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SENATE AND HOUSE VETERANS AFFAIRS COMMITTEES

on the

ORGANIZATIONS' LEGISLATIVE PRIORITIES FOR 2026

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Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, thank you for the opportunity to present the legislative priorities for Iraq and Afghanistan Veterans of America (IAVA). IAVA is the nation's only organization dedicated to advocating specifically for the post-9/11 generation.

At IAVA our advocacy begins and ends with one principle: evidence matters. Our 2026 Policy Priorities reflect our commitment to evidence-based advocacy that is grounded in the lived experience of our members.

To build these priorities we listened carefully to what veterans told us through our surveys, flash polls, and direct engagement. We then turned to the data and research to identify policies that address their concerns. This year, our members identified health care access, economic stability, support for Afghan allies, equity for women veterans, and the promotion and strengthening of civic engagement as top issues.

Below is a summary of the key issues.

1. Veterans' Health Care

Access to high-quality health care remains the top concern among IAVA members. While the Department of Veterans Affairs (VA) delivers care that often meets or exceeds private-sector standards, veterans continue to face systemic barriers including fragmented care under expanded community care programs, inconsistent access to mental health services, persistent suicide risk, especially among younger and women veterans, disability claims backlogs and outdated IT systems, and uneven implementation of toxic exposure benefits under the PACT Act.

2026 Priorities Include:

- Full funding and rigorous oversight of PACT Act implementation
- Strengthening suicide prevention through lethal means safety legislation
- Expanding rural and tele-mental health access
- Supporting innovative therapy research and clinical trials
- Modernizing disability claims systems to reduce delays

2. Economic Stability for Veterans and Their Families

Veterans demonstrate strong employment and homeownership rates overall, yet significant disparities persist—particularly for women veterans, veterans of color, disabled veterans, and single-parent households. Key challenges include underemployment despite high education attainment, barriers in transferring military credentials to civilian licensure, housing cost burdens for post-9/11 veterans, and continued veteran housing insecurity despite progress.

2026 Priorities Include:



- Improving credential transferability for veterans and military spouses
- Strengthening Housing First models and wraparound services
- Protecting and modernizing VA home loan programs
- Updating GI Bill policies to reflect modern education delivery
- Enhancing oversight of VA benefits modernization

3. Afghan Allies and National Security

Supporting Afghan allies is both a moral obligation and a national security imperative. The unfinished evacuation and Special Immigrant Visa (SIV) backlog have left thousands in limbo, while veterans report deep moral injury tied to perceived abandonment of wartime partners. The treatment of Afghan allies directly impacts U.S. global credibility, future military partnerships, veteran mental health and moral injury and strategic trust in American commitments.

2026 Priorities Include:

- Passage of the Afghan Adjustment Act & Fulfilling Promises to Afghan Allies Act
- Restoration and streamlining of SIV processing
- Legal protections for Afghan evacuees in the U.S.
- Long-term institutional reforms to prevent future allied abandonment

4. Equity for Women Veterans

Women are the fastest-growing segment of the veteran population, yet persistent inequities remain in health care access, claims processing, and research inclusion. Ongoing gaps include inconsistent access to reproductive health services, high denial rates for Military Sexual Trauma (MST) claims, infrastructure deficiencies at VA facilities, lack of menopause and aging research, and geographic and racial disparities in care.

2026 Priorities Include:

- Rigorous oversight of the Deborah Sampson Act
- Expanding access to comprehensive reproductive health care
- Strengthening MST claims training and accountability
- Advancing gender-specific research initiatives
- Expanding mammography and menopause care access

5. Strengthening and Protecting Civic Engagement

Veterans consistently express concern about democratic institutions, voting access, misinformation, and preservation of civil rights. For veterans, democracy is not abstract—it is tied directly to the oath they swore to defend the Constitution. Members report concern about



mis- and disinformation, efforts to limit equity in military service, voting access barriers and erosion of democratic norms

2026 Priorities Include:

- Supporting legislation that strengthens voting rights and transparency
- Protecting equitable access to military service
- Promoting civic participation and informed engagement

Across all of these priorities, it is clear that strong legislation alone is not enough. Implementation, oversight, transparency, and accountability are essential to closing the gap between policy intent and the impact of legislation on individuals. In addition to legislative advocacy, we are also committed to holding Congress accountable for oversight, proper funding of programs, and transparency in implementation.

This written testimony provides the evidence behind each of the key policy priorities. America's veterans deserve policies that are rooted in research and data, not emotion or political whims. IAVA is committed to ensuring that our veterans remain out of the political fray, and we will fight for solutions that improve their lives and make America a place where all who served can prosper. We look forward to working with all of you throughout the coming year.

VETERANS' HEALTH CARE

ISSUE SUMMARY

The Department of Veterans Affairs (VA) consistently delivers high-quality care. However, veterans face substantial systemic barriers to accessing timely, coordinated, and equitable health services. Research confirms that the quality of VA direct health care is equal to or better than that of non-VA care (including community care) across many clinical domains, including mental health (Apaydin et al., 2023). Yet access to VA direct care facilities remains a challenge for many veterans. The expansion of community care through the MISSION and Choice Acts has not uniformly improved veterans' access to healthcare; rather, it has introduced new challenges related to care fragmentation and administrative burden (Gebregziabher et al., 2024). Mental health services, particularly for post-9/11 veterans, remain inconsistently accessible, despite the VA's deployment of evidence-based models such as Primary Care–Mental Health Integration (PC-MHI) and tele-mental health (National Academies of Sciences, Engineering, and Medicine [NASEM], 2018; Resnik et al., 2024). Further, veteran suicide continues to pose a public health crisis. Although initiatives like Risk ID and REACH VET have demonstrated utility in identifying high-risk individuals, a large proportion of veterans who die by suicide have had no recent VA contact, suggesting that VA-centric approaches alone are insufficient (Hepner et al., 2025). Meanwhile, disability claims backlogs, compounded by systemic inefficiencies and underinvestment in IT modernization, delay access to care and



benefits, and contribute to poor outcomes (U.S. Government Accountability Office [GAO], 2025).

