protections to succeed.

The technology to enhance the service capacity for veterans using data already exists. What is required now is the policy clarity and interagency coordination to make it available for its intended purpose. When health information seamlessly follows a veteran from care to care, when institutions can see veterans clearly and early, veterans receive services with precision rather than approximation. Visibility enables preparation. Preparation preserves stability. Stability allows education to fulfill its function as a pathway to economic mobility and national contribution.

Stability from Separation to Career Placement

Even the strongest education and data systems cannot function without stability during transition. The period immediately following separation from military service is marked by convergence rather than sequence. Enrollment decisions, employment, housing, healthcare, and family responsibilities arrive at once, often without the benefit of institutional coordination. For many veterans, this compression of demands occurs while they are navigating a new

identity, new expectations, and unfamiliar systems. Disruption during this window can result in delayed completion or withdrawal, even among students who are otherwise academically strong and highly motivated.

Housing stability sits at the center of this challenge. Expanding access to Monthly Housing Allowance for online and hybrid learners through H.R. 3753 reflects how veterans actually pursue education today. Flexible learning modalities allow veterans to balance work, caregiving, disability, and geographic constraints that would otherwise place education out of reach. Yet housing support policies have not kept pace with these realities. When veterans are forced to choose between modality flexibility and housing stability, persistence suffers. Ensuring MHA parity across delivery formats preserves continuity and allows veterans to remain enrolled without sacrificing essential supports.

This policy shift, however, must be implemented thoughtfully. SVA recognizes the importance of preserving the integrity of in-person learning environments and campus engagement. The intent of expanding MHA access is not to incentivize withdrawal from physical campuses, but to prevent veterans from being penalized when life circumstances require flexible learning. With appropriate safeguards, transparency, and continued investment in campus-based services, MHA parity can support persistence without undermining residential education or student engagement.

Income stability further reinforces this continuity. VA Work-Study reform, discussed earlier, plays a critical stabilizing role by providing predictable earnings during education. For veterans balancing tuition, housing, and family responsibilities, even modest income disruptions, such as the loss of MHA between semesters, can trigger enrollment interruptions. Paid, flexible work aligned with campus and community needs allows veterans to remain focused on completion while building experience that supports career placement.

Stability during transition also extends beyond material conditions. Mental health remains a significant pressure point for veterans in the traditional student-age population. National data consistently show elevated suicide risk among veterans under the age of 35, with transition periods representing moments of heightened vulnerability.[34] Academic stress, financial strain, social isolation, and delays in accessing care compound during the first years after separation. When these pressures go unaddressed, they can derail educational progress and threaten well-being. Preventing suicide among veterans, including those pursuing higher education, remains a priority that intersects mental health care, clinical practice, and patient trust.

Recent years have underscored the urgency of this challenge on college campuses. Student veterans experience suicide risk at higher rates than their non-veteran peers of the same age,[35] and institutions across the country have mourned the loss of student veterans whose deaths reverberated through their academic and military-connected communities. These losses have occurred at both large public universities and community colleges, often prompting

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[34] National data indicate that veterans under the age of 35 face elevated suicide risk compared to their civilian peers, with the period immediately following separation representing a point of heightened vulnerability, particularly when mental healthcare access is delayed or fragmented. Evaluations of the Veterans Integration to Academic Leadership (VITAL) program further suggest that embedding VA mental health services within campus environments improves access to care, reduces barriers to engagement, and supports persistence among student veterans navigating transition. See Centers for Disease Control and Prevention. (2023). Suicide rates among veterans and nonveterans aged 18–34. https://www.cdc.gov/suicide; U.S. Department of Veterans Affairs. (2022). Veterans Integration to Academic Leadership (VITAL) program evaluation. Veterans Health Administration; and U.S. Department of Veterans Affairs. (2024). National veteran suicide prevention annual report. https://www.mentalhealth.va.gov/suicide_prevention

[35] See Valenstein, M., Clive, R., Ganoczy, D., Garlick, J., Walters, H. M., West, B. T., … Pfeiffer, P. N. (2022). A nationally representative sample of veteran and matched non-veteran college students: Mental health symptoms, suicidal ideation, and mental health treatment. *Journal of American College Health,* 70(2), 436–445. https://doi-org.libproxy.library.wmich.edu/10.1080/07448481.2020.1753751

campus-wide reflection on whether warning signs were missed or care arrived too late.[36] In this context, some veterans, clinicians, and advocates have called for renewed attention to how mental health treatment decisions are communicated and documented, particularly around psychiatric medications. Exploring whether more formalized, written informed consent practices could strengthen shared decision-making, patient trust, and continuity of care merits careful consideration. Framed appropriately, this discussion is not about questioning the legitimacy of mental health treatment, but about ensuring that veterans are fully informed, engaged partners in their care during a period of heightened vulnerability.

Further, programs such as the Veterans Integration to Academic Leadership (VITAL) initiative demonstrate how integrated mental healthcare can mitigate these risks. By embedding VA mental health professionals within campus environments, VITAL reduces barriers to care, normalizes help-seeking, and connects veterans to services before crises escalate. Stability in education is inseparable from stability in health, and policies that align academic support with accessible mental healthcare strengthen both persistence and safety.

Stability, then, is not a peripheral concern, but rather is the condition that allows all other investments to function as intended. Workforce alignment loses effectiveness when housing is insecure. Data visibility loses value when students disengage before support can take hold. Education benefits cannot deliver outcomes when veterans are forced to pause or withdraw due to preventable disruption. This emphasis reflects what SVA's early *Basic Needs and Wellness* research has already begun to show. When material security and social support are present, veterans persist, complete credentials, and advance toward careers with confidence. When stability is compromised, even strong systems struggle to compensate. Ensuring continuity from separation through career placement is therefore essential to realizing the full promise of veteran education policy.

Advancing a Coherent Strategy

Taken together, these priorities form a sequenced and mutually reinforcing strategy rooted in evidence and experience. Workforce-aligned education creates opportunity. Data visibility enables timely and effective support. Stability allows veterans to persist long enough to realize both.

This approach reflects what veterans are already doing successfully and asks how policy can better match their commitment and capacity. Advancing these priorities in concert moves veteran education policy beyond access and toward outcomes, ensuring that higher education fulfills its role as a driver of economic mobility rather than a detour from it.

This is why SVA supports H.R. 1965, H.R. 6358, H.R. 5965, H.R. 6011, and H.R. 3753. Together, these measures strengthen the continuum from service to education to career, honoring the promise made to those who serve by building systems capable of delivering opportunity at scale.

Conclusion

[36]At the 19th Annual SVA NatCon, breakout sessions on suicide prevention — including protocols shared from institutions such as Columbia University in partnership with The American Legion — drew participants from across the student veteran community, many of whom shared personal experiences with mental health challenges and loss. Student veterans involved in awareness campaigns around the country, such as the "Ruck the Ball" suicide awareness events led by SVA chapters at The University of Toledo and Bowling Green State University, likewise highlight the urgency of addressing risk factors early and comprehensively on campus and in community partnerships.

SVA

The original GI Bill did more than reward service; it democratized access to education, expanded the American middle class, and reshaped the nation's economic and civic landscape for generations. Its returns went beyond the symbolic; they were structural. By investing in veterans' education, the nation strengthened its workforce, accelerated innovation, stabilized communities, and reinforced democratic participation at scale. Few federal policies have delivered such enduring national dividends.

That lesson remains as relevant now as it was in 1944. Today's student veterans are again positioned at the intersection of service, skill, and national need. They bring leadership forged under pressure, technical expertise developed in complex environments, and a demonstrated commitment to public purpose. When education policy allows that capacity to translate efficiently into civilian careers, the result is not only individual mobility but collective and societal resilience. When it does not, the nation absorbs the cost through slowed workforce development, underutilized talent, and weakened institutional trust.

The evidence presented in this testimony makes clear that student veterans are succeeding at scale. Where outcomes fall short, the cause is not a lack of effort or ability, but misalignment between systems built for a different era and the realities veterans now navigate. Policies that strengthen the bridge between education and employment, improve visibility across institutions, and preserve stability during transition cannot therefore be considered ancillary benefits but must be regarded as investments in national capacity.

In an economy defined by rapid technological change, global competition, and persistent workforce shortages, veterans represent one of the nation's most reliable pipelines of adaptable, mission-oriented talent. Ensuring that education accelerates, rather than delays, their entry into the civilian labor market is both a matter of obligation and of strategic interest. A system that allows veterans to stall or disengage is one that leaves national strength unrealized. The measures advanced here reflect a coherent approach to that challenge. They honor the promise made to those who serve by ensuring that education delivers not just access, but outcomes. At the same time, they advance priorities that transcend party: economic growth, workforce readiness, institutional efficiency, and national security.

Student Veterans of America urges Congress to act with the clarity this moment demands. The question before us is not whether the nation can afford to strengthen veteran education policy. History shows it cannot afford not to. When veterans move from service into education and onward into meaningful work without friction or delay, the nation gains in prosperity, stability, and strength. That is the return on investment the GI Bill has always delivered, and it is the return these policies are designed to secure once again.

SVA stands ready to continue this work in partnership with Congress, not only in service of veterans, but in service of the country they have already sworn to defend.

SVA is grateful to Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of Senate and House Committees on Veterans' Affairs for an invitation to provide the organization's policy priorities for the next year. SVA is committed to working with Congress to advance these policy priorities and ensure student veterans receive the support they need to thrive in higher education and beyond.

NATIONAL HEADQUARTERS
WASHINGTON, DC

Tammy Barlet, Vice President of Government Affairs

Tammy Barlet is Vice President of Government Affairs for Student Veterans of America.

Tammy Barlet is the Vice President of Government Affairs for Student Veterans of America (SVA), where she leads the organization's federal and state policy strategy to strengthen higher education pathways and student success. She works closely with Congress, the Department of Veterans Affairs, the Department of Education, and national partners to advance policies that improve degree completion, modernize VA education programs, strengthen campus support structures, and expand opportunity student veterans enrolled nationwide. Her portfolio includes GI Bill modernization, Monthly Housing Allowance (MHA) enhancements, Guard and Reserve parity, student veteran data collection, and improvements to basic-needs support and campus resource centers.

Tammy served eight years in the United States Coast Guard as an Operations Specialist Third Class Petty Officer. In 1998, she deployed to the Persian Gulf aboard USCGC Chase (WHEC-718) in support of Maritime Interdiction Operations, during which the crew diverted vessels violating United Nations sanctions and interdicted more than 1.5 million gallons of fuel oil. At her final duty station, Vessel Traffic Service Houston/Galveston, she earned the Coast Guard Achievement Medal for diffusing a potential homeland security threat.

After transitioning to civilian life, Tammy returned to Pennsylvania and pursued her higher education journey as a first-generation, nontraditional student. She earned a Bachelor of Science in Public Health from Temple University and a Master of Public Health from The George Washington University. Her policy foundation includes a State Policy Internship with the Healthcare Information and Management Systems Society (HIMSS) and her selection as a 2019 VFW-SVA Legislative Fellow, where her research contributed to testimony before the House Veterans' Affairs Committee and the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

Tammy is also a graduate of the Bush Institute's Stand-To Veteran Leadership Program, where her Personal Leadership Project focused on expanding national pathways for veterans entering the nursing profession. Drawing on her own transition experience and the country's critical nursing shortage, she highlighted the leadership, resilience, and mission-driven mindset veterans bring to healthcare careers, work that continues to influence her advocacy.

Throughout her role at SVA, Tammy has championed veteran-centric higher education reform, advocated before both the House and Senate Veterans' Affairs Committees, and helped shape national conversations around student veteran success, women veterans, mental health, and access to education benefits. Recognized as a 2023 VA Center for Women Veterans "Women Veteran Trailblazer," she remains committed to improving outcomes for those navigating the transition from service to higher education and into meaningful careers.

Tammy resides in Maryland and enjoys quilting, kayaking, hiking, biking, and geocaching

655 16th St. NW, Suite 320
Washington, DC 20005

Phone: (202) 223-4710
Email: contact@studentveterans.org

studentveterans.org

Statement of Jewish War Veterans of the USA 119th Congress Legislative Priorities Before the Joint House and Senate Veterans Affairs Committees

March 3, 2026

Presented by

Scott P. Stevens, CWO4, USA (R)
National Commander 2025-2026

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, members of the House and Senate Committees on Veterans' Affairs, fellow veterans, and friends, I am CWO4 Scott P. Stevens, USA, Retired, and the 94th National Commander of the Jewish War Veterans of the U.S.A. (JWV). I have been a life member of JWV since 2012, previously serving as National Vice Commander, member of the National Executive Committee, and a Department Commander of Texas, Arkansas, Louisiana, and Oklahoma (TALO).

In February 1974, I began my military service as an E-1 and was posted to a HAWK Missile Battery, where I served as a Launcher Crewman. During the next twelve years, I advanced to the rank of Sergeant First Class (E-7). Following sixteen years of service, I applied for Warrant Officer and was subsequently designated as a Patriot Missile Tactician/Technician. Before retiring after 30 years of service, I served as a Brigade Senior Patriot Missile Tactics and Systems Maintenance Trainer and Evaluator.

JWV was established in 1896 and granted a congressional charter on August 21, 1984. JWV advocates for all veterans, regardless of religion, race, ethnicity, gender, or Branch of Service. It is the longest-standing Veterans Service Organization (VSO) in the nation, and we will celebrate our 130th anniversary on March 15, 2025.

JWV supports the military and veterans by taking part in Veterans Day and Memorial Day events, volunteering at Department of Defense military bases and Department of Veterans Affairs facilities, including medical centers, regional offices, and cemeteries. We mentor the next generation of military leaders through Junior Reserve Officer Training Corps (JROTC) and Scouting programs, by providing grants and scholarships, participating in the Service's Academy's Jewish Warrior Weekend, and many other projects and services.

JWV's mission message is strong and clear: advocating for servicemembers and veterans' benefits and services; engaging with Congressional officials, Executive Branch departments, and the White House; persistently fighting against antisemitism, bigotry, and hate wherever they occur.

Special Focus on Hatred, Bigotry, and Antisemitism

JWV is especially suited to address issues related to antisemitism. We also show our solidarity and unity with Israel. JWV opposes religious discrimination and ethnic bigotry, but we are especially determined to speak out against antisemitism. For six years, JWV—the sole Jewish Veterans Service Organization—has joined many roundtables, addressed hate speech, and denounced antisemitic activities, events, and statements. JWV will continue to be a strong voice in fighting antisemitism wherever and whenever it arises.

In April 2025, JWV formed the JWV Celiz Antisemitism Taskforce (JCAT), JWV's rapid-response policy, position, and planning team that offers recommendations directly to national leadership on urgent issues related to antisemitism. Made up of JWV members from around the country, these policy experts and communicators give JWV leaders advice on responding to antisemitic activities in a more effective way. For more information, see: https://www.jwv.org/programs/the-jewish-war-veterans-celiz-antisemitism-taskforce-jcat/

We recognize and appreciate Chairman Bost and Chairman Moran, as well as Ranking Members Blumenthal and Takano, for meeting with JWV leadership in 2024 and 2025 regarding antisemitic

activities targeting veterans and military communities. JWV requests your ongoing oversight and support to combat antisemitism and all forms of hate within executive branch departments.

As antisemitism increases nationwide, especially after the terrorist attacks of October 7, JWV remains committed to condemning hate speech and fighting antisemitism at colleges, universities, and in communities across the country. We also oppose externally organized and funded antisemitism – it is no coincidence that, for example, students "suddenly" have a tent city with identical tents across the nation.

JWV is ready to serve as a resource for you and your staff to help educate Americans. JWV understands that educating everyone is essential to reducing antisemitic actions and incidents across the United States and worldwide. Please see the separate entry on critical legislation addressing antisemitism. For additional information, please refer to **"Special Focus on Antisemitism"**, available at: https://www.jwv.org/wp-content/uploads/2026/02/Special-Focus-on-Antisemitism-02-01-2026.pdf

JWV Supports America's Veterans, Service Members, Their Families, Caregivers, and Survivors

Overview

JWV works to support veterans and service members and believes that obligation extends to their families, including caregivers and survivors. JWV is and continues to be a leading voice not only for Jewish veterans but also for all veterans. As we approach the 119th Congress, Second Session, JWV will continue to advocate for everyone currently serving or who has served in the U.S. military. Our priorities are listed below.

Major Richard Star Act

JWV advocates for legislation to immediately allow concurrent receipt of full military retired pay and veterans' disability compensation for disabled retirees. Specifically, JWV is pushing for the enactment of the Major Richard Star Act (H.R. 1282/S. 344), which authorizes the concurrent receipt of retired pay and VA disability compensation, including Combat-Related Special Compensation (CRSC)) beneficiaries who are medically retired with less than 20 years of service (Chapter 61). This legislation has strong bipartisan backing, with 313 cosponsors in the House and 74 in the Senate. Reducing retirement pay for those injured in combat and medically retired sends a terrible message to our all-volunteer force. Thank you to those members already serving as cosponsors; we encourage others to join. JWV urges Congress to schedule a floor vote on the Act or as an amendment to the NDAA during the 119th Congress. Feel free to contact JWV for more information supporting this priority legislation.

Addressing Toxic Exposures and the PACT Act

JWV, like many VSOs, made the PACT Act a top priority. While the legislation was life-changing for many veterans, more must be done. VA and DOW must be held accountable and share information on locations and facilities where veterans, servicemembers and their families were exposed to toxins both CONUS and OCONUS. JWV remains concerned that medical conditions, especially cancers, fail to be recognized at these locations. Lives have already been lost, and survivors are still coping with consequences. Congress must continue to provide the resources, including hiring individuals to adjudicate PACT claims and funding upgrades to Veterans Benefits Administration (VBA) IT systems, and ensure

Veterans Health Administration officials have clinical resources, equipment, and space to treat these veterans. JWV remains committed to holding VA accountable for implementing the PACT Act.

Individual Longitudinal Exposure Record (ILER)

JWV is a member of the Toxic Exposure in American Military Coalition (TEAM) and the Coalition is a valuable resource. While DOD/DOW's decision to provide active-duty forces members with an individual toxic exposure history screen within ILER is a step forward. However, three more changes remain, and each are vital.

First, families of currently serving armed forces members will not have ILER access. Their exposures and related consequences will remain unseen and unmeasured. Second, none of America's 16+ million Veterans will have ILER access. Veterans do not know what they were exposed to and without ILER's vetted data they cannot develop informed VA disability claims--a due process matter. Veterans sick from perceived service-related exposures cannot provide relevant information to their healthcare providers.

Third, families of Veterans who lived alongside and in certain cases may have been co-exposed, have no ILER information access. Lastly, DOD and VA healthcare providers are unable to leverage ILER in service to diagnoses; this must change. The wall between research and treatment must be deconstructed to facilitate diagnosis and potentially aid individual treatment. JWV and the TEAM Coalition support ILER 2.0

JWV Opposes VA's Interim Final Rule on Disability Ratings Docket No. VA-2026-VBA-0067

In a letter dated February 23, 2024, JWV joined 36 veterans service and military organizations in opposing the VA's Interim Final Rule (IFR) issued and effective on February 17, 2026. The IFR addresses changes to the disability evaluation and compensation framework. JWV opposes the IFR as issued, urges its immediate rescission, and requests that SVAC and HVAC committees exercise their oversight and oppose its implementation. The full letter and list of signers are available here.

JWV acknowledges that VA Secretary Doug Collins announced on February 19 that the department will not enforce the interim final rule that would have based disability ratings on a veteran's condition after improvement. This rule would have changed how functional impairment is assessed and could have lowered compensation for some veterans whose symptoms are controlled by medication. Instead of just pausing enforcement, JWV insists it must be rescinded and warns that it could penalize veterans for following medical treatment. On February 26, VA rescinded the IFR.

Restoring Proper Recognition for Jewish Servicemembers (H.R. 2701 / S.1318)

The Jewish War Veterans of the USA supports H.R. 2701 and S.1318, the Fallen Servicemembers Religious Heritage Restoration Act. JWV appreciates the leadership of Rep. Debbie Wasserman Schultz (D-FL) and Rep. Max Miller (R-OH) in introducing the bill in the House. JWV commends the House for passing H.R. 2701 to begin the process of properly marking graves and honoring these courageous Jewish American servicemembers.

JWV commends Senators Jerry Moran (R-KS) and Jacky Rosen (D-NV) as the lead sponsors of S. 1318, the bill's principal sponsors in the Senate. JWV appreciates the Senate's action in passing its bill with a ten-year authorization and funding from the ABMC.

The Fallen Servicemembers Religious Heritage Restoration Act requires the American Battle Monuments Commission (ABMC) to create a program to identify Jewish servicemembers buried with grave markers that do not reflect their faith and to connect with their descendants. This vital effort will correct the historical record and ensure our fallen heroes are remembered as they lived and served. JWV understands that approximately 900 American-Jewish servicemembers who lost their lives during World War I and World War II and were buried in U.S. military cemeteries overseas (ABMC) were mistakenly interred with markers that do not reflect their religion or heritage. JWV acknowledges that most of these errors are unintentional; however, these mistakes obscure the identity and legacy of those who made the ultimate sacrifice for our country. American-Jewish servicemembers served honorably and bravely, playing a vital role in securing the Allied victory. They deserve to be remembered with dignity and accuracy.

The United States has a solemn duty to ensure every fallen servicemember is honored properly. Enacting H.R. 2701/S.1318 helps guarantee that the Star of David marks the Jewish graves of servicemembers, which are currently marked incorrectly.

Suicide Prevention and Mental Health -- Reducing Veteran Suicide

Mental health and suicide prevention remain a top priority for JWV because the suicide rate among veterans is nearly twice that of civilians, with women vets more than double the rate of female civilians. Veterans and service members need greater access to mental health services along with alternative and community-based treatments. JWV urges Congress to fully fund the VA's suicide prevention and mental health budgets, including extending free emergency health care for those in crisis. The transition from active military service to civilian life is complex, and individuals are often at higher risk during this period. Education and awareness are essential and must be core components of any prevention strategy. Additionally, the suicide rate for active-duty service members has reached an all-time high.

While the VA recently released its Annual Report on Suicide, the reported statistics showed little progress. VA and DoD must continue to educate veterans, service members, and their families on suicide prevention. More must be done, as even one suicide is one too many.

The Written Informed Consent Act (H.R. 4837 and S. 3314) will address veterans' suicide and mental health issues, and JWV fully supports its enactment. JWV supports H.R. 4837, which improves veterans' understanding of the risks associated with certain pharmaceuticals to address persistent high rates of veteran suicides. Specifically, the bill requires that veterans provide written informed consent for Black Box medications included in the VA formulary. The U.S. Food and Drug Administration require Black Box warnings for medicines with a high potential for serious safety risks. Often, these warnings communicate rare but dangerous side effects or essential instructions for the safe use of the drug.

Many of the Black Box medications are prescribed to veterans, and suicidal ideation is commonly one of their primary side effects. VHA Handbook states: "Veterans must be informed of the side effects and the treatment options for medications and treatments they are prescribed." The Veterans' Written Informed Act improves the education veterans receive about certain risks associated with Black Box

medications by requiring all veterans to provide written informed consent that they understand the dangers of these drugs.

On August 1, 2025, U.S. Representatives Bilirakis, Bergman, and Self introduced H.R. 4837, known as the "Written Informed Consent Act." This legislative proposal aims to improve and expand the Veterans Health Administration's (VHA) existing informed consent policies to cover a wider range of medications. As the name indicates, the bill requires explicit written informed consent for certain classes of drugs that are commonly used to treat various conditions among veterans. Currently, the VHA Directive 1005, established in May 2020, mandates informed consent specifically for long-term opioid therapy. The new Bill seeks to update and broaden this directive to include additional psychotropic and potentially life-altering medications.

Provisions

The bill directs the Secretary of Veterans Affairs to modify VHA Directive 1005 to ensure that informed consent policies are applied to a new set of medications.

Medications: The bill identifies specific categories of drugs that will require written informed consent: - Antipsychotics - Stimulants - Antidepressants - Anxiolytics - Narcotics

Impact: The legislation underscores the importance of transparency and ensures that veterans are fully informed before consenting to potentially powerful medications, promoting patient autonomy and safety.

The bill reflects a critical shift towards more comprehensive care protocols within the VHA, emphasizing the importance of ethical medical practices and informed patient decision-making.
The main stakeholders affected by H.R. 4837 include veterans receiving care, healthcare providers within the Veterans Health Administration, and veterans' families.

Veterans receiving VHA care will experience greater autonomy and safety in their treatment. They will be better informed about the benefits, side effects, and potential risks of a broader range of medications, contributing to their overall well-being.

Healthcare Providers: VHA medical professionals, including doctors, nurses, and pharmacists, will need to adapt to the updated consent procedures, which may entail additional administrative responsibilities and training to ensure effective communication.

Veterans' Families: Families and caregivers will be more involved in decision-making, providing additional support and ensuring veterans have the information needed to make well-informed decisions about their medication.

For healthcare providers and policy analysts, the bill presents an opportunity to review and improve current policies related to patient consent, ensuring adherence to best practices in patient care and ethical transparency.

Expanded and Updated Directive

The most critical aspect of H.R. 4837 lies in its clear articulation of which medications fall under the expanded informed consent directive. Understanding these key points helps clarify the bill's intentions:

Informed Consent Directive: Initially focused solely on long-term opioid therapy, the updated directive will now include:

- Antipsychotic medications are used in managing psychiatric conditions such as schizophrenia.
- Stimulant drugs are often prescribed for ADHD or narcolepsy.
- Antidepressants are utilized in the treatment of depression and anxiety disorders.
- Anxiolytics, prescribed for anxiety management.
- Narcotic medications, known for pain relief but carrying a risk of addiction.

These updates aim to ensure that patients fully comprehend their treatment options, potential side effects, and any associated risks. Such knowledge empowers patients to make informed decisions that align with their health priorities.

The Written Informed Consent Act highlights the ever-increasing need for transparency in medical practices, particularly concerning medications that have a profound impact on a patient's mental and physical health. Here's why this bill is important:

- **Enhancing Patient Rights**: It reinforces the commitment to ensuring veterans are active participants in their healthcare decisions, thereby promoting dignity and respect in medical care.
- **Addressing Safety Concerns**: Given the potential side effects and dependencies associated with the new list of medications, informed consent is a critical step in preventing adverse outcomes and improving safety.
- **Legal and Ethical Implications**: By aligning with ethical medical practices, the Bill ensures compliance with broader legal standards, decreasing the likelihood of malpractice and legal disputes.
- **Broader Health Initiatives**: The Bill reflects broader health initiatives aiming for holistic and integrative care approaches, fostering better health outcomes and veteran satisfaction with their healthcare.

Conclusion

H.R. 4837, the Written Informed Consent Act, represents a substantial advancement in healthcare policies impacting veterans. Mandating written informed consent for a broader array of medications ensures that veterans can engage in their treatment processes with full knowledge of their options. For stakeholders, staying informed about this legislative development is critical. Those in the healthcare sector should prepare for procedural updates by educating staff and developing comprehensive strategies to integrate these changes into everyday practice. JWV urges the Senate and House Veterans Affairs Committees to pass the bill and seek swift floor action.

