



Statement for the Record

Paul Shipley
National Commander
AMVETS

Before a Joint Hearing of the
House and Senate Committees on Veterans Affairs

March 4, 2026

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

On behalf of AMVETS, thank you for the opportunity to present our legislative priorities during this annual hearing of veterans service organizations. We appreciate the Committees' continued engagement and bipartisan leadership in advancing policies that directly affect millions of Americans who have worn the uniform.

As the nation's most inclusive Congressionally chartered veterans service organization, AMVETS represents more than 20 million veterans from every era of service, including Active Duty, National Guard, and Reserve components. Our departments and local posts operate nationwide, and our national leadership works daily with veterans navigating health care access, employment challenges, housing instability, family transition, and mental health concerns. We see firsthand how federal policy decisions shape real-world outcomes for veterans and their families.

AMVETS has also entered a new chapter of institutional growth and modernization. Last year, after more than 80 years in the Washington, D.C., region, AMVETS relocated its National Headquarters to Washington, Pennsylvania. This move reflects our commitment to serving veterans in communities across the country while strengthening operational efficiency and expanding direct service capacity.

That commitment is reflected in tangible action. In 2024, AMVETS National Charities purchased and began renovating a 35,500 square foot former school building in South Strabane,

Pennsylvania, to create the AMVETS Family Service Center. The Center addresses a critical gap in the homelessness response system by allowing veterans to remain together with their spouses and children while they work with the Department of Veterans Affairs (VA), the Department of Labor (DOL), and state and county agencies to secure employment, permanent housing, and long-term stability.

The Family Service Center is also administering two newly awarded Homeless Veterans Reintegration Program DOL grants, with active programs operating in Salt Lake City and Phoenix focused on employment placement and workforce development. In addition, AMVETS recently received a DOL grant to conduct a Veterans Stand Down in Tampa, the first of several planned this year, all administered through the Family Service Center team. Together, these initiatives reflect a coordinated approach that integrates housing stabilization, workforce reintegration, and federal partnership.

We share these developments because policy and implementation must reinforce one another. Housing instability, unemployment, mental health challenges, and family stress are interconnected, and sustainable solutions require coordination across systems. We look forward to working with members of both Committees to expand and replicate initiatives like those underway in Pennsylvania in partnership with federal, state, and local stakeholders.

The legislation and oversight before the Committees this year align directly with AMVETS' top priorities, including strengthening mental health and suicide prevention, ensuring fairness for surviving families, modernizing veterans' health care systems, reinforcing institutional accountability, and advancing a more coordinated national approach to serving veterans.

We respectfully offer the following priorities and recommendations for the Committees' consideration.

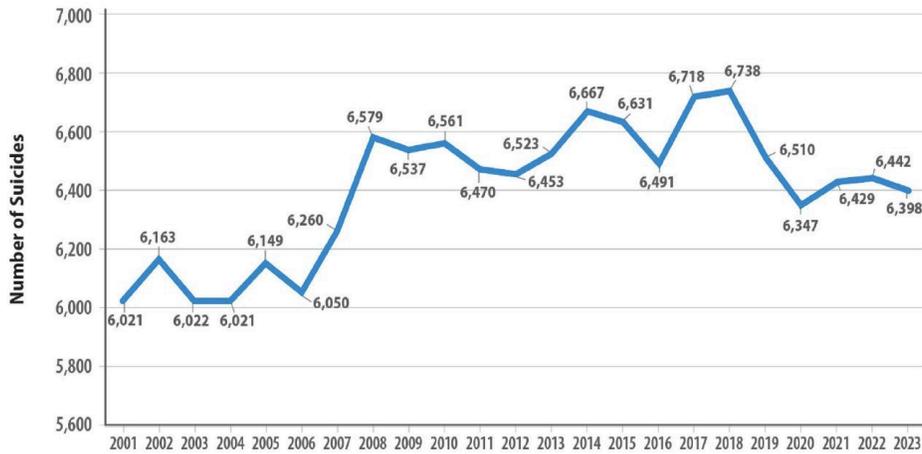
Strengthen Mental Health and Suicide Prevention Across the VA and Armed Forces

