

**Statement of
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**Before the
Joint Hearing
Committees on Veterans' Affairs
United States Senate and United States House of Representatives**

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Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, members of the Senate and House Committees on Veterans' Affairs, it is my honor to be with you today on behalf of the more than 1.3 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary—America's largest war veterans' organization.

Our message is simple and resolute: Honor the Contract. When young Americans raise their right hands, swear an oath, and sign the DD Form 4, they agree to surrender personal freedoms, obey lawful orders, and, if called upon, risk life and limb in defense of this nation. In return, America makes a promise that if they are wounded, become ill, or die in service, the country will care for them and their families. That is not charity. It is a binding, moral contract, and every man and woman who wore the uniform has already honored their end of it. Yet we are hearing troubling refrains that veterans' benefits are too expensive, or worse, that veterans are claiming benefits they do not deserve. Recent commentary in outlets such as *The Washington Post* has portrayed veterans' health care and disability compensation as bloated or rife with abuse. We have seen this playbook before. The Economy Act of 1933 gutted veterans' benefits with devastating consequences. These ideas were wrong then, and they are wrong now.

Fraud exists in every large system that handles public funds, including the Department of Veterans Affairs (VA). But fraud is rare, investigated, and prosecuted. It is not the identity of America's veterans. The so-called "invisible wounds" of modern war such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and toxic exposures are real. Congress did not lower standards when it passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) of 2022* (Public Law 117-168), it acknowledged the reality of what our troops endured and fulfilled a long-overdue obligation. VA disability compensation is not welfare. It exists to compensate for lost earning capacity and the lifelong toll of service-connected injuries and illness. A job does not erase a TBI. A paycheck does not make chronic pain disappear. If policymakers are concerned about perverse incentives, they should fix flawed policies, not vilify the veterans who navigate them.

As a former Army nurse, caring for service members and veterans is in my DNA. When I retired from the Army in 2013, my commitment to those wounded on the battlefield did not expire. The all-volunteer force has borne the burden of more than two decades of war. We kept our promise.

Now the nation must keep its word. Do not balance the budget on the backs of veterans. Do not rewrite history to make heroes into scapegoats. Honor the Contract.

Disability Assistance and Memorial Affairs

Crack Down on Unaccredited Claims Consultants Known as Claim Sharks

Over the past year, the VFW has continued its strong advocacy against unaccredited, predatory claims consultants and companies that aggressively market to veterans and charge them for VA disability claims assistance. Accredited Veterans Service Organizations (VSOs), including the VFW, provide this assistance at no cost as required by statute. However, nearly twenty years ago Congress removed criminal penalties for unaccredited claims activity from statute, creating a loophole that allowed these predatory actors to proliferate. The VFW urges Congress to reinstate these penalties so authorities can hold bad actors accountable. Without them, VA's only enforcement mechanism is issuing cease-and-desist letters and referring to enforcement agencies for review, which is an entirely inadequate deterrent given the volume of unaccredited claims consultants operating today. Unlike the VFW and other accredited entities, unaccredited claims consultants routinely require veterans to sign contracts that obligate them to pay multiple times the value of any increase in their disability award—often as much as five times the benefit amount. This business model exploits veterans and is unacceptable.

The VFW urges Congress to require all claims consultants to obtain VA accreditation, which ensures standardized, VA-approved training, continuing education, background checks, and VA oversight. The VFW firmly maintains that anyone who advises, prepares, or presents VA disability claims must hold proper accreditation. Also, it cannot apply to only one individual within a claims consulting company; every person providing claims assistance must meet the same standards to ensure accountability and protect veterans. Assertions that the accreditation process is overly lengthy or burdensome do not withstand scrutiny. The VFW accredits more than 2,300 representatives in full compliance with Title 38 of the Code of Federal Regulations, demonstrating that the process is both achievable and essential to preserving the integrity of the system. These illegitimate claims consultants typically avoid accreditation not because it is impractical, but because it would limit their fees and subject them to VA oversight.

VA oversight also protects veterans by ensuring reasonable fee structures when accredited agents may charge for services. Accredited attorneys, who are also claims agents, may charge reasonable fees, generally between 20 to 33 percent of a retroactive award. VA caps fees at 20 percent when it administers the payment and limits them to no more than 33 percent when it does not.

While the VFW respects a veteran's right to choose who provides claims assistance, we strongly support congressional action to regulate the business practices of unaccredited claims consultants to prevent fraud and exploitation. The VFW will never agree with charging fees from future benefits, known as an "assignment of benefits." VA, the Social Security Administration, and civil claims systems including tort, workers' compensation, and asbestos litigation, prohibit this practice. It is illegal, predatory, and can easily push veterans into debt. Title 38, United States

Code (U.S.C), section 5301(a) prohibits obligating claimants to pay fees from their VA benefit payments; the law permits fees only from retroactive awards. Veterans who are seeking financial relief for their service-related disabilities should never be put in debt simply for trying to access their benefits.

Some unaccredited claims companies also covertly obtain veterans' VA login credentials to track benefit increases and demand additional payments years later. The surge in claims following enactment of the PACT Act further intensified this problem. These bad actors currently operate without accountability, oversight, or meaningful consequences. Congress should hold businesses that prey on veterans and disregard statutory authority accountable, not legitimize their predatory practices either tacitly or overtly through supportive legislation.

Toxic/Environmental Exposures

The historic passage of the PACT Act provided health care and benefits to a tremendous number of veterans and survivors, some of whom had waited years for relief. The VFW is grateful to these committees for developing and passing this legislation. However, the enactment of the PACT Act was not the end of the journey for all toxic-exposed veterans and their survivors. The law primarily addresses conditions associated with certain known toxins and exposure locations including burn pits, herbicide exposure (particularly Agent Orange), and specific radiological hazards. Anticipating that additional toxins, contaminated locations, and related health conditions would continue to emerge, Congress included an enduring framework in the legislation requiring VA to conduct continuous, systematic evaluations of toxic exposures not covered in the statute. VA refers to this framework as the Presumption Decision Process. It is very detailed with several steps and multi-month stages that could contribute to opacity and skepticism. To enhance transparency and build trust with veterans, the VFW recommends that VA develop an aggressive outreach program to inform them about how to register their own health conditions in this system. Consequently, robust oversight of this process is now our focus.

Veterans routinely contact the VFW with concerns about health conditions they attribute to toxic exposures not included in the PACT Act. These include but are not limited to exposures at Kashi-Khanabad (K2) Air Base in Uzbekistan; Fort McClellan in Alabama; Naval Air Facility Atsugi in Japan; and various radiological exposure sites in the southwestern United States. Contamination by per- and polyfluoroalkyl substances (PFAS) is another significant concern. The Department of Defense (DOD) has identified more than 455 locations in the United States where it confirmed PFAS exposure. Announced via a Federal Register notice in September 2024, VA is currently using the Presumption Decision Process to assess any association between PFAS exposure and kidney cancer. Additional recent exposure incidents such as the 2021 fuel spill at Joint Base Pearl Harbor–Hickam, as well as routine exposures inherent to certain military occupational specialties such as missile specialists or submariners, underscore the hazardous nature of military service. The VFW appreciates that Congress passed the *Aviator Cancer Examination Study (ACES) Act of 2025* last August to study the potential correlation between military aviation service and increased cancer risks. The VFW urges Congress to pass legislation to study other at-risk populations, including missile specialists and submariners.

VA also published Federal Register notices announcing the use of the Presumption Decision Process to assess associations between certain military environmental exposures and various illnesses afflicting K2 veterans, including multiple forms of cancer and other complex conditions reported by that cohort. Also, in its October 2, 2025, response to its November, 27, 2024, solicitation of public comments on K2 exposures, VA announced its K2 Surveillance Program (K2SP) designed to assess the health effects of toxic exposures on K2 veterans and to be a key source of the scientific evidence related to K2. VA officials will review data from the K2SP and from claims filed with the Veterans Benefits Administration (VBA) to determine if health conditions in the K2 cohort not currently covered by the PACT Act occur at sufficient rates to justify a formal evaluation. The VFW supports recognition of unaddressed K2-specific maladies and inclusion as presumptive conditions. These veterans were among the first to deploy after the 9/11 terrorist attacks and have asked for many years for a detailed review of their cohort's peculiar health conditions. Because of the elapsed time and the classification of some K2 missions, these veterans have had difficulty collecting corroborating evidence to substantiate disability compensation claims. Affording presumptive status to their unique medical conditions, some of which took several years to manifest, would greatly help these veterans obtain their earned benefits.

While we recognize that the Secretary of Veterans Affairs has the authority to add or remove presumptive conditions, we are concerned by his September 2025 decision to remove male breast cancer from the list of PACT Act presumptive conditions. This cancer had been added in 2024 at the recommendation of experts based on the shared pathology of this disease across sexes. The absence of transparency and publicly available scientific evidence underlying the reasons for its removal raises serious concerns and risks undermining confidence in the Presumption Decision Process. Lack of transparency in this process invites cynicism and uncertainty among veterans who rely on the stability of these presumptions.

Additionally, VA initiated the epidemiological study mandated by the PACT Act to examine health outcomes among veterans who served at Fort McClellan between 1935 and 1999. Although VA anticipates that the study may take more than two years to complete, we see its commencement as an important step forward. However, we were disappointed by VA's decision to truncate the study's time frame to 1979-1999 due to the poor quality of the early records. The VFW urges Congress to provide robust resources for VA to properly and efficiently research and review overseas and domestic toxic exposures and related medical conditions. We also recommend congressional oversight of the efficiency and effectiveness of VA's Presumption Decision Process.

Increase Dependency and Indemnity Compensation Benefits for Survivors

The VFW strongly supports an increase in the amount of Dependency and Indemnity Compensation (DIC) payments that are a benefit for the spouse, child, or parent of a veteran who died from a service-related injury or illness. Currently, DIC is paid at 43 percent of the compensation of a 100 percent permanent and totally disabled veteran. In comparison, other federal survivor programs pay 55 percent. Also, this survivor benefit has received only cost-of-living increases since it was created in 1993, further devaluing it. For several years, including in the current Congress, legislators have introduced the *Caring for Survivors Act* seeking to raise the DIC payment to achieve parity with other federal survivor programs. The VFW has strongly

supported its passage. Military and veteran survivors need this increased compensation and deserve parity with other federal programs.

