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LEGISLATIVE HEARING

HEARING

BEFORE THE

SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

OF THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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LEGISLATIVE HEARING

TUESDAY, FEBRUARY 3, 2026

SUBCOMMITTEE ON DISABILITY ASSISTANCE &
MEMORIAL AFFAIRS,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:16 a.m., in room 360, Cannon House Office Building, Hon. Morgan Luttrell (chairman of the subcommittee) presiding.

Present: Representatives Luttrell, Self, McGarvey, Pappas, and Morrison.

OPENING STATEMENT OF MORGAN LUTTRELL, CHAIRMAN

Mr. LUTTRELL. The committee will come to order. Without objection, the chair may declare recess at any time.

Thank you for joining us today. We are here to discuss nine bills that would benefit veterans and their survivors.

The bills we will be considering today, the first one will require the U.S. Department of Veterans Affairs (VA) Board of Veterans' Appeals to include in their annual report the reasons why the Board has failed to decide benefits appeals in a timely manner; another is to provide equity between all veterans who are seeking transportation and private burial plot reimbursements from the VA; require the National Cemetery Administration (NCA) to publish an annual report like those published by Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), and the Board of Veterans Appeals; initiate the expansion of the Dayton National Cemetery, acquiring nearby land at no charge to the Federal Government; change the eligibility requirements for the Dependency and Indemnity Compensation (DIC), VA's largest survivors benefit, to surviving spouses under the age of 55 who choose to remarry and to the survivors whose loved one passed away from service-connected Amyotrophic lateral sclerosis (ALS) before the 10-year mark; and consider changes to how VA identifies fraudulent disability benefit questionnaires and the evidentiary standard for determining if some conditions are service-connected.

The subcommittee has an important and unique responsibility. We are responsible for overseeing veterans' compensations, pensions, burial, fiduciary, and survivors' benefits. We touch many parts of the VA, including Compensation Service, the Board of Veterans' Appeals, the National Cemetery Administration, and the Court of Appeals for Veterans Claims. Most importantly, this sub-

committee makes an impact on veterans and their survivors at some of the—and of the most important times in their lives.

The work we do affects veterans when they are seeking disability benefits. It affects them when they are under financial distress. It affects families when their veterans—when their veteran loved one passes away. It also affects how the veterans and their loved ones are honored long after they are gone. We are responsible for reviewing legislation that impacts veterans throughout their lives, and I am grateful that today we will be considering these bills that ensure veterans and their families are honored in their life and that they are properly cared for in their death.

I do want to highlight that the bills we are considering today are not yet offset. This means that no mechanism has been identified for how we will fund these bills and ensure good policy and fiscal responsibility. That obviously goes hand-in-hand. Our responsibility as legislators and current lawmakers, the new spending must be offset by reduction elsewhere to minimize the growth of our national debt. Until this offset can be found and for other proposals, we would be unable to consider that legislation at the full committee markup.

I look forward to working with Chairman Bost, Ranking Member McGarvey, and other members of this subcommittee on these important proposals today. I also look forward to hearing from witnesses who have joined us about how we can improve these bills.

I now yield to the ranking member.

OPENING STATEMENT OF MORGAN MCGARVEY, RANKING MEMBER

Mr. MCGARVEY. Thank you very much, Mr. Chairman. Good morning, everyone. Thank you all for being here today and for holding this hearing. Looks like we got a full agenda, so I am going to get right into things today. Just want to start by highlighting a few of the bills we are going to be hearing.

I want to start by highlighting a bill from Representative Subramanyam, which is the Susan E. Lukas 9–11 Servicemember Fairness Act. I also want to recognize Susan herself, who I understand is with us here today. Thank you so much for your service, for your sacrifice, for being here, there you are, for being here and for, you know, for your bravery for the men and women alongside you that day.

September 11th, is a day that for those of us who were here, will never forget. I can tell you what the temperature was like that day in the city where I was. It brought our country together in a way that I do not think we see much right now. Everyone was focused on how we help each other out. You are emblematic of that. Of course, it did lead to two wars that lasted 20 years. That created millions of veterans. We now have to take care of those veterans on this committee.

Thankfully, we have the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act and other laws that are addressing a lot of exposure to toxic substances and addressing the particular needs of this new generation of veterans. One of those groups is the servicemembers now, the veterans themselves who were at the Pentagon that day, who

were at the Pentagon when it was struck. They did not get the attention; they did not get the care. They do not have same resources that other people exposed to toxic substances received even though there was jet fuel and fire foam and everything else dripping from the walls in the Pentagon that day.

I am glad to see that H.R. 5339 is here, is going to move out of this committee across the House floor. Ultimately, we need to make sure this becomes law, so we fix this glaring gap in coverage for people.

We have also learned that some illnesses do not show up until years after someone is exposed. That is especially true for servicemembers exposed to radiation during their service. That is why I am really glad we are taking up Representative Titus' Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act today. It is a very straightforward bill. It is a straightforward way to make sure that radiation-exposed veterans can actually access the care and the benefits they have earned.

Honestly, it is heartbreaking when you hear these stories and see the illnesses from veterans at the Nevada Test and Training Range that they are dealing with. Hopefully, we can move this bill forward and finally get them those benefits. Their counterparts at the Department of Energy already receive these protections, I think it only makes sense that our veterans receive the same level of protection.

Today on the agenda, we also have Ranking Member Takano's Fraud Reduction and Uncovering Deception (FRAUD) in VA Disability Exam Act, which tries to crack down on a familiar enemy of this committee, which is claim sharks and the disability benefits questionnaires mills.

I am also pleased that today we are discussing H.R. 7620, the National Cemetery Administration Annual Report of 2026 from Representative Mackenzie, a bill I am happy to co-lead with him. This bill, simply put, it is good governance. Actually, when they came to me with the bill, I said they do not already do this? It requires the National Cemetery Administration to provide Congress with an annual report with basic statistical information about their activities and grants in the prior year and the projections for the year ahead. I have absolutely no reason to believe that the NCA is doing anything other than amazing work. If there is an agency in the entire Federal Government that is 100 percent mission-focused and dedicated to the families it serves, it is the NCA.

That said, having a straightforward annual report to keep this committee and the American people informed, it just makes sense. It helps us do our job. It helps make sure taxpayer dollars are being used the right way. I appreciate Representative Mackenzie for working on this important bill and making sure that it is done in the bipartisan way our veterans deserve.

Mr. Chairman, thank you very much. We have got a full agenda, but the agenda seems focused on what the committee does, which is making sure our veterans—we honor the promise we made to our veterans for their service to us. Thank you.

Mr. LUTTRELL. Thank you, Mr. McGarvey.

I respectfully request and ask that each member hold their statements to 3 minutes. In accordance with committee rules, I ask unanimous consent that the following members be permitted to participate in today's subcommittee hearing: Representative Turner from Ohio, Representative Titus from Nevada, Representative Hudson from North Carolina, Representative Fitzpatrick from Pennsylvania, Representative Evans from Colorado, Representative Mackenzie from Pennsylvania, and Representative Subramanyam from Virginia. Without objection, so ordered.

It is our practice that we will forego a round of questioning for the members. I will now recognize the members for their testimony.

Mr. Turner, you are now recognized, sir.

STATEMENT OF MICHAEL TURNER

Mr. TURNER. Thank you, Chairman Luttrell and Ranking Member McGarvey, for holding this markup and considering H.R. 2164, the Dayton National Cemetery Expansion Act of 2025.

Currently, the historic VA Cemetery in Dayton, Ohio, is running out of land for burials. Past expansion of the cemetery have required cannibalization of the historic Dayton VA Medical Center campus. Future planned expansion would not only require the medical center campus of VA to cede more land to the cemetery for burial use, but would also allow the cemetery to place grave site areas in the hospital grounds. That would have to be the only option for expansion for the burials.

Since the VA's policy to expand the cemetery into these alternative areas has come to light, I have been working with the city of Dayton, the Montgomery County Land Bank, the Dayton and Montgomery County Port Authority, to remedy this issue by obtaining land adjacent to the cemetery for future burials. Once this land is secured, the Montgomery County Land Bank will donate the land to the VA Cemetery for expansion for space, eliminating any future need to take away land from the Dayton VA Medical Center. My bill would simply require the VA Department to accept the land donation.

This land legislation, which was passed by this subcommittee during the 118th Congress by a voice vote in which enjoys a support from several community leaders in Dayton, will also allow families of past veterans to continue to bury their loved ones in their hometown on this historical VA campus, which was established shortly after the Civil War and is now a National Historic Landmark. I and other leaders in the Dayton community are proud of the rich historic heritage of our VA campus and have worked tirelessly to maintain the historical integrity of our grounds. We appreciate your support for veterans and certainly for this bill and for our efforts to expand these historic grounds. We thank you for your consideration of my bill.

I yield back.

Mr. LUTTRELL. Thank you, sir.

Ms. Titus, you are recognized for 3 minutes.

STATEMENT OF DINA TITUS

Ms. TITUS. Well, thank you, Mr. Chairman, Ranking Member McGarvey, members of the committee. I appreciate very much being allowed to sit in with you today to talk about the PRESUME Act.

In Nevada's First congressional District, I hear every day from veterans who served honorably, returned home expecting to get fair treatment, and instead have encountered unnecessary barriers to the care and benefits they earned. Among them are atomic veterans, our cold war warriors, and servicemembers who worked at the Nevada Test Site and Training Range. These are individuals whose missions were so highly classified that their presence has been effectively erased even as they were exposed to toxic radiation.

For decades, these veterans have suffered from cancers, pulmonary conditions, and other serious illnesses while being told by the system that they were never there because their records have been masked or buried behind classification. We know the military promises to leave no soldier behind and Congress must live up to that same commitment. That that is why I introduced the PRESUME Act, H.R. 4469. It would eliminate the unjust and nearly impossible requirement that atomic veterans prove a certain radiation dose before accessing VA benefits.

Veterans were often exposed without their knowledge and today they are asked to provide documentation that is controlled entirely by the government. This data has hysterically, too, but historically been incomplete, been unreliable, or been told, well, that was probably destroyed in the fire in St. Louis in 1973. When the government controls all the evidence, veterans should not bear the burden of proving the impossible. The PRESUME Act would remove those bureaucratic barriers and bring fairness and parity to radiation-exposed veterans.

This bill has been endorsed by the Disabled American Veterans, Veterans of Foreign Wars (VFW), National Association of Atomic Veterans, Paralyzed Veterans of America, and other veterans groups. Now, there are only a few hundred of these atomic veterans left, so we need to act now before it is too late. These men and women played a critical role in securing our victory in the cold war, but it was at great personal cost and with little public recognition. It is past time that we honor their service.

As we continue to build on the success of the PACT Act, I urge the committee to keep veterans who were in these atomic situations front and center. Their service was extraordinary, their sacrifice was honorable, and their delay in receiving care is just unconscionable. We cannot change the past, but we can assure that there is a future rooted in dignity, transparency, and justice.

I thank you for your attention to this and I urge you to include it and keeping those atomic veterans in mind. Thank you, Mr. Chairman.

Mr. LUTTRELL. Thank you, Ms. Titus.

Mr. Fitzpatrick, sir, you are recognized for 3 minutes.

STATEMENT OF BRIAN FITZPATRICK

Mr. FITZPATRICK. I thank the chair and the ranking member for allowing me to speak today on my legislation, H.R. 1685, the Justice for ALS Veterans Act.

Mr. Chair, Mr. Ranking Member, this is a bipartisan, bicameral bill that ensures that surviving spouses of veterans who pass away due to ALS receive the full benefits that they have earned. As we all know, ALS is a fast moving, aggressive, and fatal disease. Our veterans are twice as likely to be diagnosed compared to the general population.

With an average life expectancy of only 2 to 5 years after diagnosis, our ALS veterans often do not survive long enough to meet the 8-year requirement for dependency and indemnity compensation, leaving their families without this benefit after their loved one passes away. Denying a surviving spouse of benefits because their loved one did not live long enough to meet an arbitrary requirement, I believe is a betrayal to our commitment of those who served. The Justice for ALS Veterans Act rights this wrong and ensures that the families of our brave servicemembers receive the support that they need and that they have earned.

There is no more work to be done—I am sorry, there is much more work to be done to accelerate research and treatment access for ALS veterans. It is imperative that we close this loophole that has prevented surviving families from obtaining this support. I want to thank this committee for allowing us to raise this issue of ALS that does plague our veterans community twice as more frequently than the general population. I look forward to working with you all to move this legislation forward to honor all of our ALS veterans and their families.

With that, I yield back.

Mr. LUTTRELL. Thank you, sir.

Mr. Subramanyam, you are recognized for 3 minutes, sir.

STATEMENT OF SUHAS SUBRAMANYAM

Mr. SUBRAMANYAM. Thank you, Chairman Luttrell, Ranking Member McGarvey, and the entire subcommittee for having me here to speak on H.R. 5339, the Susan E. Lukas 9–11 Servicemember Fairness Act, a bipartisan bill to close the gap in coverage for those who bravely reported for duty at the Pentagon following 9–11.

As many know, American Airlines Flight 77 on 9–11 crashed into the Pentagon, killing all those on board, 125 people inside, and created a debris-filled blast. What many people may not know is that despite the risks to their health and safety, Pentagon employees, including many constituents of mine, immediately returned to work, risking exposure to toxins which caused lifelong health problems and conditions. These employees have been left uncovered under the PACT Act. H.R. 5339 covers this gap by extending the PACT Act to those who reported for duty between September 11 and November 19, 2001, the day the Pentagon was deemed safe.

The need for this bipartisan legislation is evidenced in the stories of constituents of mine. The heroic Pentagon employees who immediately returned to work to protect our national security include the namesake of this bill, the retired Air Force Lieutenant Colonel

Susan E. Lukas, who is here today, if you want to wave to everyone again, put you on the spot one more time. You know in the aftermath of returning to work, Susan suffered persistent health issues. She was diagnosed with a rare condition found among others who were in the Pentagon right after 9–11. As a result, Susan needs to purchase a costly and specialized iodizing system, for instance, to purify her home's air. As she stated, every action I take is designed to overcome the health challenges posed by my time in the Pentagon on and after 9–11.

These servicemembers who reported for duty at the Pentagon deserve the same benefits under the PACT Act that Congress provided to others. I urge the members of the subcommittee to advance this bipartisan bill to support veterans like Susan. We want to make sure that when people report to duty to keep our country safe after events like that, that they are taken care of and that we fulfill our promise to them to take care of them.

Thank you and I yield back.

Mr. LUTTRELL. Thank you, sir.

Mr. Evans, you are recognized for 3 minutes.

