



**OFFICIAL STATEMENT OF THE AIR FORCE SERGEANTS
ASSOCIATION**

**FOR THE U.S. SENATE AND HOUSE COMMITTEES ON VETERANS'
AFFAIRS**

ON AFSA's 119th CONGRESS VETERAN'S POLICY PRIORITIES

March 4, 2026

◆ AFSA IS QUALITY OF LIFE ◆

THROUGH ADVOCACY AND EDUCATION FOR THE IMPROVED QUALITY-OF-LIFE AND ECONOMIC
FAIRNESS

TO SUPPORT THE WELL-BEING OF MILITARY SERVICE MEMBERS AND THEIR FAMILIES | ONE
POWERFUL FORCE UNITED TOGETHER

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Air Force Sergeants Association (AFSA) does not currently receive, nor has the Association ever received, any federal money for grants.

Introduction

Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member Blumenthal, and distinguished members of the Committees on Veterans' Affairs,

On behalf of the Air Force Sergeants Association (AFSA) and 75,000 service members, veterans, and their families we represent, I thank you for the opportunity to address the critical policy priorities facing our nation's veterans. The men and women who have served in uniform have made tremendous sacrifices in defense of our freedoms, and it is our collective responsibility to ensure that they receive the care, benefits, and support they have rightfully earned.

Veterans across the country continue to face serious challenges, from an ongoing mental health crisis to gaps in healthcare access, education benefits, and financial security. Despite bipartisan progress in recent years, issues such as veteran suicide, barriers to alternative treatments like Hyperbaric Oxygen Therapy (HBOT), disparities in Guard and Reserve benefits, the continued exploitation of veterans by predatory claims agents, and inadequate support for caregivers and survivors demand immediate attention. Furthermore, we must stand firm in protecting veterans' disability and retirement pay from budgetary reductions that threaten their financial well-being.

The solutions we advocate today are not partisan, they are about honoring the commitment our nation made to those who served. It is imperative that we work together, across party lines, to enact policies that will have a lasting impact on the lives of our veterans. The passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act is a testament to what can be accomplished when we put politics aside and prioritize those who have sacrificed for our country.

AFSA remains dedicated to advocating for common-sense policies that improve the quality of life for our veterans and their families. We urge you to take bold, bipartisan action to address these critical issues and uphold the sacred promise we have made to those who have defended our nation.

Thank you for your time and commitment to our veterans. I look forward to working with you to turn these priorities into meaningful legislation.

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Executive Summary

Ending Veteran Suicide & Improving Mental Health Support (page 5)

Veteran suicide remains a national crisis, with an average of 17.6 veterans dying by suicide each day. Addressing this requires a comprehensive strategy, including increased VA staffing, expanded telehealth services, and preserving access to in-person mental health care. While telehealth has proven effective in reaching veterans in rural and underserved areas, it must complement and not replace the critical support provided by VA mental health professionals.

Written Informed Consent for Black Box Medications (page 7)

Many veterans prescribed psychiatric medications with black box warnings are not fully informed of the risks. The VA must require written informed consent to ensure transparency, patient autonomy, and informed decision-making regarding high-risk medications.

Expanding Access to Hyperbaric Oxygen Therapy (HBOT) (page 8)

Veterans with PTSD and Traumatic Brain Injuries (TBI) deserve access to Hyperbaric Oxygen Therapy (HBOT) as a treatment option. Studies indicate that HBOT can significantly reduce PTSD symptoms and improve cognitive function in veterans with TBIs. The VA should implement pilot programs to evaluate HBOT's effectiveness as a covered treatment.

Supporting the Student Veteran Benefit Restoration Act (page 10)

The Student Veteran Benefit Restoration Act ensures that veterans who lose educational benefits due to school closures or fraud can have their benefits reinstated. Veterans should not suffer financial losses due to circumstances beyond their control.

Supporting Guard and Reserve GI Bill Parity Act (page 11)

National Guard and Reserve members serve alongside active-duty counterparts yet receive fewer education benefits. The Guard and Reserve GI Bill Parity Act seeks to correct this disparity by ensuring all service days count toward Post-9/11 GI Bill eligibility.