WHAT WE HEARD FROM MEMBERS

In IAVA's Fall 2025 survey, members consistently highlighted access to quality health care and mental health services as their top concerns. It consistently emerged as the highest-priority area in which IAVA should be involved. Survey respondents expressed concern about navigating the VA system, the disability claims process, and the consistency of care across facilities. While most trust the VA more than community care, many face challenges with distance, provider shortages, and perceived quality gaps. Suicide prevention and mental health access remain urgent, as veterans continue to face high rates of mental health challenges (Shafer et al., 2022). Policies such as the PACT Act are viewed positively, though veterans reported mixed satisfaction with its implementation.

Nearly three-quarters of survey respondents (73%) reported using VA services for physical health care. Among those using VA services, almost all (95%) receive physical health care directly from a VA facility rather than a community care provider. Approximately 40% respondents reported using VA services to receive mental health services. Among those who do receive VA mental health care, most (85%) receive that care directly from a VA facility.

Overall, respondents reported higher trust in the VA than in community care, though trust levels were lower for mental health than physical health across both systems. Specifically, 59% of respondents said they trust the VA to meet their physical health care needs, compared with 45% who said they trust community care. For mental health, 42% reported trusting the VA to meet their needs, compared to 35% who reported trusting community care. More than half of respondents (54%) said VA providers understand how their military experience influences their physical and mental health needs. In contrast, 32% of respondents felt that community care providers understand this context.

44% of respondents reported filing a PACT Act claim. Of those who have filed, 51% received increased benefits or new presumptive conditions. 47% were satisfied or very satisfied with the outcome, while 32% were dissatisfied or very dissatisfied. Currently, 47% of filers are receiving VA healthcare for PACT Act presumptive conditions.

KEY RESEARCH TAKEAWAYS

The quality of care within VA facilities remains high, particularly in surgical and chronic care, but access and patient experience metrics vary widely across facilities and geographies (Apaydin et al., 2023). The expansion of community care, while beneficial in some cases, often results in care discontinuity and additional burdens on veterans. Nearly 70% of surveyed veterans reported difficulty obtaining test results or medical records from non-VA providers, leading to



fragmented care and elevated rates of emergency room visits and hospital readmissions (Gebregziabher et al., 2024). Women veterans disproportionately rely on community care for services not universally available within the VA, such as reproductive health, yet they also encounter greater scheduling difficulties and reimbursement-related issues (Gebregziabher et al., 2024).

Geography plays a role in how veterans access healthcare. Rural veterans are more likely to rely on the VA as their primary source of healthcare access and on tele-health to access prescriptions and for pain management care than urban veterans (Chen et al., 2022; Rosen et al., 2024). Access to mental healthcare is mixed. Prior to the pandemic, urban veterans were more likely to use VA mental health services, but as more individuals moved to rural areas and the prevalence of VA telehealth services rose, a slightly greater proportion of rural veterans accessed VA mental health services via telehealth (Leung et al., 2023).

Differences in accessing health care services at the VA also vary by racial and ethnic identity. In the post-9/11 generation, Hispanic, Black, Asian, and Native Hawaiian/Pacific Islander veterans were more likely than non-Hispanic White veterans to utilize VA health care services (Aronson et al., 2020). Additionally, Hispanic and Asian veterans were more likely to use VA counseling services than either Black or White veterans (Aronson et al., 2020).

Regarding community care use, Black and Hispanic veterans were less likely than White veterans to use community care for primary care in both urban and rural areas. Further, Hispanic and Black rural veterans faced longer wait times than White veterans when accessing community care (Rosen et al., 2024). When accessing community care in urban settings, White veterans had longer wait times than both Black and Hispanic veterans (Rosen et al., 2024).

Veterans also have unique health risks. The toxins veterans have been exposed to, whether a result of environmental factors or military equipment, have unique physical and psychological health impacts. These include increased risks of certain cancers, respiratory conditions, and chronic multisystem illnesses (DeBeer et al., 2017). Additionally, post-9/11 veterans are at an increased risk of head trauma, particularly in conjunction with other injuries. A 2023 analysis of combat-related injuries sustained in Iraq and Afghanistan found that over 75% of those whose injuries received an Injury Severity Score (ISS) of 9 or higher were accompanied by a significant blast event in conjunction with their traumatic injury (D'souza et al., 2023). Blast events carry an increased risk of Traumatic Brain Injury (TBI), as well as sleep disruptions, hormonal changes, mental health changes, and increased risks of other neurological conditions. These conditions most often do not present acutely with the trauma but emerge in subsequent years after the incident and significantly evolve in how they present in patients (Phipps et al., 2020). Such complex injuries require not only specialized care but also specialized medical training to understand the cumulative and interactive effects of multiple traumas and exposures on a given condition (DeBeer et al., 2017).

In terms of mental health services, over half of post-9/11 veterans with probable care needs do not engage in care, often due to low awareness of eligibility, stigma, or bureaucratic hurdles



(NASEM, 2018). Integrated care models and telehealth have demonstrated measurable success in increasing first-appointment attendance and in reaching rural or otherwise disconnected veterans (Resnik et al., 2024), yet these programs remain under-resourced and inconsistently implemented nationwide.

