



Written Statement for the Record of
Jerusha S. Hancock, Esq., Chief of Legal Operations¹
Berry Law²

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Committees on Veterans' Affairs

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Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and distinguished Members of the Committees,

My name is Jerusha Hancock, and I am the Chief of Legal Operations with Berry Law. I am honored to submit this statement to contribute to the Committees' consideration of legislation affecting veterans' disability claims adjudication, as well as the integrity, transparency, and accountability of the VA benefits system.

Berry Law represents veterans nationwide in VA disability claims, including complex cases involving chronic pain, neurological conditions, mental health disorders, and service-connected toxic exposures. Through this work, our firm has gained extensive firsthand experience with how VA health care delivery, clinical documentation, and administrative policy impact veterans' ability to establish service connection and obtain accurate disability ratings.

Our attorneys and staff regularly interpret and apply VA statutes, regulations, and claims guidance, providing practical insight into how legislative and policy changes operate in practice, both in the delivery of care and in the evidentiary record used to adjudicate claims. This claims-focused perspective allows Berry Law to evaluate proposed legislation not only as a matter of policy, but also in terms of its tangible effects on veterans navigating the VA system.

Our perspective complements the indispensable work of Veterans Service Organizations by providing formal legal expertise, appellate advocacy, and an integrated understanding of how medical evidence, access to care, and benefits adjudication intersect. Because veterans' health

¹ Biography available at: www.ptsdlawyers.com/veterans-lawyers/jerusha-hancock.

² Berry Law is a midwestern law firm established in 1965 that handles personal injury litigation and veterans' disability appeals, providing legal counsel to injured civilians and veterans nationwide with an emphasis on securing VA benefits and compensation entitlements. For more information, visit www.ptsdlawyers.com.

outcomes, access to care, and disability compensation are deeply interconnected, improvements to VA claims processes directly reinforce the Subcommittee's mission of ensuring timely, high-quality support for those who have served.

My testimony today highlights five priority areas where targeted reforms can ensure veterans receive timely, accurate, and equitable benefits, while modernizing VA operations to reflect contemporary clinical science, economic realities, and technological advancements. These priorities are interrelated: each addresses systemic weaknesses that compound over time, and together they offer a roadmap for improving outcomes for veterans, reducing preventable appeals, and strengthening confidence in the claims process.

1. Restoring Accountability for Delayed and Erroneous Claims

Veterans should never be forced to endure years of uncertainty or lost benefits due to preventable administrative errors. Strengthening oversight, clarifying regulatory requirements, and creating mechanisms for timely review are essential to restoring trust in the system.

2. Expanding Equity in Service-Connected Compensation

The current claims framework must reflect both contemporary clinical understanding and the diverse experiences of modern veterans. This includes recognizing trauma-related conditions, accurately adjudicating PTSD and related disorders, and ensuring that mental health claims are adjudicated in alignment with the latest research and evidence-based standards.

3. Modernizing Mental Health Standards

Veterans seeking benefits for trauma-related conditions deserve a claims process grounded in contemporary psychiatric research. Updating stressor corroboration standards, expanding recognition of clinically validated trauma markers, and establishing systemic reforms will reduce preventable denials and remands while promoting equitable treatment.

4. Promoting Economic Fairness Through Back Pay Reform

Delayed benefits are not merely administrative inconveniences, they have long-term consequences for financial stability, health, and retirement security. Reforming the backpay system to account for the economic opportunity lost during decades of delayed compensation will ensure that veterans are truly made whole, reflecting the realities of lifetime financial planning.

5. Implementing Responsible, Transparent, and Accountable AI

Artificial intelligence holds great promise to improve claims accuracy, reduce errors, and standardize medical examinations. At the same time, AI introduces

unique challenges regarding privacy, oversight, and fairness. Careful, structured integration of AI as a decision-support tool, guided by human judgment, rigorous oversight, and transparent safeguards, will enable modernization without compromising veterans’ rights or trust.

Across all five priorities, several consistent themes emerge: veteran-centered outcomes, evidence-based decision-making, and accountability for both administrative and technological processes. These reforms are not only morally imperative, but they are also operationally sound. They enhance efficiency, reduce avoidable appeals, and promote fairness, ensuring that veterans receive benefits that accurately reflect the service-connected impact of their conditions.

To provide clarity and assist Congress in evaluating these reforms, a comprehensive table of recommendations is included following this introduction. This table summarizes the priority areas, the systemic challenges they address, and the concrete actions we recommend for the VA and Congress to implement. In the testimony that follows, I will provide a detailed analysis of each priority, including both the challenges currently facing veterans and the concrete legislative and administrative steps that can improve outcomes across the country.

	Recommendation	Intended Outcome / Purpose
Priority No. 1: Timely & Accurate Claims Decisions (p. 5)	Implement standardized quality control procedures and training for adjudicators.	Reduce errors, remands, and prevent unnecessary delays in claims processing.
	Improve transparency and clarity in decision letters.	Ensure veterans understand decisions and avoid preventable appeals.
	Strengthen oversight and reporting mechanisms for front-end accuracy.	Promote accountability and consistent adjudication across the VA system.
Priority No. 2: Duty to Assist and Higher-Level Review Reforms (p. 13)	Clarify that duty-to-assist errors should only benefit claimants, not trigger redevelopment of previously granted service connection.	Preserve statutory intent and protect veterans’ established benefits.
	Require enhanced notice when duty-to-assist errors could affect existing service connection.	Ensure veterans are aware of potential consequences and can respond before adverse actions.
	Align higher-level review practices with pro-claimant principles in 38 U.S.C. § 5103A and AMA.	Restore fairness, consistency, and confidence in the appeals system.

	Recommendation	Intended Outcome / Purpose
<p>Priority No. 3: Modernizing Mental Health Standards (p. 22)</p>	Clarify and expand stressor corroboration criteria for PTSD claims.	Reduce preventable remands and denials; reflect contemporary understanding of trauma.
	Recognize scientifically validated behavioral, cognitive, and physiological trauma markers across mental health conditions.	Ensure equitable adjudication for all trauma-related disorders.
	Establish a scientific task force to review evidentiary standards and recommend regulatory updates.	Align VA adjudication with contemporary clinical research and best practices.
<p>Priority No. 4: Economic Fairness and Back Pay Reform (p. 25)</p>	Calculate back pay using current COLA-adjusted rates for cases involving VA error.	Compensate veterans for lost opportunity, build equity, and make them financially whole.
	Alternatively, calculate back pay using historical rates plus interest.	Provide partial remedy for lost financial stability where full COLA-adjusted approach is not feasible.
	Limit reform to cases of VA error, excluding delays caused by the veteran, with phased implementation.	Manage fiscal impact while targeting relief to those harmed by VA mistakes.
<p>Priority No. 5: Responsible AI Integration (p. 30)</p>	Use AI to calculate effective dates for service connection and increased evaluations, with human review of all outputs.	Reduce effective date errors, improve retroactive compensation accuracy, and prevent unnecessary appeals.
	Maintain human oversight and establish training, probation, and audit programs for AI-assisted workflows.	Preserve fairness, accountability, and legal compliance in claims adjudication.
	Ensure transparency and veteran choice, including opt-out options for AI-assisted processes.	Uphold veterans' rights, maintain trust, and provide informed participation.
	Implement robust data protection, cybersecurity, retention policies, and feedback mechanisms for AI workflows.	Protect PII, PHI, and sensitive veteran data; mitigate security and privacy risks.
	Use AI to pre-screen medical examination reports for completeness, rationale, and regulatory compliance.	Reduce remands, improve examination quality, and increase efficiency without replacing medical judgment.

PRIORITY No. 1: IMPROVING TIMELINESS

Preventing early errors and reducing remand cycles.

The most effective way to reduce backlog in the VA disability claims system is to ensure accuracy and completeness at the earliest stages of adjudication. Systemic delays are less often caused by legal ambiguity and more frequently by recurring procedural errors, inconsistent evidence development, redundant nexus examinations, and avoidable remand cycles. Even under the *Veterans Appeals Improvement and Modernization Act of 2017 (AMA)*,³ many Veterans continue to wait years for final resolution of their claims. These delays impose not only financial and emotional burdens on Veterans but also substantial operational costs on the VA, further straining adjudicative resources. Veterans who rely on disability compensation to cover basic living expenses may face months of hardship when claims are prolonged by preventable errors.

Frequent contributors to delay include repeated remands, incomplete evidence collection, inconsistent examination quality, and unclear reasoning in decision letters. These inefficiencies cascade throughout the system: a single early-stage error can multiply into multiple supplemental claims, Higher-Level Review (HLR) requests, and Board of Veterans' Appeals (Board) remands, significantly extending total adjudication time.

The existing statutory and regulatory framework already provides sufficient authority to address these challenges. The central opportunity lies not in structural overhaul, but in disciplined execution: proactive error prevention, standardized operational practices, and consistent application of procedural requirements. By prioritizing early-stage accuracy, ensuring thorough and consistent evidence development, and maintaining transparency in decision-making, the VA can reduce unnecessary remands, shorten claim lifecycles, and deliver timely, reliable, and Veteran-centered decisions.

A. Root Causes of Delay

Even though the AMA established a multi-lane review system, including supplemental claims, Higher-Level Review (HLR), and direct Board appeals, bottlenecks persist across the VA disability claims process. Delays are particularly pronounced in cases requiring additional evidence development or when technical deficiencies in initial decisions trigger mandatory remands. Several recurring factors contribute to prolonged claim lifecycles, each compounding downstream workloads for Regional Offices and the Board.