Ending the “Wounded Veteran Tax” — The Major Richard Star Act (page 11)

Combat-injured veterans who are medically retired before completing 20 years of service face an unjust dollar-for-dollar offset that reduces their earned retirement pay. The Major Richard Star Act (H.R. 2102/S. 1032) would allow these 52,000 veterans to receive both their earned retirement pay and VA disability compensation concurrently, ending a “wounded veteran tax” that breaks faith with those who sacrificed most.

Supporting Veterans' Caregivers (page 12)

The millions of family members who provide daily, uncompensated care to veterans are the backbone of our veterans' care system. Yet caregivers frequently sacrifice their own financial security and career advancement with little support. AFSA supports the Veteran Caregiver Reeducation, Reemployment, and Retirement Act and calls for comprehensive reforms to ensure caregivers are not left behind when their caregiving role ends.

Protecting Survivor Benefits (page 13)

Surviving spouses of fallen service members should not face financial penalties for rebuilding their lives. AFSA supports elimination of the remarriage age restriction for Dependency and Indemnity Compensation (DIC) recipients and modernizing DIC rates to reflect the true cost of sacrifice. No surviving spouse should be forced to choose between financial security and honoring their loved one's wishes.

Protecting Veterans' Disability and Retirement Pay (page 14)

Veterans' disability and retirement pay must be safeguarded. We echo VA Secretary Doug Collins in opposing any legislative efforts to reduce veterans' benefits to balance the federal budget. Cutting these benefits undermines national trust and deters future enlistments.

Protecting the VA as an Institution (page 15)

The Department of Veterans Affairs exists to fulfill a sacred obligation to those who served. AFSA opposes any effort to dismantle or privatize the VA in ways that would erode the specialized, veteran-centric care it provides. Reforms must modernize and strengthen the VA, not hollow it out.

Thank You For Passing The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act

Chairman Bost, Chairman Moran, Ranking Member Takano, Ranking Member Blumenthal, and distinguished members of the committees, on behalf of veterans, service members, and their families, I extend my deepest gratitude for the passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This legislation represents a crucial step forward in ensuring that those who have served our nation receive the high-quality care and support they deserve.

Your commitment to common-sense solutions is evident in the Act's provisions, which focus on streamlining access to care, improving educational outreach for veterans regarding their healthcare options, and ensuring that resources are utilized efficiently. By prioritizing education and transparency, you have empowered veterans to make informed decisions about their well-being.

Furthermore, the bipartisan collaboration that led to the success of this legislation is commendable. In a time when unity is more important than ever, your ability to work across party lines to address the needs of our nation's heroes is an example of true leadership.

This Act will undoubtedly make a lasting impact, providing veterans with better healthcare, increased support, and a system that truly honors their service. Thank you for your dedication and continued efforts to improve the lives of those who have given so much to our country.

Ending Veteran Suicide & Improving Mental Health Support

The Growing Mental Health Crisis

- 17.6 veterans die by suicide each day
- 61% of VHA facilities have a "severe shortage" in Psychologists¹
- Many VA facilities remain understaffed, causing long wait times
- Access to mental health services is critical for reducing veteran suicide

The Urgent Need for More VA Mental Health Professionals

The United States has a duty to provide adequate care for its veterans, yet a severe shortage of mental health professionals within the Department of Veterans Affairs (VA) has led to devastating consequences. With increasing rates of PTSD, depression, and suicide among veterans, the VA's current staffing levels are simply insufficient to meet the growing demand for psychiatric care. Addressing this shortfall is not just a matter of policy—it is a moral imperative.

The Growing Mental Health Crisis Among Veterans

Veterans face unique psychological challenges due to their military experiences, including exposure to combat, traumatic brain injuries, and military sexual trauma. According to the Department of Veterans Affairs, approximately 17 veterans die by suicide every day². The demand for mental health services has surged, yet many VA facilities remain understaffed, leading to long wait times and inadequate care. For example, a ProPublica investigation revealed that some VA clinics lack full-time psychiatrists, forcing veterans into virtual consultations or long delays, with tragic outcomes.

The Consequences of Understaffing

When veterans cannot access timely mental health care, they are at higher risk for crisis situations, substance abuse, and homelessness. Many veterans, already struggling with the stigma surrounding mental health, may give up on seeking treatment altogether if faced with systemic barriers. Without enough professionals to provide regular counseling, crisis intervention, and medication management, the VA is failing those who have sacrificed for their country.