Suicide prevention remains a central challenge. Despite targeted programs, 40% of veterans who died by suicide in 2022 had not recently interacted with the VA health care system (Hepner et al., 2025). Subpopulations at increased risk include younger veterans, women veterans, and those recently discharged or of lower socioeconomic status. Notably, 74% of veteran suicides involve firearms, underscoring the critical importance of lethal means safety initiatives (Hepner et al., 2025). Interest in understanding alternative therapies, such as psychedelics, to address underlying drivers of suicidality has become increasingly popular in policy and veteran circles, yet more research is needed to fully understand their effectiveness (Pagano & Pagano, 2025; Wolfgang & Hoge, 2023).

Post-9/11 veterans are more likely to experience interrelated mental and physical health care conditions than veterans of previous generations. Nearly a quarter of post-9/11 veterans have a formal post-traumatic stress disorder diagnosis, and significantly more report symptoms even if not formally diagnosed (US Department of Veterans' Affairs, 2025). Additionally, over 40% of female veterans report having experienced military sexual trauma (MST), and the number is slightly higher for those who have deployed to Iraq or Afghanistan and have a physical combat-related injury (Barth et al., 2016).

EVIDENCE-TO-POLICY GAPS

While VA health care delivery is grounded in high-quality evidence-based practices, systemic barriers persist in access, navigation, and care continuity. Legislative efforts have expanded veterans' formal eligibility for care, but research underscores a gap between policy and practice. Complex application processes, insufficient outreach, and inadequate coordination between VA and community providers hinder the translation of legislative intent into effective care delivery (NASEM, 2018; GAO, 2025). Additionally, more research is needed on potentially promising alternative therapies and on ensuring that current efforts to restructure VA Health Care access and delivery align with best practices.

Moreover, while interventions such as PC-MHI and Risk ID have shown promise, they lack consistent implementation, funding, and scalability. Telehealth has improved access but remains constrained by infrastructure limitations, especially in rural areas (Resnik et al., 2024). Lastly, disability benefits administration continues to be hampered by outdated systems and inconsistent quality control, delaying veterans' access to critical services and exacerbating health disparities (GAO, 2025).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES



IAVA supports strengthened oversight and full funding of the PACT Act, including the continuation of the publicly facing implementation dashboard and full appropriation of the Toxic Exposure Fund. To improve veteran suicide prevention efforts, IAVA backs the Saving Our Veterans Lives Act of 2025 (H.R. 1987/S. 926), which focuses on safe firearm storage and lethal means safety. IAVA calls for expanded mental health access, particularly in rural areas, through stable funding for Clinical Resource Hubs and increased appropriations to address staffing shortages. To improve treatment effectiveness, IAVA supports the Freedom to Heal Act of 2025 (H.R. 6434/S. 3346) and the Innovative Therapies Centers of Excellence Act of 2025 (H.R. 2623), which would expand access to clinical trials and emerging therapies. IAVA also urges greater transparency and veteran education around available mental health and toxic exposure resources.

ECONOMIC STABILITY FOR VETERANS AND THEIR FAMILIES

ISSUE SUMMARY

Veterans' economic outcomes post-transition are marked by both measurable strengths and persistent disparities. Yet military service remains one of the few pathways to upward social mobility (Switzer, 2023). National labor statistics show that, on average, veterans have lower unemployment rates and higher household incomes than non-veterans (Bureau of Labor Statistics [BLS], 2024; Schuler et al., 2025). Veterans also tend to own homes at higher rates than civilians (Derpo, 2024). These overall gains, however, obscure underlying inequities for specific subgroups. Female veterans, veterans of color, and single-parent veterans remain disproportionately affected by underemployment, wage gaps, and barriers to stable housing (Blue Star Families, 2022; Radford et al., 2024; Smucker et al., 2024). Though the post-9/11 GI Bill has markedly improved educational attainment among veterans, translating these credentials into employment with equitable compensation remains a challenge. Additionally, while Housing First initiatives have significantly reduced veteran homelessness, over 32,000 veterans still experience housing insecurity annually (Tsai, 2023; U.S. Department of Veterans Affairs, 2024). Credentialing barriers, inconsistent program evaluation, and insufficient integration across employment, education, and housing supports further complicate the transition process for many veterans.

WHAT WE HEARD FROM MEMBERS

In IAVA's Fall 2025 survey, we heard multiple concerns about economic well-being – a foundational aspect of veteran reintegration and long-term health. Respondents expressed concerns about inflation, the cost of living, and job stability, underscoring the need to prioritize benefits that support veterans' successful transition to civilian life and provide economic security for their families. Respondents also noted that economic stability includes fair access to employment opportunities, housing, and education benefits that recognize military service.



In IAVA's 2022 member survey, 63% of respondents reported using their GI Bill benefits to pursue educational opportunities after military service, and nearly three-quarters (73%) noted that they would not be able to afford school without it. The majority (58%) of respondents stated that they were employed full time, and of those employed full time, 30% stated that they were under-employed. When discussing employment struggles, the most cited was a lack of proper credentials or the inability to transfer military credentials to a civilian employer.

KEY RESEARCH TAKEAWAYS

Military service remains one of the few pathways that allow individuals to advance their socioeconomic status, particularly by moving from poverty into the middle class (Switzer, 2023). This is particularly true for individuals who have experienced multi-generational poverty, as military service and associated veterans' benefits provide the twin benefits of economic independence and familial support (Bennett & McDonald, 2013). However, despite the positive impacts of military service, there remain areas of disproportionate advantage and areas where veterans still fare worse than civilians.

One benefit veterans are eligible to receive is financial compensation for service-connected illness or injury. This benefit is intended to offset the loss of income resulting from the lasting effects of these experiences. Research on the effectiveness of these payments is fractured and mixed. Total earnings for veterans with disability ratings have been found to be lower overall than those without, yet substantial variation existed between those with the lowest and highest disability ratings (Bass & Golding, 2014). However, clarity is limited, as Bass & Golding's (2014) study focused only on male veterans, even though women were the fastest-growing group of veterans at the time (Schultz et al., 2022). Women veterans, even when fully employed, have significantly lower overall earnings than their male counterparts (US Bureau of Labor Statistics, 2022).

