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WOUNDED WARRIOR PROJECT®

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Statement of
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Legislative Hearing Presentation of Wounded Warrior Project

March 4, 2026

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, distinguished members of the House and Senate Committees on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to submit the following written statement highlighting our promise to those we serve and the 2026 legislative priorities that will enable us to keep it.

Wounded Warrior Project is grounded on our promise to meet the needs of warriors and family support members no matter what. We remain committed to bringing every warrior home – mind, body, and soul. We believe it should not be harder to come home from war than it is to go, but unfortunately, that is the case for so many of our nation's veterans. They face a new war back home as they confront the visible and invisible wounds of military service. We must be willing to meet them in the pain and darkness and illuminate a path forward full of possibility.

For 23 years, WWP has helped warriors and their families heal from these wounds and embrace a life of hope and renewed purpose. Working alongside Congress, other veteran service organizations, community partners, and many others, we have made incredible progress, but there is so much work left to do. With your support and that of our grateful nation, we will push the boundaries of what's possible as we pursue the path to save a million more lives.

The following examples of impact from the past year (October 1, 2024, to September 30, 2025) demonstrate our enduring commitment to rebuild lives impacted by war and military service. They deserve our very best efforts – not just for today, but for many decades to come.

Last year, WWP hosted close to **7,000** virtual and in-person events and programming engagements. That is nearly 20 events every day. Through 18 life-changing programs – focused on connection, mental and physical health, financial wellness, and long-term support for the most critically wounded – we are keeping warriors and their families connected and out of isolation.

Mental health programs and resources continue to be a leading focus of our support. The invisible injuries and wounds of service are many and most are not seen until their life unravels into disorder. Central to our promise, WWP is leading efforts to find multiple treatments to cure post-traumatic stress disorder (PTSD). This past year, we provided warriors and family members with more than **76,000** hours of treatment for PTSD and other mental health conditions like traumatic brain injury (TBI), substance use disorder (SUD), and military sexual trauma (MST).

While we can never prevent traumatic things from happening, we can continue to work diligently to eliminate the disorder that can arise from those experiences.

To help mitigate psychological stress and improve resilience, WWP placed more than **11,460** emotional support calls to warriors and their families, providing resources and tools to help them make positive life changes. We have also seen the invaluable impact to mental health and wellbeing when fellow veterans come together to find connection, camaraderie, and new solutions to shared challenges. In support of this, we facilitated over **1,300** warrior-only peer-to-peer support group meetings, fostering stronger relationships within our warrior population.

To help warriors create a life grounded in financial wellness and stability, we help them address challenges with financial education, employment readiness, and disability compensation. WWP empowers those we serve with the skills and support to find meaningful employment opportunities. This past year, WWP helped place over **1,270** warriors and family members with new employers, connecting them with both a career path and a sense of rekindled purpose.

We also advocate for warriors as they navigate the disability claims process. For some, these benefits are their only source of income. In the past year, we helped **5,680** warriors obtain their disability compensation benefits from the Department of Veterans Affairs (VA), securing the entitlements they earned in service to our country.

For the most severely injured warriors, WWP delivered nearly **285,000** hours of in-home and local care through our Independence Program. This program provides personalized care and ongoing, innovative support to help these warriors remain at home and live more independent lives for as long as possible.

When we envision the highest quality support for warriors and their families, we fully embrace the tremendous opportunity partnership and collaboration bring to veteran service. We know we cannot meet the challenges of this generation of warriors alone. Through our Community Partners initiative, we extend the reach of our mission by investing in and partnering with best-in-class military and veteran-serving organizations that address critical needs across the post-9/11 community.

Through integration with a community of veteran service organizations, we are creating a coordinated network of support for those we collectively serve – one that addresses critical needs, fills gaps, and shares resources to provide unique, high-touch care. Since 2012, WWP has supported 221 military- and veteran-connected organizations through grants, and in FY 2024 alone, these partnerships reached more than **61,000** post-9/11 Service members, veterans, caregivers, family members, military-connected children, and members of the Special Operations community.[1]

We prioritize programs that improve quality of life, reduce suicide risk, and support high-need populations – focusing on connection and community integration, family resiliency and caregiver support, financial wellness, and wraparound services for those living with visible and invisible wounds. WWP also serves as a convener and data partner, sharing insights, research,

[1] To view our current Community Partners, please see Appendix at the back of the document.

and best practices that strengthen partner capacity and long-term impact. Through this integrated approach, WWP not only remains responsive and agile to evolving needs but anticipates them, ensuring we honor those who have served and equip them through high quality interventions long into the future.

None of this would be possible without Congress' support for veterans, their families, and caregivers. Congress plays a critical role by shaping our nation's policies, and WWP remains committed to helping your committees identify, develop, and pursue public policy changes that will have the biggest impact on the warriors we serve. We are forever indebted to our nation's wounded veterans, and it is an honor to commit ourselves to keeping the promise – to be there no matter what. Our 2026 priorities for Congress echo that promise. Outlined below are our priorities with impactful data illustrating their significance to the post-9/11 veteran community we serve. To address these priorities with courage, determination, and deep sense of gratitude, we can impact a generation … and bring every warrior home – mind, body, and soul.

- ***The Major Richard Star Act***: Do right by combat veterans by passing the *Major Richard Star Act*. (More on page 4)

- ***Mental Health & Suicide Prevention***: Almost 2 in 3 warriors (62.7%) responding to our 2025 Warrior Survey reported symptoms of one or more mental health conditions. The top three reported issues were anxiety (80%), depression (77%), and PTSD (77%). Our analysis of survey data suggests that these mental health conditions negatively impact warriors' quality of life. (More on page 5)

- ***Severely Wounded Service Members and Veterans***: Nearly 8 in 10 (78.8%) of warriors responding to our 2025 Warrior Survey reported a service-connected disability of 70% or higher. Among all responding warriors, about one in four (26.0%) reported needing aid and/or assistance from another person due to service-connected injuries or health problems. (More on page 9)

- ***Brain Health and Traumatic Brain Injury***: Nearly one in five post-9/11 veterans sustained at least one TBI, and over 500,000 TBIs have been diagnosed in Department of Defense (DoD) personnel since 2000.[2] For some veteran populations, TBI prevalence climbs even higher, with estimates showing that up to 67% of veterans have experienced at least one brain injury, making it one of the most consequential and under-addressed injuries in the veteran community.[3] (More on page 15)

- ***Toxic Exposure***: Since the *PACT Act* became law on August 10, 2022, VA has approved more than 2.2 million *PACT Act*-related claims and screened over 6.4 million veterans for toxic exposure harm.[4] This progress is significant, but we can still do more to address environmental exposures beyond burn pits. (More on page 18)

[2] DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/DOD-TBI-Worldwide-Numbers (last visited Jan. 9, 2026).
[3] Carrie Esopenko et al., *Studying TBI in Veteran Populations*, BRAIN INJURY ASSOC. OF AM., https://biausa.org/public-affairs/media/studying-tbi-in-veteran-populations.
[4] U.S. DEP'T OF VET. AFFAIRS, PACT ACT PERFORMANCE DASHBOARD, https://department.va.gov/pactdata/interactive-dashboard/ (last visited Feb. 23, 2026).

- ***Economic Empowerment***: Warriors completing our 2025 Warrior Survey reported unemployment (12.4%) at a higher rate compared to the country's general population with a disability (7.4%) and the overall veteran population (3.6%). Approximately 2 in 3 (67%) of all warriors reported that they did not have enough money to make ends meet at some point in the past 12 months. (More on page 23)

- ***Women Veterans***: In a recent poll of 7,000 VA health care users, 82% of women veterans reported being pleased with their VA provider – a notable increase over a period of years where gender-specific care has been a focus for VA. Even so, 37% reported not understanding benefits, and 27% reported not having enough information on how to use VA health care.[5] (More on page 27)

- ***Transition Support***: Every year approximately 200,000 Service members transition out of the military.[6] Longitudinal research conducted with 10,000 post-9/11 veterans found that at 6.5 years after separation, nearly 1 in 5 (19%) did not feel fully transitioned.[7] We can do more to help Service members make healthy transitions. (More on page 32)

Major Richard Star Act (H.R. 2102, S. 1032)

I. **Do Right by Combat Veterans**: Pass the *Major Richard Star Act*, which would allow veterans with less than 20 years of service who were forced to medically retire due to combat-related injuries to receive both their full DoD retirement pay and VA disability compensation.

When Service members retire from the military, they are entitled to both retired pay from the DoD and disability compensation from VA if they were injured while in service. Current law does not reflect our national commitment to that promise. Only military retirees with a minimum of 20 years of service and a disability rating of at least 50 percent can collect both benefits at the same time. For all other retirees, current law requires a dollar-for-dollar offset of these two benefits, and thousands of veterans are left to forfeit a portion of the benefits they earned from their military service.

Under the *Major Richard Star Act*, former Service members who were medically retired from the military with less than 20 years of service due to combat related injuries (under Chapter 61) – and who are eligible for Combat-Related Special Compensation (CRSC) – would no longer have their compensation reduced by the offset. This includes those medically retired for injuries sustained during combat operations and combat-related training.

DoD retirement pay and VA disability compensation are two distinct benefits established by Congress for differing reasons. WWP strongly believes that receiving both benefits should

[5] Press Release, U.S. Dep't of Vet. Affairs, The Barriers for Women Veterans to VA Health Care 2024 (Dec. 2024), https://news.va.gov/136796/va-raises-the-bar-on-care-for-women-veterans/.
[6] *See, e.g.*, U.S. GOV'T ACCOUNTABILITY OFF., GAO-24-107352, TRANSITION TO CIVILIAN LIFE: BETTER COLLECTION AND ANALYSIS OF MILITARY SERVICE DATA NEEDED TO IMPROVE OVERSIGHT OF THE SKILLBRIDGE PROGRAM 1 (2024).
[7] VETERANNETWORK, PENN STATE UNIV., AN OVERVIEW OF THE TYPICAL VETERAN IN TRANSITION, https://veteranetwork.psu.edu/wp-content/uploads/2025/03/TVMI-VETS_Transitioning-Veteran-Infographic_2025Mar26.pdf (last visited Feb. 23, 2026).

never be considered "double dipping" and that those medically retired as a result of combat-related injuries should not be subject to the offset. Retirement pay is calculated to compensate a retiree for the years of service already sacrificed in defense of the nation, while VA disability compensation is calculated to make up for the loss of future earning potential due to the retiree's service-connected disabilities. Unprecedented congressional support reflects a similar vision as the House bill has received 316 co-sponsors and the companion bill in the Senate received 77 co-sponsors.

In 2026, WWP has joined other leading veteran and military service organizations in the Star Act Alliance to ensure this bill is passed – or at bare minimum offered for a vote in both chambers – before the conclusion of the 119th Congress. We invite and strongly encourage all members of the House and Senate Committees on Veterans' Affairs to share their support and ensure that this legislation is given whatever remaining support is needed to ensure it becomes law as soon as possible.

Mental Health & Suicide Prevention

I. **Innovative and Emerging Therapies**: Invest in new treatment approaches that provide personalized, effective care for mental health and substance use disorders, including psychedelic-assisted therapy.

- **Priority Legislation**: *Innovative Therapies Centers of Excellence Act* (H.R. 2623)

Psychedelic Assisted Therapy: Despite significant investments in care, outreach, and awareness across the public, private, and non-profit sectors, ending veteran suicide remains tragically elusive. Based on the most recent annual data shared by VA, our nation lost 6,398 veterans to suicide in 2023.[8] While risk factors including combat trauma, SUD, and transition stress abound within the veteran community, there are indeed "anchors of hope" including notable declines in suicide rates among veterans receiving VA health care for anxiety (-40.4%), depression (-43.9%), PTSD (-34.9%), and alcohol use disorder (-16.3%).[9] With more research and commitment, psychedelic assisted therapy – provided within U.S. borders and through VA – can become the next beacon of light for those hoping to overcome their mental health struggles.