STATEMENT OF GABE EVANS

Mr. EVANS. Thank you, Chairman, Ranking Member, other members of the subcommittee for the opportunity today to speak in support of my bill, the Veterans Burial Allowance and Reimbursement Act. This bill is personal to me, and I am proud to be a lead sponsor of the measure to benefit veterans and veterans families.

I am a lifetime member of the VFW, and I have often spoken of my own experiences flying Black Hawk helicopters for the U.S. Army and the Colorado Army National Guard, which included an overseas deployment to a combat zone in support of the global war on terror. I am proud to come from a long line of veterans. My grandfathers on both sides of the family served this country honorably. Grandpa Evans is a career naval aviator and Abuelo Chavez as a soldier in World War II fighting with Patton's 3d Army.

As someone who has personally attended the burial of veterans before, I know how much this sacred honor matters—excuse me, this sacred honor matters to the families and loved ones of those who have given so much in defense of our Nation. This bill seeks to ensure parity in burial allowances and reimbursement for all veterans who have earned the benefit.

Under current law, nonservice-connected burial allowances is actually set to exceed the service-connected burial allowance next year. That means veterans who pass away from nonservice-connected reasons will receive more burial allowance funds than their service-connected brothers and sisters. To fix this disparity and ensure all veterans receive a just disbursement for their benefits, my bill would eliminate the distinction between a nonservice-connected and a service-connected burial allowance, converting the existing allowance into a general veterans benefit for both service and nonservice-connected passing. This commonsense fix will secure a standard and simple benefit to help the families of veterans honor their loved ones during times of loss and grief.

I urge my colleagues on this committee to support this bill, look forward to working with you to advance it, and yield back.

Mr. LUTTRELL. Thank you, sir.

Mr. Mackenzie, you are recognized for 3 minutes.

STATEMENT OF RYAN MACKENZIE

Mr. MACKENZIE. Thank you, Mr. Chairman, Ranking Member, and the entire committee for holding this hearing today. I appreciate the work of my colleagues on both sides of the aisle and the staff who have helped prepare our bill for today's testimony.

I am proud to have introduced the National Cemetery Administration Annual Report Act of 2026, a bipartisan bill that, as we heard, is co-introduced and led with Congressman Morgan McGarvey of Kentucky. This legislation is about transparency, accountability, and keeping a sacred promise to our veterans and their families.

The National Cemetery Administration plays a critical role in honoring those who have worn the uniform. It is responsible for caring for our veterans in their final resting place and supporting grieving families during one of the most difficult moments of their lives. Congress has a responsibility to ensure that this work is done with dignity, foresight, and proper oversight. Today, there is no single comprehensive public report that clearly lays out how the National Cemetery Administration is operating, where resources are being used appropriately, as we heard, but what does not exist is, again, a comprehensive report like this so we can understand all of their operations going forward. We aim to address that.

Under this legislation, the Department of Veterans Affairs would be required to submit an annual publicly available report dealing NCA operations and performance. That includes the number of internments by cemetery, burial options available to families, customer satisfaction metrics, cemetery construction projects, grants awarded to State and Tribal entities for the veterans' cemeteries, and how unclaimed veterans' remains are handled. Importantly, it also requires that this information is easily accessible online for families, advocates, researchers, and policymakers. This bill strengthens congressional oversight, supports long-term planning, and ensures that veterans and their families receive the respect and care that they have earned.

I am grateful that this legislation or the intent of this legislation is supported by leading Veterans Service Organizations (VSO), including Vietnam Veterans of America (VVA), Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, and the VA, who understand how important transparency and accountability are to fulfilling this final promise.

I again want to thank Congressman McGarvey for his partnership and the committee for considering this commonsense bipartisan measure. I urge my colleagues to ultimately support the bill when it comes up for a vote. I look forward to continuing our work together on behalf of veterans and their families.

Thank you. With that, I yield back.

Mr. LUTTRELL. Thank you, sir. I ask that the second panel please take your seats.

Mr. Self, you are recognized for 3 minutes, sir.

STATEMENT OF KEITH SELF

Mr. SELF. Thank you, Mr. Chairman. Thank you for the opportunity to speak today in support of my bill, H.R. 6698, the Board of Veterans' Appeals Annual Report Transparency Act.

The current law requires the Board of Veterans' Appeals to issue an annual report. Within this report is a performance measure titled "Timely Appeals Modernization Act (AMA) Post Hearing Decisions." This measure reports the percentage of AMA hearing decisions with a disposition of held that may have been decided within 180 days of the hearing, a benchmark that is established by the Board. Unfortunately, the report does not require the Board to explain why cases fail to be decided by the 180-day goal. Veterans and VSOs do not benefit from simply knowing that an appeal has exceeded the Board's 180-day goal. Congress, likewise, cannot effectively conduct oversight or legislate improvements without understanding the underlying causes of those untimely decisions.

The same gap exists with respect to remands. Remands are necessary, but they can also be one of the most significant drivers of delay in the appeals process. Yet the Board's annual report does not currently require any systematic identification of the factors leading to a remand. This bill will close that gap. Specifically, it requires the Board of Veterans' Appeals to identify in its annual report the factors contributing to untimely decisions under the modernized appeals system and to quantify how frequently each factor occurs. It also requires the Board to identify the causes of remands for both legacy and modern appeals, again, with clear data.

This is not about assigning blame. It is about identifying patterns. Are delays and remands being driven by staffing shortages, incomplete medical exams, poor record development at earlier stages, changes in law, or some other procedural bottleneck? Without this information, neither Congress nor VA can target reforms effectively.

This bill does not change veterans' rights, alter the standard of review, or interfere with the Board's independence. It simply asks the Board to report on what is already happening using data, let me emphasize using data, and do so in a transparent, standardized way.

Clear and transparent reporting helps identify where investments and changes will have the greatest impact so that the recent progress within the Board of Veterans' Appeals can be sustained. Ultimately, veterans deserve an appeals system that is not only timely, but accountable. This bill is a modest, but meaningful step toward that goal.

I urge my colleagues to support it and I yield back.

Mr. LUTTRELL. Thank you, sir.

Good morning, everyone. Well traveled, I see. Thank you for joining us today. I know that the weather is not playing nice, so, again, thank you for making time.

Our second panel, I will make the introductions. Mr. James McCormick, executive director of government affairs at Vietnam Veterans of America. Mr. Paul Shipley, national commander of American Veterans (AMVETS). Ms. Tanya Wilson—"Tan-ya" or "Tawn-ya"? Thank you. Ms. Tanya Wilson-Thomas, surviving spouse and former caregiver from the Gold Star Wives of America.

Ms. Nancy Springer, associate director of National Legislative Service at Veterans of Foreign Wars of the United States. Good to see you again, Ms. Springer, as always.

I ask that the panel please stand and raise your right hand.

[Witnesses sworn.]

Mr. LUTTRELL. Thank you and let the record reflect that all witnesses answered in the affirmative. You may be seated.

Mr. McCormick, sir, you are recognized for 5 minutes to provide your opening testimony.

STATEMENT OF JAMES MCCORMICK

Mr. MCCORMICK. Thank you very much. Chairman, Ranking Member, and members of this honorable committee, I want to thank you for this opportunity to be here today. As recognized, my name is James McCormick. I am the executive director of Government Affairs for Vietnam Veterans of America. I am also a 22-year Army veteran who rose through the enlisted ranks starting as a private, retiring as a captain, with 16 of those years enlisted and a bunch of those years as a noncommissioned officer. I have been in those ranks. I served during the cold war, the Gulf War, and Operation Iraqi Freedom.

Vietnam Veterans of America was founded on the shared resolve of veterans who returned from a very real war to a country that was often unprepared or sometimes unwilling to accept them or to understand the cost of that very real war. Founded in 1978, this congressionally chartered organization grew out of Vietnam veterans working together, often unofficially and without institutional support, to demand recognition, including recognition for those invisible wounds of war that would later become a fighting effort to recognize Post-Traumatic Stress Disorder (PTSD).

Guided by our principle that never again will one generation of veterans abandon another, VVA has evolved from advocating for Vietnam veterans only to advocating for all veterans. We strive to ensure that as Vietnam veterans age, they receive the healthcare they have earned. Much more importantly, we strive to ensure that future generations of veterans receive a much better treatment than Vietnam veterans received when they came home.

The nine items we have been asked to address largely align with VVA's advocacy, and we would likely endorse and robustly support them all: H.R. 1685, H.R. 2164, H.R. 1004, H.R. 6698, H.R. 4469, H.R. 5723, H.R. 5339, H.R. 6943, and also the Discussion Draft on the National Cemetery Administration Annual Report Act.

I commend this subcommittee for working together and doing what many cannot seemingly do in this country. Too often it seems that negativity and party line politics have seeped into veterans' policies in ways that create competition instead of compassion, delay instead of care, and noise instead of solutions. We debate labels, errors of service, and party positions while veterans struggle with housing, healthcare, suicide risk, financial insecurity, and the dignity at the end of life.

It does not matter what branch they served in, it does not matter when they served, and it does not matter whether they faced combat, supported supply lines, maintained equipment, gathered intelligence, or served in an administrative role. Every one of them

raised their right hand and accepted the same obligation. Every one of them made sacrifices that shaped their lives, their families, and this Nation.

Advocacy must never devolve into deciding which veterans are most politically convenient to support. The role of Congress is to ensure that every veteran and every veteran's family not be hampered by their service and can live with stability, access care without unnecessary barriers, and age with dignity.

As we look at the warrior ethos, it is clear that it says I will never leave a fallen comrade behind. I will never leave anyone behind. That is an oath. That is a commitment, and that is something that we as a Nation must live up to and ensure that we are working together across party lines, across wartime service lines and peacetime service lines to ensure that we are doing the right thing for our veterans and their families.

Thank you very much, and I look forward to your questions at any time.

[THE PREPARED STATEMENT OF JAMES MCCORMICK APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, sir.

Mr. Shipley, you are recognized for 5 minutes, sir.

STATEMENT OF PAUL SHIPLEY

Mr. SHIPLEY. Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the subcommittee, on behalf of AMVETS, thank you for the opportunity to testify on the legislation before you today.

As the Nation's most inclusive, congressionally chartered veterans service organization, AMVETS represents more than 20 million veterans from the Active Duty, Guard, and Reserve components. The bills before the subcommittee go to the heart of our national priorities: mental health, survivor equity, and accountability in the veterans benefits system. While they address different policy areas, they share a common goal of ensuring that veterans and their families are not failed by the systems meant to support them after service.

First, the Love Lives On Act of 2025. AMVETS strongly supports this legislation. Under current law, surviving spouses who remarry before age 55 lose their dependency and indemnity compensation and survivor benefits annuities. Because most post 9–11 surviving spouses were widowed in their 20's or 30's, more than 95 percent choose not to remarry to avoid this penalty. A servicemember's sacrifice does not diminish because their surviving spouse finds companionship again. This country cannot claim to honor the fallen while penalizing the families they left behind.

Second, the Justice for ALS Veterans Act of 2025. AMVETS offers full support for this bill. Although ALS is presumptively service-connected, current survivor benefits rules ignore the disease's short course. Enhanced DIC requires 8 years of total disability, but ALS veterans typically and tragically survive only 2 to 5 years. This legislation removes that requirement and ensures survivors receive appropriate compensation. We also support the recording requirement to identify other high mortality service-connected con-

ditions so families are not penalized simply because a disease progresses too quickly.

Third, the Susan E. Lukas 9–11 Servicemember Fairness Act. I would like to recognize Mrs. Lukas being here today. Her courage is a demonstration for all of us to follow. AMVETS is proud to stand with the Reserve Organization of America in supporting this bill. While Congress addressed many toxic exposure gaps through the PACT Act and the Zadroga Act, servicemembers who reported to the Pentagon after September 11, 2001, were left behind. Despite working for months in environments contaminated with asbestos, jet fuel, and pulverized building materials, these veterans are forced to prove direct service connection for cancers and respiratory illnesses that emerge years later. This bill would extend presumptive coverage and finally close a longstanding and unjust gap.

Fourth, the PRESUME Act. AMVETS strongly supports the legislation for atomic veterans exposed to ionizing radiation. Current VA policy relies on decades old reconstruction estimates that are scientifically flawed and administratively harmful, despite the fact that radiation affects individuals differently. If a veteran participated in a recognized radiation risk activity and later develops a service-connected illness, care should never be delayed or denied.

Fifth, the Board of Veterans' Appeals Annual Report Transparency Act. AMVETS supports this bill based on decades of experience representing veterans before the Board. While the Appeals Modernization Act made progress, the progress remains opaque. Many decisions are remands that prolong resolution rather than delivering finality. This legislation would improve transparency around delays and remands and ensure the Board is evaluated on outcomes, not just volumes of claims.

Finally, the Fraud and VA Disability Exam Act. AMVETS would support this bill if amended. Fraud must be addressed, but oversight must be precise. Veterans should not be penalized for relying on private providers or for minor clerical errors beyond their control. Fraud prevention must not become a new barrier to earned benefits.

In closing, the legislation before the subcommittee presents real opportunities to strengthen the system veterans and their families rely on. AMVETS stands ready to work with you to advance fairness, accountability, and finality, and to ensure that honoring service means supporting veterans and survivors long after the uniform comes off.

Thank you for the opportunity to testify. I look forward to your questions.

[THE PREPARED STATEMENT OF PAUL SHIPLEY APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, sir.

Mrs. Wilson-Thomas, you are recognized for 5 minutes.

STATEMENT OF TANYA WILSON-THOMAS

Mrs. WILSON-THOMAS. Good morning, Chairman Luttrell, Ranking Member McGarvey, members of the subcommittee. My name is Tanya Lynn Wilson-Thomas, surviving spouse of U.S. Marine Dwight Anthony Thomas, Sr.

I am a member of Gold Star Wives of America Incorporated, which was founded in 1945 as a service organization of World War II widows. We are the surviving spouses of our Nation's military servicemembers. We were created to advocate for policies that support quality of life for military survivors and their children due to their servicemember's spouse's death on Active Duty or as a result of service-connected conditions. We have been advocating for families for 80 years and are continuing to do so.

I am here to express support for H.R. 1004, the Love Lives On Act, and H.R. 1685, the Justice for ALS Veterans Act. I am providing testimony on only these two bills as they are most impactful to our membership. The Love Lives On Act and the Justice for ALS Veterans Act are two bills which would have a positive impact on our members and we urge the committee and the Congress to see them through to enactment.

While our members have different stories and journeys, we have all arrived to the same destination. We have all found ourselves experiencing the trauma of loss of our spouse, the upheaval of our lives, and the weight of learning to incorporate that loss into our everyday existence. We are also tasked with simultaneously helping our children to do the same.