Veterans in the Private and Public Sector Workforce in 2026

JWV remains concerned and recognizes that veterans will face new employment challenges in 2026. Veterans are an asset to our nation as many continue to serve or volunteer in their local

communities, start small businesses, or serve in government as public or elected officials. Others contribute as schoolteachers, coaches, police officers, and role models, inspiring the next generation of young men and women to celebrate these accomplishments.

JWV is proud that, according to the Office of Personnel Management, approximately 30% of the federal government workforce was veterans, many of whom were disabled veterans. The percentage of employees who served in the military is even higher at the VA and DOW.

Congress must carefully review recent employee-related policy documents issued by the Secretaries of the Department of Veterans Affairs and the Department of War. JWV urges appropriate congressional oversight to ensure that the VA and DOW human resources actions are carefully reviewed for short and long-term considerations.

VA VHA Proposed Reorganization

VA recently announced a Veterans Health Administration Reorganization plan. While JWV expressed concern when VA reduced its employee count by 30,000 in 2025, we gave VA the opportunity to provide details on its staffing requirements. The Department stated most of the 30,000 were vacant billets and did not involve layoffs.

Under the proposed reorganization, VA would consolidate 18 Veterans Integrated Service Networks (VISNs) into 5, shifting decision-making from the field to headquarters. JWV cautions VA to carefully review each VISNs requirements to maintain health care services to veterans in their communities. Doctors, nurses and other clinicians provide essential services, and those services should not be compromised nor should staffing be reduced for VA direct care. The VHA structure must be reformed, not dismantled.

VA also announced it was investing a record $5 billion in health care infrastructure, including improving medical facilities, building upgrades, and electronic health care modernization. Congress must ensure these funds are carefully monitored and that VA is held accountable for the $5 billion investment.

Mission-critical activities and requirements must not be compromised. Our active-duty service members must have the personal and financial resources to provide a strong national defense. Our veterans must have a fully resourced and staffed VA to provide them with the benefits and state-of-the-art medical care they have earned and deserve.

JWV further wants to be clear that the Community Care Network is not a substitute for VA direct care. While community care funding has increased significantly, VA direct care must not be compromised. With new community care contracts being negotiated JWV will continue to monitor the results of the contracting activities.

Fixing VA's Electronic Health Record System

JWV has consistently supported the deployment of VA's electronic health record. However, we remain concerned that VA continues to face challenges in deploying the system. JWV is optimistic, yet cautious that Oracle plans to roll out the record system at 13 VAMCs in 2026. JWV will closely monitor the deployments in Michigan, Ohio, Indiana, Alaska and Kentucky to ensure VA and Oracle's success. Our review will focus on cost overruns and insufficient training for clinicians and staff which threatens patient safety. JWV will continue to urge the VA to enhance staff training and hold its own officials and

Oracle accountable for the system's shortcomings. JWV insists that VA learn from these issues and take corrective actions to prevent failures before any deployment in 2026 and beyond.

JWV urges Congress to ensure patient safety is protected during any future implementations. For our members accountability, access and better outcomes are paramount. Veterans' medical histories must be available and shared across networks. Veterans deserve the best and electronic health record and VA and DOW must deliver a quality interoperable system.

Supporting Women and Underserved Veterans

According to the VA, women are the fastest-growing group of veterans using VA services. JWV is dedicated to addressing the specific healthcare needs of women veterans, including increasing cancer screenings, enhancing mental health care and access, addressing infertility, and reducing intimate partner violence. JWV supports the provisions of the Deborah Sampson Act and remains dedicated to improving maternal health. The Act also assigns a Women's Mental Health Champion Coordinator to each VA Medical Center to ensure women feel welcomed and receive fair treatment and care.

Supporting Emergency Air Ambulance Services

JWV strongly supports the Protecting Air Ambulance Services for Americans Act (S. 2518 / H.R. 4792). Introduced by Senators Marsha Blackburn (R-TN) and Michael Bennet (D-CO), along with Representatives Ron Estes and Suzan DelBene, this bipartisan legislation aims to ensure that veterans across the United States can continue accessing emergency air medical services.

Access to urgent emergency air transport should never depend on luck. However, these services are at risk because the reimbursement system is outdated. If Congress does not intervene, air bases could begin shutting down, and veterans and their families might end up stranded as access diminishes.

Over the past several years, JWV has collaborated with Congress, the VA, and the air ambulance industry to develop a long-term solution that safeguards veterans and grants the VA increased budget flexibility. S.2518 / H.R. 4792 is a practical measure that gives the Centers for Medicare & Medicaid Services the data and authority needed to update the air ambulance fee schedule and ensure veterans can continue accessing this vital service. On September 6, 2024, due to strong pressure from Congress and the VSO community, the VA announced a delay until February 16, 2029, to implement the regulation.

JWV and the VSO community have advocated for this issue for many years. Although small progress has been made, we strongly urge Congress to pass this essential legislation to ensure air emergency transportation services are available for veterans everywhere. These emergency services are crucial because transport time often determines whether patients survive. When seconds matter, veterans must be confident they can access life-saving care.

We urge you to support and swiftly pass the Protecting Air Ambulance Services for Americans Act. Veterans answered the call to serve. Now, Congress has both the opportunity and the responsibility to ensure no veteran is left behind when every second counts.

Delivering Timely, High-Quality Benefits and Services

During the last two years, VA processed a record number of veterans' claims. JWV will continue to hold VA accountable and urge them to continue being innovative and providing timely service to all veterans. JWV remains concerned that private attorneys are charging the veterans for claims' assistance. These unlicensed individuals are taking advantage of veterans. Service organizations are accredited and provide this service at no cost.

Ending Veteran Homelessness

More veterans need homeless assistance resources than the existing capacity can provide. JWV commends the VA for its outreach to veterans experiencing homelessness in 2025-2026. We must continue to work together so that veterans receive the safe, stable environment they deserve. As a member of the National Coalition on Homeless Veterans, JWV continues to support efforts to permanently reduce homelessness. We urge VA and Congress to remain committed to reducing homelessness among veterans. One homeless veteran is one too many!

Survivor Benefits Love Lives on Act

JWV joins with others in the military survivor community to thank Senators Rafael Warnock and Jerry Moran for their leadership on the Love Lives on Act (S. 410, H.R. 1004). We also commend Representatives Richard Hudson, Joe Neguse, Derrick Van Orden, Morgan Luttrell and Kelly Morrison for their leadership in the House. The proposed bipartisan legislation is the first comprehensive approach to allowing eligible military surviving spouses to retain survivor benefits upon remarriage before age 55.

The Love Lives on Act will ensure that surviving military spouses retain eligibility for survivor benefits from the DOW and the VA if they remarry before age 55. This is an unjust situation that must be rectified. Military surviving families face this restriction, whereas the families of first responders do not. For example, most U.S. surviving spouses of fallen firefighters and law enforcement officers can remarry before age 55 and maintain survivor pensions and benefits.

Our nation's fallen military heroes deserve no less. Additionally, the bill provides parity with all other federal programs by allowing surviving spouses to restore access to Tricare if the subsequent marriage ends in death, divorce, or annulment.

Pay Our Coast Guard Parity Act of 2023

The United States Coast Guard conducts essential national security operations, supported by appropriations from the Department of Homeland Security. As a result, Coast Guard personnel are more likely to experience pay interruptions during a government shutdown. The threat of a shutdown brings unnecessary hardship to these men, women, and their families. JWV calls on Congress to pass the Pay Our Coast Guard Parity Act, a bill ensuring Coast Guard members receive pay during any government shutdown.

Policy – National Standards of Practice for Anesthesia Health Care Professionals

JWV is genuinely concerned that VA and the Veterans Health Administration are again considering dismantling the gold standard of anesthesia care—the physician-led Anesthesia Care Team Model (ACT), with the development of the National Standard of Practice for Certified Registered Nurse Anesthetists (CRNA). VA appropriately acted to maintain the physician-led Anesthesia Care Team model in its deliberative rulemaking in 2016. JWV urges VA to maintain VHA Directive 1123 as the National Standard of Practice for CRNAs.

Utilized by the nation's top hospitals, the ACT ensures veterans receive care from a physician anesthesiologist, as well as a Certified Registered Nurse Anesthetist (CRNA) or a Certified Anesthesia Assistant (CAA), working together in a team model. JWV is concerned that the removal of anesthesiologists from VA's surgical teams will provide veterans with a lower standard of care than civilians receive in private hospitals. JWV is aware that the vast majority of states (45) require the involvement of an anesthesiologist during surgery and urges VA to continue to defer to state law as stipulated in VHA Directive 1123.

While the VA's existing directive respects state law, attempts to exploit ambiguous areas in state statutes to bypass or manipulate procedures for permanent bylaw changes — especially those that undermine established standards—should be opposed. JWV is aware of such efforts at Minneapolis VA, a level 1A facility performing complex cardiac and neurosurgical procedures, which led to a bylaws change to allow nurse-only anesthesia care after failing to appropriately retain and recruit anesthesiologists.

JWV calls on the SVAC, HVAC, and the VA Office of Inspector General to look into the circumstances surrounding the bylaws changes. JWV also encourages the VA to give the National Anesthesia Program the authority and resources needed to offer proactive support and guidance at both the VISN and facility levels. If not addressed, this issue may result in continued disruption and a reduction in anesthesia care for Veterans at additional facilities. JWV strongly encourages VA to take prompt action to reaffirm VHA Directive 1123 as the National Standard of Practice for CRNAs.

Policy – National Standards of Practice for Eye Care Health Care Professionals

JWV remains concerned about actions the VA has taken in recent years to dilute surgical eye-care standards in this program. Specifically, the VA modified its Community Care "Standardized Episode of Care (SEOC): Eye Care Comprehensive" guideline by removing language that has historically provided that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." If this sentence is omitted, it means that VA is indirectly allowing optometrists to carry out eye surgeries on veterans referred through the Community Care program, but only in states where state licensure laws permit it.

JWV understands that the VA removed this language without allowing the public or veteran community to comment. We are concerned that the elimination of this patient safeguard increases risk for veterans needing eye surgery. Veterans have benefitted from established, consistent, high-quality surgical eye care for decades because the VA maintained a long-standing policy that restricts the performance of therapeutic laser eye surgery to ophthalmologists and medical or osteopathic doctors

who specialize in eye and vision care in VA medical facilities."

The policy that applies to VA facilities is consistent with the standard of medical care in most states. It also ensures a system-wide quality standard for surgical eye care and that all veterans have access to an eye care provider with the appropriate education, training, and professional experience needed to perform their eye surgery.

JWV remains concerned that the VA may want to adopt a national standard of practice that could allow optometrists to perform surgery on the eyes of veterans, even though optometrists do not have the necessary level of medical education or surgical training to be surgeons. While JWV acknowledges that optometrists play a critical role in delivering quality eye health care for our nation's veterans, we firmly believe that optometrists should not be allowed to perform eye surgery on veterans because they do not possess the requisite training or medical degree.

JWV urges the VA to immediately reinstate the SEOC's language, stating that "only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery." JWV remains ready to work with the VA, HVAC, and SVAC officials as the VA seeks to establish national standards of practice for optometry and ophthalmology within the VA health system.

National Museum of American Jewish Military History (NMAJMH)

Are you aware of our museum located in our headquarters building? JWV's leadership recognized the importance of sharing the stories of Jewish servicemen and women with the public because if Jews do not tell our stories or share our message, who will? Founded in 1958, the National Museum of American Jewish Military History is located near Dupont Circle. The museum is committed to recognizing, preserving, and remembering the bravery, service, and sacrifices of Jewish men and women who served in wars and helped secure America's peace and freedom. We encourage you to visit the museum on your next trip to Washington, DC. I am confident you will be surprised to learn about the long and rich history of Jewish military members and veterans in the U.S. military.

Conclusion

JWV has a long history of advocating for a strong national defense and fair recognition and compensation for veterans, service members, and their families. We are proud to collaborate with Members of Congress and colleagues at other VSOs. There is strength in numbers, and by working together, we can continue to ensure that all veterans, service members, and their family members receive the benefits they have earned and deserve.

We appreciate the opportunity to present our legislative and policy priorities to the House and Senate Veterans Affairs Committees today. JWV also values the chance to engage in open dialogue with all members of both committees and thanks the dedicated committee staff for their support.

God bless the United States of America and all the brave men and women in uniform who have served and continue to serve this great nation. This concludes our testimony, and we look forward to answering your questions.

No Government Funding

For the record, the Jewish War Veterans of the USA do not receive any grants or contracts from the federal government.

Scott P. Stevens CWO4, USA (R)
JWV National Commander 2025-2026
Biography

National Commander (NC) Scott P. Stevens, a Life Member of JWV since 2012, has held a wide range of leadership positions within both JWV and the National Museum of American Jewish Military History (NMAJMH). Nationally, he has just completed his term as National Vice Commander, served on the JWV National Executive Committee, and has been an active member of several key committees, including Action Officer, the Constitution & Bylaws, Membership, and Information Technology Committees. He also chairs the National Convention Credentialing and Registration Committee and leads efforts to update the organization's vital documents. At the regional level, Stevens served as Department of TALO Commander from 2018 to 2020 and chaired their Membership Committee. Locally, he has held multiple leadership roles in Maurice Kubby Post 749. At NMAJMH, Stevens served on the Board of Directors and contributed to the Programs and Exhibits Committee.

"As National Commander, my focus will be on putting the National organization on a stable financial condition, establishing sound business practices, establishing a Development Program, and increasing our membership. During my year, I reaffirm that JWV will continue to be at the forefront of advocacy for veterans and service members in Congress, as well as standing firm against antisemitism and all kinds of hatred, bigotry, and discrimination. I will also look to strengthen JWV's outreach and coalition building with Jewish community organizations and veterans service organizations.

Stevens began his military career in February 1974 as an E-1 and was assigned as a HAWK Missile Battery Launcher Crewman. Over the next twelve years, he was promoted to Sergeant First Class (E-7). After 16 years of service, he applied for the position of Warrant Officer and was assigned as a Patriot Missile Tactician/Technician. Before his retirement (after 30 years), he served as a Brigade Senior Patriot Missile Tactics and Systems Maintenance Trainer/Evaluator.

Scott is a past Vice President of the Sun City Chapter of the US Army Warrant Officer Association (1997-1998) and currently serves as the President of Congregation Temple Mount Sinai, El Paso, Texas (2023-2025).

Scott was born in Cocoa Beach, Florida (1957). Scott is married to Bonny Stevens (1977) and has two sons and five grandsons.

Jewish War Veterans of the United States of America

1811 R Street, NW
Washington, D.C. 20009

Email: jwv@jwv.org, NED@jwv.org

(202) 265-6280

www.jwv.org

BLINDED VETERANS ASSOCIATION

SERVING BLINDED VETERANS SINCE WORLD WAR II

TESTIMONY

PRESENTED BY

Lea Rowe

BVA NATIONAL EXECUTIVE DIRETOR

BEFORE A JOINT SESSION OF THE

SENATE AND HOUSE COMMITTEES

ON VETERANS' AFFAIRS

MARCH 3, 2026

TESTIMONY PRESENTED BY Lea Rowe BVA NATIONAL EXECUTIVE DIRECTOR BEFORE A JOINT SESSION OF THE SENATE AND HOUSE COMMITTEES ON VETERANS' AFFAIRS

MARCH 3, 2026

INTRODUCTION

Chairman Moran, Chairman Bost, Ranking Member Blumenthal, Ranking Member Takano, and distinguished Members of the Committees on Veterans' Affairs, on behalf of the Blinded Veterans Association (BVA) and its membership, I appreciate this opportunity to present our legislative priorities for 2026. As the National Executive Director and a specialist in low-vision rehabilitation, I am seated before you representing the only Congressionally chartered Veterans Service Organization (VSO) exclusively dedicated to the unique needs of our nation's blinded veterans and their families.[1][2] As we approach "National Blinded Veterans Day" on March 28—the 81st anniversary of our 1945 founding—we reflect on our Congressional charter's mandate to act as the official advocate for all blinded veterans.[1][2] Our mission, rooted in the legacy of those 100 war-blinded soldiers from World War II, continues today as we work to ensure that the Department of Veterans Affairs (VA) provides top-quality, comprehensive medical and rehabilitative services.

BVA LEGISLATIVE PRIORITIES FOR 2026

The Blinded Veterans Association urges the 119th Congress to proactively address a comprehensive suite of legislative priorities essential for the well-being of the blind and low-vision community. Our primary focus is the modernization of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to incorporate blindness-specific clinical standards for Activities of Daily Living that recognize functional, rather than just physical, limitations.[3][4]

We also call for vision loss claims to be centralized to a single Regional Benefits Office (RBO), rather than being routed through the National Work Queue. This approach would mirror how ionizing radiation claims are decided at the Jackson, Mississippi Regional Benefits Office. Centralizing vision loss claims would enable the development of specialized expertise among decision makers, streamline the adjudication process, and ensure more consistent, accurate decisions for blinded veterans.

We strongly advocate for the final passage and reconciliation of the Veterans Accessibility Advisory Committee Act to ensure all VA platforms and physical kiosks meet mandatory accessibility standards.[5] Furthermore, we call for a critical rule change in transportation services to allow for a "catastrophic circumstances" exemption, which would ensure veterans can receive life-sustaining treatment without the burden of upfront costs and subsequent reimbursement. Our priorities also include codifying robust protections for

guide and service dogs within VA facilities, maintaining the gold standard of Blind Rehabilitation Service (BRS) through increased funding, and supporting specialized research into traumatic brain injury-related vision loss.[6] Finally, we stand in firm opposition to the "Ameliorative Effects of Medication" rule and urge the swift passage of the Major Richard Star Act to protect the earned benefits of combat-injured veterans.[7][8]

BVA BACKGROUND AND THE EVOLUTION OF CARE

The Blinded Veterans Association is the only national Veterans Service Organization chartered by the United States Congress and exclusively dedicated to assisting America's blinded veterans and their families.[1][2] Founded on March 28, 1945, by approximately 100 war-blinded service members at Avon Old Farms Army Convalescent Hospital, BVA was established to ensure that no blinded veteran would be returned home without adequate training to meet the challenges of their disability.[1] This mission was originally inspired by President Franklin D. Roosevelt's 1944 executive order, which prioritized the rehabilitation and integration of blinded veterans.

BVA's advocacy has been the driving force behind every major milestone in VA blind rehabilitation, beginning with the opening of the first comprehensive Blind Rehabilitation Center (BRC) on July 4, 1948.[3] Today, VA estimates that there are approximately 130,000 veterans who are legally blind and more than one million who have low vision impacting their daily activities.[3][4] To serve this population, VA operates 13 residential BRCs nationwide, providing intensive inpatient training to help veterans achieve independence.[3] In 1967, BVA participated in a pilot program that evolved into the Visual Impairment Service Team (VIST) Program, and the organization later convinced Congress in 1978 to fund full-time VIST Coordinator positions to ensure every blinded veteran has a dedicated case manager.[3] Starting in 1947, BVA petitioned for outpatient services, eventually securing funding in 1995 to establish the first Blind Rehabilitation Outpatient Specialists (BROS), a cadre that has since grown to over 100 full-time positions.[3] In 2007, BVA helped secure $40 million to implement a full continuum of care, resulting in nine Visual Impairment Services Outpatient Rehabilitation (VISOR) clinics for low-vision veterans.[3] BVA also pioneered technology and benefits, ranging from the development of the C-5 laser cane in 1975 to the establishment of Computer Access Training Sections at all BRCs and securing Specially Adapted Housing grant eligibility for the blind.

SUPPORTING BLIND REHABILITATION SERVICE FUNDING

The population of veterans facing vision loss continues to grow, necessitating a robust and dedicated funding model for BRS. In October 2020, the Veterans Health Administration (VHA) implemented a new Continuum of Care, which resulted in 81,583 low-vision and

legally blind veterans being added to VIST Coordinator case management rosters. Current VHA research estimates that there are approximately 130,000 legally blind veterans in the United States, with another 1.1 million low-vision veterans possessing a visual acuity of 20/70 or worse. This demographic surge underscores the critical need for accessible, high-quality rehabilitative care.

VA currently operates 13 residential Blind Rehabilitation Centers (BRCs), which continue to offer the ideal environment for maximizing a veteran's independence. However, these centers face severe staffing challenges as local Veterans Integrated Service Network (VISN) and VAMC Directors often fail to replace retiring or transferring staff. This chronic understaffing leads to longer wait times and a decline in care quality. BVA strongly recommends that BRS funding be modeled after Spinal Cord Injury (SCI) Rehabilitation Centers. Beyond clinical excellence, this is a matter of fiscal responsibility. Independent living training at a BRC directly reduces VA's long-term expenditure on assisted living facilities and home health Aides. Framing BRS funding as a dedicated stream is not just an ask for more resources; it is an investment in significant long-term cost-avoidance for the entire VHA enterprise.

Furthermore, BVA is deeply concerned about the unsustainable caseloads of VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). With national caseloads doubling from 40,000 to over 80,000, the capacity to meet individual veteran needs is in jeopardy, leading to potential staff burnout and limited access to service. We request that VHA conduct a resource/demand gap analysis to identify overcapacity positions and authorize the staffing of additional VIST and BROS roles to support these 40,000 additional veterans.

BVA holds that VHA must maintain the bed capacity and staffing levels mandated by the Veterans' Health Care Eligibility Reform Act of 1996 (Public Law 104-262). While the VA MISSION Act facilitates community care, it must not siphon funds from the specialized BRCs that offer essential services—such as specialized nursing, audiology, and mental health care—that private outpatient agencies often lack. If private contracts are utilized, BVA insists that these agencies meet peer-reviewed quality standards and hold accreditation from the National Accreditation Council (NAC) or the Commission on Accreditation of Rehabilitation Facilities (CARF) to ensure that our veterans receive care equivalent to VA's gold standard.

ESTABLISHING A VETERANS ADVISORY COMMITTEE ON EQUAL ACCESS

As the only national VSO chartered by Congress exclusively dedicated to assisting veterans and their families coping with blindness and vision loss, ensuring that our nation's veterans

have access to the highest quality care and information remains a top priority. While BVA acknowledges and commends VA for its recent, consistent improvements to the VA Health and Benefits mobile app and the VA.gov website—both of which have seen significant strides in screen reader compatibility and user interface accessibility—major systemic gaps remain elsewhere in VA's digital and physical infrastructure.

Despite progress on mobile and web platforms, physical kiosks within VA Medical Centers remain fundamentally inaccessible to blinded veterans. These self-service machines, increasingly used for check-in, wayfinding, and pharmacy services, often lack the tactile indicators, voice-guided navigation, or standard headphone jacks required for independent use. This failure forces veterans to compromise their privacy by disclosing personal health information to staff or strangers to navigate a machine that was designed for "self-service."

The Veterans Accessibility Advisory Committee Act (H.R. 1147 / S. 1383)[5] would establish a permanent Veterans Advisory Committee on Equal Access at VA to address these disparities. While the House and Senate have made significant progress toward passing this bill as of February 2026, BVA urges a unified mandate to ensure that accessibility is a "baked-in" requirement for all future IT and hardware procurements. A July 2025 VA Office of Inspector General (OIG) report found that of 30 "bedrock" IT systems sampled, only four were fully compliant with Section 508 requirements.[9] This is largely because VA's procurement process often relies on vendor self-declarations rather than independent verification by the Department's Office of 508 Compliance.

BVA calls on Congress to mandate the creation of a VA Accessibility Office led by a Chief Accessibility Officer. This office must have the authority to block the procurement of any system—be it a website, a mobile app, or a physical kiosk—that does not meet the gold standard of accessibility. Accessibility is not a "feature" to be added later; it is a fundamental civil right that ensures that every blinded veteran can manage their health with the "peer-inspired self-reliance" that defines our organization.

THE 2026 BVA CARE REVIEW AND VISOR OVERSIGHT

At the beginning of 2026, BVA re-established the Care Review, an intensive oversight initiative with the goal of assessing all nine VISOR programs within the calendar year. This review will soon expand to include all 13 Blind Rehabilitation Centers. Our Care Review teams meet directly with medical center directors, chiefs of staff, and every stakeholder in the veteran's journey, including pharmacy, phlebotomy, volunteer services, greeters, and VA police. The recommendations and concerns identified at each location are shared directly with the local facility, VA's Rehabilitation and Prosthetics Services, and the "four corners" of legislative leadership. We are committed to ensuring that the gold standard of

care promised in Washington actually be delivered in the hallways of every VA Medical Center.

MODERNIZING PCAFC AND ADL ASSESSMENTS

One of our most urgent priorities remains the modernization of the Program of Comprehensive Assistance for Family Caregivers (PCAFC). While VA has recently proposed rules to expand access and extend transition periods through September 2028, the current "physical" view of Activities of Daily Living (ADLs) remains fundamentally flawed when applied to blindness. These subjective standards, governed by 38 U.S.C. § 1720G, are designed for sighted individuals and do not account for the specific functional limitations of the estimated 130,000 legally blind and over one million low-vision veterans in the United States.

The inadequacy of current assessments is clearly demonstrated by simple tasks: while a veteran may "physically" be able to walk 50 feet, a blindness-centric view must ask if they can safely navigate that path without veering into traffic or tripping over low-contrast obstacles. Similarly, although a veteran may be able to physically pick up a pill, they often cannot independently identify and differentiate between multiple, similar-looking medications or read a digital glucose monitor without assistance. Crucially, medication management is currently classified as an "instrumental" ADL (iADL), meaning that it is not a primary qualifier for PCAFC benefits despite the high risk of life-threatening errors for blinded veterans.

BVA calls on Congress to support the Veterans' Caregiver Appeals Modernization Act of 2025 and to mandate that VA assessments incorporate these functional realities of vision loss. To eliminate the current subjectivity that has led to a denial rate as high as 90 percent, BVA proposes an objective clinical standard for PCAFC eligibility: a corrected acuity of 5/200 or worse in both eyes, or a field of vision of 5 degrees or less in both eyes. This standard is intentionally more restrictive than the definition of legal blindness to ensure that benefits are targeted toward the most severely impaired veterans who require constant caregiving to maintain a realistic level of independence.

TRANSPORTATION BARRIERS AND CATASTROPHIC EXEMPTIONS

The current travel reimbursement system under 38 U.S.C. § 111 creates a significant financial and functional barrier for veterans who cannot drive themselves. While VA's Beneficiary Travel Self-Service System (BTSSS) was designed to expedite claims, it remains a "reimbursement-after-the-fact" model that forces veterans to carry the financial burden of transit. For blinded veterans, this is not merely a matter of convenience; it is a matter of clinical necessity. Many BVA members must pay high upfront costs for specialized private

transportation or rideshare services to reach one of the 13 BRCs or nine VISOR clinics, only to wait weeks for a reimbursement that frequently fails to cover the actual market cost.