A 2012 RAND study found that the loss in civilian earnings was more than offset by VA disability payments (Buddin & Han, 2012). However, the study uses data that is now over 25 years old and predates more recent changes to the mental health disability schedule. More recent work done by the National Bureau of Economic Research found that for veterans with mental health conditions, disability compensation does not completely offset losses (Silver & Zhang, 2022). In fact, the modest increases would significantly decrease the likelihood of a veteran experiencing food insecurity or homelessness as a result of employability challenges resultant from their service-connected mental health condition (Silver & Zhang, 2022).

Veterans who leverage education benefits through the post-9/11 GI Bill have higher college completion rates than their non-veteran peers, especially among female veterans and veterans of color (Radford et al., 2024). Despite these gains, disparities in earnings persist post-graduation. Single-parent veterans, particularly women, continue to experience barriers to economic mobility despite higher educational attainment than their age-matched peers. This is



mostly due to a lack of supports including affordable childcare, rigid academic schedules, and inadequate affordable housing (Smucker et al., 2024).

Parallel research identifies racial disparities in employment and earnings outcomes, suggesting that systemic barriers continue to limit access to high-quality employment for minority veterans (Blue Star Families, 2022). Further, although federal transition programs invest heavily in education benefits, evidence reveals limited impact on long-term employment outcomes or underemployment, with some participants in the Transition Assistance Program (TAP) earning less than nonparticipants (Kleykamp et al., 2024). Credentialing challenges remain acute, especially where military-acquired skills do not align with state licensure standards, leading to delayed workforce entry and underemployment (Government Accountability Office [GAO], 2022).

Housing is also a concern of the veteran community. Veterans are more likely to own homes than their age-matched civilian peers, yet, within the home-owning population, their homes tend to be of lower value (Derpo, 2024). Overall, veterans have a lower housing cost burden than non-veterans (defined as spending 30% or more on housing costs), yet veterans who joined the military after September 11, 2001, have a higher housing cost burden than non-veterans (Schwarm et al., 2023). Veterans are at lower risk of foreclosure than age-matched civilians, yet veterans who do not own homes are at higher risk of eviction than their civilian peers (Tsai & Hooshyar, 2022). It has historically been difficult to determine overall homeless rates for the veteran population, given the difficulty of defining the totality of the veteran population in the United States. However, recent models indicate that veterans experience higher rates of both housing insecurity and chronic homelessness than non-veterans in all 50 states and the District of Columbia in the early 2000s (Mast, 2023). The Department of Veterans Affairs launched its Ending Veteran Homelessness Initiative in 2010 and implemented coordinated housing-first strategies. Research shows that in the first dozen years of the initiative, veteran homelessness fell by 55.3%, while the general population's homelessness fell by 8.6% (O'Toole et al., 2024). Yet while these housing first strategies are demonstrably effective in reducing homelessness and improving housing retention, scalability and wraparound service provision remain inconsistent across regions (Tsai, 2023).

EVIDENCE-TO-POLICY GAPS

Although employment rates among veterans are strong overall, underemployment and job quality metrics are poorly tracked, obscuring labor mismatches and skill underutilization (BLS, 2024; GAO, 2022). Subpopulations, including single-parent, minority, and disabled veterans, continue to fall through policy and programmatic gaps. Credentialing and licensing initiatives have proliferated but lack outcome evaluations, rendering it difficult to assess return on investment or to identify best practices (Kleykamp et al., 2024). Recent trends in increased housing costs must also be addressed through the VA home loan and housing protection programs. Additionally, despite strong evidence of the efficacy of housing first approaches, veteran homelessness persists, with many at risk due to insufficient affordable housing and



limited access to financial safety nets (U.S. Department of Veterans Affairs, 2024; United For ALICE, 2022). Financial hardship also affects a substantial share of veterans who fall outside traditional poverty metrics but remain unable to meet basic needs, particularly in high-cost-of-living areas (United For ALICE, 2022). This population remains largely unaddressed by current federal support frameworks, which continue to prioritize unemployment over underemployment or economic precarity.

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA supports national reforms to improve the transferability of credentials for veterans and military spouses, including provisions to establish national credentialing standards and the Military Spouse Hiring Act (H.R. 2033/S. 1027). IAVA advocates for strengthening Housing First approaches by expanding wraparound services and increasing case management capacity to address housing placement delays. Priorities also include advancing protections within the VA home loan program and sustaining congressional oversight of VA benefits modernization, especially updates related to mental and reproductive health care. IAVA further calls for the removal of outdated restrictions on GI Bill distance learning to align with current education delivery models.

AFGHAN ALLIES AND NATIONAL SECURITY

ISSUE SUMMARY

The 2021 U.S. withdrawal from Afghanistan not only left tens of thousands of Afghan allies vulnerable to retribution from the Taliban but also imposed severe emotional and psychological burdens on the American veteran community. Research confirms that veterans viewed the evacuation effort as incomplete and disorganized, resulting in significant moral injury and a perceived breach of American values (Center for Deployment Psychology [CDP], 2023; Galston, 2021). According to an internal audit by the U.S. Department of State (2023), as of March 2023, more than 152,000 principal Special Immigrant Visa (SIV) applicants remained in Afghanistan awaiting adjudication, reflecting a systemic failure in meeting allied protection commitments. Public and veteran support for assisting Afghan allies remains high, yet policy implementation has not kept pace with the urgency of need (Association of Wartime Allies & Iraq and Afghanistan Veterans of America [AWA & IAVA], 2022). Meanwhile, challenges facing Afghan evacuees in the United States, such as underemployment, lack of permanent legal status, and inadequate support for integration, persist, straining both resettled communities and the veterans who continue to advocate on their behalf (Migration Policy Institute [MPI], 2022; U.S. Department of State, 2023).