A principal source of delay is repeated and incomplete evidence development. Under 38 U.S.C. § 5103A and 38 C.F.R. § 3.159, the VA has a statutory duty to assist claimants in obtaining relevant evidence, including federal and private medical records, and to provide medical examinations when necessary. In practice, however, evidentiary gaps remain common. Missing or incomplete records, inadequate medical opinions, and failure to properly consider competent lay

³ Pub. L. No. 115-55.

evidence often necessitate supplemental development or Board remands, creating cycles of inefficiency.

Key contributors to delays include:

- Inadequate Examinations: Medical opinions that lack sufficient rationale, fail to address aggravation,⁴ or omit consideration of competent lay evidence frequently trigger repeated development cycles. When examiners do not fully analyze all facets of a claimed condition, subsequent reviewers must request additional examinations or clarifying opinions, which lengthens adjudication timelines.
- Failure to Address All Theories of Entitlement: Initial decisions that overlook secondary service connection,⁵ aggravation, and other reasonably raised theories of entitlement force Veterans to submit supplemental claims or appeal to the Board. These preventable gaps propagate through every stage of the process, multiplying workload and delaying final resolution.
- Insufficient “Reasons or Bases”:⁶ Decisions that do not clearly explain how evidence was weighed or why certain findings were made fail to meet the requirements of 38 U.S.C. § 7104(d)(1) and 38 C.F.R. § 3.103(a). Without clear reasoning, remands become the primary corrective mechanism, compounding inefficiency and contributing to a cycle of repeated review.

Judicial precedent reinforces the need for thorough, well-reasoned decision-making. In *Barr v. Nicholson*, 21 Vet. App. 303 (2007), the Court held that once VA provides an examination, it must be adequate. In *Stefl v. Nicholson*, 21 Vet. App. 120 (2007), the Court emphasized that medical opinions must contain sufficient rationale to permit informed Board review. Similarly, *Robinson v. Peake*, 21 Vet. App. 545 (2008), requires VA to address all theories of entitlement reasonably raised by the record. Consistent adherence to these standards is essential to prevent avoidable remands and improve system-wide efficiency.

B. The Remand Ripple Effect: How Backlogs Multiply

Remands extend the lifecycle of claims because the Board is legally obligated to correct deficiencies under 38 U.S.C. §§ 5103A(f)(2) and 7104(a). While remands play an important role

⁴ “Aggravation theory” refers to compensation for the degree to which a non-service-connected disability is permanently worsened beyond its natural progression by a service-connected condition. 38 C.F.R. § 3.310(b); see also *Allen v. Brown*, 7 Vet. App. 439 (1995).

⁵ “Secondary service connection” refers to a disability that is proximately due to or the result of an already service-connected condition. 38 C.F.R. § 3.310(a).

⁶ “Reasons or bases” refers to the statutory and regulatory requirement that the VA provide a clear written explanation of the factual findings, legal standards applied, and rationale supporting its decision, sufficient to permit the claimant to understand the precise basis for the decision and to facilitate meaningful judicial review.

in safeguarding due process and reinforcing the VA's duty to assist, repeated remand cycles can significantly prolong overall processing times. Claims that could be resolved in months may instead take years, as files are redeveloped, additional examinations are scheduled, and new decisions are issued.

These delays create cascading administrative burdens throughout the system. Each remand can trigger supplemental evidence development, additional medical examinations, HLR, and repeated Board evaluations. Many of these remands result not from substantive disagreement over entitlement but from predictable, correctable deficiencies, such as incomplete evidence collection, insufficient rationale in medical opinions, or failure to address all reasonably raised theories of entitlement.

Data consistently demonstrate that remanded claims take substantially longer to reach final disposition than non-remanded claims.⁷ Our firm's experience confirms that a large portion of remands stem from recurring errors that could have been corrected at the initial adjudicatory stage. This pattern highlights a fundamental principle: improving accuracy early in the claims process is not merely advantageous, it is essential to reducing systemic delays.

By prioritizing thorough development, complete evidence collection, and clear, well-supported reasoning at the outset, the VA can prevent errors from cascading through subsequent stages, shorten claim lifecycles, and alleviate both administrative workload and Veteran hardship. Early-stage diligence is the most effective safeguard against the compounding delays caused by repetitive remands.

C. Preventing Early-Stage Errors

A substantial portion of systemic delay originates at the initial claim and HLR stages. These errors are rarely novel or legally complex; they are recurring and identifiable. When they occur early, mistakes cascade through the system, driving supplemental claims, HLR requests, and ultimately Board remands. Addressing these issues at the outset materially reduces the number of cases that advance unnecessarily and shortens claim lifecycles.

Get It Right the First Time

Initial rating decisions are governed by the duty to assist under 38 U.S.C. § 5103A and 38 C.F.R. § 3.159. This duty encompasses:

⁷ See Department of Veterans Affairs, Board of Veterans' Appeals. (2024). *Chairman's annual report: Fiscal year 2023* (p. 43) (Average Remand Time Factor of 331 days, representing the additional time remanded cases spend in development before final resolution compared with non-remanded cases). U.S. Department of Veterans Affairs. Available at: www.department.va.gov/board-of-veterans-appeals/wp-content/uploads/sites/19/2025/04/2023_bva2023ar.pdf. Last accessed: Feb 28, 2026.

- Comprehensive Evidence Collection: Ensuring that all relevant service and medical records, both federal and private, are obtained before a decision is issued.
- Adequate Medical Examinations: Providing needed examinations that thoroughly address both primary and secondary service connections, including aggravation analyses, and that incorporate all competent lay evidence.
- Clear and Defensible Decisions: Issuing rating decisions with well-articulated reasons-and-bases that demonstrate how evidence was weighed and why certain findings were made.

Failure to address all reasonably raised theories of entitlement propagates errors through every subsequent stage of review, generating downstream workload and unnecessary delays.

Common Early Errors

Under the AMA, remand is required, not discretionary, for pre-decisional duty-to-assist errors.⁸ Our firm has found that these patterns, often detectable before a decision is finalized, include:

- Incomplete Medical Opinions: Examinations or opinions that omit aggravation analysis under 38 C.F.R. § 3.310(b) or fail to connect the condition to service.
- Insufficient Consideration of Lay Evidence: Examinations or decisions that ignore credible statements from Veterans or other competent lay sources.
- Factual Deficiencies: Opinions based on incomplete or inaccurate factual histories that fail to reflect the totality of the record.
- Evidence Gaps: Failure to obtain or review all relevant federal or private treatment records.
- Neglected Entitlement Theories: Decisions that do not explicitly address all reasonably raised claims, including secondary service connection, aggravation, or alternative bases of entitlement.

When left uncorrected, these errors generate years of avoidable supplemental claims, HLR requests, and Board remands, compounding delays and administrative burden.

⁸ 38 U.S.C. § 5103A(f)(2); 38 C.F.R. § 20.802(a).

Making Higher-Level Review Meaningful

HLR is designed to provide *de novo*⁹ review by a more experienced adjudicator, offering an opportunity to correct early-stage errors before a case reaches the Board. Its effectiveness depends on active, rigorous evaluation:

- Proactive Error Correction: When HLR officers thoroughly reassess examination adequacy, duty-to-assist compliance, and coverage of all entitlement theories, many appeals can be resolved without further escalation.
- Avoiding Mere Confirmation: If HLR primarily serves to confirm initial decisions, early errors persist, compounding workload, delaying resolution, and undermining Veterans' confidence in the VA process.

In many instances, appeals arise not just from disagreement with the outcome, but from a lack of clarity in the rationale. Decisions that clearly articulate their analytical pathway are more defensible and reduce avoidable appellate review. Transparent reasons-and-bases reinforce trust in the system, clarify evidentiary gaps, narrow disagreements, and minimize unnecessary supplemental filings, benefiting both veterans and the VA.

D. Strengthening HLR Conferences

Because HLR is conducted *de novo* and does not permit submission of new evidence, HLR conferences were established under the AMA to allow claimants to clarify the existing record, address issues potentially overlooked in the initial rating decision, and resolve disputes before cases proceed through adjudication. These conferences provide a critical early-stage intervention, fostering direct engagement with adjudicators and enhancing transparency in evidentiary evaluation.

Veterans consistently report that substantive HLR conferences improve their understanding of the claims process and increase confidence in adjudication outcomes. When conducted properly, they allow minor procedural or evidentiary issues to be corrected before cases escalate to formal remands and ensure that all reasonably raised theories of entitlement are considered. This potential, however, is realized only when conferences are substantive rather than perfunctory.

Despite this promise, current HLR practices vary widely, undermining system efficiency. Across Regional Offices, procedures for scheduling and rescheduling conferences are inconsistent, resulting in missed or delayed appointments. Adjudicator interpretation of medical evidence differs across offices, producing uneven outcomes. In some locations, conferences primarily confirm the

⁹ “*De novo* review” refers to review conducted without deference to the prior decision-maker’s factual findings or legal conclusions. In the context of HLR, it means that a qualified VA reviewer examines the claim anew, considering the evidence of record at the time of the review, without deference to the prior decision, but does not allow submission of new evidence. 38 C.F.R. § 3.2600; 38 U.S.C. § 5104B(c).

initial decision rather than critically reviewing evidence, adequacy and reasoning. As a result, avoidable errors persist into the Board stage, generating remands and extending final resolutions by months or even years. This inconsistency increases workload and erodes veterans' confidence in timely, fair adjudication.

HLR conferences have the potential to serve as a critical safeguard against early-stage errors in VA disability claims. Fully realizing this potential requires consistent, standardized procedures, comprehensive training, and data-informed oversight. When HLR functions as intended, identifying errors early, correcting deficiencies, and clarifying evidentiary issues, the VA system benefits from improved timeliness, reduced remand rates, and more reliable decisions. For veterans, a strengthened HLR process translates into faster, more accurate determinations and greater confidence that their claims are evaluated thoroughly, fairly, and transparently.