It is also essential that both veterans and their prospective survivors understand eligibility criteria for survivor benefits and the application process. Veterans receiving VA disability compensation or health care often assume that VA will automatically provide benefits to their survivors without any application. VFW Service Officers frequently report that many surviving spouses do not realize that VA disability payments stop when the veteran dies, and that they must apply for DIC, which is an amount that is often significantly lower than the veteran's disability compensation. Without this knowledge in advance, surviving spouses can unexpectedly find themselves in serious financial hardship.

Beginning in May 2025, VA implemented several improvements to help survivors navigate the DIC claims process. VA moved the Office of Survivors Assistance from VBA to the Office of the Secretary, elevating the visibility of survivor issues, streamlining decision making, and improving accountability, transparency, and coordination across VA. It also established a "white glove" survivor outreach team to guide eligible survivors through the DIC claims process and expanded automation to accelerate claims handling. The VFW applauds these changes that should help survivors cut through bureaucracy and access their DIC benefits more easily and quickly during an already vulnerable time.

Improve Burial Benefits

The purpose of the National Cemetery Administration (NCA) is to provide burial options for 95 percent of all veterans within 75 miles of their homes. The VFW applauds NCA's considerable progress toward reaching that 95 percent benchmark, increasing reasonable burial options within a 75-mile radius from 65 percent in 1995 to 93.7 percent in 2025. Nearly 15 years ago, NCA reduced its threshold of 170,000 veterans within a 75-mile radius with no access to a national or state cemetery to 80,000 veterans. Increased demand prompted NCA to plan for additional cemeteries, develop both an urban and rural initiative, acquire lands adjacent to existing cemeteries, build columbaria, and use innovative designs maximizing available space. Additionally, through its management of the Veterans Cemetery Grants Program, NCA enables states, U.S. territories, and tribal governments to build cemeteries in areas unserved by a national cemetery, affording more veterans burial alternatives a reasonable distance from their homes.

For veterans who are not near a national or state cemetery or who prefer burial in a private cemetery, VA provides burial allowances to help defray costs for transportation of the decedent's remains, the cemetery plot, and the burial or interment. VA also provides a headstone or marker allowance. Unfortunately, although the allowance amount has increased over the years, it is considerably below market costs. As of 2025, the burial allowance is \$2,000 for a death related to a service-connected condition and \$978 for a non-service-connected death. VA will also provide a \$978 plot allowance and a \$231 headstone or marker allowance for burial in a private cemetery. However, according to the National Funeral Directors Association, the 2023 median cost of an adult funeral and burial was \$8,300 and a cremation cost \$6,280, both far above the VA burial allowances. Additionally, costs vary per region with the most expensive burials and cremations in the New England region (Connecticut, Maine, Massachusetts, New Hampshire,

Rhode Island, and Vermont) at \$8,985 and \$7,023, respectively. The least expensive is the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) at \$7,390 and \$5,505 respectively, still far above the current VA burial allowance. The VFW urges Congress to pass legislation to align burial allowance increases with the Consumer Price Index.

We are pleased that in accordance with the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Public Law 118-210), VA has temporarily expanded burial benefits for certain veterans. Qualified individuals are those who are discharged from a VA-provided medical or nursing care facility to receive VA-provided hospice at their home, and who subsequently die between July 1, 2025, and October 1, 2026. Previously, these veterans were not always eligible for a full VA burial allowance, and this law fills that gap.

The VFW also applauds NCA's pilot program that established green burial sections at Pikes Peak National Cemetery in Colorado Springs, Colorado; the National Memorial Cemetery of Arizona in Phoenix, Arizona; and Florida National Cemetery in Bushnell, Florida. We support NCA's plans for burial without chemicals or embalming fluids and using biodegradable materials in caskets, shrouds, and urns. These green burial sections will enable honoring our decedents with minimal environmental impact, aiding in conserving natural resources, reducing carbon emissions, protecting worker health, and restoring and preserving habitats. These environmental actions will ensure the national cemeteries remain pristine, national shrines for as long as possible.

Improvements to Claims and Appeals Processing

Transparency and Communication

The VFW notes that veterans often find VA communications confusing, filled with legal and medical jargon that makes it difficult to understand claim statuses or appeal outcomes. This lack of clarity undermines trust and delays veterans' ability to respond effectively to VA correspondence. To address these problems, the VFW supports legislative reform proposals such as the *Veteran Appeals Transparency Act of 2025*, *Simplifying Forms for Veterans Claims Act*, and *Clear Communication for Veterans Claims Act*. These measures would simplify VA forms, make decision letters more readable, and provide veterans with regular, understandable updates about their place in the appeals docket. The VFW also urges VA to collaborate with VSOs and federally funded research centers to test and refine communications so that they are clear, concise, and veteran-focused.

Digital Systems and Automation Problems

While VA has expanded its use of digital systems to streamline claims and appeals, the VFW remains concerned that technical delays and automation errors continue to harm veterans. VA-accredited service officers have reported that claims submissions sit idle in VA's digital mail portal for 40–60 days, resulting in missed deadlines and even wrongful dismissals. These delays often lead veterans to believe that their accredited representatives have acted improperly or are failing to move their claims forward. When VA does not establish claims in a timely

manner or fails to take responsibility for avoidable delays, veterans become more vulnerable to unaccredited actors who exploit their frustration and uncertainty. To prevent this, VA must implement systems that establish claims promptly, communicate delays clearly, and deliver earned benefits as quickly and efficiently as possible. The VFW recommends that VA invest in modern, reliable technology infrastructure and implement robust oversight mechanisms to identify and correct processing delays early. We also urge VA to create clear accountability and reporting structures for digital system performance and to ensure that automation complements, not replaces, human review where accuracy is critical. We believe that better designed digital systems will reduce delays, prevent data loss, and protect veterans from avoidable denials.

Appeals Modernization and Persistent Delays

The VFW continues to support the intent and framework of Public Law 115-55, the *Veterans Appeals Improvement and Modernization Act of 2017* (AMA) that simplified and accelerated the VA appeals process. However, we remain concerned that the system continues to fall short of its promise. Despite progress since the Legacy system, the Board of Veterans' Appeals (BVA) continues to face excess workloads, inefficient case management, and poor coordination with VBA and accredited representatives. The VFW reports that VA's electronic management tool, CASEFLOW, remains unreliable, often failing to update case statuses accurately or provide full transparency to advocates. To resolve these issues, the VFW recommends that VA overhaul or replace CASEFLOW with a modernized, user-friendly system that provides real-time access and status tracking for veterans and representatives. This system should work in conjunction with the available record in the Veterans Benefits Management System (VBMS) instead of as a separate standalone platform. BVA needs to streamline internal communication, dedicate resources to clearing AMA backlogs, and ensure all appeals are processed efficiently and fairly without sacrificing accuracy.

Remands and Quality of Decisions

When BVA identifies deficiencies or gaps in the evidence presented during the appeals process or in providing the appellant due process, it has the authority to remand the case back to VBA for further action or development. This step is intended to reflect VA's commitment to ensuring a fair and comprehensive review of veterans' claims. The VFW has often found that despite the intent of this step in the process, if the record is fully associated with all the evidence or a complete and thorough review is completed prior to a decision being rendered, a remand can be duplicative or completely unnecessary.

The VFW has consistently been concerned with the high rate of remands at BVA, particularly under the Legacy system where about 40 percent of appeals were remanded, often multiple times. We view this as evidence of incomplete case reviews and poor decision quality. Many remands could be avoided if claims were fully developed or reviewed before adjudication. To address this, the VFW calls for improved training and oversight of both Veterans Law Judges and staff attorneys to ensure thorough record reviews before issuing decisions. We suggest enhancing collaboration between BVA, VBA, and accredited representatives so that veterans receive clear guidance on the evidence needed to prevail on appeal. We also encourage VA to

analyze remand data to identify recurring errors and implement targeted training programs to reduce unnecessary rework and delays.

Staffing and Retention Challenges

The VFW identifies high staff turnover, especially among attorneys and hearing coordinators, as a key factor in the delays and inconsistencies within the appeals process. Frequent personnel changes disrupt communication and force veterans and their advocates to repeatedly rebuild working relationships. To strengthen continuity and expertise, the VFW recommends increasing pay flexibility for BVA attorneys, supporting legislation such as the *Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act*, to raise the pay ceiling for experienced attorneys to General Schedule (GS)-15. We also urge VA to fill open senior management positions promptly, maintain a stable leadership structure, and invest in long-term workforce development to reduce burnout and turnover that contribute to backlogs.

Training and Quality Assurance

The VFW emphasizes that inadequate training across the VA system, especially among claims processors, raters, and Veterans Law Judges, continues to cause errors, delays, and remands. The VFW urges VA to adopt a continuous, data-driven training model that uses insights from BVA remands and United States Court of Appeals for Veterans Claims reversals to pinpoint systemic weaknesses. The VFW also recommends periodic quality audits of BVA and VBA decision making to ensure consistent application of law and proper evidence evaluation. To improve accuracy and fairness, the VFW calls for enhanced communication between judges and their legal staff, as well as expanded collaboration with VSOs to refine training standards and ensure veterans' representatives are kept informed of procedural changes. The VFW believes strengthening quality assurance programs will reduce remands, shorten appeals timelines, and restore confidence in VA decision making.

Improve the Accuracy of Disability Compensation Claims Related to MST

Military sexual trauma (MST) profoundly affects the lives of both service members and veterans. While PTSD is the most common condition associated with MST-related VA disability claims, other mental and physical health diagnoses can also be attributable to MST. Some survivors hesitate to report the incident to law enforcement or their chain of command, and some delay coming forward for years because they fear being disbelieved, having to relive the trauma repeatedly, or facing punishment for related misconduct. This delay, combined with the frequent absence of traditional evidence such as police reports or medical records, makes MST claims particularly complex and nuanced to adjudicate. Still, timely and accurate claims processing is essential to ensuring survivors receive the VA benefits they deserve.