WHAT WE HEARD FROM MEMBERS



In IAVA’s Fall 2025 survey, respondents reported that support for Afghan allies is both a moral obligation and a matter of national security. Nearly 75% of respondents believe the U.S. government has not done enough to support Afghan allies who risked their lives alongside American forces. Specifically, 66% do not believe the presidential administration is doing enough, and 74.5% do not believe Congress is doing enough. When asked about the main provisions of the Fulfilling our Promises to Afghan Allies and the Afghan Adjustment Acts, 78% agreed or strongly agreed with the provisions of these two acts. Similarly, 73% agreed with the main provisions of the Enduring Welcome Act. Respondents also specifically called for expediting visa processes, reuniting families, and ensuring safety for allies already in the U.S. Many (67%) expressed moral injury over how the withdrawal from Afghanistan was handled, emphasizing the need for accountability and renewed leadership on this issue. Additionally, 70% of respondents noted that the recent detention of Afghans by US Immigration and Customs Enforcement led to personal shame and moral injury.

KEY RESEARCH TAKEAWAYS

During the nearly two decades of military operations in Afghanistan, over 300,000 Afghans worked directly to assist and support US interests. These individuals were essential to US operations, and in return for the aid they provided, they were promised a pathway to safety. Many Afghans who assisted the US and allied forces were targeted by the Taliban.

The SIV program for Afghans was established in 2009 as a means to create a safe pathway to US residency for those Afghans who worked closely alongside US forces in Afghanistan (Afghan Allies Protection Act of 2023). It recognized that Afghans who served the US government faced risks to their life and livelihoods and that providing a pathway to US residency would better incentivize others to support the US Operations. This original act has been amended several times (e.g., in FY2019 and FY2023) to expand the number of SIVs provided to Afghans. Yet the program has not been perfect – even before withdrawal, there was evidence of backlogs and improper resourcing of the SIV program. The 2018 *Afghan & Iraqi Allies v. Pompeo* case found that the government’s delays in issuing SIVs were unacceptable and led to the adoption of more streamlined timelines (*Afghan and Iraqi Allies Under Serious Threat Because of Their Faithful Service to the United States v. Rubio*, 2025). A February 2022 report noted that “the threat the Taliban posed to the stability and safety of Afghans who had put their lives on the line to support the U.S. mission” was a core issue, and that the SIV program was experiencing significant delays and backlogs even before the fall of Kabul (U.S. Senate Committee on Foreign Relations, 2022).

The failings of the SIV program contributed to the development of other means of safe and legal passage to the US. Humanitarian Parole was used during the evacuation to ensure as many Afghans as possible were evacuated. To achieve parole, Afghans underwent vetting at US government facilities around the world, including screenings and interviews. Upon arrival in the US, they undergo additional screenings. While there have been concerns, the resettlement of Afghans in the US has been among the most secure refugee resettlement processes in our



nation's history (Akgul et al., 2025). When arriving in the US, Afghans do not have an easy road. Recent analyses demonstrate that Afghan SIV holders resettled in the United States encounter significant barriers to workforce participation, with only 23% reporting employment within 90 days of arrival, often due to credentialing challenges and limited access to childcare (U.S. Department of State, 2023). These initial outcomes are compounded by insufficient federal resources to support long-term integration, particularly in employment and language acquisition. In January 2026, the SIV program was suspended, and all travel from Afghanistan was banned (Proclamation No. 11043, 2025)

The emotional toll on veterans is equally documented; over 70% of Afghanistan veterans reported feeling betrayed by the withdrawal, and many identified helping Afghan allies as a personal moral imperative that would improve their own well-being (AWA & IAVA, 2022; Galston, 2021). Mental health experts further note that the withdrawal contributed to elevated experiences of moral injury among veterans, which has been linked to increased psychological distress and worsening of PTSD symptoms (CDP, 2023). VA researchers have found that moral injury is directly linked to an increase in suicidal thoughts and behaviors (Griffen et al 2025), further highlighting the connection between the treatment of Afghans and the health of our veterans. Furthermore, the volunteer-led rescue efforts, such as those coordinated by AfghanEvac and informal digital networks, underscore the vacuum left by government operations and have placed emotional strain on participating veterans, many of whom have reported burnout and trauma from the experience (AfghanEvac, 2023; Lawrence, 2021).

Advocating for the US to keep its promise to our Afghan Allies is not just about the individuals who enabled US and allied actions in Afghanistan, but the future of our national security. Since World War I, the US has had a history of relying on foreign nationals or recent immigrants to further its military goals, with distinct promises of post-war life in the US for those who supported wartime efforts (Baigorri-Jalon, 2010). These individuals have an outsized impact on the ability of the US to achieve its tactical and strategic military objectives, and, more importantly, have the largest impact on how the US is perceived in the post-war environment (Baker, 2010; Amich, 2013). How we treat our Afghan Allies today will have a direct impact on the US' ability to engage with local populations in future wars.

