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**STATEMENT OF
COLEMAN NEE
DAV NATIONAL COMMANDER
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
FEBRUARY 24, 2026**

Chairman Moran, Chairman Bost, Ranking Members Blumenthal and Takano and Members of the Committees on Veterans' Affairs:

Thank you for the opportunity to present the 2026 legislative priorities of DAV—Disabled American Veterans—a nearly 1-million-member organization representing our nation's over 6-million wounded, ill, and injured veterans—all of whom returned from wartime service forever changed.

Messrs. Chairmen, this July, our nation will celebrate the 250th anniversary of the Declaration of Independence. Throughout our history, more than 41 million Americans have worn the uniform; since 1973, that burden has been carried by the men and women of our all-volunteer force. While the landscape of military service has transformed over two and a half centuries, the principles of loyalty, duty and honor remain its unchanging foundation.

I am humbled to stand before you today as a husband, a father and a proud New Englander with a lifelong dedication to the veteran community. I am a service-disabled Marine veteran who served as a motor transport operator in the Gulf War. I spent a lot of time getting tossed around the *insanely* uncomfortable cabs of military vehicles. It wasn't the kind of thing that gets glamorized in Hollywood, but getting Marines and supplies where they needed to be was enough for me to know I did my part.

Long before gaining that insight, I watched and admired as those who made it home from Vietnam built one of the nation's first memorials to the 25 sons of South Boston who made the ultimate sacrifice there. Witnessing my fellow "Southies" honor our fallen heroes had a profound impact on me and illustrated the importance of banding together to accomplish a task bigger than oneself. Like many of those seated behind me, I found that military service reinforced that idea.

But as we all know, military service comes with trials and tribulations that can last far beyond our time in uniform and the transition to civilian life can be isolating. That is why the presence of those who have walked the same path is so vital. This realization defined my life's mission long after my time in the Marine Corps. During my tenure as

the Massachusetts Secretary of Veterans' Services, I oversaw more than \$100 million in funding for veterans and their dependents. When our heroes returned home from Iraq and Afghanistan, we didn't wait for them to find us—we went to them. We embedded ourselves in their communities, engaged face-to-face, and connected them to life-changing support.

We learned a simple truth: It is one thing to say you have someone's back; it is another thing entirely to show up. That is what DAV does best. We don't just provide services; we show up. We don't just listen and advocate; we navigate life's toughest transitions shoulder-to-shoulder with our veterans.

For over a century, this has been the bedrock of DAV. But service is more than just connecting veterans to their earned benefits. It is the phone call to check in; it is reaching out to underserved communities; it is building a wheelchair ramp so a neighbor can leave their home with dignity. Every action—large or small—makes a difference.

Ronald Reagan famously emphasized the nation's duty to veterans, stating, "We owe them a debt we can never repay. All we can do is remember them, and what they did, and why they had to be brave for us." He noted, "Veterans know better than anyone else the price of freedom, for they've suffered the scars of war. We can offer them no better tribute than to protect what they have won for us."

Fortunately for me and other sons (and daughters) of South Boston and of the United States, the Department of Veterans Affairs (VA) was there to assist us throughout our lives. When I pursued my higher education, it was the GI Bill that paid my tuition. The VA Home Loan Guaranty Program helped Karyn and me buy the house we live in. When my service-connected disabilities contributed to my stepping down as CEO from a company I ran for nearly 9 years, it was VA disability compensation that kept our finances in order. When I needed medical care for those same disabilities, VA hospitals and Vet Centers provided the care I needed and still need today. And when I'm called to stand my final post, the VA's National Cemetery Administration will ease the burden for my family and ensure I'm laid to rest with honor and dignity.

None of that is unique to me, as countless veterans can share that same story. Yet with everything happening in our country today, I can't help but wonder if the VA will be there for future generations as it was for me and those here today.

Messrs. Chairmen, today the VA stands at a defining crossroads—one that will shape not only the institution itself, but also the nation's enduring commitment to those who have worn its uniform. On one path lies the dismantling, fragmentation and gradual erosion of a system built to serve veterans. On the other lies a principled effort to modernize, strengthen and safeguard the VA for future generations who will answer the call to serve. This is not merely a political or bureaucratic debate. It's a moral, strategic and even a national security issue.

As an organization founded before our nation had a federal agency charged with honoring veterans' sacrifices, we know the VA was not created by accident or

convenience. It was built out of necessity and obligation. After each major conflict in American history, our nation confronted the same question: How will we keep our promise to those who bore the cost of war?

The VA emerged as the answer—a comprehensive system designed to provide health care, disability compensation, education benefits, housing support and dignified burial services. Its mission is singular in American governance—to serve a population defined not by income, age or geography, but by service and sacrifice.

Yet today, the VA faces intense pressure. Critics point to long wait times, uneven quality of care, outdated infrastructure and administrative inefficiencies. These criticisms are not unfounded. The VA, like many large institutions, has struggled to adapt to changing demands, particularly the complex needs of post-9/11 veterans.

But acknowledging flaws is not the same as abandoning the mission. Calls to dismantle or significantly privatize the VA are often framed as pragmatic solutions—offering veterans “choice” by shifting care to the private sector. On the surface, this may sound reasonable. In practice, it risks hollowing out the only health care system in the country that is purpose-built for veterans.

Private health care systems are not designed around military service. They do not specialize in combat trauma, polytrauma rehabilitation, or the lifelong consequences of military exposures. And they are not accountable to veterans in the same way a public institution is accountable to the people it serves.

Dismantling, once begun, is rarely reversible. As resources, talent and expertise are siphoned away, the VA’s ability to function deteriorates—creating a self-fulfilling prophecy in which weakened performance is used to justify further destruction of the department. Veterans are left navigating a fragmented landscape of providers, insurers and bureaucracies, often at moments when they are least equipped to do so.

Preservation, on the other hand, does not necessarily mean defending the status quo. Preserving the VA means reforming it with seriousness and resolve. It means modernizing facilities, investing in digital health infrastructure, streamlining claims processing and holding leadership accountable for performance. It means expanding mental health capacity, strengthening rural access, and ensuring that care keeps pace with evolving medical science.

Most importantly, preservation means recognizing that the VA is not simply a health care provider—it is a covenant with those who have used and earned its services. If our nation is serious about honoring the promise made to those who served, then our priorities must be clear and non-negotiable. Here are DAV’s critical policy goals for this year.

MAKE THE CLAIMS AND APPEALS PROCESS WORK BETTER FOR VETERANS

Messrs. Chairmen, each year, millions of veterans file claims for disability compensation and other earned benefits based on illnesses and injuries incurred during military service. In addition, hundreds of thousands of veterans are forced to appeal VA decisions in order to obtain the benefits they have earned. Because the VA's claims and appeals systems are complex and often confusing, veterans service organizations (VSOs) have long advocated for regulatory and legislative reforms to make the process more understandable and veteran-centric.