Mental health and suicide prevention remain the most urgent challenges facing the veteran and military community. While Congress has invested over \$195 billion on VA mental health and suicide prevention over the past 25 years,¹ suicide continues to take an unacceptable toll on veterans and their loved ones. The scope and persistence of this crisis demand a strategy that prioritizes prevention, early intervention, accountability, and innovation.

¹ Data aggregated from U.S. Department of Veterans Affairs, FY 2003–FY 2026 Congressional Budget Submissions, Volume II: Medical Programs and Information Technology; see specifically the "Mental Health" and "Suicide Prevention" program obligations across 24 consecutive budget cycles. For annual suicide mortality data, see U.S. Department of Veterans Affairs, National Veteran Suicide Prevention Annual Reports (2019–2024), and Government Accountability Office (GAO), VA Health Care: Spending for Mental Health Strategic Plan Initiatives, GAO-07-66.

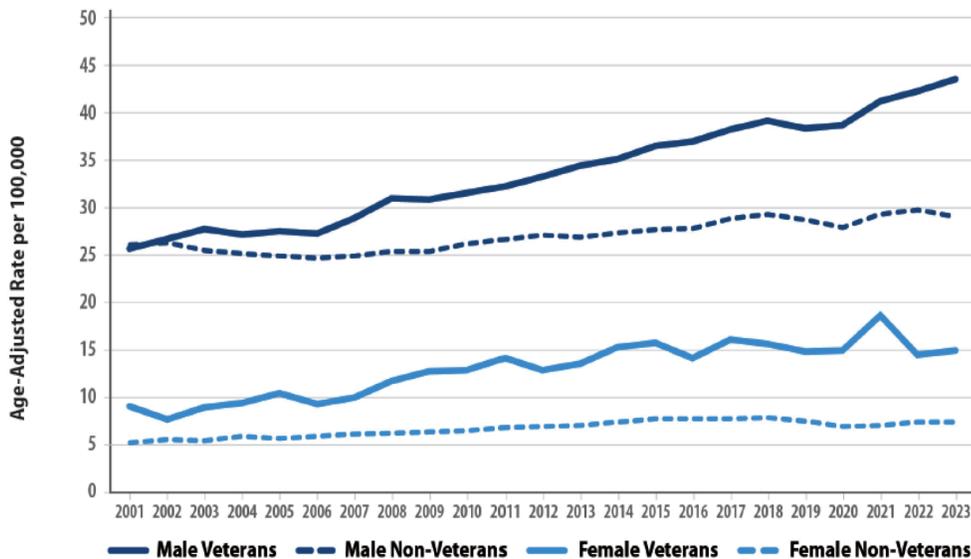
Recent data from the newly released National Veteran Suicide Prevention Annual Report underscore the urgency of sustained congressional engagement:²

Figure 2: Veteran Suicide Deaths, 2001-2023



Particularly when compared to the non-veteran population,³ our brothers and sisters in arms need meaningful action and evidence-driven outcomes now:

Figure 5: Age-Adjusted Suicide Rate, Veteran and Non-Veteran U.S. Adults, by Sex, 2001-2023



² U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, *2025 National Veteran Suicide Prevention Annual Report* (Washington, DC: Department of Veterans Affairs, 2026), Part 2, 11,

https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf.

³ VA, *2025 National Veteran Suicide Prevention Annual Report*, Part 2, 17.

AMVETS was proud to support passage of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, which expanded community-based grant programs and authorized pilot initiatives to test new approaches to suicide prevention. A central component of that law was the creation of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. We have monitored its implementation closely and have observed promising results from organizations that are reaching veterans who might not otherwise engage with traditional systems of care. These programs emphasize peer connection, post-traumatic growth, and non-traditional therapeutic models that complement clinical services.

