



Washington Headquarters
1300 I Street, NW, Suite 400 West
Washington, DC 20005
tel 202-554-3501
dav.org

**STATEMENT OF
JON RETZER
DEPUTY NATIONAL LEGISLATIVE DIRECTOR
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
October 29, 2025**

Chairman Moran, Ranking Member Blumenthal and members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify today about the Department of Veterans Affairs (VA) disability compensation program, its vital role in supporting veterans, their families and survivors, as well as the challenges VA faces in providing timely and accurate decisions on veterans claims for these and other benefits.

As you know, DAV is a congressionally chartered, VA-accredited, nonprofit veterans service organization (VSO) with nearly a million members, all of whom are wartime service-disabled veterans. We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. To fulfill our service mission assisting veterans, their families, caregivers and survivors seeking benefits earned as a result of their military service, DAV has over 4,200 chapter, department, transition and national service officers (NSO) nationwide; including DAV accredited county veterans service officers.

There are over 1.1 million veterans and their survivors who have chosen DAV to be their representative before the VA, more than any other organization. Last year, we helped veterans file over 560,000 claims for benefits to the Veterans Benefits Administration (VBA), taking over 3.1 million actions to support them. This assistance, like all of DAV's charitable services, was provided at no charge to veterans and their families, and DAV receives no compensation of any kind from the government for providing these services.

Drawing on the collective experience and expertise of our benefits experts, I am pleased to have the opportunity to share our observations and recommendations to improve the VA disability compensation processing system; however, we feel it necessary to first set the record straight on the outrageously misleading and highly inaccurate stories that *The Washington Post* recently published.

Setting the Record Straight on *The Washington Post* Story

Mr. Chairman, DAV was shocked and disgusted to read the *Post* article alleging that disabled veterans are “swamping” the VA with “false”, “fraudulent” and “dubious” disability claims for injuries and illnesses that the *Post* considers illegitimate. Nothing could be farther from the truth, and the *Post* should be ashamed of publishing such an inaccurate and distorted piece.

For example, the *Post* argues that disabled veterans are, “...swamping the U.S. government with dubious disability claims...” when, in fact, according to the VA Office of

Inspector General, there have been fewer than 200 fraud convictions annually in recent years. With VBA processing almost 3 million claims in the most recent fiscal year, that equates to a fraud rate of less than 1/100th of 1%. We certainly acknowledge that there are other cases of fraud that have not yet or may never be caught, and we hope that every one of those individuals involved, many of whom are not veterans, are prosecuted to the fullest extent of the law.

However, in order to justify their conclusion that VA is “swamped” with illegitimate claims, the *Post* dishonestly combines cases of “*fraud*” with what they allege are “*exaggeration*” and “*dubious*” claims for disability compensation. By categorizing a number of disability claims as “*dubious*”, the *Post* seeks to delegitimize numerous conditions that can be quite serious, including eczema, tinnitus, pain, hypertension, diabetes, depression and other mental health conditions, each of which Congress and/or VA have determined can result from military service. The *Post* appears to have no understanding of what veterans with chronic and severe cases of tinnitus, eczema, pain and other so-called minor conditions have to overcome, not just to work, but to lead as normal a life as possible. Nor do they seem aware that hypertension and diabetes have been scientifically and medically linked to toxic hazards, such as Agent Orange, a chemical herbicide that millions of veterans were exposed to in Vietnam. Perhaps most shocking was the *Post*’s references to depression and other mental health conditions – even post-traumatic stress disorder (PTSD) – as among those they consider “*exaggeration*” and “*dubious*” conditions.

Without citing data or other objective evidence, the *Post* also asserts that “*Congress and VA have made it easier to cheat and take advantage of the system.*” The story points to the enactment of legislation such as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022 (P.L. 117-168) and the Veterans Appeals Improvement and Modernization Act (AMA) (P.L. 115-55), two landmark laws purposely designed by Congress to make it easier for veterans to receive earned benefits that have too often been delayed or denied in the past. It is a gross mischaracterization to imply that these laws make it easier for criminals to steal taxpayer dollars, rather than recognize how they have fundamentally improved the ability of millions of veterans to receive justice and due process.

One of the most important but often overlooked strengths of the current VA disability compensation system is that disabled veterans are incentivized to continually improve their health and well-being in order to pursue meaningful employment and entrepreneurship. The *Post* apparently believes that even severely disabled veterans – those who have lost limbs, are blind or paralyzed – only merit disability compensation when they are unable to work. The *Post* fails to recognize all the time and effort it may take for these men and women to overcome such disabilities, the impact on the families and the other parts of their lives, including how it often shortens their lives.