The Love Lives On Act affirms our Nation's responsibility to stand with Gold Star wives and their husbands—and husbands beyond their moment of loss. It provides essential recognition by acknowledging that our sacrifices are perpetual, just as the benefits provided to spouses have a perpetual indemnification purpose that should not be threatened. It asserts that honoring service must emphatically include honoring those who constantly endure life with the rigors of its sacrifices along with its lasting associated cost.

My late husband Dwight Senior was a proud U.S. Marine who suffered greatly due to several service-connected illnesses. He was on emergency standby with his unit to deploy to the Persian Gulf when he collapsed and underwent brain surgery. He collapsed with a brain hemorrhage and underwent brain surgery at the age of 23. I was 22, our children were 2 and 4. I then became his military caregiver until his death 8 years later.

Support for the Love Lives On Act affirms that our Nation does not forget but remembers that although they are no longer physically here, our spouse's service and sacrifices are still recorded in the annals of our Nation's American history. This act provides the reinstatement of the benefits of the Survivor Benefit Plan and, in addition, it provides reinstatement of TRICARE benefits when a subsequent marriage ends in divorce or death. Currently, a survivor would lose eligibility.

This bill ensures that military survivors are not forgotten in a real and tangible way, but provided the resource to rebuild stability in their lives after sacrifice on behalf of a grateful Nation. Gold Star Wives also strongly supports H.R. 1685. Amyotrophic lateral sclerosis, ALS, this is a devastating and unforgiving disease that has taken the lives of those who serve this Nation with honor. The families, after acting as their loved ones military caregiver, are left to bear unimaginable loss. Then, because of ALS rapid progression, they are often left with significant financial loss due to the law's inflexibility in recognizing that progression.

The report on additional medical conditions should commence without delay. Gold Star Wives of America Incorporated urges the committee to extend eligibility for increased survivor benefits to all families whose servicemember died due to ALS before October 1, 2025. All surviving spouses with ALS-related deaths have similar experience, irrespective of the date of death. This bill represents accountability for servicemembers.

Finally, members of the subcommittee, I close in asking for your support for these bills. The ALS bill, it acknowledges respect for, compassion for the families by streamlining access to care, benefits, and much-needed answers. Supporting this is not only good policy, but it is our moral obligation.

I close in asking you to work together constructively and how to accomplish moving these bills beyond this first step. For 80 years, Gold Star Wives has seen this committee, which formed in 1946, the same age as our organization, come together on issues affecting veterans and survivors. We are asking that you do so again. We are asking that you proudly build on the foundation of President Abraham Lincoln's pledge to care for those who borne the battle and for his widow and his orphan. He knew this was morally just. We know that you believe the same in the end.

Thanks again for your support. Thank you for the opportunity to hold forum with each of you today.

[THE PREPARED STATEMENT OF TANYA WILSON-THOMAS APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, ma'am.

Ms. Springer, you are recognized for 5 minutes.

STATEMENT OF NANCY SPRINGER

Ms. SPRINGER. Good morning. Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars in the United States and its auxiliary, thank you for the opportunity to present our views on the legislation before this subcommittee today. My written testimony outlines the VFW's position on all the bills under consideration. This morning, I will highlight three.

First, the VFW supports H.R. 1685, the Justice for ALS Veterans Act of 2025. This legislation would extend Enhanced Dependency and Indemnity Compensation, or DIC, to surviving spouses of veterans who die from ALS, regardless of how long the veteran lived after diagnosis. Currently, VA pays surviving spouses enhanced DIC only if the veteran is rated totally disabled for at least 8 years prior to death and if the marriage lasts at least 8 years.

While VA presumes ALS to be service-connected and typically assigns a total disability rating at diagnosis, the 8-year disability requirement is fundamentally incompatible with the realities of this disease. ALS is a rapidly progressive internal illness with a typical life expectancy of just 2 to 5 years following diagnosis. Consequently, many families can never meet the 8-year disability threshold through no fault of their own. H.R. 1685 would remove this unattainable requirement while preserving the 8-year marriage rule, ensuring surviving spouses receive the full survivor benefits Congress intended.

This issue is deeply personal to the VFW. Chris Mulholland, United States Marine Corps, retired, VFW member, and ALS patient, led our organization's longstanding advocacy to reform ALS survivor benefits, including spearheading the adoption of a related VFW resolution. Major Mulholland spoke powerfully about the toll ALS takes not only on veterans, but also on families who suddenly become full-time caregivers while facing the rapid decline of their veteran along with related emotional trauma and financial uncertainty. Tragically, Major Mulholland himself lived fewer than 8 years after his ALS diagnosis in 2020, embodying the very injustice the bill seeks to correct.

Second, the VFW supports H.R. 5723, the Fraud Reduction and Uncovering Deception in VA Disability Exams Act. Veterans use VA disability benefits questionnaires, or DBQs, which are available on VA's publicly accessible website, to document medical evidence supporting disability compensation claims. Because DBQs often provide foundational evidence, their accuracy is essential to the integrity of the VA claims process.

Unfortunately, their importance has also made them a target for exploitation. Some bad actors charge veterans for assistance that VA credited representatives provide at no charge. Others falsely promise guaranteed outcomes, encourage veterans to avoid VA examinations, or claim access to private providers who will secure higher ratings. In more serious cases, affiliate health care providers charge fees to manufacture diagnoses or exaggerate conditions to obtain benefits beyond what the evidence supports.

H.R. 5723 would require VA to establish a formal process to identify and report suspected DBQ-related fraud, mandate referrals to appropriate authorities, and implement a recurring audit program to monitor both reported and detected fraud. Together, these reforms would create a systematic and accountable approach to addressing DBQ fraud, one that would protect honest veterans and preserve trust in the disability compensation system.

Finally, the VFW supports H.R. 6698, the Board of Veterans' Appeals Annual Report Transparency Act of 2025. This legislation would require the Board of Veterans' Appeals, or BVA, to identify in its annual report the factors contributing to untimely decisions and remands. Due to the Board's workload, veterans can wait up to 2 years and sometimes beyond for a decision and even longer if they request a hearing. Remands to the agency of original jurisdiction further delay final decision. In Fiscal Year 2024 alone, BVA remanded more than 40 percent of appeals, further extending resolution timelines and creating uncertainty for veterans awaiting their final disposition.

Requiring BVA to identify and report the drivers of delay would improve transparency and provide the data needed to strengthen processes and reduce inefficiencies. This transparency would enhance oversight, improve accountability, and build confidence that BVA is handling appeals fairly and consistently.

In conclusion, these three bills collectively would ensure that veterans and their survivors are treated with the fairness, integrity, and urgency their service deserves.

Chair Luttrell, Ranking Member McGarvey, thank you for the opportunity to present the VFW's views. I look forward to answering your questions.

[THE PREPARED STATEMENT OF NANCY SPRINGER APPEARS IN THE APPENDIX]

Mr. LUTTRELL. Thank you, Ms. Springer.

Mr. Self, you are recognized for 5 minutes for your line of questioning.

Mr. SELF. Thank you, Mr. Chairman.

Mr. McCormick, I want to explore the 6698 with you. You said that it could drive real change. Can you elaborate on that?

Mr. MCCORMICK. Yes, sir.

Mr. SELF. This, of course, is the Board of Veterans' Appeals Annual Report Transparency.

Mr. MCCORMICK. Yes, sir. Thank you very much. What this does is it opens up an opportunity for more transparency. As we look at common sense approaches to, number one, ensure that what we are doing is both monitored and overseen, we believe that an Annual Report Transparency Act of 2025 would help create that. It identifies root issues, training quality. VVA frequently calls for appeals reform and transparency to reduce backlogs, delays affecting veterans, indirect benefits through pressure for improvements, aligned with priorities, and added to the workload is at risk.

Mr. SELF. Well, my real question is, who benefits from this? We often talk about inputs here. You know, we love to set up new offices and talk about inputs. I want to know, do the veterans themselves benefit from this? That should be the goal of what we are trying to do here.

Mr. MCCORMICK. Absolutely. I believe that is that is the intent here, sir, of this bill. We believe that it would improve a level of trust in the system and also remove some additional barriers that have frequently plagued especially our generation of veterans, the Vietnam Veterans of America.

Mr. SELF. With that, Mr. Chairman, in the interest of time, I yield back.

Mr. LUTTRELL. Thank you, Mr. Self.

Mr. Pappas, sir, you are recognized for 5 minutes.

Mr. PAPPAS. Well, thank you, Mr. Chairman. Thank you to everyone on the witness panel for their testimony here today and for your service and commitment to our Nation's veterans and their families. I appreciate that you all have spoken up loudly and clearly in favor of the Justice for ALS Veterans Act. I appreciate my colleague, Representative Fitzpatrick, who was here earlier to testify on behalf of that bipartisan partisan bill that we introduced together.

Mrs. Wilson-Thomas, thank you for relating your own personal experience. I am sorry for your loss, and I appreciate the way you talked about the moral obligation that we have on this committee to get it right for survivors and for families who have sacrificed so much for this great country.

We know specifically with ALS that it is a devastating, progressive disease. It affects veterans at a rate twice the rate of the general population, and we are learning more about ALS, but there is still so much we do not know about the disease, no known cause,

and certainly no cure for it. Veterans with ALS and their families deserve greater understanding and the kind of benefits that we strive to provide on an equitable basis to all those who wear the uniform. I think updating current VA policy to better reflect the reality faced by veterans with ALS and their families is simple common sense, and it is the right thing to do and it is the moral thing to do. Thank you for underscoring that.

Ms. Springer, I appreciate you relating the personal experience of families that have struggled with ALS. I think the current 8-year total disability requirement for enhanced DIC benefits simply does not align with the medical reality faced by ALS patients and certainly their families and survivors. I am wondering if you can just underscore for us why maintaining that 8-year disability requirement for benefits poses harm to survivors of veterans with ALS, even though that they already have the service connection and total disabilities already recognized. Why do we need to change that 8-year window?

Ms. SPRINGER. Actually it is fundamentally inequitable and wholly incompatible with the realities of this disease. The lifespan of an ALS patient is between 2 and 5 years, as shown by my VFW colleague, Major Mulholland, who lived fewer than 8 years before his death. Without recognizing that, we are putting an unattainable burden on these survivors who have suffered so much. Devastating disease and family members frequently become full-time caregivers, giving up their jobs, giving up their financial security, and we are asking them to attain something that they just cannot. That is why we think that that is totally incompatible with the realities of this disease and totally unfair.

Mr. PAPPAS. Well, thank you for those comments. I do think we need to give these families compassion and understanding. I think this bill does that, and so I hope that the committee can find a way to move this forward soon.

With that, I yield back.

Mr. LUTTRELL. Thank you, sir. The vote has been called in the House. The subcommittee will stand in recess subject to the call of the chair. I expect to reconvene 10 minutes after the start of the last vote. What that means, ladies and gentlemen, is we have to go across the street to cast our votes and we will be back as quick as possible.

[Recess.]

Mr. LUTTRELL. Thank you for giving us some grace. I forgot to gavel out. Now I am gaveling back in. We are good to go. It is the rules. Apologize.

I will recognize ranking member for his opening line of questioning.

Mr. MCGARVEY. Thank you all so much. Thank you, Mr. Chairman, for having this panel here today.

Mrs. Wilson-Thomas, I want to start with you. First of all, thank you for being here. Thank you for your courage throughout this whole ordeal, not just in taking care of your husband and your family, but in being here to tell us that story.

I am not sure if you have had a chance to read the VA's testimony on the Love Lives On Act right now, but I hope you did because I want to get your reaction to it. In particular, the VA says,

and I want to quote what it says here, quote, "The existing marriage restrictions help manage and allocate VA resources effectively."

Now, they tried to make that sound as bland as humanly possible, but to me, that is a lot of government speak that we are going to take this away from you. I want to know, really and truly, again, thank you for your courage and bravery in being here, but for you, for other survivors, what does it say to you guys when the VA boils your losses down to a budgeting exercise?

Mrs. WILSON-THOMAS. Thank you for that. First of all, when it is stated as such, it really means that we have to pay more attention to "On behalf of a grateful Nation." If we pay attention to that statement, "On behalf of a grateful Nation," our sacrifices were on behalf of a grateful Nation, then the VA should not state it as such, but be very specific in how we are to be—how we should have access to resources. Really and truly, we are working diligently to try to have some semblance of normalcy, have a life, rebuild a life after the rug was pulled out from underneath ourselves and our children.

Gold Star wives and husbands, we need the support of the government to provide resources to help rebuild the life. When we hear that stated in such a way, it makes us understand that that is not really the goal, and that is not what we want to understand about our system.

Mr. MCGARVEY. The language is seemingly bland. The impact is absolutely——

Mrs. WILSON-THOMAS. It is devastating.

Mr. MCGARVEY. Devastating.

Mrs. WILSON-THOMAS. It is devastating. It is devastating.

Mr. MCGARVEY. I appreciate you sharing your personal side of this because I am also afraid that VA is trying to rewrite the story with the American public about what Dependency and Indemnity Compensation, or DIC, is and the purpose behind it.

Yes, DIC, Dependency and Indemnity Compensation, provides money to people whose spouses are killed because of their service. This has never been just a check. It is always been more than that. This is an acknowledge, as you said, when you say, "On behalf of a grateful Nation," when you sign up, when you put that flag on your shoulder, when you put on the uniform, willing to sacrifice everything to serve us and keep us free, we make you a promise. That promise is a legal promise. That promise is a moral promise. It says, we are going to take care of you and we are going to take care of your family.

The reality is my brother is Active Duty right now. No, no servicemember serves alone. They have a team behind them. Your service, your sacrifice has to be recognized. It is especially true for families of disabled veterans. Their service does not end when the veteran passes away and it certainly does not disappear if that spouse is fortunate enough to find love again.

You told your story and your husband was injured when you were 22.

Mrs. WILSON-THOMAS. Pardon me?

Mr. MCGARVEY. You told your story. Your husband was?

Mrs. WILSON-THOMAS. He was 22 when he, yes, developed a blood—a brain hemorrhage at the age of 22.

Mr. MCGARVEY. Then you——

Mrs. WILSON-THOMAS. Well, excuse me, he was 23. I was 22.

Mr. MCGARVEY. You were 22.

Mrs. WILSON-THOMAS. Yes.

Mr. MCGARVEY. Then took care of him for 8 years?

Mrs. WILSON-THOMAS. Yes, I did.

Mr. MCGARVEY. You know, I just say this, like that does not disappear. Your service does not disappear, especially if you are able to find love again and fortunate enough to find love again.