In response to the VA Office of Inspector General (OIG) 2021 report *Veterans Benefits Administration Improvements Still Needed in Processing Military Sexual Trauma Claims*, VBA consolidated MST claims processing into a single, remote operations center to streamline operations, strengthen internal controls, and ensure accountability. An MST

operations center was established in 2022 and became fully operational in October 2023. However, according to the VA OIG 2025 report *Implementation of a Military Sexual Trauma Operations Center Resulted in Minimal Change Despite Planned Intent to Improve Claims-Processing Accuracy*, VBA faced significant challenges in recruiting and retaining knowledgeable MST claims processors. It also pointed to culture and stigma problems that led to some incorrect claim denials. Combined with an insufficient quality assurance process, these issues led to claims decisions consistently falling below the 96 percent accuracy benchmark, as confirmed by the OIG's review of 35 claims processed between October 1, 2023, and January 16, 2024. The findings indicate that ineffective processing of these complex and nuanced claims persists despite trying a new operating model. The VFW recommends ending centralized processing of MST claims and to train claims processors across the VA workforce to address these deficiencies more effectively. Accordingly, we call for continued congressional oversight to ultimately ensure timely and accurate adjudication of MST claims.

Additionally, the VFW urges Congress to pass the *Servicemembers and Veterans Empowerment and Support Act of 2025* to require VA to update the standard of proof for MST-related PTSD claims on par with that accepted for combat-related PTSD claims and other in-service traumas. It would also provide a modern definition of MST to include technological and online abuse, codify acceptable direct and indirect evidentiary support, and require a review of the quality of VA's MST claims processing training. These steps are necessary to ensure veterans' MST claims are handled respectfully and adjudicated accurately so that VA may provide necessary support services.

Economic Opportunity

Parity for Guard and Reserve

Parity for the National Guard and Reserve components remains a critical priority for the VFW. Guard and Reserve members serve alongside active duty service members under the same conditions and risks, yet VA policies still unfairly hinder them from accessing their earned education benefits. The VFW strongly urges Congress to pass the *Guard and Reserve GI Bill Parity Act of 2025*. This legislation would allow qualifying duty statuses including inactive duty training, annual training, and full-time National Guard duty to count toward Post-9/11 GI Bill eligibility. Importantly, this legislation would apply retroactively to service performed since September 11, 2001, ensuring long-overdue recognition for decades of sacrifice. Congress must act now to correct this inequity. Guard and Reserve members have supported missions during the COVID-19 pandemic, natural disasters, and border security operations. Whether serving during drill weekends, annual training, or Active Guard Reserve duty, every paid day in uniform reflects a commitment to our nation and should count toward GI Bill eligibility.

Access to Education and Training

Access to education and training is equally vital. Since the passage of the PACT Act, more veterans have qualified for VA's Veteran Readiness and Employment (VR&E) program. VR&E remains VA's primary employment initiative for veterans with service-connected disabilities and significant barriers to employment. According to the *Veterans Benefits Administration Annual Benefits Report Fiscal Year 2024*, VR&E served 192,586 veterans

receiving evaluation and counseling services and had 144,249 unique participants during the year. While participation continues to grow, persistent shortages of vocational rehabilitation counselors and administrative staff remain a concern. The VFW urges Congress to enforce the 1:125 counselor-to-veteran ratio and fund additional technicians and administrative support positions to reduce counselor workload. These steps would ensure counselors have more time to dedicate to their mission priorities, such as conducting the VR&E application approval process and offering vital counseling on veterans' academic trajectories and career success.

The VetSuccess on Campus (VSOC) program remains a vital resource for student veterans. VA currently supports 104 schools nationwide with 86 VSOC counselors, providing on-campus benefits assistance and counseling. The VFW supports legislative proposals that would strengthen VSOC by increasing staffing flexibility and removing unnecessary education requirements for counselors. The VFW strongly supports expanding this program so more student veterans can access timely and coordinated support.

Housing and subsistence allowances also require urgent attention. The VFW calls on Congress to expand VR&E subsistence allowances during gap periods between semesters. These veterans face significant barriers to employment and cannot reasonably be expected to work during academic breaks. Additionally, the Post-9/11 GI Bill housing allowance for students taking online courses remains one-half the national average Basic Allowance for Housing for an E-5 with dependents, which is insufficient for many non-traditional students who rely on flexible learning formats. Housing stability is a key factor in reducing veteran suicide, and Congress must act to raise this rate to at least the national average. Finally, the VFW urges VA and Congress to provide child care stipends for student veterans. Veterans with children often struggle to pursue education due to the cost and availability of child care. Providing targeted stipends would empower more veterans to use their earned benefits and improve their long-term employment prospects.

Reducing Red Tape

Institutions of higher education continue to face significant compliance challenges under VA education benefit programs. The VFW remains concerned that overly complex regulations disincentivize participation, particularly for smaller schools with limited staff. VA currently provides 90 days' notice for policy changes under 38 U.S.C. § 3699D, but schools report this timeline is insufficient. The VFW urges Congress to provide at least six months' notice for implementing new VA education rules to allow changes outside peak enrollment periods. Providing this flexibility would help ensure continued participation by educational institutions and reduce the perception that compliance is too cumbersome to justify processing VA education benefits.

Risk-based surveys remain an important oversight tool to prevent fraud, waste, and abuse. Previously, schools were given only one business day of notice before a survey, which was unrealistic for institutions with limited administrative capacity. The Dole Act remedied this challenge by requiring VA to provide two business days' notice, which is a change the VFW strongly supports. Full implementation of this provision across all VA regions is essential to ensure fairness and transparency.

The VFW continues to advocate for the repeal of Section 1018 of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (Public Law 116-315) that requires schools to provide personalized “shopping sheets” to students using VA education benefits. While well-intended, this mandate has proven burdensome and often inaccurate, particularly for students receiving Chapter 35 Survivors’ and Dependents’ Educational Assistance. In-state tuition status for these students cannot be confirmed until after relocation, making compliance difficult and creating unnecessary risk for schools. The VFW urges Congress to modify or eliminate this requirement.

The VFW also recommends that VA adopt a master calendar for education regulation changes, modeled after the Department of Education’s approach (20 U.S.C. § 1089), to provide predictable implementation dates. Additionally, VA should maintain a single, centralized website for current training and policy updates to ensure schools have a reliable resource for compliance information.

Veteran Homelessness

The *2024 Annual Homelessness Assessment Report (AHAR) to Congress* from the U.S. Department of Housing and Urban Development (HUD) reported that 32,882 veterans experienced homelessness on a single night in January 2024, which is an 8 percent decrease from 2023. Since 2010, veteran homelessness has declined by more than 55 percent, reflecting the success of resources such as Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH), Supportive Services for Veteran Families, and the Grant and Per Diem Program. Despite this progress, nearly 20,000 veterans remain unhoused, and more than 13,000 are unsheltered. The VFW applauds Congress for supporting these programs but emphasizes that the mission is not complete until every veteran has access to safe, stable housing.

The VFW thanks Congress for passing the *Housing Our Military Veterans Effectively (HOME) Act of 2023* as part of the Dole Act. This law increased per diem rates for transitional housing providers and expanded HUD-VASH voucher flexibility for essential needs such as food and transportation. VA has since implemented Title IV, Section 402 of the Dole Act, raising the maximum transitional housing per diem rate from 115 percent to 133 percent of the State Veterans Homes domiciliary care rate beginning on the date of enactment and continuing through September 30, 2027. The VFW urges Congress to ensure these authorities remain fully funded and available for as long as needed to sustain national progress toward ending veteran homelessness.

During the COVID-19 pandemic, VA implemented temporary mortgage forbearance and relief options for veterans with VA-backed home loans. To provide permanent protections, Congress enacted the *VA Home Loan Program Reform Act* (Public Law 119-31) in July 2025. This law established a partial claim program, allowing VA to cover up to 30 percent of missed mortgage payments and defer repayment until the loan is refinanced, sold, or paid off. It also mandates standardized loss mitigation procedures before foreclosure. These protections are critical for the estimated tens of thousands of VA loans that remain delinquent. The VFW urges Congress to ensure robust oversight and funding for this program to prevent unnecessary veteran homelessness.

Home Loan Access for Transitioning Service Members

Housing stability is an essential need when service members transition from the military to their new civilian lives. Expanding access to the VA Home Loan Guaranty program would make the process of quickly purchasing a home less daunting for transitioning service members and their families.

The VFW urges Congress to support transitioning service members by ensuring they can access the VA Home Loan Guaranty program before receiving a disability rating from VA. Many cannot afford to wait until after their VA disability claims are processed before acting on home purchasing opportunities. Some may choose to purchase a home when the right opportunity arises, rather than delaying months for a VA rating. For those who conduct a pre-discharge examination, the VFW calls for the ability to receive reimbursement for the VA home loan funding fee if they finalize a home purchase before receiving a disability rating. Disabled veterans are exempt from this fee, and transitioning service members should be as well once VA has completed their Benefits Delivery at Discharge (BDD) claims. Reimbursement of the funding fee would directly help these families, providing added support as they begin the next phase of their lives.

Employment Protections

As the National Guard and Reserve components are increasingly called to active duty to support a range of military and domestic needs such as responding to natural disasters, securing U.S. borders, and participating in overseas missions, the VFW is committed to ensuring that these service members do not face financial hardship or job insecurity upon their return. To protect their livelihoods, we urge Congress to pass legislation improving Public Law 103-353, the *Uniformed Services Employment and Reemployment Rights Act of 1994* (USERRA). This law was designed to shield National Guard and Reserve members from job loss and missed promotions, and to provide equity when mobilized for more than thirty consecutive days. However, loopholes and bad actors have at times undermined the law's effectiveness. The Dole Act included provisions to improve oversight and compliance mechanisms for USERRA. The VFW supports removing sovereign immunity loopholes for certain federal agencies to ensure all employers comply with USERRA.

The VFW also urges Congress to require regular updates to the Department of Labor's (DOL) *Veterans' Employment and Training Service (VETS) Investigations Manual: USERRA, VEOA, VP*, that governs enforcement of USERRA, the *Veterans' Employment Opportunity Act of 1998* (VEOA), and Veterans' preference (VP). The manual was last updated in 2024 and should be revised regularly with transparent reporting to Congress to ensure consistency in investigations and accountability.

Another critical concern for the VFW is the widespread use of forced arbitration clauses in employment contracts, which often require service members to waive their USERRA rights before any dispute arises. These clauses force military personnel into binding arbitration proceedings that are typically biased in favor of employers and prevent service members from seeking damages in civil court. The VFW calls on Congress to pass legislation making

arbitration optional for service members, ensuring that their rights are fully protected in the workplace.