The *Post* displays a stunning ignorance about how the VA benefits system actually works by referencing it as an “honor system” that they argue is ripe for fraud. Clearly, the *Post* does not understand what is required under current laws and regulations to establish direct service connection for a disability, a prerequisite for veterans to receive disability compensation. First, there must be verified evidence of a current VA-recognized disability, typically from a medical diagnosis. Second, there must be sufficient evidence of an in-service incident or exposure that could have caused or aggravated the disability, such as a toxic exposure, military accident or combat wound. Third, there must be authoritative evidence of a nexus between the current disability and the incident or exposure, usually established by a competent medical opinion. Contrary to what the *Post* implies, VA does not just “take the veterans word”; instead, in most circumstances, veterans must have sufficient evidence on all three points, which most of

the people here today have probably heard many times before, can be a complicated and time-consuming process.

However, in order to support its preordained conclusions, the *Post* ignores how VA normally adjudicates claims for direct service connection and instead focuses on certain exceptions that have different rules due to some unique circumstances that occur during military service. For example, veterans who have mental health issues arising from military sexual trauma (MST) often have great difficulty assembling evidence that such incidents occurred. This is particularly true for veterans who don't come to grips with the devastating impact of that trauma until many years later. Too often, MST survivors don't document what occurred while on active duty due to the stigma associated with sexual assault or sometimes out of fear of reprisal from the perpetrators or others in the military chain of command. For these reasons, MST claims recognize victim statements or contemporaneous markers in the veteran's medical records that are consistent with MST as sufficient evidence of the incident.

Another significant category of claims that sometimes have special rules are related to diseases and conditions caused by military toxic exposures and environmental hazards, an issue that Congress and successive Administrations have placed greater focus on in recent years, culminating with the passage of the PACT Act in 2022. Over the past three decades, radiation, Agent Orange, burn pits and other toxins and hazards have been increasingly linked by scientific and medical studies to a range of diseases and conditions, including diabetes, heart disease, hypertension, cancers and respiratory conditions. However, many of these harmful health impacts don't manifest until years or decades after veterans were exposed, making it exceedingly difficult for a veteran to produce proof that they were exposed to a specific toxin or chemical at a specific time and location, particularly for those deployed in combat zones.

To address these types of evidentiary challenges, Congress and VA created an alternate mechanism – known as presumptive service connection – to provide justice to groups of veterans injured by toxic exposures. For example, it would be virtually impossible to know exact locations and times where Agent Orange was used in Vietnam and other southeast Asia locations, much less exactly how wind patterns dispersed it, just as it would not be feasible to prove the exact location of every service member in country during those years. However, there is more than adequate proof that Agent Orange exposure was widespread enough to reasonably conclude that it makes sense to concede, or “presume,” that every veteran who served in Vietnam during those years Agent Orange was used was exposed to it.

For these reasons, Congress approved the Agent Orange Act of 1991 (P.L. 102-4), which created a presumption of service connection for diseases and conditions associated with Agent Orange exposure. This not an “honor system” but a fact-based policy determination that provides veterans with the benefit of the doubt. Furthermore, the *Post's* belief that diseases like diabetes and hypertension should never be linked to military because civilians also get those diseases discounts decades worth of studies documenting both statistical association and causal relationship.

Mr. Chairman, these are just some of the most outrageous misrepresentations put out by the *Post* in recent weeks, and we would be more than willing to address any other issues that the Committee or Senators would like us to address.

In our view, this story was neither investigative news reporting nor analysis – it was a longform editorial developed from a preconceived conclusion that they then tried to support with a series of misleading and conflated statistics, anecdotal quotes transformed into

generalizations, unsupported assertions and a near total misunderstanding about the history, purpose and functioning of the VA disability compensation system.

However, while we greatly appreciate this opportunity to set the record straight on the misrepresentation of reality published by *The Washington Post*, we are more interested in sharing our perspectives and recommendations on how to strengthen the VA claims process that millions of veterans, their families, caregivers and survivors rely on.

Improving VA's Claims Processing System for Disabled Veterans

Almost two decades ago, after Congress created the Veterans Disability Benefits Commission to explore whether major changes were needed to VA's benefit programs, one of my DAV predecessors testified that the disability compensation system was:

*"...fundamentally sound and the most practical approach to the complex task of fairly compensating a large number of veterans for whom the effect of disability is as diverse as the demographic and socioeconomic characteristics of the members of the military force and the citizens of our nation from which those members come."*¹

DAV continues to believe that is true in terms of the purpose and structure of VA disability compensation benefits; however, we also believe that Congress and VA must continue to reform and improve the processes used to adjudicate veterans' claims for benefits to ensure they receive the most accurate and timely decisions possible. Accordingly, we make the following recommendations.