E. Reducing Remand Cycles

Repeated remands between the Board and Regional Offices are a major cause of delays in the disability claims process. While remands are sometimes necessary to ensure compliance with statutory and regulatory obligations, their frequency and persistence reveal systemic weaknesses. Each remand can add months or even years to claim resolution, creating financial, health, and emotional burdens for Veterans while consuming substantial administrative resources.

Many remands do not arise from genuine disagreements over entitlement but from correctable procedural errors. Common drivers include incomplete evidence development, inadequate medical examinations, and insufficient reasoning in decisions.¹⁰ Across all claim types, these recurring procedural deficiencies compound over time, producing cyclical remand patterns that significantly extend claim lifecycles.

The impact on timeliness is profound. These triggers are identifiable, predictable, and, most importantly, preventable. By addressing them systematically, VA can improve efficiency, reduce processing time, and preserve claimant protections without altering entitlement standards. Prioritizing accuracy and thoroughness at the earliest stages, through comprehensive evidence collection, well-supported medical examinations, and clear, defensible decision-making, can substantially reduce avoidable remands. Early-stage diligence prevents errors from multiplying throughout the system, shortens claim lifecycles, conserves resources, and delivers timely, reliable outcomes for Veterans.

F. Leveraging Presumptive Secondary Conditions

Many secondary service connection claims require repeated nexus opinions, even when the relationship to a primary service-connected condition is well-established. Certain secondary conditions have well-documented associations with primary service-connected disabilities.

¹⁰ As an example, in mental health claims, particularly posttraumatic stress disorder (PTSD), remands frequently occur due to incomplete verification of claimed stressors under 38 C.F.R. §§ 3.304(f) and 3.307.

Frequently encountered examples include radiculopathy resulting from degenerative spine disease, peripheral neuropathy secondary to orthopedic conditions, chronic migraines following traumatic brain injury, and depressive or anxiety disorders associated with chronic pain. Despite the medical consensus supporting these relationships, current procedures often require duplicative nexus development, contributing to delays and unnecessary administrative burden.

Implementing narrowly tailored presumptive frameworks for medically established secondary conditions could streamline adjudication and reduce redundant development. This approach builds on statutory precedent, such as chronic disease presumptions under 38 U.S.C. § 1112 and toxic exposure presumptions under the *Honoring our PACT Act of 2022*,¹¹ which recognize patterns of causation supported by clinical and epidemiological evidence.

Key safeguards for any presumptive framework would include:

- Limiting recognition to medically supported conditions: Ensuring only conditions with strong, consistent evidence are covered.
- Requiring a clear diagnosis of the primary disability: Establishing the service-connected condition before applying the presumption.
- Allowing rebuttal evidence: Maintaining accuracy by permitting evidence that demonstrates an alternative cause.
- Grounding presumptions in clinical and epidemiological consensus: Using established medical science to ensure reliability and fairness.

By adopting such frameworks, adjudicators can focus on evaluating proper rating criteria, severity, functional loss, and occupational impact, rather than repeatedly confirming causation that is rarely in genuine dispute. This targeted approach reduces procedural delays, prevents avoidable remands, and allows VA resources to be allocated to more complex or contested claims, ultimately improving timeliness and efficiency for Veterans

G. Optimizing Examination Scheduling and Communication

Missed Compensation and Pension (C&P) examinations are one of the most preventable sources of delay in the VA disability system. These examinations are essential to accurate adjudication, yet breakdowns in scheduling and communication frequently result in missed appointments. We have found that, often, these issues arise from systemic operational challenges (e.g., short notice, outdated contact information, unclear instructions, or inconsistent outreach) rather than from any lack of participation by the Veteran. Missed examinations can lead to incomplete records, denials, and appeals, creating cascading delays that again extend claim timelines and consume substantial administrative resources.

¹¹ Pub. L. 117-168.

Operational failures contributing to missed exams include last-minute scheduling changes, communications from unfamiliar phone numbers being filtered as spam, lost postal notices, and unclear instructions regarding appointment location, importance, or virtual platforms. Reliance on a single communication channel without confirmation further exacerbates these challenges. While VA regulations¹² provide guidance for timely notifications and documentation, implementation varies widely across contractors and facilities, leaving room for confusion and preventable missed appointments.

To address these challenges, VA should standardize and streamline communication and scheduling practices. Multi-channel notifications with minimum notice periods, documented outreach attempts, confirmation of receipt, and centralized access to scheduling portals, such as VA.gov and My HealthVet, can ensure Veterans receive clear, timely information. Instructions should clearly explain how to report barriers or request rescheduling. By implementing these operational improvements, VA can reduce preventable missed examinations, minimize downstream appeals and remands, conserve resources, and deliver more timely, reliable outcomes for Veterans.

H. Toward Faster, More Accurate Decisions

Delays in VA disability claims arise primarily from recurring, preventable process deficiencies rather than substantive entitlement disputes. Early-stage errors, incomplete evidence, unclear reasoning, inconsistent HLR practices, repetitive nexus analyses, and missed examinations all contribute to cascading remands.

Addressing these issues through standardized procedures, quality control measures, competency-based training, and data-informed oversight allows VA to exercise its existing statutory authority effectively, reduce unnecessary remands, and improve timeliness. Prioritizing early accuracy, consistency, and proactive error correction strengthens the system, conserves resources, and ensures Veterans receive fair, timely, and reliable access to benefits.

To translate these insights into actionable improvements, the following targeted measures, directed by Congress, can help VA strengthen early-stage accuracy, reduce preventable remands, and ensure timely, Veteran-centered decisions:

- Front-Loaded Quality Assurance: Implement pre-decision quality reviews at Regional Offices to verify evidence completeness, adequacy of medical examinations, and consideration of all reasonably raised entitlement theories. Require certification with each rating decision that statutory and regulatory standards are met.
- Standardization and Checklists: Use standardized adjudication checklists to ensure direct, secondary, and aggravated claims are properly addressed.

¹² See 38 C.F.R. § 3.655 and 38 C.F.R. § 3.160(f), and VHA Directive 1500 series.

Standardize reasons-and-bases requirements to reduce remands caused by insufficient explanations.

- HLR Strengthening: Transform Higher-Level Review into an active error-correction mechanism by:
 - Standardizing HLR conference procedures.
 - Providing comprehensive competency-based training for adjudicators.
 - Aligning performance metrics with error identification and correction rather than throughput alone.
- Training and Performance Oversight: Implement recurring, competency-based training for adjudicators and examiners focused on aggravation, adequate rationale, and evaluation of competent lay evidence. Track remand root causes by claim type, adjudicator, and Regional Office to enable targeted improvements.
- Presumptive Secondary Conditions: Adopt narrowly tailored presumptive frameworks for medically well-established secondary conditions, with safeguards for rebuttal evidence, ensuring focus is on rating criteria rather than repetitive causation analysis.
- Examination Scheduling and Communication: Standardize multi-channel appointment notifications, ensure minimum notice periods, document outreach attempts, centralize scheduling access via VA secure portals, and clarify instructions for reporting barriers or requesting rescheduling.
- Data Transparency and Continuous Improvement: Collect and publish standardized data on primary remand drivers, recurring error trends, and corrective actions to support oversight, data-driven decision-making, and continuous quality improvement.

PRIORITY No. 2: STANDARDIZED ADJUDICATION

Ensuring consistent, high-quality, and transparent adjudication nationwide.

Veterans rely on the VA to adjudicate claims for disability benefits in a fair, timely, and consistent manner. For veterans with similar claims, outcomes should be predictable, consistent, and reflective of statutory and regulatory standards, regardless of which Regional Office or adjudicator handles the case. Consistency is a fundamental component of fairness in the veterans' benefits system, and its absence has profound consequences. When similar claims yield divergent results, veterans lose confidence in the system, appeals increase, and administrative resources are

consumed unnecessarily. Addressing adjudication variability is therefore essential both to restore trust and to improve efficiency across the VA system.

A. Systemic Variability in Adjudication

Despite clear statutory and regulatory guidance, including 38 U.S.C. § 1155 (governing disability evaluations), 38 U.S.C. § 5107(b) (the evidentiary standard for service connection), and the Schedule for Rating Disabilities at 38 C.F.R. Part 4, outcomes in VA claims remain inconsistent. The U.S. Court of Appeals for Veterans Claims has repeatedly affirmed that when evidence is in “approximate balance,” the benefit of the doubt is to be resolved in favor of the veteran.¹³ Yet, in practice, identical or nearly identical claims are often adjudicated differently depending on the RO, the assigned Rating Service Representative, or the contract examiner used.¹⁴

Variability manifests not only in outcomes but also in the quality of reasoning and analysis. Cases are routinely remanded by the Board of Veterans’ Appeals for errors that could have been avoided with thorough front-end adjudication. These remands often involve the failure to consider all reasonably raised theories of entitlement, inadequate or legally insufficient medical examinations, or unclear reasoning in the decision letters.¹⁵ Such disparities impose real costs on veterans, forcing them to navigate complex appeals over matters that should have been decided correctly the first time. For the VA, inconsistent adjudication results in repeated workloads, inefficiencies, and prolonged resolution of claims.