Transition

Every service member will eventually take off the uniform. For some, that transition is smooth, but for many, particularly younger, junior enlisted members, it becomes one of the most challenging periods of their lives. The Transition Assistance Program (TAP) was designed to ensure that every service member enters civilian life with the preparation the individual needs. Yet more than a decade after Congress mandated meaningful transition support, TAP continues to fall short of its intent and too many new veterans rejoin civilian life at a disadvantage.

The VFW was pleased to see the *National Defense Authorization Act (NDAA) for Fiscal Year 2026* includes a requirement for DOD to report annual TAP participation metrics to Congress, including detailed installation-level reporting on timely attendance and completion rates, adherence to counseling requirements, and pre- and post-separation employment and education metrics. These reporting requirements are essential for congressional and public oversight, especially given Government Accountability Office (GAO) findings that nearly one in four transitioning service members never completed mandatory TAP, and that 70 percent began too late. Within the Special Operations Forces community, GAO found that only 39 percent attended TAP on time.

VFW leadership recently visited a major military installation on the West Coast and heard directly from garrison commanders that participation in TAP among separating service members averages only 30–35 percent. They also reported that units continue to deploy those who are nearing separation in order to meet mission requirements, returning them to home station with as little as one week remaining on their contracts. When transition preparation is treated as secondary to operational demands, service members and their families bear the consequences. This is precisely why sustained congressional oversight and greater reporting transparency are essential. While improved reporting is a critical step toward accountability, data alone will not close these gaps, which is why the VFW's own survey findings offer valuable insight into how TAP access and timing directly affect the ability to secure benefits and stability at separation.

BDD Program Access and TAP 6.0

VA's BDD program remains one of the most effective tools to ensure new veterans receive timely access to their earned benefits. When service members can file a disability claim before leaving active duty, they are far more likely to enter civilian life with home loan assurance, financial stability, and continuity of health care.

As one of the nation's largest accredited VSOs, the VFW maintains accredited representatives on 24 military installations and across the country who assist service members in preparing and filing their initial disability claims at no cost. Working within VA's BDD framework, our representatives ensure service members understand evidence requirements, navigate contract examinations, and avoid preventable delays that often occur when claims are filed after

separation.

That is why the VFW was disappointed that the FY 2026 NDAA failed to include a provision that would have codified access for accredited VSOs to participate in on-base TAP courses to provide BDD assistance. Since the introduction of VSOs as participants in on-base courses through TAP 6.0 in 2023, demand for accredited claims assistance, including BDD support, has increased substantially. In 2025 alone, VFW's pre-discharge representatives briefed more than 35,000 service members, and filed nearly 15,000 claims resulting in \$213 million in compensation delivered to deserving veterans.

Service members consistently tell us that early contact with accredited representatives improves their understanding of the claims process and increases satisfaction with their initial rating decisions. Through the VFW's ongoing survey in conjunction with the Columbia University Center for Veteran Transition and Integration, BDD claimants say they would overwhelmingly recommend our services to other transitioning service members.

Early findings from the VFW transition survey confirm that access, timing, and command support matter, and that the service members who need transition support the most are often the least likely to receive it on time. These findings also reinforce the essential role VA-accredited representatives play within VA's BDD program. Veterans who delay filing, attempt to navigate the claims process alone, or cannot begin claims preparation before discharge face increased risk of income instability, missed benefits, and confusion about their rights. Delays also leave some veterans vulnerable to unaccredited, predatory "Claim Sharks" who charge excessive fees for services veterans are entitled to receive for free.

The VFW strongly supports codifying VA's current practice of guaranteeing service members access to accredited representatives during the VA portion of TAP. Although this important provision was not included in the FY 2026 NDAA, the *TAP Promotion Act* offers a cost-neutral solution that would ensure consistent access to expert assistance regardless of installation, command culture, or operational tempo.

TAP Timing and Access

VFW survey data shows that only about 41 percent of Tier 3 service members (those assessed as least prepared for transition) completed TAP on time, compared with 72 percent of Tier 1 members. Junior enlisted service members were significantly more likely than senior ranks to attend TAP late or too close to separation to meaningfully access BDD. These delays directly limit a service member's ability to file a pre-discharge claim and secure timely benefits. Responses to statements such as "I felt supported by my unit leadership during my transition" reveal a clear rank-based divide. Senior service members were more likely to report strong command support, while junior enlisted respondents reported substantially lower levels of leadership engagement. Free-text responses repeatedly cited mission requirements, manning shortages, and informal pressure from units as barriers to attending TAP on time, even when no formal waiver was issued.

Impact of Tier Assignment and Other Concerns

Veterans who reported understanding their tier level assignment or engaging with transition or community organizations before separation consistently reported stronger post-service outcomes. These respondents were more likely to report stable housing, better understanding of VA benefits, and higher overall quality of life after discharge than those who lacked early guidance or connections.

SkillBridge participation was heavily skewed by rank. Senior non-commissioned officers and officers were more likely to participate than junior enlisted service members. Importantly, participation correlated with higher post-separation satisfaction and better quality-of-life outcomes, even when controlling for rank, suggesting that access rather than effectiveness is the primary barrier.

Among respondents who expressed concerns about leaving the military, the most common issues cited were employment, paying bills, and the loss of camaraderie, purpose, or a support network. These concerns align closely with delays in TAP participation, missed BDD opportunities, and inconsistent command support during the transition process.

Oversight and Structural Accountability

The BDD program and TAP work, but only when service members are allowed to access them on time. Congress must ensure that every service member, not only those with flexible schedules or highly supportive commands, can complete TAP early enough to file a BDD claim as the law intended. The VFW urges the House and Senate Committees on Armed Services to reengage fully in their oversight responsibilities. Since 2022, the Committees on Veterans' Affairs have held at least seven dedicated hearings on TAP and military transition, while the Committees on Armed Services have held only one. Transition is fundamentally a DOD responsibility, and congressional oversight must reflect that reality.

The evidence is clear that further reform is necessary. Too many service members, particularly those at highest risk, are still leaving the force without timely access to transition programs, benefits counseling, or command support. Transition outcomes should not depend on rank, installation, or unit culture. The VFW believes the military services must integrate transition support into military culture early and consistently, and commanders must be incentivized to prioritize transition planning alongside mission readiness. To achieve this, DOD must have a senior official with the authority and accountability to oversee and coordinate all transition programs, enforce TAP requirements, and address the cultural stigma that continues to undermine transition readiness.

The VFW was therefore disappointed that the FY 2026 NDAA failed to include a provision establishing a senior DOD official to be responsible for all aspects of military-to-civilian transition. VA and DOL cannot meet their statutory obligations when DOD inconsistently enforces the very transition requirements Congress has already enacted. The VFW urges Congress to establish a senior DOD official for transition assistance, preferably an Under Secretary of Defense for Transition, and to pair that authority with meaningful oversight. This reform is essential not only to improve veteran outcomes, but to strengthen the recruitment,

retention, and well-being of our all-volunteer force. Transition must be recognized as a core mission of DOD. Until Congress addresses these structural gaps, too many service members will continue to leave military service without the preparation, support, or opportunity they have earned.

However, the VFW commends Congress for including a provision in the NDAA directing DOD to pilot TAP-based counseling for military spouses. This initiative appropriately recognizes that transition is a family event, not an individual one. Military spouses shoulder many of the employment, financial, health care, and caregiving impacts of separation, yet they are too often excluded from formal transition planning. Expanding structured transition support to spouses would strengthen family stability and improve post-service outcomes. The VFW urges DOD to implement this pilot expeditiously and evaluate whether spouse access to TAP should become a permanent component of transition policy.

Community Connections

Successful transition from military service depends not only on what occurs inside the installation, but on whether service members are connected to trusted resources in communities where they choose to live after separation. Congress recognized the importance of this support when it required in 10 U.S.C. § 1142(c)(2)(C) that every separating service member meet with a counselor and receive information about resources, including those related to MST, located in the community in which the member will reside. This requirement applies universally, not only to those whom DOD identifies as high risk.

Despite this clear statutory mandate, community connections are not occurring consistently or effectively. GAO found that between April 2021 and March 2023, DOD facilitated warm handovers for roughly 41,000 service members, yet more than 4,300 service members who were considered at-risk of a challenging transition received no connections at all. GAO also noted that DOD has not assessed whether these handovers are effective or examined why eligible individuals are not receiving them. Taken together, these findings indicate that DOD's community-connection efforts remain uneven, insufficiently measured, and overly dependent on the discretion of individual installations and counselors.

These gaps matter. Research from RAND, DOL, and the Syracuse University D'Aniello Institute for Veterans and Military Families demonstrates that coordinated, community-based networks improve navigation, access to services, and long-term well-being for veterans and their families. New veterans who enter civilian life with structured ties to local organizations, whether focused on employment, education, health care, family support, or specialized needs, are more likely to achieve stability, purpose, and economic security. When these connections are inconsistent or left to chance, service members often struggle to identify trustworthy organizations in unfamiliar communities, and may miss support that could have prevented early hardship.

An existing tool is the National Resource Directory (NRD), which is a partnership among DOD, VA, and DOL, established in 2008 to maintain a vetted, nationwide catalog of community-based organizations. Today, eighteen years later, when searching the database for any U.S. ZIP Code, the database transitioning service members are encouraged to use displays less than 400 of the

estimated 40,000 organizations in the United States that provide services to military and veteran communities. This situation must be why Congress saw the need, through the FY 2026 NDAA, to direct VA to create and maintain a public website searchable by ZIP Code listing programs for recently separated veterans and their dependents.

The VFW is happy to see this change but urges Congress to reaffirm and strengthen DOD's obligation to connect service members with vetted community resources in the specific locations where they will live following separation. Clear expectations, transparent reporting, and meaningful oversight are necessary to ensure that the statutory requirement is being carried out as intended. Congress must ensure the NRD provides relevant information and is fully integrated into transition counseling so that every service member receives accurate and up-to-date information about local resources.

No single national organization can meet every need in every city or state, yet there are well-established networks specializing in higher education, technology, corporate pathways, skilled trades, health and wellness, and support for specific military communities. These organizations cannot fully support transitioning service members if DOD does not consistently connect individuals to them as required by law. TAP cannot do everything, but it must serve as the bridge to those who can.