Ensure VA has the resources to ensure accuracy and timeliness of claims

Since the enactment of the PACT Act in August 2022, VBA has seen a tremendous influx of new claims for benefits related to toxic exposures. This increase comes on top of numerous efforts by VA to expand outreach to veterans over the past decade, often focused on connecting with veterans in crisis or at risk of suicide. As a result, the backlog of claims pending more than the standard of 125 days rose significantly in recent years. When the PACT Act was signed into law, the backlog was just over 150,000 claims. It steadily rose over the next year and a half to a peak of over 400,000 backlogged claims in January 2024, before it began to drop as VBA increased staffing and other resources significantly, falling to about 250,000 in January 2025, and it is now down to 135,000 as result of all the new employees being fully trained and more productive.

However, given the long history of VBA backlogs, we must never be complacent. Earlier this year, DAV and our partners in The Independent Budget (Paralyzed Veterans of America, Veterans of Foreign Wars) recommended that funding for VBA claims processing in FY 2026 be increased by at least \$300 million to support additional overtime and enhanced mail processing capabilities. We are aware that VBA has required mandatory overtime for claims processors to increase production this year; however, we are concerned if VBA's staffing levels end up being reduced by the attrition and voluntary retirements VA announced earlier this year, they could drop below the level needed to maintain the record levels of production in each of the past three years. The use of mandatory overtime is an important tool VBA can use to increase production for limited durations, but if overused it can lead to employee burnout and lower accuracy in

¹ Testimony of Rick Surratt, DAV Deputy National Legislative Director, before the Committee on Medical Evaluation of Veterans for Disability Compensation of the Institute of Medicine, July 7, 2006.

claims decisions. We urge the Committee to closely monitor staffing levels at VBA, particularly how they have been affected by VA's announced 30,000 FTE force reduction, to ensure there are adequate resources to process veterans claims quickly and accurately.

Simplify procedures for veterans filing benefit claims

Over the past decade, there have been a number of statutory and regulatory changes enacted to streamline various aspects of the VA claims processing and appeals systems, including the landmark Veterans Appeals Improvement and Modernization Act (AMA), which DAV and other VSOs worked closely with Congress and VA to develop and enact. We believe the AMA has largely been successful; however, there remain a number of implementation decisions by VBA that have made the claims filing process more difficult for veterans and sometimes threatens their ability to receive the benefits they are due. Below are several changes DAV recommends to improve the process for veterans.

Veterans should be able to file claims by phone

The AMA requires veterans to file claims only with specific VA forms, which includes the ability to file an Intent To File (ITF) form to guarantee the earliest effective date for a claim. VA allows a veteran to submit an ITF by phone, but not a formal claim, such as for an increased evaluation or secondary condition. Before enactment of AMA, nearly all claims for benefits could be filed by phone, with the exception of an initial claim, which required some version of the VA Form 21-526EZ.

We believe a veteran should be able to contact the VA by phone and file a claim for any condition at any time by verbalizing to the VA the necessary information, just as they can for an ITF. There is no substantive reason why VA cannot accept claims verbally over the phone.

End VA's requirement that claims will only be accepted using specific forms

Currently, the VA treats claims filed on an "incorrect form" merely as a request for a claims application. If and when the correct application is subsequently received at VA, the effective date of the claim and benefit payment ends up being later than the receipt of the previously submitted "incorrect form." If a favorable decision is ultimately rendered, the monetary amount is likely to be less as a result of the delayed effective date. Furthermore, in the current process, if an ITF is of record and if an "incorrect form" is later received, the ITF could be associated with the "incorrect form," and what might be a much earlier effective date could be lost.

To remedy this situation, VA should accept any filing made by a veteran for benefits as a clear statement of the veteran's "Intent To File" a claim and protect that effective date. Further, VBA should require that claims processors infer that the claimant intends to have filed the type of claim that provides the greatest benefit under the law using the concept of reasonable doubt in 38 C.F.R. §§ 3.102 and 4.3. Accordingly, whether a claim was submitted on a VA Form 21-526EZ or a VA Form 20-0995, claims processors should construe the claim in a manner that maximizes the veteran's benefits.

While we are aware of VA's interest in maximizing efficiency in its claims processing system, that should not come at the expense of veterans losing part of their earned benefits. As will be discussed below, we believe that the use of advance technologies and artificial

intelligence (AI) may ultimately be able to bridge this gap, but until such time, VA's rules should favor the interests of the veteran over bureaucratic efficiency.