While many reforms have improved internal efficiencies, too many veterans continue to face significant barriers when seeking benefits. Process improvements that benefit the VA do not always translate into better outcomes or experiences for veterans, their caregivers and survivors.

Despite progress made through modernization initiatives such as the Veterans Appeals Improvement and Modernization Act (AMA), veterans still encounter lengthy delays, complex filing requirements, inconsistent decisions and unclear notifications. Many veterans struggle to understand evidentiary standards, navigate higher-level review options or determine when and how to appeal to the Board of Veterans' Appeals (the Board).

For veterans with severe disabilities, terminal illnesses or urgent financial needs, these delays are not merely administrative inconveniences—they can cause profound harm to veterans' health, financial stability and families. Although the AMA was designed to create faster and more predictable appeal pathways, inconsistent application of the duty to assist, uneven evidence development and poor communication with veterans continue to undermine its full potential. Meanwhile, the Board faces rising caseloads and growing wait times, further delaying access to timely and fair decisions.

To address these challenges, VA must take additional steps to simplify and modernize the benefits filing process itself. First, VA should eliminate effective date penalties when veterans submit claims using incorrect forms, ensuring veterans are not punished for navigating an unnecessarily complex system. Veterans, their caregivers and survivors should have the ability to initiate claims by phone, particularly for those with disabilities, limited access to technology or urgent needs. In addition, VA must significantly improve the clarity, accuracy and usability of its decision notification letters so claimants can clearly understand claim outcomes, the evidence considered and the options available to them.

VA must also improve the disability examination process, which is too often a source of delay, confusion and avoidable appeals. This includes strengthening examiner training and quality control systems to ensure examinations are accurate, consistent and adequate for rating purposes. VA should enable veterans to certify their own symptom statements, ensuring that competent and credible lay evidence is properly considered. Finally, VA should establish a secure medical examiner portal that

allows veterans' private physicians to directly submit Disability Benefits Questionnaires, streamlining evidence submission, reducing administrative burdens and preventing unnecessary appeals caused by incomplete or rejected medical evidence.

Veterans did their part in service to this nation. They should not be forced to navigate an overly complex and burdensome system to receive the benefits they earned. Veterans and their families deserve a claims and appeals system that is simple and efficient, and we urge Congress and VA to work together to ensure the system finally delivers on the nation's promise.

STRENGTHEN PRESUMPTIVE POLICIES TO ENSURE TOXIC-EXPOSED VETERANS RECEIVE EARNED BENEFITS IN A TIMELY MANNER

Messrs. Chairmen, for more than a century, U.S. service members have been exposed to hazardous and often deadly toxins during military service. These exposures include mustard gas in World War I, atomic testing in World War II, Agent Orange in Vietnam, sarin gas during the Persian Gulf War, contaminated drinking water at Camp Lejeune, burn pits in Iraq and Afghanistan, polyfluoroalkyl substances (PFAS) in firefighting foam, and other environmental hazards encountered wherever troops are deployed.

Too often, veterans exposed to toxic substances face significant barriers to accessing the health care and benefits they earned. Toxic-related injuries and illnesses frequently take years—or even decades—to manifest. When symptoms finally appear, it is often exceedingly difficult for veterans to document the exposure or establish the required connection to military service.

The Honoring Our PACT Act of 2022 marked the most significant expansion of health care and benefits for toxic-exposed veterans in a generation. The law expanded access to care for millions of veterans, established new presumptive conditions related to burn pits and other toxic exposures, and codified a VA process for identifying future presumptive conditions. However, the PACT Act lacks sufficient accountability mechanisms to ensure timely decision-making, leaving many veterans still waiting for recognition of service-connected toxic injuries, including those who served at Karshi-Khanabad Air Base (K2) in Uzbekistan, Fort McClellan in Alabama and other PFAS-contaminated locations.

According to [*Ending the Wait for Toxic-Exposed Veterans: A post-PACT Act blueprint for reforming the VA presumptive process*](#), a joint report by DAV and the Military Officers Association of America (MOAA), it takes an average of 34.1 years from the initial occurrence of a military toxic exposure to the establishment of presumptive service connection—forcing some veterans to wait decades for the health care and benefits they deserve.

To prevent future generations of veterans from enduring these delays, our report calls on Congress to enact legislation that would establish a new legal framework for creating toxic exposure presumptives that includes distinct, sequential steps: formal

acknowledgment of exposure events, concession of individual exposure and the timely establishment of presumptive service connection.

Our report further recommends more effective coordination of the VA's presumptive decision-making process for toxic exposure claims. This would ensure that research, analysis and policy implementation are effectively coordinated across the Veterans Benefits Administration (VBA), the Veterans Health Administration (VHA) and other relevant offices within the Department, improving accountability and delivering timelier outcomes for toxic-exposed veterans.

Finally, we recommend the creation of a veteran stakeholder advisory committee to advise the Department on matters relating to toxic exposures and environmental hazards encountered during military service. Centering the lived experiences of veterans in this process will strengthen policy development, enhance trust and help ensure that VA decisions reflect the realities faced by those who served. We also recommend creating a new VA office of toxic exposures that directly advises the Secretary on matters related to toxic exposures. This executive-level office would ensure there is sustained focus and attention by VA on studying, acknowledging, treating and compensating veterans exposed to toxic exposures and other harmful military environmental hazards.

Messrs. Chairmen, the PACT Act was a generational legislative victory for veterans, and we are truly grateful for the work that so many of you on both veterans' affairs committees did to make that happen. However, there is still more work to be done. We believe that by working together to implement the recommendations in our report, we can finally end the wait for toxic-exposed veterans.

ELIMINATE GAPS IN VETERANS MENTAL HEALTH CARE AND SUICIDE PREVENTION

Another key DAV legislative policy goal for 2026 is to ensure that service-disabled veterans have timely access to the VA's specialized mental health care, services and supports to address post-deployment readjustment challenges, serious mental illness and suicide risk—while also strengthening gender-tailored care and eliminating persistent gaps in veterans' mental health care and suicide prevention.

Despite significant investments by the VA in suicide prevention and mental health services—including care for post-traumatic stress disorder (PTSD), substance use disorders, traumatic brain injury (TBI), depression, anxiety and military sexual trauma (MST)—too many veterans continue to die by suicide each year. Numbers have not meaningfully improved and have remained at or near the same levels annually, underscoring persistent gaps in access, capacity, coordination and understanding across the system.

These outcomes reflect the complexity of suicide within the veteran population and the interaction of numerous risk and protective factors. They also demonstrate that existing approaches—while necessary—have not been sufficient to reverse long-

standing trends, particularly for historically underserved populations such as women veterans.

While recent data have shown fluctuations in suicide rates among women veterans, these short-term changes obscure a troubling long-term reality: suicide risk among women veterans has increased over time and remains unacceptably high. DAV's special report, [*Women Veterans: The Journey to Mental Wellness*](#), identified significant gaps in the VA's understanding and integration of gender-specific suicide risk factors and offered more than 50 recommendations to strengthen gender-tailored care and improve suicide prevention efforts for all veterans.