High dropout rates from traditional outpatient mental health care[10], treatment-resistant diagnoses[11], and a one-size fits all approach to care[12] are among many factors driving WWP and others to call for accelerated access to evidence-based mental health treatments, expanded psychedelic research, and the elimination of policy barriers that prevent veterans from getting the care they deserve. Direct appropriations to the National Institutes of Health, VA, and DoD for

[8] U.S. DEP'T OF VET. AFFAIRS, 2025 NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT PART 2 OF 2: REPORT FINDINGS 4 (2026), https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf.
[9] *Id*. at 41.
[10] *See, e.g.*, Mark Olfson et al., *Dropout from Outpatient Mental Health Care in the United States*, 60 PSYCHIATRIC SVCS. 898, 904 (2009) (*available at* https://psychiatryonline.org/doi/10.1176/ps.2009.60.7.898).
[11] *See, e.g.*, Oliver Howes et al., *Treatment Resistance in Psychiatry: State of the Art and New Directions*, 27 MOLECULAR PSYCHIATRY 58, 65 (2022) (*available at* https://pmc.ncbi.nlm.nih.gov/articles/PMC8960394/).
[12] *See, e.g.*, Mariana Purgato et al., *Moving Beyond a 'One Size Fits All' Rationale in Global Mental Health: Prospects of a Precision Psychology Paradigm*, 30 EPIDEM. AND PSYCHIATRIC SCI. e63, 2–3 (2021) (*available at* https://pmc.ncbi.nlm.nih.gov/articles/PMC8518023/).

psychedelic assisted therapy addressing difficult-to-treat conditions in veterans and Service members can drive action across the federal system.

While the most effective solutions will involve coordination with stakeholders including the Drug Enforcement Agency and the Food and Drug Administration (jointly responsible for classifying substances under the *Controlled Substance Act*), Congress can make a downpayment on progress by passing the *Innovative Therapies Centers of Excellence Act*. This important legislation would require VA to designate at least five "innovative therapies centers of excellence" and direct them to conduct research on the safety and efficacy of innovative therapies including MDMA, psilocybin, ibogaine, and ketamine as treatments for PTSD, anxiety, depression, bipolar disorder, chronic pain, Parkinson's disease, PTSD, and SUD.

Upon establishing the centers of excellence, VA would then be required to submit a report to Congress on its findings and recommendations to improve the delivery of innovative therapies to veterans. While VA has recently expanded its psychedelic-assisted therapy trials and commitment to additional research, centers of excellence have the potential to confirm the agency's prioritization of exploring these encouraging new approaches and to create a foundational home for more investment to bring evidence-based, safe, and efficacious treatments to veterans sooner.[13] Success here can also drive further exploration into pilot programs at VA that could, for instance, allow for collaboration with academic medical centers with experience in psychedelic research to operate under modified Food and Drug Administration pathways.

II. **Access and Affordability**: Pursue policies that connect veterans to high-quality mental health care and close workforce gaps, so they experience shorter wait times and more consistent treatment. Strengthen care for co-occurring mental health and substance use disorders while reducing unnecessary prescriptions.

- **Priority Legislation**: *Veterans' Accessing Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025* (H.R. 740, S. 275)

Residential Rehabilitation Treatment Programs (RRTPs): VA's mental health RRTP provide residential rehabilitative and clinical care to veterans with mental health conditions like PTSD, depression, and SUD, and social needs such as employment and housing. Distinct from inpatient mental health care for those in crisis or struggling with severe mental illness, RRTPs provide an intense treatment option in a residential setting once a warrior is stabilized. RRTPs serve a small but high-need, high-risk population of veterans – approximately 32,000 veterans received RRTP treatment at VA or in the community in 2023.[14] For many of these veterans, RRTP provides life-changing and potentially life-saving care.

[13] *See, e.g.*, U.S. DEP'T OF VET. AFFAIRS, FY 2026 BUDGET SUBMISSION: MEDICAL PROGRAMS VOLUME 2 OF 5 476–77 (2026); Press Release, U.S. Dep't of Vet. Affairs, VA Funds First Study on Psychedelic-Assisted Therapy for Veterans (Dec. 2024), https://news.va.gov/press-room/va-funds-first-study-on-psychedelic-assisted-therapy-for-veterans/; Aaron Wolfgang et al., *Research and Implementation of Psychedelic Assisted Therapy in the Veterans Health Administration*, 182 AM. J. PSYCHIATRY 17, 17–20 (2025) (*available at* https://psychiatryonline.org/doi/10.1176/appi.ajp.20240751).

[14] Jennifer Burden, *Partnership Stakeholder Meeting January 2024: Mental Health Residential Rehabilitation Treatment Program*, U.S. DEP'T OF VET. AFFAIRS (digital slide deck) (2024).

Over the past several years, RRTP access has been a challenge for veterans because RRTPs – designated as domiciliary care[15] – have not been treated as mental health care under the *VA MISSION Act* (P.L. 115-182 § 104). As a result, regulations that would require community-based care options if access standards are not met have not been applied. In simple terms, if all VA RRTP beds are full and appropriate community-based providers are identified and available to provide treatment, veterans waiting beyond VA's policy-backed access standards have no dependable, consistent recourse to be referred for that care. [16]

In May 2024, VA presented data indicating that around 1,600 veterans are pending admission to RRTPs on any given day with only 6,500 total beds available nationwide. In the time since, VA has implemented new standards requiring that veterans be screened for RRTP care within 48 hours, and faster admission to RRTP care when it is needed (within 48 hours of screening in priority cases, and within 20 days in non-priority cases). However, only 41 of VA's 120 RRTP sites can treat PTSD, only 68 can address SUD, and only 33 out of 120 can address both conditions concurrently.[17] Five states (Maine, New Hampshire, Rhode Island, Delaware, North Dakota and South Carolina) currently have no RRTP facilities available for resident veterans.

We applaud VA's proactive steps to correct RRTP access challenges in 2026. VA's FY 26 budget proposal included plans and resources to enable faster RRTP screening and admission in both priority and non-priority cases, an increased budget for community referrals to help ensure expedited access, and commitments to build its internal capacity of RRTP beds and facilities.[18]

We believe that Congress can reinforce these positive changes by passing the *Veterans' ACCESS Act*. In addition to mirroring VA's current approach to screening and admission, the bill would go further by requiring robust performance tracking, quality oversight, and accountability measures. It would obligate VA to develop metrics for timely screening and admission, assess care quality (including evidence-based treatments and staffing ratios), and implement national standards for appeals when veterans face delays or denials. The bill would also mandate real-time tracking of bed availability and wait times, improved care coordination before and after discharge, transportation support, and annual reporting to Congress on program operations and outcomes. These reforms aim to ensure veterans receive timely, high-quality residential mental health care and continuity of care across VA and community settings.

We commend the Senate Committee on Veterans' Affairs for reporting this bill in July 2025 and appreciate House Committee on Veterans' Affairs Chairman Mike Bost's commitment to returning RRTP provisions (formerly Title II) to the version reported by the House Committee on Veterans' Affairs in July 2025 before the bill is presented for passage in the full House chamber. We believe that passing this legislation as soon as possible would represent progress towards ensuring that some of our most vulnerable veterans receive the care and support they have earned.

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[15] 38 CFR 17.30(b)(1)(ii); *see also Combatting a Crisis: Hearing Before the Subcomm. on Health of H. Comm. On Vet. Affairs, 118th Cong.* 4–6 (2023) (statement of T. Campbell, U.S. Dep't of Vet. Affairs) (*available at* https://docs.house.gov/meetings/VR/VR03/20230418/115655/HHRG-118-VR03-Wstate-CampbellT-20230418.pdf).
[16] *See* Veterans Health Administration Directive 1162.02.
[17] Burden, *supra* note 14.
[18] U.S. DEP'T OF VET. AFFAIRS, *supra* note 13, at 16, 103, 366–67.

III. **Suicide Prevention and Resiliency Building:** Expand access to non-clinical support, including peer networks and early intervention services that protect against suicide and support veterans' whole health.

- **Priority Legislation**: *HOPE for Heroes Act* (S. 1139)*, PFC Joseph P. Dwyer Peer Support Program Act* (H.R. 438)

Suicide Prevention and Resiliency Building: Strengthening the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program through the bi-partisan *HOPE for Heroes Act* represents an important step toward sustaining and expanding VA's community-based, upstream suicide prevention efforts. This legislation would reauthorize the program through 2030, increase grant limits to $1 million with additional funding tied to veteran engagement, and improve coordination between grantees and VA suicide prevention coordinators to ensure continuity of care. It would also enhance training requirements, support transportation for appointments, and provide technical assistance to community organizations, ensuring veterans receive timely, comprehensive mental health support in trusted local settings.

Reauthorizing and strengthening this program are critical because community-based interventions improve mental health outcomes and overall well-being by addressing resiliency factors such as financial stability, social connection, and physical wellness.[19] Research shows these types of programs significantly enhance quality of life, while fostering collaborative networks that reduce barriers to care.[20]

While the impact of the Fox pilot program has proved hard to measure thus far, we believe that stronger conclusions can be made with more time. For example, America's Warrior Partnership has shared that of the 225 veterans assisted through its Fox grant, 21% expressed suicidal ideations, yet none of them had initially sought out mental health support.[21] This speaks to the broader issue that many veterans may not initially recognize their mental health challenges or may feel unable to ask for help. As the *HOPE for Heroes Act* includes provisions designed to enhance communication between VA Medical Centers and Fox grantees in their area, continuity of care and bidirectional referrals are two areas that can be tracked more closely. By extending the program and increasing flexibility, Congress can ensure that trusted local organizations can continue delivering support where veterans feel most comfortable seeking help.

Impact of Peer Support: Community-based organizations are often best positioned to connect with veterans who may not engage with traditional care systems. Their local presence, trusted relationships, and cultural competency enable them to reach veterans who might otherwise remain isolated. For this reason, WWP supports the *PFC Joseph P. Dwyer Peer Support Program Act*, which would provide grants to states and local entities to strengthen and expand peer support programs. These programs play a critical role in building trust, fostering connection, and ensuring veterans are not left behind simply because they fall outside conventional service pathways.

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[19] *See, e.g.*, Enrico Castillo et al., *Community Interventions to Promote Mental Health and Social Equity*, 21 CURRENT PSYCHIATRY REP. 1, 6–9 (2019) (*available at* https://pmc.ncbi.nlm.nih.gov/articles/PMC6440941/pdf/11920_2019_Article_1017.pdf).
[20] *Id*.
[21] *A Decade of Impact Through America's Warrior Partnership*, MISSION ROLL CALL (Sep. 26, 2024), https://missionrollcall.org/veteran-voices/articles/a-decade-of-impact-through-americas-warrior-partnership/.

Peer-led support has been a foundational element of WWP's outreach and engagement strategy. With peer support groups in 42 states and virtual peer support groups that reach rural and territory veterans, we strongly believe in the value of the bonds of shared service in a social setting. In FY 25, we facilitated over 1,300 warrior-only peer support group meetings, providing them with a safe, non-clinical, judgment-free environment to connect with their peers and strengthen the bonds of shared service in a social setting. Just as importantly, peer encouragement often serves as an entry point to additional support and assistance. Veterans who participate in peer-based and social programs are more likely to engage with other community resources, including mental health care, employment services, and wellness programs.[22] In this way, peer support not only strengthens social connection, but also acts as a catalyst for broader, life-stabilizing support.

Severely Wounded Service Members and Veterans

I. **Complex Case Management and Continuity of Care**: Make systems of federal, state, and local care easier to navigate for those with the most severe injuries and illnesses.

- **Priority Legislation**: *Coordinating Care for Senior Veterans and Wounded Warriors Act* (H.R. 668, S. 506)

Federal Recovery Coordination: Service members and veterans living with severe injuries or multiple comorbid conditions often navigate some of the most fragmented care systems in the country. Many rely on multiple federal and state programs at the same time, receiving care through Military Treatment Facilities (MTFs), TRICARE, VA, Medicare, Medicaid, private insurance, and local programs – each with its own eligibility requirements, coverage limits, and care-coordination processes. Without consistent, knowledgeable case management, transitions between these systems frequently lead to gaps in services, delayed treatment, and increased strain on caregivers. For veterans with TBI, spinal cord injury (SCI), or complex neurological conditions, these disruptions can undermine health, independence, and long-term stability.

In a pair of 2007 memorandums of understanding, DoD and VA launched the Federal Recovery Coordination Program (FRCP) and designated Federal Recovery Coordinators as the "ultimate resource" for monitoring the implementation of services for wounded, ill, and injured Service members. At the time, these actions recognized that because of the dramatic changes in military battlefield medicine and rapid evacuation from the combat theatre, many returning Service members, and subsequently veterans, have multiple complex medical and mental health problems, including TBI, SCI, amputations, burns, and PTSD. Due to the complex nature of their benefits and health care needs, these warriors may receive care from many providers in multiple facilities, including MTFs, VA Medical Centers (VAMCs), private hospitals, rehabilitation facilities, or through home health agencies. Transitions among these facilities and providers, absent coordination, can result in care and benefits gaps.