Investing in Solutions

To address this crisis, Congress must prioritize funding to recruit and retain mental health professionals within the VA system. Incentives such as student loan forgiveness, competitive salaries, and streamlined hiring processes can attract more qualified psychiatrists, psychologists, and social workers. Additionally, increasing partnerships with community-based providers can help bridge the gap while VA staffing levels are improved.

A Moral and Practical Obligation

Ensuring access to quality mental health care for veterans is not just a governmental responsibility, it is a national one. These men and women have put their lives on the line for their country; they should not have to fight another battle to receive the care they deserve. Expanding the VA's mental health workforce is not only the right thing to do, it is an essential step in preventing further loss of life and improving the well-being of those who have served.

The Role of Telehealth

Telehealth provides vital access to veterans in rural areas, and is a greatly important healthcare tool. However, it is not a replacement to vital in-person care. We know that direct interaction with mental health professionals significantly improves long-term treatment outcomes.

Policy Recommendations:

1. Increase VA mental health staffing.
2. Expand telehealth services, but retain in-person options.

3. Fund alternative mental health treatments, including service dogs, peer-support networks, and alternative therapies.

Sources:

¹ “OIG Determination of Veterans Health Administration’s Severe Occupational Staffing Shortages Fiscal Year 2024” Figure 3, Page 9.

<https://www.vaog.gov/sites/default/files/reports/2024-08/vaoig-24-00803-222.pdf>

² 2024 National Veteran Suicide Prevention Annual Report, Dept. of Veteran Affairs.

<https://www.gao.gov/products/gao-22-105326>

Written Informed Consent for Black Box Medications

Understanding Our Medications

- Many psychiatric medications prescribed to veterans carry FDA black box warnings.
- Without written informed consent, veterans may not understand risks such as suicidal ideation or withdrawal effects.
- A ProPublica investigation found that many veterans lack adequate counseling on medication risks.
- In AFSA’s internal surveys we found a shocking amount of Veterans who were uninformed about their medications’ side effects and withdrawal symptoms.

The Need for Written Informed Consent for Black Box Medications in VA Mental Health Care

Veterans seeking mental health care through the Department of Veterans Affairs (VA) often rely on prescription medications to manage conditions such as PTSD, depression, and anxiety. However, many of these medications carry black box warnings which is the highest level of caution issued by the FDA. Due to serious potential side effects, including suicidal ideation and severe withdrawal symptoms. Despite these risks, veterans are often prescribed these powerful medications without thorough, written informed consent. To ensure patient safety and autonomy, the VA must implement a policy requiring written informed consent before prescribing black box medications.

The Dangers of Inadequate Consent

As highlighted in the ProPublica investigation¹, gaps in VA mental health services have already led to tragic consequences for veterans. When psychiatric care is inconsistent or understaffed, veterans may not receive adequate counseling on the risks associated with their prescribed medications. Without clear, documented consent, they may be unaware of dangerous side effects, withdrawal risks, or alternative treatment options, leading to unintended harm.

The Importance of Written Informed Consent

Currently, informed consent for psychiatric medications is often verbal and informal, leaving room for miscommunication or lack of awareness. A standardized written consent process would:

4. **Ensure Transparency:** Veterans would receive clear, detailed information about the risks and benefits of black box medications before agreeing to take them.
5. **Promote Patient Autonomy:** Providing written consent empowers veterans to make informed decisions about their treatment.
6. **Enhance Accountability:** A documented process ensures that healthcare providers are fully informing patients of potential risks, reducing the likelihood of legal and ethical issues.
7. **Encourage Alternative Treatments:** Veterans should be made aware of therapy, non-drug interventions, and other options that may be preferable to high-risk medications.

Policy Recommendations:

8. Implement standardized written informed consent for all black box medications.
9. Ensure providers discuss risks and alternatives before prescription.
10. Improve follow-up protocols for veterans prescribed these medications.

Sources:

¹ Three Days of Tragedy: How a VA Clinic's Inability to Help Veterans in Crisis Destroyed Two Families by Kathleen McGrory and Neil Bedi, ProPublica.
<https://www.propublica.org/article/when-veterans-cant-access-the-psychiatric-care-they-need>

Expanding Access to Hyperbaric Oxygen Therapy (HBOT)

Why HBOT?