Experiences such as MST, intimate partner violence (IPV), and menopause-related mental health impacts are well-established contributors to suicide risk and adverse mental health outcomes. VA has taken meaningful steps to incorporate MST and IPV into its suicide risk prediction efforts, and the updated REACH VET model now includes these factors, reflecting an important step forward; however, menopause-related mental health impacts are not yet consistently reflected. The model continuously scans veterans' electronic health records to identify individuals who may be at elevated risk and enable timely intervention. While it has demonstrated value, it does not yet fully capture suicide risk associated with hormonal transition and menopause.

As evidence continues to emerge regarding the intersection of hormonal transition, mental health symptoms and suicide risk among women veterans, VA's predictive models and prevention strategies must continue to reflect the full range of factors that elevate suicide risk—particularly for women and other historically underserved veteran populations.

A persistent challenge, however, is the fear among some veterans that seeking mental health care through the VA could result in firearm confiscation. Addressing these concerns through transparent communication, trust-building and veteran-centered counseling is essential. These partnerships show promise and must continue to evolve as part of a comprehensive, respectful and effective approach to reducing suicide risk.

Timely access to high-quality, evidence-based mental health care is essential to reducing suicide. While VHA has made progress in increasing overall clinical staffing, severe shortages of mental health providers—particularly psychologists and psychiatrists—persist across much of the country.

At the same time, newly established grant programs and community-based suicide prevention initiatives must not come at the expense of adequately staffing VA's own mental health system. Evidence consistently shows that veterans who receive VA direct care experience better outcomes than those who rely solely on community care. This underscores the importance of VA serving as the primary provider and coordinator of care, even when veterans access services through the VA Community Care Network.

Community care providers play an increasingly important role in veterans' mental health care, yet significant gaps remain in training and preparedness. Unlike VA

clinicians, community providers are not uniformly required to complete suicide prevention training, lethal-means safety counseling or trauma-informed care consistent with VA standards. Only a small percentage have completed this evidence-based, lifesaving training.

Understanding the veteran experience—and possessing core competencies in evidence-based, trauma-informed treatments—is essential to quality care delivery, suicide prevention and successful health outcomes. These gaps undermine continuity of care and place veterans at risk.

To eliminate gaps in veterans' mental health care and suicide prevention, DAV strongly recommends that all VA Community Care Network mental health providers complete suicide prevention and lethal-means safety training consistent with VA standards. In addition, the VA should ensure that community care providers treating veterans receive trauma-informed care training aligned with VA clinical practice guidelines, and community providers should be held to the same quality, access and competency standards as VA mental health clinicians. Furthermore, the VA should continue expanding proven initiatives, such as Safety Planning in Emergency Departments, while also investing in alternative and emerging therapies that demonstrate promise beyond traditional, one-size-fits-all approaches.

This approach to suicide prevention has not been effective in addressing the unique needs of the veteran population. This highlights the importance of alternative and emerging therapies, such as psychedelics, which have shown promise in being more effective than traditional methods. By exploring and implementing these innovative treatments, we can better support the mental health and well-being of veterans. The VA must also continue expanding the implementation of its Safety Planning in Emergency Departments initiative. This initiative has proven effective and is crucial in providing immediate support and post-intervention for veterans in crisis.

Finally, VHA must continue proactively identifying and enhancing interventions for veterans at risk through integrated clinical and community strategies. Special attention is needed for veterans in rural areas, Native American reservations and remote regions such as Alaska, where access barriers remain significant.

Addressing veteran suicide requires sustained commitment and adequate resources. Congress must ensure the VA is equipped with sufficient funding, staffing and a robust suicide prevention research portfolio to continually refine and improve evidence-based practices.

DAV looks forward to continued collaboration with the VA and Congress to eliminate gaps in veterans' mental health care and suicide prevention, reduce suicide and improve mental health outcomes for all who have served our nation.

STRENGTHENING AND IMPROVING VETERANS AND SURVIVORS BENEFITS

Messrs. Chairmen, despite notable progress over the past decade, wounded, ill and injured veterans and their survivors continue to face barriers and inequities in securing financial stability. These challenges stem from unjust practices and failing to provide parity with comparable government-provided civilian benefits.

Currently, eligibility to receive both full military retired pay and VA disability compensation is limited to longevity retirees eligible for Concurrent Retirement and Disability Pay (CRDP)—those with at least 20 years of service and a VA disability rating of 50% or higher. However, veterans with a VA disability rating of 40% or lower and those medically retired under Chapter 61 experience offsets, where every dollar of VA disability compensation reduces their retirement pay. These veterans are effectively funding their VA compensation out of their retirement benefits, despite having earned both separately. This offset is inherently unjust.

DAV calls on Congress to enact legislation to eliminate this long-standing and inequitable offset between military retirement pay and VA disability compensation for all impacted veterans, including Chapter 61 medically retired veterans. Similarly, veterans who receive separation pay from the Department of Defense must repay those funds if they later become eligible for VA disability compensation. Because separation payments are unrelated to service-connected disabilities, withholding VA disability benefits to recover these payments is unfair. DAV urges Congress to enact legislation to end the practice of withholding VA disability compensation based on the receipt of military separation payments, ensuring veterans retain both benefits earned through service.

While the VA rightly prioritizes the needs of veterans, we must not overlook the families, caregivers and survivors who share the burden of their sacrifice.

Dependency and Indemnity Compensation (DIC), created in 1956, provides support to surviving spouses of service members who die in the line of duty or as a result of service-connected conditions. However, the current DIC benefit is insufficient to ensure economic stability for survivors. For example, a 100% service-disabled veteran with a spouse receives approximately \$4,158 per month, while surviving spouses receive only \$1,699—a mere 41% of the veteran's compensation. In contrast, survivors of federal civil service retirees receive up to 55% of the retiree's benefits under the Federal Employees Retirement System or Civil Service Retirement System. This disparity highlights the inequity between the benefits provided to survivors of federal employees and those of our nation's veterans.

Veterans' surviving spouses eligible for DIC should at least have parity with federal civil service survivors and receive 55% of their veterans' disability compensation rate. This increase to DIC payments would equate to approximately \$7,000 more per year. DAV urges Congress to increase DIC payments to 55% of the compensation for a 100% service-disabled veteran with a spouse and index the benefit to inflation to ensure fair and meaningful support for survivors.

Another challenge survivor spouses face is the remarriage penalty, which removes their eligibility for DIC benefits if they remarry before the age of 55. While lowering the remarriage age from 57 to 55 in 2021 was an improvement, the penalty remains unjust for younger survivors. DAV calls on Congress to eliminate the remarriage age restriction for DIC recipients, ensuring that surviving spouses are not penalized for rebuilding their lives through remarriage.

These measures are vital to address long-standing inequities and ensure that veterans, their families and their survivors receive the justice and support they have earned through sacrifice and service.