Under current 2026 regulations, the VA mileage rate remains significantly lower than the actual cost of operating a vehicle or hiring a commercial carrier. Furthermore, while Special Mode Transportation (SMT)—such as wheelchair vans or ambulances—is available, it requires a VA clinician to certify "medical necessity" in advance. For many blinded veterans, "administrative" eligibility exists, but the "clinical" certification is inconsistently applied, leaving them to navigate a complex bureaucracy while their vision continues to deteriorate. BVA strongly advocates for a rule change to allow for “catastrophic circumstances” exemptions. We specifically recommend that this exemption be automatically applied to any veteran with a corrected acuity of 20/200 or worse who must travel more than 50 miles to a BRC or VISOR clinic. This would eliminate the inconsistent “clinical certification” process and ensure that those with profound vision loss have immediate, zero-out-of-pocket access to life-sustaining rehabilitation.

Additionally, BVA remains concerned about the BTSSS digital barrier. While the system is touted as "self-adjudicating," it requires a high level of digital literacy and access to 508-compliant platforms that, as previously noted, are often inaccessible to the very veterans who need them most. The current system also imposes a deductible of $3 one-way ($6 round-trip), which, while capped at $18 per month, represents an unnecessary "tax" on the disabled. We urge Congress to waive these deductibles for all veterans traveling for blindness-specific rehabilitation and to ensure that no veteran is forced to choose between the specialized care that could save their independence and their immediate financial stability.

SAFEGUARDING OCULAR CLINICAL STANDARDS AND PATIENT SAFETY

As the only national VSO chartered by Congress exclusively dedicated to assisting veterans and their families coping with blindness and vision loss, ensuring that our nation’s veterans have access to the highest quality eye care remains a top priority. BVA has strong concerns regarding current VA initiatives that threaten to lower the standard of care through both regulatory shifts and the erosion of surgical safeguards.

Maintaining Surgical Excellence: Ophthalmology vs. Optometry

BVA is deeply concerned about VA’s move to establish national standards of practice that could dilute the quality of surgical eye care. In September 2022, VA modified its Community Care “Standardized Episode of Care (SEOC): Eye Care Comprehensive” guideline by removing the explicit requirement that “only ophthalmologists can perform invasive procedures, including injections, lasers, and eye surgery.”[12] By removing this

language without public comment, VA is implicitly authorizing optometrists to perform ophthalmic surgery in the Community Care program where state laws permit.[13]

Our members know, all too well, that eye tissue is extremely delicate; once damaged, it is often impossible to repair. While optometrists play an important role in eye care, they are not medical doctors and do not possess the specialized surgical residency training required for invasive procedures. Veterans have benefited for decades from a consistent policy that restricts therapeutic laser surgery to medical or osteopathic doctors (ophthalmologists). We urge Congress to mandate that VA immediately reinstate the original SEOC language to ensure that a system-wide quality standard remains in place for all veterans, regardless of where they receive their care.

Protecting Benefits from the "Ameliorative Effects" Rule

Parallel to these clinical concerns is a critical threat to the stability of veteran benefits. On February 17, 2026, the VA issued an Interim Final Rule (91 FR 7118 / 2026-03068) that amends 38 C.F.R. § 4.10 to mandate that disability ratings be based on a veteran's "actual" functioning while using medication or treatment.[14] This rule effectively attempts to abrogate more than a decade of judicial precedent from *Jones v. Shinseki* and *McCarroll v. McDonald*, which required VA to discount the ameliorative effects of medication unless a diagnostic code specifically stated otherwise.[15][16]

For blinded veterans, this is a dangerous shift. Conditions like glaucoma require lifelong, rigorous medication regimens to manage intraocular pressure. Under this new rule, a veteran whose vision is temporarily stabilized by medication could see their disability rating reduced, even though the underlying disease remains severe and would cause immediate vision loss if treatment were interrupted. Furthermore, VA implemented this change as a "clarification" to bypass the required notice-and-comment period, a move BVA views as a dubious justification to prioritize inventory control over the "pro-veteran" canon of law.

Veterans should not be penalized for complying with life-sustaining treatments. We urge Congress to conduct immediate oversight to ensure that VA does not use administrative shortcuts to strip away earned benefits or lower the clinical bar for surgical safety. We must maintain a clear distinction between professional roles and ensure that compensation reflects the true severity of a veteran's service-connected condition, not a medicated snapshot of their performance.

ENHANCING VETERANS' MENTAL HEALTH CARE

Mental health conditions are common in the United States. More than 1.7 million veterans receive treatment in VA mental health specialty programs.[17] The National Veteran Suicide Prevention Annual Reports consistently reflect the suicide rate for veterans remains 1.5

times the rate of non-veteran adults, and the most recent Report regrettably revealed yet another year of increased suicides as compared to FY20 and FY22.[18] These statistics underscore the urgent need for continued efforts to improve mental health care access and outcomes for veterans.

During the years 2001–2014, approximately 294 blinded veterans who were VHA enrollees were reported as having committed suicide based on data analysis provided by the Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health Operations, VA Central Office. This suicide rate appears consistent with suicide rates among non-blind VHA enrollees. It is imperative that we de-stigmatize mental health assistance while increasing access to evidence-based care and support services for all veterans, including those with visual impairments. BVA encourages Congress to robustly fund VA's suicide prevention outreach budget and peer support programs while simultaneously addressing the longstanding mental health staffing shortages across the enterprise. Furthermore, we urge VA to reinstate data analysis of special populations of veterans, including blinded veterans, to better understand the unique mental health needs and challenges faced by this population.

Providing high-quality mental health services and suicide prevention remain a VHA priority. To support this mission, it is essential to recruit and hire the most qualified individuals, regardless of their mental health discipline, for positions in mental health treatment teams. This will allow VHA to provide high-quality, industry-leading mental health services for veterans. This principle helps to ensure both a high-quality corps of mental health providers and an appropriate diversity of professional backgrounds. Further, this approach is most consistent with interprofessional practice, which is the cornerstone of VA mental health programs.

Interprofessional practice as it relates to mental health programs is provided in an integrated environment that allows health care team members to use complementary skills to effectively manage the physical and mental health of their patients, using an array of tools that support information sharing. High-functioning teams addressing behavioral and mental health needs require collaboration among diverse professions. It is important to create and support innovative models for all mental health professions. Promoting interprofessional recruitment for these important roles supports VA's goal of being the employer of choice in the health care industry and assists with recruitment and retention.

Physician Assistants (PAs) are highly educated professionals licensed to diagnose, treat, and prescribe medications. The PA profession arose from the military, and PAs have been treating veterans for more than 50 years. PA education includes extensive training in psychiatry with mandatory didactic and psychiatric mental health clinical rotations.

Psychiatry is a required component of the National Commission on Certification of Physician Assistants (NCCPA) exam.

PA mental health skillsets could complement psychiatrists as PAs can prescribe medications, whereas VA's other identified core mental health disciplines outlined in Directive 2009-011—Nurses, Social Workers, Psychologists, Marriage and Family Therapists, and Licensed Professional Mental Health Counselors—cannot prescribe them.

PAs, with their versatile training and adaptability, are exceptionally positioned to provide comprehensive mental health services. Their inclusion as a core mental health discipline would enhance the mental health workforce within VA, ensuring that more veterans receive timely and effective care. PAs promote a team-based approach, which is essential in delivering comprehensive mental health services and which aligns with VA's mission of providing the best possible care to our Nation's veterans.

BVA calls upon Congress to expand 38 U.S. Code §7302 - Functions of Veterans Health Administration: Health-Care Personnel Education and Training Programs by increasing the number of VHA PA Health Professions Scholarship Program (HSPS) awards from the current 35 to 75 annually, which would accomplish the following: ensure a steady pipeline of uniquely trained PAs to address the specific mental health needs of veterans and expand the current four VAMC PA resident training positions to provide opportunities for PAs to gain specialized skills in areas where veterans often require the most support, such as PTSD, emergency medicine, and women's health care (all of which adversely impact VA's rural health care service delivery).

Increased PA residency positions and scholarships would offer a strategic integration of PAs within VHA, promoting improved patient outcomes, decreased wait times, and diminished chronic staffing shortages. During the last five years alone, more than 600 veterans have applied for the currently available 35 annual HSPS scholarships. Thus, we contend that this increase in scholarships and residency positions would significantly improve VA's mental health coverage and various other staffing shortages.

IMPROVING PROGRAMS AND SERVICES FOR WOMEN VETERANS

BVA calls on Congress to fully fund and support gender-specific health care for women veterans. VA must continue creating and fully staffing high-quality, clinically relevant services for women veterans. The COVID-19 pandemic significantly impacted health care delivery, including the training and hiring of health care providers. This was particularly challenging for women's health mini-residencies, which often involve hands-on training. While training and hiring initiatives continue, the growth in women veterans who use VA is

outstripping VA's ability to hire and train providers to meet women's specialized gender-specific clinical needs.

Women are the fastest-growing subpopulation within VA (+32 percent by 2030), and there does not appear to be a strategic plan to ensure that all service lines in VHA are focused on adjusting programs to meet women veterans' unique clinical and supportive services needs.[19] VHA must develop comprehensive plans for women veterans' health programming that respond to the evolving health care landscape, including the impact of the COVID-19 pandemic, and evaluate other program offices to ensure that appropriate services are available to meet the unique needs of the women veterans it serves. This includes addressing the specific health needs of women veterans, such as reproductive health, mental health, and chronic pain management, as well as ensuring culturally competent and trauma-informed care.

Peer support specialists have been very useful in helping veterans with mental health challenges, including those dealing with the aftermath of Military Sexual Trauma (MST), Post-Traumatic Stress Disorder (PTSD), and substance use disorders. Similarly, care navigators and doulas can assist women veterans with highly complex medical conditions such as cancer, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), post-partum maternal care, and chronic pain management. These specialized roles can provide crucial support and guidance to women veterans navigating the health care system and addressing their unique needs. VA must consider increasing funding for these critically relevant specialists to ensure that women veterans have access to the support they need.

Additionally, creating and maintaining a dedicated consultative team to assist with managing the care of veterans throughout the maternity cycle would support VA's efforts to provide women veterans with access to comprehensive wrap-around services, including help with housing, employment, food insecurity, interpersonal violence, mental health, and prosthetic support. A dedicated team can help to coordinate care across different services and ensure that women veterans receive the holistic support they need during this critical period.

Reproductive mental health issues are prevalent for many service-disabled women veterans and require specialized clinical support. VA is wholly dependent upon its community care network providers to render quality care and data on outcomes of maternity care. Still, specialized program managers can monitor and influence better results by enhancing services for women and improving coordination and communication among these programs.

GUIDE DOG PROTECTIONS AND THE SAVES ACT

Guide dogs are essential "prosthetic" aids that provide critical mobility and safety for blinded veterans. However, BVA members continue to report significant access issues and dangerous encounters with untrained animals within VA facilities. Since 2016, there has been an 84 percent spike in reported incidents involving support animals, including biting incidents that pose a direct threat to the safety of legitimate guide dogs and their handlers. BVA appreciates the Senate's recent resolution honoring the Association's 81-year history and urging safe, unobstructed access for guide dogs, but policy enforcement must be standardized across all facilities to differentiate between trained service animals and emotional support animals.

To address these systemic barriers, BVA strongly supports the Service Dogs Assisting Veterans (SAVES) Act (H.R. 2605 / S. 1441),[6] which was reported with amendments by the House Committee on Veterans' Affairs in late 2025 and passed the House of Representatives on February 11, 2026. This legislation is vital because training a single guide dog can cost upwards of $50,000 and take two years of intensive work. The Act would require the Secretary of Veterans Affairs to award grants to nonprofit organizations to provide service dogs to eligible veterans and would guarantee coverage for commercially available veterinary insurance, alleviating the financial burden on disabled veterans who rely on these animals for their daily well-being.

Additionally, BVA suggests mandatory training for all VA employees on guide dog etiquette and the establishment of dedicated "guide and service dog champions" at each VAMC to resolve access issues and ensure compliance with federal law. We are particularly concerned by reports indicating that when incidents occur, VA police may only file a formal report if physical injury or blood is involved. Under VHA Directive 1178,[20] VA Police are responsible for completing a Uniform Offenses Report for any reported incident that places a person or animal at "significant risk of harm," regardless of whether an injury resulted in blood. BVA is further investigating this area and urges Congress to mandate an update to VHA Directive 1178. VA Police protocols must explicitly require a "Service Animal Incident Report" for any reported interference or aggression, regardless of whether blood is drawn. A non-bloody attack can end a guide dog's working career through trauma just as effectively as a physical bite, and law enforcement must document these incidents to ensure professional accountability across the enterprise. BVA calls on VA to ensure that law enforcement protocols reflect the reality that an attack on a guide dog is an attack on a veteran's primary means of safe mobility.

CONCLUSION

The Blinded Veterans Association remains the leading voice for those who have sacrificed their sight for this nation. Whether it is ensuring that the Major Richard Star Act finally passes to end the unfair retirement offset for combat-injured veterans or ensuring that a pharmacy kiosk can be used independently by a veteran through the reconciliation of the Veterans Accessibility Advisory Committee Act (S. 1383 / H.R. 1147), our focus remains on "peer-inspired self-reliance". We are encouraged by the House's passage of S. 1383 on February 11, 2026, and urge final action to establish the Veterans Advisory Committee on Equal Access.

Our ongoing focus remains dedicated to ensuring that the Department of Veterans Affairs remains a leader in accessibility, transparency, and clinical excellence for the blind community. We thank the Committees for their ongoing support and look forward to a productive 2026.

BIOGRAPHY: LEA ROWE National Executive Director, Blinded Veterans Association

Lea Rowe serves as the National Executive Director of the Blinded Veterans Association (BVA). With a Master of Science in Low Vision Rehabilitation and a certification as a Low Vision Therapist, Ms. Rowe brings a unique clinical and administrative perspective to BVA's advocacy mission. Throughout her career, she has been dedicated to improving the functional independence of individuals with vision loss through adaptive technology and specialized training. Since joining BVA leadership, she has spearheaded the restoration of the BVA Care Review, focusing on the clinical standards of VA's VISOR and BRC programs to ensure that they meet the modern needs of blinded veterans.

Endnotes

[1] Blinded Veterans Association. "About BVA: Mission, History, and Congressional Charter." https://bva.org/about-bva/

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Statement of the
Fleet Reserve Association
on its
2026 Legislative Goals

Presented to the:

U.S. House of Representatives and
United States Senate
Veterans' Affairs Committees

By

Richard J. Fetro
National President
Fleet Reserve Association

The FRA

"A Century of Loyal Service"

The Fleet Reserve Association (FRA) stands today as the premier and most experienced organization serving men and women in the active, Reserve, and retired communities, as well as veterans of the Navy, Marine Corps, and Coast Guard. Now surpassing a century of advocacy, the Association remains Congressionally Chartered, recognized by the Department of Veterans Affairs (VA), and entrusted to serve all veterans who seek its help.

Founded in 1924, our name is derived from the Navy's program for personnel transferring to the Fleet Reserve after 20 or more years of active duty, but less than 30 years for retirement purposes. During this required period of service in the Fleet Reserve, assigned personnel earn retainer pay and are subject to recall by the Secretary of the Navy. This unique connection to the Sea Services has defined our mission for over one hundred years.

The Association testifies regularly before the House and Senate Veterans' Affairs Committees, and it is actively involved in the Veterans Affairs Voluntary Services (VAVS) program. A member of the National Headquarters' staff serves as FRA's National Veterans Service Officer (NVSO) and as a representative on the VAVS National Advisory Committee (NAC). FRA's VSOs oversee the Association's Veterans Service Officer program and represent veterans throughout the claims process and before the Board of Veteran's Appeals.

In 2016, FRA membership overwhelmingly approved the establishment of the Fleet Reserve Association Veterans Service Foundation (VSF). The main strategy for the VSF is to improve and grow the FRA Veterans Service Officers (VSO) program. This 501(c)(3) tax-exempt foundation now supports nearly 40 primary accredited service officers and hundreds of cross-accreditations to sustain our second century of work.

FRA has served on the Veterans Day National Committee since 2007, joining 24 other recognized VSOs to coordinate ceremonies at Arlington National Cemetery. As one of the founding members of The Military Coalition (TMC), we help represent the concerns of over five million members. The Association's timeless motto remains: "Loyalty, Protection, and Service."

Certification of Non-Receipt of Federal Funds

Pursuant to the requirements of House Rule XI, the Fleet Reserve Association has not received any federal grant or contract during the current fiscal year or either of the two previous fiscal years.

I. Major Richard Star Act

The Major Richard Star Act addresses a clear and longstanding injustice faced by combat-wounded servicemembers. Major Richard Star was a decorated Army combat veteran who served honorably until he was wounded in combat and declared no longer medically fit for service. At that moment, a fundamental choice was taken from him. He did not choose to leave the military early. He did not choose to forgo a full career and the retirement he was working toward. That decision was made for him as a direct result of combat injuries. Major Star later died in 2021 from cancer linked to toxic exposure. His wife, Tonya, died less than a year later. Their story reflects the experience of tens of thousands of combat-wounded veterans whose service was involuntarily cut short.

The Major Richard Star Act would allow combat-wounded veterans who were medically retired before completing 20 years of service to receive both their earned military retirement pay and VA disability compensation. Approximately 50,000 veterans would be directly affected. These veterans were denied the opportunity to complete a full career through no fault of their own. Penalizing them for a retirement they were never allowed to reach is fundamentally unjust.

Opposition to this legislation often centers on the claim of double compensation. This argument fails to recognize the distinct purpose of each benefit. Military retirement pay compensates for years of honorable service already rendered. VA disability compensation exists because servicemembers gave up their flesh in combat and live with permanent injuries. For these veterans, the choice to continue serving or retire at 20 years was removed the moment they were declared unfit for duty. Honoring both benefits is not excess. It is honoring both service and sacrifice.

Concerns about cost are similarly misplaced. Congress routinely funds priorities across the federal government. Combat-wounded veterans should take precedence over other discretionary expenditures. No credible argument exists that other programs are more deserving than those who gave their flesh, their future and their soul in defense of this nation. If Congress can fund its priorities, it can fund its promises.

This issue also carries direct national security implications. Modern warfare is increasingly complex, technical and unforgiving. The United States must recruit intelligent, adaptable and highly skilled individuals to meet these demands. Recent recruitment shortfalls have led to lowered entry standards, including the removal of certain educational requirements. While this may increase recruitment numbers in the short term, it comes at a cost. The demands of modern warfare do not adjust downward to meet reduced standards.

Future recruits will assess risk and reward carefully. They will ask whether the government honors its commitments when service results in injury. Failure to do so undermines trust, readiness and long-term force quality. The Major Richard Star Act enjoys overwhelming bipartisan support in both the House and the Senate. When legislation with this level of consensus stalls, it raises serious questions about whether the will of the people is being carried out in a representative government.

II. VA Electronic Health Record Modernization Program

The Fleet Reserve Association applauds the Department of Veterans Affairs for restarting deployment of the Electronic Health Record Modernization program. Restarting this effort was necessary and appropriate. Sustained congressional oversight remains essential to ensure successful completion across the entire VA system.

While the program has faced challenges, abandoning or indefinitely delaying full implementation would be a mistake. Completion of the rollout is critical to improving access to care, continuity of care and quality of care for veterans nationwide. Fragmented medical records are not merely inconvenient. They create real barriers to timely treatment, increase administrative burden and place veterans at risk. A fully deployed and interoperable electronic health record will allow seamless coordination among VA medical centers, community care providers and the Department of Defense. It will reduce duplicative testing, improve clinical decision-making and support veterans with complex medical needs.

Technology is advancing faster than Congress can enact detailed, technology-specific regulations. This reality underscores the need for foundational legislation that establishes principles and guardrails without restricting innovation. For this reason, the Fleet Reserve Association supports Rep. Nancy Mace's H.R. 3455, the Veterans Affairs Distributed Ledger Innovation Act. Distributed ledger technology offers capabilities well beyond basic data storage. When responsibly implemented, it can provide secure, tamper-resistant audit trails, improve data integrity and enable real-time verification of records across multiple systems.

In a VA health care context, distributed ledger applications could support identity verification, consent management, eligibility verification, claims processing and interoperability across federal and private health care networks. We envision a veteran-centered system where veterans exercise meaningful control over their own health care data. A veteran should be able to grant

access to specific portions of their health record, define the duration of that access and revoke it when no longer needed. This capability would significantly improve coordination with non-VA physicians and community care providers while protecting privacy and autonomy.

When paired with a completed EHR modernization effort, distributed ledger technology can serve as the connective infrastructure that enables faster access to care, reduces administrative friction and enhances trust in the system. H.R. 3455 provides VA with the authority to responsibly explore and deploy these tools while maintaining transparency, security and accountability.

III. VA Disability Compensation Reform

There has been increasing discussion in the public domain about reforming the VA disability compensation system. While reform may be appropriate, much of the public narrative is flawed. Rising disability compensation costs are frequently cited without acknowledging the most obvious contributing factor. The United States has fought multiple wars over the past two decades. When a nation sends its citizens to war, disability claims increase. This is not evidence of abuse. It is the cost of war.

Recent hearings have demonstrated broad agreement that reform is needed. Any reform effort must begin with transparency and clarity. Veterans understand basic math. One plus one equals two. The current VA rating system is complex, opaque and difficult to explain even to experienced advocates. This undermines trust and confidence in the system. VA should adopt a rating methodology that is logical, straightforward and easily explainable to veterans.

Automation represents another critical reform opportunity. VA already possesses much of the data needed to streamline claims processing. For example, VA has the veteran's date of birth. The system should automatically recognize when a veteran qualifies for expedited processing based on age and route the claim accordingly without requiring the veteran to request special handling.

Presumptive conditions present an even stronger case for automation. Too often families learn that a veteran qualified for compensation due to Agent Orange or other exposures only when the veteran is near the end of life. This is unacceptable. With proper integration between the Veterans Health Administration and the Veterans Benefits Administration, VA should be able to automatically identify presumptive diagnoses, confirm service eligibility and notify the veteran.

The Fleet Reserve Association envisions a system where a veteran presents for care, the provider has access to service history and exposure data, and if a presumptive condition is diagnosed and eligibility criteria are met, VBA automatically grants compensation or notifies the veteran with the option to opt out. This approach respects veteran autonomy, reduces administrative costs, accelerates benefits delivery and improves quality of service. VA should also pursue a modern,

user-friendly claims portal modeled after commercial tax filing platforms. A TurboTax-style system for VA claims would guide veterans and veterans service organizations through the process step by step, identify eligibility automatically, reduce errors and improve outcomes. This would not replace VSOs. It would empower them with better tools.

IV. Proposal to Allow Transfer of VA Home Loan Guaranty Entitlement to Children

The Fleet Reserve Association recommends that Congress consider modernizing the VA Home Loan Guaranty Program by allowing limited transferability of unused entitlement to a veteran's eligible child. Under current law, VA loan entitlement belongs solely to the veteran and cannot be transferred to dependents. Children may only participate through loan assumptions or joint loans, neither of which transfers entitlement. While surviving spouses may qualify under certain conditions, children are categorically excluded.

Many veterans reach a stage of life where they no longer need to use their VA loan benefit. They may already own a home or have paid off their mortgage. At the same time, they may wish to support their children in achieving homeownership in an increasingly difficult housing market. Younger generations face rising housing costs, higher interest rates and limited access to affordable starter homes. Preventing families from leveraging an already earned benefit undermines long-term family stability.

Congress has already recognized the value of benefit transferability through programs such as the Post-9/11 GI Bill. That model demonstrates that transferability can be implemented responsibly through eligibility requirements, safeguards and oversight. Allowing limited transferability of VA loan entitlement would have minimal fiscal impact. The VA Home Loan Guaranty is not a cash benefit. It is a guaranty that historically has low default rates and generates revenue through funding fees. Transferability would not significantly increase federal spending. The Fleet Reserve Association recommends legislation authorizing voluntary, one-time transfer of unused VA Home Loan Guaranty entitlement from a veteran to an eligible child, subject to VA approval, antifraud safeguards and appropriate funding fee adjustments.

V. Toxic Exposure Recognition and Presumptive Reform

The Fleet Reserve Association remains concerned about systemic delays in recognizing toxic exposures and granting presumptive service connection. While the PACT Act was a historic step forward, it did not fix the underlying structural failures that have delayed justice for generations of veterans. Currently, toxic-exposed veterans wait an average of 34 years for the VA to formally link their exposure to a specific disease. This delay often results in recognition coming too late for those suffering from life-threatening conditions.

This cycle of delay stretches from World War I to modern conflicts, including Agent Orange and burn pit exposures. Veterans and their families endure chronic illnesses and neurological

disorders while claims are denied due to evidentiary hurdles or scientific uncertainty. Locations like Karshi-Khanabad Air Base and Fort Ord highlight how veterans can be documented as exposed yet still be left without recognition for decades. The human cost of this bureaucratic inertia is unacceptable and requires an immediate shift in policy.

The FRA endorses a three-step statutory framework to modernize the presumptive process. This includes early acknowledgment of exposure risks by the Defense Department and VA rather than waiting for decades of epidemiological certainty. We also call for a formal concession of exposure when credible evidence shows a veteran was present at a contaminated site. Finally, the VA must establish presumptions once reasonable scientific thresholds are met instead of requiring absolute proof while veterans suffer.

To ensure this framework succeeds, Congress should establish mandatory timelines and decision triggers to prevent indefinite delays. We support expanded research into substances like PFAS and radiation, overseen by an independent scientific review body insulated from political pressure. Additionally, a veteran stakeholder advisory commission must be created to provide transparency and ensure veterans have a seat at the table when health and benefit decisions are made.

The nation must end the cycle of posthumous recognition by providing earlier access to VA health care for those with known exposures. Completing the Electronic Health Record Modernization program is also vital for tracking service locations and medical outcomes over time. Congress must finish the work started by the PACT Act by developing provisional presumptives so that veterans are not denied care while the science catches up to their lived experience.

VI. Support for H.R. 4837: The Written Informed Consent Act

The FRA strongly supports H.R. 4837, the Written Informed Consent Act. This common-sense legislation mandates that the VA provide veterans with clear, written information regarding the potential side effects and risks of high-risk medications, including antipsychotics, stimulants, antidepressants, anxiolytics and narcotics.

Currently, the VA provides such disclosures for long-term opioid therapy under VHA Directive 1005; H.R. 4837 simply extends this standard of transparency to other powerful drug classes. Veterans deserve full transparency and a seat at the table when making decisions that impact their mental and physical health. By requiring written consent, we empower veterans to engage in shared decision-making with their providers, ensuring they are fully aware of risks, such as metabolic or neurological side effects, before beginning treatment.

VII. Support for H.R. 4509: NOPAIN for Veterans Act

Consistent with our goal to improve quality of life and reduce reliance on addictive substances, the FRA endorses H.R. 4509, the NOPAIN for Veterans Act. This bipartisan bill ensures that veterans have access to Food and Drug Administration-approved non-opioid pain management alternatives by requiring their inclusion in the VA national formulary.

Between 2010 and 2019, drug overdose mortality rates among veterans rose by 53%. Our members, many of whom suffer from chronic pain due to service-related injuries, deserve the same access to non-opioid treatments currently available to seniors under Medicare. H.R. 4509 removes bureaucratic barriers, allowing clinicians and veterans to choose safer, evidence-based pain management options that reduce the risk of addiction and improve long-term recovery outcomes.