Community connections are not optional. They are an essential step in the transition process for service members to enter civilian life with not just a discharge document, but with a community. The VFW urges Congress to ensure that every service member receives the local connections, navigation support, and community-based resources that will allow them to thrive as new veterans. The VFW further urges the Committees on Armed Services to step in and hold DOD accountable for the chronic TAP and community-connection shortfalls that continue to undermine transition.

Health Care

VA Direct Care

The Department of Veterans Affairs is the guarantor of the lifelong health care promise this nation makes to those who have served. As the steward of the Veterans Health Administration (VHA), VA manages the largest integrated health care system in the United States. It is an interconnected network of medical centers, clinics, community-based outpatient facilities, domiciliaries, and specialized treatment programs uniquely designed to meet veterans' needs. This integrated model allows VA to coordinate care across specialties, maintain a unified electronic health record, conduct veteran-focused research, and deliver services tailored to service-connected conditions, toxic exposures, combat injuries, and the complex health impacts of military service.

The VFW views VA direct care as the foundation of the veterans' health care system. Community providers play an important complementary role, but they cannot replicate VA's depth of military cultural competence, expertise in service-related conditions, or its statutory mission to serve veterans first. VA clinicians understand the long-term health consequences of exposures such as burn pits, Agent Orange, and other toxic substances, as well as the invisible

wounds of war. VA also serves as a national leader in prosthetics, spinal cord injury care, TBI treatment, blind rehabilitation, polytrauma care, and mental health services specifically tailored to veterans. This specialized expertise is not incidental; it is the result of decades of focused investment in veteran-centric care.

In our engagement with members nationwide, most veterans consistently tell the VFW that they prefer to receive their care directly from VA when it is accessible, timely, and convenient. Veterans value the coordinated, team-based approach, the ability to receive comprehensive services under one system, and the reassurance that their providers understand military service and its long-term impacts. Satisfaction surveys and anecdotal feedback reinforce what we hear daily, that when VA direct care is properly staffed, funded, and managed, it delivers high-quality outcomes and earns trust.

For these reasons, the VFW believes VA must remain the first-line provider and coordinator of veterans' health care. A strong direct care system is essential not only to meeting current demand but also to preserving specialized clinical expertise, training the next generation of providers in veteran-specific medicine, and sustaining VA's research and emergency preparedness missions. Community care should supplement, not supplant, the integrated VA system. Policies that weaken VA's internal capacity risk fragmenting care, eroding institutional knowledge, and undermining the very system designed to fulfill the nation's promise.

Community Care Reform

The VFW continues to believe that community care is VA care, and that the Community Care Network (CCN) is a necessary complement, not a replacement, for VA's direct care system. While many veterans rely on the CCN because of distance, appointment delays, or specialty gaps, VA's priority must remain ensuring veterans receive timely, coordinated, high-quality care regardless of whether the provider is inside or outside VA. Recent years have shown that community care demand continues to grow, now accounting for over 35 percent of all VA health expenditures, yet the system still lacks the consistency, coordination, and oversight required to meet the intent of the *VA MISSION Act of 2018*.

The VFW commends Congress for enacting the Dole Act, which modified VA's referral process to allow the veteran and the VA clinician to jointly decide if it is in the veteran's best medical interest to receive care from a community provider. This reduces administrative red tape so veterans can get the care they need faster, something for which the VFW was a strong advocate. The VFW also advocated for inclusion of enhanced mental health and substance use residential treatment program placement by establishing a standardized clinical-needs screening process. This legislation made important improvements to the coordination of the CCN, but foundational issues within the CCN persist.

VA OIG reports from 2023 and 2024 indicate that Veterans Integrated Service Networks (VISNs) interpret MISSION Act eligibility in 18 distinct ways, which is a concern highlighted by the Buffalo, New York, OIG's 2024 findings, and identified as a primary issue by the VFW. Veterans continue to experience inconsistencies in referral approvals, confusion about scheduling, and delays when VA staff manually manage referrals rather than use automated

scheduling. These challenges occurred during the 2024–2025 VA hiring freeze and workforce reductions, a period in which concerns were raised by veterans about care coordination staffing levels and reported backlogs in CCN authorization and scheduling.

VA continues to encounter challenges in care coordination, even though the same third-party administrators (Optum Serve and TriWest Healthcare Alliance) operate highly efficient networks for DOD. Veterans transitioning from military service anticipate seamless access to care, but they encounter a VA system that increasingly centralizes and controls scheduling rather than fully leveraging third-party administrator capabilities. The VFW asserts that this legacy approach impedes timely access to care.

The VFW strongly supports strengthening oversight, transparency, and coordination across all community care programs to ensure veterans receive clear information about eligibility, referrals, and scheduling, and that community providers are paid promptly so VA can maintain a robust and reliable network. For this reason, the VFW urges Congress to pass the *Veterans' ACCESS Act of 2025*, which would create desperately needed reforms to improve the efficiency and accountability of VA's community care program. This proposal is significant because it directly addresses long-standing system failures including inconsistent referral practices across VISNs, unclear communication of eligibility criteria, delayed appointment scheduling, and chronic provider payment delays that undermine veterans' trust in both VA and community providers. By standardizing processes, enhancing oversight, and improving coordination between VA facilities, third-party administrators, and community clinicians, this legislation would ensure veterans receive more consistent and timely access to care. The VFW believes these reforms are critical to delivering clear information, predictable access, and strong provider networks that veterans deserve.

Emergency care continues to represent the largest cost driver within VA's community care. The VFW has called on VA to enhance oversight of third-party administrators, improve after-hours triage protocols, and ensure consistent interpretation of emergency eligibility across VISNs. Addressing this persistent gap in the CCN system is critical to preventing further harm to veterans. To be blunt, gaps in direct care and community care coordination lead to excessive use of emergency room care.

The CCN continues to experience significant operational challenges, and the VFW cautions that expanding the system without addressing fundamental issues in scheduling, staffing, care coordination, and eligibility would further degrade veterans' experiences seeking timely, high-quality care. Improving community care is essential to maintaining confidence in the broader system. When effectively managed, the CCN saves lives, but when mismanaged it discourages veterans from accessing the care they have earned and deserve.

Operational weaknesses in the CCN extend beyond purchased care and indicate broader issues with outdated systems and fragmented benefit administration across VA-managed health programs. While CCN needs stronger oversight, staffing, and coordination, other VA-administered programs also require modernization to ensure timely and reliable access to care. Addressing deficiencies in only one program will perpetuate inconsistency and confusion for veterans and their families. Comprehensive reform should include improvements to all related benefit programs, including those serving dependents, survivors, and veterans overseas.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) remains outdated compared to other federal health programs. Between 2023 and 2025, Congress introduced multiple CHAMPVA expansion bills, including proposals to increase age eligibility and enhance coordination with Medicare Advantage, but none have been enacted. The VFW continues to recommend updating CHAMPVA reimbursement rates, permitting digital claims submissions, and expanding eligibility for surviving spouses and dependents up to age 26 to align with TRICARE Young Adult.

The Foreign Medical Program (FMP) remains essential for veterans residing overseas, yet its modernization has lagged behind other VA programs. FMP staff lack access to VA disability rating information or do not take veterans' ratings into consideration, often resulting in inaccurate reimbursement denials. The FMP's requirement that medications be Food and Drug Administration (FDA)-approved is often impractical in many foreign health systems, leaving veterans abroad with fewer options than those available in the United States. The VFW aims to modernize the FMP by expanding eligibility to all veterans abroad, removing outdated barriers, updating reimbursement systems, and establishing provider networks outside the United States. Many veterans living overseas continue to support American national security interests through DOD and the Department of State. They should not be subject to a lower standard of care. Two years ago, the VFW introduced this as a national security concern and we continue to request that the Committees host a hearing on the unique challenges facing overseas veterans, and pass legislation to offer equitable access to care.

To achieve these goals, the VFW strongly urges the passage of the *Foreign Medical Program Modernization Act of 2025*. This would enable VA to lift the restriction on providing reimbursement for only service-connected care. It would require electronic reimbursements for care to streamline claims processing, and direct VA to explore contracting with external providers abroad to build a broader care network through a contract vendor. Together, these reforms would boost care coordination, reduce treatment delays, prevent care gaps, and ensure that veterans everywhere receive timely access to earned services.

Electronic Health Record Modernization

The VFW commends VA for its accelerated plan to resume Electronic Health Record (EHR) modernization in April of this year. With deployments paused in April 2023 due to patient safety concerns and user challenges, the updated plan to deploy to 13 sites this year is welcome news and long overdue.

We look forward to VA's EHR system delivering meaningful improvements for veterans through enhanced interoperability and continuity of care, particularly for service members transitioning from active duty to VA health care. A streamlined workflow will enable clinicians to operate within a single system for medications, laboratory results, and clinical documentation. Real-time bed capacity management will also improve inpatient processing and patient flow, replacing outdated reliance on paper spreadsheets and phone coordination.

However, these deployments will require additional resources. Many VA medical facilities operate on antiquated IT infrastructure that must be replaced, upgraded, and sustained to support

modernization. We call on Congress to fully fund VA to ensure successful implementation and to avoid a return to the limitations of the VistA legacy system that was built on layers of patches and outdated technology.

Staffing and Retention

Federal hiring freezes, funding instability, and workforce reductions continue to strain VA and VHA. After adding more than 60,000 employees in FY 2023, VA entered FY 2025 under a full-year continuing resolution that maintained funding at essentially FY 2024 levels that are well below what was required to meet actual demand for care and benefits. This funding shortfall compounded staffing pressures, as incentivized and sometimes coerced attrition reduced the workforce by as many as 30,000 full-time employees by the end of FY 2025. Although VA projects approximately 448,000 full-time equivalent positions, hiring has been largely limited to mission-critical roles, even as patient demand rises.

Budgetary unpredictability has worsened the situation. Congress failed to enact timely appropriations for both FY 2025 and FY 2026, and the longest federal government shutdown in history further disrupted operations. While a full-year advance appropriation ultimately funded VA for FY 2026, it was based on the inadequate FY 2025 baseline and remains insufficient to meet full demand. At the same time, VA announced a major VHA reorganization, creating additional uncertainty for staff retention and recruitment.

Looking ahead to FY 2027, demand will continue increasing due to PACT Act eligibility expansions, an aging veteran population, and potential loss of Medicaid or Affordable Care Act coverage that may push more veterans toward VA care. More than 740,000 new veterans have already enrolled under the PACT Act. Yet VA lacks the infrastructure, staffing, and technology capacity to absorb this growth, as reflected in unacceptable wait times and expanded reliance on community care.