Further, the increased reliance on contract medical examiners to meet timeliness metrics has created a new source of variability. While contracting allows the VA to scale operations quickly, oversight mechanisms have not consistently ensured that contract examinations meet legal and medical standards. This has led to recurring deficiencies, including incomplete review of prior records, inaccurate factual assumptions, and superficial or conclusory opinions. Examiners sometimes misunderstand or misapply legal standards for service connection, apply inappropriate probability thresholds, or fail to perform required analyses for secondary service connection or aggravation. In effect, these inconsistencies produce a system in which veterans with equivalent service histories and medical evidence may receive widely differing outcomes.

The human impact of this variability cannot be overstated. Veterans are left confused, frustrated, and distrustful of a system intended to support them. They may endure unnecessary delays in receiving earned benefits, file repetitive appeals, and expend personal time and resources

¹³ *Gilbert v. Derwinski*, 1 Vet. App. 49 (1990).

¹⁴ Oversight bodies have repeatedly found that error rates, remand rates, and medical examination deficiencies vary significantly by location and adjudicator, undermining confidence in the system and creating inequitable treatment for similarly situated veterans. U.S. Gov’t Accountability Office (GAO), *VA Disability Benefits: Improved Quality Assurance and Oversight Needed* (GAO-18-352) (2018); VA Office of Inspector General (OIG), *Review of VBA’s Oversight of Contract Medical Examinations* (Report No. 19-XXXX) (2020).

¹⁵ See, generally, Board of Veterans’ Appeals Annual Reports, available at www.department.va.gov/board-of-veterans-appeals/annual-reports-to-congress. Last accessed Feb. 25, 2026.

to correct errors that were preventable. In some cases, these discrepancies discourage veterans from using streamlined appeals processes, such as higher-level review, because they fear additional scrutiny or unintended consequences on already granted benefits. The resulting bottlenecks further strain the system and diminish the efficiency gains that reforms such as the Appeals Modernization Act (AMA) were designed to achieve.

B. Adequacy and Consistency of Medical Examinations

Medical examinations are a cornerstone of accurate adjudication, as they form the evidentiary basis for determining the nature, severity, and service connection of a disability. Under 38 U.S.C. § 5103A, the VA has a statutory duty to provide adequate examinations when necessary to decide a claim. For an examination to be adequate, it must be based on a complete review of the veteran's claims file, include a detailed description of the disability, and provide a clear, reasoned medical opinion that allows adjudicators to make informed decisions.¹⁶ Examiners must avoid substituting their judgment for the adjudicator's and must not resolve legal questions, instead providing medical expertise to support adjudication.¹⁷

Despite these standards, recurring deficiencies plague medical examinations, both from contract examiners and VA staff. Common problems include incomplete review of prior medical history, reliance on inaccurate factual assumptions, insufficient reasoning in medical opinions, and failure to address legally mandated elements such as aggravation, secondary service connection, or the relevance of lay evidence.¹⁸ Secondary conditions, in particular, are prone to inconsistency, as examiners frequently fail to analyze causal chains comprehensively or document intermediate steps,¹⁹ such as the role of obesity in exacerbating a service-connected condition.²⁰

The consequences of inadequate or inconsistent examinations are significant. They lead to unnecessary remands, repetitive development requests, and delays that can last months or years. Veterans who have already experienced prolonged waits for determinations may face additional barriers in demonstrating entitlement to benefits. In practice, inadequate examinations can also compromise decision-making at later stages, including HLR or Board review, because subsequent adjudicators are forced to resolve uncertainties caused by incomplete or legally deficient medical documentation.

¹⁶ *Barr v. Nicholson*, 21 Vet. App. 303 (2007); *Nieves-Rodriguez v. Peake*, 22 Vet. App. 295 (2008).

¹⁷ *Delrio v. Wilkie*, 32 Vet. App. 232 (2019).

¹⁸ VA OIG, *Contracted Disability Examination Program Review* (multiple reports). See also GAO-18-352.

¹⁹ National Academies of Sciences, Engineering, and Medicine. (2007). *A 21st century system for evaluating veterans for disability benefits*. National Academies Press. Available at www.nationalacademies.org/read/11885. Last accessed on Feb. 25, 2026. (Noting that C&P exam deficiencies, including incomplete exams and inadequate medical opinions, constituted a large proportion of remand reasons, demonstrating longstanding challenges in exam quality).

²⁰ *Walsh v. Wilkie*, 32 Vet. App. 300 (2020).

C. Transparency and Accountability in Adjudication

Veterans currently have limited visibility into the performance of adjudicators or medical examiners. While internal quality review mechanisms exist, there is no publicly accessible system tracking patterns of inadequate performance, corrective measures, or repeat deficiencies.²¹ When flawed examinations or decisions lead to denials, veterans are forced into appeals to correct systemic errors. This shifts the burden onto the claimant, creating inequities and undermining trust in the system.

The lack of transparency also impedes broader accountability. Without clear reporting on examiners' performance, recurring deficiencies persist uncorrected, and systemic trends remain difficult to address proactively. This opacity affects both veterans and the VA, as it increases appeals, delays benefits, and consumes administrative resources that could otherwise be directed toward complex or novel cases.

D. Clear Decision Letters

Clear, comprehensible decision letters are essential to due process, administrative fairness, and veteran trust. Veterans must be able to understand what has been decided, why, and what options are available for review or appeal. The statutory framework under 38 U.S.C. § 5104 is designed to provide notice of issues adjudicated, evidence considered, favorable findings, reasons for denials, and instructions for review.

Unfortunately, in practice, decision letters frequently fall short of this statutory mandate. They frequently contain dense regulatory citations, technical language, and poorly organized reasoning that is inaccessible to most veterans. This lack of clarity makes it difficult to determine whether an appeal is worthwhile or how to strengthen their case.

The VA's February 2024 *Periodic Progress Report on Appeals* shows that only 25% of veterans requested a review of their initial claims' decisions.²² It is deeply troubling and likely reflects the confusing and opaque nature of decision letters rather than satisfaction with outcomes. In fiscal year 2025, the VA processed over one million claims, granting more than 60% and denying roughly 40%.²³ Even among granted claims, veterans may have legitimate grounds to appeal

²¹ For additional information, please see my colleague, Stephanie Costello's, statement for the record submitted for the January 14, 2026, oversight hearing "Reevaluating the Rating Schedule: Examining VA's Efforts to Modernize Disability Benefits." Available at: <https://docs.house.gov/meetings/VR/VR09/20260114/118820/HHRG-119-VR09-20260114-SD002.pdf>.

²² U.S. Department of Veterans Affairs. (2024). Periodic Progress Report on Appeals. Accessed on February 23, 2025, at <https://benefits.va.gov/REPORTS/AMA/CMR/2024/appeals-report-cmr-202402.pdf>.

²³ VA News. (February 25, 2025). VA processes one million disability claims faster than ever before. Accessed on February 24, 2026, at <https://news.va.gov/press-room/va-processes-one-million-disability-claims-faster-than-ever-before/#:~:text=Despite%20receiving%2015.6%25%20more%20claims,to%20Veterans%20and%20VA%20beneficiaries.%E2%80%9D&text=Veterans%20with%20questions%20about%20their,documents%20can%20be%20submitted%20online.>

aspects such as assigned disability ratings, effective dates, or other components that materially affect their benefits.

When three-quarters of veterans do not seek any form of review, we must ask why. Are they truly satisfied?

Experience suggests otherwise: many veterans contact our firm not because they want to appeal, but because they cannot comprehend their decision letters or the options. The low appeal rate may reflect confusion, frustration, or resignation, leaving meritorious claims unreviewed.

Unclear decision letters have cascading effects. Veterans may not realize that an adverse decision was rendered, miss appeal deadlines, or file unnecessary appeals for already favorable decisions. They may also contact Veterans Service Organizations, private attorneys, or VA call centers for clarification, diverting time and resources from substantive assistance. Systemic inefficiencies arise when follow-up adjudicators cannot easily interpret prior decisions, potentially re-litigating previously resolved issues or overlooking favorable findings.

Decision letters must be written for the veteran, not as internal administrative documents. Key elements must include:

- Explicit favorable findings with clear ratings and effective dates;
- Clear adverse findings explaining why claims were denied and what additional evidence could support a successful claim;
- Transparent discussion of how evidence was weighed and conclusions reached;
- Complete plain-language instructions on appeal rights and deadlines; and
- Identification of unresolved issues to prevent duplicative filings.

E. Duty-to-Assist and Post-Service-Connection Safeguards

As previously mentioned, under 38 U.S.C. § 5103A, the VA has a statutory duty to assist claimants in developing their claims.²⁴ Congress explicitly clarified that these responsibilities "shall not be construed as precluding the Secretary [of Veterans Affairs] from providing such other assistance [. . .] as the Secretary considers appropriate."²⁵

In practice, when a higher-level adjudicator identifies a duty-to-assist error during review but cannot grant the maximum benefit, the claim must be returned for correction and

²⁴ 38 U.S.C. § 5103A. *See also* 38 C.F.R. §§ 3.156, 3.159.

²⁵ *See* 38 U.S.C. § 5103A(f).

readjudication.²⁶ The duty to assist exists solely to benefit the claimant and is grounded in the pro-veteran canon of statutory interpretation.²⁷ It is not intended as a mechanism to re-litigate or reduce already established service connections.

Despite this, HLR processes frequently use identified duty-to-assist errors to redevelop or readjudicate service-connected conditions. This practice undermines the statutory safeguards that Congress intended, discourages veterans from using streamlined appeal processes, and increases workloads for the Board.²⁸

Current notice practices are generic, and thus inadequate. Veterans are often informed generically that a duty-to-assist error was identified and that additional development will occur, without being told that their previously granted service connections may be at risk. Typical language includes:

We failed to get an examination(s) and/or medical opinion(s). We will develop for adequate VA examination(s) and/or medical opinion(s).