[22] Matthew Chinman et al., *Implementing Peer Support Services in VHA: Peer Specialist Toolkit*, U.S. DEP'T OF VET. AFFAIRS (2013), https://www.mirecc.va.gov/visn4/docs/peer_specialist_toolkit_final.pdf.

The challenges that existed then persist to this day, and health systems must remain committed to uniform training for recovery coordinators and medical and non-medical care/case managers, efficient tracking systems, and commitments to comprehensive plans for the seriously injured. As time has passed however, the FRCP was consolidated into the Federal Recovery Consultant Office (FRCO) in February 2018 in response to the Presidential Executive Order, "Comprehensive Plan for Reorganizing the Executive Branch." While this shift may have created some efficiencies, WWP encourages a fresh assessment of whether the FRCO is sufficiently resourced to address the reforms that have not been fully realized. Additionally, we believe that similar efforts can be undertaken to support a broader population of veterans with complex needs and should include steps to ensure central oversight of policy implementation.

Enhanced Case Management: The Veterans Health Administration (VHA) and Medicare are independent systems that each provide separate and distinct health care benefits to enrollees. Certain veterans – including those over the age of 65 and younger veterans with certain disabilities, including catastrophic injuries – may qualify for coverage under both VHA and Medicare. According to a 2024 survey of VA enrollees, half (50 percent) reported also having Medicare coverage.[23] Eligible veterans may benefit from participating in both healthcare systems for including expanded coverage, more options, and convenience.

While enrollment in both healthcare systems can help veterans take advantage of the best options for care, dual enrollment may also lead to confusion about which to use for specific health needs and challenges coordinating information and medical records between the two providers. Moreover, VA and Medicare providers may not be aware of the care received through the other system and may require duplicative tests or procedures, leading to unnecessary costs, additional time committed to appointments (for both patients and providers), and reduced quality of care for veteran patients.

Warriors participating in WWP's most recent Warrior Survey identified cost and care coordination as priorities in accessing healthcare; with approximately 20 percent of warriors reporting care coordination or patient advocacy as one of the top five factors most important in selecting healthcare. Additionally, care coordination is particularly vital for warriors with catastrophic injuries, such as those served by WWP's Independence Program. This program provides long-term support for wounded warriors living with injuries that impact their independence, such as moderate to severe brain injury, spinal cord injuries, and neurological conditions. Many of these warriors use Medicare earlier in life because of catastrophic injuries from military service. In fact, five percent of VA enrollees under the age of 45 have Medicare coverage, and 15 percent of VA enrollees between the ages of 45-64 have Medicare coverage.[24]

The *Coordinating Care for Senior Veterans and Wounded Warriors Act* would require VA to establish a three-year pilot program to coordinate, navigate, and manage care and benefits for veterans who are enrolled in both VHA and Medicare. Each veteran participating in the pilot program would be assigned a case manager to develop a personalized care coordination plan and provide the veteran assistance with navigating and accessing care. The proposed pilot program

[23] U.S. DEP'T OF VET. AFFAIRS, 2024 SURVEY OF VETERAN ENROLLEES' HEALTH AND USE OF HEALTH CARE (Jan. 2024), *available at* https://www.va.gov/VHASTRATEGY/SOE2024/SOE24.pdf.
[24] *Id*.

would offer an innovative way to help these warriors navigate and manage care received through both systems and improve access to and quality of healthcare services, enhance care outcomes, reduce costs, eliminate service gaps and duplications, and improve care coordination. For these reasons, WWP strongly supports the *Coordinating Care for Senior Veterans and Wounded Warriors Act*.

II. **Prosthetics and Adaptive Devices**: Strengthen DoD and VA prosthetic care to help Service members and veterans reintegrate back into military service and the community more quickly and effectively.

- **Priority Legislation**: *Veterans' SPORT Act* (H.R. 1971, S. 3138); *Automotive Support Services to Improve Safe Transportation Act of 2025 (ASSIST) Act of 2025* (H.R. 1364, S. 1726)

Removing Barriers to Adaptive Sports Participation: Participation in adaptive sports has repeatedly proven to deliver substantial benefits for veterans living with limb loss, improving mental health, physical health, and overall wellness while fostering connection and peer support. Research and programmatic outcomes consistently show that veterans who engage in regular physical activity report lower levels of depression and anxiety, improved self-esteem, and greater overall quality of life. Despite these well-documented benefits, VA regulations continue to impose restrictive barriers. Under 38 C.F.R. § 1701(6)(F)(i), VA does not include adaptive prostheses and terminal devices for sports and other recreational activities unless actively engaged in medical treatment and enrolled in a rehabilitation program. As a result, prosthetic limbs and terminal devices designed for sports and recreation are not recognized as clinically necessary, preventing many veterans from accessing the equipment required to fully participate in adaptive sports in their daily lives. The *Veterans' SPORT Act* would address this gap by expanding the statutory definition of "medical services" to include adaptive prostheses and terminal devices for sports and recreational activities, removing outdated regulatory barriers and enabling veterans with limb loss to pursue meaningful physical activity and improved health outcomes.

Transportation Access: Ensuring that the most disabled veterans can safely travel to medical appointments, work, caregiver support, and adaptive sports begins with modernizing access to medically necessary vehicle adaptations through the VA. WWP supports the *ASSIST Act*, which clarifies VA's authority to treat medically necessary vehicle adaptations as part of veterans' health services. Under current law, VA is limited to providing van lifts, raised doors, raised roofs, air conditioning, and wheelchair tie downs.[25] By allowing VA to cover modern equipment such as ramp and kneeling systems, lowered floors, mobility device lifts, ingress and egress accessibility modifications, wheelchair tie-downs, and adapted seating, this legislation would help veterans receive the equipment they need to travel safely and independently.

Notably, current law prevents many warriors from obtaining the necessary and specialized vehicle modifications they need to safely transport themselves and their adaptive equipment for the adaptive sports they choose to participate in. Some warriors participating in WWP programs like Adaptive Sports or Soldier Ride report having to choose between

[25] 38 U.S.C. § 1701(6)(I).

participation in recreational therapy and financial stability. As such, the *ASSIST Act* can help improve quality of life for some of most injured, ill, and wounded warriors on their journey towards independence and healthy active lifestyles – particularly when combined with passage of the *Veterans' SPORT Act*.

Separate Characterization for Amputees: VA's Prosthetic and Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. In FY 2023, more than 55 percent of the veterans treated across the Veterans Health Administration (VHA) received 21.7 million prosthetic devices, items, and services.[26] VA's website highlights that, "although the term 'prosthetic device' may suggest images of artificial limbs, it actually refers to any device that supports or replaces a body part or function."[27] In fact, PSAS provides a full range of equipment and services to veterans, including artificial limbs as well as other items worn by veterans such as hearing aids; items that improve accessibility, such as ramps and vehicle modifications; and items surgically implanted in veterans, such as hips and pacemakers.

This generalized definition of "prosthetic device" has hindered VA's ability to care for veterans in need of amputee prosthetics who suffered amputation during or after their military service. The broad size and structure of PSAS leads to competing priorities, and unfortunately, does not prioritize amputee prosthetics. We believe that improvements can start with establishing a dedicated Amputee Prosthetics Center of Excellence at VA.

Amputations have serious implications for the veteran and his or her family, including medical, physical, social, and psychological. Yet, amputee veterans are treated along with other prosthetic device users with very different needs, who may use PSAS for hearing aids or eyeglasses. Without a Center for Excellence dedicated to amputee prosthetics services and independently led by VA, veterans often choose or are even encouraged to seek care elsewhere, such as at DoD or out in the community. These options to receive amputee prosthetic care outside VA provide a less holistic care experience, are less convenient, and for veterans who must use community care, are often more expensive.

VA's challenges to properly provide prosthetic services for amputees are a result of not only how VA defines "prosthetic" but also the funding structure for PSAS. Currently, the primary purpose of PSAS is to provide logistics and procurement for prosthetics, not clinical care. The size of the staff and budget reflect that VA's prioritization is procurement of prosthetic devices, while using outside sources – such as DoD or the community – to provide the actual care needed. Although a small amount of funding for clinical care is provided for PSAS, this funding is nested under procurement and logistics and is not enough to provide adequate clinical care for amputees, resulting in inadequate resources, including staff and equipment.

The lack of funding for and attention to clinical care often results in long wait times and an inconsistent standard of care, often leading to a perception among veterans that VA is neither

[26] Ardene Nichols et al., *Prosthetic and Sensory Aids Service National Program Office & Strategic Acquisition Center*, U.S. DEP'T OF VET. AFFAIRS, https://thecgp.org/images/2024/05/2024-Spring-CGP-5.5.24-version-2.pdf.
[27] *Prosthetic & Sensory Aids Service (PSAS)*, U.S. DEP'T OF VET. AFFAIRS, https://www.prosthetics.va.gov/psas/index.asp.

knowledgeable nor prepared to meet their needs. WWP's 2022 Annual Warrior Survey revealed that 14.2% of warriors experienced an inability to get prosthetic-related medical care.

VA does not have the ability to correct this funding imbalance between procurement and clinical care on its own. Congress must give VA the funding to build the capacity for in-house amputee prosthetic clinical care for veterans to expand amputee prosthetics at VA from primarily a procurement department into one with force-building capabilities. WWP recommends that Congress provide funding to bolster VA's capacity to hire more prosthetists to provide timely and effective care for amputee prosthetics. We also believe that this funding must be for dedicated clinical care and not stem from a procurement funding stream.

III. **Caregivers**: Prioritize services for caregivers who support veterans with the highest needs, including help with retirement planning.

- **Priority Legislation**: *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 2148, S. 879); *Disabled Veterans Dignity Act of 2025* (S. 3647)

Investing in Home- and Community-Based Care: Investment in home- and community-based care is critical to reducing caregiver burden and supporting veterans with complex needs. Research consistently shows that caregivers experience lower stress and greater sustainability when home-based services are available, reliable, and well-coordinated.[28] The *Sen. Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (P.L. 118-210) included provisions that expanded VA home- and community-based programs, such as Veteran Directed Care and the Homemaker and Home Health Aide Program. The law also codified VA's Home-Based Primary Care and Purchased Skilled Home Care programs, representing an important step forward. As younger veterans with profound injuries continue to age in place, supported by caregivers, the success of these programs will be critical to preserving health, independence, and quality of life for both veterans and their families. WWP stands by to support VA as they implement these provisions.

The *Disabled Veterans Dignity Act of 2025* builds directly on these home- and community-based care efforts by addressing one of the most essential, yet inconsistently supported, medical needs for veterans with spinal cord injuries and disorders. Bowel and bladder care are critical medical services necessary to prevent serious complications and support veterans who depend on others for daily care while living in the community. This legislation would codify VA's existing bowel and bladder care program, ensuring consistent access to clinically appropriate services, individualized assessments based on need, and proper training and reimbursement for those providing care. By clarifying eligibility, standardizing program administration, and ensuring continuity when long-term care needs are established, the bill strengthens VA's ability to support veterans outside institutional settings and preserves dignity, health, and independence for veterans with the most complex needs.

Planning for Caregivers' Long-Term Financial Security: Caregiving responsibilities have lasting financial implications that cannot be ignored. RAND reports that 70 percent of

[28] *See, e.g.*, Arun Ghoshal & Anuja Damani, *Home-Based Care Services*, THE PALGRAVE ENCYCLOPEDIA OF DISABILITY 1–11 (2025), *available at* HTTPS://LINK.SPRINGER.COM/RWE/10.1007/978-3-031-40858-8_535-1.

caregivers – specifically those to Service members and veterans under age 60 – experience difficulty paying their bills, which is nearly twice the rate of non-caregivers.[29] Many caregivers experience work disruptions or are forced to reduce hours to meet caregiving demands, limiting income, career advancement, and retirement savings. Although caregivers collectively provide services valued at more than $119 billion, they often incur significant out-of-pocket expenses and forgo earned income.

Many caregivers enrolled in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) face significant barriers to maintaining full-time employment due to the program's intensive caregiving requirements and ongoing eligibility standards, which presume a high level of daily, hands-on support. As a result, many caregivers reduce their work hours or leave the workforce entirely, limiting their ability to earn wages and pay into Social Security in a meaningful way over time. While PCAFC provides a stipend, it does not count as earned income for Social Security purposes and does not contribute toward retirement or disability benefits. Consequently, when the veteran they have been caring for passes away or no longer requires care, these caregivers frequently find themselves without sufficient Social Security credits for retirement, leaving them vulnerable to significant financial insecurity later in life despite years of uncompensated labor supporting a severely disabled veteran.