In this environment, workforce reductions and hiring constraints threaten access to care. VHA must prioritize targeted hiring in high-demand areas such as mental health, toxic exposure treatment, specialty care, and direct clinical services. Support staff, often labeled non-mission-critical, are also essential to maintaining quality and patient experience, particularly in already strained services like oral health and maternal health. With rising enrollment and increased demand across the system, now is not the time to underfund or understaff VA. Adequate FY 2027 appropriations are essential to stabilize the workforce, protect access, and ensure veterans receive the timely, high-quality care they have earned.

Enhance Programs and Services for Women and Underserved Veterans

As the veteran population is rapidly diversifying, VA must be equipped to meet the needs of a 21st-century force. As more veterans identify across broader racial, ethnic, gender, and sexual-orientation spectrums, culturally responsive, evidence-based, and trauma-informed care becomes essential to deliver equitable outcomes. The VFW urges VA to strengthen and expand provider training, modernize data collection systems, and standardize demographic reporting. These key

steps will help VA better understand and proactively address the unique health challenges faced by underserved veterans.

Women are the fastest-growing group among veterans. Their health care needs include pregnancy, postpartum, gynecologic, perimenopause, and menopause. Research from the VA Women's Health Research Network found significant gaps in menopausal care. There is no standardized guidance specifically tailored for women veterans. Limited research on menopause within VA also constrains clinician training and specialty protocol development. To address these deficiencies, the following actions are recommended: expand menopause and women's health research within VA; develop specific clinical guidance for menopausal care for women veterans; and increase access to infertility, maternity, lactation, and menopause services as required by the *Deborah Sampson Act* and ongoing modernization initiatives.

Comprehensive demographic data is essential for identifying and addressing health disparities. However, these data fields are often incomplete, inconsistently entered, or missing in older systems. Reviews by the GAO in 2023 and 2024 show that VA lacks standard procedures for recording sexual orientation, gender identity, race, and ethnicity data in all clinical settings. VA must fully integrate these data into EHRs and outcome reporting systems. This will make early detection of disparities possible and ensure accountability in closing care gaps. Documented examples exist, such as earlier cancer risk among African American veterans and higher reproductive cancer risks among women veterans exposed to toxins or airborne hazards.

Consistent collection of data on race, ethnicity, sexual orientation, and gender identity will enhance preventive care and inform screening practices. Key recommendations include revising gastrointestinal screening guidelines to permit earlier screening for high-risk groups, such as African American veterans versus adhering to the standard age of 45, and implementing enhanced, gender-specific screening protocols and counseling for women veterans exposed to toxins in response to evidence indicating a higher prevalence of reproductive cancers in this population.

Maternal health equity should remain a central focus. African American women in the United States are three times more likely to die from pregnancy-related causes than White women, and preliminary VA analyses indicate that these national disparities are also present among veterans. Key recommendations for VA providers include training to recognize obstetric emergencies, conducting comprehensive postpartum follow-up, assessing the interactions between oral health and pregnancy, and implementing risk-reduction strategies. These measures are essential to ensure that women veterans receive evidence-based, culturally informed care throughout their reproductive lives.

VA must address the needs of a diverse and changing veteran population. It should fully implement comprehensive demographic data collection, expand gender-specific and culturally responsive training, and provide enhanced outreach to LGBTQ+ veterans harmed by discharge. In this regard, Congress should require DOD to proactively identify veterans who were separated due to homosexuality, mandate automatic and timely discharge upgrades for these individuals, and ensure immediate access to VA benefits once their records are corrected.

Also, clinical screening guidelines for high-risk minority groups should be updated. The VFW urges Congress and VA to prioritize these reforms as these changes would ensure equitable access, improved health outcomes, and sustained trust in veteran health care for all who have served.

Strengthen Care and Research for Mental Health and Brain Health

The VFW supports grant programs that expand veteran-focused mental health support through community entities, especially in rural or underserved areas where VA access is limited. With mental health needs rising, these community programs are essential extensions of the overall system of care. The VFW also urges VA to improve policies and processes for Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to ensure that veterans in crisis receive timely, high-quality, and consistent residential care. This care should address clinical needs and, whenever possible, respect individual preferences. We believe that the new 72-hour screening and admissions decision requirement included in the Dole Act can save lives, reduce drop-off rates among veterans seeking help, and rebuild trust in VA responsiveness during acute need. To foster help-seeking behaviors, Congress and VA must ensure adequate staffing, funding, and management of MH RRTPs, so that unnecessary delays do not discourage veterans from pursuing care.

In addition, VA should address barriers that prevent veterans from accessing the range of community-based residential treatment programs, many of which are designed specifically for veterans. The current CCN structure that is split between Optum Serve and TriWest Healthcare Alliance and managed through regional contracts can be limiting for veterans seeking mental health and substance use disorder treatment. The MISSION Act requires VA to coordinate care across regional networks for veterans who need to receive treatment outside their home network. Veterans continue to tell us that VA is not following this part of the law and creates restrictions on where they can receive their care. For example, one VFW member had to discontinue care after discovering the most suitable program was outside of her region, as were other gender-specific and trauma-informed options.

While the current network system may work for routine medical needs, it falls short for veterans needing residential mental health or substance use disorder services. These specialized fields have fewer providers and greater variability in treatment approaches. Restricting access by network boundaries reduces VA's ability to coordinate timely, personalized care. The VFW urges Congress and VA to consider statutory and regulatory changes that would allow veterans to access the most appropriate programs, regardless of network region, so clinical need and not contract geography guides life-saving care.

Without meaningful reform, veterans facing urgent mental health and substance use crises will continue to encounter avoidable barriers to the specialized care they need. Additionally, the VFW calls on Congress to direct DOD to expand research on the long-term health effects of blast overpressure exposure, including links to brain injuries and chronic disease, to protect current and former service members. We also call on DOD to ensure thorough documentation and monitoring of blast exposures throughout service members' careers, formally recognizing the associated risks and ensuring that affected service members receive ongoing evaluation and care.

Accordingly, the VFW strongly supports the *Precision Brain Health Research Act of 2025* to improve coordination and accelerate research so service members receive the best prevention, treatment, and long-term support for brain health injuries.

Alternative Therapies

The VFW acknowledges the growing demand for alternative and emerging treatments for PTSD, and we maintain long-standing organizational resolutions supporting expanded, scientifically rigorous research in this area. While veterans currently receive medications approved by the FDA—primarily selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs)—alongside evidence-based psychotherapies such as cognitive processing therapy, prolonged exposure therapy, and eye movement desensitization and reprocessing, these treatments are not universally effective. Many veterans continue to experience debilitating symptoms, and some are unable to tolerate or respond meaningfully to existing options. This reality underscores the importance of exploring additional, innovative treatment modalities grounded in robust clinical evidence.

PTSD affects veterans at significantly higher rates than the general population and contributes to cascading challenges, including elevated risks of homelessness, substance misuse, family strain, and difficulties reintegrating into civilian life. VA estimates that approximately 7 percent of veterans will experience PTSD in their lifetime, with the condition occurring at disproportionately higher rates among women veterans (13 percent) compared to men (6 percent). According to the Substance Abuse and Mental Health Services Administration’s 2020 National Survey on Drug Use and Health, younger veterans aged 18–25 use marijuana and hallucinogens at significantly higher rates than older veterans, reflecting both changing attitudes toward alternative therapies and persistent gaps in treatment effectiveness for younger service members. As a result, some veterans are actively seeking alternative treatment modalities outside traditional VA frameworks. These emerging approaches include:

Stellate Ganglion Block (SGB): A targeted nerve injection that has demonstrated short-term symptom reduction, though long-term benefits require further research.

Hyperbaric Oxygen Therapy (HBOT): A treatment involving inhalation of 100 percent oxygen under pressure, which early studies suggest may promote neuroplasticity and improve cognitive and emotional symptoms.

Ketamine and Esketamine Treatments: Rapid-acting pharmacologic interventions shown to reduce suicidal ideation, depressive symptoms, and emotional numbing, especially for veterans with treatment-resistant conditions.

MDMA-Assisted Therapy (MDMA-AT): A modality currently under FDA review that has demonstrated substantial symptom reduction in controlled trials, including increased emotional regulation, reduced fear responses, and enhanced processing of traumatic memories.

Research in these areas is accelerating. The FDA is actively evaluating MDMA-AT for potential approval, the National Institutes of Health has increased funding for psychedelic-assisted therapy

studies, and multiple VA facilities are participating in or preparing for federally sponsored clinical trials. However, VA still lacks sufficient resources, statutory authority, and infrastructure to study these options at scale.

The VFW believes that if alternative therapies show promise—and early evidence suggests many do—then VA must receive the funding, research authority, and operational capacity necessary to fully evaluate their safety, efficacy, and long-term outcomes. Expanding the range of evidence-based PTSD treatments available to veterans has the potential to reduce suffering, enhance quality of life, and ultimately save lives by reducing suicide risk. Veterans deserve access to every effective tool possible, and the nation must invest in the research required to bring those tools into reach.

With nearly 2.5 million veterans seeking mental health care through VA, it is uniquely positioned to lead the nation in developing next-generation PTSD treatments. The VFW urges Congress to pass the *Innovative Therapies Centers of Excellence Act of 2025*, which would establish five specialized VA medical centers dedicated to evaluating and advancing cutting-edge therapies, including stellate ganglion block, hyperbaric oxygen therapy, ketamine infusion, MDMA-assisted therapy, medical cannabis, and other emerging treatments. Creating these centers of excellence would allow VA to standardize research, accelerate clinical innovation, and expand treatment options for veterans who have not found relief through traditional therapies.

More than 40 percent of veterans receiving VA care live with a service-connected mental health condition, and many rely on long-term psychiatric medications such as SSRIs and SNRIs. Veterans routinely tell the VFW they are concerned about potential over-prescribing, limited effectiveness, and the side effects associated with these drugs. To safeguard veterans' health and support fully informed decision-making, the VFW strongly urges passage of the *Written Informed Consent Act*, which would expand VA's written consent requirements to five additional psychiatric medication categories. This legislation is essential to ensuring veterans receive clear, written information on the risks, benefits, and alternatives before beginning long-term treatment, strengthening patient safety, clinician transparency, and trust in the VA mental health care system.