EXPAND COMPREHENSIVE DENTAL CARE SERVICES TO ALL SERVICE-DISABLED VETERANS

Another one of DAV's key critical policy goals is to ensure all service-disabled veterans have access to comprehensive dental care services. Currently, the VA only provides full dental care to a limited number of veterans enrolled in its health care system, which includes those who have a service-connected dental disability, 100% service-disabled veterans and those receiving Total Disability Based on Individual Unemployability benefits. Of the 9 million veterans enrolled in the VA health care system, less than 25% are eligible for dental care coverage, and less than 900,000 received dental care services in FY 2025.

The VA's health care model is specifically designed to be holistic, integrated and preventive—a system that treats the entire well-being of the veteran. However, the absence of dental care in VA health care coverage represents a significant and harmful gap. Studies have demonstrated that poor dental hygiene can lead to a variety of chronic health conditions, including serious infections from decaying and dying teeth, which, if left untreated, can become life-threatening. Failure to address dental conditions has been shown to increase the risk of cardiovascular disease, diabetes, renal impairment and cancer. These conditions can also affect mental health and economic stability by eroding self-esteem, contributing to depression and limiting employment opportunities. According to the American Institute of Dental Public Health, nearly 600,000 veterans experienced productivity loss due to oral health problems. Many private employers and state Medicaid programs include dental care as part of a comprehensive health care package, and it is time our nation's veterans had parity.

DAV urges Congress to pass legislation that would provide dental access to all service-disabled veterans enrolled within the VA health care system. Also, it is imperative that Congress provide funding to increase the number of VA dentists, oral health clinicians and technicians; open new dental clinics; and expand treatment space in VA health care facilities.

CREATE ASSISTED LIVING CARE OPTIONS FOR SERVICE-DISABLED VETERANS

Another longstanding critical legislative priority for DAV in 2026 is ensuring service-disabled veterans have access to a full continuum of long-term care (LTC) services, including assisted living care options, by revising and expanding existing programs to meet a rapidly aging veteran population with increasingly complex needs.

Aging and Service-Disabled Veterans

An estimated 8.3 million veterans are aged 65 years or older, including 4.9 million aged 75 or older and 1.3 million aged 85 or older. The VA projects that the number of veterans aged 85 and older will rise by 33% in the next decade. While tens of thousands of veterans with disability ratings of 50% and 60% may need extended care but do not meet mandatory eligibility for care. An increasing number of aging women veterans will also need extended care services, necessitating appropriate changes to address their gender-specific health, safety and privacy concerns.

To meet aging veterans' needs, VA's Geriatric and Extended Care program provides a broad range of long-term supportive services, including institutional care through VA operated Community Living Centers (CLCs), State Veterans Homes (SVHs) and contracted community nursing homes, as well as a comprehensive suite of home and community-based services. Despite these programs, significant gaps remain for veterans who cannot stay at home but do not require full nursing home care.

Assisted living, which offers semi-independent living with meal preparation, housekeeping, medication management and help with daily activities would provide a supportive, yet less intensive, option to fill this gap. Expanding home-based service options, paired with strong caregiver support, would also help fill this gap in VA's long-term care continuum. Unfortunately, funding has not kept pace with rising demand, and workforce shortages, limited-service availability and geographic barriers continue to restrict access—especially for rural and remote veterans.

We urge Congress to increase resources for expanding home-based services, modernizing and expanding VA Community Living Centers and State Veterans Homes, and creating assisted-living care options for service-disabled veterans. Legislation should also expand the VA's benefits package to include mandatory eligibility for long-term nursing home care for service-disabled veterans rated 50% and 60%. This will help ensure that veterans can live with dignity and independence to the greatest extent possible and enjoy the quality of life they have earned through their service.

DAV Caregivers Support

DAV also operates its own initiative for Caregivers Support to help facilitate assistance and connect caregivers to an array of public and private resources that help improve the quality of life for care receivers and their caregivers. This no-cost program

offers tailored support and resources to veteran caregivers or friends, family members and loved ones who are caregivers for veterans.

DAV Caregivers Support helps ensure that care receivers can age with dignity while extending the time those care receivers can live in their own homes. It also relieves the burden on health care systems and ensures that caregivers have the support and training they need to perform their vital roles effectively. DAV Caregivers Support is not just an act of gratitude; it is a commitment to the lifelong health and happiness of our veterans, their families and survivors.

REFORM VA INFRASTRUCTURE FUNDING TO SUSTAIN THE VA HEALTH CARE SYSTEM AND EXPAND ITS CAPACITY TO DELIVER TIMELY, HIGH-QUALITY HEALTH CARE TO VETERANS

Another of our critical legislative priorities is expanding VA's capacity to deliver timely, high-quality care to veterans through sustained investment in infrastructure, workforce and technology. Over the past couple of decades, VA has faced unprecedented demand, increased clinical complexity and rising enrollment, while simultaneously implementing reforms to improve access and quality. Despite these efforts, delays in care persist, forcing many veterans to use non-VA providers to meet their health needs. Service-disabled veterans choose and rely on VA's integrated, veteran-centric model, which combines specialized medical, mental health and rehabilitative services with comprehensive wraparound support.

DAV firmly believes that VA should remain the primary provider and coordinator of veterans' health care. However, to meet the needs of a growing veteran population, VA must continue to strengthen its internal capacity. This includes modernizing aging facilities, addressing workforce shortages, expanding virtual and specialty care, and fully implementing a reliable electronic health record (EHR) system. Each of these investments directly impacts veterans' access to care, quality of outcomes and overall satisfaction.

VA facilities remain among the oldest in the nation's health care system, with a median age of approximately 60 years. As a result, many of them are unable to support modern clinical workflows, advanced technologies and infection control standards. These limitations not only reduce operational efficiency, but they also impact patient safety, provider effectiveness and the department's ability to expand services to meet the needs of veterans with complex care requirements.

Unfortunately, federal funding to maintain, repair and replace VA hospitals and clinics has been woefully inadequate for decades, regardless of which political party has been in control of Congress or the White House. Without timely investment, deferred maintenance and outdated infrastructure will continue to compromise access, reduce quality of care and force veterans to seek non-VA care. The decades-long inability to properly fund, maintain and expand the VA's infrastructure to meet rising demand for care by veterans has led to an unsustainable growth in community care and related funding, threatening the long-term viability of the entire VA health care system.

Renovation and modernization efforts directly support improved clinical outcomes, reduced delays and enhanced safety for both veterans and staff. Upgrading facilities also has the added benefit of boosting staff morale and retention by providing environments designed to support modern health care delivery.

To break this cycle of bipartisan underfunding, we recommend Congress create a new VA infrastructure funding process that matches care demand to facility capacity using proven capital planning methods. For example, a strategic approach that would require quadrennial reviews of infrastructure lifecycle costs, matched by full congressional funding for repairs and renovations secured in a capital reserve fund. This type of approach could require the VA to set project priorities every four years and require funding for at least the first two years of approved new or expanded facilities via a capital improvement fund. With sustained bipartisan congressional support to modernize existing facilities and construct new ones, we could ensure that VA can deliver care in safe, technologically advanced, veteran-centered environments. This investment is not only an operational necessity, it is a direct reflection of the nation's commitment to veterans, ensuring facilities support contemporary standards for quality, safety and care outcomes.