One of the reasons we are talking about this is it says cost. The Love Lives On Act is supposed to cost $2 billion over 10 years. Look, I am not saying that is not a lot of money, but let us look at where some of the other priorities are. Just this year in the One Big Beautiful Bill, there is a provision in it which cuts the tax off of firearm suppressors, silencers, over the same 10-year period that we are taking money away from our Gold Star spouses. We are giving it to make firearm silencers cheaper. That to me is not a trade that we should be doing. The same amount of money to pay for silencers, but they cannot find money to pay for survivor's benefits.

I appreciate you being here to testify and I hope the VA will rethink its opposition to this bill.

Mr. Chairman, I yield back.

Mrs. WILSON-THOMAS. Thank you.

Mr. LUTTRELL. I was actually going to use the VA's testimony and ask something similar, Mrs. Thomas, so he beat me to that. Great job. Not really, but great job.

I try to put myself in the situation, especially in this position of—because I have spoken to a lot of spouses, a lot of Gold Star spouses. I lost a lot of teammates over the two wars, and a lot of my friends lost a lot. Gave it all just like you did. I try to appreciate the perspective that the VA is providing us—and then I asked them, have you ever had—have you had conversations with Gold Star spouses? A spouse's job is probably the most challenging job there is. Saw a pretty interesting T-shirt one time, said, "A Navy wife is the hardest job in the military." I agree with that.

I do not understand why it is even a conversation that we have to have that you would take something from someone who walked that pathway alongside us or those members that served. The functionality of the military through its men and women is successful because of a lot of things, but most certainly the family, because the spouses—my spouse looked at me every day and said, you are doing great things for our country, and we are here for you. If something had happened to me and then my wife had gotten her benefits, in my opinion, that is something that she earned forever.

Mrs. WILSON-THOMAS. Thank you.

Mr. LUTTRELL. I wholeheartedly support the idea that you have earned those benefits, whether or not you get remarried again or whomever under the age of 55.

As Mr. McGarvey, I do not look at it as dollar bills. I do not. Someone who works in Congress, whose job is to spend money, I am speaking as a veteran, that is something that you earned, and

it is—no one has that right to take that away from you, in my opinion.

Mrs. WILSON-THOMAS. Thank you.

Mr. LUTTRELL. The challenge is obviously getting there from here, which we are working on a daily basis to make sure that that does happen. I think speaking to you, Mrs. Wilson-Thomas, is that I want you to know that he and I agree wholeheartedly. Since I am the chairman and ranking member, in this subcommittee will carry this all the way to the finish line or damn sure die trying.

Mrs. WILSON-THOMAS. Thank you.

Mr. LUTTRELL. I had a young lady, Ms. Patsy Dietz, sit in my office, and I have been friends with her a long time. She is remarried to another friend of mine who was in the military. I got to tell you, I was present when she lost her husband, and she came back last year to visit with me. I looked her in the face, I was like, you do not have to explain this to me. I understand. It is making sure that everyone else does, because you are a—you know, being in the military is a very small sorority or fraternity. Unfortunately, that, you know, that fraternity that you are a part of, losing someone is—it is not one anybody should have to be a part of. We are doing our absolute to make sure that you get what you deserve and you keep it.

Okay. Ms. Springer, when it comes to ALS——

Mrs. WILSON-THOMAS. Thank you.

Mr. LUTTRELL. Yes, ma'am. When it comes to ALS, you know, if we can understand how the brain works, that would be an amazing thing. The window at which someone with ALS or any other neurological disease, you know, it is kind of a rolling tide. I think until we can understand exactly, you know, how this thing functions, we are kind of throwing darts at a dartboard.

I can appreciate that 8-year window is substantially wrong. The timeframe in which it was created to what we understand about the brain currently, it has changed. I hate to say, what does it look like or what is necessary or what is the sweet spot that we should pay attention to? The one that you give me is going to be argued amongst everyone and then we have to make the decision. That is the hard part about our job. We cannot necessarily decide on who is right or wrong. We have to take a step forward.

This place loves to have problems. This place loves to talk about the problems we have. It does not seem to be the place that wants to solve many problems. On this committee, we do everything that we possibly can to solve those problems. You may not have this answer for me, but I need—we, if I may, sir, where is it? What is the next step? What does the timeline need to look like? What is most beneficial for those that are suffering from ALS and the families, to put them in a place—I am not—you know, you cannot say put them in their comfort zone because there is nothing comfortable about this at all.

It is, hopefully, something that we can change as science shows up with medicine. To now, to date, you know, we have to pray to God every day that those that are suffering from this, you know, they do their best to live in peace. I do not know if you have an answer to what I just kind of threw at you, but.

Ms. SPRINGER. Mr. Chairman, we, we really thank you for your concern about this matter. I gave the personal story of one of my VFW comrades, Major Mulholland. I did not know him personally, but I do know people who did. Unfortunately, it is a very devastating, fast-moving disease. People go from being essentially normal to being very incapacitated in a very short amount of time. Along the way their family members often are the caregivers, so they have to leave their jobs and spouse or family members leave their jobs and watch that happen to their loved one, to their veterans. There is a huge emotional toll on the family members. There is loss of financial security.

I would suggest that we stay plugged in with medical science and use data to determine if it is not 8 years, where is it? We would say no time limit at all. This is such a devastating disease. Once that person dies, and it is likely going to be between 2 and 5 years that that surviving spouse does get that extra enhanced DIC. It is not a princely sum, but every little bit helps because that family's financial situation will have degraded tremendously from the time before diagnosis.

Mr. LUTTRELL. Should it be a timeframe more than a——

Ms. SPRINGER. Conditions based?

Mr. LUTTRELL. A phase in which the conditions have become more exacerbated.

Ms. SPRINGER. Okay. That is—right.

Mr. LUTTRELL. If you put—you cannot put a timeframe window in——

Ms. SPRINGER. Right.

Mr. LUTTRELL [continuing]. because everyone is different. When it comes to science and medicine, and I speak on how academia is very siloed, gathering that information may be more challenging than saying, hey, look, if a certain individual has this systematic diagnoses, they have reached that specific time instead of a 2-, 4-, 6-, 8-year window. That is something we are going to have to figure out.

Ms. SPRINGER. That may be a very viable alternate viewpoint is to look at it from the basis of condition instead of time limit, conditions based, preference it on conditions based.

Mr. LUTTRELL. We have not asked those questions. Who in the VA do you deal with directly with this issue?

Ms. SPRINGER. I have not directly.

Mr. LUTTRELL. All right. Well, I am going to find out who that is and have this conversation to follow up. Hang on for 1 second.

Well, it is just me and you guys in here today. Washington, DC, is a busy place. I wish we all had the answer for the problems that we not only presented here today, but that live in the veteran space. It seems forever changing. The problem when you inject politics and the government on top of something that is so sacred as our veteran community, we are the ones that get lost and we are having to wade through that.

I will close with thank you all for coming and sitting in on this panel and sharing this information. We will—the chairman and—the ranking member and I will move on this.

With that, thank you and you are excused.

The third panel, you may be seated. Mr. Smith, Mr. Powers, Ms. Bover, are you ready?

Thank you to the witnesses for joining us today. From the Department of Veterans Affairs and the National Cemetery Administration, the lead witness for the VA is Ms. Jennifer Bover, executive director of Pensions and Fiduciary Services at the Veterans Benefits Administration. Ms. Bover is accompanied by Mr. James Smith, deputy executive director of Compensation Services at the Veterans Benefits Administration; Mr. Glenn Power is deputy undersecretary for Field Programs and Cemetery Operations at the National Cemetery Administration.

I ask that all witnesses please stand. Raise your right hand.

[Witnesses sworn.]

Mr. LUTTRELL. Thank you. Let the record reflect that all witness have answered in the affirmative. You may be seated.

Ms. Bover, you are now recognized for 5 minutes to present the Department's testimony.

STATEMENT OF JENNIFER BOVER

Ms. BOVER. Good morning, Chairman Luttrell, Ranking Member McGarvey, and the members of the subcommittee. Thank you for the opportunity today to discuss the Department of Veterans Affairs' views on several bills that would affect VA programs and services. Supporting me today is Mr. James Smith, deputy executive director, Compensation Service, and Mr. Glenn Powers, deputy undersecretary for Field Programs and Cemetery Operations. Our board partners are not able to attend today's hearing.

Unfortunately, I will not be able to speak on H.R. 6698, Board of Veterans' Appeals Annual Report Transparency Act of 2025. I will be taking those questions for the record.

At VA, we recognize the sacrifice that veterans, servicemembers, their families, and survivors have made serving our country. It is our job to serve them as well as they have served us. VA believes clarity and transparency allows us to provide high-quality care along with modernized benefits and services. We welcome the opportunity to provide insight into these proposed pieces of legislation. We have provided detailed comments in the written testimony to include areas of support and concern VA has on today's legislation.

VA supports the intent of H.R. 1004, the Love Lives On Act of 2025, and its focus on ensuring that eligible survivors receive support from VA following the loss of a veteran. VA has determined that the remarriage restrictions currently in place for Dependency and Indemnity Compensation and Medal of Honor special pension are consistent with that intent. The remarriage restrictions align with provisions for a multitude of Federal benefits across varying agencies and departments.

VA supports H.R. 1685, the Justice for ALS Veterans Act of 2025, subject to appropriations and if amended. VA respectfully requests further discussion on section 3 of this bill, which requires a report of other conditions that should be treated in the same manner as ALS due to high mortality rates. The concept of a high mortality rate lacks a standardized government definition as there is not a universal set of metrics to define this concept. We are

happy to work with the committee on identifying what may constitute a high mortality rate and the service-connected conditions that may qualify for this designation.

VA appreciates the intent of H.R. 5723, the FRAUD in VA Disability Exam Act of 2025. However, VA does not support this bill. VA is concerned about the requirements to notify individuals whose DBQs are suspected of fraud. Under current practice, if fraud is suspected, VA typically orders a new exam and revises ratings as needed to ensure fairness. VA does not support the proposed restriction of reopening or changing benefit decisions based on investigations unless the individual is convicted of fraud. The time required and the higher bar of evidence needed to secure a fraud conviction eliminates VA's ability to correct errors in a shorter timeframe than needed for a Federal criminal proceeding to unfold, potentially harming veterans who are not involved in fraudulent activity.

VA does not support the Discussion Draft entitled "Veterans Burial Allowance and Reimbursement Act of 2026." VA appreciates and supports the need to make changes to the burial benefit structure to alleviate the issue that occurred on October 1st of 2025, where the combination of paying nonservice-connected burial and plot allowances is now greater than the service-connected burial allowance. VA's recommendation within the written testimony provides a more streamlined plan to amend the burial benefit structure that would allow VA to preserve the distinction of a higher rate for service-connected burials that Congress has had in place since 1973.

Across VA, we continue to improve services to meet the needs of veterans, servicemembers, and their families and survivors. We thank the committee for your continued support.

Thank you again for the opportunity to appear before you today, Mr. Chairman. This concludes my statement.

[THE PREPARED STATEMENT OF JENNIFER BOVER APPEARS IN THE APPENDIX]

Mr. LUTTRELL. The written statement Ms. Bover will be entered into the hearing record. We will now move to questioning.

Dr. Morrison, are you ready to go? I will hand it off to you if you would like.

Ms. MORRISON. Thank you, Mr. Chair. Mr. Chair, I want to thank you for holding this hearing. Thanks to the panel for being here. I also want to thank the gentleman—you, Mr. Chair, and the gentleman from North Carolina, Mr. Hudson, for your partnership and leadership on the Love Lives On Act. I am pleased to see that the bill is on the docket for today's hearing and I want to use my time to continue making the case that we need this legislation. No surviving military spouse should have to choose between finding love again and keeping the benefits their family deserves.

Ms. Bover, I would like to turn to you for my questions. The Love Lives On Act was considered at a legislative hearing held by this subcommittee in April 2024. During that hearing, VA provided a cost estimate of 327 million over 10 years for Section 2 of the bill, which eliminates the remarriage penalty for DIC. Congressional Budget Office (CBO) had a wildly different estimate stating that it would cost around $2 billion. Is VA willing to provide the numbers

it utilized to determine its score and work with CBO to provide a more accurate estimate?

Ms. BOVER. The VA is always happy to work with the committee on this topic. We do not have a cost estimate at this time, but we are happy to get that for you when it is available.

Ms. MORRISON. That would be great. You would commit to following up with my team on those numbers?

Ms. BOVER. The Department commits to transparently sharing the information that we have as soon as we can.

Ms. MORRISON. Thank you. VA's testimony states that Disability and Indemnity Compensation payments are designated for individuals who have lost financial support due to a spouse's service-related disability or death. It also states that if the surviving spouse remarries before age 55, this financial need is no longer considered to exist, thereby altering the initial intent of the law.

Ma'am, what changes at the age of 55 for a survivor to suddenly need this financial support? How is the situation different from someone who is, say, 32 or 52?

Ms. BOVER. Thank you for the opportunity to clarify our position. The previous administration, you know, there is been a change in administration, and after reviewing the legislation, we have recognized that there are different complexities this may impose on surviving spouses for the benefits, both within the VA and in other areas of Federal agencies. The remarriage restrictions are not unique to VA.

Ms. MORRISON. Leaving aside the financial need and earning potential, we are also talking about people who suffered unimaginable loss. Right? This is about following through on the promise we made to our servicemembers, veterans, and their families. We owe survivor benefits to men and women who have tragically lost their loved ones in service to their country. It is not right that we take them away if they find love again too soon.

Ms. Bover, beyond the economic factors, do you think there is a moral imperative to protect survivor benefits for those who remarry before age 55?

Ms. BOVER. VA supports survivors getting remarried. When we reviewed this legislation what we found was it created inequities not only within our own programs within VA, but also across other Federal agencies. I think it is important to know that I myself am a veteran and the VA supports taking care of survivors and their families. I have been in this role about 3 months, and just in those 3 months I have made an effort to understand the issues that face survivors. I have set up meetings with the Offices of Survivors Assistance, the Tragedy Assistance Program. Just since this fiscal year, we have decreased the inventory of DIC claims by 34 percent and our average days pending by 40 percent.

We are making survivors a focus. With this legislation, we would be happy to work with the committee to address this more holistically while considering these secondary effects this legislation would have if enacted.

Ms. MORRISON. One final question. In previous testimony, VA supported the Love Lives On Act with amendments. This Congress the bill was amended to include some technical fixes identified by VA in 2024. What has changed for VA to go from supporting the

removal of remarriage restriction requirements for surviving spouses to now opposing the bill outright?

Ms. BOVER. With the change in administration, again, after we reviewed the legislation, we found that there would be some inequities caused within some of our own survivor programs within the VA and also across other Federal agencies. For example, survivor's pension, if a survivor remarries at any age, they lose that benefit. It also affects other Federal agencies, such as TRICARE, the Survivor Benefit Plan, Social Security. Those remarriage restrictions are not unique to the VA.