As Congress considers the reauthorization of the Parker Gordon Fox grant program, we urge thoughtful consideration of how to strengthen and expand it. Consultation with veteran service organizations and current grantees will ensure that funding levels, program structure, and evaluation metrics reflect real-world experience and measurable outcomes. Reauthorization should allow proven models to scale responsibly and reach veterans in underserved communities, including those who may not be enrolled in VA care.

Beyond reauthorization, AMVETS encourages continued oversight of VA suicide prevention efforts, including greater transparency regarding how veterans who die by suicide previously interacted with VA services. Congress should ensure that prevention resources are directed toward strategies that demonstrate measurable reductions in risk and improvements in quality of life.

We also encourage Congress to support policies that require the Department of Defense (DOD) to take a more proactive role in preparing servicemembers for long-term mental wellness before they transition to civilian life. Suicide prevention cannot begin after discharge; it must be embedded throughout the lifecycle of service.

Expand and Modernize Neurorehabilitative Care for Veterans with Traumatic Brain Injury

Traumatic brain injury (TBI) remains one of the signature wounds of modern warfare. Since 2000, more than 500,000 servicemembers have been diagnosed with at least one TBI.⁴ Many veterans continue to experience long-term cognitive, emotional, and behavioral effects that disrupt employment, family stability, and overall health. In some cases, untreated or inadequately treated TBI contributes to increased suicide risk and co-occurring mental health conditions.

The VA's traditional treatment models have provided essential care, yet emerging science suggests that additional, innovative approaches may improve long-term outcomes. AMVETS strongly supports the BEACON Act of 2026 and the Veterans TBI Adaptive Care Opportunities Nationwide Act of 2025. These bills would establish grant programs within the VA to expand access to innovative, non-pharmacological, and patient-centered treatments not widely available through the department today.

⁴ Defense and Veterans Brain Injury Center, "DoD Worldwide Numbers for TBI," Health.mil, accessed February 13, 2026, <https://health.mil/Military-Health-Topics/Conditions-and-Treatments/TBI/DOD-TBI-Worldwide-Numbers>.

Both pieces of legislation promote partnerships with academic institutions, nonprofit organizations, and non-VA providers to test and evaluate emerging therapies. They also prioritize independent research focused on recovery, suicide prevention, and long-term rehabilitation. By authorizing dedicated funding streams for innovation and evaluation, Congress can help ensure that promising therapies are rigorously studied and, where effective, integrated into standard VA clinical practice.

Modernizing TBI care is not a departure from the VA's mission. It is an extension of it. Veterans living with brain injury deserve a system that remains responsive to evolving science and committed to improving functional outcomes, not merely managing symptoms.

Increase Dependency and Indemnity Compensation for Surviving Families

Surviving spouses and families carry the enduring cost of service-connected loss. Dependency and Indemnity Compensation (DIC) has not kept pace with comparable federal survivor benefits or the economic realities facing military families today. The gap places many surviving spouses in prolonged financial insecurity despite the ultimate sacrifice made by their loved one.

AMVETS strongly supports the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act and the Caring for Survivors Act. These proposals seek to modernize DIC benefits and address longstanding structural inequities. Aligning DIC more closely with other federal survivor programs is not simply a fiscal adjustment. It is a reaffirmation that the nation stands behind the families of those who died in service or from service-connected causes.

Congress has an opportunity to correct this inequity and provide survivors with the stability and dignity they deserve. These men and women deserve immediate action, and we encourage these Committees to see this country's promises kept.

Achieve Successful, Interoperable Implementation of the VA Electronic Health Record

AMVETS has consistently supported the deployment of the Federal Electronic Health Record (EHR). For decades, fragmented systems have led to lost information, duplicative testing, and delayed treatment.