- HBOT has shown promise in treating PTSD and TBI.
- Clinical studies report a significant reduction in PTSD symptoms among veterans receiving HBOT.
- Despite its potential, HBOT is not widely covered by the VA.

VA Pilot Program on HBOT for TBI & PTSD

The Department of Veterans Affairs (VA) has a responsibility to provide cutting-edge, effective treatments for veterans suffering from Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD). As traditional treatments, such as medication and psychotherapy, have shown limited success for many veterans, the VA must explore alternative, science-backed options. One such promising intervention is Hyperbaric Oxygen Therapy (HBOT), a well-documented therapy that enhances healing by delivering high levels of oxygen in a pressurized chamber. Given the emerging evidence supporting HBOT's effectiveness in treating neurological injuries, the VA

should launch a pilot program to evaluate its potential in improving the quality of life for veterans with TBI and PTSD.

HBOT Has Shown Promising Results in Treating Brain Injuries

While traditionally used for conditions like wound healing and decompression sickness, HBOT has gained traction in the medical community for its neuroregenerative properties. Studies have demonstrated that HBOT increases oxygen delivery to damaged brain tissue, reduces inflammation, and promotes neuroplasticity, all of which are critical for treating TBI and PTSD.

- Research in *The Journal of Clinical Psychiatry* showed improved brain function, reduced PTSD symptoms, and lower depression rates among participants who underwent HBOT.¹
- The Israel Defense Forces (IDF) have successfully incorporated HBOT in their treatment protocols for soldiers with brain injuries, yielding positive long-term outcomes.²

Many Veterans Are Not Responding to Traditional Treatments

- Antidepressants and anti-anxiety medications are often prescribed but can come with severe side effects, dependency risks, and limited long-term success.
- Cognitive Behavioral Therapy (CBT) and Prolonged Exposure Therapy can be beneficial but require long-term commitment and often fail for veterans with severe PTSD.
- Suicide rates among veterans remain alarmingly high, with an estimated 17–22 veteran suicides per day, highlighting the urgent need for alternative, innovative therapies.

Policy Recommendations:

11. Establish VA pilot programs to study HBOT's effectiveness.
12. Expand coverage options for veterans with PTSD and TBI.
13. Increase research funding to validate HBOT as a viable treatment.

Sources:

¹ Doenyas-Barak, K., et al. (2024). Hyperbaric Oxygen Therapy for Veterans With Combat-Associated Posttraumatic Stress Disorder: A Randomized, Sham-Controlled Clinical Trial. *The Journal of Clinical Psychiatry*, 85(4).
<https://doi.org/10.4088/JCP.24m15464>

² A promising new treatment for PTSD, by Seth Doane, 2024, CBS.
<https://www.cbsnews.com/news/promising-treatment-for-ptsd-hyperbaric-oxygen-therapy/>

Supporting the Student Veteran Benefit Restoration Act

- Veterans lose education benefits when schools close or engage in fraudulent practices.
- The Student Veteran Benefit Restoration Act (H.R. 1391) ensures that education benefits are reinstated in these cases.

The Case for the Student Benefit Restoration Act

The Student Benefit Restoration Act is a critical piece of legislation that seeks to correct a longstanding injustice affecting student veterans. By restoring access to vital benefits, this bill ensures that veterans can pursue their education without unnecessary bureaucratic hurdles. With bipartisan support and the backing of numerous veteran advocacy groups, the act represents a crucial step toward fulfilling the nation's commitment to those who have served.

Background and Need for Reform

Under current policies, student veterans who experience disruptions in their education may lose access to key benefits under the GI Bill. These disruptions can include school closures, program disqualifications, or unforeseen personal circumstances. The Student Benefit Restoration Act aims to address these issues by reinstating benefits for veterans affected by such setbacks. According to a GAO report, thousands of Veterans can lose their benefits in the blink of an eye when an educational institution abruptly closes. Many of these veterans were left without recourse, forcing them to either abandon their education or shoulder additional financial burdens. This legislation would reinstate benefits for affected individuals, ensuring they are not penalized for circumstances beyond their control.

Policy Recommendations:

14. Guarantee full benefit restoration for impacted veterans.
15. Strengthen oversight on educational institutions.
16. Provide financial protections against fraudulent institutions.
17. Fund more studies that focus on the transition from military to civilian life.