Internal VA memos that outline the intent to redevelop or readjudicate service connection are not provided to the veteran and require Freedom of Information Act (FOIA) or Privacy Act requests to access,²⁹ a process that can take months, or even years.

Adequate notice should include:

- A clear explanation of the error and why additional development is necessary;
- An opportunity to respond before development occurs; and
- Disclosure of potential consequences, including possible reduction or severance of benefits.

VA's reporting illustrates the scale of potential impact:

- As of February 23, 2025, 574,246 claims were pending, including those requiring development and decision by the Veterans Benefits Administration (VBA).³⁰

²⁶ See 38 C.F.R. § 3.2601(g) See also *Hodge v. West*, 155 F.3d 1356, 1362 (1998) (“This court and the Supreme Court both have long recognized that the character of the veterans' benefits statutes is strongly and uniquely pro-claimant.”).

²⁷ *Gilbert v. Derwinski*, 1 Vet. App. 49.

²⁸ Board of Veterans' Appeals. Decision wait times. Accessed on February 23, 2026, at <https://department.va.gov/board-of-veterans-appeals/decision-wait-times>.

²⁹ Accredited representatives have a right to remote, read-only access to Veterans Benefits Management System (VBMS) file under 38 C.F.R. §§ 1.600(b)(1) and 1.601(a)(2).

³⁰ U.S. Department of Veterans Affairs. Veterans Benefits Administration Reports – Detailed Claims Data. Accessed on February 23, 2026, at https://www.benefits.va.gov/reports/detailed_claims_data.asp.

- Approximately 25% of Veterans requested a review of their initial decisions; 85% filed a supplemental claim or HLR request, and 15% appealed to the Board.”^{31,32}
- In January 2026, 141,872 HLR requests were pending.³³
- Since AMA’s inception, VA metrics report 631,535 duty-to-assist errors related to inadequate examinations and medical opinions.³⁴

Current reporting does not indicate how many of these errors led to redevelopment of service connection, nor how many resulted in reduction or severance of benefits. This lack of transparency raises due process concerns and prevents meaningful Congressional oversight.

Veterans should receive clear, advance notice whenever a duty-to-assist error may adversely affect established service connection, similar to the protections in 38 C.F.R. § 3.105(d) for proposed severance.

A statutory amendment to 38 U.S.C. § 5104B(c) could codify this right:

(c) Decision.—Notice of a higher-level review decision under this section shall be provided to the claimant (and any representative of such claimant) and shall include a general statement—

(1) reflecting whether evidence was not considered pursuant to subsection (d); **and**

(2) noting the options available to the claimant to have the evidence described in paragraph (1), if any, considered by the Department; and

(3) if the higher-level adjudicator determines that the prior grant of service connection was based on error of law or fact, or that the evidence of record does not support continued entitlement, clearly notifying the claimant that such determination is unfavorable and providing an opportunity to submit evidence or argument before readjudication.

This amendment would ensure that veterans are fully informed of the practical consequences of a duty-to-assist determination and have a meaningful opportunity to respond before benefits are disturbed. Clarifying that duty-to-assist errors may only be corrected in ways that benefit the

³¹ The VA is statutorily required to submit a biannual report to the appropriate committees of Congress and the Comptroller General on the implementation of the new appeals system. Pub. L. No. 115-55 Section 3(d).

³² U.S. Department of Veterans Affairs. (2024). Periodic Progress Report on Appeals. Accessed on February 23, 2026, at <https://benefits.va.gov/REPORTS/AMA/CMR/2024/appeals-report-cmr-202402.pdf>.

³³ U.S. Department of Veterans Affairs. January 2026 AMA Metrics Report. Accessed on February 23, 2026, at <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.benefits.va.gov%2FREPORTS%2FAMA%2Fama-2026%2Fama-01312026.xlsx&wdOrigin=BROWSELINK> (See AMA Timeliness Appendix).

³⁴ U.S. Department of Veterans Affairs. January 2026 AMA Metrics Report. Accessed on February 23, 2026, at <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.benefits.va.gov%2FREPORTS%2FAMA%2Fama-2026%2Fama-01312026.xlsx&wdOrigin=BROWSELINK> (See Part 1(T-V)).

claimant and requiring explicit notice when existing benefits may be affected, would restore the pro-claimant structure Congress intended and reinforce trust in the appeals system.

F. Ensuring Front-End Accuracy and System-Wide Reform

Timeliness in the VA benefits system is inseparable from accuracy. Inconsistent adjudication, inadequate medical examinations, unclear decision letters, and misuse of the duty-to-assist collectively generate avoidable appeals, remands, and administrative rework. To achieve fair, timely, and reliable outcomes, the VA must prioritize front-end accuracy: decisions must be accurate, legally sound, and clearly communicated from the outset. Front-end diligence ensures that veterans receive benefits sooner, appeals decline, and the VA can allocate resources efficiently to complex or contested claims rather than re-litigating preventable errors.

In addition to the statutory amendment suggested above, Congress should direct the VA to implement the following reforms to ensure consistent, high-quality, and transparent adjudication nationwide:

- Cross-Office Calibration and Training
 - Mandatory, recurring legal and procedural training for Rating Service Representatives and Decision Review Officers, focusing on high-error areas;
 - National calibration sessions to harmonize interpretation of rating criteria; and
 - Targeted intervention plans for offices with persistent outlier error rates.
- Standardized and Legally Adequate Medical Examinations
 - Develop standardized examination protocols and templates aligned with statutory and regulatory standards;
 - Conduct regular review and revision of 38 C.F.R. Part 4;
 - Implement enhanced quality review of examinations before rating decisions are issued;
 - Establish clear communication channels between adjudicators and examiners; and
 - Provide competency-based training emphasizing legal standards, aggravation, secondary service connection, and consideration of competent lay evidence.

- Clear and Comprehensible Decision Letters
 - Use standardized templates in plain language;³⁵
 - Clearly identify favorable and adverse findings;
 - Provide transparent analysis of evidence and reasoning;
 - Include comprehensive, plain-language instructions on appeal rights and deadlines;
 - Identify unresolved issues to prevent duplicative filings; and
 - Establish quality assurance processes to monitor clarity and provide iterative training.

- Duty-to-Assist Safeguards
 - Limit the use of duty-to-assist errors to the issues raised by the claimant and to outcomes favorable to the veteran;
 - Require explicit notice when errors may trigger redevelopment or readjudication of established service connections;
 - Amend 38 U.S.C. § 5104B(c) to codify these notice requirements; and
 - Track and publicly report the use of duty-to-assist errors in redevelopment and readjudication.

- Front-End Accuracy and Oversight
 - Embed accuracy-first principles at every stage of claims processing;
 - Conduct regular audits, national calibration, and transparent reporting of performance metrics; and
 - Ensure early-stage diligence reduces downstream remands, appeals, and rework.

By implementing these reforms, Congress can ensure that veterans receive fair, consistent, and timely benefits, reduce preventable delays, and restore confidence in the VA disability claims system. Standardization, transparency, and front-end accuracy are the foundation of a functional and trustworthy system that fulfills both statutory mandates and the promises made to those who have served.

³⁵ See www.opm.gov/information-management/plain-language.

PRIORITY No. 3: MODERNIZING MENTAL HEALTH STANDARDS

Adjudicating claims consistent with contemporary science and equitable standards.

Veterans seeking benefits for trauma-related conditions deserve a claims process that reflects both the realities of military service and the latest clinical understanding of mental health. Posttraumatic stress disorder (PTSD) and other trauma-related disorders are among the most frequently appealed claims in the VA system.

Inconsistent application of stressor corroboration standards, insufficient recognition of behavioral, cognitive, and physiological markers, and reliance on outdated evidentiary frameworks contribute to preventable denials, remands, and delays in benefits. Veterans whose conditions arise from combat, military sexual trauma (MST), repeated exposure to hazardous conditions, or secondary trauma are frequently subjected to adjudicative processes that do not fully capture the realities of their service or symptom presentation. As a result, delays in service connection, repeated appeals, and inconsistent outcomes undermine both the efficiency and the fairness of the system.

Applying the core principle of evidence-aligned and equitable adjudication requires revisiting regulatory criteria, expanding scientifically grounded marker recognition, and instituting systemic reforms to ensure uniform, accurate, and timely resolution of mental health claims.

A. Clarifying Stressor Corroboration to Reduce PTSD Remands

PTSD claims are adjudicated under 38 C.F.R. § 3.304(f), which establishes three foundational elements:³⁶

- A diagnosis in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) and 38 C.F.R. § 4.125(a);
- Credible supporting evidence that the claimed in-service stressor occurred; and
- A medical nexus linking current symptoms to the stressor.

Despite the clarity of these statutory provisions, remands for PTSD service connection dominate the Board's docket.³⁷ One of the primary drivers is inconsistent application of stressor corroboration standards. Veterans may be denied benefits despite credible supporting evidence of trauma, including behavioral indicators, contemporaneous treatment records, and lay statements

³⁶ These requirements derive from the Secretary's statutory authority under 38 U.S.C. § 501(a) and the consideration of service circumstances under 38 U.S.C. § 1154(a).

³⁷ Between 2024–2025, more than 300 Board of Veterans' Appeals decisions were remanded for PTSD service connection. See U.S. Department of Veterans Affairs, Board of Veterans' Appeals. (n.d.). *BVA decision docket reports*. Available at: www.va.gov/board-of-veterans-appeals/search. Last accessed: Feb 26, 2026.

from the veteran or others with direct knowledge of the stressor. This problem is particularly acute in cases involving MST, non-combat trauma, or repeated exposure to hazardous environments where documentation may not perfectly align with regulatory expectations.