Legislation such as the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* reflects growing recognition that caregiving is frequently a long-term role requiring durable economic and workforce supports. This legislation would expand support for PCAFC caregivers of seriously injured veterans, addressing economic hardship by extending healthcare, offering employment assistance (like fee reimbursement for certifications), providing retirement planning, and requiring studies for caregiver retirement savings and VA job opportunities, aiming to help them transition financially after caregiving ends. We support this legislation because strengthening caregiver supports is not only a matter of fairness; it is essential to sustaining the broader system of care on which the nation's most vulnerable veterans depend.

Caregiver Benefits on Appeal: Caregivers with pending appeals before the Board of Veterans' Appeals are currently experiencing significant wait times and the loss of their due-process rights as changing PCAFC eligibility rules and delayed reassessments have left them in a legal uncertainty without clear guidance on how their cases will be adjudicated. Following passage of the *VA MISSION Act*, VA began implementing new PCAFC regulations that made the eligibility standards more difficult to the point that many long-time participants risked losing their benefits. Because of these heightened standards or barriers, thousands of "legacy participants" – those who were enrolled in PCAFC prior to the implementation of new eligibility criteria – were deemed ineligible for the program. VA subsequently paused PCAFC removals due to stakeholder concerns of very unpredictable and inconsistent the PCAFC eligibility rules were depending on the local VAMC or VISN.

On December 6, 2024, VA proposed a final rule that extends eligibility for PCAFC and this extension ensures that legacy participants, legacy applicants, and their caregivers will remain eligible for PCAFC and will not experience any reductions due to a reassessment for three years

[29]Rajeev Ramchand et al., *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, 12 RAND HEALTH QUARTERLY 1, 7 (2024).

through September 30, 2028. However, in the time since, WWP national service officers have observed higher rates of remands for all PCAFC appeals before the Board of Veterans' Appeals with few denials and no grants. As virtually all observed cases have been remanded for further development, affected caregivers have effectively been denied their rights to a timely appeal before the Board – and delaying reassessments and stipend adjustments. In the absence of clear guidance, Veterans Law Judges cannot determine whether caregiver stipend appeals have been rendered moot by the proposed rule by VA.

We encourage Congress and VA to help reach a resolution to this unfortunate situation which builds upon years of stress and uncertainty being felt across the caregiver community after the *VA MISSION Act*.

Brain Health and Traumatic Brain Injury

I. **Prevention, Tracking, and Treatment**: Advance policies to promote brain health, strengthen injury tracking and early intervention, and expand access to evidence-based treatment and recovery options for Service members and veterans.

- **Priority Legislation**: *Blast Overpressure Research and Mitigation Task Force Act* (H.R. 6444)

Coordinating Action on Blast Overpressure: Military service often exposes Service members to blast overpressure, a rapid increase in air pressure generated by explosions or blast waves that exceed normal atmospheric conditions. Repeated or high-intensity exposures are increasingly associated with cumulative neurological effects, including neuroinflammation, cognitive decline, elevated risk of traumatic brain injury, and co-occurring mental health conditions.[30] Those at highest risk include armorers, artillery and gunnery personnel, combat engineers, explosive ordnance disposal specialists, special operations forces, and medical personnel assigned to expeditionary units – as well as individuals working with shoulder-mounted weapons, .50 caliber systems, and indirect fire platforms. While the DoD has taken important steps to reduce blast exposure during training through increased standoff distances, limits on live-fire events, and protective equipment, these measures largely focus on prevention for active-duty personnel, and do not address the long-term health consequences for Service members and veterans already affected.

The *Blast Overpressure Research and Mitigation Task Force Act* would strengthen coordination between the DoD and VA through a Joint Executive Committee (JEC) task force. By mandating annual reports, cross-agency coordination, and integration of mobile, longitudinal diagnostics, the bill would create the infrastructure needed to translate emerging evidence into standardized screening, targeted mitigation strategies, and benefits adjudication for blast-exposed veterans. Further, the inclusion of Task Force recommendations related to VA claims processing and disability evaluations hold the promise of ensuring that veterans affected by blast

[30] *See, e.g.*, Andrea Diociasi et al., *Distinct Functional MRI Connectivity Patterns and Cortical Volume Variations Associated with Repetitive Blast Exposure in Special Operations Forces Members*, RADIOLOGY (Apr. 2025), *available at* https://pubmed.ncbi.nlm.nih.gov/40167438/; Kyle Bourassa et al., *Traumatic Brain Injury and Accelerated Epigenetic Aging Among Post-9/11 Members*, J. HEAD TRAUMA REHAB. (2025), *availble at* https://pubmed.ncbi.nlm.nih.gov/40828005/.

overpressure injuries are connected to the care and support they have earned through their service.

Assisted Living for Veterans with TBI: While many veterans and families prefer aging in place, home-based care is not safe or feasible for all individuals due to co-occurring behavioral and cognitive challenges, increasing medical complexity, aging caregivers, and limited natural support networks. When aging in place is no longer appropriate, families are often forced to make care decisions in crisis. In the absence of viable alternatives, families face an unacceptable binary choice: remain at home beyond what is safe or appropriate, or enter traditional geriatric nursing facilities that are ill-equipped to meet the clinical, behavioral, rehabilitative, and social needs of younger and mid-life veterans with TBI.

Our current service to nearly 1,000 severely wounded veterans with moderate or severe TBI has shown us that phases of progressive independent living are missing as care options. Currently, 7.25% of our Independence Program participants (average age 45.6) reside in nursing homes/institutions, highlighting the likelihood of an inappropriate placement due to age-generational gap, inability to find an age-suitable facility and/or inability of an institutional or non-institutional caregiving network to provide for the individuals in a safe or effective manner. Traditionally, VA provides clinical services to veterans who suffer the effects of TBI; however, many veterans with TBI may benefit from treatment in an intensive rehabilitation facility to assist with skills allowing for increased independence. Because the facilities are generally residential and the VA does not provide veterans with housing (with some exceptions), accessibility to such programs is limited or requires subsidized payment from other sources to cover the "housing" expense.

The Assisted Living for Veterans with TBI (AL-TBI) pilot program, which ran from 2009 to 2018, provided some of these veterans with placement in private TBI rehabilitation facilities and assumed the living costs that may have otherwise put this treatment beyond their reach. After the program ended, an evaluation by VA concluded that participants had experienced improvements in physical and emotional health, TBI symptoms, and other outcomes. In its place, VA now offers a TBI-Residential Rehabilitation Program, but enrollees must pay for their own room and board, something many veterans cannot afford.

Solutions to remove this financial barrier – and to improve the associated care coordination that can span several systems – are sorely needed. TBI rehabilitation facilities provide a variety of services, primarily therapy in individual and group settings. At the same time, the facilities vary widely in other offerings and lack standardization because individual injuries and the effectiveness of each treatment can vary so significantly.[31] The tools used to measure progress as well as the methods by which therapy is provided or defined may also contain nuance and disparity between facilities.[32] These nuances induce "difficulties [with] outcome analysis related to the blurring of program labels, categories, and definitions" while limited uniform populations make randomized trials and studies nearly impossible.[33] Studies

[31] *See, e.g.*, Tina M. Trudel, et al., *Brain Injury Treatment Models and Challenges for Civilian, Military and Veteran* Populations, 44 J. REHAB. RESEARCH & DEV. 1007 (2007) *available at* https://www.brainline.org/article/brain-injury-treatment-models-and-challenges-civilian-military-and-veteran-populations.
[32] *Id.*
[33] *Id.*

indicate that treatment standardization and standard measurements of progress would assist in formalized rehabilitation programs with improved overall treatment.[34] Further, anecdotal feedback suggests that veterans are most likely to benefit from particular facilities that can accommodate the difficulties associated with behavioral problems in addition to TBI. Such facilities are very limited but are best positioned to support veteran needs.

In sum, the AL-TBI pilot program provided a beneficial service to warriors and caregivers during its tenure but has left a gap to be filled by families, private and other non-VA care, often putting the financial burden on the warrior and/or caregiver. Additional urgency is created by the fact that many of these caregivers are aging beyond their ability to provide the necessary support at home. These challenges continue to highlight the need for durable, well-coordinated, and adequately resourced programs capable of supporting veterans with lifelong injuries, not only for months or years, but over a full lifespan.

II. **Research and Development**: Support sustained congressional funding for evidence-based brain health and traumatic brain injury research to improve operational performance, strengthen force readiness, and reduce long-term brain health issues after service.

- **Priority Legislation**: *Precision Brain Health Research Act* (S. 800); FY27 Department of Defense Appropriations (Defense Health Program)

Commitment to TBI Research: The Congressionally Directed Medical Research Programs (CDMRP) represents a proven and accountable model for investing federal research dollars to achieve high-impact outcomes. Through its unique, coordinated approach, CDMRP has accelerated advances in patient care, driven breakthrough technologies, and delivered tangible results in areas of critical need – particularly with diseases and conditions that have historically received limited research attention. Congress' sustained investment of more than $2.5 billion in the Traumatic Brain Injury and Psychological Health Research Program, led by the Military Health System[35], has resulted in the award of over 297 research studies for nearly 500,000 Service members diagnosed with traumatic brain injury.[36] These efforts have strengthened DoD's ability to prevent, detect, treat, and rehabilitate TBI, while improving psychological health outcomes essential to force readiness and long-term veteran well-being. Continued congressional support for CDMRP is essential to maintain momentum, protect prior investments, and ensure that the DoD can meet its obligations to Service members and their families through evidence-based solutions to TBI and psychological health challenges.

Harnessing Precision Medicine: Despite increased awareness, substantial gaps remain in understanding the long-term effects of repetitive low-level blast exposure and chronic mild TBI. Emerging evidence links these exposures to measurable brain changes, impairments in balance and gait, and increased risk of suicide among veterans. Individuals diagnosed with TBI may continue to suffer from lasting effects that overlap with mental health conditions, substance

[34] *Id.*
[35] Cong. Directed Res. Prog., *Traumatic Brain Injury and Psychological Health Research Program*, U.S. DEP'T OF DEF. (2025), https://cdmrp.health.mil/tbiphrp/pbks/TBIPHRP%20Summary%20Sheet_22July25.pdf.
[36] Cong. Directed Res. Prog., *Traumatic Brain Injury and Psychological Health*, U.S. DEP'T OF DEF. (2025), https://cdmrp.health.mil/tbiphrp/default.

use disorders, and chronic physical symptoms. These complex and interconnected challenges demand a more precise, data-driven approach to care.

Precision medicine tailors healthcare treatments and interventions to each patient's unique characteristics, including their genetic makeup, lifestyle, and environment. Instead of a one-size-fits-all model, precision medicine uses advanced diagnostic tools – such as genetic testing, biomarker analysis, and imaging techniques – to identify the most effective therapies for individuals. In brain health, this approach takes a specialized form, focusing on neurological and psychiatric conditions. Clinicians analyze a patient's brain structure, function, genetic profile, and cognitive patterns to create targeted treatment plans for conditions like Alzheimer's disease, Parkinson's disease, depression, and TBI. This personalized strategy enhances therapeutic outcomes, reduces side effects, and ensures lasting benefits. Specifically for veterans, this approach can help identify those at higher risk for long-term neurological or psychological effects, such as chronic traumatic encephalopathy (CTE), PTSD, and cognitive decline.

The *Precision Brain Health Research Act* would advance a more systematic and longitudinal approach by directing VA to implement a coordinated 10-year research strategy and establish a structured data-sharing partnership with the DoD. This framework utilizes the promise of precision medicine and would improve tracking of exposure history, support identification of biomarkers associated with brain and mental health conditions, and strengthen VA's ability to deliver earlier, more accurate diagnoses.

Toxic Exposure

I. **Exposure-Related Claims**: Improve VA's presumptive decision-making process to ensure faster, more transparent, and more consistent consideration of new illnesses for inclusion under the *PACT Act*.

- **Priority Legislation**: *K2 Veterans Total Coverage Act of 2025* (H.R. 5915)

Presumptive Decision-Making Process: Wounded Warrior Project strongly supported and relentlessly advocated for the *Sergeant First Class Heath Robinson Honoring Our PACT Act* (P.L. 117-168), and we remain deeply committed to ensuring its promise is fully realized for post-9/11 warriors exposed to environmental hazards. The presumptive decision-making framework established by the *PACT Act* represented a critical shift in how VA evaluates exposure-related conditions, grounding decisions in science and evidence rather than requiring veterans to individually prove causation. This framework is essential not only for today's warriors already impacted by exposure, but also for future generations who may face similar risks in conflicts yet to come. We will continue to work closely with VA, Congress, and veteran service organizations to ensure this system has the capacity, resources, and governance necessary to deliver timely, transparent, and consistent decisions.