Ms. MORRISON. It is disappointing to me. In spite of our disagreement, I do hope that we can work together, find a path forward, because I believe we owe it to survivors and their families to get this done. Thank you.

Mr. Chair, with that, I yield back.

Mr. LUTTRELL. Thank you.

Ms. Bover, you answered Dr. Morrison's two questions with the exact same answer, which means I think you are either reading it, or you had that memorized before you walked in. You say as far as Love Lives On, it is not unique just to the VA and that other Federal agencies are touched. I want you to expand on that for me.

Ms. BOVER. Absolutely. Our Survivor's Pension Program has remarriage restrictions as well, so if a survivor in our pension program remarries, they face——

Mr. LUTTRELL. I am aware of that. That is what we are—that is what we will be changing. When you say "other Federal agencies."

Ms. BOVER. Absolutely. Other Federal agencies, Social Security Administration has a Remarriage Restriction Act, Survivor Benefits Plan has a Remarriage Restriction Act, TRICARE has a remarriage restriction. Many other——

Mr. LUTTRELL. What do you mean TRICARE has a—explain.

Ms. BOVER. Absolutely. With TRICARE, if a survivor remarries at any age, they lose that benefit.

Mr. LUTTRELL. Okay. Social Security, they lose that benefit. That is what you are telling me?

Ms. BOVER. For Social Security, if the survivor remarries after the age of 60, they lose that benefit.

Mr. LUTTRELL. Because other Federal agencies, Social Security and TRICARE, have this legislative requirement, the VA as a whole is stating that it will not support a young lady or a young man remarrying under the age of 55 and keep their benefits because other Federal agencies have that legislation or have that regulatory clause?

Ms. BOVER. VA definitely supports survivors remarrying at any age.

Mr. LUTTRELL. No, that is not what I am asking. That is not what I am asking at all, because we want the age to be under 55. From what I understand from the VA's testimony is because other Federal agencies, because it is not unique to the VA, it seems like you are playing a chess game with me. The VA is going to use that Social Security and TRICARE to get out of this.

Ms. BOVER. Even within our own Department, again, with the Survivor's Pension Program, it would cause an inequity. Then also

with our Home Loan Guarantee Program, it would also cause an inequity within our own Department.

Mr. LUTTRELL. Explain. Explain.

Ms. BOVER. The Survivor's Pension Program, if a survivor remarries at any age, they would lose entitlement to that benefit. Then there is also a remarriage restriction on home Loan Guarantee. They would not be eligible for that VA-backed loan for that benefit——

Mr. LUTTRELL. If we go under the age of 55, they would be eligible.

Ms. BOVER. This particular bill only addresses—does not address those other instances of benefits within our program.

Mr. LUTTRELL. Okay. Why did you bring it up?

Ms. BOVER. We need the bill to holistically consider the impacts of other benefits within our own Department.

Mr. LUTTRELL. Okay. If we add all that in there, the VA would be okay with us taking the age of 55 away?

Ms. BOVER. The VA is definitely willing to work with the committee.

Mr. LUTTRELL. Then why did not the VA come to the committee and say, hey, this is the best way forward instead of waiting until now? Here is the issue that I have. It seems like the VA is using its latitudes to say because other Federal agencies do not have the same opportunity that we do or have the same opportunity that we do, we are not going to change this piece of legislation. I do not care about everybody else because I am the chairman of this committee, and my sole responsibility is taking care of the veterans and the veterans' spouses. The VA is trying to sidestep this landmine, saying that we are not going to do that. You are throwing all this political BS at me that you are digging up God knows where, thinking that I am going to be okay with it. I can assure you, ma'am, I am not.

In conversation with you from this point forward, I want to know why the VA—because you will not use other Federal agencies, and it is not unique to the VA. It is the VA. The reason that we sit in here today and the country exists is because of our veterans and their loved ones. I want a great explanation of why you are not going to do this.

Ms. BOVER. The VA supports veterans and survivors and their families passionately.

Mr. LUTTRELL. I know, yes, ma'am. You said that. You said that many times.

Ms. BOVER. Even within our own Department, it would cause——

Mr. LUTTRELL. Also, Ms. Bover, you are a veteran, and I probably would guess that you probably agree with me, but because of the role and responsibility you have inside the VA, you cannot. That is sad. Please continue.

Ms. BOVER. Even within our own department, it would cause inequities. We are happy to work with the committee.

Mr. LUTTRELL. Like, give me a dollar sign on that.

Ms. BOVER. I am sorry, sir?

Mr. LUTTRELL. Give me a dollar sign on that. It is all about money. At the end of the day, you break it down to the lowest com-

mon denominator, we are talking about dollar bills. I have to look all the constituents in the face and all the spouses that lost their loved ones like, hey, you are not worth it. You are going to have to convince me that I need to do that.

Ms. BOVER. We do not have a cost estimate at this time, but we would be happy to get that for you.

Mr. LUTTRELL. Over the last Congress, which this thing showed up to this Congress in the second year, the VA does not have a cost estimate on this. How is that even possible?

Ms. BOVER. We would be happy to get you that information, sir, as soon as we can.

Mr. LUTTRELL. Is that going to be coming from you or is there a secretary I need to talk to?

Ms. BOVER. The VA is committed to transparency, and as soon as they have that information, they will get it to you.

Mr. LUTTRELL. Okay. You got 24 hours. Does that sound doable? I want all that information in 24 hours from the second that you guys walk out of here. Because if I do not tell you to do that, I will not get it till next year and, unfortunately, I will not be here. You got 24 hours. Or you could call the Secretary and have him call me directly. Okay?

Ms. BOVER. The VA will get you the information as soon as they can.

Mr. LUTTRELL. I gave you 24 hours, period. I am going to keep going, Doc, unless, Ms. Morrison, you got anything you want to jump on? Okay. I am going to keep going.

Mr. Powers, how does the VA plan to manage the comfort of VA hospital patients who will now see grave sites from their hospital window if VA moves forward with existing expansion plan? Mr. Powers? Turn the microphone on, sir.

Mr. POWERS. Thank you for the question, Mr. Chairman. We have over 20 national cemeteries that are located—co-located with VA medical centers. It is a historical—in most cases, it is a historical element that goes back to the 18—the 19th century, after the Civil War.

Mr. LUTTRELL. Okay. Keep going.

Mr. POWERS. We do not feel that that is an issue. Those cemeteries started almost at the same time that those facilities started, particularly in the case of Dayton. They both started, I think, in 1867. As soon as the Civil War veterans passed away——

Mr. LUTTRELL. Is the VA planning on moving cemeteries away from our VA hospitals? I guess is a better way to ask you that question.

Mr. POWERS. No. No, we are not.

Mr. LUTTRELL. They are going to keep them right there on the same spot?

Mr. POWERS. It is—historically, it is been no issue for us to have our national cemeteries co-located with the medical centers or the—what preceded the medical centers, which were disabled soldiers homes for Civil War veterans and veterans of other conflicts.

Mr. LUTTRELL. We are running out of space for our cemeteries though, are not we? As far as location in the hospitals.

Mr. POWERS. We proactively, National Cemetery Administration, look at our burial depletion data. We have policies to make sure

that we are expanding and replacing cemeteries where necessary and going through the criteria to determine how to get more land so that we can continue to serve veterans the way we do throughout the country.

Mr. LUTTRELL. Let us shift gears to, let us see here, how does the VA currently collect and use data related to national cemetery operations? How would a public annual report change this process? How often does a report currently come out?

Mr. POWERS. We do not issue, as has been—thank you for the question, Mr. Chairman. We do not issue a report right now, as has been pointed out. This bill would have us issue an annual report and we support the intent of the bill. It clearly does what is needed, what many people think is good government, the proposed topics which are benefits administration, customer satisfaction, cemetery maps, burial options, internment activity. That is data that we currently have almost in every aspect that the bill requires except one that we pointed out in the testimony is we would have to work on. We collect that data. We provided it to Congress when asked for, but we never did it in a annual report, so.

Mr. LUTTRELL. How long have you been at the Department of Veterans Affairs, sir?

Mr. POWERS. I have been with—19 years.

Mr. LUTTRELL. In the same spot, something similar?

Mr. POWERS. In the National Cemetery Administration for the entire 19 years, 15 years basically——

Mr. LUTTRELL. Would it be more beneficial for an annual report to come out or——

Mr. POWERS. Oh, we support it. We support the intent. There is just one slight thing in the bill that we said we would have a problem disaggregating along one minor part of the bill. We support the intent of this bill for the reason stated in the bill.

Mr. LUTTRELL. Are we for or against the FRAUD in VA Disability Exams Act, Mr. Smith?

Mr. SMITH. Thank you for that question. The way that it is written, it really is duplication of efforts that we currently have in place, sir. It also uses language that would potentially confuse veterans. Where it specifically says that we would be required to notify veterans when DBQs are suspected of fraudulent activity is problematic. Just because there is a possibility that a DBQ would be fraudulent does not necessarily mean that it is, so.

Mr. LUTTRELL. Explain to me when you say fraudulent DBQ.

Mr. SMITH. Yes, sir. Thank you for that question.

Mr. LUTTRELL. Kind of walk me through how we have come to that.

Mr. SMITH. This is specifically for public facing DBQs, so those that are on the web that can be downloaded. Through research, we have determined that there are telltale signs that a DBQ could potentially be fraudulent, such as you could see where the DBQ may have been altered or the information that is required in the signature block is missing or the examiner's address is, say, greater than 100 miles away from where the veteran lives. Looking at those potential signs that a DBQ could be fraudulent——

Mr. LUTTRELL. Is there a language model inside of our computational system that picks this up or is this a still human touching this?

Mr. SMITH. That is a great question. We have developed a Power BI tool that should be ready this year that is going to be able to analyze a little over a million DBQs, public facing DBQs that have been scanned going all the way back to 2010, so we have a repository. When public DBQs come in, those are scanned and there should be a tool that is available this year that will allow us to, with greater fidelity, to be able to quickly identify potential problem cases.

Mr. LUTTRELL. Then this particular legislation, it seems to me, would make sense if we had that capability?

Mr. SMITH. Yes, sir.

Mr. LUTTRELL. Okay. We are just—as far as technology goes, we are not there for implementation of this?

Mr. SMITH. We should——

Mr. LUTTRELL. That makes sense. I can have that conversation with the committee if you are supporting what I just said.

Mr. SMITH. I believe that I am supporting what you just said unless my colleague kicks me under the table. I think that the electronic piece should be available in 2026, so in this fiscal year.

Mr. LUTTRELL. Okay. This showed up for a reason. Amplifying information will always help us navigate these waters.

Mr. SMITH. I think, and I am not sure how wires may have gotten crossed, but VA has been proactive in this space. We recognize that there are some problem players out there. We have developed training that the claims processors are required to take so that they can understand their responsibility to potentially identify fraudulent DBQs as well as a defined process for them to report suspected fraudulent DBQs up. As an organization, we work with the Office of Inspector General if we run into issues or cases where we feel that there is some type of impairment investigation required.

Mr. LUTTRELL. Let us talk about H.R. 5339 for a second. I was unaware that servicemembers in the Pentagon did not fall underneath the PACT Act. Explain to me how that happened.

Mr. SMITH. I appreciate that question. I cannot explain how that location was overlooked or that group was overlooked. With the respect to how this rule is written, our issue with it is that the conditions are listed in a manner that is too broad. All we are asking——

Mr. LUTTRELL. Please say more.

Mr. SMITH. For instance, cancers of any type or cancers of, I do not know, neck, something of that nature, whereas we could be more specific with the conditions that could potentially have been caused by whatever toxics may have been present in that space. As an organization, we support identifying those exposures and making sure that we taking care of veterans. However, there needs to be more research in this particular area so we could determine if there is causation.

Mr. LUTTRELL. The PACT Act covers or explains that very well——

Mr. SMITH. Yes, sir.

Mr. LUTTRELL [continuing]. I thought.

Mr. SMITH. Yes, sir.

Mr. LUTTRELL. As far as types of—not to go down a rabbit hole here, but if we are going to try to unpack this suitcase, I do not think anybody can, as far as research goes, I do not think anybody can put their finger on exactly what chemical combinations create what cancers in anybody, especially if you are after an attack of such magnitude. This is total truthfulness. I had no idea that they were not included until a week ago when this was brought to my attention.

Mr. SMITH. I would be honest and say that I was not aware either, sir. In preparing for—and I hope it is okay to be honest. In preparing for this hearing, you know, do my due diligence and reached out to our partners in VHA, who identify the cohorts of veterans and they track them and do the research, but this particular cohort has not been defined. Again——

Mr. LUTTRELL. Who is responsible for that?

Mr. SMITH. It falls under VHA, but there is an office VHA Home Health Outcomes, Medical Exposures. They are the research point that partners with VBA and the presumptive disability process.

Mr. LUTTRELL. Has this specific issue been brought to the VA's attention in the past?

Mr. SMITH. Not to my knowledge, sir. No, sir.

Mr. LUTTRELL. Okay. I expect movement on this one. This is absolutely ridiculous, first and foremost. As far as the global war and terror, they were the first ones to feel it short of the towers falling, I mean. For them to not be included, that makes—it sounds like we are on the same page, though.

Mr. SMITH. Yes, sir.

Mr. LUTTRELL. Okay. Ms. Bover, are you for or against the PRESUME Act?

Ms. BOVER. That is under the oversight of Mr. James Smith, so I am going to pass it to my colleague.

Mr. LUTTRELL. Okay.

Mr. SMITH. With the—I guess this is written down. No, we cannot support that. For the presumptive disabilities, dose requirement is—dose is not required for us to grant service connection as long as there are two criteria that are met. One is that the servicemember participated in a radiation risk activity and, two, that they be diagnosed with a condition that is listed in 3.309 or the presumptive conditions that were part of the PACT Act.

Mr. LUTTRELL. Okay. This particular group that Ms. Titus was speaking about specifically, how do we, because of the VA regulations, how do we fix this problem? You cannot argue that this happened and that they were there. I understand classification levels and everything that happens in between. What is the best way to fix this from VA's perspective?

Mr. SMITH. I appreciate that question, sir. I am not a clinician, I am not a researcher speaking to counterparts at VHA. There is been research looked at this area and, again, I cannot speak to the research in and of itself. However, in partnership with U.S. Department of War Subject Matter Experts (DOW SME), there is no way for them to—or there is not been definitive evidence, I am just reading now, "no definitive evidence of health problems as a result

of radiation exposure." I asked someone to send me that report, but I think that is the issue is that as it stands, they have looked at this area, but, for whatever reason, they have not been able to determine causation.