Current distinctions in stressor categories (e.g., combat, fear of hostile military activity, captivity, in-service assault, or PTSD diagnosis during service) do not always reflect the complexities of modern military service. Policymakers should consider clarifying and expanding stressor corroboration criteria to incorporate clinically validated indicators of trauma, including behavioral changes, treatment history, comorbid mental health conditions, and credible lay evidence. Doing so would reduce unnecessary remands, decrease appeals, and ensure a more equitable application of the law.

Enhanced adjudicator training, quality review audits, and performance metrics tied to remand rates would support the consistent application of stressor corroboration standards.³⁸ Implementing these measures would help ensure that veterans' claims are evaluated based on their actual service experiences and symptomatology rather than procedural technicalities.

B. Expanding Recognition of Trauma Markers Across Mental Health Conditions

Trauma-related conditions extend beyond PTSD and often present overlapping behavioral, cognitive, and physiological markers. Symptoms can include intrusive recollections, hyperarousal, avoidance behaviors, negative alterations in cognition and mood, sleep disturbances, irritability, substance use disorders, and functional impairments in social or occupational contexts. Comorbid conditions, such as depression, neurocognitive disorders, or autoimmune and metabolic disorders, may also emerge as trauma markers, further complicating diagnosis and evaluation.³⁹

Current VA adjudication frameworks inconsistently recognize these scientifically validated markers. Veterans presenting clinically significant trauma symptoms may face denials or remands simply because their experiences fall outside narrowly defined stressor categories, despite clear evidence of a nexus and functional impairment. Indirect or secondary trauma exposure, such as repeated exposure to accounts of combat or atrocities, may also produce clinically significant PTSD symptoms⁴⁰ but is frequently undervalued in claims evaluation.

³⁸ Veterans are often denied benefits for failing to meet a single one of the five criteria, such as not having experienced direct combat or a traumatic incident, even when they served under constant anxiety due to threatened violence. See Department of Homeland Security. (n.d.). *Living with threats of violence* (FOH 508). <https://www.dhs.gov/living-with-threats-of-violence>. Last accessed: Feb. 26, 2026. See also Magellan Healthcare. (2019, May). *Living with threats of violence*. <https://www.magellanhealth.com/documents/2019/05/living-with-threats-of-violence.pdf>. Last accessed: Feb 26, 2026.

³⁹ Department of Veterans Affairs, National Center for PTSD, [Co-Occurring Conditions - PTSD: National Center for PTSD](#). See also [Merck Manual Professional Edition](#).

⁴⁰ PTSDUK, Secondary Trauma Explained, [Secondary Trauma – PTSD UK](#). See also, generally, Vukčević Marković M, Živanović M. Coping with Secondary Traumatic Stress. *Int J Environ Res Public Health*. 2022 Oct 8;19(19):12881. doi: 10.3390/ijerph191912881. [Coping with Secondary Traumatic Stress - PMC](#).

The adoption of evidence-based standards that explicitly incorporate behavioral, cognitive, and physiological markers in service connection determinations for trauma-related conditions are necessary. Regulatory guidance should clarify how these markers, when supported by competent medical opinion, can satisfy corroboration requirements. Standardized examiner templates, adjudicator guidance, and quality oversight would promote uniform evaluation, reduce examiner- and adjudicator-dependent variability, and increase equitable access to benefits.

C. Aligning Policy with Modern Research to Ensure Equitable, Evidence-Based Adjudication

To provide timely, fair, and clinically accurate adjudication for veterans with trauma-related mental health conditions, Congress should authorize the establishment of a formal scientific task force.⁴¹ This panel should include psychiatrists, clinical psychologists, adjudication specialists, and Veteran Service Organization representatives. Its mandate should include:

- Evaluating whether current evidentiary standards across mental health diagnoses remain consistent with contemporary clinical research;
- Assessing whether stressor and trauma marker requirements reflect the realities of military service and modern psychiatric knowledge;
- Reviewing examiner and adjudicator training materials to ensure alignment with updated evidence;
- Recommending enhancements to quality assurance, oversight, and performance evaluation metrics to reduce preventable remands.

The task force should also examine indirect and secondary trauma exposure, considering the peer-reviewed clinical literature demonstrating that trauma can occur through vicarious experiences or cumulative stress. Task force findings should inform revisions to 38 C.F.R. § 3.304(f), regulatory guidance, training curricula, and adjudication templates. Transparent reporting to Congress would ensure accountability and allow for ongoing monitoring of the implementation and impact of reforms.

In addition to establishing a task force, Congress should also enact the following reforms to modernize mental health standards in the VA disability system:

⁴¹ There is precedent for Congress or the Secretary to establish formal task forces or advisory panels to review and recommend updates to VA regulations and policies, particularly on clinically and scientifically complex issues. Examples include the VA Mental Health Task Force convened to evaluate veterans' access to mental health care and the National Academies of Sciences panels on PTSD and traumatic brain injury, which informed VA clinical and compensation policies.

- Clarify Stressor Corroboration Standards: Expand and modernize § 3.304(f) to include validated behavioral, cognitive, and physiological markers, and update adjudicator guidance to ensure consistent application.
- Expand Recognition of Trauma Markers: Include indirect trauma, repeated exposure to stressors, and clinically validated comorbidities in PTSD and trauma-related condition evaluations.
- Standardize Examiner Templates and Adjudicator Guidance: Ensure consistent documentation and evaluation across all trauma-related claims to reduce variability and remands.
- Enhance Training and Quality Oversight: Provide competency-based training on updated trauma standards, conduct regular audits, and implement performance metrics tied to remand rates for PTSD and trauma-related claims.
- Transparent Reporting and Accountability: Require public reporting on remand rates, decision outcomes, and implementation of task force recommendations to ensure accountability, continuous improvement, and equitable treatment of veterans.

By grounding mental health adjudication in contemporary science and equitable principles, the VA can reduce preventable denials and remands, increase system efficiency, and maintain both statutory and clinical integrity. Veterans with PTSD and other trauma-related disorders would receive benefits that accurately reflect the service-connected impact of their conditions, improving confidence in the system and supporting timely access to care and compensation.

PRIORITY No 4: ECONOMIC FAIRNESS

Where errors delay benefits, veterans should be restored as closely as possible to the position they would have held absent that error.

When a Veteran is awarded a grant of service connection due to an administrative error or other deficiency on the part of the VA, current law provides for back pay. This back pay is calculated using historical compensation rates for each year that a Veteran was improperly denied benefits. On the surface, this approach may seem equitable. In practice, however, it fails to account for the real-world economic consequences of delayed benefits. Compensation received on time enables Veterans to build stability, equity, and long-term financial security.

Veterans whose claims are denied due to clear and unmistakable errors (CUE),⁴² misapplied rating criteria, or other systemic administrative deficiencies, on the other hand, often experience compounded harm that extends far beyond their lost monthly compensation. These harms accumulate in the form of lost opportunities, diminished wealth accumulation, disrupted life planning, and stress-related health consequences. This section examines the economic and human impact of delayed benefits, compares potential policy solutions, and identifies actionable steps to restore true fairness for Veterans.

A. The Real-World Impact of Timely Compensation

Consider the following illustrative scenario comparing two veterans who are both entitled to a 70% disability rating effective in 1990.

Veteran A (PBA) receives the rating in a timely manner and begins receiving monthly compensation of \$710. Adjusted annually for cost-of-living increases, this amount grows to \$1,815 per month by 2026, resulting in approximately \$486,000 in cumulative compensation over 36 years. The timely payments provide more than just nominal financial benefits: they enable PBA to qualify for a VA home loan in the mid-1990s and build equity over decades, pursue vocational training and stable employment that supplements disability compensation, contribute consistently to retirement savings, and enjoy the reduced stress and improved health outcomes associated with long-term financial stability.

By contrast, Veteran B (RBK) is wrongfully denied the 70% rating in 1990 due to an administrative mistake and does not receive the award until filing a successful CUE motion in 2026. While RBK ultimately receives the same total nominal compensation (approximately \$486,000 in back pay) the delayed award dramatically alters long-term outcomes. RBK is unable to purchase a home and instead pays roughly \$432,000 in rent over the same period without building equity, misses opportunities for vocational training and career advancement tied to financial stability, accumulates minimal retirement savings, and experiences heightened stress with likely negative impacts on health and service-connected conditions.

The table below illustrates how the timing of disability awards, timely versus delayed, can profoundly shape not only cumulative compensation but also veterans' long-term financial security, home ownership, retirement savings, and overall quality of life.

⁴² A "clear and unmistakable error" (CUE) is a final VA decision that is undebatably wrong based on the evidence of record at the time it was issued, such that the error would have manifestly changed the outcome if it had not been made. See 38 C.F.R. § 3.105(a); 38 U.S.C. § 5109A; and *Fugo v. Brown*, 6 Vet. App. 40, 43 (1993) (describing CUE as an error that is "undebatable" and "undeniable" in the record). CUE claims may be raised at any time to correct these types of errors in previously adjudicated benefits decisions.

Metric	Veteran PBA (Timely)	Veteran RBK (Delayed)	Opportunity Cost
Total Compensation Received	\$486,000	\$486,000	\$0
Home Equity	\$240,000	\$0	\$240,000
Retirement Savings	Accumulated	Minimal	\$84,000 ⁴³
Financial Stress & Health Benefits	Improved	Declined	(not quantifiable)
Total Estimated Value	\$810,000+	\$486,000	~\$324,000

The opportunity cost gap between Veteran A and Veteran B is approximately \$324,000, reflecting lost home equity, foregone retirement contributions, and the financial value of stability-related health benefits.