At the same time, WWP encourages VA to build on this framework by refining its presumptive decision-making processes to remain responsive as science evolves. In particular, we urge consideration of burn pit–related conditions beyond cancers, including respiratory

illnesses, cardiovascular, neurological, and other health effects that may be linked to exposures not explicitly enumerated in current law. Rather than relying solely on future statutory expansions of eligibility, VA should focus on strengthening its internal decision-making infrastructure to act swiftly on emerging evidence, apply consistent standards, and communicate decisions clearly to veterans. It is essential to ensure that presumptive determinations remain timely, standardized, and credible, and that the system continues to protect veterans from bearing the burden of uncertainty as exposure science advances.

Recognition of K-2 Exposures: A gap in access to care exists for almost 16,000 post-9/11 warriors who served in Karshi-Khanabad (K2) Air Base in southeastern Uzbekistan from 2001 to 2005.[37] These K2 warriors were exposed to hazardous toxins and have reported rare and aggressive cancers that are not currently recognized as presumptive conditions by VA. The *K2 Veterans Total Coverage Act of 2025* would close this gap by granting presumptive service connection for these illnesses. This legislation seeks to shift the burden of proof away from K2 warriors, removing a major barrier that is currently limiting their access to care. WWP urges Congress to swiftly pass the *K2 Veterans Total Coverage Act of 2025* to honor these 16,000 post-9/11 ill warriors and ensure they receive their earned benefits during their deployments to southeastern Uzbekistan.

Research on Missileers: Wounded Warrior Project thanks Congress for the passage of the *Aviator Cancer Examination Study (ACES) Act* (P.L. 119-32), which represents an important step toward better understanding and addressing potential cancer risks associated with military service. One area of growing concern within the veteran community is among Service members who operate and support the nation's intercontinental ballistic missile (ICBM) force, a mission that is central to U.S. national security. The Air Force's network of missile silos spans multiple states, and for years, missileers and their families have raised concerns about health issues they believe may be linked to environmental exposures encountered while serving in these facilities.

In recent years, members of the missile community have come forward reporting higher-than-expected rates of cancer diagnoses, particularly non-Hodgkin's lymphoma. While earlier studies conducted between 2001 and 2005 by the U.S. Air Force School of Aerospace Medicine did not identify a definitive link between missile service and cancer, renewed concerns from affected Service members prompted a reassessment. The DoD-led Missile Community Cancer Study is now underway as a multi-phase effort examining environmental conditions at three ICBM wings and facilities at Vandenberg Space Force Base. This study compares the prevalence of 14 common cancers, including non-Hodgkin's lymphoma, among missile-related career fields relative to the general population. WWP will continue to closely monitor the findings of this work and stands ready to engage on any policy or legislative action informed by its results. Ensuring that potential exposure risks are rigorously examined and transparently addressed is essential to protecting the health of those who serve in these critical national security roles.

[37] Response to Comment for the Department of Veterans Affairs to Assess Exposures and Conditions of Interest for Veterans Who Served at Karshi-Khanabad Air Base, 90 Fed. Reg. 47,909 (Oct. 2, 2025).

II. **Exposure Tracking and Prevention**: Strengthen prevention, monitoring, and response to occupational and environmental hazards by expanding the Individual Longitudinal Exposure Record and improving coordination with VA to ensure seamless exposure tracking across a Service member's career.

Individual Longitudinal Exposure Record (ILER) Expansion: Wounded Warrior Project supports continued development and expansion of the ILER system to ensure comprehensive, lifetime tracking of occupational and environmental exposures, and seamless data sharing between the DoD and VA. ILER aggregates deployment history, locations and events, known hazards, relevant monitoring data, and clinical information into a single, person-centric exposure record that clinicians, benefits adjudicators, and researchers can use to improve care and determinations. By consolidating data from multiple sources and linking individuals to documented exposure events, ILER is designed to improve exposure-informed health care, increase the accuracy and speed of claims processing, reduce the burden of proof on veterans, and support long-term epidemiology and policy.

We encourage Congress and the agencies to keep investing in ILER's functionality, user adoption, and performance measurement so it delivers at scale for today's *PACT Act* workload and for future cohorts. One area of improvement would be to increase transparency and accessibility. The current ILER system may only be used by DoD and VA personnel to track toxics and veteran toxic exposures. In this arrangement, veterans are hindered from developing full disability claims using scientifically vetted data. Bringing ILER to a secure, web-based platform that can be used by veterans to correct or amend their toxic exposure data records to assure accuracy and completeness in the disability claims process would help ensure veterans can access their records in a more seamless and efficient manner. The system could also be enhanced to provide veterans with extensive reference and education material to inform health care decisions and connection to VA health providers.

III. **Cancer Care**: Improve the quality of cancer care for exposed veterans through exposure-informed screening for early detection, more clinical trials, and enhanced care coordination.

- **Priority Legislation**: *VET PFAS Act* (H.R. 3110); *Women Veterans Cancer Care Coordination Act* (H.R. 1860); *Mammography Access for Veterans Act* (S. 3395)

Improve Quality Care for Early Screening and Detection: As toxic exposure research continues to evolve, particularly regarding widespread per- and polyfluoroalkyl substances (PFAS) contamination at hundreds of military installations, the number of veterans (and their families) at elevated cancer risk will continue to grow.[38] Early detection is essential, particularly with post-9/11 veterans requiring cancer screenings at much younger ages than standard screening protocols. Regular monitoring, and proactive identification of high-risk individuals are also critical tools for saving lives. To that end, DoD and VA must have adequate staffing, modernized clinical infrastructure, and specialized training to ensure clinicians can assess risks specific to PFAS, burn pits, and other toxic hazards. Without systemwide capacity, many

[38] Per- and Polyfluoroalkyl Substances (PFAS) Task Force, *Progress Report* (March 2020), U.S. DEP'T OF DEF. (Mar. 2020), https://media.defense.gov/2020/Mar/13/2002264440/-1/-1/1/PFAS_Task_Force_Progress_Report_March_2020.pdf.

veterans may receive delayed diagnoses, or none at all. Every Service member or veteran deserves the highest quality cancer care.

Wounded Warrior Project supports the *VET PFAS Act*, which would establish presumptive conditions and expand access to VA health care for exposed veterans. As research continues to strengthen the association between PFAS exposure and elevated rates of several cancers and chronic conditions, the cancer care system must be prepared to absorb increased caseloads and deliver specialized oncology services that reflect the latest scientific advancements. This includes ensuring VA's precision oncology programs can incorporate exposure data into clinical decision making, and that veterans have timely access to therapies informed by these findings.

Exposure-related cancer care must also be targeted by collaborative care coordination across DoD, VA, and community providers. Veterans navigating exposure-linked cancers often face fragmented care and struggle to access specialists. An integrated model ensures that once an exposed veteran enters the system, they are guided through screening, diagnosis, treatment, clinical trial enrollment and survivorship resources without delays. Additional investment in interoperable health records and case management capacity is essential to achieving this end.

Enhance Care Coordination for Gender Specific Cancer-Related Care: Women veterans continue to experience clear and persistent disparities in cancer prevention, screening, and coordinated care within VA, even as they represent one of the fastest-growing veteran populations. Many VA facilities still lack consistent access to gender-specific cancer services, standardized screening protocols, and reliable follow-up systems. Recognizing the first step in cancer care is screening, past legislative efforts such as the *Dr. Kate Hendricks Thomas SERVICE Act* (P.L. 117-133) have helped in acknowledging that veterans need access to early detection, ensuring VA provides access to early screening for breast cancer for those at an increased risk, including those younger than 40. WWP proudly supported the *SERVICE ACT* and recognizes the importance of the effort, especially as the breast cancer prevalence of veterans using VA health care tripled between 1995 and 2012, reflecting increased utilization of VA care as well as potential increased risk factors for Service members.[39]

While the *Deborah Sampson Act* (P.L. 116-315, Title 5) required VA to formalize their women veteran primary care clinic models and strengthen requirements for primary care health care providers that serve women veterans, there are opportunities for further strengthening for specialty providers within VA and also in the community, especially those who support care such as oncological care. These challenges and issues contribute to delayed detection and poorer outcomes and reflect a VA health care structure historically centered on male veterans, leaving women veterans without the coordinated, evidence-based cancer care they need. The *Women Veterans Cancer Coordination Act* would establish the dedicated oversight and system-wide alignment required to close these gaps, strengthen early detection, and ensure women veterans receive equitable, comprehensive cancer care across all VA facilities.

Coordination for cancer care support was an issue discussed in WWP's 2025 Women Warriors Report. While the majority (77.3%) of women warriors reported that VA was helpful

[39] Yeun-Hee Anna Park et al., *Screening High-Risk Women Veterans for Breast Cancer*, 38 FED. PRACTITIONER S35 (2021), *available at* https://pmc.ncbi.nlm.nih.gov/articles/PMC8223736/pdf/fp-38-5s-s35.pdf.

(extremely helpful, very helpful, or somewhat helpful) in coordinating routine screenings including gynecological screenings & mammogram screenings, there were women warriors (15.5%) who reported that VA was not at all helpful in coordinating those screenings, suggesting there is still work that needs to be done in care coordination, especially as it relates to cancer screening and care. VA has over 500 cancer specialists across the system to provide support, care, and treatment for veterans. There are three VA oncology Systems of Excellence – the Lung Precision Oncology Program (LPOP), the Precision Oncology Program for Cancer of the Prostate (POPCaP), and the Breast and Gynecologic Oncology System of Excellence (BGSoE). The *Women Veterans Cancer Coordination Act* would strengthen the BGSoE by establishing regional coordinators and formalize the reporting processes to ensure national consistency. Additionally, it would update the gynecologic cancers that are covered by the BGSoE, including cervical, ovarian, uterine, vaginal, vulvar, and gestational trophoblastic neoplasia.

While access to care is evolving, it is vital to recognize that not every VA facility has in-house access to mammography units needed to conduct mammography screenings. Under the *Making Advances in Mammography and Medical Options for Veterans Act* or *MAMMO Act* (P.L. 117-135), VA facilities were required to navigate access points for both 2D and 3D Mammograms, providing comprehensive screenings for veterans. Barriers have existed for veterans seeking mammography screenings, including a lack of appropriate equipment at VA facilities or within the Community Care Network, lack of awareness as to when screenings should be accessed, and challenges with getting results and including them in appropriate cancer screening registries. These barriers to accessing mammograms cost time, delay screenings and can impact pursuing escalated care and treatment.

The *Mammography Access for Veterans Act of 2025* builds on the *MAMMO Act* pilot program, which initially focused on expanding mammography access at select VA facilities and testing the feasibility of mobile mammography units. As VA's Office of the Inspector General indicated that the tele-mammography pilot improved access and supported more timely screening for veterans in underserved areas, the program was reported to be beneficial to veterans utilizing mammography services.[40] The 2025 legislation moves beyond the pilot phase by authorizing broader expansion of mammography services across VA, directing the department to increase on-site capacity, improve access in underserved areas, and ensure more consistent availability of breast cancer screening for women veterans nationwide. Provisions should be implemented with urgency and consistency to ensure women veterans receive the preventive care they deserve.

[40] Off. of Insp. Gen., *Comprehensive Healthcare Inspection Program and Care in the Community Report: Mammography Services and Breast Cancer Care*, U.S. DEP'T OF VET. AFFAIRS (2024), https://www.vaoig.gov/sites/default/files/reports/2024-04/vaoig-23-00540-146.pdf.

Economic Empowerment

I. **Veteran Readiness & Employment (VR&E)**: Improve VR&E by expanding access for more service-connected disabled veterans, clarifying eligibility standards for VR&E, increasing transparency in eligibility decisions and available pathways, and strengthening VA staffing and standardization.