VIII. Strengthening GI Bill Integrity and Oversight

The Fleet Reserve Association remains deeply concerned by the continued participation of fraudulent or low-quality educational institutions in the GI Bill program. Veterans and their families frequently ask why the VA would approve schools known for bad outcomes. We strongly believe VA should have at least some kind of minimum standards that schools must meet to be eligible for GI Bill benefits.

Require minimum standards for GI Bill programs, including first and foremost student outcomes, as well as ethical recruiting, admissions and counseling; qualified instructors and sound academic practices; sufficient administrative capacity to administer benefits; screening for financial stability and bad actors; safeguards against repackaged online content such as YouTube videos; protections against overcharging VA; and requirements that tuition funds are spent on the veteran's education.

Restore veterans' education benefits in cases of fraud, authorizing VA to restore GI Bill eligibility comparable to traditional students using Department of Education funds, and seek to recoup funds from schools in cases of fraud. Increase interagency data-sharing and transparency, including restoring outcome data in the GI Bill Comparison Tool, displaying full VA complaint histories and complaint outcomes, consistently applying caution flags for enforcement actions, aligning Education Department OPEID and VA facility codes, and incorporating risk-based indicators to give veterans a clear, accurate picture of institutional quality and government oversight.

Conclusion and FRA Requests

The Fleet Reserve Association respectfully urges Congress to take the following actions:

- Pass the Major Richard Star Act and end the unjust offset affecting combat-wounded retirees.

- Provide sustained oversight to ensure completion of the VA Electronic Health Record Modernization program and enact H.R. 3455.
- Pursue VA disability compensation reform that prioritizes transparency, automation and modern claims tools.
- Modernize the VA Home Loan Guaranty Program by authorizing limited transferability of unused entitlement to eligible children.
- Reform the toxic exposure presumptive process by establishing a structured, time-bound framework that prioritizes veterans' health and lives.
- Enact H.R. 4837 to ensure veterans are fully informed of medication risks through written consent.
- Enact H.R. 4509 to expand access to non-opioid pain management.
- Implement minimum GI Bill standards and benefit restoration to protect veterans from institutional fraud.

These actions reflect justice, fiscal responsibility, readiness and a commitment to honoring the full measure of service given by veterans and their families. The Fleet Reserve Association stands ready to work with Congress to advance these priorities.

Thank you for the opportunity to submit this testimony for the record.

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Richard J. Fetro
FRA National President

Richard Fetro is a Life Member of the Fleet Reserve Association (FRA) and was elected National President in November 2025. With just under 25 years of dedicated service to the FRA, he has held leadership roles at the branch, regional, and national levels, demonstrating an unwavering commitment to advocacy for Sea Service personnel, veterans, and their families.

Richard began his military career in 1969, embarking on nearly four decades of honorable service. His career included active duty and reserve service in the United States Navy, along with service in both the California Air National Guard and the West Virginia Air National Guard.

During his Navy tenure, he served with Patrol and Fleet Logistics squadrons including VP-90 (Glenview, IL), VC-5 (Cubi Point, Philippines), VS-33 (North Island, CA), and VP-91 (Moffett FAF, CA), contributing to mission readiness and operational excellence. His Air National Guard assignments included the 129th Rescue Wing and the 167th Airlift Wing, where he supported both operational and humanitarian missions.

His deployments in the Air Guard included Operation Northern Watch (Istres, France), Operation Southern Watch (Al Jaber, Kuwait), NATO led Stabilization Force – SFOR, (Sarajevo, Bosnia/Herzegovina), and GWOT (Incirlik, Turkey). In 2003, Richard was activated and stationed at Air National Guard (ANG) at Joint Base Andrews. He retired as a Chaplain Assistant after deploying in support of Operation Jump Start along the southern border, concluding a distinguished military career defined by leadership, faith, and service.

In his civilian career, after high school, Richard spent eight years with Commonwealth Edison in Chicago before continuing his professional journey with Pacific Gas and Electric Company in San Francisco, where he dedicated just over 35 years of service prior to retirement. While working at PG&E he continued his formal education using the GI Bill and received his B.S. Degree in Finance at Cal State.

Beyond the FRA, Richard is a Life Member of the Air Force Sergeants Association, the Veterans of Foreign Wars, and the Polish Legion of American Veterans, and is also a member of the American Legion.

Through his military service, civilian career, and veterans' advocacy, Richard Fetro has exemplified a lifetime of dedication to country, community, and his fellow service members.

Legislative Priorities of Minority Veterans of America
For the 119th Congress

Prepared for:
Senate Veterans Affairs Committee
House Veterans Affairs Committee

March 3, 2026

Prepared by:

Lindsay Church (they/them), *Executive Director & Co-Founder*
Lorry Fenner (she/her), *Senior Policy Advisor*
Sharon Arana (she/her), *Policy Analyst*

Minority Veterans of America
Legislative Priorities

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans committed to fostering belonging and advancing equity for service members and veterans who are racial, gender, sexual, and religious minorities. MVA works on behalf of more than 9.5 million minority veterans and is home to over 3,600 members across 49 states, four territories, three countries, and the District of Columbia. Through our programs, we directly serve veterans, service members, and their families. On behalf of our dedicated staff, volunteers, and the communities we represent, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has worked to advance solutions that address the distinct and often compounded challenges that our communities face. We have witnessed firsthand how discrimination and inequities that minority veterans experienced in uniform frequently follow them into civilian life. Minority veterans encounter persistent barriers to healthcare, benefits, housing, and employment opportunities through the Department of Veterans Affairs (VA) and other federal systems. These barriers are rooted in longstanding systemic inequities and discriminatory policies. Today, they are being exacerbated by the deliberate erosion of protections that once sought to mitigate these harms, and the politicization of our very existence under this administration.

Over the last year, these challenges have accelerated. Under President Donald Trump and Secretary Doug Collins, VA has been thrown into chaos. Thousands of employees, including clinicians and veteran staff, have been terminated or pushed out under the banner of "efficiency." These losses come despite pre-existing staffing shortages, which were already strained further by the expansion of benefits under the PACT Act.[1] The consequences are tangible: longer wait times, overburdened providers, reduced continuity of care, and increased reliance on Community Care referrals.

Simultaneously, this administration has dismantled core anti-discrimination and equity protections within VA.[2] Offices dedicated to advancing equitable access have been closed or weakened. Policies and public-facing materials related to gender identity, inclusion, and LGBTQIA+ visibility have been removed or reduced in many facilities. These actions create

[1] Kiran Rachamallu and Devin O'Connor, "*Veterans Have Borne Trump Administration's Deep Cuts to Federal Personnel*," *Center on Budget and Policy Priorities* (blog), February 20, 2026, https://www.cbpp.org/blog/veterans-have-borne-trump-administrations-deep-cuts-to-federal-personnel
[2] U.S. Department of Veterans Affairs, "*VA Ends DEI, Stops Millions in Spending on DEI*," *VA News: Press Room*, January 27, 2025, https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/

confusion, fear, and compound the barriers already faced by women, LGBTQIA+, Black, Indigenous, immigrant, and other racial and religious minority veterans seeking care.

Beyond VA, veterans rely on the broader social safety net to survive, including Social Security, Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Women, Infants, and Children (WIC) benefits. Proposed and enacted cuts[3] across these programs are not abstract budgetary adjustments; they are deliberate decisions that directly affect whether veterans and families can afford food, housing, and lifesaving medications. For veterans living on fixed or limited incomes, these supports are essential to stability and dignity.[4] Reductions to these programs disproportionately harm minority veterans, who are more likely to face economic insecurity due to systemic barriers. When lawmakers vote to slash these supports, they are voting to abandon veterans who are already living on a knife's edge.

We are also deeply concerned about VA's interim final rule amending 38 C.F.R. § 4.10, which directs examiners to evaluate veterans based on how their conditions present with medication, even when treatment masks the true severity of impairment. Although VA announced on February 19 that it is pausing enforcement, the rule remains in regulation. Its continued presence creates uncertainty and undermines trust.

The mere issuance of this rule generated widespread panic in the veteran community.[5] Veterans reported fearing they would need to reduce or discontinue essential, and often life-saving, medications - including antidepressants, antipsychotics, pain management, and seizure-control treatments - to accurately demonstrate the full severity of their conditions. For many, this fear was destabilizing and dangerous.

A pause in enforcement does not resolve underlying harm. As long as the rule remains in regulation, veterans and clinicians cannot be certain how or when it may be applied. VA must fully withdraw this rule, and Congress must ensure that no veteran is ever forced to choose between following prescribed medical treatment and protecting their disability rating.

In the face of these overlapping crises, Congress must prioritize legislation that centers the unique needs of minority veterans and rejects the use of our communities as political

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[3] U.S. Department of Agriculture, Food and Nutrition Service, "*SNAP Provisions of the One Big Beautiful Bill Act of 2025 – Information Memorandum*," *FNS*, September 4, 2025, https://www.fns.usda.gov/snap/obbb-implementation

[4] Katie Bergh and Laura Cox, "*2025 Budget Impacts: House Bill Would Cut Assistance and Raise Costs for Veterans*," *Center on Budget and Policy Priorities*, June 9, 2025, https://www.cbpp.org/research/federal-budget/2025-budget-impacts-house-bill-would-cut-assistance-and-raise-costs-for-0

[5] Andrea N. Goldstein, "*I Guess SECVA Collins Just Wants Veterans to Die to Save on Disability Compensation: Because That's What Will Happen Under the Latest Interim Final Rule*," *Living Resiliently* (Substack), February 19, 2026, https://andreangoldstein.substack.com/p/i-guess-secva-collins-just-wants

bargaining chips. Executive actions, agency directives, and legislative riders that single out minority communities are not abstract policy debates. They determine whether minority veterans receive care or are pushed deeper into instability.

Below, we outline our legislative priorities in detail. Veterans' access to care and benefits is not only a moral obligation, it is a statutory and contractual commitment made by the federal government to those who served. While we feel the moral weight of this responsibility every day in our work, federal veteran policy ultimately rests on binding legal obligations. If moral responsibility alone does not compel action, the law must. The priorities that follow are necessary to meet those legal obligations, repair the damage already inflicted, and ensure that every veteran receives the care, dignity, and protections they were promised and have earned.

Health Equity

Health equity is not a luxury or a rhetorical device. It is a fundamental obligation to the people who have already paid with their bodies, minds, and families in service to this country. Yet over the past year, we have witnessed an aggressive campaign to roll back protections, restrict care, and erase the very data that makes inequities visible. These actions disproportionately impact minority veterans, who already experience higher rates of chronic illness, mental health conditions, service-connected disabilities, and premature mortality.[6] For example, Black and Indigenous veterans experience chronic conditions at 1.5 times higher than white veterans, and women veterans are more likely to experience posttraumatic stress disorder than their male counterparts[7].

Under the current administration, VA has:

- Removed or weakened anti-discrimination and equity language in hospital by-laws and internal policies, diminishing accountability for equal treatment[8].

[6] U.S. Senate Committee on Veterans' Affairs, Democratic Staff, *Minority Report: Cuts, Cover-Ups, & Chaos* (January 2026), https://www.veterans.senate.gov/services/files/A08A4C86-DB56-4A01-B98F-6ED1CF3F2B7A

[7] Kim Peterson, Johanna Anderson, Erin Boundy, Lauren Ferguson, Ellen McCleery, and Kallie Waldrip, "*Mortality Disparities in Racial/Ethnic Minority Groups in the Veterans Health Administration: An Evidence Review and Map*," *American Journal of Public Health* 108, no. 3 (March 2018): e1–e11, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803811/.

[8] U.S. House Committee on Veterans' Affairs, "*Ranking Member Takano and HVAC Healthcare Practitioners Slam Trump VA for Move to Discriminate Against Veterans Based on Marital Status and Political Views*," June 16, 2025, https://democrats-veterans.house.gov/news/press-releases/ranking-member-takano-and-hvac-healthcare-practitioners-slam-trump-va-for-move-to-discriminate-against-veterans-based-on-marital-status-and-political-views

- Ended gender-affirming care with no plans to restore it, and publicly framed the rollback as necessary to protect other veterans' benefits, pitting gender diverse veterans against the broader veteran community[9].
- Shut down or hollowed out offices responsible for identifying and addressing racial and gender disparities in care and benefits, including units focused on equity assurance and civil rights enforcement[10].
- Adopted an interim disability rating rule, amending 38 C.F.R. § 4.10, that instructs clinicians to evaluate veterans based on their medicated, managed state rather than the underlying severity of their conditions, effectively treating successful treatment as justification for reduced compensation. As mentioned above, Veterans have reported fearing they must stop life-saving medications to maintain their disability ratings[11].

Health equity cannot exist in this environment. It requires durable protections that cannot be erased by administrative action. Specifically, Congress must ensure:

- Strong, enforceable anti-discrimination protections in statute, not merely policy guidance subject to reversal.
- Robust demographic data collection, transparent reporting, and public accountability to identify and remedy disparities. Congress should mandate annual equity audits with publicly reported results
- Protection and expansion of reproductive and gender affirming care within VA's medical benefits package.
- Safeguards against rating practices that penalize veterans for adhering to prescribed treatments or taking necessary medications.
- Mandatory cultural competency, anti-bias, and LGBTQIA+ care training for all VA staff and contractors, including third-party disability compensation examiners.
- A written "no retaliation" policy for veterans who report inequities or discrimination in care.

Minority veterans, especially those at the intersection of multiple identities, face compounded risks and require policies that account for these overlapping disparities. Without these measures, health equity will remain aspirational rather than operational.

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[9] U.S. Department of Veterans Affairs, "*VA to Phase Out Treatment for Gender Dysphoria*," March 17, 2025, https://news.va.gov/press-room/va-to-phase-out-treatment-for-gender-dysphoria/

[10] U.S. Department of Veterans Affairs, "*VA Ends DEI, Stops Millions in Spending on DEI*," *VA News: Press Room*, January 27, 2025, https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/

[11] Amanda Miller, "VA Won't Enforce New Rule on Disability Ratings, Secretary Says; Congress Members Want It Rescinded," Military.com, February 20, 2026, https://www.military.com/benefits/veterans-health-care/new-va-rule-ties-disability-ratings-medicated-symptoms-drawing-fire-veterans-groups.html

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Executive Orders Targeting Transgender Americans and Impacts on Veterans

The cumulative effect of executive orders and agency guidance targeting transgender Americans has been devastating for transgender and nonbinary veterans. Within VA facilities, these directives have already resulted in:

- Removal of gender identity language and inclusive signage, signaling retreat from previously affirmed protections[12].
- Rescission of VHA Directive 1341, triggering widespread disruptions in care that veterans are only discovering as they encounter sudden, unannounced barriers[13].
- Widespread confusion among patients and providers about whether gender-affirming care will continue, under what conditions, and with what exceptions[14].
- Politicization of critical, evidence-based, and life-saving medical care[15].
- Increased harassment and hostility toward transgender veterans and staff in some facilities, as inflammatory rhetoric from political leaders filters into clinical settings.

These harms compound existing disparities. Nationally, transgender people face elevated rates of suicidal ideation, suicide attempts, and suicide completion. Transgender veterans face greater risk, due in part to service-connected trauma, military sexual trauma, and systemic discrimination in housing, employment, and healthcare. Peer reviewed studies show that transgender veterans are over three times more likely to report suicide attempts than cisgender veterans[16]. Against this backdrop of heightened vulnerability, the rescission of VHA Directive 1341 in 2025 has already disrupted access to medically necessary gender-affirming care, creating new barriers that transgender and gender diverse veterans are only discovering when they seek treatment.

It is critical to note that VA did not eliminate gender-affirming care itself. Treatments such as hormone therapy, reconstructive surgeries, and related interventions remain widely available and routinely provided to cisgender veterans. Cisgender patients, in fact, use

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[12] U.S. Department of Veterans Affairs, "*VA to Phase Out Treatment for Gender Dysphoria*," *VA News: Press Room*, March 17, 2025, https://news.va.gov/press-room/va-to-phase-out-treatment-for-gender-dysphoria/

[13] Huo Jingnan, "*VA Rescinds Transgender Veterans' Health Guidance as Department Denies Policy Change*," *NPR*, March 14, 2025, https://www.npr.org/2025/03/14/nx-s1-5328733/va-transgender-veterans-memo.

[14] Janice Hopkins Tanne, "*US Transgender Care: Evidence for Interventions Is 'Very Low,' Says Review Ordered by Trump*," *BMJ* 389 (2025), https://www.bmj.com/content/389/bmj.r1305

[15] RAND Corporation, Bill Would Ban Care for Transgender Veterans; the Scientific and Medical Consensus Tells Us That's a Mistake (RAND Commentary, July 5, 2023), https://www.rand.org/pubs/commentary/2023/07/bill-would-ban-care-for-transgender-veterans-the-scientific.html.

[16] Raymond P. Tucker, "*Suicide in Transgender Veterans: Prevalence, Prevention, and Implications of Current Policy*," *Perspectives on Psychological Science* 14, no. 3 (May 2019), 452–68, https://pubmed.ncbi.nlm.nih.gov/30946622/

gender-affirming medical interventions more often across clinical contexts[17], including hormone therapy for menopause and endocrine disorders, chest and pelvic reconstruction, and procedures that restore gendered embodiment following illness or injury. Research further underscores that gender-affirming care is routinely used across diverse patient groups and is part of standard medical practice[18]. VA eliminated these services only when used to treat gender dysphoria, effectively restricting care based not on the treatment, but on *who* the patient is. This is discrimination in practice and impact, and it places transgender veterans at even greater risk in a system where their health outcomes are already disproportionately poor.

Leading medical authorities have consistently affirmed that gender-affirming care is medically necessary and associated with improved mental health outcomes and reduced suicidality. The American Medical Association notes that evidence shows transgender and gender-diverse individuals experience significantly poorer mental health outcomes, including elevated depression and suicidality, and that access to gender-affirming care is associated with improved health and well-being[19]. The American Psychological Association has adopted formal policies supporting the use of evidence-based gender-affirming care[20]. The World Professional Association for Transgender Health continues to publish internationally recognized clinical standards underscoring the medical necessity of this care[21].

For transgender veterans, these clinical realities intersect with service-connected disabilities, PTSD, military sexual trauma, and moral injury, creating heightened risk when medically necessary care is delayed or denied[22]. Veterans in rural areas, veterans of color, and those facing economic instability experience even greater barriers and disproportionately severe consequences. When VA restricts or destabilizes access to gender-affirming care, it is not engaging in ideological disagreement. It is making a policy choice that endangers veterans' lives.

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[17] Theodore E. Schall and Jacob D. Moses, "*Gender-Affirming Care for Cisgender People*," *Hastings Center Report* 53, no. 3 (May 2023), https://pubmed.ncbi.nlm.nih.gov/37285414/.
[18] *Ibid.*
[19] American Medical Association, "*Understanding Short-Term Impact of Gender-Affirming Care*," AMA, May 30, 2022, https://www.ama-assn.org/public-health/population-health/understanding-short-term-impact-gender-affirming-care
[20] American Psychological Association, "*Guidelines for Transgender and Nonbinary Inclusive Care*," APA, accessed January 2026, https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care
[21] Nita Bhatt, Jesse Cannella, and Julie P. Gentile, "*Gender-affirming Care for Transgender Patients*," *Innovations in Clinical Neuroscience* 19, no. 4–6 (2022), https://pmc.ncbi.nlm.nih.gov/articles/PMC9553112/
[22] American Medical Association, "*Understanding Short-Term Impact of Gender-Affirming Care*," AMA, May 30, 2022, https://www.ama-assn.org/public-health/population-health/understanding-short-term-impact-gender-affirming-care.

When VA leadership publicly questions, delays, or restricts access to gender-affirming care based solely on who they don't like, they are not engaging in abstract policy disagreement. They are signaling to transgender veterans that their healthcare - and their lives - are contingent on shifting political priorities, creating fear and instability that can have deadly consequences.

Congress must act to provide clarity and permanence by:

- Codifying nondiscrimination protections in VA statute, including gender identity and sexual orientation, through legislation such as the *Veterans Healthcare Equality Act of 2025* (H.R. 5635).
- Directing VA to restore, protect, and fully implement gender affirming care within the medical benefits package, including hormone therapy, surgical care, prosthetics, and mental health services.
- Prohibiting the use of executive orders or internal directives to eliminate or restrict access to gender-affirming care absent explicit statutory change.
- Ensuring the dismantling of DEI programs does not translate into de facto discrimination in referrals, clinical decisions, or facility-level policies, including requiring ongoing cultural competency and anti-bias training for all VA personnel.
- Mandating that VA report regularly to Congress on the implementation, access, true costs, and outcomes of gender-affirming care to ensure transparency and accountability.
- Including explicit protections for minority veterans at the cross-sections of multiple identities, like transgender veterans of color, to address compounded disparities and systemic barriers.

Access to gender-affirming care is not optional or experimental. It is a life-saving medical intervention that is integral to the health, safety, and dignity of transgender veterans. VA must treat it as such, in both policy and practice. Veterans should never have to wonder whether the care they rely on will survive the next election cycle. Stability, clarity, and equal protection under the law are not special privileges, they are part of the promise made to those who served.

Disability Ratings, Medication, and 38 C.F.R. § 4.10

VA's interim final rule amending 38 C.F.R. § 4.10 was a serious misstep. By directing evaluators to rate veterans based on how their conditions appeared while medicated, the rule signaled that following a treatment plan could be used against veterans when determining disability compensation. Even though Secretary Collins has now announced that VA will rescind the rule outright, the damage is done. Its publication caused real fear and distress among veterans who believed they might have to reduce or stop life saving medications in order to "prove" the severity of their conditions. It also fits a troubling

pattern of VA under Secretary Collins of moving too quickly, minimizing and dismissing legitimate veteran concerns when things go wrong, and only reversing course when public outcry becomes overwhelming or oversight demands it. Veterans deserve a department that treats their stability, trust, and safety as a first order priority, not an afterthought that is addressed only after harm has already occurred.

Comprehensive Reproductive and Family Planning Services, Including Abortion

The Supreme Court's decision in Dobbs v. Jackson Women's Health Organization erroneously overturned the federal constitutional right to abortion and set off a wave of state bans and restrictions that fall hardest on those who cannot control where they live or serve, including service members and many veterans. In response to this crisis, the Department of Veterans Affairs issued a rule in September 2022 furnishing abortion counseling and, in certain circumstances, abortion care to veterans and CHAMPVA beneficiaries[23]. That rule became a lifeline for veterans in states with total or near-total bans.

In his confirmation hearing, Secretary Collins signaled that as Secretary, he intended to revisit VA's abortion rule. The first concrete step came when VA issued a proposed rule in August 2025[24], initiating a rulemaking process that drew thousands of public comments, many expressing deep concern about rolling back abortion access for veterans and CHAMPVA recipients. Despite this overwhelming feedback, the administration moved forward. Over the holidays, the Department of Justice issued guidance reinterpreting VA's authority[25], which VA relied upon to effectively ban abortion on the spot. VA subsequently finalized a rule that removes abortion counseling and care from the medical benefits package entirely, including in cases of rape, incest, and health endangerment.

The final rule has already created fear and instability for the nearly 300,000 women and gender-diverse veterans of reproductive age who rely on VHA for care, and for CHAMPVA beneficiaries who have no alternative pathway to coverage. These veterans now face the most extreme abortion restriction across federal programs and live in a fractured

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[23] Department of Health and Human Services, "*Reproductive Health Services; Subpart B of Part 50 – Standards for Privacy of Individually Identifiable Health Information*," *Federal Register* 87, no. 173 (September 9, 2022), https://www.federalregister.gov/documents/2022/09/09/2022-19239/reproductive-health-services

[24] U.S. House Committee on Veterans' Affairs, "*Ranking Member Takano and Democratic Colleagues Condemn VA's Decision to Reinstate Near-Total Abortion Ban*," June 14, 2025, https://democrats-veterans.house.gov/news/press-releases/ranking-member-takano-and-democratic-colleagues-condemn-vas-decision-to-reinstate-near-total-abortion-ban

[25] U.S. Department of Justice, Office of Legal Counsel, *Reconsidering the Authority of the Department of Veterans Affairs to Provide Abortion Services* (Memorandum Opinion for the Secretary, December 18, 2025), https://www.justice.gov/olc/media/1421726/dl.

reproductive health landscape where state bans collide with federal rollbacks, leaving them with few, if any, safe options.

Congress has a clear path to intervene. A Congressional Review Act resolution (HJ Resolution 144/SJ Resolution 103) has already been filed. We urge Members to support the CRA and restore abortion access for veterans and CHAMPVA beneficiaries in cases of rape, incest, and threats to the patient's health or life. Veterans and their families should never have fewer rights in the country they served to protect, nor should their access to lifesaving care depend on the political ideology of a single administration.

Congress must:

- Reverse VA's rollback through the CRA and codify abortion counseling and care in law.
- Ensure that contraception including emergency contraception, and comprehensive family planning services are fully covered and accessible, and proactively available across all VA facilities and community care networks, including in rural, remote, and underserved areas.
- Expand access to assisted reproductive technologies (ART), including in vitro fertilization (IVF), for all veterans who need them, not limited by narrow service-connection criteria that disproportionately disadvantage women and minority veterans.

Legislative Ask:

- Support and advance H.J. Res. 144 and S.J. Res. 103, the joint Congressional Review Act resolutions to overturn VA's rollback and restore abortion access for veterans and CHAMPVA beneficiaries.
- Support H.R. 4876, the *Reproductive Freedom for Veterans Act*, which would codify abortion counseling and care in statute.
- Support and advance H.R. 220, the *Veterans Infertility Treatment Act of 2025*, and related legislation to expand and stabilize access to family-building services for veterans and their families. Congress should also consider additional statutory protections ensuring that reproductive healthcare benefits cannot be rolled back or restricted by administrative action.

Access to comprehensive reproductive care, including abortion, contraception, and fertility services, is essential to health equity, autonomy, and the well-being of women and minority veterans. Without these protections, veterans are forced to navigate life-altering healthcare decisions based on politics rather than medical need.

Maternal Healthcare for Veterans

Maternal health is veteran health. Service related injuries, toxic exposures, PTSD, and chronic stress all shape pregnancy, childbirth, and postpartum recovery. A 2024 report from the Government Accountability Office (GAO) found that severe maternal morbidity among veterans nearly doubled between 2011 and 2020, rising from 93.5 to 184.6 per 10,000 VA-paid delivery hospitalizations, with the highest rates among Black veterans. This demonstrates not only a growing public health crisis but also a stark racial disparity that requires immediate, targeted intervention[26].

This crisis did not start with the current administration, but it is being exacerbated by workforce cuts, attacks on equity initiatives, and uncertainty around reproductive rights. The Maternal Care Coordinator (MCC) program has helped many pregnant and postpartum veterans navigate fragmented systems, yet GAO has already identified gaps in monitoring and mental health screening that need to be addressed. Reductions in staff and dismantling DEI infrastructure simultaneously amplify the risk of preventable harm, particularly for minority and rural veterans.