Sources:

¹ POST-9/11 GI BILL Veterans Affected by School Closures.
<https://www.gao.gov/assets/gao-19-553t.pdf>

Guard and Reserve GI Bill Parity Act

- National Guard and Reserve members face unequal access to GI Bill benefits.
- Many service days do not count toward education benefits eligibility.

The Case for the Guard and Reserve GI Bill Parity Act

The Post-9/11 GI Bill has provided invaluable educational benefits to service members, helping them transition successfully into civilian life. However, National Guard and Reserve members face significant disparities in access to these benefits compared to their active-duty counterparts, despite playing a crucial role in national defense. The Guard and Reserve GI Bill Parity Act is essential to ensuring that all service members receive fair and equitable educational benefits.

Why Parity is Necessary

18. **Equal Service, Equal Benefits:** National Guard and Reserve members are integral to military operations, often serving alongside active-duty troops. They should not be penalized with fewer education benefits for the same commitment.
19. **Retention and Readiness:** Providing equal GI Bill benefits will improve recruitment and retention, ensuring that the Guard and Reserve remain a strong, capable force.
20. **Economic and Workforce Development:** Ensuring educational benefits for all service members supports career advancement, workforce development, and economic stability for veterans and their families.
21. **Fair Recognition of Service:** Many National Guard members have served multiple deployments but still do not qualify for full GI Bill benefits. This is an oversight that must be corrected to honor their contributions appropriately.

Policy Recommendations:

22. Ensure all service days count toward GI Bill eligibility.
23. Align Guard and Reserve benefits with active-duty standards.

Ending the “Wounded Veteran Tax” — The Major Richard Star Act

AFSA’s Stance:

- Combat-injured veterans who are medically retired before 20 years face an unjust dollar-for-dollar offset between retirement pay and VA disability compensation.
- More than 52,000 combat-injured veterans are affected by this inequity.
- The Major Richard Star Act (H.R. 2102/S. 1032) would end this penalty and restore earned benefits.

Combat-injured service members who are medically retired before completing 20 years of service face a unique and unjust penalty: a dollar-for-dollar offset that reduces their

earned retirement pay by the amount of VA disability compensation they receive. These are not duplicative payments — the Department of Defense is responsible for retirement pay, and the VA is responsible for disability compensation. They are different payments for different purposes.

While Congress has partially addressed this inequity through Combat-Related Special Compensation (CRSC), more than 52,000 combat-injured veterans remain excluded from full concurrent receipt. Nearly 28,000 of these veterans have 10 or more years of service yet are denied the same benefits afforded to longevity retirees despite injuries sustained in direct defense of our nation.

This policy penalizes those forced out of service due to wounds incurred in defense of the nation and undermines trust in the military compensation system. As an organization representing those who served in uniform, AFSA finds this inequity unconscionable. The men and women who gave the most — those whose injuries ended their careers prematurely — should not be forced to forfeit retirement pay they rightfully earned.

The Major Richard Star Act (H.R. 2102/S. 1032) has garnered overwhelming bipartisan support, with more than 315 House and 77 Senate cosponsors. That represents three-quarters of Congress, and AFSA urges the committees to ensure this bill is brought to the floor without further delay.

Policy Recommendations:

24. Enact the Major Richard Star Act (H.R. 2102/S. 1032) to allow combat-injured medical retirees to receive both retirement pay and VA disability compensation concurrently.
25. End the practice of penalizing veterans whose injuries forced them out of service before reaching the 20-year longevity threshold.

Sources:

¹ Major Richard Star Act, H.R. 2102/S. 1032, 119th Congress.
<https://www.congress.gov/bill/119th-congress/house-bill/2102/text>

Supporting Veterans' Caregivers

AFSA's Stance:

- There are an estimated 14.3 million military and veteran caregivers in the United States.
- Caregivers frequently sacrifice their own financial security, career advancement, and well-being.
- The Veteran Caregiver Reeducation, Reemployment, and Retirement Act (H.R. 2148/S. 879) would help address these gaps.

Family caregivers are an indispensable, yet often overlooked, component of our veterans' care system. Millions of military and veteran caregivers provide daily,

uncompensated care to veterans who are aging, disabled, or managing complex service-connected injuries and illnesses. These caregivers enable veterans to remain in their homes, reduce avoidable institutional care, and help stabilize already strained VA and community healthcare resources.