- **Priority Legislation**: *Veterans Readiness and Employment Program Integrity Act* (H.R. 3579), *Veterans Readiness and Employment Improvement Act of 2025* (H.R. 980)

Program Value and Workforce Impact: Wounded Warrior Project strongly supports the VR&E program and remains committed to advancing policies that allow the program to operate at its highest potential while expanding access for veterans with service-connected disabilities. VR&E plays a critical role in helping veterans prepare for, secure, and maintain meaningful employment through services such as job training, resume development, employment counseling, and individualized coaching. According to WWP's 2025 Warrior Survey, more than three-quarters (77.4%) of respondents reported using VA or government benefits, with VR&E among the most utilized programs at 21.1 percent. Ensuring VR&E functions effectively is both a veterans' services priority and a sound workforce investment.

Staffing, Wait Times, and Program Integrity: Despite the program's value, WWP continues to hear concerns regarding wait times, counselor workloads, and inconsistent access that limit veterans' ability to receive timely services. Federal law requires VA to maintain a ratio of one VR&E counselor for every 125 participating veterans, yet a recent Government Accountability Office (GAO) report, as well as VA congressional testimony, found that this standard is not being consistently met across VA Regional Offices.[41] Compounding this challenge, VR&E wait times are not uniformly tracked or publicly reported, making it difficult to identify staffing shortages or resource gaps. To improve transparency and accountability, WWP supports the *Veterans Readiness and Employment Program Integrity Act,* which would require VA to collect and report VR&E wait-time data and ensure compliance with statutory counselor-to-veteran ratios.

Eligibility Consistency and Veteran-Friendly Policies: WWP has identified persistent inconsistencies in how VR&E counselors determine eligibility and interpret what constitutes a "severe employment handicap." These inconsistencies often stem from limited standardization and uneven training, resulting in confusion for veterans who may receive conflicting or incorrect information about program access. For many warriors, misunderstandings around eligibility timing and benefit sequencing, particularly regarding Chapter 31 VR&E benefits and education benefits under Title 38, can carry significant long-term consequences. WWP urges reforms that promote clearer eligibility guidance, greater transparency in determinations, and more consistent counselor training to ensure veterans receive accurate and timely information.

[41] *Path of Purpose: Hearing Before the Subcomm. on Economic Opp. of H. Comm. On Vet. Affairs, 119th Cong.* (2025) (statement of M. Devlin, U.S. Dep't of Vet. Affairs) (*available at* https://docs.house.gov/meetings/VR/VR03/20230418/115655/HHRG-118-VR03-Wstate-CampbellT-20230418.pdf).

Eliminating the VR&E Delimiting Date: Current VR&E eligibility rules are also limiting the program's potential for improving the lives of veterans who are seeking to return to work as their disability picture changes. Under current law, veterans who left the military prior to January 1, 2013, must apply for VR&E benefits within 12 years of separation (38 U.S.C. § 3103), which means every post-9/11 veteran who got out prior to this date has now passed that window of eligibility.[42] For many wounded, ill, and injured veterans, this window may have closed just as they reached the point of stability needed to pursue retraining.

Veterans registering for WWP services often do so many years after discharge, and nearly half of veterans responding to our most recent Warrior Survey report chronic physical or mental health conditions that worsen over time. GAO and VA longitudinal data similarly indicate that veterans with TBI, PTSD, chronic pain, and other complex conditions often delay pursuing education or employment services until well beyond the 10-year mark due to extended treatment cycles and fluctuating symptoms.[43] As a result, many veterans become ready for apprenticeships, on the job (OTJ) training, or industry credentials only after their VR&E eligibility has expired.

Eliminating the delimiting eligibility date would ensure veterans can access training when they are medically and functionally prepared to benefit from it, rather than losing eligibility because recovery took longer than the statute anticipates. To bring parity across all generations of service, we believe that the 12-year delimiting date should be removed for all veterans. VA already has the authority to waive the 12-year rule on a case-by-case basis if the veteran is determined to have a "serious employment handicap." However, the standards used to make that determination are not clear and, without specific guidance to follow, a Vocational Rehabilitation Counselor (VRC) is left to make a subjective decision whether to grant the veteran eligibility to the program. Wider and more predictable participation should be the goal.

Aligning VR&E with Total Disability Based on Individual Unemployability (TDIU): Additional opportunities exist to better align VR&E with other disability-related benefits, particularly Total Disability based on Individual Unemployability (TDIU). While TDIU provides essential financial stability for veterans unable to secure gainful employment, some veterans wish to return to work as their health improves. These individuals often face uncertainty about how employment may affect benefits and whether adequate transition support exists. VR&E is uniquely positioned to help veterans with TDIU ratings reenter the workforce safely and gradually, yet clearer referral pathways and eligibility coordination are needed. Improving alignment between TDIU and VR&E would allow veterans to pursue employment with confidence and appropriate support.

For veterans receiving TDIU who wish to explore a return to work to be gainfully employed, WWP supports the development of a clear, supported offramp that prioritizes stability, transparency, and choice. While VA currently provides a 12-month reemployment protection period, during which veterans may attempt to work without immediate loss of TDIU benefits, many warriors report that the process remains confusing, difficult to navigate, and

[42] *See* 38 C.F.R. § 21.41.
[43] *See* Vet. Benefits Admin., *Post-Separation Transition Assistance Program Outcome Study: 2022 Longitudinal Survey Report*, U.S. Dep't of Vet. Affairs (2022); https://benefits.va.gov/TRANSITION/docs/2022-longitudinal-pstap-report.pdf.

inconsistently explained. As a result, veterans often perceive the decision to pursue employment as risky, fearing abrupt changes to compensation or unintended consequences for their families if work attempts are unsuccessful.

An effective TDIU offramp should build on this existing safeguard by pairing it with proactive referral to VR&E, individualized employment planning, and clear, consistent communication about how work activity, income thresholds, and timelines affect benefits. Critically, any transition framework must also ensure that dependents continue to receive health care, education benefits, and other associated supports while a veteran tests a return to work, preventing families from facing sudden disruptions during a good-faith rehabilitation effort. To succeed for high-need veterans, this process must be supported by highly trained VR&E counselors with smaller caseloads, particularly for veterans transitioning off TDIU, so that veterans receive hands-on guidance, accurate information, and coordinated support throughout the reemployment period.

Recovery and employability are not linear, and many veterans need more than one attempt before achieving sustainable employment. Strengthening the existing TDIU transition period with better counseling, clearer pathways, and stronger protections would encourage veterans to pursue rehabilitation and meaningful work without placing themselves or their families at financial risk. A transparent, veteran-centered offramp would align disability compensation more effectively with recovery and reintegration goals while preserving stability for those who need continued support.

II. **Employment**: Create opportunities throughout the federal government to place veterans, including those with significant disabilities, in roles that leverage the skills and experience they developed in the military. Help improve processes at key career transition points, including military separation and improvement from long-term disability.

Expanding Federal Employment for Veterans with Significant Disabilities Through AbilityOne: Wounded Warrior Project supports the AbilityOne Program and its mission to provide employment opportunities for individuals who are blind or have significant disabilities, including many veterans with service-connected injuries. Continued congressional support is essential to protect and strengthen the program's role within the federal procurement system and to ensure it remains a reliable source of stable, meaningful employment for wounded veterans who face barriers to entering the traditional workforce. By centering the experiences of workers with disabilities and advancing policies that promote fair wages, career development, and long-term economic stability, Congress can help ensure AbilityOne as a critical federal pathway to employment for veterans with significant disabilities.

Expanding Use of Nontraditional Pathways: Wounded Warrior Project's Warriors to Work program regularly assists veterans who want nontraditional, skills-based careers. Yet participation in OTJ training and apprenticeships through the GI Bill remains strikingly low. Although most are aware of undergraduate and graduate degree or traditional programs at colleges and universities, many warriors report a lack of awareness of the available nontraditional pathways. Nontraditional pathways include vocational and technical training, apprenticeships and on-the-job training, flight training, correspondence courses, and licensing or

certification programs. Additionally, warriors interested in self-employment may use the GI Bill for entrepreneurship training.

While warriors have several avenues to pursue non-traditional careers, current VA data suggests that existing structures are conducting insufficient outreach as fewer veterans choose these nontraditional opportunities. Across the past five fiscal years (FY2020–FY2024), participation in GI Bill OJT and apprenticeship programs has remained strikingly low, averaging only 1,700–2,300 veterans per year, representing well under one-half of one percent of all GI Bill users in any year.[44] In FY 2024, those figures broke down to approximately 776 apprenticeships and 1,008 OTJ participants under the Post-9/11 GI Bill compared with the 454,179 veterans and Service members using the GI Bill in that fiscal year.[45] These figures point to a persistent gap between employer demand for skills and the pathways most veterans ultimately pursue.

III. **Housing and Homelessness**: Advance an agenda that prevents veteran homelessness, accelerates rapid rehousing, and expands permanent supportive housing so fewer veterans become homeless.

- **Priority Legislation**: *Housing Unhoused Disabled Veterans Act* (H.R. 965, S. 1415)

Housing Access: VA reported that it permanently housed 51,936 veterans in FY 2025, building upon consistent growth in that figure over the last five years – and marking the agency's best annual performance since it began tracking the number of individual veterans housed.[46] Agency initiatives like Getting Veterans Off the Street, community-based efforts like the VA-funded Supportive Services for Veteran Families, and congressionally-backed increases to VA's Grant and Per Diem program have all contributed to substantial progress towards ending veteran homelessness. Now is the time to double-down on efforts that are working.

To that end, WWP is pleased to support the *Housing Unhoused Disabled Veterans Act*. This legislation would codify recent changes to Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program regulations that make the program more accessible. In August 2024, HUD announced that it would exclude VA disability income for determining initial eligibility and effectively cleared the way for more veterans – particularly disabled veterans with some of the greatest assistance needs – to access affordable housing.[47] For a small but meaningful percentage of veterans, the amount of VA service-connected benefits received due to the severity of their disabilities results in the veteran being over the low-income limit necessary to use HUD-VASH.

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[44] *See* Vet. Benefits Admin., *Annual Benefits Report Fiscal Year 2024*, U.S. DEP'T OF VET. AFF. 157 (2025), https://www.benefits.va.gov/REPORTS/abr/docs/2024-abr.pdf; Vet. Benefits Admin., *Annual Benefits Report Fiscal Year 2023*, U.S. DEP'T OF VET. AFF. 154 (2024), https://www.benefits.va.gov/REPORTS/abr/docs/2023-abr.pdf; Vet. Benefits Admin., *Annual Benefits Report Fiscal Year 2022*, U.S. DEP'T OF VET. AFF. 154 (2023), https://www.benefits.va.gov/REPORTS/abr/docs/2022-abr.pdf; Vet. Benefits Admin., *Annual Benefits Report Fiscal Year 2021*, U.S. DEP'T OF VET. AFF. 150 (2022), https://www.benefits.va.gov/REPORTS/abr/docs/2021-abr.pdf; Vet. Benefits Admin., *Annual Benefits Report Fiscal Year 2020*, U.S. DEP'T OF VET. AFF. 151 (2021), https://www.benefits.va.gov/REPORTS/abr/docs/2020_ABR.pdf.

[45] *Id*., U.S. DEP'T OF VET. AFF. (2025) at 157.

[46] Press Release, U.S. Dep't of Vet. Affairs, VA Houses Largest Number of Homeless Veterans in Seven Year (Nov. 2025), https://news.va.gov/press-room/va-houses-largest-number-of-homeless-veterans-in-seven-years/.

[47] Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-Veterans Affairs Supportive Housing Program, 89 Fed. Reg. 65,769 (Aug. 13, 2024).

This legislation was passed by the House of Representatives in February 2025, and by the Senate – as section 5603 of its *National Defense Authorization Act for FY 2026* (S. 2296) – in October 2025. In this context, Congress is poised to take swift action to lock-in a key reform that will continue critical progress towards ending veteran homelessness. Of note, one small difference between the legislation is that H.R. 965 as written allows regulatory flexibility for HUD on the exclusion of "Adjusted Income," which determines how much rent is paid after housing has been acquired. Therefore, we urge both chambers to reconcile the language and pass the *Housing Unhoused Disabled Veterans Act.*

Women Veterans

I. **Gender-Specific Care:** Expand access to gender-specific services at DoD, VA, and community providers.

- **Priority Legislation**: *Improving Menopause Care for Veterans Act* (H.R. 219); *Servicewomen and Women Veterans Menopause Research Act* (H.R. 7596, S. 1320); *Lactation Spaces for Women Veterans Act* (H.R. 1606, S. 778)

Barriers to Care: Today, more than 2.1 million women veterans live in the United States, and VA is experiencing record engagement from this growing population.[48] Between May 2023 and May 2024, more than 53,000 women veterans enrolled in VA health care, marking it the largest single-year enrollment increase on record.[49] Gender-specific care for women encompasses medical, psychological, and social services designed to meet the distinct health needs women face across their lifespan. The growing presence and voice of women within the veteran community continues to expose gaps in health care systems that were not originally designed to address women's specific medical needs, from clinical care to broader VA-provided supports. The 2025 WWP Women Warriors Report shows progress but also makes clear that our current data only scratches the surface. To fully understand and address the challenges women veterans face, comprehensive legislation and more rigorous data collection are essential.