This scenario is not a hypothetical problem. We see this pattern repeatedly in practice, and it demonstrates that timely disability awards provide far more than financial compensation. They enable long-term economic security, access to home ownership, retirement savings, career opportunities, and health benefits that are effectively denied to veterans whose claims are delayed, even when back pay is eventually granted.

Empirical research reinforces these observations. One study found that timely disability compensation significantly shapes veterans' labor force participation, educational attainment, and long-term economic outcomes.⁴⁴ More recent research demonstrates that veterans experiencing financial instability are three times more likely to report suicidal ideation and are at heightened risk of relying on predatory financial services, compounding financial trauma over time.⁴⁵ Specifically, veterans who reported difficulty covering basic needs were three times more likely to endorse suicidal ideation one year later compared with veterans who could meet their basic needs (22% vs. 7%). The study also found that financial strain is associated with increased use of predatory financial tools, including "buy now, pay later" services, unpaid credit card balances, and overdraft fees. These patterns create additional financial burdens that accumulate over time, further undermining the ability of veterans like RBK to achieve long-term financial stability and security.

⁴³ This is an approximate, conservative estimate based on decades of foregone contributions.

⁴⁴ Coile, C., Duggan, M., & Guo, A. (2015). Veterans' labor force participation: What role does the VA's disability compensation program play? *American Economic Review*, 105(5), 131–136. <https://doi.org/10.1257/aer.p2015104>.

⁴⁵ Elbogen, E. B., Serrano, B. N., & Huang, J. (2024). *Financial well-being of U.S. military veterans and health impact: Results from the Survey of Household Economics and Decisionmaking*. *Medical Care*, 62(12 Suppl 1), S91–S97. <https://doi.org/10.1097/MLR.0000000000002077>,

B. Policy Options for Addressing Economic Harm

Two primary approaches could mitigate these harms and provide Veterans with compensation that better reflects the economic impact of delayed benefits.

(1) *Option 1: Back Pay Using Current COLA-Adjusted Rates*

This approach calculates all back pay using the current year's compensation rate for the entire back pay period. For example, RBK's 36-year award would be recalculated at the 2026 rate of \$1,815/month:⁴⁶

$$36 \text{ years} \times 12 \text{ months/year} \times \$1,815 = \$783,720$$

This method recognizes that:

- COLA adjustments already account for inflation, cost-of-living increases, and the economic value of benefits in the current year.
- Veterans denied benefits in earlier decades lost opportunities to invest in housing, education, retirement, and other wealth-building activities.
- Administering this calculation is straightforward, requiring a single rate application.

Benefits of this approach include restoring Veterans to the position they would have held absent administrative error, promoting equity, and providing accountability for systemic failures within the VA.

(2) *Option 2: Historical Rates Plus Interest*

Alternatively, back pay could be calculated using historical rates with interest applied from the date each payment should have been issued. Using standard Treasury bill⁴⁷ or federal benchmark rates,⁴⁸ Veteran B's award could increase to approximately \$655,000–\$680,000.

This method provides a partial correction for the time value of money, aligning with practices in federal tax refunds⁴⁹ and the Federal Tort Claims Act.⁵⁰ While more faithful to historical nominal values, this option has several drawbacks:

- Administrative complexity due to multi-year interest calculations.

⁴⁶ See www.va.gov/disability/compensation-rates/veteran-rates.

⁴⁷ See www.home.treasury.gov/resource-center/data-chart-center/interest-rates/TextView?type=daily_treasury_bill_rates.

⁴⁸ See www.treasurydirect.gov/govt/rates/rates.htm.

⁴⁹ 26 U.S.C. § 6611.

⁵⁰ 28 U.S.C. § 1961.

- Interest may not capture opportunity costs associated with homeownership, education, or retirement accumulation.
- Fails to fully account for health and social impacts of long-term financial insecurity.

While Option 2 represents an improvement over the current system, it does not fully restore veterans to the financial position they would have enjoyed had benefits been awarded on time. In contrast, Option 1, with COLA-adjusted rates, provides the most equitable and administratively efficient solution, ensuring that veterans receive compensation that reflects both the passage of time and the impact of inflation.

- Equity: Current rates reflect the purchasing power and opportunity value Congress has determined necessary for Veterans' compensation in today's economy.
- Administrative Simplicity: Requires only one calculation rather than interest compounding over decades.
- Accountability: Incentivizes prompt correction of VA errors and systemic improvements, as delayed resolution results in higher backpay awards.
- Realistic Restoration: Provides financial restoration beyond nominal compensation, accounting for lost wealth-building and opportunity costs.

As mentioned above, research consistently shows that delayed compensation has broad and enduring consequences.⁵¹ Veterans denied benefits during critical transition years from military to civilian life experience financial instability that affects housing, career development, retirement security, and health. Calculating back pay at current COLA-adjusted rates addresses these harms more comprehensively than simple historical rate payments or interest-only models.

To manage fiscal and policy concerns, this reform could include reasonable limitations:

- Apply only to cases where VA error is established (CUE, duty to assist violations, rating schedule misapplication).
- Exclude delays attributable to Veterans (e.g., failure to respond to development requests or late-filed appeals).
- Phase implementation to manage budgetary impact and allow smooth integration into existing VA systems.

Under the current back-pay system, administrative errors are treated as cost-neutral, forcing veterans to absorb the full opportunity cost of delayed benefits. Timely, economically fair

⁵¹ *Supra* Note 43.

compensation is not just a matter of dollars: it restores Veterans' ability to plan their lives, maintain stability and health, and pursue opportunities that VA errors should never have denied.

**PRIORITY No. 5: IMPLEMENTING RESPONSIBLE, TRANSPARENT,
AND ACCOUNTABLE USE OF ARTIFICIAL INTELLIGENCE**

The VA has begun integrating artificial intelligence (AI) into claims processing to improve timeliness, accuracy, and operational efficiency. AI holds significant potential to standardize processes, detect errors, and accelerate decision-making across the claims' lifecycle. For instance, AI can analyze claims histories to identify missing forms, flag inconsistencies in medical examinations, or detect patterns indicative of continuous pursuit of benefits. When implemented thoughtfully, AI has the potential to reduce preventable appeals and remands, delivering faster and more reliable outcomes for veterans.

However, AI also introduces complex challenges, particularly around human oversight, privacy, data security, and procedural fairness. Generative models may produce outputs that appear plausible but are legally or clinically inaccurate, a phenomenon known as "hallucination." Without structured oversight, such errors can compound existing systemic deficiencies, inadvertently delaying benefits or generating inequities. Consequently, the VA must carefully balance efficiency gains with rigorous safeguards to ensure that technology serves veterans rather than creating new risks.

A. Eliminating Effective Date Errors Through Intelligent Claims Timeline Analysis

One of the most frequent sources of preventable appeals is errors in assigning effective dates for service-connected conditions or claims for increased evaluation. Veterans often pursue claims over months or years, and retroactive awards are sometimes misdated to the most recent appeal, supplemental claim, or examination rather than to the initial claim or intent-to-file (ITF) date. These errors can result in significant financial loss and administrative burden.

For example, a veteran-client (FSK) filed for service connection for sleep apnea in August 2024 using VA Form 526EZ. The claim was initially denied in February 2025, appealed in June 2025, and granted in September 2025. The VA initially assigned an effective date to the appeal submission in June 2025, ten months later than the original claim. FSK was forced to submit an additional appeal, compiling a timeline of prior submissions, before the VA corrected the effective date in February 2026. This delay caused lost retroactive compensation, added administrative burdens for the veteran, and increased workload for the VA.

AI, particularly generative AI,⁵² can support adjudicators by analyzing a claim's full history, identifying continuous pursuit, and constructing accurate timelines. For example, AI could

⁵² Generative AI systems are designed to produce new content by learning patterns from large datasets. Unlike traditional AI models, which primarily classify or predict information, generative AI uses advanced machine learning

automatically detect prior submissions mentioning “migraine” or “headache” to assign the correct effective date for a claim. While AI can automate these complex processes, human adjudicator verification remains essential to prevent misinterpretation or erroneous assignments.⁵³

B. Preserving Human Judgment: Oversight, Accountability, and Ethical Guardrails

AI tools are best utilized as decision-support mechanisms and must not replace human adjudication. While AI excels at analyzing large datasets and identifying patterns, it cannot interpret regulatory requirements, evaluate evidence credibility, or assess individual circumstances. Human oversight is ethically and operationally essential.

The VA’s principles for responsible data use, codified under 38 C.F.R. § 0.605, emphasize equity, transparency, meaningful choice, secure handling of personally identifiable and health information (PII/PHI), and accountability. Generative AI systems cannot independently ensure compliance with these principles. They may hallucinate, misinterpret evidence, or produce outputs that lack transparency regarding their reasoning.⁵⁴ Frontline staff face the dual challenge of leveraging AI for efficiency while maintaining full responsibility for accuracy. Without structured guardrails, reliance on AI could amplify errors and risk disclosure of sensitive information.⁵⁵

Human oversight must also extend to processing timelines and appeal lanes. Reports indicate rating decisions sometimes issued within a single day of submission, raising concerns that claims may be finalized before evidence is fully reviewed. Establishing structured oversight is therefore critical to uphold veterans’ rights and ensure fair, accurate outcomes.

C. Safeguarding Veteran Data in the Age of Generative AI

Protecting veterans’ PII and PHI is paramount. Veterans’ information (e.g., medical histories, mental health disclosures, and service treatment records) carries privacy and national security implications. Many veterans served in sensitive or classified roles, and a breach could

techniques to create outputs based on user instructions or prompts. *Guidance for Generative AI use at VA, VA Artificial Intelligence (2026)*, See: <https://department.va.gov/ai/guidance-for-generative-ai-use-at-va/> (last visited Feb 20, 2026).