VA must:

- Fully implement GAO's recommendations on maternal health monitoring, including tracking severe maternal morbidity and perinatal outcomes by race, ethnicity, gender, and other relevant characteristics, and strengthening perinatal mental health screening and follow-up.
- Protect and expand the MCC program with sufficient staffing, specialized training, and authority to coordinate complex care across VA and community networks, particularly for minority and rural veterans who face compounding barriers.
- Ensure that maternal health equity is embedded in VA's broader suicide prevention, toxic exposure, reproductive health, and women's health strategies, rather than treated as an afterthought.
- Require standardized reporting and accountability measures for maternal health outcomes, including disparities, adverse events, and patient satisfaction.

A truly comprehensive reproductive health system for veterans must include abortion care, contraception, IVF, and other assisted reproductive technologies, adoption support, and robust maternal and perinatal mental health services. Anything less is a political choice that abandons veterans and ignores evidence-based medical needs.

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[26] U.S. Government Accountability Office, *VA Health Care: Actions Needed to Improve Oversight of Care and Address Workforce Challenges* (GAO-24-106209, January 2024), https://www.gao.gov/products/gao-24-106209

Demographic Data Preservation

Efforts to understand and support veterans through demographic data have been underway since the 1840 census, which first tracked Revolutionary War and War of 1812 veterans by age and disability[27]. Over the decades, these efforts have evolved into progressively detailed data collection systems that inform policy, funding, and clinical care for an increasingly diverse veteran population. Today, demographic data is the backbone of modern, equitable veteran care, enabling programs and services that meet the needs of all veterans.

By providing insights into patterns of service-connected injury, disability, and healthcare utilization, demographic data allows VA to identify disparities, allocate resources effectively, and design targeted interventions. It also underpins compliance with statutory obligations, civil rights enforcement, quality assurance, and Congressional oversight.

Over the last year, however, the administration has taken deliberate steps to dismantle this infrastructure, steps that threaten the visibility, safety, and health outcomes of minority veterans. VA's removal of gender identity from medical records, narrow demographic reporting, and restrict the use of equity-related data elements directly obstruct clinicians' ability to deliver safe, evidence-based, trauma-informed care and impede VA's ability to identify patterns of discrimination, disparities, and systemic harm.

For transgender and nonbinary veterans, the removal or suppression of gender identity data poses immediate clinical risks. Providers rely on this information to determine appropriate screenings, anticipate medication interactions, and provide individualized care. When clinicians are forced to rely solely on birth-assigned sex, veterans face increased risk of misdiagnosis, missed or incorrect preventive screenings, and inappropriate or unsafe treatment plans that can be life-threatening. These data gaps also undermine system-level prevention efforts. The most recent VA Suicide Prevention Annual Report was released months late and removed the critical demographic data necessary for cross-tabulation to best understand suicide risk among minority and underrepresented veterans. Without accurate and complete data, VA cannot design or evaluate targeted suicide prevention interventions or fulfill its responsibility to protect the veterans most at risk. Removing data about problems the Department does not want to acknowledge does not make those problems disappear. It conceals risk, weakens oversight, and leaves the very veterans most in need without the protections that accurate reporting is meant to provide.

The broader erosion of demographic data collection echoes harmful historical practices, including the erasure of racial and ethnic data in earlier decades, which concealed

[27] U.S. Census Bureau, "*Veterans: About This Topic*," accessed February 2026, https://www.census.gov/topics/population/veterans/about.html

disparities in GI Bill access, disability compensation, and home loan approvals[28]. When data disappears, inequities become easier to deny, harder to fix, and disproportionately harm the communities that already face the greatest structural barriers to care. Preserving and expanding accurate demographic data is essential to ensuring that all veterans receive equitable care, protections, and benefits.

Congress must:

- Require VA to maintain, publicly report, and use complete demographic data, including race, ethnicity, gender identity, sexual orientation, disability status, and socioeconomic indicators.
- Prevent any administration from restricting or eliminating demographic data essential to clinical care, oversight, civil rights enforcement, and quality assurance.
- Mandate that gender identity, sexual orientation, and other key data elements remain accessible to providers in the electronic health record for clinical decision-making.
- Ensure that VA's reporting systems, including those tracking harassment, assault, adverse clinical events, and disparities in benefits administration, use standardized, consistent demographic fields and remain transparent to Congress for oversight and accountability.
- Require routine analyses of disparities and publicly available equity dashboards to allow Congress, advocates, and the public to monitor progress and systemic inequities.

Without accurate, complete demographic data, VA cannot meet its statutory obligations, and minority veterans cannot receive equitable care. Preserving this data is not merely an analytical requirement, it is an essential safeguard against discrimination, erasure, and preventable harm.

Dismantling of DEI and Health Equity Programs

Over the past year, VA has dismantled the equity programs that were created to ensure fair, safe, and competent care for all veterans. DEI offices have been closed, staff placed on leave, contracts supporting equity initiatives canceled, and trainings on culturally competent and trauma-informed care eliminated[29]. These changes were made in response to federal directives to end DEI initiatives across government, and they represent one of the most significant and harmful reversals of equity progress in history.

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[28] U.S. Government Accountability Office, *VA Health Care: Staffing Challenges and Wait Times Have Generally Worsened* (GAO-23-106097, Highlights, December 2023), https://www.gao.gov/assets/gao-23-106097-highlights.pdf

[29] U.S. Department of Veterans Affairs, *VA Ends DEI, Stops Millions in Spending on DEI* (news release, January 27, 2025), https://www.va.gov/wilmington-health-care/news-releases/va-ends-dei-stops-millions-in-spending-on-dei/

This is not administrative streamlining. It is the removal of the very systems designed to identify, monitor, and address disparities in care and benefits. Without DEI and health equity infrastructure, VA loses its ability to monitor inequities in disability compensation, maternal health, chronic disease management, mental health care, and gender-based safety. The long-term impact will be deeper disparities, poorer health outcomes, and widening gaps in trust and access for minority veterans.

Congress must:

- Restore and protect VA equity and health equity programs, including dedicated offices, staffing, community contracts, and funding to support culturally competent care, data collection, and equity audits.
- Ensure that VA maintains robust anti-discrimination protections, inclusive and evidence-based clinical training, and accountability mechanisms for all staff.
- Conduct proactive oversight to prevent any administration from dismantling or under-resourcing the infrastructure necessary to identify, track, and correct disparities in access, care quality, and benefits delivery.
- Mandate public reporting on equity initiatives, including progress metrics, staffing levels, and program outcomes, to ensure transparency and accountability to Congress and the veteran community.

Eliminating DEI does not reduce bureaucracy. It endangers veterans, undermines trust, and weakens VA's ability to fulfill its statutory and ethical obligations. Rebuilding and protecting this capacity is essential to ensuring equitable, safe, and high-quality care for every veteran.

Housing and Homelessness: The Need for Equitable Solutions

Stable housing is a basic precondition for health, safety, and successful transition after military service. The latest federal data tells a complicated story. On a single night in January 2024, 32,882 veterans were experiencing homelessness, an eight percent decline from 2023 and a 55 percent drop since 2009[30]. Veterans are the one major population group that continues to see reductions in homelessness, even as overall homelessness in the United States rose 18 percent to roughly 770,000 people[31].

That progress is real. It is the result of sustained, bipartisan investments in local continuums of care and in evidence-based programs like Supportive Services for Veteran Families (SSVF) and VA's supporting housing program operated in conjunction with the

[30] U.S. Department of Housing and Urban Development, *The 2024 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness* (Washington, DC: HUD, 2024), https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf
[31] *Ibid.*

Department of Housing and Urban Development (HUD-VASH). It is also fragile, and it has never been evenly shared.

Black veterans remain dramatically overrepresented[32] in the homeless veteran population, making up about 31% of homeless veterans while representing roughly 14% of the overall veteran population. Earlier analyses found Black male veterans at 34% of homeless veterans but only about 12% of all veterans[33], a disparity that persists across systems. This disparity reflects the cumulative effects of structural racism in housing, employment, lending, and the criminal legal system – systems that intersect with veteran status and compound risk.

Gender and identity based disparities are equally clear. In the 2024 Point in Time count, 88.8 percent of veterans experiencing homelessness identified as men, 10.1 percent as women, and approximately 1 percent identified as transgender, nonbinary, or another gender identity, even though transgender and gender diverse veterans make up only about 0.1 percent of the overall veteran population[34]. Veterans who identified as a gender outside of the traditional binary system were less likely to be sheltered and made up 1.8% of the unsheltered homeless veteran population, a pattern HUD itself notes may reflect both heightened vulnerability and shelter policies that fail to respect gender identity.

Transgender veterans already face elevated risk. Earlier HUD analyses documented an 89% increase in transgender veteran homelessness between 2015 and 2018[35], even as overall veteran homelessness declined.

Instead of strengthening protections, recent federal policy changes have introduced new dangers in emergency shelter and housing placement. HUD has announced that it will stop enforcing the Equal Access Rule (77 FR 5662, 2012, *see also* 81 FR 64763, 2016), which required HUD-funded shelters and housing programs to serve individuals in accordance with their gender identity and prohibited discrimination based on sexual orientation, gender identity, or marital status[36]. At the same time, HUD has reportedly stopped

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[32] Jamison D. Fargo et al., "Racial and Ethnic Disparities in Veteran Homelessness and Housing Instability," *Medical Care* 61, no. 6 (2023), https://pmc.ncbi.nlm.nih.gov/articles/PMC10149315/

[33] Swords to Plowshares, "Considerations for Unsheltered Veterans of Color, Women, and Aging Veterans," accessed February 2026, https://www.swords-to-plowshares.org/toolbox-article/considerations-for-unsheltered-veterans-of-color-women-and-aging-veterans

[34] U.S. Department of Housing and Urban Development, *The 2024 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness* (Washington, DC: HUD, 2024), https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf

[35] Thomas Byrne et al., "Gender Differences in Veteran Homelessness," *Journal of General Internal Medicine* 34, no. 11 (2019), https://pmc.ncbi.nlm.nih.gov/articles/PMC6727297/

[36] National Low Income Housing Coalition, "HUD Secretary Turner Halts Equal Access Rule Enforcement," February 7, 2025, https://nlihc.org/resource/hud-secretary-turner-halts-equal-access-rule-enforcement

investigations into some gender identity discrimination complaints[37] and has begun dismissing cases for lack of jurisdiction, despite clear allegations of transgender individuals being denied shelter or evicted because of who they are[38].

These policy shifts are not neutral. When HUD signals that gender identity protections no longer need to be enforced, it effectively invites shelters to revert to placement based on sex assigned at birth or to exclude transgender people entirely. For veterans, that can mean being housed in facilities where they are misgendered, harassed, assaulted, or turned away altogether. Transgender and nonbinary veterans already report high rates of unsafe or hostile experiences in congregate shelters and often choose unsheltered homelessness and living in their vehicles over an environment where they are not recognized or protected[39].

At the same time, the administration has proposed changes to more than $3 billion in Continuum of Care grant funding that would shift resources away from permanent supportive housing and Housing First models, impose work requirements, and restrict funding to organizations that serve transgender communities and other marginalized groups[40]. A coalition of states has sued to block these changes, warning that they could strip housing from more than 170,000 people and disproportionately harm LGBTQIA+ people and other vulnerable populations (*see State of Washington, et al. v. U.S. Department of Housing and Urban Development*, 25-cv-626, 636). Housing First and permanent supportive housing models have repeatedly been shown to reduce chronic homelessness among veterans; weakening them risks reversing a decade of measurable progress.

For minority veterans, these decisions send a clear message: if you are Black, Indigenous, a veteran of color, a woman, or identify as a member of the LGBTQIA+, community, you are more likely to experience homelessness, more likely to be unsheltered, and now less likely to be protected when seeking emergency shelter or permanent housing. That is unacceptable in any system, but it is especially intolerable from agencies whose missions are grounded in honoring veteran service and sacrifice.

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[37] Navigate Housing, "HUD Halts Enforcement of Equal Access Rule: What It Means for Housing Programs," February 2025, https://www.navigatehousing.com/hud-halts-enforcement-of-equal-access-rule-what-it-means-for-housing-programs/

[38] Associated Press, "In Battle Against Transgender Rights, Trump Targets HUD's Housing Policies," 2025, https://www.ap.org/news-highlights/spotlights/2025/in-battle-against-transgender-rights-trump-targets-huds-housing-policies/

[39] National Low Income Housing Coalition, *Shelter Access for Transgender People Experiencing Homelessness* (2024), https://nlihc.org/sites/default/files/AG-2024/6-14_Shelter-Access-for-Transgender-People-Experiencing-Homelessness.pdf

[40] National Low Income Housing Coalition, "Trump Administration Releases CoC Funding Notice Drastically Cutting Funding for Permanent Housing," 2025, https://nlihc.org/resource/trump-administration-releases-coc-funding-notice-drastically-cutting-funding-permanent

Congress must:

- Protect and expand HUD-VASH, SSVF, and other evidence-based, Housing First-aligned programs that have driven the decline in veteran homelessness, with explicit equity benchmarks to reach veterans disproportionately affected by homelessness.
- Codify gender identity-based access to emergency shelter and housing services for all HUD- and VA-funded programs, restoring and strengthening the Equal Access protections so that veterans are housed according to their gender identity.
- Prohibit the use of federal homeless assistance funds to discriminate on the basis of gender identity, sexual orientation, race, religion, or marital status, and restore full enforcement of civil rights investigations for housing discrimination.
- Require VA and HUD to collect and report disaggregated data on veteran homelessness by race, gender, sexual orientation, disability status, and geography, and to develop targeted, time-bound plans to close documented gaps.
- Conduct robust oversight hearings on proposed funding and regulatory changes to ensure that evidence-based housing interventions are not weakened or politicized.

Located in Seattle, Washington, MVA operates Q'mmunity House[41], the nation's only transitional housing program created by and for LGBTQIA+ veterans. Q'mmunity House is home to five individual private rooms designed to provide safe, affirming transitional housing for LGBTQIA+ veterans. In the single year since opening, we have reached full capacity, supported two graduates into permanent housing, and we now continue to receive more placement requests than available beds. The sustained demand reflects a clear and urgent reality: Identify-affirming housing is not a niche service, it is a life-saving intervention for veterans who cannot safely access traditional shelter systems.

As federal shelter rules weaken and as transgender service members face renewed barriers to service under unjust policies such as the Military Trans Ban, the need for safe, affirming transitional housing has increased. Q'mmunity House is proof of what is possible when veterans have access to housing where they are protected, respected, and not forced to choose between shelter and their personal safety.

Ending veteran homelessness is possible. The last decade proves that targeted investments and evidence-based housing programs can drive measurable reductions when they are protected and fully funded. The question now before Congress is whether it will reinforce the policies that work, restore essential civil rights protections, and ensure equitable access to housing – or allow preventable policy reversals to push the most vulnerable veterans back into danger.

[41] Information about Q'mmunity House, the nation's first transitional housing program designed specifically for LGBTQIA+ veterans, is drawn from the program's official overview on the Minority Veterans of America website (Q'mmunity House). Available at https://minorityvets.my.canva.site/qhouse.

Suicide Prevention: Addressing a National Crisis

As VA and Congress have routinely recognized, suicide remains one of the most urgent public health crises facing veterans. The VA's 2026 Suicide Prevention Annual Report[42], released later than expected and without the demographic detail typically needed for targeted prevention, showed that veteran suicide deaths have continued to rise. The steepest increases remain among younger veterans, women veterans, and Indigenous veterans. The report also highlighted persistent concerns about undercounting and incomplete data, but it did not include the identity-based cross-tabs that are essential for understanding suicide risk among LGBTQIA+ and gender-diverse veterans.

The absence of this information is not a minor omission. Accurate identity-based data is necessary to identify disparities, evaluate interventions, and prevent deaths. Removing or withholding these data points creates critical gaps in understanding in the system and makes it harder to reach the populations most at risk.

These findings reflect a system under extraordinary strain. They also reveal a growing disconnect between veterans who need timely, culturally competent mental health care and the institutions responsible for providing it. Suicide prevention cannot succeed if the infrastructure required to reach the most vulnerable veterans is weakened or dismantled, or if the data needed to guide interventions is incomplete.

Tailored Strategies for Vulnerable Populations

Suicide risk is not distributed evenly across the veteran population. Racial minority veterans, LGBTQIA+ veterans, women veterans, and veterans living in rural areas face compounding risk factors, including discrimination, social isolation, barriers to culturally competent care, economic instability, and limited access to mental health services.

The erosion of DEI and health equity programs within VA has removed critical infrastructure designed to identify and address these disparities. Without disaggregated data, culturally informed outreach, and equity-focused care coordination, VA's ability to close gaps in suicide risk is severely compromised.

At the same time, workforce shortages and staff reductions have increased delays in mental health appointments, reduced continuity of care, and placed additional strain on

[42] U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report, Part 2* (Washington, DC: VA Office of Mental Health and Suicide Prevention, 2025), https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf

the Veterans Crisis Line and community-based providers[43]. Suicide prevention depends on timely access to care; delays and fragmentation increase and compound risk.

Targeted strategies must include:

- Culturally informed, trauma-responsive mental healthcare that reflects veterans' identities and lived experiences.
- Strengthened peer support programs and networks, particularly for LGBTQIA+, ethnic and racial minority, and women veterans.
- Expanded access to telehealth and broadband-supported services to reach rural and homebound veterans.
- Reliable care coordination for veterans managing complex conditions, including PTSD, substance use disorders, chronic pain, and service-connected conditions.
- Sustained investment in community partnerships that are trusted by minority veterans and can provide identity-affirming support.

The 2026 Suicide Prevention Report highlights the need for sustained, identity-informed interventions. Yet recent policy decisions, including workforce reductions, restrictions on equity programming, and attacks on inclusive care, move VA in the opposite direction.

Outdoor Recreation as a Suicide Prevention Tool

Outdoor recreation is an evidence-informed protective factor against suicide. Time in nature has been associated with reducing stress, improving mood regulation, creating stronger social connections, and decreased feelings of isolations, key drivers of suicide risk. Veterans consistently report that structured outdoor programs provide relief from hypervigilance, foster community, and create a renewed sense of purpose[44].

For many minority veterans, however, access to outdoor spaces is limited by cost, geography, transportation barriers, disability access limitations, and the legacy of exclusion that marginalized communities have historically experienced in public lands and outdoor culture. Without intentional outreach and equity-focused program design, these benefits are not evenly distributed.

The Congressionally Mandated Task Force on Outdoor Recreation for Veterans (Task Force) developed more than two dozen recommendations to expand access, improve infrastructure, and integrate nature-based programming into clinical and community

[43] Jennifer L. Middleton et al., "Health and Housing Instability Among Women Veterans," *Journal of Social Service Research* 48, no. 2 (2022), https://journals.sagepub.com/doi/10.1177/10538259211049535
[44] Lindsay T. Hoyt and Alexi A. Wright, "*Gender-Affirming Care and Well-Being: A Population-Based Study*," *Health Education & Behavior* 51, no. 4 (2024), https://doi.org/10.1177/15598276241300475.

pathways. These recommendations represented a meaningful opportunity to strengthen upstream suicide prevention.

However, the Task Force's work was derailed last year when the administration stalled the report's release and directed the removal of its equity-based recommendations[45]. In protest, MVA resigned from the Task Force after the report was pulled back under the guise of bureaucracy for further politically motivated review, delaying its release and undermining its purpose by excluding the very recommendations designed to support the veterans who face the greatest barriers to outdoor access.

Congress must:

- Ensure full access to the complete unedited Task Force report.
- Protect the integrity of its recommendations, including those addressing equity and access barriers.
- Safeguard future task forces and advisory bodies from political interference that undermines evidence-based findings.
- Create a responsible office or program within VA responsible for continuing the critical work of the Outdoor Recreation Task Force.
- Integrate outdoor recreation and nature-based programming into VA suicide prevention strategies as complementary, preventitive interventions; not as substitutes for clinical care, but as vital components of a comprehensive approach.

Outdoor recreation is not a symbolic gesture. It is a community-supported, evidence-informed protective intervention that strengthens connection, belonging, and resilience. Veterans cannot afford to lose strategies that prevent crises before they occur.

EXPLORE Act Oversight

The Expanding Public Lands Outdoor Recreation Experiences Act (EXPLORE) Act remains one of the most important bipartisan efforts to expand outdoor recreation access for veterans and all Americans. Its goals are to promote mental health, community connection and overall well-being through structured outdoor programming However, full implementation will only succeed if Congress exercises strong, ongoing oversight.

Oversight must ensure that equity requirements are preserved in implementation plans, that grants and programs are distributed to reach women, LGBTQIA+, and minority veterans as well as those living in rural or under-resourced areas, and that program outcomes are transparent and measurable. Without this oversight, the EXPLORE Act's

[45] Richard Sisk, "*Pending Report: Veterans' Access Parks Censored to Comply With Trump's Anti-Diversity Orders*," *Military.com*, April 17, 2025, https://www.military.com/daily-news/2025/04/17/pending-report-veterans-access-parks-censored-comply-trumps-anti-diversity-orders.html

potential to reduce isolation, improve mental health, and contribute meaningfully to suicide prevention will not be fully realized.

Suicide prevention requires more than statements of commitment. It requires sustained investment in evidence-based, identity-informed programs; protection and expansion of proven interventions;, and rigorous monitoring to ensure that all veterans, particularly those historically excluded from outdoor and community resources, can participate safely and fully..

Congress must take decisive action to:

- Monitor agency progress on EXPLORE Act implementation, especially *Title II, Subtitle B (Sections 221–226)*, and enforce equity mandates.
- Protect funding for outdoor recreation programs that serve vulnerable populations, including minority, women, LGBTQIA+, and rural veterans.
- Ensure that metrics and reporting track participation, access, and outcomes for historically underserved communities.
- Integrate EXPLORE Act programming into broader VA and community suicide prevention strategies as part of a holistic, preventative approach.

The most recent VA Suicide Prevention Report underscores the urgency of these actions. By safeguarding the EXPLORE Act's veteran and equity-focused requirements and ensuring full, transparent implementation, Congress can help create a preventative framework that saves lives and strengthens well-being for all veterans.

VA Sexual Assault and Gender Based Harassment Prevention

Veterans cannot safely access care in a system that tolerates sexual harassment and assault. For women, LGBTQIA+, and racial minority veterans in particular, harassment at VA facilities is not an abstraction. It is an everyday barrier that drives people out of care, retraumatizes survivors, and destroys trust.

Oversight and Implementation of the Deborah Sampson Act Section 5303

Section 5303 of the Deborah Sampson Act required VA to create a comprehensive policy to prevent and respond to sexual harassment and sexual assault in VA facilities and to report regularly to Congress. VA issued VHA Directive 5019.02 on harassment and sexual assault prevention in 2022, but implementation has been inconsistent and is now being actively undermined.

Under Secretary Collins, VA inactivated required harassment prevention and accountability training for staff, then scrambled to replace it after public scrutiny. Ranking Member

Blumenthal has documented that required trainings were halted or scaled back even as reports of harassment and assault surged[46].

It is not sufficient for VA leadership to assert that there is "no wrong door" for reporting when the Department has simultaneously dismantled the very mechanisms that give such a framework substance. A reporting pathway is only meaningful if the underlying infrastructure including mandated training, clear investigative protocols, functional accountability systems, and reliable demographic data, remains intact. In their absence, the promise of accessibility becomes purely rhetorical.

Over the past year, VA has suspended or weakened required harassment-prevention and accountability training, inactivated or hollowed out equity offices responsible for monitoring disparate impacts, and narrowed or removed demographic data fields essential to identifying patterns of gender-based harassment. These actions have occurred at the same time that reports of sexual harassment and assault have increased. That combination of rising incidents and reduced prevention capacity represents a fundamental failure of compliance, oversight, and risk management.

This is not a partisan critique. It is a structural one. Regardless of administration, veterans and employees have a right to enter a VA facility without exposure to foreseeable harm. A functional harassment-prevention system is not discretionary; it is a statutory obligation under the Deborah Sampson Act, a workplace safety requirement under federal employment law, and an ethical prerequisite for delivering healthcare. Veterans seek medical treatment, not environments where they must navigate hostility or vulnerability to abuse.

VA must restore and enforce the training, data systems, and accountability structures required to make the concept of "no wrong door" legally meaningful and operationally credible.

Key Data Points from Recent Reports

Recent data show a sharp increase in reported harassment and assault at VA facilities:

- Reports of sexual harassment at VA facilities more than doubled between 2021 and 2024, rising from 600 to 1,541 cases, according to the most recent report to Congress[47].
- Allegations of sexual assault at VA facilities rose from 323 to 472 in the same period.

[46] Richard Blumenthal, letter to Doug Collins, Secretary of Veterans Affairs, *Re: Harassment and Sexual Assault Reports at VA Facilities* (January 5, 2026), U.S. Senate Committee on Veterans' Affairs, https://www.veterans.senate.gov/services/files/22BE6EE8-A55F-4943-847A-195DF1845117.

[47] U.S. Senate Committee on Veterans' Affairs, "*Blumenthal Demands Answers From VA Secretary on Staggering Increase of Sexual Harassment & Assault Reports at VA*," January 7, 2026, https://www.veterans.senate.gov/2026/1/blumenthal-demands-answers-from-va-secretary-on-staggering-increase-of-sexual-harassment-assault-reports-at-va

- A 2025 VA research snapshot found that, even after years of work, ten percent of women veteran primary care users reported harassment in VA healthcare facilities in 2023[48]. This is an improvement from twenty five percent in 2017, but it still means one in ten women veterans experienced harassment in the place they rely on for care.

These numbers represent real people. They are not simply the result of better reporting. Veterans describe catcalling, leering, comments on their bodies, and being made to feel unwelcome or unsafe at VA because of their gender or identity.

At the same time, broader VA safety reports show large increases in overall safety incidents in VA facilities. Rising sexual harassment and assault incidents are occurring in a context of weakened oversight, canceled contracts, and attacks on equity and civil rights infrastructure.

The Threat of Erasing Gender Based Harassment Data

The crisis is compounded by efforts to erase or restrict demographic and gender identity data. When VA removes gender identity fields, narrows demographic reporting, or dismantles equity focused programs, the Department undermines its own ability to identify patterns of gender based harassment and assault. Incidents that target gender and sexual minority veterans cannot be fully tracked or addressed if VA does not allow providers and reporting systems to recognize who is being harmed.

Without complete demographic data, Congress cannot see which facilities have disproportionate problems, which populations are most at risk, or whether VA interventions are working. Erasing gender identity in records does not make harassment neutral. It makes it invisible.

Addressing Gender Based Harassment and Assault in VA Facilities

VA has policies on paper, but policies without enforcement and accountability are meaningless. To fulfill the promise of the Deborah Sampson Act and meet its statutory obligations, VA must:

- Reactivate and strengthen mandatory harassment and sexual assault prevention training for all staff, including leadership, with specific content on gender-based harassment and LGBTQIA+ harassment.
- Maintain clear, accessible, survivor centered reporting channels that do not force veterans to navigate multiple offices or repeatedly recount traumatic experiences.

[48] U.S. Department of Veterans Affairs, Health Services Research & Development, *Harassment Among Women Veterans: A Snapshot* (Washington, DC: VA, 2023), https://www.hsrd.research.va.gov/centers/womens_health/harassment-snaphot.pdf

- Provide transparent, timely, and historical data to Congress and the public on harassment, sexual assault, and safety incidents by facility, including information about outcomes, remediation, and discipline.
- Restore and protect demographic and equity data so that VA can identify which veterans bear the highest burden of harassment and violence.