Claimants should not be required to identify benefit sought

Another requirement that often delays benefits to veterans is the requirement that they must specifically identify the benefit (or benefits) sought. On Form 21-0966, Section III, block 19, requires the claimant to check a block for "all that apply," and then lists Compensation, Pension, Survivors Pension and/or Dependency and Indemnity Compensation (DIC) as options. This can become a problem in certain situations, such as when veteran applies for disability compensation, but only qualifies for nonservice-connected pension. In this situation, after they are denied disability compensation, they must reapply for pension benefits; however, due to the block 19 requirement, the VA will not protect the earliest effective date unless they checked both boxes. We believe that the requirement to identify the general benefit under 38 C.F.R. § 3.155(b)(2) should be removed.

Optimize the use of technology, particularly AI technologies

In order to efficiently improve both productivity and accuracy, VBA must continue to maximize and optimize the use of advanced technology, including artificial intelligence. In particular, VBA should invest in new document digitization and data mining systems that will allow it to receive benefit applications and evidence from veterans and can then transform that data so it can be used in any format necessary to process and adjudicate claims and appeals. When VA reaches this level of automation, many of the procedural barriers discussed above about VA forms and requirements will become moot in terms of administrative efficiency, making it easier for veterans to more quickly receive their full benefits.

However, we caution that VBA needs to prudently explore and utilize advanced AI to support rating decision-making and notifications to veterans. AI can play a significant role both increasing speed and reducing errors, but only if it is properly implemented and monitored. Therefore, it is critical that VBA develop procedures and guardrails, most importantly related to training and quality control programs that can systematically ensure that essential organizational knowledge and expertise is preserved. AI and other advanced information technologies must always serve the purpose and people inside VBA, not become a replacement for either.

Finally, VBA must continue to develop and prioritize new IT systems to support VSO partners to efficiently file claims and appeals online. Earlier this year in September, without consulting DAV or other major accredited VSOs, VBA announced the imminent launch of a new IT system for use by VSOs – the Accredited Representative Portal (ARP) – which would replace the Stakeholder Enterprise Portal (SEP) that many VSOs, including DAV, have successfully used for years. Unfortunately, once we became aware of the new ARP system, we quickly discovered that, as currently designed, it would not effectively integrate with our internal systems and operations that assist veterans in filing claims and appeals for VA benefits. We have had some initial conversations with VA IT staff about these problems but remain concerned that the planned phasing-out of SEP by the end of 2025 will negatively impact the ability of DAV and other accredited VSOs to support veterans, their families, caregivers and survivors we collectively represent.

Continue to strengthen presumptive decision-making processes for toxic and environmental exposure claims

Another way to improve the process and outcomes for veterans filing benefit claims, one that will also make VA more efficient, is to strengthen presumptive decision-making processes for claims arising from military toxic exposures and environmental hazards. Enactment of the PACT Act was truly a generational victory for veterans who have to wait for decades to receive benefits related to diseases and conditions caused by burn pits and other toxic exposures. Last September, together with the Military Officers Association of America (MOAA), we released a groundbreaking report: *Ending the Wait for Toxic-Exposed Veterans, A post-PACT Act blueprint for reforming the VA presumptive process*. Our research found that on average, it takes over 30 years from the first time a dangerous military toxic exposure is first encountered by service members until Congress or VA creates a presumptive condition to fully recognize and compensate veterans for illnesses and disabilities related to that exposure. Among the most well-known examples of presumptives are for Atomic Veterans exposed to ionizing radiation; Vietnam veterans exposed to Agent Orange; and Persian Gulf War, Iraq and Afghanistan veterans exposed to myriad toxins from burn pits.

The expanded use of presumptives to overcome evidentiary gaps associated with toxic exposures not only benefits veterans who have been forced to wait far too long for justice; it uses VBA resources more efficiently by consolidating certain evidentiary decisions for cohorts of veterans defined by the time and location of their service, as well as common toxic exposures that have been scientifically linked with certain diseases and illnesses. While the PACT Act was a historic victory for veterans, it did not include all toxic substances that veterans have been exposed to, nor does it cover all future exposures and hazards that service members may encounter. For those reasons, DAV and MOAA produced the *Ending the Wait* report, which includes a number of recommendations to create a more effective presumptive decision-making process. The report contains several other critical recommendations to ensure toxic-exposed veterans don't have to wait decades for justice, which include: expanding federal research on toxic exposures; creating an independent scientific review process for diseases caused by toxic exposures; and establishing a veterans' stakeholder advisory commission to strengthen oversight and transparency of the VA presumptive-making process.

Mr. Chairman, we are truly grateful for the work that you and others on the Committee did to pass the PACT Act; however, there is still more work to be done. Working together we can build upon the foundation created by the PACT Act by implementing the recommendations in our report, which we believe will not only help end the wait for toxic-exposed veterans but also make the VA claims processing system fairer, faster and more efficient.

This concludes my testimony, and I would be happy to answer any questions that you or members of the Committee may have.