Vacancies and Staffing Shortages

A fully staffed and capable workforce is essential for VA to deliver timely, high-quality care. VA onboarded 470,411 personnel at the beginning of FY 2025, compared to approximately 439,736 personnel in early 2026, a decline of nearly 7%. This reduction disproportionately affects the VHA, which comprises nearly 90% of VA employees. Staffing shortages in physicians, nurses, psychologists, social workers and allied health professionals can lead to longer wait times, reduced care coordination and potential delays in treatment. Ensuring VA onboarded positions are fully staffed is critical to delivering timely, high-quality care to veterans.

The VA Office of Inspector General (OIG) Fiscal Year (FY) 2025, [Determination of Veterans Health Administration's Severe Occupational Staffing Shortages](#) report, found that all 139 Veterans Health Administration (VHA) facilities they surveyed reported at least some severe staffing shortages in FY 2025. The report documented 4,434 severe occupational staffing shortages in FY 2025, which was about a 50% increase from the 2,959 shortages reported in FY 2024, directly affecting appointment availability, care coordination and quality of outcomes.

Staffing gaps not only create delays for veterans, but they also increase burnout and turnover among existing staff, reducing morale and further compromising care. These shortages undermine VA's ability to fully utilize upgraded facilities, implement new technologies and provide consistent, high-quality care. Veterans experience these consequences as longer wait times, fragmented care and reduced access to specialized services they rely on.

Congressional support is needed for recruitment, retention and workforce development initiatives, including education incentives, competitive pay and

professional development programs. Investing in the VA workforce directly improves clinical outcomes, reduces wait times and ensures veterans have access to the full spectrum of integrated, veteran-centric care that is the hallmark of VA health services. Sustained support strengthens VA's ability to respond to both routine and complex health needs for current and future veterans.

Information Technology and Electronic Health Record Modernization

Reliable information technology and a fully operational EHR system are essential for delivering safe, coordinated and high-quality care. VA's EHR modernization program continues to address challenges identified during early deployment, including workflow integration, data reliability and interoperability with other health systems. These efforts are vital to ensure veterans' records are accurate, complete and accessible across VA facilities nationwide, and when shared with community providers as needed.

In 2026, VA plans to deploy its Federal Electronic Health Record system at 13 medical centers as part of a phased modernization schedule, with an additional 26 sites planned for go-live in 2027. This approach is tied to readiness investments including infrastructure upgrades, testing and end-user support to ensure deployments are stable, supported and minimize disruption to clinicians and patient care. Sustained post-go-live training and workflow support are also part of the planning to help improve care coordination and outcomes as the system expands across the VA health-care network.

Sustained funding, leadership oversight and staff training are essential to maintain progress, protect against cybersecurity threats and fully integrate EHR systems nationwide. A modernized VA EHR is not simply a technology upgrade—it is the backbone of VA's ability to deliver safe, timely, coordinated and veteran-centric care now and into the future.

ENSURE FULL FUNDING FOR VA HEALTH CARE AND PROTECT VETERANS BENEFITS

VA continues to face unprecedented demand for health care and benefits, particularly following the expansion of programs required by the PACT Act. Full and timely funding of VA health care and benefits is essential to prevent delays in care, ensure timely claims processing and protect the health and financial security of veterans. Recent reductions in claim backlogs and improvements in appointment access demonstrate the direct impact of sufficient funding on veterans' outcomes.

Underfunding VA puts veterans at risk. Delays in appropriations or rigid statutory budgetary controls, including sequestration and Pay-As-You-Go (PAYGO) laws and rules, can force across-the-board cuts that disrupt care and slow delivery of earned benefits. VA health care and benefits are earned compensation for service and sacrifice, not discretionary spending. Using procedural budget rules to justify reductions undermines the moral contract between the nation and those who served, forcing veterans into delayed care, financial hardship and preventable health risks.

DAV urges Congress to exempt all veterans programs, benefits and services from PAYGO requirements, including sequestration and any House or Senate PAYGO rules adopted in the 119th Congress. Funding for VA health care and earned benefits must never be held hostage to unrelated budget priorities. Veterans have already paid the price for the protections and care they are entitled to; Congress must ensure they receive these benefits without delay, reduction or erosion, maintaining the nation's solemn obligation to those who served.

DAV also strongly opposes any efforts to tax VA disability compensation or count it as income for other federal program eligibility. Veterans with service-connected disabilities should not face new financial burdens on benefits meant to offset the lifelong impacts of their injuries. Likewise, proposals to reduce or restructure Total Disability Based on Individual Unemployability (TDIU), including phasing it out once a veteran reaches Social Security retirement age, are unacceptable. These benefits reflect the intersection of disability and employability and must be preserved for those unable to maintain gainful employment due to service-related injuries.

NATIONAL SERVICE PROGRAM

Claims Assistance

Messrs. Chairmen, while much of our focus in Washington, D.C., is on advocacy, DAV's core mission nationwide is the direct provision of services to America's ill and injured veterans—and to the families and caregivers who support them. DAV fulfills this mandate most prominently through our National Service Program, which employs a dedicated corps of national service officers (NSOs). All DAV NSOs are wartime service-connected disabled veterans who have successfully completed our rigorous 16-month formal on-the-job training program.

NSOs' personal experience navigating VA disability claims and health care not only provides deep institutional knowledge but also fuels their passion for guiding fellow veterans through the often-complex VA system. These benefits advocates are co-located in VA-provided space at regional offices and other VA facilities nationwide.

Together with DAV's national, department, chapter and transition service officers—alongside county veterans service officers—more than 4,100 DAV benefits experts represent claimants across the country. They serve on the front lines, delivering essential benefits advocacy to veterans, their families, caregivers and survivors. With the generous support of a grateful American public and patriotic businesses, DAV proudly provides these services at no cost to any veteran, dependent or survivor in need.

In 2025 alone, DAV's service program took more than 3 million actions on behalf of veterans and their families. These actions included representing claimants in hearings and appeals, reviewing and developing records, providing professional guidance, responding to inquiries and establishing new claims for earned benefits.

I can state with pride that DAV operates the largest and most comprehensively trained veterans service program in the nation. No other organization has a greater impact on empowering disabled veterans to become productive members of society. More than 1.1 million veterans and survivors have chosen DAV as their representative before VA. In 2025, DAV presented 567,062 claims to the Veterans Benefits Administration, encompassing 1,547,771 specific injuries and illnesses. Through the dedicated work of our service officers, DAV-represented claimants secured more than \$33.1 billion in earned benefits that year.