Ensuring Safe and Inclusive Environments for All Veterans

No veteran should have to choose between their safety and their healthcare. Yet, for many women, LGBTQIA+, and racial minority veterans, that is exactly the choice they face when they walk into some VA facilities. If Congress allows harassment prevention training to be shut down, equity offices to be dismantled, and critical data to be erased, then the protections promised in the Deborah Sampson Act will exist only on paper.

Congress must hold VA leadership accountable for full, robust implementation of Section 2303, insist on honest, complete, and historically robust reporting, and make clear that a VA facility is not truly "accessible" if veterans have to endure harassment or assault to receive care.

Department of Defense Priorities

While the Department of Defense (DoD) is outside of the jurisdiction of these Committees, the challenges minority veterans face inside VA often begin long before they enter the veteran system. The conditions within the DoD shape long-term health outcomes, access to benefits, and trust in federal institutions. Addressing inequities in VA care requires confronting the policies in the military that create or worsen those harms.

Ending Sexual Violence and Harassment in the Military

Sexual violence and harassment remain pervasive across the military, and recent actions by the Department of Defense have intensified, rather than mitigated, this crisis. Despite statutory reforms designed to strengthen independent prosecution pathways, DoD's most recent reporting continues to show high rates of unwanted sexual contact, severe underreporting, and persistent retaliation against survivors[49]. The burden falls most heavily on lower enlisted service members, women, LGBTQIA+ service members, and service members of color.

Under current leadership, the Department has taken actions that undermine confidence in its commitment to prevent sexual violence. The Secretary of Defense himself has been the subject of wide-spread publicly reported allegations of rape and sexual harassment which

[49] Sexual Assault Prevention and Response Office, *FY 2024 Annual Report* (Washington, DC: SAPRO, 2025), https://www.sapr.mil/Portals/156/FY24_Annual_Report.pdf

were asked about extensively in his confirmation hearings before this body, and he was still appointed[50]. In addition, he invited individuals with widely reported histories of violent or sexual misconduct allegations, including former UFC coach James Krause, to address service members at the Pentagon[51]. He also brought in his longtime pastor, Mark Burns, a figure known for extremist rhetoric and inflammatory statements about LGBTQIA+ people, women, and other marginalized communities[52]. These choices communicate a clear signal about the Department's values and priorities. They create an environment where survivors reasonably question whether senior leadership is committed to preventing sexual violence, upholding civil rights protections, or ensuring the safety and dignity of those who serve.

The real-world consequences of these failures are visible and devastating. The murder of Specialist Denisha Montgomery Resendez after reporting sexual assault to her chain of command remains one of the starkest examples of systemic breakdown[53]. At Fort Hood, a physician facing multiple allegations of misconduct was allowed to continue treating patients for years[54]. At Joint Base Lewis-McChord, another doctor accused of sexual misconduct and retaliation remained in practice despite extensive complaints[55]. Each case illustrates a recurring institutional pattern of delayed response, inadequate safeguards, and failures in oversight.

These harms have been compounded by the Department's decision to pause and revise sexual harassment and assault prevention training in order to remove references to gender identity, LGBTQIA+ vulnerability, and other protected characteristics. Service members have reported uncertainty about reporting processes, confusion about available protections, increased fear of retaliation and reliance on outside structures and organizations for support. These changes reverse years of incremental progress on behalf

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[50] Hansi Lo Wang, "*Police Report Gives Details, Timeline of the Sexual-Assault Claim Against Pete Hegseth*," *NPR*, November 21, 2024, https://www.npr.org/2024/11/21/nx-s1-5199630/police-report-gives-details-timeline-of-the-sexual-assault-claim-against-pete-hegseth

[51] Marc Raimondi, "*Sources: Suspended MMA Coach James Krause Worked for Offshore Sportsbook*," *ESPN*, January 2025, https://www.espn.com/mma/story/_/id/35412818/sources-suspended-mma-coach-james-krause-worked-offshore-sportsbook

[52] Julia Mueller, "*Racist Video Prompts Outrage*," *The Hill*, January 2025, https://thehill.com/blogs/in-the-know/5727010-racist-video-prompts-outrage/

[53] ABC News, "*Family Demands Answers in Army Specialist's Mysterious Death*," *ABC News*, March 2025, https://abcnews.com/US/family-demands-answers-army-mysterious-death-specialist/story?id=105387750

[54] Stars and Stripes, "*Fort Hood OB-GYN Sexual Misconduct Lawsuit*," *Stars and Stripes*, February 4, 2026, https://www.stripes.com/branches/army/2026-02-04/fort-hood-ob-gyn-sexual-misconduct-lawsuit-20627538.html

[55] U.S. Army, "*Army Doctor Pleads Guilty to Sexually Abusing Patients, Sentenced to More Than 13 Years in Prison*," March 2026, https://www.army.mil/article/282556/army_doctor_pleads_guilty_to_sexually_abusing_patients_sentenced_to_more_than_13_years_in_prison.

of the survivor community and elevate long-term mental health risks that follow service members into veteran status.

Congress must ensure that the Department of Defense maintains independent prosecution pathways, enforces robust anti retaliation protections, and restores comprehensive prevention training that accurately reflects the realities of sexual violence and the populations at highest risk. Without these safeguards, DoD cannot meet its statutory obligations or ensure that service members are protected from harm while in uniform.

Lifting Barriers to Transgender Service

Policies that restrict or ban transgender individuals from military service harm both readiness and the well-being of those who serve. Transgender service members have endured repeated cycles of policy reversals, each one disrupting careers, healthcare access, family stability, and unit cohesion. The reinstatement of the ban and forced removal of those currently serving has created new uncertainty and has already resulted in forced discharges, forced retirements, indefinite administrative leave, and cases where service members have been functionally and administratively detransitioned while they wait for decisions that never come. Over the last year, the Department of Defense and the service branches have issued inconsistent, confusing, and intentionally discriminatory policy changes that have upended the lives of service members who have worn the uniform with pride.

These policies do not improve readiness. They remove qualified personnel, deepen staffing shortages, and force the Department to drop recruitment and retention requirements just to fill critical gaps. They send a clear message that identity, not qualifications or merit, determines who is allowed to serve.

Congress should act by passing H.R. 515, the Ensuring Readiness, Not Discrimination Act, which would codify nondiscrimination protections for transgender service members in federal law and prevent future administrations from reinstating a ban. Congress should also require DoD to report on the true costs of the Military Trans Ban, including the expenses associated with premature discharges, the number of service members stranded on administrative leave, the volume of stalled voluntary separations, and the financial and operational costs of replacing service members whom the Department has chosen to remove.

Women in Combat and Service

Women serve in every branch of the Armed Forces and in every occupational specialty, including front-line combat roles. Their record is clear. For more than two decades of sustained conflict, women have led troops, flown combat missions, engaged the enemy,

and made sacrifices equal to any of their peers. Their capability and readiness are proven, documented, and indispensable to national security.

Despite this, women continue to face systemic barriers, including unequal access to career advancement, lack of properly fitted equipment and protective gear, and disproportionately high rates of sexual harassment and assault[56]. These disparities undermine both individual opportunity and overall force readiness.

Recent announcements that the Department of Defense will "review" women's roles in combat have raised significant alarm. Any effort to reconsider or reverse longstanding policies that allow women to serve in all military occupations is unacceptable. Women have already demonstrated, through service and dedication to this nation, that they are fully qualified and fully capable. Reopening settled questions of eligibility threatens to politicize military readiness and signals to women that their service is contingent rather than valued.

These concerns are compounded by the dismantling of gender-equity programs and the suppression of sex-specific research, both of which are essential to ensuring proper equipment, medical readiness, and fair evaluation systems. Rolling back these programs will make service less safe, less equitable, and less effective for women, and these harms will follow them into the VA system, where gender-specific structures are also being weakened.

Congress must make clear that women's equal opportunity to serve, including in combat, is not negotiable. Congress must require DoD to maintain accurate sex-specific data, continue research on women's health and readiness needs, enforce equal opportunity standards, and ensure that no review becomes a backdoor mechanism to reinstate discriminatory restrictions.

Ensuring Comprehensive Reproductive Healthcare for Service Members

Service members do not control where they are stationed, yet many now live in states with severe abortion restrictions. The Dobbs decision and subsequent state laws created major risks to service members who are pregnant, who may become pregnant, or who need reproductive care. The rescission and narrowing of DoD's travel and leave policy for reproductive healthcare compounds this danger and leaves many service members without safe or timely access to essential care.

Reproductive healthcare also includes contraception, infertility treatment, maternal care, and the ability to make informed decisions about pregnancy. These services are

[56] Sophia A. Nelson, "*Women in the U.S. Military Face a New Backlash After Hard-Won Progress*," *Forbes*, November 16, 2025, https://www.forbes.com/sites/sophianelson/2025/11/16/women-in-the-us-military-face-a-new-backlash-after-hard-won-progress/

fundamental to force readiness and family stability. Congress must protect access to comprehensive reproductive healthcare, restore travel and leave protections, and ensure that service members are not punished or endangered because of the laws of the states where they are assigned.

The harms faced by minority veterans are not created only after service. They begin within the structures of military policy, training, and healthcare. Addressing the inequities inside VA requires Congress to confront and correct the policies within the Department of Defense that create discrimination, trauma, and barriers to care. A veteran who is safe, supported, and respected in uniform is far more likely to be healthy, stable, and connected once their service is complete.

Conclusion and Call to Action

The testimony we offer today reflects more than data points or policy disagreements. It reflects the lived experiences of millions of minority veterans who are navigating systems that were never designed with them in mind[57], and are now being reshaped in ways that place them in greater danger. The choices before this Congress will determine whether these veterans are pushed further to the margins or finally see a system that recognizes and responds to their realities.

Equity is not a partisan slogan. It is the practical work of designing systems that meet the needs of the veterans who actually exist today, not the ones imagined in outdated policy frameworks. Modern veterans are more diverse, face more complex lived experiences, and are more likely to bear the compounded effects of discrimination, trauma, and socioeconomic barriers. Equity simply acknowledges this reality and ensures that the supports we build are capable of serving the full veteran population, not just the portions who face the fewest obstacles.

We must move past the false notion that tailoring services to different needs is "discriminatory." What is truly discriminatory is forcing every veteran into a single structure and calling it "neutral" when that structure systematically leaves women, Black, Indigenous, and veterans of color, LGBTQIA+ veterans, disabled veterans, and veterans living in poverty without what they need. Equal treatment inside unequal systems does not create equal outcomes. Real equity requires redesigning those systems so that every veteran can reach the same level of safety, care, and opportunity.

Our communities feel the consequences of inaction every day. Veterans are navigating longer wait times, reduced trust, and the fear that their existence is being erased from policy and history altogether. Yet they continue to demonstrate resilience, strength, and an

[57] U.S. Government Accountability Office, *VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation* (GAO-23-106097, July 2023), https://www.gao.gov/products/gao-23-106097

unwavering belief that this country can, and must, do better by those who served. MVA remains committed to fighting alongside them, building programs and communities that affirm their identities, honor their service, and protect their dignity.

Now Congress must meet that commitment. It must reject the dismantling of equity structures. It must restore protections that were torn away. It must pass legislation grounded in the realities of modern service and modern veterans. And it must hold federal agencies accountable to their statutory and contractual obligations to veterans.

The road ahead requires courage, moral clarity, and a willingness to confront decades of inequitable design. But the path forward is clear. If Congress centers equity, protects the most vulnerable veterans, and rebuilds the systems created for a different era, real progress is possible. If it does not, the consequences will fall disproportionately on the very veterans who have already paid the highest cost.

Minority Veterans of America stands ready to work with Congress, to provide data, expertise, and the voices of the communities most affected. We urge you to act with urgency, integrity, and a commitment to building a future where every veteran is safe, supported, and fully seen.

Thank you for your attention and for the opportunity to present these priorities.

Lorry M. Fenner, Ph.D., Colonel, USAF, Retired
Senior Policy Advisor
Minority Veterans of America

In 2006, Lorry Fenner retired from the Air Force after 26 years as an intelligence officer and space/cyber operations officer. She also served in academic positions and held a variety of command and staff jobs worldwide. She served on Major Command staffs, the Air Staff, the Joint Staff (J-5, Strategy Division), and the Secretary of Defense's staff. During her career, Colonel Fenner also served on the staffs of the Scowcroft Commission (NSPD-5, Comprehensive Review of Intelligence, 2001) and the 9-11 Commission (2003-2004) and as a Fellow at the Supreme Court of the United States where she won the Tom C. Clark Award (2002-2003). She taught history twice at the U.S. Air Force Academy, where she served as the Director of Cadet Development, the Director of World History and Area Studies, and the Director of Military History. She also taught at the National War College in strategic studies, space and information operations, and Southeastern Europe/The Balkans.

After retirement, Dr. Fenner served as a Professional Staff Member for the House Armed Services Committee as the staff lead for the Oversight and Investigations Subcommittee. She continued her federal service as the Director of the Conflict Records Research Center at the National Defense University making captured records of Saddam Hussein and al Qaeda available to researchers. Later, Dr. Fenner served as a Multi-Disciplinary Systems Engineer with the Federally Funded Research and Development Center, MITRE. In her capacity as an Intelligence Strategic Advisor for the National Security Analysis Group she provided support to the Office of the Secretary of Defense's Senior Cyber Advisor, the FBI's Cyber Policy unit, a Joint Chiefs of Staff Operations Special Program, the Office of the Under Secretary of Defense Intelligence Strategy, Policy, and Resources Division, the Deputy Director of Intelligence for Warfighter Support, and the DDI for Technical Collection and Special Programs (SIGINT and Cyber). During that time, she also served as an unpaid Visiting Senior Research Fellow with the Institute for National Strategic Studies at NDU.

Along with military and civilian awards, Lorry Fenner earned a Ph.D. in History from the University of Michigan, an M.S. in National Security Strategy from the National War College, an M.A. in Central European History from the UM, and a B.A. in Secondary Education from Arizona State University. Her publications include those on Women in the Military with Georgetown University Press and *Gender Issues*. Her dissertation was "Ideology and Amnesia: The Public Debate on Women in the American Military, 1940-1973."

NATIONAL ASSOCIATION OF

COUNTY VETERANS SERVICE OFFICERS

STATEMENT FOR THE RECORD

NATIONAL ASSOCIATION OF COUNTY VETERAN SERVICE OFFICERS

FOR THE

JOINT HEARING OF THE HOUSE AND SENATE VETERAN AFFAIRS COMMITTEES

March 3, 2026

Presented by

Mr. Andrew Tangen

President, National Association of County Veterans Service Officers

Superintendent, Veterans Assistance Commission of Lake County, Illinois

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished members of the Joint Committee, on behalf of the National Association of County Veteran Service Officers (NACVSO), we thank you for the opportunity to provide written testimony for the record. We value the steadfast congressional commitment to improving the benefits, services, and systems that directly impact veterans and their families across the nation.

Transition to Civilian Life Is Not a Series of "Warm Hand-offs"

From the moment a service member enters the military, the federal government is continuously connected to their life. Moreover, service members are connected to one another. Yet once they begin the transition to civilian life, we—Congress and veteran-serving agencies—repeatedly return to the same fundamental question: how do we do better for veterans? Too often, that conversation is organized around individual systems—benefits, health care, employment, housing—rather than the veteran's lived experience moving through those systems.

We discuss these programs in isolation. Veterans experience them all at once.

We already know that veterans do not experience government as a seamless continuum. Instead, they encounter a series of entry points—often disconnected—each with its own rules, timelines, and expectations, say nothing of the number of forms to complete. Every transition—from uniform to civilian, from employment to benefits, from benefits to health care—introduces risk. Missed benefits, delayed care, incomplete or incorrect information, and vulnerability to exploitation are not anomalies; they are predictable outcomes of poor architecture.

This fragmentation is not caused by a lack of connection. Veterans are already technologically connected to the federal government from the moment they raise their right hand. Records, systems, and data follow them throughout their service and into their lives with VA. Nor is the system intended to serve them broken, either. Today's VA is the amalgamation of numerous independent or unique systems over time, each with their own historic scope of practice and organizational culture. Moreover, VA is not in the fortune telling business. It cannot predict all future need of each generation of veterans that enter civilian life. With every service or wartime era comes new needs of that generation. It is safe to say that VA is in a perpetual reactive state and can never fully be as proactive as the era may demand.

So, what is missing? We have observed that the most relevant missing ingredient is *intentional continuity*—a real human connection that carries a veteran forward once service ends and follows them home into the communities where they live, work, raise families, and eventually age. Just as military members can turn to their right and left and find support in the mission, this real human connection should mirror that effective and familiar culture once they separate. NACVSO—our members—are that human connection who *already* possess the intentional continuity needed to ensure that no veteran walking through our door is ever the victim of disconnected systems.

The Veteran Lifecycle—and Where the System Breaks Down

Veterans already have experience with effective continuity. While in uniform, their pay, health care, records, and daily responsibilities are fully integrated within a single federal framework. Checking in and out of a command comes with a checklist detailing which department to go to for signatures and a deadline to get it done. There is no ambiguity about where to go or who is responsible for resolving an issue. This near constant connection allows inconsistencies to be addressed quickly and further demonstrates an important truth: when connection is continuous, human systems excel.

Continuity virtually vanishes after separation—a period when it is arguably needed the most. Separation is treated as a discrete event rather than a long-term process. While various programs introduce valuable information, resources are often presented as conditional options. Veterans leave active duty connected to federal systems *on paper* but lack a bridge to the new realities of which they ironically enter ill equipped. With no such bridge, the chasm between security and alienation widens, perpetuating the all-to-common tragedies that plague the veteran community despite being preventable.

This is not a failure of the veterans making, nor is it a failure of technology. It is a failure of system architecture. Previous generations returned to communities that provided real, human continuity that helped them translate service into stability. Today's veterans are pushed through transition systems that replace human continuity with the illusion of access, mistaking an abundance of information across various platforms for *connection*.

Once home, veterans immediately confront practical questions about employment, education, and reintegration. Where can I afford to live? Who is hiring? How are education benefits certified?

What state or local benefits might apply in this new community? These questions cannot be fully answered by federal systems alone. This is precisely where Government Veteran Service Officers—or GVSOs—already operate: translating federal policy and programs into something actionable. GVSOs are the conduit for veteran resources that exist—much like their peers in service—at the state, county, and community levels, *in addition* to those at the federal level. GVSOs – our members – are the local government equivalent to the VA.

Fragmentation creates risk. Veterans without a trusted point of contact turn to whoever answers the phone or most loudly advertises assistance. In that vacuum, unaccredited claims consultants—often referred to as "claims sharks"—thrive. Veterans seek something framed to them as "choice" not because they prefer it, but because navigating a vast and unfamiliar system *alone and completely in the dark* makes paying for help seem reasonable. It is not. This is why continuous connection to a trusted GVSO dramatically reduces both the demand for and the influence of predatory actors. We already have the tools to abolish the false dichotomy of "choice" sold to veterans. Unfortunately, not all regions of the country have invested in sound local advocacy. While there exist many reasons for this failure, the most familiar to veterans is "That's VAs job," to which the country's collective reply should be "No. That's *OUR* job."

Recently, VA paused implementation of a proposed disability rating rule following the concerns expressed by veterans and their service organizations. This demonstrates that, when advocates are engaged, meaningful policy outcomes are stronger. We applaud VA leadership for their responsiveness to concerns voiced by those who they most affect, but we shouldn't need to discuss these issues within the columns of *Task & Purpose* or *Stars and Stripes*. When advocates are engaged early and intentionally, we reinforce our collective commitment to veterans and reduce friction that fragmentation can cause. The commitment to veterans appears strong across the board—but architectural fragmentation is obvious even by how *we* communicate.

The same fragmentation affects health care and dependent benefits. Benefits determinations unlock access to health care, CHAMPVA, and other programs for dependents, yet these systems often fail to adequately communicate with one another. When that happens, families absorb the consequences. Yet GVSOs encounter these issues daily, routinely assisting veteran families with enrollment, denied claims, dependency status changes, and other family-related issues. GVSOs measure the veteran's inquiry as a common life event, not as isolated administrative procedure.

There are fewer events in a veteran's personal timeline where that continuity is more critical than in the delivery of survivor benefits. When a veteran passes away, surviving spouses are often forced to navigate complex and time-sensitive systems while grieving. There is no doubt that survivor benefits can be complex but, in many cases, the GVSO is the only consistent human connection available. This is the true test of continuity—and the role of the GVSO underscores that connection matters most when the system is hardest to navigate.

Constant Connection to a System that Works and The Role of the GVSO

GVSOs are not just another veteran support organization, they are the **local government equivalent** of federal veterans services, embedded in the communities where veterans carry out their daily lives. They represent the continuation of service once a veteran leaves uniform, translating federal programs into real-world outcomes at the city, county, state, and tribal level. When the federal veteran support systems work best, it's because connection remains constant. GVSOs are more than an extension of that connection: they stand to the veterans left and right as the familiar face, ensuring veterans remain connected.

This distinction matters. Veterans do not experience their needs the way we distinguish them during committee hearings. They do not differentiate between federal versus local systems, or disability benefits versus health care related to their disability. These are life events and life problems that are reasonable steps with logical solutions. GVSOs live in the intersection of these systems, serving as the one who understands how federal benefits, state programs, and community resources work together. Treating GVSOs as anything less than a continuation of service creates unnecessary gaps and reinforces fragmentation that already exists. Once again, veterans are left alone and in the dark to navigate systems with a level of complexity for which they have zero training.

NACVSO represents the professionals who see the veteran lifecycle in its entirety. From discharge through employment, benefits, health care, dependency changes, and ultimately survivor benefits, GVSOs are often the veteran's primary and most consistent source of information and assistance. Our members do not engage with veterans at a single moment in time. Their support spans decades. This perspective gives NACVSO a unique understanding of how policies perform not just on paper, but in practice.

Our members have their fingers on the pulse of the most common issues encountered by veterans and, when we converge with advocates from all corners of the country, it's not surprising that we find out that these issues do not affect veterans in the same silos as we talk about them during hearings. Because GVSOs are present, they see failures long before they appear in congressional reports. Furthermore, veterans frequently bring issues to their local service office that fall well outside formal benefits assistance. On any given day, a small, two-person county-level office may receive a call from a veteran asking for help moving furniture, resolving a housing crisis, or addressing a sudden medical hardship. While these requests may be outside the technical scope of a GVSO's role, they are never outside the GVSO's sense of responsibility.

In those moments, GVSOs do what the system often cannot. They listen. They learn about the veteran's broader circumstances—chronic pain, disability, family strain, financial stress—and they act as problem-solvers. A GVSO may not even be allowed to physically help a veteran move, but they can coordinate with a local VFW, faith-based organization, or community nonprofits to assemble volunteers who can help. This is what it means to be the local government equivalent: leveraging local services, knowing who to call, how to connect directly to local resources, and how to ensure the veteran is not left alone and in the dark simply because the problem does not have a federal form associated with it.

This is why NACVSO and its members are your indispensable partners. GVSOs ensure continuity. They are tired of "warm handoffs" because they see firsthand the disconnect behind the rhetoric and provide cohesion where others cannot. They absorb the complexity of the system so veterans and their families don't have to. And when the federal government finally sees GVSOs as the local government equivalent they are, veterans everywhere will experience support as a continuous extension of the service they once gave for the rest of us.

GVSOs are often described by VA and by Congress as trusted partners in serving veterans. That recognition is appreciated but remains rhetorical. Practice, policy, funding, and the system in its current design do not reflect the reality or the responsibilities GVSOs carry. The result is a persistent underutilization of one of the most effective veteran-facing assets in the country.

GVSOs are not confined to a single lane of service. On any given day, they help veterans secure disability compensation, navigate VA health care access and enrollment, translate dependent survivor benefits to a grieving widow, or get classes certified for a new veteran student. In the

same interaction, the same GVSO may also assist with a state property tax exemption, connect the veteran to a local Disabled Veterans' Outreach Program specialist for employment support, getting their veterans license plate, or otherwise coordinate with partners to meet needs that government systems are not designed to touch.

This breadth of responsibility underscores the disconnect between how GVSOs are described and how they are supported. When policy and systems fail to recognize GVSOs as the local government equivalent they are, veterans are left to bridge gaps on their own. Fully leveraging GVSOs requires intentional integration into system design, sustainable funding, and a universal understanding that their role extends into the full spectrum of veteran thriving long after they've turned in their uniform.

How This Congress Can Help

Support the Existing GVSO Mechanism

The most direct way to reinforce the continuity that GVSOs already provide is by fully implementing and funding Section 302 of the Elizabeth Dole Act. Establishing a funding mandate would ensure that knowledgeable, accredited local support is not solely determined by geography or local resources and is a consistent expectation nationwide. NACVSO helped draft this legislation—initially called the Commitment to Veteran Support and Outreach Act, or CVSO Act—and possesses the education and training infrastructure needed to support new GVSOs in communities where they do not yet exist. Rather than creating yet another new system let's work on stabilizing and scaling a proven one that keeps veterans connected long after their service has ended.

Reinforcing the Integrity of Benefit Access

Predatory actors flourish where connection is fractured. When veterans lack dependable access to ethical, accredited advocates, unaccredited claims consultants arrive ready to exploit confusion and complexity for profit, alone. Strengthening accreditation standards, enforcing meaningful penalties, and establishing trust through accountable representation are essential to protecting veterans and preserving these benefits systems. True claims integrity is achieved by ensuring veterans are never left alone and in the dark. "Choice" in this context is a false dichotomy amplified

by those wishing to deepen their pockets on the sacrifice and service of the brave men and women selfless enough to serve us. The time has come to hold accountable those who wish to exploit them.

Interlacing the Mesh Between Federal and Local Coordination

Life is not experienced in silos, and the systems designed to serve veterans should not function as if it does. Benefits, health care, education, dependency, and survivor programs should communicate across federal, state, and local levels to reflect how veterans actually live. GVSOs already perform this coordination every day without federal support or recognition that could vastly improve their ability to accomplish this function. They translate policy into veteran outcomes and bridge gaps that exist or arise between systems. Federal policy should codify, formalize, and support this role, ensuring that coordination is built in. Similar to the ways local law enforcement agencies are recognized as partners performing an essential function of governance, GVSOs are your local government equivalent to ensuring the benefits afforded veterans are faithfully executed and realized. Creating a *National Veterans Strategy* may be a start. However, without directly engaging those already in the field doing the work, what can *truly* be accomplished? Strategy without input will produce only theory; theory that will inevitably construct additional silos, missed handoffs, and lost opportunities to utilize what we already possess: a dependable infrastructure of *local government equivalents* who translate policy into action *daily* on behalf of the veterans who seek them out.

Make Continuity the Standard, Not the Exception

Veterans do not need another "warm handoff." They want to recognize the support to their right and left in a way that is familiar and they know works. They need continuity. The veteran lifecycle demonstrates over and over that fragmentation is a failure of architecture, not of our collective intent, nor of a lack of programs created in their honor. Veterans currently navigate systems that weren't intently designed to move cohesively alongside their lives. Rarely do the needs of veterans fall neatly into the categories we use to organize them. Continuity is the missing element, and without it, each of life's transitions become an unnecessary foreseeable and preventable risk.