EVIDENCE-TO-POLICY GAPS

Currently, tens of thousands of Afghans remain in limbo due to the 2026 travel ban and the closure of Camp As Sayliyah (CAS). The State Department is currently offering to pay Afghans who were at CAS awaiting processing to come to the US (Lewis, 2026). Yet, despite bipartisan legislative proposals, including the Afghan Adjustment Act, Congress has yet to pass permanent legal protections for the approximately 80,000 Afghan evacuees in the United States on temporary humanitarian parole (MPI, 2022). This unresolved status leaves thousands in legal limbo and undercuts American credibility abroad (Kim et al., 2024). At the same time, the SIV backlog remains unacceptably high, with the Department of State citing bureaucratic inefficiencies and inadequate staffing as key barriers to timely processing (U.S. Department of



State, 2023). Existing federal resettlement programs offer strong short-term outcomes but lack continuity beyond the 90-day window, particularly for professional integration, credentialing recognition, and language services (AWA & IAVA, 2022; MPI, 2022). Simultaneously, veterans have received insufficient support to address the moral injury and trauma connected to the withdrawal and the ensuing rescue efforts, with existing VA mental health services not scaled to meet this unique demand (CDP, 2023). The case of Afghan Allies illustrates broader national security concerns arising from the US's treatment of its allies. Many veterans raise concerns that the betrayal of trust will have long-term impacts on the ability of the US to gain allies in future wars, and fear for how our current allies will view our trustworthiness. As researchers warn, failure to honor commitments to Afghan allies may damage future American military operations by diminishing trust among prospective local partners (Coffey, 2025; Kim et al., 2024).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA strongly supports the passage of the Afghan Adjustment Act and the Fulfilling Promises to Afghan Allies Act to provide permanent legal status and reestablish lawful pathways to citizenship for evacuated wartime allies. IAVA also backs the Enduring Welcome Act of 2025 as a critical step in reaffirming America's commitment to those who served alongside U.S. forces. To address ongoing resettlement challenges, IAVA calls for increased staffing and resource allocation to reduce the Special Immigrant Visa (SIV) backlog and streamline processing for at-risk applicants. More broadly, IAVA urges Congress to institutionalize long-term frameworks that protect current and future allies, and to invest in interagency coordination that reinforces the United States' global credibility and strategic partnerships.

EQUITY FOR WOMEN VETERANS

ISSUE SUMMARY

The literature identifies several core deficits in the VA's approach to women veterans. First, gaps in clinical infrastructure and provider availability limit access to critical services, particularly in reproductive health, mental health, and military sexual trauma (MST) care (Schultz et al., 2023; VA OIG, 2018). Second, the quality and continuity of care for women veterans vary significantly by region and facility, with rural veterans and women of color reporting the greatest challenges in navigating care and in accessing culturally competent care (Carter et al., 2016; Department of Veterans Affairs, 2024). Third, longstanding issues in VA claims adjudication for MST-related PTSD persist, with high denial rates and inadequate training for evaluators contributing to disparities (VA OIG, 2018).

WHAT WE HEARD FROM MEMBERS



IAVA's Fall 2025 survey confirmed that the experiences of women veterans remain central to IAVA's advocacy, particularly in ensuring equitable access to care and recognition. The Deborah Sampson Act has improved access, but gaps persist in both implementation and experience. While most women respondents (88%) report being offered care by female providers and receiving preventive health services, fewer (57%) find the process easy to navigate. 85% of women respondents reported receiving primary or preventive healthcare through the VA, specifically for women's health (e.g., mammogram screening, gynecological visits).

Reproductive healthcare remains a top issue for IAVA members. In a December 2025 flash poll about the Department of Justice's Office of Legal Counsel (OLC)'s legal opinion regarding the Department of Veterans Affairs' authority to provide abortion-related care, nearly 70% of members somewhat or strongly supported veterans being able to access abortion care and counseling through the VA. Almost three-quarters of members (72%) support veterans being able to discuss abortion and pregnancy options openly with their VA health care provider.

KEY RESEARCH TAKEAWAYS

Women veterans are the fastest-growing segment of the veteran population, yet their experiences in the Department of Veterans Affairs (VA) system often remain marked by structural inequities, inconsistent access to tailored services, cultural misalignment, and a lack of research on women-specific outcomes. Women also face unique challenges that the VA is still not prepared to address (Schultz et al., 2023). Research highlights substantial gaps in the delivery and quality of care for women veterans, particularly in reproductive health, trauma-informed behavioral health, and services for survivors of military sexual trauma (VA OIG, 2018; Carter et al., 2016).

The VA reports that nearly 1 in 3 women veterans reports having experienced military sexual trauma (MST; U.S. Department of Veterans Affairs, 2026), and independent research finds that number higher, closer to 44% (Nichter et al., 2022). Research has found that MST results in a greater likelihood of Post Traumatic Stress Disorder (PTSD) symptoms than combat-related trauma, yet MST claims are denied at a higher rate than combat-related claims (Webermann et al., 2024). Additionally, MST carries physical consequences. For example, there is a strong connection between MST and adverse maternal outcomes, including low birth weight and still births (Nilini et al., 2022). Recent research also shows a strong correlation between MST and overall chronic pain (Shapiro et al., 2023). The VA has continued to invest in psychological care for MST survivors, but evidence suggests there is a need for more physically focused care.

Women veterans also face unique challenges related to reproductive and gender-specific healthcare. Women veterans who deployed to Iraq or Afghanistan face more significant reproductive healthcare challenges than their civilian or non-deployed peers, including infertility, psychological barriers to reproductive health, musculoskeletal injuries, and impacts of exposure on reproductive organs (Zephyrin, 2016). More recent research is finding connections between non-deployment-related exposures unique to military life and adverse



reproductive health outcomes in women veterans (Clark, 2025) and an elevated risk for breast cancer (Jester et al., 2024).

While the VA has made strides through recent legislative mandates and administrative improvements, implementation is uneven, and many facilities remain unprepared to fully serve women veterans (GAO, 2016). According to the VA's own Barriers to Care study, women veterans report feeling invisible within the VA system, facing stigma and discomfort in predominantly male environments (Department of Veterans Affairs, 2024). These challenges are compounded by intersectional factors: women of color, LGBTQ+ veterans, and those with caregiving responsibilities face heightened barriers in both accessing care and navigating benefits systems (Carter et al., 2016; Schultz et al., 2023).

