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Chairman Luttrell, Ranking Member McGarvey, and Members of the Subcommittee, thank you for the opportunity to testify today. My name is, Dr. Kyleanne Hunter, CEO of Iraq and Afghanistan Veterans of America (IAVA). IAVA is the nation’s leading nonprofit dedicated to improving the lives of post-9/11 veterans and their families. I am honored to speak on behalf of the millions of veterans whose lives are directly affected by the Veterans Affairs Schedule for Rating Disabilities, commonly referred to as the VASRD.

Modernizing the VASRD is a necessary and long-overdue priority. However, any such effort must be done with veterans and veteran advocacy organizations at the table—not merely on our behalf.

It is telling that at today’s hearing, there is only one veteran organization represented. This is despite the fact that veterans who engage with the VASRD are not a monolith. For decades, veteran service organizations and advocacy groups – many of whom work directly with veterans to navigate the disability claims process – have been advocating for changes to ensure that the veteran remains centered in efforts to revise VASRD. While I am again honored to speak on behalf of the post-9/11 generation, I want to acknowledge that there are several voices not in the room, and I sincerely hope the committee seeks out more veteran voices in their oversight efforts. I welcome the opportunity to discuss the efforts to modernize the VASRD, and why veteran voices are essential in this effort.

Past and Ongoing Modernization Efforts for the VASRD

The VASRD traces its origins back to the early 20th century, when the federal government first codified a disability rating system for veterans. The first formal schedule was printed in 1925, aiming to bring consistency and rigor to disability compensation following World War I. Prior to that, disability awards varied widely and lacked clear standards.¹

Over the decades, the schedule was updated periodically—most notably in 1933 and 1945, with the latter forming the foundation of the modern rating structure still in use today. Despite changes to the list of compensable conditions over the years, the basic construct of the VASRD has remained fundamentally the same for nearly 80 years.²

Modernization efforts to the VASRD are not new. For the past two and a half decades there have been targeted efforts to update the system. Including veterans in this process has been an ongoing subject of conversation.

Beginning in the early 2000s, VA undertook an extensive regulatory rewrite of the VASRD to address outdated language, ambiguity, and technical problems in the schedule, recognizing that many criteria were poorly organized and based on obsolete terms.³ From FYs 2013-2016

¹ https://department.va.gov/history/100-objects/object-97-1925-schedule-of-disability-ratings/?utm_

² <https://www.congress.gov/event/112th-congress/house-event/LC3731/text>

³ <https://www.congress.gov/event/112th-congress/house-event/LC3731/text>



Congress allocated funds specifically for VASRD modernization.⁴ Yet even at this time, veteran voices were omitted. In a 2012 oversight hearing, both Disabled American Veterans (DAV) and the Wounded Warrior Project (WWP) testified that they were concerned about the VA undertaking revisions to the VASRD in a manner that was “closed” to veteran service organizations.⁵

More recently, VA has been updating portions of the VASRD, attempting to reflect both the realities of injuries experienced by service members and advancements in medical science. For example, musculoskeletal and muscle injury criteria were revised in 2021, reflecting updated medical terminology and clearer evaluation criteria.⁶ Various body systems, including the digestive system⁷ and respiratory system,⁸ as well as mental disorders,⁹ have been subject to proposed or published rule changes in the Federal Register in recent years. We welcome these changes but again stress the importance of ensuring veteran voices remain a part of the process. The modern veteran population faces conditions and occupational realities that were not examined in many of previous modernization efforts of the VASRD. Traumatic brain injuries, toxic exposures, military sexual trauma, and complex mental health disorders are central to post-9/11 veteran experiences, and have significant impact on veteran quality of life and long-term employment outcomes.¹⁰ Including veteran organizations in the modernization process will ensure that the veteran remains the central focus of the program.

Under current initiatives codified in VA’s 2026 budget and planning documents, modernization includes Earnings Loss Studies to incorporate data on how service-connected conditions affect veterans’ earning capacity and to align compensation with functional impairment and labor market realities.¹¹ However, there is little transparency into how these studies are being done and whether or not they reflect the complete reality of the veteran experience.