We look forward to VA resuming its rollout of the Federal EHR at 13 VAMCs in 2026, beginning in April in Michigan and continuing throughout the year at facilities in Ohio, Indiana, Kentucky, and Alaska.

For our members, this is about accountability, access, and better outcomes for the veterans we serve. A 21st century, interoperable EHR ensures that a veteran's medical history follows them seamlessly from the DOD to the VA and across facilities, reducing errors, delays, and duplicative tests while improving coordination of care.

Simply put, modernizing the VA's EHR is more than an IT upgrade; it is a commitment to delivering the safe, timely, and high-quality care that our veterans have earned.

The success of this effort will depend on stable leadership, disciplined project management, transparent reporting, and sustained congressional oversight. The focus must remain on effective execution and measurable progress.

With strong oversight and accountability, a modern EHR can improve patient safety, strengthen care coordination, and enhance long-term health outcomes. We have been encouraged by the commitment shown to this initiative by VA Secretary Doug Collins, and we look forward to seeing these efforts demonstrate meaningful progress for our veterans.

Pass the Major Richard Star Act

The Major Richard Star Act addresses a longstanding inequity affecting certain combat-injured retirees. Current policy reduces military retirement pay for some veterans who also receive VA disability compensation, even though these benefits serve distinct purposes. Retirement pay reflects years of service, while disability compensation addresses injury sustained in that service.

AMVETS strongly supports immediate passage of this legislation, standing alongside our fellow veteran service organizations and advocates. Combat-injured veterans should not face financial penalties because of wounds incurred in defense of the nation. Correcting this injustice reflects fairness, consistency, and respect for sacrifice.

Pursue a Coordinated National Veterans Strategy Focused on Outcomes

The United States invests more than \$300 billion annually in programs serving veterans across federal, state, nonprofit, and philanthropic sectors.⁵ Despite this substantial investment, there is no comprehensive framework that aligns resources around measurable outcomes or identifies gaps and duplication.

AMVETS strongly supports the National Veterans Strategy Act and thanks the Senate VA Committee for showing bipartisan unity on this effort. Requiring the development of a coordinated national strategy every four years would align efforts across sectors, establish clear performance indicators, and direct resources toward programs that demonstrate measurable success. A strategy focused on outcomes rather than inputs will strengthen accountability and ensure that taxpayer dollars produce meaningful improvements in health, employment, and quality of life.

A coordinated approach is essential not only for veteran well-being but also for national security, workforce development, and civic leadership.

⁵ U.S. Senate Committee on Veterans' Affairs, "Chairman Moran, Ranking Member Blumenthal Introduce Legislation to Develop a National Veterans Strategy," January 29, 2026, U.S. Senate Committee on Veterans' Affairs, <https://www.veterans.senate.gov/2026/1/chairman-moran-ranking-member-blumenthal-introduce-legislation-to-develop-a-national-veterans-strategy>.