Mr. LUTTRELL. If there is a report that you find, would you send that over to committee staff so we can see it, too, please?

Mr. SMITH. Yes, sir. Yes, sir.

Mr. LUTTRELL. I thank the Department of Veterans Affairs for your time today. I appreciate it. As far as this legislation goes, I think that we are—I think we disagree with each other. It is a shame it has to happen in this hearing, which I—you know, if we could have had a roundtable discussion, you could have come to my office and reached out to the committee and said, hey, we would like to sit down and discuss this with you before you show up. I think we could—it would have been a lot more productive instead of me being on send and you on receive.

At the end of the day, it is you. It is not me. You touch the veterans, you do. Thank you all for your service. I can wire brush you all day long, yell and scream and ask you, and I do not sit up here and just throw this at you. These are conversations I have with those who put me here. It is my job to do that, period. When we walk out of here, you can either forget the fact that I asked you to do what I asked you to do, in 24 hours you are going to have that report for me. I will be calling you tomorrow asking for that report. You are going to give me the same answer I have gotten since the 3 years and 2 months I have been here. Then I am going to go home and tell the veterans exactly what you told me. That is a damn shame. Okay?

Veterans should not be caught up in the political bureaucracies of this place, period, and their loved ones. Thank you for your time.

I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks and include extraneous material. Hearing no objection, so ordered.

This meeting is adjourned.

[Whereupon, at 12:47 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of James McCormick

Chairman, Ranking Member, Members of the Committee. Thank you for the opportunity to appear before you today.

My name is James L. McCormick II.

I am the Executive Director of Government Affairs for Vietnam Veterans of America (VVA). I am a retired captain with 22 years of service in the United States Army. That included 16-years as enlisted in the NCO ranks, which then led to my direct commission as a combat arms officer where I spent the last 6 years of my service in the officer ranks.

I served during the Cold war, the Gulf War, and Operation Iraqi Freedom.

Vietnam Veterans of America was founded on the shared resolve of veterans who returned from a very real war to a country unprepared, or sometimes unwilling, to understand the cost of that service.

Formed in 1978, the congressionally chartered organization grew out of Vietnam veterans working together, often unofficially and without institutional support, to demand recognition, including for those invisible wounds of war that would later, because of their fighting for it, become formally recognized as post-traumatic stress disorder (PTSD).

Guided by our principle that, *"Never again will one generation of veterans abandon another,"* VVA has evolved from advocating for Vietnam veterans alone to standing for all veterans and their families. We strive to ensure that as Vietnam veterans age they receive the healthcare, long-term support, disability and survivor benefits, and dignity they have earned... while also fighting just as fiercely to protect future generations from being ignored, misunderstood, or left to fight alone.

The nine items we've been asked to address largely align with VVA's advocacy; and would likely endorse most while monitoring implementation to avoid administrative pitfalls or unintended restrictions.

H.R. 1685—Justice for ALS Veterans Act of 2025: VVA would strongly support this bill. It addresses a clear inequity for surviving spouses of veterans who die from service-connected ALS, a condition often progressing rapidly and linked to exposures (relevant to Vietnam veterans via Agent Orange or other hazards). Deeming total disability for the full 8-year DIC enhancement period prevents unfair denials due to disease timeline. The reporting requirement on other short-life-expectancy conditions promotes broader equity and oversight—aligning with VVA's push for presumptive and survivor benefits. Minimal VA burden makes it practical. The noted condition about shifting from 90 to 120 days active duty appears to be a misreference (bill focuses on DIC rating, not presumption threshold), but VVA would likely back mitigations for edge cases.

H.R. 2164—Dayton National Cemetery Expansion Act of 2025: VVA would support this targeted expansion. Ensuring burial capacity in regions like Dayton prevents future access restrictions for veterans and families. Accepting no-cost land transfer with clear timelines advances NCA goals without new cemetery creation. VVA emphasizes dignified burial access; this addresses a regional constraint efficiently. Risks like timeline delays for reviews are valid watch items, but the bill's direction to VA helps move it forward.

H.R. 1004—Love Lives On Act of 2025: VVA would strongly support this. Eliminating the remarriage penalty for DIC, survivor pensions, SBP, and TRICARE modernizes outdated rules that penalize surviving spouses (often widows) for remarrying, especially after age 55 or if later marriages end. This improves financial/health stability and reflects contemporary realities. Retroactive elements and age provisions help many. VVA has long advocated for survivor equity; this reduces hardship without major drawbacks beyond potential costs (which VVA would argue are justified). Guidance clarity is a key watch item.

H.R. 6698—BVA Annual Report Transparency Act of 2025: VVA would support this. Enhanced BVA reporting on delays, remands (distinguishing legacy/AMA

systems), causes, and mitigation plans boosts accountability and identifies root issues (e.g., training, quality). VVA frequently calls for appeals reform and transparency to reduce backlogs/delays affecting veterans. Indirect benefits through pressure for improvements align with priorities. Added workload is a risk, but paired with resources, it could drive real change.

H.R. 4469—PRESUME Act: VVA would strongly support this. Removing dose-proof requirements for radiation-exposed veterans aligns with presumptive frameworks VVA champions (e.g., Agent Orange, burn pits). Many Vietnam-era veterans faced radiation risks; easing evidentiary barriers reduces unfair denials from incomplete records. It simplifies adjudication while potentially increasing grants—consistent with VVA's toxic exposure advocacy. Watch for clear verification standards to maintain integrity.

H.R. 5723—Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exams Act: VVA would support this. Stronger oversight of contractors via audits, fraud identification (especially DBQs), reporting, and tracking targets bad actors/claim mills without broadly reopening decisions absent criminal conviction. This protects program integrity and veterans from predatory practices. VVA emphasizes contractor accountability; safeguards against delays/false positives on legitimate claims are essential watch items.

H.R. 5339—Susan E. Lukas 9/11 Servicemember Fairness Act: VVA would support this presumption for Pentagon responders on/after 9/11. Broad disease list (respiratory, cancers, etc.) tied to documented hazards eases nexus proof for an identifiable group. While site-specific, it promotes equity for post-9/11 exposures; VVA supports similar presumptions. Cohort verification and outreach are important to avoid burdens.

H.R. 6943—Veterans Burial Allowance and Reimbursement Act of 2026: VVA would cautiously support, pending details. Standardizing/consolidating burial authorities (including service-connected deaths) could simplify processing and reduce confusion. VVA values clear, uniform benefits for families. However, repeals/amendments risk unintended narrowing; VVA would watch for side-by-side comparisons ensuring no eligibility/benefit losses during transition.

Discussion Draft—National Cemetery Administration Annual Report Act of 2026: VVA would support this. Detailed annual NCA reporting (interments disaggregated, satisfaction, maps, options, memorials) enhances transparency and oversight of burial access/program performance. Indirectly benefits veterans/families by informing improvements and accountability. Aligns with VVA's interest in dignified, accessible burials nationwide.

I commend the subcommittee for the work it is doing. Helping veterans get the benefits they deserve is noble and required of our government. Too often, it seems that negativity and party-line politics have seeped into veteran policy in ways that create competition instead of compassion, delay instead of care, and noise instead of solutions. We debate labels, eras of service, and party positions while veterans struggle with housing, healthcare, suicide risk, financial insecurity, and dignity at the end of life.

It does not matter what branch they served in. It does not matter when they served. And it does not matter whether they faced combat, supported supply lines, maintained equipment, gathered intelligence, or served in an administrative role. Every one of them raised their right hand and accepted the same obligation. Every one of them made sacrifices that shaped their lives, their families, and this Nation.

But advocacy must never devolve into deciding which veterans are most politically convenient to support. The role of Congress is to ensure that every veteran, and every veteran's family, area not hampered by their service, and can live with stability, access care without unnecessary barriers, and age with dignity.

Thank you. I look forward to your questions now or at any time.

Prepared Statement of Paul Shipley

Statement for the Record

Paul Shipley
National Commander
AMVETS

Before the House Veterans Affairs Committee, Subcommittee on Disability Assistance and Memorial Affairs

February 3, 2026

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the Subcommittee:

On behalf of AMVETS, I want to thank you for the opportunity to provide our testimony on these pending pieces of legislation. As the nation's most inclusive Congressionally-chartered veteran service organization, AMVETS represents the interests of over 20 million veterans, including those from the Active Duty, Guard, and Reserve components.

The legislation before this Subcommittee touches the core of AMVETS' national priorities, particularly mental health, survivor equity, and accountability within the veterans benefits system. While these bills address distinct policy areas, they are connected by the common purpose of ensuring that veterans and their families are not failed by the systems they rely on after service. Whether through how disabilities are recognized, how appeals are resolved, or how survivors are supported after loss, these policies shape outcomes and trust in the system.

AMVETS views disability, memorialization, and accountability as part of a single continuum, and the proposals under consideration today represent practical, targeted opportunities to advance those priorities while delivering fairness and finality for veterans and their families.

I. LEGISLATIVE PROPOSALS SUPPORTED BY AMVETS

H.R. 1004, Love Lives on Act of 2025

AMVETS is proud to help lead the charge in supporting the Love Lives on Act of 2025. For far too long, the federal government has penalized the surviving spouses of our fallen heroes for finding love after the tragic loss of their loved ones. Under current law, surviving spouses who remarry before the age of 55 face the immediate termination of their Dependency and Indemnity Compensation (DIC) and Survivor Benefit Plan (SBP) annuities.

Most post 9/11 surviving spouses were widowed in their twenties or thirties, yet current law effectively asks them to place their lives on hold for decades to preserve financial stability. More than 95% of eligible surviving spouses choose not to remarry to avoid losing these benefits, forcing an unreasonable choice between companionship and economic security. These benefits are earned entitlements, not welfare. A servicemember's sacrifice does not diminish because a surviving spouse finds a way to move forward.

This legislation would also restore access to TRICARE and other earned benefits if a subsequent marriage ends, and it would bring military survivors into parity with survivors of many first responders who already retain benefits after remarriage.

For the past several years, AMVETS has listed this bill as one of our top national priorities, marching alongside our fellow military service organizations, veteran service organizations, and, most importantly, the surviving families themselves. We cannot claim to honor the fallen while simultaneously penalizing the ones they left behind.

H.R. 1685, Justice for ALS Veterans Act of 2025

AMVETS also offers full and unwavering support for the Justice for ALS Veterans Act. Although the VA recognizes ALS as a presumptive service-connected condition, the current survivor benefits framework fails to reflect the biological reality of the disease.

Under existing law, surviving spouses only receive the increased DIC rate if the veteran was totally disabled for eight continuous years prior to death. For ALS veterans, that requirement is nearly impossible to meet. Average life expectancy following diagnosis is only two to five years, and Veterans Health Administration (VHA) data shows a median survival of roughly 590 days. ALS is a rapidly progressive disease that places an immediate and overwhelming burden on family caregivers, many of whom must leave the workforce and exhaust savings to provide round-the-clock care.

H.R. 1685 corrects this inequity by removing the eight-year requirement for ALS-related deaths, ensuring that surviving spouses receive the appropriate level of compensation. AMVETS also strongly supports the reporting requirement included in the bill, which will help identify other high-mortality service-connected conditions that warrant similar treatment, so no family is penalized because a disease progresses too quickly to meet an arbitrary statutory timeline.

H.R. 5339, Susan E. Lukas 9/11 Servicemember Fairness Act

AMVETS is proud to stand with the Reserve Organization of America (ROA) in supporting the Susan E. Lukas 9/11 Servicemember Fairness Act. While the PACT Act and the Zadroga Act addressed many toxic exposure gaps, servicemembers who reported for duty at the Pentagon between September 11 and November 19, 2001, were left without presumptive coverage despite exposure to hazardous substances, including asbestos, jet fuel, and pulverized building materials.

Lieutenant Colonel Susan Lukas and thousands of others performed critical recovery and security operations in an environment that was not deemed safe for months. These veterans are currently forced to pursue direct service connection claims that are exceedingly difficult for cancers and respiratory illnesses that emerge years later.

This bill would extend presumptive status to those exposed at the Pentagon and finally close this long-standing gap. By passing H.R. 5339, Congress can finally acknowledge that the toxic wounds sustained at the Pentagon following the 9/11 terrorist attacks are no less deserving of recognition or care.

H.R. 4469, PRESUME Act

AMVETS strongly supports the Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act. This legislation addresses a long-standing barrier for "atomic veterans" exposed to ionizing radiation during nuclear testing, the occupation of Hiroshima and Nagasaki, and cleanup operations at radioactive sites.

Current VA regulations rely heavily on dose reconstruction estimates produced decades after exposure, a process AMVETS believes is fundamentally flawed. Radiation affects individuals differently, and requiring veterans to prove a specific dose level often delays or denies care altogether.

The PRESUME Act would prohibit the VA from requiring dose reconstruction for veterans who were present at recognized radiation risk activities and later developed service-connected illnesses. If a veteran was on-site at a recognized radiation-risk activity and has a service-connected illness, they should receive care. We must shift the focus from measuring the dose to treating the veteran. We are proud to stand with Disabled American Veterans (DAV), Veterans of Foreign Wars (VFW), and Paralyzed Veterans of America (PVA) in supporting this effort.

H.R. 6698, Board of Veterans Appeals Annual Report Transparency Act of 2025

AMVETS also supports the Board of Veterans Appeals Annual Report Transparency Act of 2025. Through decades of direct advocacy and litigation support before the Board of Veterans' Appeals, AMVETS has seen firsthand how delays, remands, and inconsistent decision-making affect veterans and their families. While the Appeals Modernization Act represented meaningful progress, the appeals process remains opaque and deeply frustrating for veterans seeking a final resolution of their claims.

The Board frequently highlights record numbers of decisions issued each year, yet many of those decisions are remands that return cases to regional offices for further development rather than delivering finality. From AMVETS' experience assisting veterans through the appeals process, transparency is essential to accountability and reform. This legislation would require clearer reporting on the causes of delays and remands, helping ensure the Board is evaluated not just on the volume of decisions issued, but on efficiency, consistency, and timely justice for veterans.

II. LEGISLATIVE PROPOSALS SUPPORTED WITH AMENDMENTS

H.R. 5723, FRAUD in VA Disability Exam Act

AMVETS supports the FRAUD in VA Disability Exam Act, if amended, to protect honest veterans from unintended harm. While rooting out fraud is critical, oversight must be precise. AMVETS is concerned that without safeguards, veterans could be penalized for relying on private medical providers or for clerical errors beyond their control.