Appellate Representation of Denied Claims

Beyond our work at VA regional offices, DAV employs national appeals officers who represent appellants before the Board of Veterans' Appeals. These highly trained advocates prepare written briefs and provide formal representation during hearings before veterans law judges. The Board is VA's highest appellate body and issues final decisions on veterans benefits claims; more than 96% of cases before the Board involve disability compensation.

In FY 2025, DAV appeals officers represented veterans in more than 11% of all appeals decided by the Board—nearly 124,000 appeals. Among appeals represented by DAV, 80% of original decisions were either overturned or remanded to regional offices for additional development and readjudication.

DAV also operates a pro bono representation program for veterans seeking review before the United States Court of Appeals for Veterans Claims. Through partnerships with two of the nation's most accomplished veterans law firms, each case handled by DAV's national appeals office in calendar year 2025 was reviewed to identify improperly denied claims. As a result, 1,299 cases previously denied by the Board were appealed to the Court.

These partnerships—made possible through close coordination between DAV and our attorney partners—include Finnegan, Henderson, Farabow, Garrett & Dunner LLP of Washington, D.C., and Chisholm, Chisholm & Kilpatrick of Providence, Rhode Island. Since the inception of DAV's pro bono program, these firms have offered free representation to more than 26,800 veterans and have provided full pro bono representation in over 19,800 cases.

Transition Services for New Veterans

DAV also provides direct, on-site assistance to ill and injured active-duty service members through our Transition Service Program. This program offers benefits counseling and claims assistance to separating service members seeking to file initial claims for VA-administered benefits.

In addition to NSOs, DAV employs transition service officers (TSOs) who are specially trained to deliver transition briefings, review military service treatment records,

and initiate claims at nearly 100 military installations nationwide. DAV currently employs 29 TSOs who provide these services at no cost.

In 2025, the Transition Service Program conducted nearly 900 group briefing presentations attended by 37,109 separating service members. TSOs also counseled more than 33,000 individuals through in-person interviews and electronic communications, reviewed 5,072 service treatment records, and submitted over 12,400 benefits applications.

DAV remains firmly committed to ensuring that transitioning service members are fully informed about the benefits they have earned. Through this program, DAV helps ensure that veterans understand their entitlements and are aware of the free advocacy and representation available throughout the claims and appeals process.

Information Seminar Program

DAV's Information Seminar Program provides another critical avenue for outreach and education. Through this program, DAV NSOs—supported by state-level departments and local chapters—conduct free seminars nationwide to educate veterans and their families about VA benefits and services.

During 2025, DAV conducted more than 450 seminars, reaching over 20,100 veterans and family members. At these events, service officers also conducted interviews and assisted attendees with filing new claims for benefits.

Disaster Relief Program

DAV's Disaster Relief Program provides emergency financial assistance and supply kits to veterans and their families affected by natural disasters. This support helps cover temporary lodging, food and other essential needs following events such as hurricanes, tornadoes, floods and wildfires.

In 2025, DAV distributed more than \$326,000 in disaster relief assistance to 450 veterans across 21 states. Over the past decade, DAV has disbursed 19,505 relief checks totaling \$10,242,520 to veterans and their families in times of crisis.

VOLUNTARY SERVICES

A vital part of DAV's success is the more than 17,000 DAV and DAV Auxiliary volunteers who selflessly donate their time to assist DAV's mission of empowering veterans to lead high-quality lives. By enlisting the support of volunteers, DAV helps ensure that ill and injured veterans are able to attend their medical appointments and receive care in VA medical centers, clinics and Community Living Centers. Volunteers also visit and support veterans within their communities and, in some cases, go beyond the current scope of government programs and services. Simply stated, they provide special thanks to our nation's heroes.

If the VA had to pay federal employees for the nearly 594,000 hours of essential services that DAV in-hospital volunteers provided in 2025 at no cost to veterans, the cost to taxpayers would have exceeded \$20.6 million last year.

DAV Transportation Network

The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative provides free transportation to and from VA health care facilities to veterans who otherwise might not be able to obtain needed care and services. The program is operated by 145 hospital service coordinators and more than 3,400 volunteer drivers at VA medical centers across the country.

During FY 2025, DAV volunteers donated over 614,000 hours of their time transporting veterans to their VA medical appointments. With most VA medical facilities returning to full operation, volunteers logged more than 9.6 million miles and provided over 230,000 rides to VA health care appointments, saving taxpayers more than \$21.3 million. Since our national Transportation Network began in 1987, over 20.4 million rides have been provided, with volunteers transporting veterans more than 770 million miles.

We are also very pleased to report that in 2025, DAV donated 76 new vehicles to VA facilities to use for transporting veterans, at a cost of more than \$3.4 million. In 2026, we plan to donate 49 additional vehicles to the VA, at a cost of more than \$2.1 million. DAV's efforts were again supported by Ford Motor Co., with the presentation of five new vehicles to the DAV Transportation Network. To date, Ford donations have exceeded more than \$6.6 million toward the purchase of 274 vehicles to support this critical transportation program. DAV is very thankful for Ford Motor Co.'s collaboration and its continued support and commitment to the men and women who have served our nation.

DAV's commitment to ensuring veterans can access the care they earned is strong and lasting. Since 1987, we have deployed DAV vehicles in every state and nearly every congressional district in order to serve our nation's ill and injured veterans, many of whom are your constituents. DAV has donated a total of 3,909 vehicles, with a value of more than \$97.4 million, to the VA since the program began transporting veterans to their medical appointments.

DAV Local Veterans Assistance Program

DAV created the Local Veterans Assistance Program (LVAP) to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within a volunteer's local community. DAV and DAV Auxiliary volunteers have answered that call in full measure. From July 1, 2024, to June 30, 2025, LVAP volunteers performed buddy checks, delivered groceries and provided other help to our nation's heroes in a variety of ways. Overall, they donated more than 2.9 million hours of service to ensure that no veteran in need of help was left behind. We see examples of this every day, highlighting the principal objective of our organization: keeping our promise to America's veterans.

Our LVAP volunteers contribute time and energy to various activities that include but are not limited to:

- State department- and chapter-level volunteer benefits advocacy
- Outreach at events such as Homeless Veterans Stand Downs and a volunteer presence at National Guard mobilization and demobilization sites
- Direct assistance to veterans, their families and their survivors, including home repairs, maintenance and grocery shopping, among many other supportive activities

To date, LVAP volunteers have donated more than 19.6 million volunteer hours in their local communities. We believe this important program makes a difference in the lives of all those we serve.

Mentorship and Rehabilitation

Another innovative program offered by DAV is our mentorship program, which operates in collaboration with the Boulder Crest Foundation at locations in Virginia and Arizona. Boulder Crest is committed to improving the physical, emotional, spiritual and economic well-being of our nation's military members, veterans, first responders and their family members. DAV also sponsors all-female veteran cohorts. In 2025, 52 veterans were a part of these life-changing retreats. Since 2015, 386 veterans have participated in this alternative program that offers new and holistic ways to help veterans who are struggling to overcome the challenges that often follow military service.