Many women veterans encounter barriers when seeking care, including limited access to specialized providers for gender-specific needs. According to our 2025 Women Warriors Report, women warriors reported being more likely than their male counterparts to prefer providers demonstrating cultural competence, availability of telehealth, care coordination, and patient advocacy. Barriers including extended wait times and poor experiences with providers undermine continuity of care and limit women veterans' ability to fully participate in health care decision-making. Taken together, these challenges highlight the urgent need for care models that recognize and respond to women veterans' unique health journeys.

Menopause Research and Care: To bolster gender-specific care, WWP supports legislative efforts aimed at improving both the quality and coordination of services for women

[48] *Women Veterans Health Care: Facts and Statistics*, U.S. DEP'T OF VET. AFFAIRS, https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp.
[49] Press Release, U.S. Dep't of Vet. Affairs, More than 50,000 Women Veterans Enrolled in VA Health Care Over Past 365 Days (June 2024), https://news.va.gov/press-room/50k-women-veterans-enrolled-in-va-healthcare-over-past-365-day/.

veterans. The *Improving Menopause Care for Veterans Act* would require the GAO to study and report on the medical services furnished by VA for veterans experiencing perimenopause, genitourinary syndrome of menopause, and menopause stages. The legislation would help ensure a clearer understanding of the menopause-related health services women veterans need as they age. This is especially timely, as VA has acknowledged the average age of women veterans utilizing their health care services is 52 and the average age of WWP's women warrior population is 40 years old.[50]

Research that looks at menopause through the lens of military service is currently limited, resulting in a lack of appropriate supports for women who serve, and especially for those who experience early menopause (menopause that occurs before the age of 42).[51] Strengthening understanding of how military service affects perimenopause, menopause, and post-menopause is essential to improving clinical guidance and care delivery. The *Servicewomen and Women Veterans Menopause Research Act* would require DoD and VA to develop strategic research and understandings of menopause and mid-life women's health, ultimately helping the agencies gather the information needed to better tailor services and close longstanding gaps in support. Research that looks at menopause through the lens of military service is currently limited, resulting in a lack of appropriate supports for women who serve, and especially for those who experience early menopause (menopause that occurs before the age of 42).[52]

VA Medical Facility Improvement: Ensuring that recent women's health reforms translate into meaningful change also requires addressing the physical infrastructure needs that shape veterans' day-to-day experiences in VA facilities. For many new mothers, the absence of clean, private, and accessible lactation spaces creates unnecessary barriers to receiving care and can deter women veterans from attending appointments or fully engaging in care. The *Lactation Spaces for Women Veterans Act* would ensure that VA facilities provide appropriate, dedicated lactation spaces to support new mothers. Ensuring that recent women's health reforms translate into meaningful change also requires addressing the physical infrastructure needs that shape veterans' day-to-day experiences in VA facilities. For many new mothers, the absence of clean, private, and accessible lactation spaces creates unnecessary barriers to receiving care and can deter women veterans from attending appointments or fully engaging in care. This bill would address this gap by requiring all VA medical facilities to establish appropriate lactation rooms that meet established standards for privacy, sanitation, and accessibility. This legislation reinforces the principle that women veterans should not have to choose between attending medical appointments and caring for their families. By modernizing facility requirements, the bill helps ensure that VA's physical environment aligns with the expectations of a health system designed to serve today's women veterans.

We urge the Committees to prioritize access to comprehensive gender-specific care and to support evolving care delivery models that reflect the needs of all veterans. As the population of women veterans continues to grow, sustained congressional commitment to these priorities is essential to building a health care system that fully reflects and responds to their needs.

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[50] U.S. DEP'T OF VET. AFFAIRS, *supra* note 48.

[51] *See generally* Jill Brown et al., *Addressing the Menopause Health Needs of Military Service Members: A Call to Action*, 45 OBSTETRICS & GYNECOLOGY 247 (2022), *available at* https://journals.lww.com/greenjournal/abstract/2025/03000/addressing_the_menopause_health_needs_of_military.2.aspx.

II. **Legislative Implementation**: Ensure laws aimed at modernizing and improving health outcomes for women veterans at VA – such as the *Deborah Sampson Act* and the *MAMMO Act* – are fully implemented.

Realizing the full impact of recent legislation that addressed gaps in women's health and supports requires deliberate, system-level execution across VA program offices, clinical operations, and facility leadership. Statutes such as the *Deborah Sampson Act* (P.L. 116-315, Title 5), the *VA Peer Support Enhancement for MST Survivors Act* (P.L. 117-271), and the *MAMMO Act* established specific mandates intended to expand gender-specific services, standardize care delivery, and address persistent gaps in access and quality. Effective implementation will depend on VA's ability to operationalize these requirements through updated clinical guidance, workforce training, infrastructure investments, and performance monitoring mechanisms that ensure compliance across the enterprise. Ensuring these laws are translated into measurable improvements in service availability and care outcomes is essential to advancing a modernized women's health system within VA.

As well intentioned as these laws are, some provisions have encountered implementation challenges or have not yet realized their intended impact. Within the *Deborah Sampson Act,* several sections remain partially implemented, and others would benefit from additional clarity or reporting to assess outcomes. Section 5107 called for the development of a childcare pilot program, which VA has not fully operationalized. Section 5201 required each VA medical facility to staff at least one full- or part-time primary care provider dedicated for women veteran care. While progress has been reported, the lack of publicly available facility-level compliance data makes it difficult to evaluate the extent of implementation and remaining needs.

Section 104 and 105 addressed environment-of-care standards and facility retrofits. Although public materials suggest that inspections and retrofits are ongoing. A comprehensive, national facility-level tracking mechanism is not publicly available. Sections 106 and 107 focused on the Women Veterans Health Care Mini-Residency Program and a training module for community provider. While the mini-residency program has expanded and a community-provider module has been created, publicly available information on effectiveness – such as completion rates, pre- and post- measures, or outcomes data – remains limited.

Similarly, the *VA Peer Support Enhancement for MST Survivors Act* was designed to strengthen coordination between VBA and VHA and expand peer support staff for veterans filing MST-related claims. To date, this program has not been fully realized, and no alternative, comparable initiatives have been formally established to support MST Claims.

III. **Connection and Recognition of Service**: Strengthen VA outreach to women veterans to improve engagement, increase response rates, and encourage full use of earned benefits.

- **Priority Legislation**: *Servicemembers and Veterans Empowerment and Support Act* (H.R. 2717, S. 1245); *Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act* (S. 609)

Tailored Mental Health Outreach: VA's ability to effectively serve women veterans depends heavily on whether those veterans recognize themselves in VA's outreach efforts and feel connected to the benefits and services they have earned. Despite steady growth in the women veteran population, many continue to report that they are unaware of available programs, uncertain about eligibility, or are disengaged from VA systems altogether. These gaps are not solely communication challenges. They represent structural barriers that limit access to health care, mental health support, disability benefits, and recognition of service. Supporting outreach and engagement efforts requires a coordinated, data-driven approach that reflects the diversity of women's military experiences and ensures that messaging resonates across age groups, service eras, and cultural backgrounds.

The *BRAVE Act* directs VA to tailor suicide prevention and mental health outreach to women veterans, refine analytics to include risk factors especially relevant to women in the REACH VET program, and strengthen Vet Center outreach and technology, while also reauthorizing and increasing Staff Sergeant Parker Gordon Fox Suicide Prevention Grants so trusted community partners can reach veterans earlier. Title III focuses specifically on women veterans, requiring VA to assess the effectiveness of women focused messaging and programming and to review retreat and readjustment services, ensuring offerings include women only options where appropriate. Together, these provisions make VA's outreach more visible, relevant, and accessible to women veterans who may face MST, post deployment challenges, or barriers to seeking care, and they improve system capacity to connect veterans of all genders to timely, life-saving resources.

Building a more responsive benefits system for MST claims: VA's screening data show that about 1 in 3 women seen in VA care screen positive for MST, compared to about 1 in 50 men, reflecting a markedly higher rate among women veterans while also confirming that large numbers of men have experienced MST given the military's gender composition. Recent DoD reporting likewise indicates that, in a typical year, tens of thousands of currently serving military Service members experience sexual assault, with roughly similar absolute numbers of women and men affected (about 15,000 women and almost 14,000 men in 2023).[53] MST is not solely a women's issue but does disproportionately impact women by prevalence. By improving clinical pathways, clarifying evidence standards, and reducing the burden on survivors to reconstruct exposure and trauma histories, these proposals would speed fairer decisions for MST-related disability and mental-health claims and deliver benefits more consistently for veterans of all genders.

The *Servicemembers and Veterans Empowerment and Support Act* updates VA policy and practice for MST survivors by modernizing the definition of MST, strengthening MST-related claims development and adjudication, and expanding access to -MST related counseling. Among other provisions, it (1) clarifies MST definitions and directs specialized claims processing and annual accuracy reviews, (2) allows survivors to use non-DoD corroborating evidence and to choose a VA clinician for exams tied to MST claims, and (3) expands eligibility for MST counseling to former Guard and Reserve members. These changes reduce evidentiary barriers,

[53] Konstantin Toropin, *Military Sexual Assaults Have Declined, Marking the First Significant Progress for Prevention Efforts in Years*, MILITARY.COM (May 16, 2024), https://www.military.com/daily-news/2024/05/16/pentagon-reports-drop-sexual-assaults-first-time-nearly-decade.html.

improve survivor- centered adjudication, and help ensure women veterans and other survivors can access trauma- informed- mental health care and fair disability determinations.

IV. **Financial Wellness**: Promote policies to assist with employment, financial obligations, food security, housing stability, and childcare.

Research shows that women face persistent barriers to building wealth over the course of their lives, reflecting the combined effects of caregiving responsibilities, employment disruptions, and lower lifetime earnings.[54] Women hold less wealth than men at the median, driven in large part by periods of reduced labor force participation, lower rates of retirement account ownership, and smaller retirement balances associated with caregiving and family obligations.[55] Studies of unpaid family caregiving consistently document that these responsibilities are more frequently assumed by women and are associated with diminished savings, higher financial strain, and reduced long term economic security.[56]

Available research indicates that women veterans experience many of these same financial pressures, alongside challenges associated with military service and the transition to civilian employment.[57] National analyses show that female veterans report lower overall financial well-being and weaker saving and investing outcomes than male veterans, as well as more adverse employment and income indicators.[58] Research also documents that women comprise a substantial share of military and veteran caregivers, with caregiving responsibilities frequently linked to financial strain, difficulty meeting household expenses, and employment challenges.[59]

Consistent with these findings, the 2025 Women Warriors Report identified significant financial pressures facing women veterans, including persistent employment barriers, rising living costs, and limited access to affordable childcare. Research shows that these conditions are associated with heightened risks of food insecurity and housing instability and with constrained opportunities to save, build assets, or invest in long term financial stability, even among women who are employed.[60] The research base underscores that employment, caregiving responsibilities, food security, and housing stability are closely interconnected factors shaping long term economic outcomes for women veterans.[61]

Taking inspiration from this research, we stand ready to work with Congress to help devise and evaluate programs that support women veterans in building sustained economic

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[54] *See, e.g.*, Jeff Hayes, *How to Improve Women's Retirement Security in 2025*, U.S. DEP'T OF LABOR (Jan. 13, 2025), https://blog.dol.gov/2025/01/13/how-to-improve-womens-retirement-security-in-2025.
[55] *Id*.
[56] *See* Fawn Cothran & Patrice Heinz, *The Economic Effects of Family Caregiving on Women*, TIAA INST. (2022), https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2022-07/tiaa-institute-nac-the-economic-effects-of-family-caregiving-on-women-wvoee-cothran-july-2022-0.pdf; Richard Johnson et al., *Unpaid Family Care Continues to Suppress Women's Earnings*, URBAN INST. (2023), https://www.urban.org/urban-wire/unpaid-family-care-continues-suppress-womens-earnings.
[57] *See, e.g.*, William Skimmyhorn et al., *The Financial Capability of United States Military Veterans*, FINRA FOUNDATION (2023), https://www.finrafoundation.org/sites/finrafoundation/files/2024-10/research-brief-veterans-financial-capability-11-23.pdf.
[58] *Id*.
[59] Rajeev Ramchand et al., *Hidden Heroes: America's Military Caregivers*, RAND CORP. (2014), https://www.rand.org/pubs/research_reports/RR499.html; *Caregivers and Family Support*, U.S. DEP'T OF VET. AFFAIRS, https://www.hsrd.research.va.gov/research_topics/caregiving.cfm.
[60] *Supra* note 56.
[61] *See* Hayes, *supra* note 54.

stability over time. This includes efforts that strengthen access to meaningful employment, reduce financial strain related to caregiving responsibilities, and support pathways to saving, asset building, and long-term financial security. Collaborative, evidence informed approaches can help ensure that programs intended to support women veterans are responsive to their lived economic realities and promote lasting stability after military service.