We urge Congress to include protections clarifying that private Disability Benefits Questionnaires (DBQs) are not inherently suspect, to establish a right to cure minor deficiencies before adverse action is taken, and to direct investigative resources toward systemic abuse rather than isolated claims. Fraud prevention must never become a new barrier to earned benefits, and AMVETS looks forward to working with Committee leadership to ensure this legislation serves as a shield for veterans, not a weapon against them.

III. LEGISLATIVE PROPOSALS WITHOUT FORMAL POSITION

AMVETS does not have a formal position at this time on the remaining bills before the Subcommittee. As these proposals focus primarily on Departmental reporting, administrative corrections, and specific land-use authorizations, we believe they fall outside of our current primary legislative jurisdiction:

- H.R. 2164, Dayton National Cemetery Expansion Act of 2025
- H.R. 6943, Veterans Burial Allowance and Reimbursement Act of 2026
- Discussion Draft, The National Cemetery Administration Annual Report Act of 2026

However, AMVETS remains committed to the dignity of our National Cemeteries, and we will continue to monitor these proposals as they advance.

IV. CONCLUSION

Thank you again for the opportunity to present the views of AMVETS. The legislation before this Subcommittee represents practical opportunities to strengthen that continuum. Whether by ensuring survivors are not penalized for moving forward with their lives, correcting inequities for families affected by ALS, closing long-standing gaps for toxic-exposed servicemembers, or improving transparency in the appeals process, these bills address points where system failure carries real and lasting human consequences.

AMVETS remains committed to working with this Subcommittee to advance policies that deliver fairness, accountability, and finality. We believe that strengthening these systems is essential not only to honoring past service, but to preventing future harm and reinforcing the trust that veterans and their families place in the institutions designed to serve them. We appreciate the Subcommittee's bipartisan engagement on these issues and stand ready to assist as these measures move forward.

National Commander, Paul Shipley

National Commander Paul Shipley was elected to the organization's highest office by his peers in August 2025 at the AMVETS National Convention in Greensboro, North Carolina. Commander Shipley is a U.S. Army Combat Veteran, having served from 2004 to 2014. He served in Iraq from 2006 to 2007 and was awarded the Combat Action Badge, Army Commendation Medal, and Iraq Campaign Medal. He lives in Uniontown, PA, with his wife and three daughters.

About AMVETS

AMVETS is the most inclusive congressionally chartered veterans service organization in the United States. Our membership is open to all active-duty service members, reservists, guardsmen, and honorably discharged veterans. As a result, AMVETS members have played a vital role in defending our nation in every conflict since World War II.

Our dedication to these men and women dates back to the post-World War II era, when countless returning service members sought access to the health, education, and employment benefits they had earned. Navigating the government bureaucracy to secure these benefits proved challenging for many, prompting experienced veterans to form local groups to assist their peers. As the veteran population surged into the millions, it became evident that a national organization was needed—one distinct from groups that had been established to serve veterans of previous wars. The emerging generation of veterans sought an organization of their own.

With this vision in mind, 18 delegates from nine veterans' clubs convened in Kansas City, Missouri, on December 10, 1944, to establish The American Veterans of World War II. Less than three years later, on July 23, 1947, President Harry S. Truman signed Public Law 216, officially recognizing AMVETS as the first congressionally chartered organization for post-World War II veterans.

Over the years, our congressional charter has been updated to welcome veterans from subsequent conflicts. AMVETS has also evolved to better meet the needs of newer generations of veterans and their families. To further this mission, we maintain partnerships with other congressionally chartered veterans' organizations as part of the "Big Six" coalition. Additionally, we collaborate with newer groups such as Iraq and Afghanistan Veterans of America and The Independence Fund. Our commitment to veterans' well-being is further demonstrated through our partnership with the VA's Office of Suicide Prevention and Mental Health, working to combat the tragic epidemic of veteran suicide.

As AMVETS looks toward the future, we remain steadfast in our dedication to serving those who have defended our nation. We urge the 119th Congress to join us in this commitment by making policy decisions and casting votes that protect and support our veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts:

Fiscal Year 2025 – The AMVETS National Service Foundation received two active Homeless Veterans' Reintegration Program (HVRP) grants awarded by the U.S. Department of Labor's Veterans' Employment and Training Service (VETS), under the Homeless Veterans' Reintegration Program (CFDA 17.805). These grants support employment and reintegration services for veterans experiencing or at risk of homelessness, and include:

- A HVRP award for service delivery in Phoenix, Arizona (AMVETS National Service Foundation, $500,000).
- A HVRP award for service delivery in Salt Lake City, Utah (AMVETS National Service Foundation, $500,000).

Fiscal Year 2024 - None
Fiscal Year 2023 - None
Fiscal Year 2022 - None
Fiscal Year 2021 - None
Fiscal Year 2020 - None
Fiscal Year 2019 - None

Disclosure of Foreign Payments – None

Prepared Statement of Tanya Wilson-Thomas

Gold Star Wives of America, Inc

Tanya L.Wilson-Thomas: SUBCOMMITTEE HEARING
TESTIMONY: 2/3/2026

Good Morning Chairman Luttrell, Ranking Member McGarvey, members of the Subcommittee. My name is Tanya L. Wilson-Thomas, surviving spouse of U.S. Marine Dwight Anthony Thomas, Sr. I am a member of Gold Star Wives of America, Inc., which was founded in 1945 by WWII widows. We are the surviving spouses of our nation's military service members. Operating under a Congressional Charter established by law, we were created as an advocacy organization, to support policies that improve quality of life for military survivors and their children due to their service member spouses' death on active duty or, as a result of service-connected conditions. We have been advocating for such families for 80 years and are still committed to doing so today.

I am here to express support for H.R.1004- The Love Lives On Act and H.R.1685- Justice for ALS Veterans. I am providing testimony on only these two bills as they are most impactful to our membership: They provide very meaningful support to surviving spouses. We urge the Committee and the Congress to see them through to enactment. While our members each have different journeys, we have all arrived at the same destination. We have found ourselves experiencing the trauma of the loss of our spouse, the upheaval of our lives and the weight of learning to incorporate that loss into our everyday existence. We are also tasked with simultaneously helping our children to do the same, all while trying to figure out how to provide as sole provider. The Love Lives On Act affirms our nation's responsibility to stand with Gold Star Wives and Husbands far beyond their moment of loss. It provides essential recognition by acknowledging that our sacrifices are perpetual, just as the benefits provided to spouses have a perpetual "indemnification" purpose that should not be threatened. It asserts that honoring service must emphatically include honoring those who constantly endure life with the daily rigors of its sacrifices, along with its lasting associated costs.

My late husband, Dwight Sr. was a proud U.S. Marine. He was an electrician responsible for electricity and generators on base and on deployments while we were stationed at Cherry Point Naval Air Station, NC. His unit received orders to go on emergency standby in preparation to deploy to the Persian Gulf. They had trained for this and he was so excited. I helped him pack his sea bag as he had the kids taste Meals Ready to Eat (MRE's), and explained every item going into his bag. He was so proud as he discussed the seemingly unimpenetrable kevlar material that the Corps. had recently added to the uniforms and helmets. But just before his unit got the call, my husband collapsed with a brain hemorrhage lodged in his brain stem and soon after underwent brain surgery. He was 23. I was 22. Our children were 2 and 4. So I halted my academic and professtional pursuits to become my husband's long term military caregiver. After extended hospital stays, Dwight was permanently relseased home to convelesce. He was in pain and suffered greatly over those years due to several service-connected conditions until his untimely death, eight years later. These events changed the trajectory of my young family's world for some time to come. My health, stability, wellbeing, education, career path, spiritual life, etc. and that of our two children, all fell into question. Suddenly with very little resources, for a service connected death, I had to just figure it all out. Support for The Love Lives On Act affirms that our nation does not and will not forget, but remembers that although these service members are no longer physically here, their service and sacrifices are still recorded in the annals of our nation's American history. It's been given and cannot be undone. The fact that these service members--our family members, are no longer here does not mean that their military service, nor our family's contributions just vanish into thin air.

This Act provides the reinstatement of the Survivor Benefit Plan (SBP). It also provides reinstatement of Tricare benefits when a subsequent marriage ends in divorce or death. Currently a survivor would lose that eligibility. This bill ensures that military survivors are not forgotten in a real and tangible way but provided the resources to rebuild stable, productive lives after such sacrifices, which were paid out on behalf of a grateful nation.

Gold Star Wives also strongly supports H.R. 1685. Amyotrophic Lateral Sclerosis (ALS) is a devastating and unforgiving disease that has taken the lives of those who served this nation with honor. The families after acting as their loved one's military caregiver, are left to bear unimaginable loss. Then, because of ALS's rapid progression, they are often left with significant financial loss due to the law's inflexibility in recognizing that progression. The Report on Additional Medical Conditions should commence without delay. Gold Star Wives of America Inc. urges this Committee to extend eligibility for increased Survivor Benefits to all families who service member died due to ALS before October 1, 2025. All Surviving Spouses with ALS related deaths have similar experiences, irrespective of the date of death. This bill represents accountability to our service members. It acknowledges respect and compassion for their families by streamlining access to care, benefits and much needed answers. Supporting H.R. 1685 is not only good policy but it is our moral obligation.

Members of the Subcommittee, I close asking for your support of these bills and for your votes to advance them. I ask that you engage with each other constructively in how to accomplish moving these bills beyond this first step. For 80 years Gold Star Wives has seen this Committee -- created in 1946, nearly the same age as our organization -- come together on issues affecting veterans and survivors." We are asking that you do so again. We are asking that you proudly build on the foundation of President Abraham Lincoln's pledge to "care for those who borne the battle and for his widow and his orphan." He knew that this was morally just. We know that you believe the same and, again, ask for your support.
Thank you for the opportunity to hold forum with you today.

Respectfully Submitted By,



Tanya L. Wilson-Thomas

Prepared Statement of Nancy Springer

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I would like to thank you for the opportunity to speak on these subjects.

H.R. 1004, Love Lives On Act of 2025

As a resolutions-based Veterans Service Organization, the VFW does not have a position on whether survivors should retain their benefits upon remarriage. However, the VFW supports restoring TRICARE eligibility for surviving spouses who remarry and whose subsequent marriage later ends. Under current law, a surviving spouse in this circumstance may apply to have Dependency and Indemnity Compensation (DIC) and Survivor Benefit Plan payments reinstated. To ensure parity across survivor benefits, legislation should also reinstate TRICARE coverage when a surviving spouse's subsequent marriage ends.

H.R. 1685, Justice for ALS Veterans Act of 2025

The VFW supports this legislation to extend the enhanced DIC paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis (ALS) regardless of the length of time the veteran lived after diagnosis. According to the Department of Veterans Affairs (VA), veterans are approximately 1.5 times more likely to develop ALS than individuals who did not serve in the military. VA presumes ALS is service-connected and assigns a 100 percent disability rating due to its severe and progressive nature. VA pays surviving spouses DIC and an additional monthly allowance if the spouse was married to the veteran for at least 8 years and VA rated the veteran totally disabled due to ALS for a minimum of 8 years.

However, ALS is a rapidly progressive and terminal disease, with a typical life expectancy of only three to 5 years following diagnosis, making the 8-year disability requirement unattainable for many families. This legislation would remove that unrealistic requirement while preserving the 8-year marriage rule, ensuring more surviving spouses receive the full benefits available for survivors of veterans who die from ALS.

VFW member and ALS patient Major Chris Mulholland, United States Marine Corps (Retired), spearheaded the VFW's long-standing advocacy to reform ALS survivor benefits, including leading the VFW's adoption of a resolution on this issue. Major Mulholland personally experienced the relentless progression of this debilitating and terminal illness. He spoke out not only about the disproportionate impact of ALS on veterans, but also about the profound toll it takes on families, who shoulder intense caregiving responsibilities and face financial uncertainty while coping with rapid decline and loss. Tragically, Major Mulholland's own life reflected the very injustice this bill seeks to address, as he lived fewer than 8 years following his ALS diagnosis in 2020.

The VFW also supports the provision that would require VA to submit a report identifying other service-connected disabilities with high mortality rates that warrant similar treatment.

H.R. 2164, Dayton National Cemetery Expansion Act of 2025

Although this legislation addresses a specific circumstance in Ohio, the VFW supports both this legislation and the broader principle of expanding VA-administered cemeteries whenever feasible. In this instance, it authorizes VA to enter into an agreement with a local bank to acquire a 58-acre parcel adjacent to Dayton National Cemetery. This land transfer would create additional burial capacity for veterans and eligible family members, which is particularly important given the limited availability of other VA-managed cemeteries in the region.

In 2018, the median age of the Nation's approximately 18 million veterans was 65, while the median age of the 6.4 million Vietnam-era veterans was 71. Taken together, these demographics underscore the urgency of proactive planning. Accordingly, the VFW urges VA to develop and implement a comprehensive, forward-looking national cemetery land acquisition strategy to ensure it can continue to honor the final wishes of these large and aging veteran populations.

H.R. 4469, Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act

The VFW supports this legislation to eliminate the requirement for a specific radiation dose to determine whether a veteran qualifies as radiation exposed. Currently, to qualify for a presumption of service connection due to radiation exposure, the vet-

eran must provide proof of on-site participation in a radiation-risk activity and radiation dose estimates from the Defense Threat Reduction Agency.

This legislation would streamline this process by eliminating the dosage requirement and aligning the process more closely with that used for radiation-affected civilian personnel. Diseases attributable to radiation exposure may manifest several years after exposure, exacerbating the difficulty of obtaining an accurate dosage reading. Also, both service members and civilian employees worked many times in the same radiation-affected areas, yet programs for civilian employees do not require dose assessments to establish exposure. This discrepancy creates the appearance of unequal treatment.

H.R. 5339, Susan E. Lukas 9/11 Servicemember Fairness Act

The VFW supports this legislation to establish a presumption of service connection for specific diseases associated with exposure to toxins attributable to the 9/11 attack on the Pentagon. This attack may have exposed individuals to toxins that cause various respiratory, cardiovascular, and cancer-related conditions. Because current law excludes this cohort from the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022* (Public Law 117–168) and other benefits programs, this legislation would streamline the disability compensation claims process and close a long-standing coverage gap.

H.R. 5723, Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exams Act

The VFW supports this legislation to require VA to identify and report instances of fraud with respect to VA Disability Benefits Questionnaire (DBQ) forms. Since DBQs provide foundational evidence for many VA disability compensation claims, they must accurately reflect a veteran's injury or illness to preserve the integrity of the claims process.