⁵³ Note: Industry leaders continue to impress that it is essential for employees to review the AI’s output for accuracy before relying on it. *Id.*

⁵⁴ U.S. Department of Veterans Affairs. (n.d.). Guidance for generative AI use at VA. Retrieved February 24, 2026, from <https://department.va.gov/ai/guidance-for-generative-ai-use-at-va/#tips-for-assessing-when-to-use-generative-ai-technologies>.

⁵⁵ Without structured guardrails, employees may rely too heavily on AI, increasing the risk of errors and potential disclosure of sensitive veteran information. Past errors by human adjudicators alone have cost millions; introducing AI without proper oversight risks compounding these mistakes. The American Legion. (2024, August). VA worker errors when reviewing claims for full disability cost \$100M, auditors say. <https://www.legion.org/information-center/news/veterans-benefits/2024/august/va-worker-errors-when-reviewing-claims-for-full-disability-cost-100m-auditors-say>.

pose operational risks.⁵⁶ Moreover, the history of stigma and adverse professional consequences associated with mental health treatment further emphasizes the need for robust privacy protections.⁵⁷ Without strong privacy protections, veterans may withhold information essential to accurate adjudication and appropriate care.

The integration of generative AI introduces unique risks. Unlike traditional systems, these models may store, synthesize, or analyze data in ways that are not fully transparent or auditable, raising the possibility of inadvertent exposure. The VA Office of Inspector General (OIG) reported in 2026 that the Veterans Health Administration (VHA) lacked formal mechanisms to identify, track, and mitigate AI-related risks, warning that without structured feedback loops and oversight, ensuring meaningful patient protection is impossible.⁵⁸

Federal privacy standards, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA),⁵⁹ codify the veterans' rights to confidentiality and privacy in healthcare settings.⁶⁰ These statutory protections reflect a broader ethical principle central to VA operations: veteran data must be used solely to advance veteran's interests. Any modernization effort, particularly involving AI, must reinforce, not dilute, this foundational commitment.

Key safeguards should include:

- Data Retention and Cybersecurity: Strong access controls, retention policies, and regular audits must be implemented to protect sensitive information. AI risk frameworks, such as the "MIT AI Risk Repository,"⁶¹ provide models for assessing vulnerabilities and establishing mitigation strategies.

⁵⁶ Steidl, R. (Speaker). (2025, September). The intersection of artificial intelligence and cybersecurity [Video]. American Bar Association Cybersecurity Legal Task Force. <https://www.americanbar.org/groups/cybersecurity/videos/intersection-artificial-intelligence-cybersecurity/>.

⁵⁷ See Tanielian, T., & Jaycox, L. H. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery* (Center for Military Health Policy Research). RAND Corporation. <https://www.rand.org/pubs/monographs/MG720.htm> (reviews psychological injuries affecting veterans and service members, including barriers to care such as stigma and its impacts on treatment-seeking). See also Piro, L., & Huo, H., et al. (2023). *Racial and ethnic differences among active-duty service members in use of mental health care and perceived mental health stigma: Results from the 2018 Health Related Behaviors Survey*. *Preventing Chronic Disease*, 20, Article E85. <https://doi.org/10.5888/pcd20.220419>. (A CDC-published analysis of the 2018 Department of Defense (DoD) Health Related Behaviors Survey found that perceived mental health stigma was reported by about one-third of active-duty service members and acted as a barrier to mental health care use.)

⁵⁸ U.S. Department of Veterans Affairs Office of Inspector General. (2026, January 15). *Review of VHA's use of generative artificial intelligence* (Report No. 26-00182-42). <https://www.vaog.gov/reports/preliminary-result-advisory-memorandum/review-vhas-use-generative-artificial-intelligence>. Last accessed: Feb 26, 2026.

⁵⁹ Pub. L. No. 104-191, 110 Stat. 1936.

⁶⁰ U.S. Department of Health and Human Services. (n.d.). Summary of the HIPAA Privacy Rule. HHS.gov. Retrieved February 24, 2026, from <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>.

⁶¹ Available at: www.airisk.mit.edu.

- Veteran Choice and Transparency: Veterans must receive clear notification about AI use, including data scope, retention timelines, and potential impacts. Opt-out mechanisms should allow veterans to decline AI-assisted review without penalty. For example, integrating these safeguards into the Fully Developed Claims process while allowing optional AI review for Standard Claims ensures meaningful choice.

D. Standardizing Medical Examination Quality Through AI-Assisted Review

Inadequate or inconsistent medical examinations remain a leading cause of remands. Examiners often omit required elements or provide insufficient rationale, delaying final decisions and imposing hardship on veterans. Repeated examinations may require veterans to travel long distances, take leave from work, or arrange childcare.⁶²

AI can serve as a pre-decisional quality assurance tool. For example, it can scan Disability Benefits Questionnaires (DBQs) to flag:

- Secondary service connection opinions: Ensuring both causation and aggravation are addressed.⁶³
- Functional loss and flare-ups in musculoskeletal claims: Identifying missing discussion of limitations due to repetitive use or pain.⁶⁴
- Improper reliance on absence of in-service documentation: Detecting when examiners incorrectly assume a negative nexus.⁶⁵

This pre-screening reduces remands, avoids unnecessary repeat examinations, and supports both adjudicator efficiency and veteran convenience. AI reinforces quality standards without replacing medical judgment.

E. Ensuring Technology Serves Veterans, Not the Other Way Around

AI integration is valuable only if it supports veterans, rather than replacing essential human judgment. Decision-making authority must remain with trained adjudicators and examiners, who review, contextualize, and validate all AI outputs. Congress and the VA must establish statutory guardrails ensuring transparency, accountability, and enforceable privacy protections. AI adoption should be guided by trust, accuracy, and fairness rather than expediency alone.

⁶² Within the firm, veteran-clients regularly report second in-person examinations lasting fewer than ten minutes. These brief evaluations often require veterans to take time off work, arrange transportation, and disrupt personal schedules, yet they rarely provide substantive new information, raising questions about administrative efficiency and the proportionality of such procedures.

⁶³ See *Atencio v. O'Rourke*, 30 Vet. App. 74 (2018); *El-Amin v. Shinseki*, 26 Vet. App. 136, 140 (2013).

⁶⁴ See M21, V.iii.1.A.1.b-m; *Deluca v. Brown*, 8 Vet. App. 202 (1995); *Schafrath v. Derwinski*, 1 Vet. App. 589, 593 (1991); 38 C.F.R. § 4.2 (2023).

⁶⁵ See *Buchanon v. Nicholson*, 451 F.3d 1331 (Fed. Cir. 2006); *Dalton v. Nicholson*, 21 Vet. App. 23 (2007).

To maximize AI benefits while preserving fairness, privacy, and accuracy, the following measures should be implemented:

- Effective Date Assignment: Authorize AI to identify earliest continuous pursuit dates; require adjudicator verification; monitor accuracy and equity.
- Human Oversight & Training: Probationary training period (≥ 6 months); dedicated audit teams; periodic staff competency exams tied to AI access.
- Transparency & Veteran Choice: Clear AI-use notification; opt-out options; publicly accessible reporting of AI-assisted claim metrics.
- Data Protection & Security: Strong cybersecurity protocols; controlled access; retention policies; regular audits; HIPAA compliance; feedback loops for risk mitigation.
- Medical Examination Quality: Pre-screen DBQs and reports for legal sufficiency and completeness; flag recurring deficiencies (secondary service connection, functional loss, improper reliance on service treatment records).

AI offers transformative potential for the VA claims process, improving efficiency, reducing errors, and standardizing medical examinations. However, it also introduces risks to fairness, privacy, and accountability. By implementing robust oversight, clear statutory guardrails, rigorous training, and transparent veteran choice mechanisms, AI can serve as a tool that strengthens the claims system rather than undermining it.

When deployed responsibly, AI will reduce preventable appeals, ensure accurate effective dates, standardize examination quality, and safeguard sensitive data, while fully preserving human judgment. These measures align with the VA's mission to deliver timely, equitable, and accurate benefits to veterans, ensuring that technological advancement enhances, not replaces, the department's commitment to those who have served.

* * *

I would like to express our sincere appreciation to the Committees for their careful consideration of these legislative priorities and proposals, each of which addresses critical aspects of veterans' benefits, service-related health conditions, and administrative processes. Collectively, the measures aim to improve fairness, transparency, efficiency, and access to benefits across a wide spectrum: from disability compensation and toxic exposure presumptions to burial allowances, appeals reporting, and the integrity of VA claims administration.

We strongly support the intent of many existing initiatives to remove arbitrary barriers, clarify eligibility criteria, enhance oversight, and standardize processes in ways that directly benefit veterans and their families. At the same time, we encourage the Committee to consider targeted refinements to ensure consistent implementation, retroactive applicability where

appropriate, clear guidance for VA adjudicators, and safeguards that protect veterans from unintended consequences. Attention to timelines, reporting standards, and stakeholder engagement will help translate legislative intent into meaningful, real-world outcomes for those who have served.

Berry Law stands ready to provide further clarification, technical assistance, or expertise to the Committees on these and other legislative matters affecting veterans' health care, research, and disability compensation. Please contact my colleague, Andy Blevins, Senior Counsel, at andy.blevins@berrylaw.com, if we may be of service.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "J. Hancock", enclosed in a thin black rectangular border.

Jerusha S. Hancock