



VERBAL TESTIMONY
OF
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MISSION ROLL CALL
MARCH 4, 2026

FOR THE
JOINT HOUSE AND SENATE VETERANS' AFFAIRS COMMITTEES
VETERAN SERVICE ORGANIZATION HEARING
US HOUSE OF REPRESENTATIVES AND US SENATE
ON
2026 LEGISLATIVE PRIORITIES

Chairmen Bost and Moran, Ranking Members Takano and Blumenthal, and distinguished Members of both Committees, thank you for the opportunity to testify today.

My name is Jim Whaley. I am the CEO of Mission Roll Call. We represent veterans by doing one thing consistently: listening. We survey veterans, their families, and caregivers nationwide, and we bring that data directly to policymakers, so decisions are grounded in lived experience.

Our 2026 priorities come straight from those surveys. Veterans told us four issues should guide the work ahead: access to quality healthcare, support for service-connected injuries, suicide prevention, and housing stability.

For veterans, these priorities are connected. When access falters, injuries worsen. When injuries go untreated, mental health risk increases. Without stable housing, even effective care becomes difficult to sustain.



First, access to quality healthcare, both VA and non-VA.

Veterans define access by timing, distance, and follow-through.

In May 2025, Mission Roll Call surveyed more than 1,200 respondents in all 50 states on the ACCESS Act. Sixty-seven percent said the legislation would improve healthcare outcomes overall. Among rural veterans, seventy-one percent said it would improve timely access. Mental health access is central to this discussion. Sixty percent of veterans told us they are comfortable receiving mental health care from a non-VA provider. Seventy-nine percent said allowing veterans to access mental health or substance use care in the community without a VA referral would improve access.

Veterans are not voting against the VA. Many report positive experiences. But they are asking for options that reduce delays, shorten travel burdens, and help them get care before a problem becomes a crisis.

Second, support for service-connected injuries and conditions, including traumatic brain injury.

When veterans speak about injuries, they speak about function. Work. Sleep. Family stability. Cognitive clarity.

In our 2025 TBI survey of more than 2,400 veterans, family members, and caregivers, fourteen percent reported a TBI diagnosis in their household. Among those seeking TBI-related care, more than seventy percent said accessing appropriate treatment is somewhat or very difficult. Distance, wait times, and fragmented care remain consistent barriers.

Mild to moderate TBI is where we see the greatest gap. Symptoms persist, but care pathways are often unclear and coordination between VA and non-VA providers remains inconsistent.



This is the space the BEACON Act seeks to address. The legislation creates a structured, evidence-based framework to evaluate innovative neurorehabilitation approaches for veterans with chronic mild-to-moderate TBI, with rigorous outcome measurement and independent evaluation. Veterans are not asking for lower standards. They are asking the VA to test promising therapies responsibly, publish results transparently, and expand access when evidence supports it.

This urgency is reinforced by the VA's 2025 suicide report, which shows the suicide rate among recent VHA users with a TBI diagnosis was nearly 94 percent higher than among those without a TBI. Early intervention in TBI care is not separate from suicide prevention. It is part of it.

Third, veteran suicide prevention.

Veterans tell us the current trajectory is unacceptable.

In July 2025, Mission Roll Call surveyed more than 2,100 veterans, family members, and caregivers nationwide. Sixty-seven percent of veteran respondents said they have struggled with suicidal thoughts or mental health challenges themselves, or know someone who has. Nearly one third described access to mental health care as difficult or very difficult.

Veterans also told us the barriers are not only clinical. They pointed to isolation, stigma, and loss of purpose as early warning signs.

From this feedback, a consistent theme emerged. Veterans want support that begins earlier. Many describe peer connection, meaningful work, and structured community engagement as stabilizing forces long before crisis intervention is required.



We have come to describe this as working “Left of Clinical.” Not instead of care, but before crisis. Earlier engagement. More on-ramps to stability. Fewer veterans reaching a breaking point before help arrives.

Fourth, housing stability.

Housing is foundational. Without stability at home, treatment adherence, employment, recovery, and family life suffer. Veterans consistently rank housing access and homelessness prevention among their top priorities because instability magnifies every other challenge.

Across all of our surveys, veterans are asking Congress to do a few consistent things: expand access where delays persist, strengthen community care pathways, treat TBI and chronic conditions as long-horizon rehabilitation challenges, invest in earlier suicide prevention strategies, and protect housing stability as a core element of veteran wellness.

None of these priorities replace the VA. They strengthen it by recognizing that veteran wellness is built upstream, long before prescription drugs, an emergency room, or an inpatient bed is involved.

Veterans are speaking clearly. We are listening. Mission Roll Call is here to ensure their voices remain central to the work of these Committees.

Thank you. I look forward to your questions.