⁴ <https://www.congress.gov/event/114th-congress/senate-event/LC37921/text>

⁵ <https://www.congress.gov/event/112th-congress/house-event/LC3731/text>

⁶ <https://news.va.gov/85156/va-updates-rating-criteria-musculoskeletal-muscle-injuries/>

⁷ <https://www.federalregister.gov/documents/2024/03/20/2024-05138/schedule-for-rating-disabilities-the-digestive-system>

⁸ <https://www.federalregister.gov/documents/2022/02/15/2022-02049/schedule-for-rating-disabilities-ear-nose-throat-and-audiology-disabilities-special-provisions>

⁹ <https://www.federalregister.gov/documents/2022/02/15/2022-02051/schedule-for-rating-disabilities-mental-disorders>

¹⁰ Howard, Jeffrey T., Ian J. Stewart, Megan Amuan, Jud C. Janak, and Mary Jo Pugh. "Association of traumatic brain injury with mortality among military veterans serving after September 11, 2001." *JAMA network open* 5, no. 2 (2022): e2148150-e2148150.; Hawkey, Kyle. "The Impact of Psychological Trauma on Negative Employment Outcomes Among Post-9/11 Veterans in the United States." PhD diss., Pennsylvania State University, 2022.; Boggan, Joel C., Nazima Allaudeen, Heather Shaw, Sarah Cantrell, and Joyce Akwe. "Health conditions seen frequently in hospitalized United States Veterans who served after 9/11/2001: A scoping review." *Journal of hospital medicine*(2025).

¹¹ <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-3-Burial-and-Benefits-Programs-and-Department-Administration.pdf>



Earnings Loss Studies: Useful Data, but an Incomplete Lens

Earnings Loss Studies can be a source of valuable insight. However, there remain incredibly few studies on the overall earning loss for the veteran populations, the findings themselves are often mixed, and the studies often exclude essential data. For example, the Congressional Budget Office found that total earnings for veterans with disability ratings were overall lower than those without, yet substantial variation existed between those with the lowest and highest disability ratings.¹² Notably, this study focused only on male veterans, despite the fact that when the study was conducted women made up the fastest growing group of veterans.¹³ Women veterans, even when fully employed, have significantly lower overall earnings than their male counterparts.¹⁴ Additionally, research from the civilian sector on the ability to maintain long term employment post-head injury shows that gender was a significant factor, with women experiencing much worse employment outcomes than their age and profession matched male peers.¹⁵ Excluding women from analysis on employability and total earnings provides the VA with incomplete information. As a representative of the generation that has seen the largest increase in women's participation in the military, critical omissions like this highlight the reasons veteran voices must be at the table to ensure more robust and complete studies are conducted.

A 2012 study by RAND found that the loss in civilian earnings was more than offset by VA disability payments.¹⁶ However, it is important to note that this study is over a decade old, and pre-dates more recent changes to the mental health disability schedule. More recent work done by the National Bureau of Economic Research found that for veterans with mental health conditions, disability compensation does not completely offset losses, and that modest increases would significantly decrease the likelihood of a veteran experiencing food insecurity or homelessness as a result of employability challenges resultant from their service-connected mental health condition.¹⁷

¹² <https://www.cbo.gov/system/files/2023-12/59380-Veterans.pdf>

¹³ Schultz, Dana, Kyleanne M. Hunter, Lauren Skrabala, and Jeannette Gaudry Haynie, *Improving Support for Veteran Women: Veterans' Issues in Focus*. Santa Monica, CA: RAND Corporation, 2022. <https://www.rand.org/pubs/perspectives/PEA1363-3.html>.

¹⁴ U.S. Bureau of Labor Statistics, "Table 2B. Employment Status of Men 18 Years and Over by Veteran Status, Age, and Period of Service, 2021 Annual Averages," April 21, 2022a. As of July 2022: <https://www.bls.gov/news.release/vet.t02B.htm>; U.S. Bureau of Labor Statistics, "Table 2C. Employment Status of Women 18 Years and Over by Veteran Status, Age, and Period of Service, 2021 Annual Averages," April 21, 2022b. As of July 2022: <https://www.bls.gov/news.release/vet.t02C.htm>

¹⁵ Howe, Emilie I., Nada Andelic, Paul B. Perrin, Cecilie Røe, Solrun Sigurdardottir, Juan Carlos Arango-Lasprilla, Juan Lu, Marianne Løvstad, and Marit Vindal Forslund. "Employment probability trajectories up to 10 years after moderate-to-severe traumatic brain injury." *Frontiers in neurology* 9 (2018): 1051.

¹⁶ Buddin, Richard and Bing Han, *Is Military Disability Compensation Adequate to Offset Civilian Earnings Losses from Service-Connected Disabilities?* Santa Monica, CA: RAND Corporation, 2012. <https://www.rand.org/pubs/monographs/MG1098.html>.

¹⁷ Silver, David, and Jonathan Zhang. *Invisible wounds: Health and well-being impacts of mental disorder disability compensation on veterans*. No. w29877. National Bureau of Economic Research, 2022.



The post-9/11 generation is more likely than previous generations to have experiences, injuries or illness that contribute to diagnosed mental health disorders, including both the psychological impacts from combat or other traumas and the physiological impacts of Traumatic Brain Injuries (TBI) or exposure to repetitive sub-concussive blasts.¹⁸ There is still significant research that must be done to understand the long term economic and employment impacts on those who have experienced TBIs, especially in the veteran population.¹⁹ Veteran organizations are essential to ensuring that the current realities of veterans are being considered when analysis is conducted.