Government Veteran Service Officers are the continuity, and we are already here doing the work. We are not an enhancement; we are the local government equivalent of federal services and the natural continuation of a rhythm veterans already know and understand. If the federal government

truly views GVSOs as partners, then veterans should meet GVSOs by design instead of by chance. That means investing in what already exists: integrating GVSOs into these systems and funding the laws already on the books. If you do this, continuity will no longer depend on geography or capacity. When GVSOs are fully leveraged, veterans' outcomes improve, and they experience government as a single, continuous commitment that follows them home and stays with them for life. In other words, a rare opportunity to be proactive in their honor instead of reactive to their struggle.

Andrew Tangen

President, NACVSO
Superintendent,
Veterans Assistance Commission
of Lake County, Illinois

Attachment 1

Letter for the Record to the House and Senate Veterans Affairs Committees

Subject: Enhancing the Transition Assistance Program (TAP): Empowering Veterans to Thrive as Catalysts of Growth, Change, and Impact in Local Communities

To: The Honorable Members of the House Committee on Veterans' Affairs and the Senate Committee on Veterans' Affairs

From: Kevin M. Schmiegel, Lieutenant Colonel, USMC (Ret.)
Co-Founder and CEO, ZeroMils

Dear Chairmen, Ranking Members, and Distinguished Members of the Committees,

I respectfully submit this letter to address necessary improvements to the Transition Assistance Program (TAP) and to encourage the Committees to consider a new and different approach — one that welcomes new and different organizations with new and different perspectives at future hearings and roundtables with both Committees going forward.

The recommendations in this letter are based on my 20-year career as a Marine Officer and a decade spent building national nonprofits like Hiring Our Heroes. Currently, I serve as the Co-Founder and CEO of ZeroMils, a Service-Disabled Veteran-Owned Small Business (SDVOSB) dedicated to creating "Military Thriving" cultures and changing the broken Veteran narrative.

My suggestions for improvements are intended with one goal in mind: to empower service members and military spouses to make better, more informed decisions in transition; to thrive in their transformation as Veterans and Veteran spouses; and to continue to realize their full potential serving as catalysts for growth, impact and change at the local level. This can also be achieved with the help of subject matter experts who are on the frontlines in communities where Veterans and their families live, work and serve.

While TAP is a vital, multi-agency effort involving the Departments of War, Veterans Affairs and Labor, its current structure is part of the problem, and it continues to exacerbate a growing and systemic challenge: the transition to civilian life for Veterans is fundamentally fragmented. This "poor architecture" lacks intentional continuity that Veterans and their families need at home to ensure they have meaningful employment, purpose through continued service, connection to a tribe, good health and well-being, and the tools and resources they need to constantly seek self-improvement like they did in the military.

All of these things, which are present and effective during active duty, vanish after separation when it is needed most, leading to predictable negative outcomes. The model of jamming several days of content in TAP at the end of someone's military service, often with instructors who lack private sector experience, is leading to ill-prepared and ill-equipped Veterans and spouses in transition. Ultimately, TAP falls short because it focuses on entitlement rather than empowerment.

This is particularly evident in TAP's failure to empower service members to thrive as small business owners, which has led to an alarming decline in the number of Veterans owning a small business in the United States (from 11% in 2014 to 4.3% in 2023). For the first time since the end of World War II, Veterans are less likely to own a small business than our civilian counterparts. To put this in perspective, nearly 50% of all WWII Veterans went on to own a small business. Today less than 5% of all Post 9/11 Veterans are small business owners.

This systemic fragmentation and failure of the transition models also place an undue burden on front-line support, with County Veteran Service Officers (CVSOs) and their state equivalents often left to assist Veterans and Military Spouses who have had less-than-optimal experiences. These Government Veteran Service Officers (GVSOs), as members of the National Association of County Veteran Service Officers (NACVSO), are the crucial "human connection" and the local equivalent of federal veteran services.

They are embedded in communities, translating federal policy and programs into actionable outcomes. GVSOs span the veteran lifecycle, assisting with everything from discharge and employment to benefits, health care, and financial stress, essentially serving as problem-solvers for issues outside the formal federal scope, including housing crises and financial stressors.

To reverse this decline and better serve those transforming into Veterans and Veteran spouses, the solution lies not solely with government or big nonprofits that champion the broken Veteran narrative, but with the vast majority of subject matter experts in the private sector that don't often get a seat at the table or a voice in hearings and at roundtable discussions with these Committees.

The solution rests with 2,650 County VSOs, over 40,000 local nonprofits, and the 1.6 million Veteran small businesses like mine. These businesses account for more than one-third of America's Veteran workforce and stand on the front lines of this challenge. They are critical to ensuring that Veterans and their families do not fall through the cracks.

I strongly urge the Committees to consider the following three improvements:

1. Empower and Engage Veteran-Owned Small Businesses (VOSBs): Integrate VOSB expertise and resources into the core transition ecosystem by increasing access to capital (including exploring options under the GI Bill), formalizing the inclusion of VOSB experts within TAP and on military installations, and ensuring Veteran small business owners and smaller, local military and Veteran nonprofits have a consistent and influential voice in policy and legislative discussions, including with these Committees.
2. Fully Fund and Stabilize the Local GVSO/CVSO Mechanism: Guarantee consistent, high-quality, local support for Veterans by fully implementing and funding Section 302 of the Elizabeth Dole Act (the CVSO Act) to stabilize the proven GVSO/CVSO system and provide the necessary intentional continuity for Veterans across the country.
3. Strengthen Coordination and Protect Benefit Integrity: Formally codify the GVSO role, ensuring seamless, continuous support is built into system design across all levels (federal, state, and local) and strengthen accreditation standards.

Thank you for your careful consideration of these issues and I look forward to working alongside you as we strive to improve the Veteran transition experience to ensure their lifelong success wherever they reside.

Very Respectfully,

Kevin M. Schmiegel
Lieutenant Colonel, USMC (Ret.)
Co-Founder & CEO, ZeroMils

Andrew Tangen is the President for the National Association of County Veteran Service Officers (NACVSO) and serves as the Superintendent of the Veterans Assistance Commission of Lake County, Illinois, assisting veterans and their dependents in accessing their benefits. Both of his grandfathers and his great-uncles served during WWII and Korea, and his father served in the Air Force during the Vietnam Era. Andrew served in the US Navy, where he deployed eight times in support of Operation Iraqi Freedom, Operation Enduring Freedom, and the Global War on Terrorism, including South America, Africa, the Middle East, and Afghanistan, attaining the rank of Lieutenant Commander during his service. He is a graduate of The Citadel, with a Bachelor's degree in International Relations and Military Affairs; Henley-Putnam University, with a Master of Science degree in National Security Studies; Rutgers University, with a Master's in Business Administration; and, University of Illinois at Chicago School of Law with a Juris Doctor, and is a licensed attorney in the State of Illinois. He and his wife, Jane, live in Mundelein, Illinois, with their four children.

TESTIMONY OF DR. KYLEANNE HUNTER

CEO of

IRAQ AND AFGHANISTAN VETERANS OF AMERICA

before the

SENATE AND HOUSE VETERANS AFFAIRS COMMITTEES

on the

ORGANIZATIONS' LEGISLATIVE PRIORITIES FOR 2026

presented on

MARCH 3, 2026

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, thank you for the opportunity to present the legislative priorities for Iraq and Afghanistan Veterans of America (IAVA). IAVA is the nation's only organization dedicated to advocating specifically for the post-9/11 generation.

At IAVA our advocacy begins and ends with one principle: evidence matters. Our 2026 Policy Priorities reflect our commitment to evidence-based advocacy that is grounded in the lived experience of our members.

To build these priorities we listened carefully to what veterans told us through our surveys, flash polls, and direct engagement. We then turned to the data and research to identify policies that address their concerns. This year, our members identified health care access, economic stability, support for Afghan allies, equity for women veterans, and the promotion and strengthening of civic engagement as top issues.

Below is a summary of the key issues.

1. Veterans' Health Care

Access to high-quality health care remains the top concern among IAVA members. While the Department of Veterans Affairs (VA) delivers care that often meets or exceeds private-sector standards, veterans continue to face systemic barriers including fragmented care under expanded community care programs, inconsistent access to mental health services, persistent suicide risk, especially among younger and women veterans, disability claims backlogs and outdated IT systems, and uneven implementation of toxic exposure benefits under the PACT Act.

2026 Priorities Include:

- Full funding and rigorous oversight of PACT Act implementation
- Strengthening suicide prevention through lethal means safety legislation
- Expanding rural and tele-mental health access
- Supporting innovative therapy research and clinical trials
- Modernizing disability claims systems to reduce delays

2. Economic Stability for Veterans and Their Families

Veterans demonstrate strong employment and homeownership rates overall, yet significant disparities persist—particularly for women veterans, veterans of color, disabled veterans, and single-parent households. Key challenges include underemployment despite high education attainment, barriers in transferring military credentials to civilian licensure, housing cost burdens for post-9/11 veterans, and continued veteran housing insecurity despite progress.

2026 Priorities Include:

- Improving credential transferability for veterans and military spouses
- Strengthening Housing First models and wraparound services
- Protecting and modernizing VA home loan programs
- Updating GI Bill policies to reflect modern education delivery
- Enhancing oversight of VA benefits modernization

3. Afghan Allies and National Security

Supporting Afghan allies is both a moral obligation and a national security imperative. The unfinished evacuation and Special Immigrant Visa (SIV) backlog have left thousands in limbo, while veterans report deep moral injury tied to perceived abandonment of wartime partners. The treatment of Afghan allies directly impacts U.S. global credibility, future military partnerships, veteran mental health and moral injury and strategic trust in American commitments.

2026 Priorities Include:

- Passage of the Afghan Adjustment Act & Fulfilling Promises to Afghan Allies Act
- Restoration and streamlining of SIV processing
- Legal protections for Afghan evacuees in the U.S.
- Long-term institutional reforms to prevent future allied abandonment

4. Equity for Women Veterans

Women are the fastest-growing segment of the veteran population, yet persistent inequities remain in health care access, claims processing, and research inclusion. Ongoing gaps include inconsistent access to reproductive health services, high denial rates for Military Sexual Trauma (MST) claims, infrastructure deficiencies at VA facilities, lack of menopause and aging research, and geographic and racial disparities in care.

2026 Priorities Include:

- Rigorous oversight of the Deborah Sampson Act
- Expanding access to comprehensive reproductive health care
- Strengthening MST claims training and accountability
- Advancing gender-specific research initiatives
- Expanding mammography and menopause care access

5. Strengthening and Protecting Civic Engagement

Veterans consistently express concern about democratic institutions, voting access, misinformation, and preservation of civil rights. For veterans, democracy is not abstract—it is tied directly to the oath they swore to defend the Constitution. Members report concern about

mis- and disinformation, efforts to limit equity in military service, voting access barriers and erosion of democratic norms

2026 Priorities Include:

- Supporting legislation that strengthens voting rights and transparency
- Protecting equitable access to military service
- Promoting civic participation and informed engagement

Across all of these priorities, it is clear that strong legislation alone is not enough. Implementation, oversight, transparency, and accountability are essential to closing the gap between policy intent and the impact of legislation on individuals. In addition to legislative advocacy, we are also committed to holding Congress accountable for oversight, proper funding of programs, and transparency in implementation.

This written testimony provides the evidence behind each of the key policy priorities. America's veterans deserve policies that are rooted in research and data, not emotion or political whims. IAVA is committed to ensuring that our veterans remain out of the political fray, and we will fight for solutions that improve their lives and make America a place where all who served can prosper. We look forward to working with all of you throughout the coming year.

VETERANS' HEALTH CARE

ISSUE SUMMARY

The Department of Veterans Affairs (VA) consistently delivers high-quality care. However, veterans face substantial systemic barriers to accessing timely, coordinated, and equitable health services. Research confirms that the quality of VA direct health care is equal to or better than that of non-VA care (including community care) across many clinical domains, including mental health (Apaydin et al., 2023). Yet access to VA direct care facilities remains a challenge for many veterans. The expansion of community care through the MISSION and Choice Acts has not uniformly improved veterans' access to healthcare; rather, it has introduced new challenges related to care fragmentation and administrative burden (Gebregziabher et al., 2024). Mental health services, particularly for post-9/11 veterans, remain inconsistently accessible, despite the VA's deployment of evidence-based models such as Primary Care–Mental Health Integration (PC-MHI) and tele-mental health (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018; Resnik et al., 2024). Further, veteran suicide continues to pose a public health crisis. Although initiatives like Risk ID and REACH VET have demonstrated utility in identifying high-risk individuals, a large proportion of veterans who die by suicide have had no recent VA contact, suggesting that VA-centric approaches alone are insufficient (Hepner et al., 2025). Meanwhile, disability claims backlogs, compounded by systemic inefficiencies and underinvestment in IT modernization, delay access to care and

benefits, and contribute to poor outcomes (U.S. Government Accountability Office [GAO], 2025).

WHAT WE HEARD FROM MEMBERS

In IAVA's Fall 2025 survey, members consistently highlighted access to quality health care and mental health services as their top concerns. It consistently emerged as the highest-priority area in which IAVA should be involved. Survey respondents expressed concern about navigating the VA system, the disability claims process, and the consistency of care across facilities. While most trust the VA more than community care, many face challenges with distance, provider shortages, and perceived quality gaps. Suicide prevention and mental health access remain urgent, as veterans continue to face high rates of mental health challenges (Shafer et al., 2022). Policies such as the PACT Act are viewed positively, though veterans reported mixed satisfaction with its implementation.

Nearly three-quarters of survey respondents (73%) reported using VA services for physical health care. Among those using VA services, almost all (95%) receive physical health care directly from a VA facility rather than a community care provider. Approximately 40% respondents reported using VA services to receive mental health services. Among those who do receive VA mental health care, most (85%) receive that care directly from a VA facility.

Overall, respondents reported higher trust in the VA than in community care, though trust levels were lower for mental health than physical health across both systems. Specifically, 59% of respondents said they trust the VA to meet their physical health care needs, compared with 45% who said they trust community care. For mental health, 42% reported trusting the VA to meet their needs, compared to 35% who reported trusting community care. More than half of respondents (54%) said VA providers understand how their military experience influences their physical and mental health needs. In contrast, 32% of respondents felt that community care providers understand this context.

44% of respondents reported filing a PACT Act claim. Of those who have filed, 51% received increased benefits or new presumptive conditions. 47% were satisfied or very satisfied with the outcome, while 32% were dissatisfied or very dissatisfied. Currently, 47% of filers are receiving VA healthcare for PACT Act presumptive conditions.

KEY RESEARCH TAKEAWAYS

The quality of care within VA facilities remains high, particularly in surgical and chronic care, but access and patient experience metrics vary widely across facilities and geographies (Apaydin et al., 2023). The expansion of community care, while beneficial in some cases, often results in care discontinuity and additional burdens on veterans. Nearly 70% of surveyed veterans reported difficulty obtaining test results or medical records from non-VA providers, leading to

fragmented care and elevated rates of emergency room visits and hospital readmissions (Gebregziabher et al., 2024). Women veterans disproportionately rely on community care for services not universally available within the VA, such as reproductive health, yet they also encounter greater scheduling difficulties and reimbursement-related issues (Gebregziabher et al., 2024).

Geography plays a role in how veterans access healthcare. Rural veterans are more likely to rely on the VA as their primary source of healthcare access and on tele-health to access prescriptions and for pain management care than urban veterans (Chen et al., 2022; Rosen et al., 2024). Access to mental healthcare is mixed. Prior to the pandemic, urban veterans were more likely to use VA mental health services, but as more individuals moved to rural areas and the prevalence of VA telehealth services rose, a slightly greater proportion of rural veterans accessed VA mental health services via telehealth (Leung et al., 2023).

Differences in accessing health care services at the VA also vary by racial and ethnic identity. In the post-9/11 generation, Hispanic, Black, Asian, and Native Hawaiian/Pacific Islander veterans were more likely than non-Hispanic White veterans to utilize VA health care services (Aronson et al., 2020). Additionally, Hispanic and Asian veterans were more likely to use VA counseling services than either Black or White veterans (Aronson et al., 2020).

Regarding community care use, Black and Hispanic veterans were less likely than White veterans to use community care for primary care in both urban and rural areas. Further, Hispanic and Black rural veterans faced longer wait times than White veterans when accessing community care (Rosen et al., 2024). When accessing community care in urban settings, White veterans had longer wait times than both Black and Hispanic veterans (Rosen et al., 2024).

Veterans also have unique health risks. The toxins veterans have been exposed to, whether a result of environmental factors or military equipment, have unique physical and psychological health impacts. These include increased risks of certain cancers, respiratory conditions, and chronic multisystem illnesses (DeBeer et al., 2017). Additionally, post-9/11 veterans are at an increased risk of head trauma, particularly in conjunction with other injuries. A 2023 analysis of combat-related injuries sustained in Iraq and Afghanistan found that over 75% of those whose injuries received an Injury Severity Score (ISS) of 9 or higher were accompanied by a significant blast event in conjunction with their traumatic injury (D'souza et al., 2023). Blast events carry an increased risk of Traumatic Brain Injury (TBI), as well as sleep disruptions, hormonal changes, mental health changes, and increased risks of other neurological conditions. These conditions most often do not present acutely with the trauma but emerge in subsequent years after the incident and significantly evolve in how they present in patients (Phipps et al., 2020). Such complex injuries require not only specialized care but also specialized medical training to understand the cumulative and interactive effects of multiple traumas and exposures on a given condition (DeBeer et al., 2017).

In terms of mental health services, over half of post-9/11 veterans with probable care needs do not engage in care, often due to low awareness of eligibility, stigma, or bureaucratic hurdles

(NASEM, 2018). Integrated care models and telehealth have demonstrated measurable success in increasing first-appointment attendance and in reaching rural or otherwise disconnected veterans (Resnik et al., 2024), yet these programs remain under-resourced and inconsistently implemented nationwide.

Suicide prevention remains a central challenge. Despite targeted programs, 40% of veterans who died by suicide in 2022 had not recently interacted with the VA health care system (Hepner et al., 2025). Subpopulations at increased risk include younger veterans, women veterans, and those recently discharged or of lower socioeconomic status. Notably, 74% of veteran suicides involve firearms, underscoring the critical importance of lethal means safety initiatives (Hepner et al., 2025). Interest in understanding alternative therapies, such as psychedelics, to address underlying drivers of suicidality has become increasingly popular in policy and veteran circles, yet more research is needed to fully understand their effectiveness (Pagano & Pagano, 2025; Wolfgang & Hoge, 2023).

Post-9/11 veterans are more likely to experience interrelated mental and physical health care conditions than veterans of previous generations. Nearly a quarter of post-9/11 veterans have a formal post-traumatic stress disorder diagnosis, and significantly more report symptoms even if not formally diagnosed (US Department of Veterans' Affairs, 2025). Additionally, over 40% of female veterans report having experienced military sexual trauma (MST), and the number is slightly higher for those who have deployed to Iraq or Afghanistan and have a physical combat-related injury (Barth et al., 2016).

EVIDENCE-TO-POLICY GAPS

While VA health care delivery is grounded in high-quality evidence-based practices, systemic barriers persist in access, navigation, and care continuity. Legislative efforts have expanded veterans' formal eligibility for care, but research underscores a gap between policy and practice. Complex application processes, insufficient outreach, and inadequate coordination between VA and community providers hinder the translation of legislative intent into effective care delivery (NASEM, 2018; GAO, 2025). Additionally, more research is needed on potentially promising alternative therapies and on ensuring that current efforts to restructure VA Health Care access and delivery align with best practices.

Moreover, while interventions such as PC-MHI and Risk ID have shown promise, they lack consistent implementation, funding, and scalability. Telehealth has improved access but remains constrained by infrastructure limitations, especially in rural areas (Resnik et al., 2024). Lastly, disability benefits administration continues to be hampered by outdated systems and inconsistent quality control, delaying veterans' access to critical services and exacerbating health disparities (GAO, 2025).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA supports strengthened oversight and full funding of the PACT Act, including the continuation of the publicly facing implementation dashboard and full appropriation of the Toxic Exposure Fund. To improve veteran suicide prevention efforts, IAVA backs the Saving Our Veterans Lives Act of 2025 (H.R. 1987/S. 926), which focuses on safe firearm storage and lethal means safety. IAVA calls for expanded mental health access, particularly in rural areas, through stable funding for Clinical Resource Hubs and increased appropriations to address staffing shortages. To improve treatment effectiveness, IAVA supports the Freedom to Heal Act of 2025 (H.R. 6434/S. 3346) and the Innovative Therapies Centers of Excellence Act of 2025 (H.R. 2623), which would expand access to clinical trials and emerging therapies. IAVA also urges greater transparency and veteran education around available mental health and toxic exposure resources.

ECONOMIC STABILITY FOR VETERANS AND THEIR FAMILIES

ISSUE SUMMARY

Veterans' economic outcomes post-transition are marked by both measurable strengths and persistent disparities. Yet military service remains one of the few pathways to upward social mobility (Switzer, 2023). National labor statistics show that, on average, veterans have lower unemployment rates and higher household incomes than non-veterans (Bureau of Labor Statistics [BLS], 2024; Schuler et al., 2025). Veterans also tend to own homes at higher rates than civilians (Derpo, 2024). These overall gains, however, obscure underlying inequities for specific subgroups. Female veterans, veterans of color, and single-parent veterans remain disproportionately affected by underemployment, wage gaps, and barriers to stable housing (Blue Star Families, 2022; Radford et al., 2024; Smucker et al., 2024). Though the post-9/11 GI Bill has markedly improved educational attainment among veterans, translating these credentials into employment with equitable compensation remains a challenge. Additionally, while Housing First initiatives have significantly reduced veteran homelessness, over 32,000 veterans still experience housing insecurity annually (Tsai, 2023; U.S. Department of Veterans Affairs, 2024). Credentialing barriers, inconsistent program evaluation, and insufficient integration across employment, education, and housing supports further complicate the transition process for many veterans.

WHAT WE HEARD FROM MEMBERS

In IAVA's Fall 2025 survey, we heard multiple concerns about economic well-being – a foundational aspect of veteran reintegration and long-term health. Respondents expressed concerns about inflation, the cost of living, and job stability, underscoring the need to prioritize benefits that support veterans' successful transition to civilian life and provide economic security for their families. Respondents also noted that economic stability includes fair access to employment opportunities, housing, and education benefits that recognize military service.

In IAVA's 2022 member survey, 63% of respondents reported using their GI Bill benefits to pursue educational opportunities after military service, and nearly three-quarters (73%) noted that they would not be able to afford school without it. The majority (58%) of respondents stated that they were employed full time, and of those employed full time, 30% stated that they were under-employed. When discussing employment struggles, the most cited was a lack of proper credentials or the inability to transfer military credentials to a civilian employer.

KEY RESEARCH TAKEAWAYS

Military service remains one of the few pathways that allow individuals to advance their socioeconomic status, particularly by moving from poverty into the middle class (Switzer, 2023). This is particularly true for individuals who have experienced multi-generational poverty, as military service and associated veterans' benefits provide the twin benefits of economic independence and familial support (Bennett & McDonald, 2013). However, despite the positive impacts of military service, there remain areas of disproportionate advantage and areas where veterans still fare worse than civilians.

One benefit veterans are eligible to receive is financial compensation for service-connected illness or injury. This benefit is intended to offset the loss of income resulting from the lasting effects of these experiences. Research on the effectiveness of these payments is fractured and mixed. Total earnings for veterans with disability ratings have been found to be lower overall than those without, yet substantial variation existed between those with the lowest and highest disability ratings (Bass & Golding, 2014). However, clarity is limited, as Bass & Golding's (2014) study focused only on male veterans, even though women were the fastest-growing group of veterans at the time (Schultz et al., 2022). Women veterans, even when fully employed, have significantly lower overall earnings than their male counterparts (US Bureau of Labor Statistics, 2022).

A 2012 RAND study found that the loss in civilian earnings was more than offset by VA disability payments (Buddin & Han, 2012). However, the study uses data that is now over 25 years old and predates more recent changes to the mental health disability schedule. More recent work done by the National Bureau of Economic Research found that for veterans with mental health conditions, disability compensation does not completely offset losses (Silver & Zhang, 2022). In fact, the modest increases would significantly decrease the likelihood of a veteran experiencing food insecurity or homelessness as a result of employability challenges resultant from their service-connected mental health condition (Silver & Zhang, 2022).

Veterans who leverage education benefits through the post-9/11 GI Bill have higher college completion rates than their non-veteran peers, especially among female veterans and veterans of color (Radford et al., 2024). Despite these gains, disparities in earnings persist post-graduation. Single-parent veterans, particularly women, continue to experience barriers to economic mobility despite higher educational attainment than their age-matched peers. This is

mostly due to a lack of supports including affordable childcare, rigid academic schedules, and inadequate affordable housing (Smucker et al., 2024).

Parallel research identifies racial disparities in employment and earnings outcomes, suggesting that systemic barriers continue to limit access to high-quality employment for minority veterans (Blue Star Families, 2022). Further, although federal transition programs invest heavily in education benefits, evidence reveals limited impact on long-term employment outcomes or underemployment, with some participants in the Transition Assistance Program (TAP) earning less than nonparticipants (Kleykamp et al., 2024). Credentialing challenges remain acute, especially where military-acquired skills do not align with state licensure standards, leading to delayed workforce entry and underemployment (Government Accountability Office [GAO], 2022).

Housing is also a concern of the veteran community. Veterans are more likely to own homes than their age-matched civilian peers, yet, within the home-owning population, their homes tend to be of lower value (Derpo, 2024). Overall, veterans have a lower housing cost burden than non-veterans (defined as spending 30% or more on housing costs), yet veterans who joined the military after September 11, 2001, have a higher housing cost burden than non-veterans (Schwarm et al., 2023). Veterans are at lower risk of foreclosure than age-matched civilians, yet veterans who do not own homes are at higher risk of eviction than their civilian peers (Tsai & Hooshyar, 2022). It has historically been difficult to determine overall homeless rates for the veteran population, given the difficulty of defining the totality of the veteran population in the United States. However, recent models indicate that veterans experience higher rates of both housing insecurity and chronic homelessness than non-veterans in all 50 states and the District of Columbia in the early 2000s (Mast, 2023). The Department of Veterans Affairs launched its Ending Veteran Homelessness Initiative in 2010 and implemented coordinated housing-first strategies. Research shows that in the first dozen years of the initiative, veteran homelessness fell by 55.3%, while the general population's homelessness fell by 8.6% (O'Toole et al., 2024). Yet while these housing first strategies are demonstrably effective in reducing homelessness and improving housing retention, scalability and wraparound service provision remain inconsistent across regions (Tsai, 2023).