Enhance VA Workforce Stability to Improve Veterans' Access to Care

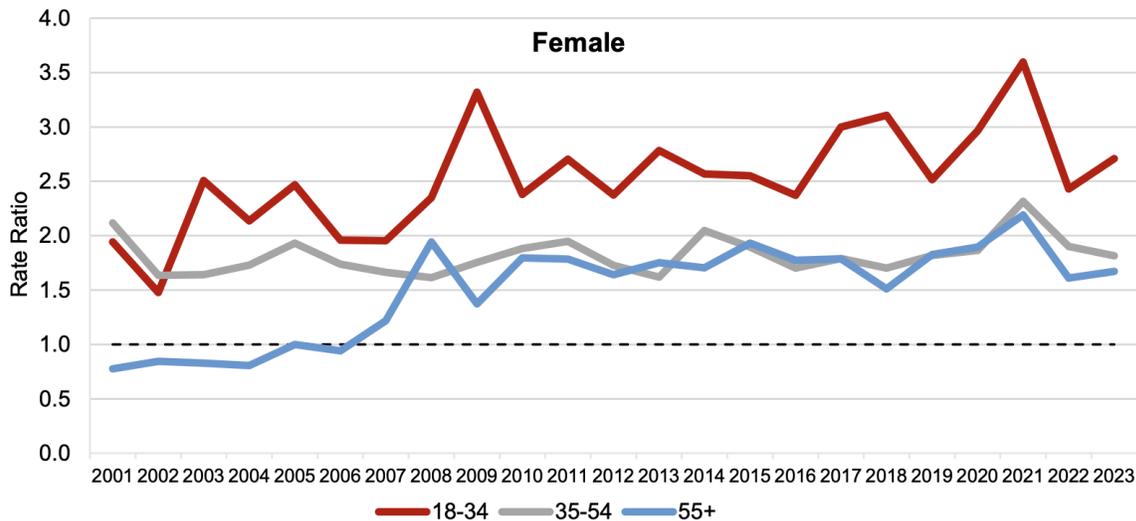
Access to high-quality care depends on a stable and well-supported workforce. Persistent staffing shortages, recruitment challenges, and retention difficulties continue to affect VA facilities nationwide. Workforce instability can limit appointment availability, strain providers, and reduce continuity of care.

AMVETS supports legislative efforts that strengthen recruitment and retention, improve workforce planning, and enhance accountability within the VA system. Community care can play a supportive role in addressing localized shortages, but it should always complement rather than supplant a strong federal health care workforce. Sustained investment in workforce stability is essential to preserving institutional expertise and maintaining trust in the VA system.

Advance Policy Solutions for Women Veterans

Women veterans are the fastest-growing segment of the veteran population and face distinct health care challenges. The most recent suicide prevention report indicates that the suicide rate among women veterans remains significantly higher than among non-veteran women.⁶

Figure 7: Ratios of Age-Group-Specific Suicide Rates, Veterans: Non-Veteran U.S. Adults, by Sex, 2001-2023³¹



In addition to mental health concerns, women veterans report gaps in access to gender-specific primary care, reproductive health services, maternity care, and specialty treatment. Addressing these barriers is essential to improving outcomes and building confidence in the VA system. AMVETS will continue working with Congress and VA leadership to advance policies that ensure equitable, comprehensive care for women who have served.

⁶ VA, *2025 National Veteran Suicide Prevention Annual Report*, Part 2, 19.

Strengthen Readiness, Resilience, and Long-Term Health Across Service

Military readiness and long-term veteran well-being are part of the same continuum. A force that is physically and mentally prepared to serve is more capable in uniform, and veterans who maintain health and resilience after service are better positioned to succeed in civilian life. Strengthening this continuum requires policies that address physical fitness, metabolic health, injury recovery, mental wellness, and sustained engagement over time.

Recruitment challenges in recent years have drawn attention to rising rates of obesity, preventable chronic conditions, and mental health stressors among service-age Americans. Addressing these trends requires a comprehensive approach. Structured physical training, nutrition education, behavioral health support, and, when clinically appropriate, medical or pharmacological interventions all have a role to play.

AMVETS believes adaptive and functional fitness programs represent an important component of that broader strategy. The AMVETS Adaptive Sports and Fitness Program operating in Hawai'i offers one example of how structured, inclusive training environments can reinforce both readiness and reintegration. The program serves active-duty service members, veterans of all eras, wounded and disabled veterans, and military families. Participants train together regardless of physical ability, with movements modified as needed to support functional strength, mobility, and daily living skills.

For active-duty participants, programs of this nature reinforce conditioning, injury prevention, and unit cohesion. For veterans, particularly those recovering from injury, navigating chronic health conditions, or experiencing isolation, structured group-based training restores routine, accountability, and peer connection. These elements are often critical to sustaining long-term health outcomes and complement clinical care provided through the DOD or the VA.