VA Infrastructure

In the past ten to twelve years, VA infrastructure funding has had only marginal increases. In 2014, VA requested \$1.1 billion. In 2025, for FY 2026, VA requested approximately \$2 billion for its discretionary construction budget. Also, VA requested an additional \$900 million Recurring Expenses Transformational Fund contribution for infrastructure projects, bringing the total request for FY 2026 construction funding to approximately \$3 billion. Conversely, the infrastructure backlog known as the Strategic Capital Investment Planning (SCIP) project list has quadrupled in approximately the same timeframe increasing by more than 400 percent. In FY 2016, the SCIP was approximately \$40 billion worth of work. Currently, it is estimated to be more than \$170 billion. Unless there is a drastic increase in resources provided for VA infrastructure, this funding backlog will continue to grow, particularly as infrastructure costs continue to increase. To overcome VA's infrastructure challenges, Congress must not only

provide significantly increased funding to fully address these long-standing issues but must also enact comprehensive planning, budgeting, management, and oversight reforms to ensure more effective use of those funds. The VFW suggests that the level of funding for VA's construction budgets should total, at a minimum, 3 percent of its overall operating budget just to keep up with the growing backlogged SCIP list.

Our All-Volunteer Force

Preserving the all-volunteer force is a national security imperative. In a period of global instability and growing strategic competition, the United States cannot afford a force weakened by preventable recruiting and retention challenges. While much attention is paid to recruiting shortfalls, the more immediate warning signs are coming from within the ranks—families who are struggling, service members who feel overstretched, and veterans who are increasingly reluctant to recommend military service.

Recent data reinforces this concern. DOD's 2024 Youth Poll found that interest in service remains low, with young Americans weighing military life against civilian opportunities that offer stable pay, family time, and predictable support. Blue Star Families' latest Military Family Lifestyle Survey showed that although most families value their service, only 37 percent would recommend military life to a young family member, which is down sharply from 2016. Families cited unstable housing, child care shortages, and spouse unemployment as major deterrents.

These issues are not abstract. The GAO recently reported that service members and families face growing financial strain in competitive housing markets, often taking on debt or extreme commutes to secure basic housing, while DOD still lacks complete data to guide policy. These quality-of-life problems directly undermine readiness, retention, and the long-term sustainability of the force.

Transition experiences also shape the future of the all-volunteer force. As noted above, when service members struggle with their transition after separation, they are less likely to recommend military service to the next generation. Inadequate transition support is not only a veterans issue, but also a recruiting problem. New veterans are often the most credible ambassadors for service in their hometowns, campuses, and workplaces, and if their first year out of uniform is marked by avoidable hardship, the damage to the military's reputation spreads quickly.

The VFW urges Congress and DOD to treat these trends as a readiness imperative. Strengthening the all-volunteer force requires sustained investment in pay, housing, spouse employment, child care, health care access, and transition support, along with consistent congressional oversight of DOD's personnel policies. Our nation asks for extraordinary sacrifice from its service members, and it must meet that sacrifice with a quality of life that makes continued service, and recommending service to others, both possible and appealing.

Military Readiness

Military readiness and the long-term health of the all-volunteer force depend on the well-being of the service members and families who make the mission possible. Persistent shortfalls in

compensation, housing, food security, health care access, spouse employment, and child care continue to strain the force and undermine readiness.

The VFW is pleased that the FY 2026 NDAA included a 3.8 percent pay raise for all service members, along with several targeted quality-of-life improvements. These steps reflect an understanding that competitive pay and family stability are essential to recruitment, retention, and mission effectiveness. Blue Star Families' 2025 research determined that 51 percent of enlisted service members report difficulties making ends meet or are "just getting by" financially. This is why compensation increases must be paired with sustained attention to the structural challenges that continue to place disproportionate pressure on junior enlisted families.

Food insecurity remains one of the most urgent concerns. According to the U.S. Department of Agriculture's Economic Research Service, nearly 25 percent of active duty service members experienced food insecurity in recent years, which is more than double the rate among comparable civilian adults. Blue Star Families found that 30 percent of military families struggled to afford balanced meals, 22 percent of respondents ate less than they felt they should because there was not enough food, and 28 percent were categorized as having low or very low food security.

Federal nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) exist to support eligible families, including those serving in uniform. Yet many service members report reluctance to utilize these programs due to stigma or concerns about perceptions within their units. No service member should feel that accessing a lawful benefit for which their family qualifies reflects poorly on their dedication or readiness. Reducing stigma and reinforcing command support for eligible families who use these programs is an important part of strengthening force readiness.

Over the past eight years, through its partnership with Humana, the VFW has helped provide more than 6.4 million meals through the Uniting for Veterans campaign. While this effort reflects strong private-sector support, charity is not a substitute for policy. The VFW welcomes recent reforms to how basic food allowances are calculated and protected from year-to-year reductions, which represent meaningful progress toward ensuring enlisted service members can reliably meet basic nutritional needs.

Housing conditions also remain a readiness concern. GAO reporting has documented widespread deficiencies across both barracks and family housing, including mold, sewage problems, unreliable temperature control, long-standing maintenance delays, and inadequate oversight. These conditions fall most heavily on junior enlisted service members and directly affect physical health, mental well-being, unit cohesion, and retention. Increased transparency around how housing allowances are calculated is a positive step, but it must be paired with continued congressional oversight to ensure housing costs and conditions reflect reality, and meet minimum health and safety standards.

Family stability challenges further affect readiness. Chronic child care shortages, high rates of spouse unemployment and underemployment, and uneven access to TRICARE providers, particularly specialty care, continue to drive stress and attrition. These challenges are further

amplified when military families are moved to duty stations overseas. The VFW appreciates recent improvements to parental leave policies that recognize supporting families during critical life events strengthens retention and long-term force health, but more needs to be done. Recent government shutdowns have further highlighted these vulnerabilities. When the government goes unfunded, service members and their families are among the first to feel the consequences. Congress must meet its obligation to fund the government on time and prevent political impasses from directly undermining military quality of life and readiness.

The VFW urges Congress and DOD to continue treating these issues as core readiness priorities. Sustaining the all-volunteer force requires competitive compensation, reliable nutrition, safe and affordable housing, accessible health care, family support, and predictable funding. Readiness is ultimately measured not only in platforms or budgets, but in people who are healthy, supported, and confident that their nation is equally committed to them.

Military Sexual Trauma

The VFW remains deeply concerned about the continued prevalence of sexual assault and harassment across the armed forces. According to the *Department of Defense Annual Report on Sexual Assault in the Military Fiscal Year 2024*, DOD received 8,195 reports of sexual assault, which is a modest decline from the previous year. However, because it did not conduct a force-wide prevalence survey in FY 2024, this change cannot yet be interpreted as meaningful progress. Underreporting remains a serious concern, and without updated prevalence data DOD cannot determine whether barriers to reporting have improved or worsened.

Of the FY 2024 reports, approximately 63 percent were filed as unrestricted, and 37 percent remained restricted, underscoring the importance of preserving confidential reporting options while continuing to build trust in the formal reporting system. In cases where The Office of Special Trial Counsel and commanders had jurisdiction to act, roughly two-thirds of cases reviewed had sufficient evidence to support disciplinary action. These outcomes reinforce the importance of the Special Trial Counsel system, which removes prosecutorial responsibility from unit commanders and is essential to a more independent, consistent, and survivor-centered approach to accountability across the services.

The VFW is encouraged that recent reforms continue to strengthen this framework. Provisions enacted in the most recent NDAA require enhanced reporting on sexual assault prevention and response training within the National Guard, ensuring commanders have access to timely legal advice, and directing DOD to examine whether existing Uniform Code of Military Justice offenses fully capture emerging forms of sexual harm. This includes analysis of how abusive sexual contact is defined, how the wrongful distribution of intimate images applies to digital forgeries and “deepfake” technology, and whether additional punitive articles are needed to address offenses related to child exploitation. These reviews are necessary to ensure military law keeps pace with evolving threats and better protects service members from exploitation and abuse.

The NDAA also strengthens prevention and transparency by updating sexual assault prevention and response training guidance, and requiring policies to notify installation communities when

registered sex offenders reside or work on military bases. These steps reflect an understanding that prevention, accountability, and trust must extend beyond individual cases to the broader installation environment.

The VFW continues to be alarmed by sexual abuse and misconduct within the Junior Reserve Officers' Training Corps (JROTC) programs. GAO's most recent review identified at least 114 instructors with substantiated sexual abuse allegations, and documented systemic failures in background checks, oversight, and transparency. JROTC introduces young Americans to military culture and serves as a recruiting pipeline. When those pathways are compromised by abuse, the damage extends well beyond the immediate victims by eroding trust in the institution and undermining recruiting, retention, and readiness.

Sexual assault and harassment remain among the leading reasons young Americans cite for choosing not to pursue military service. Survivors already in uniform continue to report fear of retaliation, uneven access to support services, and inconsistent case handling across installations. Each unreported or unresolved assault weakens morale, fractures unit cohesion, and drives capable service members out of the force. These harms are not isolated; they are readiness and national security risks.

The VFW urges Congress to maintain rigorous oversight of the services' sexual assault prevention and response efforts, ensure the Special Trial Counsel system achieves its intended independence and consistency, and require transparent reporting on outcomes, training effectiveness, and survivor support. Equal attention must be given to how survivors are transitioned into VA care, where MST-related claims and mental health needs remain significant.

A truly ready force is one in which all service members, from cadet to senior leader, can serve without fear of harassment or assault, can trust the system to protect them, and can see military culture reflect the values the nation expects it to uphold. The VFW stands ready to work with Congress, DOD, and VA to ensure that standards are met.

Military Suicide

Military suicide remains one of the most urgent and painful challenges facing the armed forces and veteran community. Although DOD has not released new suicide surveillance data since its *Calendar Year 2023 Annual Report on Suicide in the Military*, the broader trend remains unmistakable—suicide continues to claim more service members each year than combat, training, or operational missions. Despite sustained attention and repeated policy initiatives, progress remains uneven and transparency is insufficient.

In 2023, DOD's Suicide Prevention and Response Independent Review Committee (SPRIRC) released a comprehensive report containing 127 recommendations organized across four pillars: healthy and empowered individuals, families, and communities; clinical and community preventive services; treatment and support services; and surveillance, research, and evaluation. The fourth pillar is particularly critical, as effective suicide prevention depends on strategies grounded in reliable, timely, and accessible data.