DAV leaders, including DAV past national commanders, national service officers and other DAV members, have served as mentors at these retreats for the latest generation of seriously injured veterans. Spouses of many of these leaders have also served as mentors to the caregivers of participants and imparted the knowledge and understanding that comes with decades of serving as caregivers.

Adaptive Sports

Messrs. Chairmen, DAV is especially proud of our adaptive sports programs and associated events that directly improve the lives and well-being of our most profoundly injured veterans. Working in cooperation with the VA's Adaptive Sports Program, DAV is proud to co-present the annual National Disabled Veterans Winter Sports Clinic, and the National Disabled Veterans Golf Clinic.

DAV and the VA have teamed up for the National Disabled Veterans Winter Sports Clinic, since 1991, an event often referred to as "Miracles on the Mountainside." Last year, more than 350 veterans were able to participate in this unique clinic, which promotes rehabilitation and restoration by coaching and encouraging veterans with severe disabilities to conquer adaptive skiing, curling, ice hockey and other adaptive sports and recreational activities. Often, this event offers veterans their very first

experience in winter sports and gives them motivation to take their personal rehabilitation to a higher level than they may ever have imagined. Participants have included veterans with multiple amputations, traumatic brain and spinal cord injuries, severe neurological deficits and blindness.

The 39th National Disabled Veterans Winter Sports Clinic was hosted March 30-April 5, 2025. This year's 40th event is scheduled for April 4–11 in Snowmass, Colorado.

The National Disabled Veterans Golf Clinic provides legally blind and other eligible disabled veterans with opportunities to develop new skills and strengthen their self-confidence through adaptive golf, bowling, cycling and other activities. Attending veterans participate in therapeutic adaptive sports activities that demonstrate that a visual, physical or psychological disability need not be an obstacle to an active and rewarding life. Veterans from all eras have attended our clinics, including many who were injured in Iraq and Afghanistan. DAV has proudly co-presented this event since 2017. We are happy to report that the event near Iowa City, Iowa, Sept. 7-12, 2025, was also at full capacity. This year's event is scheduled for September 13-18.

Both of these exceptional physical rehabilitation programs have transformed the lives of some of America's most severely injured and ill veterans. These unique programs help them rebuild their confidence, compensate for their injuries and regain balance in their lives. I invite all members of these committees to come and experience these events with DAV leaders this year.

The Next Generation of Volunteers

Each year, DAV awards scholarships to deserving youth volunteers. These outstanding young people, who participate as DAV volunteers in the VA Voluntary Service Program and/or LVAP, donate their time and provide compassion and support to ill and injured veterans. They represent not just our next generation of volunteerism but also the future of our nation.

We are excited to present 15 scholarships annually for a total of \$140,000, with the top scholarship of \$30,000. The top award will be presented at the 2026 DAV and Auxiliary National Convention later this year.

Since the scholarship program's inception, DAV has awarded 251 individual scholarships valued at more than \$2 million, enabling exceptional young people to pursue their goals in higher education and experience the significant rewards of volunteering. DAV is very proud of this program, and we are honored to award these scholarships to worthy student volunteers.

Messrs. Chairmen, DAV is extremely humbled by the service provided by our volunteers, many of whom are ill or injured veterans themselves or family members of such veterans. These volunteers continue to selflessly serve the needs of our nation's disabled veterans on a daily basis, and we applaud their compassion and dedication.

EMPLOYMENT AND ENTREPRENEURSHIP

The journey from injury to recovery cannot be completed until veterans are able to find meaning in life and regain purpose after injury or serious illness. For those who are able, working to care and provide for themselves and their families is a fundamental principle. Each year, thousands of men and women transition from military to civilian life, and DAV remains dedicated to providing its employment services to all who have served and their spouses. Specifically, DAV remains fully committed to ensuring that they gain the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment or to pursue their own paths to success through entrepreneurship.

DAV believes in the potential of disabled veterans and spouses and works tirelessly to remove barriers so they can achieve their professional goals. In partnership with RecruitMilitary, DAV hosted over 100 traditional and virtual career fairs in 2025. DAV utilizes digital resources to connect employers, franchisers and educational institutions with active-duty service members, Guard and Reserve component personnel, veterans and spouses.

DAV is proud of our efforts to connect veterans and spouses with meaningful careers. From June 2014 through December 2025, DAV hosted just under 1,200 in-person and virtual career fairs, resulting in a monumental milestone—over 200,000 job offers extended to over 385,000 participants. During 2025, we supported both in-person and virtual career fairs nationwide, with 96 in-person and 17 virtual events. In 2026, we will host over 90 career fairs. We encourage you to share with your constituents our full schedule of career fairs, which can be found at dajobfairs.org. Please let them know that companies are aggressively recruiting and hiring military veterans because they know the value veterans and their spouses bring to their organizations.

In addition to our sponsored veteran career fairs each year, DAV works directly with just under 400 companies seeking the many talents and skills they know veterans possess. Moreover, DAV provides a multitude of resources that veterans can easily access within our employment resources webpage at jobs.dav.org, including a job search board offering more than a quarter-million current employment opportunities around the world, direct links to companies, resources for employers and other helpful information.

Additionally, DAV expanded our efforts to recognize outstanding companies that are not only veteran-friendly but veteran-ready—organizations that fully understand the value and importance of veterans in their workplace and demonstrate solid recruiting, hiring, support and retention efforts. DAV's Patriot Employer recognition program provides well-deserved recognition to many outstanding employers and encourages others to follow suit. We invite you to visit patriotemployers.org and nominate one or more companies in your respective districts and states.

Furthermore, DAV continued our partnership with "Hiring America," a televised program dedicated to helping veterans secure meaningful employment opportunities.

Each episode features companies with outstanding veteran-hiring initiatives and shares insights from business leaders, career counselors and human resource specialists. With the program's projected reach of nearly 3 million viewers—including those on American Forces Network (AFN)—we are very excited about this addition to the growing number of tools and resources that DAV provides to veterans seeking employment and companies that want to hire them.

DAV has expanded our published resource [*The Veteran Advantage: DAV Guide to Hiring and Retaining Veterans With Disabilities*](#) for employers to provide companies, hiring managers or other human resources professionals with a solution-oriented, practical and strategic approach to hiring and retaining veterans with disabilities. We are pleased to announce, with the ongoing positive response to our hiring guide, we will be publishing an updated guide in early 2026. We will keep this valuable information available to companies who visit our employment resources every day. We encourage you and your staff to visit jobs.dav.org to download a copy of our hiring guide.

DAV Patriot Boot Camp

In 2021, DAV took a dramatic leap forward in assisting entrepreneurs in the veteran- and military-connected community, including spouses, with the acquisition of DAV Patriot Boot Camp, which was formerly an independent 501(c)(3) charity. In doing so, DAV is the hub for a community of thousands of entrepreneurs, supporters and mentors who participate in formal and informal training to make the business world more accessible to those who served. This community within DAV provides a network of support and resources to veterans and spouses who wish to change the world and contribute to our nation through their ventures. Veterans are more likely to hire their fellow veterans and spouses and the jobs they create strengthen our national economy.