Yet despite their critical role, caregivers frequently are forced to sacrifice their own financial security, career advancement, physical health, and emotional well-being. According to a 2024 RAND report, approximately one-third of military and veteran caregivers believed they needed mental health care but did not receive it — primarily because they lacked the time. Individuals reported spending an average of \$8,583 out of pocket annually on delivering care and forgoing more than \$4,000 in annual income.¹

The VA provides clinical support and a monthly stipend for roughly 67,000 caregivers enrolled in its Program of Comprehensive Assistance for Family Caregivers (PCAFC). However, that stipend is classified as unearned income, meaning caregivers are unable to build Social Security credits, retirement savings, or other long-term financial protections during years of full-time caregiving. When caregiving ends — whether due to a veteran’s recovery, loss of eligibility, or death — many caregivers emerge financially insecure and disconnected from the workforce.

AFSA strongly supports passage of the Veteran Caregiver Reeducation, Reemployment, and Retirement Act (H.R. 2148/S. 879). This bipartisan legislation would reimburse caregivers for licensure fees, provide employment assistance for workforce reentry, and study the feasibility of caregiver-specific retirement planning support. Caregivers serve our veterans with unwavering dedication; they should not have to rebuild their own lives alone once that service ends.

Policy Recommendations:

26. Enact the Veteran Caregiver Reeducation, Reemployment, and Retirement Act (H.R. 2148/S. 879).
27. Publish and implement revised PCAFC regulations with a clear, transparent implementation timeline.
28. Provide retirement planning services and study the feasibility of a caregiver-specific retirement plan.

Sources:

¹ RAND Report, Sept. 24, 2024: America’s Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows.
https://www.rand.org/pubs/research_reports/RRA3212-1.html

Protecting Survivor Benefits

AFSA's Stance:

- Dependency and Indemnity Compensation (DIC) rates have not kept pace with inflation or the true cost of loss.
- The remarriage age restriction penalizes surviving spouses for rebuilding their lives.
- The Love Lives On Act (H.R. 1004/S. 410) and the Caring for Survivors Act (H.R. 2055/S. 611) would address these longstanding inequities.

Servicemembers are asked to accept extraordinary risks in defense of our nation. They do so with the belief that if the unthinkable happens, their sacrifice will secure lifelong financial protection for their families. That promise must be kept — fully and without hidden conditions.

Under current law, surviving spouses who remarry before the age of 55 lose eligibility for Dependency and Indemnity Compensation (DIC). This policy financially penalizes survivors for rebuilding their lives, creating a government-designed incentive to remain single. AFSA joins the call to eliminate this remarriage age restriction entirely. A service member's sacrifice earns benefits for their family; those benefits should not come with an expiration date tied to the survivor's personal choices.

Furthermore, DIC rates have declined in real purchasing power over time. The baseline DIC benefit established in 1993 has lost more than half its buying power due to inflation, leaving many surviving spouses with inadequate financial support despite COLA adjustments. Survivors of federal civil service retirees receive up to 55% of the retiree's benefits — veterans' surviving spouses deserve no less.

AFSA supports the Love Lives On Act (H.R. 1004/S. 410), which would eliminate the remarriage age restriction, and the Caring for Survivors Act (H.R. 2055/S. 611), which would modernize DIC by setting it at 55% of the compensation for a 100% service-disabled veteran — matching the benchmark used for the Survivor Benefit Plan.

Policy Recommendations:

29. Enact the Love Lives On Act (H.R. 1004/S. 410) to eliminate the DIC remarriage age penalty.
30. Enact the Caring for Survivors Act (H.R. 2055/S. 611) to modernize DIC rates.
31. Index DIC to inflation to ensure fair and meaningful support for surviving families into the future.

Sources:

¹ Love Lives On Act, H.R. 1004/S. 410, 119th Congress.
<https://www.congress.gov/bill/119th-congress/house-bill/1004/text>

² Caring for Survivors Act, H.R. 2055/S. 611, 119th Congress.
<https://www.congress.gov/bill/119th-congress/house-bill/2055/text>

Protecting Veterans' Disability and Retirement Pay

AFSA's Stance:

- Disability and retirement pay are essential for veterans' financial security.
- Proposals to reduce these benefits must be firmly opposed.