Why Veterans Need a Seat at the Table

The VASRD shares some similarities to other disability compensation programs, yet there are fundamental differences between the veteran and civilian populations that must be included in the evaluation and modernization efforts. Military service impacts the human body – physically and mentally – in ways that few civilian occupations ever will. From high physical-risk occupations,²⁰ to repeated exposure to toxic substances,²¹ to increased risks for inter-personal harmful behaviors,²² to having little control over personal living conditions,²³ military service

¹⁸ National Academies of Sciences, Engineering, and Medicine. Evaluation of the Department of Veterans Affairs Mental Health Services. Washington (DC): National Academies Press; 2018. <https://doi.org/10.17226/24915>. Medline:29738208; Vaughan C, Schell T, Tanielian T, et al. Prevalence of mental health problems among Iraq and Afghanistan veterans who have and have not received VA services. *Psychiatr Serv*. 2014;65(6):833-5. <https://doi.org/10.1176/appi.ps.201300111>. Medline:24733504

¹⁹ Gaudette É, Seabury SA, Temkin N, Barber J, DiGiorgio AM, Markowitz AJ, Manley GT; Employment and Economic Outcomes of Participants With Mild Traumatic Brain Injury in the TRACK-TBI Study. *JAMA Network*. 2022 Jun 1;5(6):e2219444. doi: 10.1001/jamanetworkopen.2022.19444. PMID: 35767257; PMCID: PMC9244609.

²⁰ Prabhakar, Sarah, Ian S. Sorensen, Jay Dintaman, and Elizabeth Hisle-Gorman. "Musculoskeletal Injury Risk and Military Separation Following Serious Injury and Recovery in the Warrior Care and Transition Program." *Military Medicine* 190, no. Supplement_2 (2025): 492-498; Lovalekar, Mita, Keith Hauret, Tanja Roy, Kathryn Taylor, Sam D. Blacker, Phillip Newman, Ran Yanovich et al. "Musculoskeletal injuries in military personnel—Descriptive epidemiology, risk factor identification, and prevention." *Journal of science and medicine in sport* 24, no. 10 (2021): 963-969.

²¹ Re, Diane B., Beizhan Yan, Lilian Calderón-Garcidueñas, Angeline S. Andrew, Maeve Tischbein, and Elijah W. Stommel. "A perspective on persistent toxicants in veterans and amyotrophic lateral sclerosis: identifying exposures determining higher ALS risk." *Journal of neurology* 269, no. 5 (2022): 2359-2377; Geretto, Marta, Marco Ferrari, Roberta De Angelis, Filippo Crociata, Nicola Sebastiani, Alessandra Pulliero, William Au, and Alberto Izzotti. "Occupational exposures and environmental health hazards of military personnel." *International journal of environmental research and public health* 18, no. 10 (2021): 5395.

²² Hendriks, Laura Josephine, Victoria Williamson, and David Murphy. "Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and well-being of women veterans." *BMJ Mil Health* 169, no. 5 (2023): 419-424.; Campbell-Sills, Laura, Xiaoying Sun, Ronald C. Kessler, Robert J. Ursano, Sonia Jain, and Murray B. Stein. "Exposure to bullying or hazing during deployment and mental health outcomes among US Army soldiers." *JAMA network open* 6, no. 1 (2023): e2252109-e2252109.

²³ Government Accountability Office. "Military Housing Privatization: DoD Should Take Steps to Improve Monitoring, Reporting and Risk Assessment." GAO-18-218 (March 2018).



comes with inherent health risks. VASRD is one way that the country recognizes and compensates the individuals who volunteered to serve for being willing to accept those risks.

Under 38 U.S.C. § 1155, Congress directed VA to base the rating schedule on the *average impairment in earning capacity* resulting from service-connected disease or injury, not individualized wage replacement. This distinction is critical. The average impairment is designed to compensate for functional loss, reduced physical or mental capacity, and pain, limitations, and loss of normal life activities that occurred from injuries or illnesses experienced while in the military. It is not to be based on the particulars of one case nor is it to be means tested for an individual's circumstances. It is recognition of the average impact that harms caused during military service have on post-service life.

Additionally, VA disability compensation exists within a unique legal framework shaped by the Feres Doctrine,²⁴ which bars service members from suing the federal government for injuries incurred incident to military service. Because service members are legally prohibited from seeking tort damages, including pain and suffering, loss of quality of life, or future economic harm, the VA disability system is also partially a no-fault, non-adversarial substitute. In this context, disability compensation serves not merely as income replacement, but as partial redress for harms occurring while employed by the United States government that may otherwise be compensable under civil law. Reducing VASRD modernization to an earnings-loss calculation risks, especially with veterans absent from the process erodes this foundational bargain between the nation and those who serve.