DAV hosted two significant in-person training events in DAV Patriot Boot Camp's inaugural year, three events in 2022 and four events in 2023, including an accelerator program. In 2024 and 2025, DAV Patriot Boot Camp continued its impressive growth, hosting three in-person events, bringing the total to 27 in-person programs since its inception. This, combined with seven virtual events, has affected over 1,250 veteran entrepreneurs nationwide. DAV also hosted a Patriots Pitch competition at the DAV national convention, where the winner received \$15,000 in non-dilutive capital.

DAV Patriot Boot Camp also provides monthly webinars and additional resources to empower founders to succeed. This initiative complements DAV's ongoing efforts to support and advocate on behalf of service-disabled veteran-owned small businesses.

In 2026, DAV Patriot Boot Camp will continue to expand its reach with three in-person cohorts scheduled for this winter, summer and fall. Cohorts will take place in Myrtle Beach, South Carolina, in February; in Utah in the summer; and at DAV National Headquarters near Cincinnati, Ohio, in the fall. In addition to the direct service this program provides to veterans and spouses, it helps prepare and inform our advocacy.

We invite you to attend one of these transformational events yourself and to encourage veterans to attend and prospective mentors in your constituencies to volunteer.

DAV CHARITABLE SERVICE TRUST

While many programs support our nation's ill and injured veterans, there remain unmet needs and creative solutions that deserve our support. Formed in 1986, the DAV Charitable Service Trust is a tax-exempt, nonprofit organization serving primarily as a source of grants for qualifying organizations throughout the nation. As an affiliate of DAV, the Trust strives to meet the needs of ill and injured veterans through financial support of programs and services that provide direct support to veterans and their families.

DAV established the Trust to advance initiatives, programs and services that may not easily fit into the scheme of what is traditionally offered through VA programs or by DAV departments and other veterans organizations in the community. Nonprofit organizations meeting the direct service needs of veterans, their dependents and their survivors are encouraged to apply for financial support. Since the first grant was awarded in 1988, over \$195 million has been invested to serve the interests of our nation's heroes.

To fulfill the Trust's mission of service, grants are offered to organizations to ensure quality care and support for veterans with PTSD, TBIs, substance use challenges, amputations, spinal cord injuries and other combat-related injuries. The Trust also fuels efforts to combat hunger and homelessness among veterans, with priority given to long-term service projects that provide meaningful support to unserved and underserved veterans. Initiatives for evaluating and addressing the needs of veterans from every service era and conflict are encouraged.

Typically, grants are awarded to programs offering:

- Food, shelter and other necessities to veterans who are homeless or at risk of homelessness
- Mobility items or assistance specific to veterans with blindness, vision loss, hearing loss or amputations
- Qualified therapeutic activities for veterans and/or their families
- Physical rehabilitation, mental health and suicide prevention services

Save A Warrior

In 2020, a \$1 million grant was awarded to Save A Warrior, a nonprofit organization committed to lowering the staggering suicide rate plaguing veterans, active-duty military and first responders. The grant was used to support the construction and development of Save A Warrior's National Center of Excellence for Complex Post-Traumatic Stress in Hillsboro, Ohio, to provide a healing outlet for ill and injured veterans combating suicide and mental health issues. In 2021, the Trust provided

another \$200,000 grant for programming, and the center opened in June 2022. Save A Warrior received an additional \$1 million grant in November 2022 to offer trauma-focused cognitive-behavioral therapy, relevant 12-step programs, cognitive processing therapy, mindfulness-based stress reduction techniques and resources to participants.

The Trust continued its partnership with the organization in 2023 by awarding a \$2 million grant for general operating costs and construction expenses for lodging at the S/SGT Dick Wood Warrior Village. The lodges are in a peaceful, wooded area near their National Center of Excellence, and amenities include comfortable sleeping quarters, communal areas for group interactions, dedicated meditation rooms and expansive outdoor spaces ideal for both physical activities and quiet contemplation. Save A Warrior has since extended its healing cohorts to the spouses and adult children of veterans to strengthen family dynamics and promote healing across the entire household and implemented Alumni Intensives for cohort alumni. The Trust awarded a \$1 million grant in 2024 and again in 2025 to support these initiatives.

DAV has also provided nearly \$1.3 million to Boulder Crest retreats, where DAV leaders and spouses serve as mentors for the latest generation of seriously injured veterans and their caregivers.

The Trust is dedicated to making a positive difference in the lives of America's most deserving individuals and their loved ones. As long as veterans experience unemployment, homelessness and physical and psychological illnesses, the need continues for innovative programs and services to address these challenges.

By supporting these initiatives, the Trust furthers the mission of DAV. For over a century, DAV has directed its resources to the most needed and meaningful services for the nation's wounded, ill and injured veterans, and their families. Significantly, the many accomplishments of both DAV and the Trust have been made possible through the continued support and generosity of corporate partners, individuals and DAV members who remain faithful to our mission.

CONCLUSION

Messrs. Chairmen, every generation of veterans inherits the system built by those who came before. The VA that treated World War II veterans enabled the care of Korea and Vietnam veterans. The reforms driven by Gulf War veterans laid the groundwork for post-9/11 care. What we decide now will determine whether future veterans inherit a robust, integrated institution or a patchwork of programs that treat their needs as transactional rather than holistic.

A choice is before us and it's not between reform or stagnation. It is between responsibility or retreat.

If we dismantle the VA, future generations may ask why a nation capable of sending its sons and daughters into harm's way was unwilling to maintain the institution created to care for them afterward.

The VA stands at a crossroads, and history will judge which path we choose. What lies beyond it is not merely an institutional outcome, but a statement of national character. Let us choose preservation. Let us choose reform. And above all, let us choose to keep faith with those who have already kept faith with us.

Messrs. Chairmen, for more than a century DAV has stood as a relentless advocate for America's disabled veterans, their families, caregivers and survivors. Our mission has always been clear: to ensure that those who return home with the visible and invisible wounds of war receive the care, benefits and support they need to rebuild their lives with dignity and purpose. While these wounds may shape a veteran's life, they must never be allowed to diminish their future. We deeply appreciate this committee's unwavering commitment to those who served and your continued leadership in safeguarding their well-being.

President John F. Kennedy and DAV life member, reminded us that, "As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them." His words speak directly to the responsibility we share as a nation. The freedoms and security we enjoy are safeguarded by the vigilance, sacrifice and service of our veterans—and by the promises we keep to them long after their military service ends.

It has been the honor of my life to wear this nation's uniform and to continue that service through DAV. On behalf of our nearly 1 million members, I call on this committee and our fellow citizens to honor our veterans not only with words, but through the hard work of protecting the benefits, care and support they have earned.

May God continue to bless DAV, the men and women who serve our great nation, and the United States of America. This concludes my statement.