We urge you to oppose any changes that would reduce veterans' disability compensation or military retirement pay—including any proposals that would limit or roll back concurrent receipt of both.

Veterans have served with unwavering dedication, often at great personal cost. Many depend on these benefits for financial stability, healthcare, and housing. Cutting them would break our nation's commitment, erode trust, and harm recruitment and retention efforts.

While fiscal responsibility is important, it should never come at the expense of those who have already sacrificed so much. Echoing VA Secretary Doug Collins, we must not balance the budget on the backs of our veterans. AFSA also strongly opposes any efforts to tax VA disability compensation or count it as income for other federal program eligibility. Veterans with service-connected disabilities should not face new financial burdens on benefits meant to offset the lifelong impacts of their injuries.

Policy Recommendations:

32. Maintain full disability and retirement benefits.
33. Oppose any budget cuts targeting veterans.
34. Oppose any proposal to tax VA disability compensation or apply it as countable income for other federal benefit programs.

Protecting the VA as an Institution

AFSA's Stance:

- The VA exists to fulfill a sacred obligation to those who served — it must be reformed and strengthened, not dismantled.
- Private healthcare systems are not designed around military service and cannot replicate the specialized care the VA provides.
- Efforts to dismantle or significantly privatize the VA threaten the long-term well-being of veterans.

The Department of Veterans Affairs was not created by accident or convenience. It was built out of necessity and obligation. After each major conflict in American history, our nation confronted the same question: How will we keep our promise to those who bore the cost of war? The VA emerged as the answer — a comprehensive system designed to provide healthcare, disability compensation, education benefits, housing support, and dignified burial services to a population defined not by income, age, or geography, but by service and sacrifice.

AFSA acknowledges that the VA faces real challenges: long wait times, aging infrastructure, and administrative inefficiencies are legitimate concerns that demand serious reform. However, acknowledging flaws is not the same as abandoning the mission. Calls to dismantle or significantly privatize the VA are often framed as pragmatic solutions offering veterans “choice.” In practice, they risk hollowing out the only healthcare system in the country that is purpose-built for veterans.

Private healthcare systems are not designed around military service. They do not specialize in combat trauma, polytrauma rehabilitation, or the lifelong consequences of military exposures. And they are not accountable to veterans in the same way a public institution is. Once dismantling begins, it is rarely reversible. As resources, talent, and expertise are redirected away, the VA’s ability to function deteriorates — creating a self-fulfilling prophecy in which weakened performance is used to justify further erosion.

Preserving the VA means reforming it with seriousness and resolve. It means modernizing facilities, investing in digital health infrastructure, streamlining claims processing, and holding leadership accountable for performance. It means expanding mental health capacity, strengthening rural access, and ensuring care keeps pace with evolving medical science. Most importantly, it means recognizing that the VA is not simply a healthcare provider — it is a covenant with those who have used and earned its services.

Policy Recommendations:

35. Oppose any legislation or executive action that would dismantle or significantly privatize the VA in ways that erode its core, veteran-centric mission.
36. Ensure sustained, predictable funding to modernize VA facilities, workforce, and digital infrastructure.
37. Hold VA leadership accountable for wait times, care quality, and accessibility for all veterans, including those in rural and underserved communities.

Conclusion

The well-being of our veterans is not a partisan issue, it is a national obligation. The policies outlined in this statement reflect a commitment to ensuring that those who have served our country receive the care, resources, and opportunities they deserve. From addressing the urgent mental health crisis and expanding access to innovative treatments like Hyperbaric Oxygen Therapy, to ending the wounded veteran tax, supporting caregivers and survivors, safeguarding educational benefits, and protecting veterans’ disability and retirement pay — these priorities require unified action.

As members of Congress, you have the power to make a lasting impact. By working together, you can uphold the promises made to our service members and their families. Through bipartisan collaboration, we can enact policies that provide veterans with the support they need to transition successfully into civilian life, pursue their goals, and maintain their quality of life.

The Air Force Sergeants Association stands ready to work with you to advance these critical initiatives. Let us honor our veterans not just with words, but with decisive action. Together, we can ensure that those who have sacrificed so much for our freedoms receive the dignity, care, and benefits they have rightfully earned.