Despite significant increases in the number of women utilizing VA services and receiving benefits, equity in outcomes remains elusive. The 2023 Women Warriors Report underscores the disconnect between policy intent and lived experience, revealing high rates of dissatisfaction with VA responsiveness and access to women-specific services, particularly reproductive care, menopause management, and MST treatment (Wounded Warrior Project, 2023). Inconsistencies persist not only in the availability of gender-specific providers but also in the physical environment, with many facilities still lacking appropriate signage, privacy accommodations, and lactation spaces (GAO, 2016; IAVA, 2025). Though policies such as the Deborah Sampson Act sought to mandate structural reforms, enforcement mechanisms, and accountability systems have not been fully institutionalized. The absence of robust oversight continues to limit the potential of these reforms to meaningfully improve women veterans' health outcomes.

Additionally, although the volume of research on women veterans' healthcare has almost doubled between 2016 and 2023, there remains a noticeable lack of research on the impact of aging on this population and a persistent lack of inclusion of women veterans in clinical trials (Goldstein et al., 2025). Recent legislative initiatives have emphasized the importance of expanding women-specific services and addressing barriers to benefits access. However, effective implementation has lagged behind statutory commitments. For instance, the VA Barriers to Care study documents ongoing confusion among veterans about eligibility, service availability, and how to file gender-specific claims (Department of Veterans Affairs, 2024). Further, research shows that women veterans are more likely to delay or forgo needed care due to childcare responsibilities, mistrust of the VA, or fear of re-traumatization (Wounded Warrior Project, 2023). Collectively, these findings suggest a critical need for trauma-informed, gender-responsive, and culturally competent care models embedded across all levels of the VA health system.

In addition to health outcomes, women veterans remain worse off financially than their male peers (US Bureau of Labor Statistics 2022). This is despite the fact that women veterans are significantly more likely to use GI Bill benefits and earn more advanced degrees than their male peers (American Institutes for Research, 2024). While the percentage of women veterans using



VA Home Loan benefits continues to rise, women veterans remain underrepresented in homeownership compared to their male counterparts (Schwarm et al., 2023).

EVIDENCE-TO-POLICY GAPS

While laws like the Deborah Sampson Act represent progress, the persistent lack of infrastructure, provider training, and oversight undermines their effectiveness. Many VA sites have not met requirements for gender-specific staffing or space accommodations, leaving women veterans underserved despite policy directives (GAO, 2016; Brownley, 2025). Furthermore, claims processes for conditions such as MST-related PTSD continue to exhibit high denial rates and systemic bias, suggesting the need for more rigorous evaluator training and standardized adjudication procedures (VA OIG, 2018).

The 2022 Department of Justice’s Office of Legal Counsel (OLC) opinion had historically served as legal guidance while the VA developed and implemented its own rule on abortion access for veterans post the overturn of *Roe v. Wade*. In December of 2025, the Department of Justice’s Office of Legal Counsel (OLC) issued a new legal opinion regarding the Department of Veterans Affairs’ authority to provide abortion-related care. In this opinion, OLC concluded that the VA *may not provide abortion services under any provision of Chapter 17 of Title 38*, and it formally withdrew key portions of a September 21, 2022, OLC opinion that had supported the VA’s authority to provide limited abortion care and counseling in cases of rape, incest, or when a veteran’s health was at risk. The December 2025 opinion reverses that position and raises new questions about veterans’ access to reproductive health care, the scope of VA medical authority, and the role of Congress in determining veterans’ health policy. The new opinion reinforces how reproductive health access remains constrained by both policy and practice.

When VA policy did permit abortion under limited circumstances, access varied significantly depending on facility capacity and geographic location, with little transparency regarding provider readiness (Schultz et al., 2023). Additionally, there are no universal VA guidelines on menopause care, leaving many veterans without adequate support for a predictable and significant health transition (IAVA, 2025). These shortcomings reflect broader systemic gaps in integrating the unique health care needs of women veterans into VA policy, practice, and strategic planning. Without targeted investment and ongoing accountability, these gaps will continue to compromise health outcomes and perpetuate inequities.

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA is calling for rigorous oversight of the Deborah Sampson Act’s implementation, including assessment of facility-level adherence to mandates around women’s health access, MST services, and staffing benchmarks. IAVA supports the Reproductive Freedom for Veterans Act (H.R. 4876) to guarantee abortion access and counseling services for veterans regardless of state restrictions. To improve response systems for survivors of military sexual trauma, IAVA



backs the Improving VA Training for Military Sexual Trauma Claims Act (H.R. 2201) and the Servicemembers and Veterans Empowerment and Support Act of 2025 (H.R. 2576/S. 1245). IAVA further supports advancing gender-specific medical research through the bipartisan Servicewomen and Veterans Menopause Research Act (H.R. 2717/S. 1320), as well as legislative efforts to expand access to mammography screening for veterans. These priorities reflect IAVA's commitment to health equity, trauma-informed care, and accountability across the VA system.

STRENGTHENING AND PROTECTING CIVIC ENGAGEMENT

ISSUE SUMMARY

Veterans have historically served as visible defenders of democratic ideals and civil rights, both during active service and in civilian life. However, emerging data from recent years offer a more complex and urgent portrait. While most veterans engage in activities such as voting, civic volunteering, and running for elected office, research also highlights growing distrust in public institutions and a concerning susceptibility to misinformation and anti-government extremism among a small but notable segment of the veteran population (Helmus et al., 2023). Civic engagement among veterans also varies widely by demographic characteristics, with veterans of color and women veterans often encountering distinct structural barriers to full participation in democratic life (Blue Star Families, 2024). Despite these challenges, veterans remain overrepresented in elected office and continue to view public service as a key extension of their military ethos (Jones, 2025; Shane, 2023). These dynamics underscore both the opportunity and responsibility to strengthen democratic alignment within veteran communities.