Importantly, adaptive fitness is not presented as a substitute for medical treatment. Veterans struggling with obesity, metabolic disease, or service-connected injury may require comprehensive care that includes primary care management, specialty services, nutrition counseling, behavioral health support, and in some cases medication or surgical intervention. Community-based fitness programs should be viewed as complementary tools that reinforce engagement, improve functional capacity, and enhance overall well-being alongside evidence-based medical care.

The Hawai'i model operates primarily through trained volunteers, maintains clear safety and attendance accountability measures, and partners with VA Recreational Therapy and other veteran organizations to ensure participants are connected to appropriate services when needed. With modest federal support, including a VA Adaptive Sports Grant, the program has expanded capacity while maintaining low overhead.

AMVETS believes scalable, community-based models that promote movement, connection, and resilience can strengthen both national readiness and long-term veteran reintegration when integrated thoughtfully with clinical systems of care. Investing in prevention and structured engagement today reduces long-term health costs and strengthens outcomes tomorrow.

Strengthening the health of those who serve, before, during, and after service, is not solely a recruitment issue or a veterans issue. It is a national security issue and a long-term public health priority.

Conclusion

The issues before the Committees this year are serious, interconnected, and consequential. They reflect both the progress that has been made and the gaps that remain in how our nation fulfills its obligations to veterans and their families. Suicide prevention, TBI care, survivor equity, health record modernization, retirement fairness, workforce stability, strategic alignment, and readiness are not isolated policy matters. Together, they define whether the system built to serve veterans delivers measurable outcomes and earns sustained trust.

Congress has demonstrated bipartisan commitment to veterans in recent years. That leadership must continue, particularly in areas where implementation, oversight, and accountability are just as important as statutory authorization. Authorizing programs without evaluating outcomes, funding initiatives without measuring effectiveness, or modernizing systems without sustained oversight will not produce the durable improvements veterans deserve. Success requires coordination between the VA, the DOD, and Congress, as well as a willingness to make adjustments when data shows that policies are not achieving intended results.

AMVETS stands ready to work with both Committees, the Administration, and our partners in the veterans community to advance these priorities. With focused oversight, disciplined implementation, and bipartisan resolve, meaningful progress is achievable. Veterans and their families deserve nothing less.

About AMVETS

AMVETS is the most inclusive congressionally chartered veterans service organization in the United States. Our membership is open to all active-duty service members, reservists, guardsmen, and honorably discharged veterans. As a result, AMVETS members have played a vital role in defending our nation in every conflict since World War II.

Our dedication to these men and women dates back to the post-World War II era, when countless returning service members sought access to the health, education, and employment benefits they had earned. Navigating the government bureaucracy to secure these benefits proved challenging for many, prompting experienced veterans to form local groups to assist their peers. As the veteran population surged into the millions, it became evident that a national organization was needed—one distinct from groups that had been established to serve veterans of previous wars. The emerging generation of veterans sought an organization of their own.

With this vision in mind, 18 delegates from nine veterans' clubs convened in Kansas City, Missouri, on December 10, 1944, to establish The American Veterans of World War II. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, officially recognizing AMVETS as the first congressionally chartered organization for post-World War II veterans.

Over the years, our congressional charter has been updated to welcome veterans from subsequent conflicts. AMVETS has also evolved to better meet the needs of newer generations of veterans and their families. To further this mission, we maintain partnerships with other congressionally chartered veterans' organizations as part of the "Big Six" coalition. Additionally, we collaborate with newer groups such as Iraq and Afghanistan Veterans of America and The Independence Fund. Our commitment to veterans' well-being is further demonstrated through our partnership with the VA's Office of Suicide Prevention and Mental Health, working to combat the tragic epidemic of veteran suicide.

As AMVETS looks toward the future, we remain steadfast in our dedication to serving those who have defended our nation. We urge the 119th Congress to join us in this commitment by making policy decisions and casting votes that protect and support our veterans.