Transition Support

I. **Transition Preparation Support**: Promote policies to support warriors while they are still in the military and at or near their transition point to prepare them for the changes they will face when adjusting to civilian life.

- **Priority Legislation**: *Military Financial Literacy Accountability Act* (H.R. 6717)

Life-cycle Model of Practical Financial Education: According to WWP's 2025 Warrior Survey, 67.3% of warriors indicated they did not have enough money to make ends meet at some point in the previous 12 months. Additionally, more than 9 in 10 warriors (92.8%) had outstanding debt other than mortgage debt. As financial insecurity can have significant impacts on quality of life and mental health, these points underscore the importance of ensuring that veterans and Service members are given the training and tools to make smart financial decisions.

To help mitigate against the challenges posed by financial insecurity, WWP is pleased to support the *Military Financial Literacy Accountability Act*. This bill would amend *Financial Literacy Training for the Service Members* (10 U.S.C. § 992) to strengthen oversight and relevancy of financial literacy training for Service members. It requires the DoD to track training completion, identify and address causes of non-compliance, and establish timelines for standardized performance measures. The bill further directs DoD to incorporate Service members' input on what financial topics matter most and how they prefer to receive this information, an essential step not only for their success as Service members but also as citizens managing lifelong financial responsibilities.

As Service members earn on a fixed income based on rank and time in service, they cannot accelerate wealth-building. In this context, practical financial management education throughout their careers is one of the best ways to mitigate financial vulnerability during and after transition from military service.

Aligning Federal Efforts Involved in Military Transition: A challenge transitioning Service members face is how they are presented with different federal programs and connected with employment and training resources at the point of separation. DoD's Transition Assistance Program includes briefings from the Department of Labor (DOL), the Small Business Administration, the Office of Personnel Management (OPM), and VA. While each component provides value, limited coordination and inconsistent handoffs often leave veterans and their families piecing together fragmented information across multiple agencies. Independent reviews by RAND and the GAO have also documented a longstanding college-first emphasis that can eclipse practical navigation into apprenticeships, OJT, and shortcycle credentials. This

imbalance is out of step with today's labor market and with federal placement goals that should leverage the skills veterans already have.

Transition Families – Not Just Service Members: Inclusion of family members in the transition process is a factor in the long-term success of our Service members and their households. Forthcoming legislation such as the *Building Readiness and Integration for Dependents Going to Civilian Environments* (*BRIDGE Act*) recognizes that transition is not an individual task assigned to the Service Member, but a family decision-making process. This legislation would create a pilot program to drive Transition Assistance Program coordination with organizations that provide ongoing resources, training, and neighborhood connection support, including peer-led support groups, resilience workshops, and a digital resource hub focused on emotional wellness, practical life skills, and community reintegration for spouses, children, and caregivers.

For many Service members, transition is the first time in their adult lives they are required to make complex, high-stakes decisions outside of military operations – often prior to their retirement date – with lifelong financial and personal consequences. Ensuring that families are part of the process fosters informed, unified decision-making, strengthens household stability, and reduces the stress that accompanies the move from military to civilian life. As numerous military leaders – to include previous Chief of Staff's of the Army – have often stated, "We recruit Soldiers, but we retain Families," and we must be committed to that principle. Families should be welcomed and invited in the transition process so they can step into their next chapter together – prepared, aligned, and resilient.

A Practical Path Forward: Wounded Warrior Project will continue to advocate for reforms that treat nontraditional pathways as first class outcomes, whether one is separating from the military or reentering the workforce after a long-term disability. Transition curricula and federal placement tools should present apprenticeships, OJT, and industry credentials alongside degree programs, with clear step-by-step navigation, consistent messaging across agencies, and follow-up after separation. Veterans cannot use pathways they do not see, do not understand, or cannot access in time. Aligning information, timing, and support across the DoD, DOL, OPM, and VA will help more warriors move into meaningful federal and private sector roles that honor their service and make full use of their skills.

II. **Health Care**: Support policies that help coordinate efforts across VA, DoD, and the community to ensure that Service members transition seamlessly to civilian life.

- **Priority Legislation**: *Servicemember to Veteran Health Care Connection Act of 2025* (S. 585)

Improving transitions from the Military Health System to the Veterans Health Administration: As Service members transition from active duty to veteran status, those who have relied exclusively on the Military Health System often experience disruptions when entering the VA healthcare system, including gaps in care, incomplete medical record transfers, reassignment to providers unfamiliar with their history, and persistent structural barriers between DoD and VA (such as separate medical record systems and provider credentialing processes).

Appropriate implementation and partnership through new requirements outlined in the *National Defense Authorization Act for FY 2026* (P.L. 119-60 § 731, "Improvements of Availability of Care for Veterans from Facilities and Providers of the Department of Defense") will help establish a seamless framework to improve access and coordination across both systems by promoting earlier and sustained exposure to VA care during a Service member's career, supporting integrated funding through the resource sharing, and requiring alignment on medical record sharing and provider credentialing. Together, these measures will strengthen continuity of care, expand access – particularly in rural and underserved areas – and improve health outcomes for Service members and veterans over the course of their lifetimes.

Health Care Enrollment: The process of transitioning from military service back to civilian life is a challenging time for every individual who goes through it regardless of their rank, branch of service, or time spent in uniform. The challenges they face are not limited to simply finding a new source of income or a new place to live – many transitioning Service members are also leaving behind years of career advancement, established social support networks, and the care made available to them through the DoD healthcare system. These changes often provide the biggest stressors and disruptions during the transition period and serve as a list of areas that can be addressed with enhanced programs and services to help transitioning Service members.

In its 2024 National Veteran Suicide Prevention Annual Report, VA's Office of Suicide Prevention found that veterans who have recently transitioned to civilian life are at a higher risk for suicide than the general veteran population, particularly those who have dealt with mental health or substance use issues prior to separation. This, combined with the fact that only 7 of the 17.6 veterans who commit suicide every day were receiving VA care, underscores the critical need to ensure those transitioning back to civilian life are provided a simple and efficient path to the VA benefits that they have earned, and may very well help to save their lives.

The *Servicemember to Veteran Health Care Connection Act of 2025* would require VA to pre-register all Service members transitioning to civilian life into the VA health care system during their final year in uniform ensuring that if they choose to enroll after separation, the process will be more efficient and less burdensome. It also requires that Service members participating in the DoD Transition Assistance Program (TAP) be informed about this pre-registration process and how to complete enrollment after separation. Additionally, this legislation would improve efforts to connect veterans to VA services after discharge, requiring VA to conduct proactive outreach as part of the VA Solid Start program and beyond, both encouraging and assisting veterans to complete the enrollment process. Notably, Service members would only be pre-registered for VA care, which would not represent a commitment to enroll or entitlement to benefits without completing the process – final determinations would come at a later date after the individual is provided with additional relevant information.

Wounded Warrior Project believes a healthy transition is an essential part of creating a healthy warrior. We also believe that this process requires collaboration between VA, DoD, and the community to ensure that all the unique needs of each transitioning Service members are met. WWP supports the *Servicemember to Veteran Health Care Connection Act of 2025* and its intent to better foster collaboration between DoD and VA during the transition process, simplify VA

health care enrollment, and increase proactive outreach to those veterans who have yet to engage with VA services.

III. **Benefits Access and Process Improvement**: Support legislation and policies that strengthen the benefits process before, after, and during separation.

- **Priority Legislation**: *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* (H.R. 6047)

WWP's Benefits Services program provides VA-accredited professional benefits advocates who can assist warriors and families navigate the VA claims process, ensuring that they receive the benefits they earned in a manner that honors their service. Nearly 8 in 10 warriors responding to our Warrior Survey (78.8%) reported a VA disability rating of 70% or higher, indicating that many are facing health challenges that may create eligibility for other support. Ensuring that benefits are processed and delivered smoothly can have a meaningful impact on the financial security of many warriors, as more than 4 in 6 WWP warriors (67.3%) indicated that at some point in the last 12 months they did not have enough money to make ends meet (i.e., to pay for rent/mortgage, food, utilities, phone, or other basic needs).

The *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* represents one of the most meaningful opportunities in decades to strengthen financial security for the nation's most severely disabled veterans. A key provision of this legislation would increase the amount of Special Monthly Compensation (SMC) by $10,000 annually for the most severely disabled veterans – those who depend on regular aid and attendance of another, including for residuals of TBI. SMC is arguably the most important ancillary benefit for veterans with severe, service-connected disabilities. SMC-T in particular, which is provided to veterans with TBI, can help offset caregiver burden and the increasing costs of high-quality care – both of which can keep veterans at home and of institutional living.

Wounded Warrior Project supports this legislation because it reflects the core principle that those who sacrificed the most deserve the strongest safety net. Far too many families shoulder around-the-clock caregiving responsibilities with inadequate financial support, particularly families like the Edmundsons, whose daily lives revolve around complex medical needs following devastating combat injuries. The bill also increases survivor benefits by a total of 1.5 percent over a period of two years for the surviving family members of deceased Service members and veterans, helping surviving spouses like Sharri Briley, who have waited more than 20 years for a meaningful increase. These changes bring long-overdue fairness and dignity to families who have endured the heaviest burdens of war.

Concluding Remarks

Wounded Warrior Project thanks the House and Senate Committees on Veterans' Affairs, their distinguished members, and all who have contributed to a robust discussion of the challenges – and the successes – experienced by veterans across our great nation. As we continue to work together, let us never forget our "why." We are here to bring every warrior fully home –

mind, body, and soul – and reconnect them back to a path of hope and purpose. It is not about coming back; it is about coming *home*, and we simply cannot accomplish this great feat without the help of Congress and the American people. We are thankful for the invitation to submit this statement for record, and we stand by as your partner in meeting the needs of all who served – and all who support them.

Our nation would not be what we are without the brave men and women who have stepped up to defend it. They have done their part, and with great honor and gratitude, it is now time to do ours.

Appendix

WOUNDED WARRIOR PROJECT®

COMMUNITY PARTNERSHIPS

No single organization can meet the care and support needs of all post-9/11 veterans, caregivers and families. By investing in best-in-class organizations, Wounded Warrior Project® (WWP) is helping to reduce duplicative efforts and grow a comprehensive network of support across the military and veteran community. Please refer to this list of current partners as you seek out resources beyond WWP:

AWP

Armed Services Arts Partnership

the Armed Services YMCA

Bastion

Boulder Crest

Cohen Veterans Network

The Comfort Crew for Military Kids

CreatiVets

Syracuse University D'Aniello Institute for Veterans & Military Families

Dog Tag Inc.

Elizabeth Dole Foundation

EOD Warrior Foundation

Farmer Veteran Coalition

Gold Star Peak, Inc.

Green Beret Foundation

Hiring Our Heroes U.S. Chamber of Commerce Foundation

Homes for our Troops

Hope for the Warriors

National Military Family Association

Navy SEAL Foundation

Operation Healing Forces

Operation Homefront

Our Military Kids

Shepherd Center SHARE Military Initiative

Soldiers to Sidelines

Songwriting With:Soldiers

Special Operations Warrior Foundation

The Steven A. Cohen Military Family Clinic at Alaska Behavioral Health

The Donovan & Bank Foundation

hjf

The Honor Foundation

Third Option

Three Rangers Foundation

Travis Manion Foundation

U.S. Vets Serving Those Who Served

VFW Veterans of Foreign Wars

Vets4Warriors

Warrior Canine Connection

Warriors & Quiet Waters

Wondering which of our partners might best suit your current needs?

The WWP Resource Center can help! Call 888.WWP.ALUM (997.2586)

Current List Of Partner Organizations (12.1.25)

25-10589355160