WHAT WE HEARD FROM MEMBERS

IAVA's Fall 2025 survey shows that IAVA members overwhelmingly identified strengthening and protecting civic engagement as rooted in the principles of American democracy as a top priority. Veterans emphasized the importance of constitutional integrity, accountability, and adherence to the rule of law. They themselves overwhelmingly reported the importance of civic engagement, with over 90% reporting that they voted in both national and local elections, nearly 75% reporting helping or encouraging others to vote, and nearly two-thirds (65%) participating in direct advocacy activities such as organizing petitions, attending rallies, or meeting with elected and party officials. Over half of respondents (62%) believe that their actions matter. Civic engagement is connected to democracy. Respondents described democracy as grounded in free and fair elections, citizen participation, and core freedoms such as speech, assembly, and belief. However, they also noted growing barriers to participation, including restrictive voting laws, misinformation, intimidation, and the outsized influence of money in politics. Nearly 70% feel that it should be easier for citizens to vote, and the government should safeguard practices such as mail in ballots, flexible and expanded polling



hours, and reducing geographic barriers to accessing polling places. Many veterans see safeguarding democratic institutions as a patriotic duty, a continuation of their service to the nation. Our members also expressed concern over executive overreach when it comes to restricting civil liberties. Over 80% of respondents disagreed with the executive branch using its power to inflame social issues (such as the ban of transgender military service members), and 98% believe that Americans should all enjoy the same legal protections regardless of their political beliefs.

KEY RESEARCH TAKEAWAYS

Recent studies show that veterans are more likely than civilians to participate in civic life through voting and public leadership roles. For instance, veterans currently comprise roughly 19% of members of the 119th Congress, a figure that far exceeds their share of the general population (Shane, 2025). Military service remains one of the most positively viewed qualifications among voters, reflecting sustained public trust in veterans' leadership capacity (Jones, 2025). However, civic participation is not evenly distributed. Women veterans and veterans of color report lower levels of engagement and fewer pathways to civic influence, prompting calls for more inclusive leadership development initiatives (Blue Star Families, 2024).

Despite these positive indicators, researchers warn of emerging risks. RAND's national survey found that while a strong majority of veterans reject political violence and anti-democratic beliefs, a small proportion express support for extremist ideologies or groups – exacerbated by disinformation campaigns that co-opt military identity (Helmus et al., 2023). Additionally, high-profile events such as the participation of veterans in the January 6th Capitol riot have fueled public concern, although leaders like former Secretary of Defense James Mattis have emphasized that such individuals represent an extreme minority and do not reflect the broader veteran population (Loewenson, 2023). Longstanding evidence also demonstrates veterans' historical role as civil rights leaders, particularly among Black service members who used their military experience to challenge segregation and advance justice movements (Bell, 2017).

Recent efforts to limit transgender military service represent another critical fault line between civil rights and military policy. Evidence from both RAND and the Palm Center demonstrates that banning transgender individuals from serving openly harms military readiness, morale, and recruitment, while producing no measurable benefit to cohesion or deployability (Palm Center, 2020; Schaefer et al., 2016). In fact, DoD-funded research found strong support for transgender service among active-duty personnel, especially among women, LGBTQ+, and racial/ethnic minority service members, suggesting that inclusive policy aligns with evolving military norms and values (Dunlap et al., 2020).

Simultaneously, legal challenges to the domestic use of military force have reinforced the constitutional boundaries of military authority. In 2025, federal and state courts blocked President Trump's attempts to deploy National Guard troops to cities like Los Angeles and Memphis, declaring them violations of the Posse Comitatus Act and state law, respectively



(Copp & Horton, 2026; National Immigration Law Center, 2025; Nunn, 2025). These rulings underscore the judiciary’s role in upholding the rule of law and affirm the expectation that military personnel, including National Guard members, many of whom are veterans, are not to be used as political tools absent a lawful emergency.

EVIDENCE-TO-POLICY GAPS

Although most veterans continue to uphold and participate in democratic processes, research highlights several critical policy gaps. First, while veterans exhibit high rates of civic engagement overall, minority veterans remain underrepresented in leadership roles, underscoring the need for targeted mentorship and public service pipelines (Blue Star Families, 2024). Second, current federal and state programs often fail to address the digital exploitation of veteran identity, which is being leveraged by extremist actors to lend legitimacy to misinformation campaigns (Helmus et al., 2023). Third, although civic education is a common focus in military transition programming, there is little coordination across institutions to ensure sustained veteran participation in democracy post-discharge (National Conference on Citizenship & We the Veterans, 2025). Fourth, attempts to ban transgender individuals from military service, despite strong internal support and minimal cost, highlight a policy gap in codifying inclusive service, leaving personnel vulnerable to abrupt political reversals (Palm Center, 2020; Schaefer et al., 2016). Lastly, the lack of clear standards and oversight for the domestic deployment of National Guard units highlights a pressing need to strengthen legal and institutional safeguards to prevent the misuse of military force for political ends (Nunn, 2025; Copp & Horton, 2026).

2026 IAVA LEGISLATIVE AND POLICY PRIORITIES

IAVA supports policies that ensure full and fair access to democratic participation for all veterans, including reforms that allow independent voters to participate in primary elections, such as the Let America Vote Act (H.R. 155). IAVA calls for strengthened digital literacy and targeted protection against political disinformation, including support for the Protect Elections from Deceptive AI Act (S. 1213/H.R. 5272), which bans AI-generated deceptive political content. IAVA further advocates for expanded public service transition programs to support veterans’ continued civic engagement and leadership. As part of a broader commitment to civil rights, IAVA supports anti-discrimination protections for veterans impacted by bans on transgender military service, erosion of diversity, equity, and inclusion programs, and other threats to equal opportunity in the armed forces and beyond.

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