EVIDENCE-TO-POLICY GAPS

Although employment rates among veterans are strong overall, underemployment and job quality metrics are poorly tracked, obscuring labor mismatches and skill underutilization (BLS, 2024; GAO, 2022). Subpopulations, including single-parent, minority, and disabled veterans, continue to fall through policy and programmatic gaps. Credentialing and licensing initiatives have proliferated but lack outcome evaluations, rendering it difficult to assess return on investment or to identify best practices (Kleykamp et al., 2024). Recent trends in increased housing costs must also be addressed through the VA home loan and housing protection programs. Additionally, despite strong evidence of the efficacy of housing first approaches, veteran homelessness persists, with many at risk due to insufficient affordable housing and

limited access to financial safety nets (U.S. Department of Veterans Affairs, 2024; United For ALICE, 2022). Financial hardship also affects a substantial share of veterans who fall outside traditional poverty metrics but remain unable to meet basic needs, particularly in high-cost-of-living areas (United For ALICE, 2022). This population remains largely unaddressed by current federal support frameworks, which continue to prioritize unemployment over underemployment or economic precarity.

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA supports national reforms to improve the transferability of credentials for veterans and military spouses, including provisions to establish national credentialing standards and the Military Spouse Hiring Act (H.R. 2033/S. 1027). IAVA advocates for strengthening Housing First approaches by expanding wraparound services and increasing case management capacity to address housing placement delays. Priorities also include advancing protections within the VA home loan program and sustaining congressional oversight of VA benefits modernization, especially updates related to mental and reproductive health care. IAVA further calls for the removal of outdated restrictions on GI Bill distance learning to align with current education delivery models.

AFGHAN ALLIES AND NATIONAL SECURITY

ISSUE SUMMARY

The 2021 U.S. withdrawal from Afghanistan not only left tens of thousands of Afghan allies vulnerable to retribution from the Taliban but also imposed severe emotional and psychological burdens on the American veteran community. Research confirms that veterans viewed the evacuation effort as incomplete and disorganized, resulting in significant moral injury and a perceived breach of American values (Center for Deployment Psychology [CDP], 2023; Galston, 2021). According to an internal audit by the U.S. Department of State (2023), as of March 2023, more than 152,000 principal Special Immigrant Visa (SIV) applicants remained in Afghanistan awaiting adjudication, reflecting a systemic failure in meeting allied protection commitments. Public and veteran support for assisting Afghan allies remains high, yet policy implementation has not kept pace with the urgency of need (Association of Wartime Allies & Iraq and Afghanistan Veterans of America [AWA & IAVA], 2022). Meanwhile, challenges facing Afghan evacuees in the United States, such as underemployment, lack of permanent legal status, and inadequate support for integration, persist, straining both resettled communities and the veterans who continue to advocate on their behalf (Migration Policy Institute [MPI], 2022; U.S. Department of State, 2023).

WHAT WE HEARD FROM MEMBERS

In IAVA's Fall 2025 survey, respondents reported that support for Afghan allies is both a moral obligation and a matter of national security. Nearly 75% of respondents believe the U.S. government has not done enough to support Afghan allies who risked their lives alongside American forces. Specifically, 66% do not believe the presidential administration is doing enough, and 74.5% do not believe Congress is doing enough. When asked about the main provisions of the Fulfilling our Promises to Afghan Allies and the Afghan Adjustment Acts, 78% agreed or strongly agreed with the provisions of these two acts. Similarly, 73% agreed with the main provisions of the Enduring Welcome Act. Respondents also specifically called for expediting visa processes, reuniting families, and ensuring safety for allies already in the U.S. Many (67%) expressed moral injury over how the withdrawal from Afghanistan was handled, emphasizing the need for accountability and renewed leadership on this issue. Additionally, 70% of respondents noted that the recent detention of Afghans by US Immigration and Customs Enforcement led to personal shame and moral injury.

KEY RESEARCH TAKEAWAYS

During the nearly two decades of military operations in Afghanistan, over 300,000 Afghans worked directly to assist and support US interests. These individuals were essential to US operations, and in return for the aid they provided, they were promised a pathway to safety. Many Afghans who assisted the US and allied forces were targeted by the Taliban.

The SIV program for Afghans was established in 2009 as a means to create a safe pathway to US residency for those Afghans who worked closely alongside US forces in Afghanistan (Afghan Allies Protection Act of 2023). It recognized that Afghans who served the US government faced risks to their life and livelihoods and that providing a pathway to US residency would better incentivize others to support the US Operations. This original act has been amended several times (e.g., in FY2019 and FY2023) to expand the number of SIVs provided to Afghans. Yet the program has not been perfect – even before withdrawal, there was evidence of backlogs and improper resourcing of the SIV program. The 2018 *Afghan & Iraqi Allies v. Pompeo* case found that the government's delays in issuing SIVs were unacceptable and led to the adoption of more streamlined timelines (*Afghan and Iraqi Allies Under Serious Threat Because of Their Faithful Service to the United States v. Rubio*, 2025). A February 2022 report noted that "the threat the Taliban posed to the stability and safety of Afghans who had put their lives on the line to support the U.S. mission" was a core issue, and that the SIV program was experiencing significant delays and backlogs even before the fall of Kabul (U.S. Senate Committee on Foreign Relations, 2022).

The failings of the SIV program contributed to the development of other means of safe and legal passage to the US. Humanitarian Parole was used during the evacuation to ensure as many Afghans as possible were evacuated. To achieve parole, Afghans underwent vetting at US government facilities around the world, including screenings and interviews. Upon arrival in the US, they undergo additional screenings. While there have been concerns, the resettlement of Afghans in the US has been among the most secure refugee resettlement processes in our

nation's history (Akgul et al., 2025). When arriving in the US, Afghans do not have an easy road. Recent analyses demonstrate that Afghan SIV holders resettled in the United States encounter significant barriers to workforce participation, with only 23% reporting employment within 90 days of arrival, often due to credentialing challenges and limited access to childcare (U.S. Department of State, 2023). These initial outcomes are compounded by insufficient federal resources to support long-term integration, particularly in employment and language acquisition. In January 2026, the SIV program was suspended, and all travel from Afghanistan was banned (Proclamation No. 11043, 2025)

The emotional toll on veterans is equally documented; over 70% of Afghanistan veterans reported feeling betrayed by the withdrawal, and many identified helping Afghan allies as a personal moral imperative that would improve their own well-being (AWA & IAVA, 2022; Galston, 2021). Mental health experts further note that the withdrawal contributed to elevated experiences of moral injury among veterans, which has been linked to increased psychological distress and worsening of PTSD symptoms (CDP, 2023). VA researchers have found that moral injury is directly linked to an increase in suicidal thoughts and behaviors (Griffen et al 2025), further highlighting the connection between the treatment of Afghans and the health of our veterans. Furthermore, the volunteer-led rescue efforts, such as those coordinated by AfghanEvac and informal digital networks, underscore the vacuum left by government operations and have placed emotional strain on participating veterans, many of whom have reported burnout and trauma from the experience (AfghanEvac, 2023; Lawrence, 2021).

Advocating for the US to keep its promise to our Afghan Allies is not just about the individuals who enabled US and allied actions in Afghanistan, but the future of our national security. Since World War I, the US has had a history of relying on foreign nationals or recent immigrants to further its military goals, with distinct promises of post-war life in the US for those who supported wartime efforts (Baigorri-Jalon, 2010). These individuals have an outsized impact on the ability of the US to achieve its tactical and strategic military objectives, and, more importantly, have the largest impact on how the US is perceived in the post-war environment (Baker, 2010; Amich, 2013). How we treat our Afghan Allies today will have a direct impact on the US' ability to engage with local populations in future wars.

EVIDENCE-TO-POLICY GAPS

Currently, tens of thousands of Afghans remain in limbo due to the 2026 travel ban and the closure of Camp As Sayliyah (CAS). The State Department is currently offering to pay Afghans who were at CAS awaiting processing to come to the US (Lewis, 2026). Yet, despite bipartisan legislative proposals, including the Afghan Adjustment Act, Congress has yet to pass permanent legal protections for the approximately 80,000 Afghan evacuees in the United States on temporary humanitarian parole (MPI, 2022). This unresolved status leaves thousands in legal limbo and undercuts American credibility abroad (Kim et al., 2024). At the same time, the SIV backlog remains unacceptably high, with the Department of State citing bureaucratic inefficiencies and inadequate staffing as key barriers to timely processing (U.S. Department of

State, 2023). Existing federal resettlement programs offer strong short-term outcomes but lack continuity beyond the 90-day window, particularly for professional integration, credentialing recognition, and language services (AWA & IAVA, 2022; MPI, 2022). Simultaneously, veterans have received insufficient support to address the moral injury and trauma connected to the withdrawal and the ensuing rescue efforts, with existing VA mental health services not scaled to meet this unique demand (CDP, 2023). The case of Afghan Allies illustrates broader national security concerns arising from the US's treatment of its allies. Many veterans raise concerns that the betrayal of trust will have long-term impacts on the ability of the US to gain allies in future wars, and fear for how our current allies will view our trustworthiness. As researchers warn, failure to honor commitments to Afghan allies may damage future American military operations by diminishing trust among prospective local partners (Coffey, 2025; Kim et al., 2024).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA strongly supports the passage of the Afghan Adjustment Act and the Fulfilling Promises to Afghan Allies Act to provide permanent legal status and reestablish lawful pathways to citizenship for evacuated wartime allies. IAVA also backs the Enduring Welcome Act of 2025 as a critical step in reaffirming America's commitment to those who served alongside U.S. forces. To address ongoing resettlement challenges, IAVA calls for increased staffing and resource allocation to reduce the Special Immigrant Visa (SIV) backlog and streamline processing for at-risk applicants. More broadly, IAVA urges Congress to institutionalize long-term frameworks that protect current and future allies, and to invest in interagency coordination that reinforces the United States' global credibility and strategic partnerships.

EQUITY FOR WOMEN VETERANS

ISSUE SUMMARY

The literature identifies several core deficits in the VA's approach to women veterans. First, gaps in clinical infrastructure and provider availability limit access to critical services, particularly in reproductive health, mental health, and military sexual trauma (MST) care (Schultz et al., 2023; VA OIG, 2018). Second, the quality and continuity of care for women veterans vary significantly by region and facility, with rural veterans and women of color reporting the greatest challenges in navigating care and in accessing culturally competent care (Carter et al., 2016; Department of Veterans Affairs, 2024). Third, longstanding issues in VA claims adjudication for MST-related PTSD persist, with high denial rates and inadequate training for evaluators contributing to disparities (VA OIG, 2018).

WHAT WE HEARD FROM MEMBERS

IAVA's Fall 2025 survey confirmed that the experiences of women veterans remain central to IAVA's advocacy, particularly in ensuring equitable access to care and recognition. The Deborah Sampson Act has improved access, but gaps persist in both implementation and experience. While most women respondents (88%) report being offered care by female providers and receiving preventive health services, fewer (57%) find the process easy to navigate. 85% of women respondents reported receiving primary or preventive healthcare through the VA, specifically for women's health (e.g., mammogram screening, gynecological visits).

Reproductive healthcare remains a top issue for IAVA members. In a December 2025 flash poll about the Department of Justice's Office of Legal Counsel (OLC)'s legal opinion regarding the Department of Veterans Affairs' authority to provide abortion-related care, nearly 70% of members somewhat or strongly supported veterans being able to access abortion care and counseling through the VA. Almost three-quarters of members (72%) support veterans being able to discuss abortion and pregnancy options openly with their VA health care provider.

KEY RESEARCH TAKEAWAYS

Women veterans are the fastest-growing segment of the veteran population, yet their experiences in the Department of Veterans Affairs (VA) system often remain marked by structural inequities, inconsistent access to tailored services, cultural misalignment, and a lack of research on women-specific outcomes. Women also face unique challenges that the VA is still not prepared to address (Schultz et al., 2023). Research highlights substantial gaps in the delivery and quality of care for women veterans, particularly in reproductive health, trauma-informed behavioral health, and services for survivors of military sexual trauma (VA OIG, 2018; Carter et al., 2016).

The VA reports that nearly 1 in 3 women veterans reports having experienced military sexual trauma (MST; U.S. Department of Veterans Affairs, 2026), and independent research finds that number higher, closer to 44% (Nichter et al., 2022). Research has found that MST results in a greater likelihood of Post Traumatic Stress Disorder (PTSD) symptoms than combat-related trauma, yet MST claims are denied at a higher rate than combat-related claims (Webermann et al., 2024). Additionally, MST carries physical consequences. For example, there is a strong connection between MST and adverse maternal outcomes, including low birth weight and still births (Nilini et al., 2022). Recent research also shows a strong correlation between MST and overall chronic pain (Shapiro et al., 2023). The VA has continued to invest in psychological care for MST survivors, but evidence suggests there is a need for more physically focused care.

Women veterans also face unique challenges related to reproductive and gender-specific healthcare. Women veterans who deployed to Iraq or Afghanistan face more significant reproductive healthcare challenges than their civilian or non-deployed peers, including infertility, psychological barriers to reproductive health, musculoskeletal injuries, and impacts of exposure on reproductive organs (Zephyrin, 2016). More recent research is finding connections between non-deployment-related exposures unique to military life and adverse

reproductive health outcomes in women veterans (Clark, 2025) and an elevated risk for breast cancer (Jester et al., 2024).

While the VA has made strides through recent legislative mandates and administrative improvements, implementation is uneven, and many facilities remain unprepared to fully serve women veterans (GAO, 2016). According to the VA's own Barriers to Care study, women veterans report feeling invisible within the VA system, facing stigma and discomfort in predominantly male environments (Department of Veterans Affairs, 2024). These challenges are compounded by intersectional factors: women of color, LGBTQ+ veterans, and those with caregiving responsibilities face heightened barriers in both accessing care and navigating benefits systems (Carter et al., 2016; Schultz et al., 2023).

Despite significant increases in the number of women utilizing VA services and receiving benefits, equity in outcomes remains elusive. The 2023 Women Warriors Report underscores the disconnect between policy intent and lived experience, revealing high rates of dissatisfaction with VA responsiveness and access to women-specific services, particularly reproductive care, menopause management, and MST treatment (Wounded Warrior Project, 2023). Inconsistencies persist not only in the availability of gender-specific providers but also in the physical environment, with many facilities still lacking appropriate signage, privacy accommodations, and lactation spaces (GAO, 2016; IAVA, 2025). Though policies such as the Deborah Sampson Act sought to mandate structural reforms, enforcement mechanisms, and accountability systems have not been fully institutionalized. The absence of robust oversight continues to limit the potential of these reforms to meaningfully improve women veterans' health outcomes.

Additionally, although the volume of research on women veterans' healthcare has almost doubled between 2016 and 2023, there remains a noticeable lack of research on the impact of aging on this population and a persistent lack of inclusion of women veterans in clinical trials (Goldstein et al., 2025). Recent legislative initiatives have emphasized the importance of expanding women-specific services and addressing barriers to benefits access. However, effective implementation has lagged behind statutory commitments. For instance, the VA Barriers to Care study documents ongoing confusion among veterans about eligibility, service availability, and how to file gender-specific claims (Department of Veterans Affairs, 2024). Further, research shows that women veterans are more likely to delay or forgo needed care due to childcare responsibilities, mistrust of the VA, or fear of re-traumatization (Wounded Warrior Project, 2023). Collectively, these findings suggest a critical need for trauma-informed, gender-responsive, and culturally competent care models embedded across all levels of the VA health system.

In addition to health outcomes, women veterans remain worse off financially than their male peers (US Bureau of Labor Statistics 2022). This is despite the fact that women veterans are significantly more likely to use GI Bill benefits and earn more advanced degrees than their male peers (American Institutes for Research, 2024). While the percentage of women veterans using

VA Home Loan benefits continues to rise, women veterans remain underrepresented in homeownership compared to their male counterparts (Schwarm et al., 2023).

EVIDENCE-TO-POLICY GAPS

While laws like the Deborah Sampson Act represent progress, the persistent lack of infrastructure, provider training, and oversight undermines their effectiveness. Many VA sites have not met requirements for gender-specific staffing or space accommodations, leaving women veterans underserved despite policy directives (GAO, 2016; Brownley, 2025). Furthermore, claims processes for conditions such as MST-related PTSD continue to exhibit high denial rates and systemic bias, suggesting the need for more rigorous evaluator training and standardized adjudication procedures (VA OIG, 2018).

The 2022 Department of Justice's Office of Legal Counsel (OLC) opinion had historically served as legal guidance while the VA developed and implemented its own rule on abortion access for veterans post the overturn of *Roe v. Wade*. In December of 2025, the Department of Justice's Office of Legal Counsel (OLC) issued a new legal opinion regarding the Department of Veterans Affairs' authority to provide abortion-related care. In this opinion, OLC concluded that the VA *may not provide abortion services under any provision of Chapter 17 of Title 38*, and it formally withdrew key portions of a September 21, 2022, OLC opinion that had supported the VA's authority to provide limited abortion care and counseling in cases of rape, incest, or when a veteran's health was at risk. The December 2025 opinion reverses that position and raises new questions about veterans' access to reproductive health care, the scope of VA medical authority, and the role of Congress in determining veterans' health policy. The new opinion reinforces how reproductive health access remains constrained by both policy and practice.

When VA policy did permit abortion under limited circumstances, access varied significantly depending on facility capacity and geographic location, with little transparency regarding provider readiness (Schultz et al., 2023). Additionally, there are no universal VA guidelines on menopause care, leaving many veterans without adequate support for a predictable and significant health transition (IAVA, 2025). These shortcomings reflect broader systemic gaps in integrating the unique health care needs of women veterans into VA policy, practice, and strategic planning. Without targeted investment and ongoing accountability, these gaps will continue to compromise health outcomes and perpetuate inequities.

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA is calling for rigorous oversight of the Deborah Sampson Act's implementation, including assessment of facility-level adherence to mandates around women's health access, MST services, and staffing benchmarks. IAVA supports the Reproductive Freedom for Veterans Act (H.R. 4876) to guarantee abortion access and counseling services for veterans regardless of state restrictions. To improve response systems for survivors of military sexual trauma, IAVA

backs the Improving VA Training for Military Sexual Trauma Claims Act (H.R. 2201) and the Servicemembers and Veterans Empowerment and Support Act of 2025 (H.R. 2576/S. 1245). IAVA further supports advancing gender-specific medical research through the bipartisan Servicewomen and Veterans Menopause Research Act (H.R. 2717/S. 1320), as well as legislative efforts to expand access to mammography screening for veterans. These priorities reflect IAVA's commitment to health equity, trauma-informed care, and accountability across the VA system.

STRENGTHENING AND PROTECTING CIVIC ENGAGEMENT

ISSUE SUMMARY

Veterans have historically served as visible defenders of democratic ideals and civil rights, both during active service and in civilian life. However, emerging data from recent years offer a more complex and urgent portrait. While most veterans engage in activities such as voting, civic volunteering, and running for elected office, research also highlights growing distrust in public institutions and a concerning susceptibility to misinformation and anti-government extremism among a small but notable segment of the veteran population (Helmus et al., 2023). Civic engagement among veterans also varies widely by demographic characteristics, with veterans of color and women veterans often encountering distinct structural barriers to full participation in democratic life (Blue Star Families, 2024). Despite these challenges, veterans remain overrepresented in elected office and continue to view public service as a key extension of their military ethos (Jones, 2025; Shane, 2023). These dynamics underscore both the opportunity and responsibility to strengthen democratic alignment within veteran communities.

WHAT WE HEARD FROM MEMBERS

IAVA's Fall 2025 survey shows that IAVA members overwhelmingly identified strengthening and protecting civic engagement as rooted in the principles of American democracy as a top priority. Veterans emphasized the importance of constitutional integrity, accountability, and adherence to the rule of law. They themselves overwhelming reported the importance of civic engagement, with over 90% reporting that they voted in both national and local elections, nearly 75% reporting helping or encouraging others to vote, and nearly two-thirds (65%) participating in direct advocacy activities such as organizing petitions, attending rallies, or meeting with elected and party officials. Over half of respondents (62%) believe that their actions matter. Civic engagement is connected to democracy. Respondents described democracy as grounded in free and fair elections, citizen participation, and core freedoms such as speech, assembly, and belief. However, they also noted growing barriers to participation, including restrictive voting laws, misinformation, intimidation, and the outsized influence of money in politics. Nearly 70% feel that it should be easier for citizens to vote, and the government should safeguard practices such as mail in ballots, flexible and expanded polling

hours, and reducing geographic barriers to accessing polling places. Many veterans see safeguarding democratic institutions as a patriotic duty, a continuation of their service to the nation. Our members also expressed concern over executive overreach when it comes to restricting civil liberties. Over 80% of respondents disagreed with the executive branch using its power to inflame social issues (such as the ban of transgender miliary service members), and 98% believe that Americans should all enjoy the same legal protections regardless of their political beliefs.

KEY RESEARCH TAKEAWAYS

Recent studies show that veterans are more likely than civilians to participate in civic life through voting and public leadership roles. For instance, veterans currently comprise roughly 19% of members of the 119th Congress, a figure that far exceeds their share of the general population (Shane, 2025). Military service remains one of the most positively viewed qualifications among voters, reflecting sustained public trust in veterans' leadership capacity (Jones, 2025). However, civic participation is not evenly distributed. Women veterans and veterans of color report lower levels of engagement and fewer pathways to civic influence, prompting calls for more inclusive leadership development initiatives (Blue Star Families, 2024).

Despite these positive indicators, researchers warn of emerging risks. RAND's national survey found that while a strong majority of veterans reject political violence and anti-democratic beliefs, a small proportion express support for extremist ideologies or groups – exacerbated by disinformation campaigns that co-opt military identity (Helmus et al., 2023). Additionally, high-profile events such as the participation of veterans in the January 6th Capitol riot have fueled public concern, although leaders like former Secretary of Defense James Mattis have emphasized that such individuals represent an extreme minority and do not reflect the broader veteran population (Loewenson, 2023). Longstanding evidence also demonstrates veterans' historical role as civil rights leaders, particularly among Black service members who used their military experience to challenge segregation and advance justice movements (Bell, 2017).

Recent efforts to limit transgender military service represent another critical fault line between civil rights and military policy. Evidence from both RAND and the Palm Center demonstrates that banning transgender individuals from serving openly harms military readiness, morale, and recruitment, while producing no measurable benefit to cohesion or deployability (Palm Center, 2020; Schaefer et al., 2016). In fact, DoD-funded research found strong support for transgender service among active-duty personnel, especially among women, LGBTQ+, and racial/ethnic minority service members, suggesting that inclusive policy aligns with evolving military norms and values (Dunlap et al., 2020).

Simultaneously, legal challenges to the domestic use of military force have reinforced the constitutional boundaries of military authority. In 2025, federal and state courts blocked President Trump's attempts to deploy National Guard troops to cities like Los Angeles and Memphis, declaring them violations of the Posse Comitatus Act and state law, respectively

(Copp & Horton, 2026; National Immigration Law Center, 2025; Nunn, 2025). These rulings underscore the judiciary's role in upholding the rule of law and affirm the expectation that military personnel, including National Guard members, many of whom are veterans, are not to be used as political tools absent a lawful emergency.

EVIDENCE-TO-POLICY GAPS

Although most veterans continue to uphold and participate in democratic processes, research highlights several critical policy gaps. First, while veterans exhibit high rates of civic engagement overall, minority veterans remain underrepresented in leadership roles, underscoring the need for targeted mentorship and public service pipelines (Blue Star Families, 2024). Second, current federal and state programs often fail to address the digital exploitation of veteran identity, which is being leveraged by extremist actors to lend legitimacy to misinformation campaigns (Helmus et al., 2023). Third, although civic education is a common focus in military transition programming, there is little coordination across institutions to ensure sustained veteran participation in democracy post-discharge (National Conference on Citizenship & We the Veterans, 2025). Fourth, attempts to ban transgender individuals from military service, despite strong internal support and minimal cost, highlight a policy gap in codifying inclusive service, leaving personnel vulnerable to abrupt political reversals (Palm Center, 2020; Schaefer et al., 2016). Lastly, the lack of clear standards and oversight for the domestic deployment of National Guard units highlights a pressing need to strengthen legal and institutional safeguards to prevent the misuse of military force for political ends (Nunn, 2025; Copp & Horton, 2026).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA supports policies that ensure full and fair access to democratic participation for all veterans, including reforms that allow independent voters to participate in primary elections, such as the Let America Vote Act (H.R. 155). IAVA calls for strengthened digital literacy and targeted protection against political disinformation, including support for the Protect Elections from Deceptive AI Act (S. 1213/H.R. 5272), which bans AI-generated deceptive political content. IAVA further advocates for expanded public service transition programs to support veterans' continued civic engagement and leadership. As part of a broader commitment to civil rights, IAVA supports anti-discrimination protections for veterans impacted by bans on transgender military service, erosion of diversity, equity, and inclusion programs, and other threats to equal opportunity in the armed forces and beyond.

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KYLEANNE HUNTER

Chief Executive Officer

At IAVA: Dr. Kyleanne Hunter is CEO of Iraq and Afghanistan Veterans of America, and a dedicated and lifelong servant leader. In this role, she is responsible for strategic direction of IAVA, ensuring that the post-9/11 generation of veterans continues to have a voice in the most pressing issues of our day. A Marine Corps veteran of the wars in both Iraq and Afghanistan, she has been dedicated to inspiring all veterans to ascend to their potential, and ensuring that the policies and practices are there to allow them to do so.

Professional Background: Prior to coming to IAVA, Ky was the lead of the Women, Peace, and Security Initiative, part of the RAND National Security Research Division and a senior political scientist at RAND. She also holds faculty affiliations as a professor of policy analysis at the RAND School of Public Policy and an affiliated professor of political science at Oregon State University. She is a non-resident fellow at the Center for a New American Security. Prior to RAND, Ky was at the United States Air Force Academy where she was director of the Strategy and Warfare Center, associate director of the Institute for Future Conflict, and a professor of military and strategic studies. She was the cochair of the Culture and Climate Line of Effort for the Independent Review Commission on Military Sexual Assault, and chair of the Employment and Integration Subcommittee for the Defense Advisory Committee on Women in the Services.

Her other previous positions have included vice president of Programs at Brady: United Against Gun Violence, and researcher in residence at the Kroc School of Peace and Justice at University of San Diego. She is a Marine Corps combat veteran with several deployments to Iraq and Afghanistan as an AH-1W Super Cobra attack pilot, and worked in the Office of Legislative Affairs.

She holds a Bachelors of Science in Foreign Service from the Georgetown School of Foreign Service, a Masters in International Security Studies from the Josef Korbel School of International Studies at University of Denver, and a

PhD in Political Science and International Relations from the Josef Korbel School of International Studies at University of Denver. She has testified before Congress multiple times on topics related to bettering the lives of military service members and veterans, regularly appears in the press, and has numerous peer reviewed scholarly publications. She is co-author of Invisible Veterans: What Happens when Military Women Become Civilians Again with Dr. Kate Hendricks Thomas.

More about Kyleanne: Ky is a native of the Bay Area, California. She joined the Marine Corps looking for a career that married a life long passion for adventure with a true dedication for service. In the Marines, she found that match. While serving in the Office of Legislative Affairs, she realized that there was a lack of research to inform policy decisions, especially for the most vulnerable veterans and service members. Since that time she has dedicated herself to using research and analysis to give voice to the voiceless, and advocate for a better world.

Ask Kyleanne about: Motorcycle adventures, crochet, her corgi, Agnus, and whatever fantasy book she is currently reading.

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