

Testimony of Mr. Edgar Edmundson

Committee on Veterans' Affairs

United States House of Representatives

H.R. 6047, The Sharri Briley and Eric Edmundson Veteran Benefits Expansion Act of 2025

December 3, 2025

Chairman Bost, Ranking Member Takano, Members of the Committee, thank you for inviting me to testify today and thank you for your time.

Time... it is assumed to be unlimited by the young, and spoken of as passing too quickly by the older and wiser—like myself, and, I suspect, a few of you fine folks on this committee. For my family, every day since October 2nd, 2005 has been lived with a different understanding of time. We do not take a single hour for granted.

My son, Sgt. (Ret.) Eric Edmundson, was serving in Iraq when the Stryker vehicle he was driving was struck by an IED. In an instant, our lives were split into “before” and “after.” Eric sustained multiple traumatic injuries that day, but it was the loss of oxygen to his brain—the anoxic brain injury—that changed the course of his life most dramatically. It robbed him of his ability to speak, to walk, and to live independently. It requires him to have care and assistance 24 hours a day, seven days a week.

Twenty years ago, around this very time of year, I was standing beside Eric’s bed at Walter Reed Army Medical Hospital. My 25-year-old son—strong, driven, optimistic—lay hooked to machines that were keeping him alive. I remember looking at his hands, the hands that had held his daughter for the first time just months before he deployed. I kept thinking, “Time. Give him more time. Give us time to learn how to help him, how to care for him, how to rebuild a life around injuries no family ever expects.”

Two decades later, I am here because time has taught us a great deal. We have learned what it truly takes—physically, financially, and emotionally—to support a catastrophically injured veteran over the long term.

When I speak about “quality of life needs,” I’m not talking about luxuries. I’m talking about the basics of living with dignity, safety, comfort, and human connection. The additional funds proposed in this legislation would go directly toward:

- **Specialized caregivers and increased caregiving hours**

Eric requires constant supervision—not because he is unsafe, but because the environment around him can become unsafe for someone with his impairments. Trained caregivers prevent falls, prevent choking or aspiration, ensure proper transfers, assist with personal care, monitor health changes, and provide engagement that keeps him connected to the world. While I am enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers, these hours add up, and families cannot shoulder them alone forever.

- **Home modifications and maintenance of an accessible environment**

A home adapted for someone with severe disabilities requires constant upkeep as needs change over time—wider doorways, accessible bathrooms, safe flooring, reinforced entryways, and space that can accommodate medical equipment and wheelchairs. These demands often increase as the veteran ages and the injury evolves. While the VA SAH (Specially Adapted Housing) and SHA (Special Housing Adaptation) grants can help fund needed modifications, the process is complex and slow, making it difficult to find contractors willing to navigate the VA's requirements. Even with a strong contractor, the administrative hurdles can be so burdensome that many consider walking away, as we personally experienced.

- **Transportation and mobility support**

Accessible vehicles and medical transport are essential for veterans to stay mobile, attend therapy, and remain connected to their communities, yet the costs are often prohibitive. VA Form 4502 allows eligible 100% service-connected disabled veterans to access the current \$27,074.99 automobile grant, and in limited cases a second allowance may be available—either after 30 years or if a previously funded vehicle was destroyed in a natural disaster. Even with this support, accessible vehicles remain expensive, with new wheelchair-accessible vans ranging from about \$65,000 to \$98,000 and used options typically running \$18,000 to \$75,000.

- **Adaptive equipment and assistive technology**

Adaptive equipment for hobbies, exercise equipment, adjustable beds—these items are not one-time purchases. They wear out. They need upgrades. Technology evolves, and what worked five years ago is now obsolete. The additional funding would allow veterans like Eric to have tools that give them independence and comfort.

- **Therapeutic and quality-of-life activities**

Activities like gym sessions with a personal trainer, painting classes, music therapy, adaptive recreation, community programs, and church or personal enrichment may not be “medical” on paper, but they are essential for quality of life—they transform mere existence into true living, yet are often not covered by the VA. For veterans like Eric, who require 24/7 care, participating in these activities involves significant support: organizing and scheduling outings, one or two caregivers assisting with physical preparation, transportation, and ongoing help to ensure full engagement and participation in the activity.

- **Respite care for families**

Spouses, parents, and children who become full-time caregivers burn out—physically, emotionally, financially. Respite care is not a break from duty; it is a critical component of sustaining long-term caregiving and benefits the caregiver AND the veteran.

- **Out of pocket expenses related to VA programs**

The federal government provides many benefits and services for veterans like Eric, but sometimes agencies like the VA are so difficult to navigate that families like ours end up paying out of pocket for needed services like: wet wipes, 4x4 gauze for stomach tube, catheters, dental appointments. In addition, arbitrary caps, misaligned programs, and increased costs of living mean that available programs don't cover Eric's needs. And sometimes, Eric, who will never be able to work again, needs to simply have cash on hand to be able to support his family.

These are the things additional funding supports. These are the things that allow my son—and others like him—to experience life with dignity, purpose, and comfort.

We have stretched every dollar, we have fought every battle, and we have advocated at every stage because time continues to move forward. Veterans like Eric do not stop needing care just because the years pass. In fact, as they age with catastrophic injuries, their needs increase.

This legislation recognizes that reality. It acknowledges that the original support—while deeply appreciated—was never designed to cover two decades of round-the-clock care. It gives families the ability to adapt, to adjust, and to ensure that veterans are not simply surviving, but living.

And just as importantly, this legislation addresses what happens when time finally catches up—when a severely injured veteran passes away from the very injuries they sustained in service. The proposed increase in Dependency and Indemnity Compensation is not a symbolic gesture. It is a lifeline. Families who have spent years, often decades, caring for their veteran do not suddenly stop carrying the financial and emotional weight of those injuries upon the loss of the veteran. The medical equipment, the home modifications, the vehicle payments, the caregiving expenses, the loss of income and retirement wages—those responsibilities don't disappear after the funeral. The current DIC rate simply does not reflect the reality of those continuing costs. An increase would allow surviving spouses to maintain stability, preserve the homes and systems built over a lifetime, and avoid financial hardship after years of sacrifice. However, in addition to this change, we suggest that parent caregivers enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) be treated as spouses for the purposes of DIC eligibility. This would remove an inequity for a relatively small, but highly vulnerable population of survivors who often left their employment and lost their retirement to serve as caregivers, but, due to an outdated income threshold, do not qualify for DIC payments. Together, these changes honor the service member's sacrifice by protecting the family they leave behind.

When I look at my son today, at 45 years old, I see a man who gave everything he had in service to his country. He cannot speak for himself anymore—so I am here to speak for him. And I am asking you to work together now to find a mechanism to ensure that the time he has, and the time all severely injured veterans have, is filled with the care and support they earned.

Thank you for your time, and for considering what this support truly means to families like mine.