Yet, unlike GAO recommendations, which can be tracked and publicly assessed over time, there is no open-source mechanism to determine which SPRIRC recommendations DOD has implemented, which are underway, and which remain unaddressed. More than a year after the report's release, Congress, the public, and families who have lost loved ones still lack the transparency necessary to evaluate progress or hold DOD accountable.

This lack of visibility is especially troubling given the risk factors SPRIRC identified as strongly associated with suicide, including housing instability, food insecurity, financial stress, limited access to child care, spouse underemployment, stigma surrounding mental health care, inconsistent access to behavioral health professionals, and barriers to lethal means safety. These pressures compound over time, erode resilience, and directly affect readiness.

The VFW welcomes recent congressional direction requiring DOD to study the psychological and mental health effects of unmanned aircraft systems in combat operations. As the character of warfare evolves, so too must our understanding of its human cost. The moral and psychological burdens associated with remote warfare, persistent exposure to lethal decision-making, and cumulative operational stress must be better understood and addressed as part of a comprehensive suicide prevention strategy.

The Congressional Research Service continues to note elevated suicide risk among younger enlisted men, particularly in the Army and Marine Corps, as well as unique vulnerabilities within the National Guard and Reserve, including geographic isolation, inconsistent access to care, and limited connection to installation-based support. These realities reinforce that suicide prevention cannot be treated as a clinic-only issue; it is a leadership, community, and quality-of-life issue.

The VFW urges Congress to require greater transparency from DOD regarding implementation of SPRIRC recommendations, including public progress reporting comparable to GAO's established tracking practices. We also urge investment in evidence-based prevention strategies such as VA's Veteran Sponsorship Initiative, improved access to mental health care across the force, parity for National Guard and Reserve members, and stronger coordination between DOD and VA.

Suicide prevention is not only a public health responsibility, it is a readiness imperative. A force that cannot protect its people cannot sustain itself. The strength of the all-volunteer force, and the lives of those who serve, depend on sustained accountability, transparency, and action.

Military Compensation

Financial stress is a recognized contributing factor to suicide risk, which makes military compensation a matter of force health, not just pay policy. Fair, predictable, and competitive compensation directly affects service members' well-being, family stability, readiness, and retention.

The VFW supports the 3.8 percent pay raise authorized in the FY 2026 NDAA. While necessary, this increase largely tracks inflation and should be viewed as a baseline, not a solution. It does not fully address the compensation gap facing many service members, particularly junior enlisted

families, as military pay and benefits increasingly lag comparable civilian opportunities.

The Fourteenth Quadrennial Review of Military Compensation recommends aligning military compensation closer to the 75th percentile of comparable civilian wages, recognizing the unique demands, risks, and constraints of military service. Compensation must be understood holistically, including base pay, allowances, health care access, family support, and retirement benefits, all of which contribute to financial security and force sustainability. Persistent quality-of-life challenges, including food insecurity, inadequate housing conditions, rising out-of-pocket costs, and limited child care availability, continue to place disproportionate strain on enlisted families. These pressures undermine morale, retention, and long-term readiness, and cannot be solved by annual pay raises alone.

The VFW urges Congress to sustain competitive pay growth, implement the recommendations of the Quadrennial Review of Military Compensation, and ensure compensation policies reflect the real cost of living faced by military families. America cannot maintain a ready, resilient all-volunteer force if service members are forced to choose between serving their country and supporting their families. Competitive compensation is both a moral obligation and a national security requirement.

Concurrent Receipt

For more than twenty years, Congress has enforced an indefensible policy that forces disabled veterans to give up part of their earned military retirement pay solely because they receive VA disability compensation. These are separate benefits earned for separate reasons, yet the law treats them as mutually exclusive. After decades of reports, promises, and half-measures, the injustice remains fully intact.

No issue in the veterans' space commands more bipartisan support. As of this writing, the *Major Richard Star Act* has the backing of 392 of 535 members of Congress, which is an extraordinary level of consensus rarely achieved on any policy matter. Nearly three-quarters of Congress have publicly endorsed the bill. VSOs, military families, and the American people overwhelmingly support it. And yet, despite this consensus, Congress still refuses to act.

The explanation most often given is cost, specifically, the requirement to identify a budgetary offset as though correcting an injustice for disabled retirees must come at the expense of another defense or veterans priority. That framing is misplaced. Ending the concurrent receipt offset does not require DOD to trade readiness, delay procurement, or sacrifice national security investments. Congress already created the appropriate financing mechanism for military retirement obligations, namely the Military Retirement Fund (MRF).

Established in 1983, the MRF finances military retired pay on an accrual basis and already supports certain forms of concurrent receipt. The fund exists precisely so that earned retirement benefits are not subject to annual appropriations tradeoffs. The MRF's most recent valuation in 2025 shows more than \$1.7 trillion in assets and long-term actuarial stability. The Congressional Budget Office has estimated that the *Major Richard Star Act* would increase federal outlays

by \$9.75 billion over ten years, but that figure reflects budget scoring conventions, not the underlying solvency or capacity of the MRF.

The barrier to progress is therefore not affordability; it is process. It is the application of budget rules that treat disabled retirees differently from other military retirees who already receive concurrent benefits financed through the same fund. Congress has already recognized that concurrent receipt is compatible with responsible retirement funding. The question is not whether the MRF can support this policy since it already does. The question is whether Congress will apply that same logic consistently to combat-disabled veterans whose careers were cut short by injury.

The VFW believes it is time for Congress, particularly the House and Senate Committees on Armed Services, to fully examine this issue. We urge these committees to hold hearings on concurrent receipt, its history, its equity implications, and the appropriate use of the MRF to finance earned retirement benefits.

The VFW's end state is clear: full, concurrent receipt of benefits for all who earned them. The *Major Richard Star Act* is the necessary next step, restoring fairness for medically retired and combat-injured veterans who did everything their nation asked of them. These men and women did not "double dip." They double sacrificed. They earned their retirement through service, and their disability compensation through injury.

Disabled veterans should not be asked to subsidize the federal budget with their retirement pay. They should not be told to wait another year, another Congress, or another scoring window. After twenty years of delay, the time has come to stop debating whether justice is affordable, and start delivering it. The VFW calls on Congress to pass the *Major Richard Star Act* without further delay and commit to eliminating every remaining prohibition on concurrent receipt. Delay does not make this injustice lesser, it makes it deeper.

National Security, Foreign Affairs, and POW/MIA

DPAA Accounting Mission

For generations, our nation has upheld a sacred promise to never leave a fallen comrade behind. The VFW remains steadfastly committed to the fullest possible accounting of all U.S. service members still listed as Missing in Action. The Defense POW/MIA Accounting Agency (DPAA) carries out this solemn mission, and its work remains essential to maintaining the integrity of our nation's word to those who served.

The VFW has played a foundational role in enabling the modern accounting mission. We were the first U.S. organization to advocate for the normalization of relations with Vietnam, countering misinformation, building trust, and opening access to archives, former battlefields, and local partnerships that now make DPAA's field operations possible. For more than three decades, the VFW has sustained annual engagement in Southeast Asia and periodic engagement in Russia and China to advance DPAA's mission and promote reconciliation. As combat

veterans, we understand both the cost of war and the humanity of those who once fought on opposing sides.

Today, fewer than 81,000 American personnel remain unaccounted for from World War II through Operation Iraqi Freedom, most in the Indo-Pacific region and many presumed lost at sea. This number is not just a statistic; it represents the families that are still waiting for answers, some for generations. While the accounting mission is complex and resource-intensive, abandoning it is unthinkable. No American family should be denied the dignity of having a loved one brought home.

This mission requires sustained, predictable resources including a reliable budget. The reduction of DPAA's budget between 2025 and 2026 has caused the agency to reduce its field operations by 38 percent, and caused the loss of 26 civilian billets. Budget uncertainty, government shutdowns, and personnel shortfalls repeatedly disrupt DPAA's operations and delay long-overdue closure for families. Consistent with the VFW's national resolution calling for full and stable funding for DPAA, we urge Congress to ensure reliable mission funding, adequate staffing, strong support for partner agencies such as the Armed Forces DNA Identification Laboratory, continued stability for the Service Casualty Offices, and the protection of international partnerships that provide essential access to archival and recovery sites.

We will continue to support the DPAA's mission because we see it as a national obligation, and because as veterans we know the price of sacrifice and the weight borne by the families of the missing. We will not rest until every hero who can be found is finally brought home, whether through the work of DPAA or through independent efforts to repatriate the first Americans missing in action who were lost in 1804 during the Barbary Wars and remain interred in Tripoli. The fullest possible accounting of America's missing service members remains one of the VFW's highest priorities.

Foreign Nationals and U.S Allies

America's armed forces have long relied on foreign-born service members who swore the same oath as their U.S.-born counterparts. Many later become permanent residents or citizens, yet too many fall through gaps in the naturalization process. As a result, veterans who once wore our nation's uniform can face deportation for low-level or non-violent offenses simply because their naturalization was never completed. This challenge has become even more pressing as Afghan refugees, including many who supported U.S. missions, now face an increase in deportation proceedings and the potential reversal of previously granted asylum.

The VFW believes that honorable service must be considered when veterans encounter legal or immigration challenges. We urge Congress to ensure that eligible veterans have access to Veterans Treatment Courts and that DOD provides comprehensive naturalization support to immigrant service members before they separate from the military. The consequences of inaction remain significant. Nearly four years after the 2021 evacuation from Afghanistan, approximately 80,000 Afghan partners in the United States remain in legal limbo. These individuals served alongside American forces during some of the most dangerous operations of the past two decades, and their families continue to face substantial risk. Supporting our allies must be a consistent and principled commitment. Just as the United States stands with Ukraine, Israel,

and Taiwan against existential threats, we must show the same resolve toward our wartime partners who now reside within our own communities.

For these reasons, the VFW strongly supports passage of the *Afghan Adjustment Act* to provide a clear and permanent pathway to lawful permanent residency for our Afghan partners. We urge Congress to enact this legislation and to strengthen protections for foreign-born veterans who have defended this nation.

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, thank you for the opportunity to provide our testimony today. As the VFW has done for 126 years, we stand ready to assist service members, veterans, families, and survivors. We are prepared to answer any questions you may have.