Many service-connected conditions - such as chronic pain, migraines, PTSD, or sleep disorders - may not immediately remove a veteran from the workforce but still impose real, lifelong impairments that merit compensation. Veteran service organizations have been advocating for over a decade that there are lagging quality of life indicators that must be included in disability compensation, and that total compensation should not just look at ability to hold a full time job but the compound and long term medical impacts of service connected injuries and illnesses.²⁵ Indeed, for many veterans their service connected conditions limit quality of life more than wages. Recent studies found that veterans who experienced a physical injury that required a hospital stay during their time in military service were associated with a significant increase in secondary, but related physical diagnosis post service.²⁶ And while these secondary diagnoses didn't necessarily impact their ability to remain employed long term, they did significantly impact quality of life. New research is showing that quality of life indicators may be uniquely

²⁴ *Feres v. United States*, 340 U.S. 135 (1950)

²⁵ <https://www.congress.gov/event/112th-congress/house-event/LC3731/text>

²⁶ McCabe, Cameron T., Jessica R. Watrous, Susan L. Eskridge, and Michael R. Galarneau. "Mental and physical health, and long-term quality of life among service members injured on deployment." *Health and quality of life outcomes* 19, no. 1 (2021): 220



impactful for veterans, and may exacerbate existing employment challenges they face, even if they maintain their jobs.²⁷

Veterans and their families experience firsthand how service-connected conditions affect daily functioning, employment, and quality of life. These lived experiences reveal complexity that clinical data alone may overlook; for example, how certain conditions interact, how symptoms vary over time, and how diagnostic criteria translate into real-world impacts. Veteran organizations know these stories and have captured them. Without this input, modernization efforts risk producing a schedule that may be medically or economically accurate but practically disconnected from veterans' lives.

IAVA members know this to be true. In fall of 2025, we surveyed our members on which policy areas must include input from veterans. Modernizing the disability rating process was cited by over 50% of members as a policy area that requires dedicated and deliberate veteran voices. And our members have experience with the program. Since we began surveying members in 2014, consistently over 80% of our members have reported they have a service-connected disability rating.²⁸ Of those with a rating, over 65% report that their disability payments are essential to their overall financial well-being. Most of these respondents were employed at the time of responding to the survey.

VASRD as a program is also not just an investment in those who have served, but is also an investment in the long-term national security of the United States. Being cared for after service is a strong recruitment tool for military service.²⁹ Maintaining it as such relies on veterans and the public trusting in all parts of the VA benefits system, including VASRD. Veteran organizations engage directly with the community, translating proposed policy changes into a language veterans can understand and gathering feedback on those proposed policy changes. Veterans' participation increases confidence that reforms are justified, fair, and aligned with veterans' needs, and maintains the buy-in of one of the country's best recruiting assets – those who have served.

²⁷ Bond, Gary R., Monirah Al-Abdulmunem, Robert E. Drake, Lori L. Davis, Thomas Meyer, Daniel M. Gade, B. Christopher Frueh, Ross B. Dickman, and Daniel R. Ressler. "Transition from military service: Mental health and well-being among service members and veterans with service-connected disabilities." *The journal of behavioral health services & research* 49, no. 3 (2022): 282-298.; Elbogen, Eric B., John E. Zeber, Dawne Vogt, Daniel F. Perkins, Erin P. Finley, and Laurel A. Copeland. "Financial status and well-being in recently separated military veterans." *Military medicine* 188, no. 7-8 (2023): e2181-e2188.

²⁸ Publicly available copies of IAVA member surveys from 2014-present are available at: https://iava.org/reports?filterKeyword=&filterCategory=16#block_6e2c69e4ee697b39a8499dc2c5df270d

²⁹ Woodruff, Todd, Ryan Kelty, and David R. Segal. "Revisiting propensity to serve and motivations to enlist: Insights and implications for contemporary military recruitment challenges and research." *Armed Forces & Society* 51, no. 2 (2025): 482-491.



Modernizing the VASRD is an opportunity to restore integrity, accuracy, and fairness to the veteran disability compensation system. But this opportunity will only be realized if veterans and veteran advocacy organizations are essential partners in every step of the process, from research design and execution to policy implementation and evaluation.

IAVA urges Congress to ensure that veterans and veteran organizations are a part of all oversight activities. Doing so will help ensure that reforms honor the service and sacrifice of our nation's veterans and deliver a system that works for those it was designed to serve.

Thank you for your commitment to America's veterans. I look forward to your questions.