Veterans use public DBQs, available on VA's publicly accessible website, to collect clinical information from their health care providers to assist VA in evaluating disability compensation claims. VA organizes these commonly used forms by body systems as characterized in the VA Schedule for Rating Disabilities. Because DBQs often play a decisive role in claims outcomes, fraudulent schemes have emerged to exploit their use. In some cases, bad actors charge veterans for assistance that VA and VA-accredited representatives provide at no cost. These actors may also falsely promise access to private health care providers who will secure higher ratings, improperly advise veterans to avoid VA examinations, or claim they can guarantee favorable outcomes. Some affiliated health care providers charge fees while offering to manufacture diagnoses or exaggerate existing conditions for the DBQs to obtain benefits beyond what the evidence supports.

This legislation would require VA to establish a formal process for claimants and claims processors to identify and report suspected DBQ-related fraud. VA would refer these cases to appropriate authorities while also implementing a recurring audit program to monitor both reported and detected fraudulent activity. Together, these measures would create a systematic approach to reporting, evaluating, and prosecuting DBQ-related fraud, which is an approach that does not currently exist.

The VFW also supports the legislation's reporting requirements to ensure that VA regularly informs the appropriate congressional committees of the program's effectiveness.

H.R. 6698, Board of Veterans Appeals Annual Report Transparency Act of 2025

The VFW supports this legislation to require the Board of Veterans' Appeals (BVA) to include in its annual report an identification of the factors contributing to untimely disposition and remand of appeals. In its Fiscal Year 2024 annual report, BVA reported an appeals inventory of approximately 200,000 cases and projected an additional 100,000 new appeals in Fiscal Year 2025. As a result, veterans may wait up to 2 years for a decision, depending on the docket, with significantly longer delays for appellants who request a hearing.

Remands from BVA to the Agency of Original Jurisdiction further delay appeal resolution. In Fiscal Year 2024, BVA remanded more than 40 percent of appeals. Because remands occur for a variety of reasons, the time required for a claim to return to BVA if necessary varies widely, making it difficult to predict when BVA will issue a final decision. Although returned appeals retain their original place on the docket, the remand process still prolongs the overall appeals timeline. Requiring BVA to identify the factors driving delays in appeals and remands would improve transparency, and provide data BVA could use to evaluate and strengthen its processes and procedures.

Discussion Draft, Veterans Burial Allowance and Reimbursement Act of 2026

The VFW supports this proposal to standardize the payment of burial and funeral expenses, and plot allowances for deceased veterans. Currently, burial benefits vary based on many factors such as the veteran's date of death, the manner or location of interment, or whether a service-connected condition caused the death. Also, statutory provisions governing plot allowances and burial or interment eligibility remain scattered throughout the United States Code or lack a consistent, unified framework. This proposal would consolidate and clarify existing statutes to ensure VA treats similarly situated veterans and their survivors consistently and equitably.

Discussion Draft, National Cemetery Administration Annual Report Act of 2026

The VFW supports this legislation that would require VA to submit an annual National Cemetery Administration (NCA) report to Congress. Currently, VA's performance and financial reports to Congress include NCA data and information. A separate report exclusively focused on NCA would increase transparency of its operations, enable better oversight, inform budgeting and strategic planning for veteran burial benefits, and highlight shortfalls or challenges that need a legislative solution.

The VFW would support a well-written, informative report that would enhance NCA services and ensure veteran burial benefits despite dwindling resources. The proposed report would include a variety of cemetery-related data markers that VA could use to analyze cemetery operations, and either support reforms or continue best practices.

Chairman Luttrell and Ranking Member McGarvey, this concludes my testimony. I am prepared to answer any questions you or the members of the subcommittee may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any Federal grants in Fiscal Year 2026, nor has it received any Federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.

Prepared Statement of Jennifer Bover

Chairman Luttrell, Ranking Member McGarvey, and other Members of the Subcommittee, thank you for inviting us here today to present our views on several bills that would affect VA programs and services. Joining me today is Mr. Glenn Powers, Deputy Under Secretary for Field Programs and Cemetery Operations, National Cemetery Administration, and Mr. James Smith, Deputy Executive Director, Compensation Service, Veterans Benefits Administration. I appreciate the opportunity to discuss the important pieces of legislation affecting Veterans pending before this Subcommittee.

H.R. 1685 Justice for ALS Veterans Act of 2025

Section 2 of this bill amends 38 U.S.C. § 1311 to ensure that surviving spouses of Veterans who die from ALS receive the increased Dependency and Indemnity Compensation under § 1311(a)(2), commonly called the 'eight and eight' kicker, regardless of how long the Veteran had the disease. Currently, this additional benefit applies only when the Veteran was totally disabled for 8 years prior to death and married for that same period. The bill removes that 8-year requirement for ALS cases but keeps the length of marriage requirement. It also applies to deaths on or after October 1, 2025, and directs VA to report on other high-mortality conditions.

VA supports the intent to provide this benefit to ALS-affected families.

We also support the goal of Section 3 to review other rapidly progressive diseases, like cancer or Parkinson's, but note the bill lacks criteria for defining "high mortality rate." Clear standards are needed to ensure consistent implementation with congressional intent.

Position: VA supports the intent of this bill if amended, however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the committee once this evaluation is complete or the Congressional Budget Office has provided a score.

H.R. 2164 Dayton National Cemetery Expansion Act of 2025

This bill would require VA to enter into an agreement with the Montgomery County Land Bank to acquire land near Dayton National Cemetery for future expansion. VA does not support this bill.

VA has an established policy on expansion processes in National Cemetery Administration (NCA) Directive 3001. This directive provides statutory references, establishes mandatory policy for the establishment, expansion, and replacement of VA national cemeteries, as well as detailed decision criteria for expanding, replacing, or closing an existing national cemetery.

NCA monitors the rates at which each cemetery will deplete capacity for each type of burial it provides. Current projections show that Dayton National Cemetery has sufficient burial space until at least 2050, and NCA and the Veterans Health Administration (VHA) are already exploring transfer of excess and unneeded land from the co-located medical center, which is VA's preferred and standard approach.

The bill raises several other concerns as well. It mandates VA to accept land even if we have no need for it, and without time limits on acquisition. Although the transfer is described as "no cost," VA would bear significant potential expenses to clear structures, remediate hazards, and maintain the property. The land also includes occupied homes, raising the risk of displacing families and creating the impression VA endorses that outcome.

VA remains committed to using existing property to meet burial needs before pursuing new acquisitions.

Position: VA does not support this bill.

H.R. 1004 Love Lives On Act of 2025

Section 2 of this bill would amend 38 U.S.C. § 103(d) by restructuring and expanding exceptions to the remarriage bar for Dependency and Indemnity Compensation (DIC) and Medal of Honor Pension. VA does not support removing remarriage restrictions for these benefits.

VA is sensitive to the intent behind this bill and is available to work with the Committee to pursue ways to better support surviving spouses, while accounting for secondary impacts across various benefit entitlements. Existing remarriage restrictions help manage and allocate VA resources effectively, ensuring that they are directed to individuals who have lost the financial support of a spouse due to that spouse's service-related disability or death. DIC payments are designated for individuals who have lost financial support due to a spouse's service-related disability or death. In regard to DIC benefits, if the surviving spouse remarries before the age of 55, this financial need is considered to no longer exist, thereby altering the initial intent of the law.

Furthermore, if enacted, this bill would create a greater disparity of survivor pension beneficiaries under Chapter 15 who will remain precluded from benefit entitlement if they remarry at any age.

The bill also creates a secondary impact. Under 38 U.S.C. § 3701(b)(2), surviving spouses of Veterans who died from service-connected disabilities are eligible for VA home loan benefits. Currently, VA relies on DIC eligibility to determine home loan eligibility. The bill would break that link because proposed § 103(d)(5)(C) still bars home loan benefits if remarriage occurs before age 57. VA would need to separately verify remarriage status for home loan eligibility, adding complexity. Aligning DIC and home loan requirements would streamline this process.

Finally, VA also highlights an ambiguity created within this bill regarding Medal of Honor Pension under § 1562. Section 2 removes application of certain provisions for DIC but retains them for Medal of Honor Pension, despite language aligning §§ 1311 and 1562. If remarriage is not intended to bar entitlement under § 1562, VA recommends removing that reference in § 103(d)(5) or clarifying when remarriage applies. VA offers this clarification for accuracy, even though we oppose the bill.

We understand the Department of War has long opposed section 3 on the grounds of increased cost and inequity among surviving spouses. Furthermore, termination of a spousal annuity due to remarriage before a certain age is a standard feature

of all Federal annuity programs (and civilian employers' pension programs). For that reason, it would be inequitable to further enhance the benefits for active-duty deaths while not allowing a similar option for the surviving spouses of retirees under other Federal programs such as the Federal Employee Retirement System, the Civil Service Retirement System, the Federal Railroad Retirement program, Social Security, and the Worker's Compensation Program survivor annuities.

VA defers to the Department of War on Section 4.

Position: VA does not support this bill.

H.R. 6698 Board of Veterans Appeals Annual Report Transparency Act of 2025

This bill would amend the Board's annual reporting requirements under 38 U.S.C. § 7101(d) to include reporting on factors contributing to untimely dispositions and remands. While the VA supports the intent, we have concerns that this requirement could harm Veterans by introducing delays, unnecessary costs, and confusion about docket choices—especially as appeal processing times are improving under the Appeals Modernization Act of 2017 (AMA). The AMA became effective in 2019 and introducing new reporting requirements at a time when VA is significantly decreasing adjudication times would divert resources and potentially stall current progress.

Section 2 of this bill would require the Board to report the number of cases not disposed of timely, identify contributing factors, and provide percentages for each factor. Many factors affect case timelines—staffing levels, productivity, evolving case law, case complexity, evidence volume, and appellant-requested delays. Within the Board's case management system, there are nearly 100 task assignments that influence processing time to varying degrees, making it difficult to isolate specific factors. Often, multiple factors, some of them subjective, apply to a single case.

Section 2 also adds reporting on remanded cases under the AMA or legacy system, requiring identification of factors and percentages. This creates a significant administrative and IT burden. Current systems track remands at the issue level, not the case level, so reporting by case would require major system changes. Many cases can have multiple issues remanded with multiple other dispositions in the same case. Accordingly, while reporting by issue is possible, it would produce confusing data because the number of remanded issues would not match the number of remanded cases.

In short, while we support transparency, these requirements would divert resources, create complexity, and risk slowing progress for Veterans.

Position: VA supports the intent of this bill but cites concerns. VA is unable to assess the impact to budgetary resources at this time.

H.R. 4469 Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility Act or the "PRESUME Act"

Section 2 of the proposed bill would amend 38 United States Code (U.S.C.) § 1112 by adding the following new paragraph:

> "The Secretary may not require evidence of a certain dose of radiation to determine that a Veteran is a radiation-exposed Veteran."

VA does not support this bill because it would not meaningfully change existing statutory or regulatory standards. Under 38 U.S.C. § 1112, a 'radiation-exposed veteran' is defined by participation in certain radiation-risk activities during service—not by dose estimates. Current law already grants presumptive service connection for Veterans who engaged in these activities and later develop the listed conditions. Dose evidence is only required when the claimed condition is not on the presumptive list.

This bill does not expand the list of presumptive diseases, redefine radiation-risk activities, or alter VA's approach for non-presumptive claims. In short, the PRESUME Act would largely restate existing practice and would not create new eligibility or relief. The bill's intent is unclear because radiation dose estimates do not factor into presumptions under § 1112 or healthcare eligibility under § 1710.

Position: VA does not support this bill.

H.R. 5723 FRAUD in VA Disability Exam Act

This bill would require VA to establish a process for auditing, identifying, and reporting fraudulent Disability Benefit Questionnaire (DBQ) activity, regardless of source. It mandates reporting suspected fraud to investigatory bodies, including the Office of Inspector General (OIG); creating a process for claims processors to flag and transmit suspected fraud; conducting recurring audits of all DBQs; and notifying individuals when their DBQs raise suspicion. The bill also prohibits reopening

or changing benefit decisions based on investigations unless the individual is convicted of fraud and requires annual reporting on these activities.

VA appreciates the intent but notes this may duplicate existing processes. In Fiscal Year 2025, VA implemented mandatory training for claims processors and quality reviewers on identifying insufficient or potentially fraudulent DBQs and required actions when concerns arise. All DBQs—whether from VA-employed, VA-contracted, or public sources—are reviewed for consistency and integrity. When concerns arise, claims processors can refer cases to the OIG.

VA is concerned about the requirement to notify individuals whose DBQs are suspected of fraud, especially when exams were requested by VA and conducted by VA-employed or contracted examiners. The bill also prevents VA from revising decisions unless there is a fraud conviction. Under current practice, if fraud is suspected, VA typically offers a new exam and revises ratings as needed to ensure fairness. The proposed restriction would eliminate VA's ability to correct errors promptly, potentially harming Veterans who were not involved in fraudulent activity.

Position: VA does not support this bill.

H.R. 5339 Susan E. Lukas 9/11 Servicemember Fairness Act

This bill would create a new section, 38 U.S.C. § 1120A, to establish presumptive service connection for certain diseases linked to toxin exposure at the Pentagon Reservation between September 11 and November 19, 2001.

VA does not support this bill. The listed conditions are broad and lack sufficient research support to confirm causality. While the number of affected Veterans may be small, the scientific basis for the proposed diseases is not established.

The bill references 38 U.S.C. § 1119, which currently includes Gulf War Veterans with service in specific locations in Southwest Asia after August 2, 1990, and in certain other countries after September 11, 2001, creating confusion about who qualifies and which conditions apply. This could complicate benefit implementation and disrupt automated claims processes.

The proposed paragraph in § 1120A(b)(9) adding presumptive diseases for Veterans linked to substances identified in 38 U.S.C. § 1119(b)(2) would conflict with the specific definition of "covered Veteran" already used for that section in § 1119(c). Referencing § 1119 in a bill about toxic-exposed Veterans could lead to confusion, suggesting that Veterans covered under § 1119 are also eligible under § 1120A, or that all conditions in § 1119 apply to § 1120A's covered Veterans.

The proposed legislation has overlaps and some differences with the September 11th Victim Compensation Fund, necessitating further inquiry into potential impacts for Veterans.

In short, VA opposes this bill due to unclear definitions, operational challenges, and insufficient evidence supporting the presumptions.

Position: VA does not support this bill.

H.R. XXXX Veterans Burial Allowance and Reimbursement Act of 2026

This bill would repeal 38 U.S.C. § 2307 and amend § 2303 to pay all burial and plot allowances—service-connected and non-service-connected—at the same rate. VA does not support this bill and instead recommends amending § 2307.

Since 1973, VA has provided a higher burial allowance for service-connected deaths to recognize the sacrifice of Veterans whose deaths are related to service. Aligning the rates would eliminate that distinction. Under current law, the service-connected burial benefit is capped at $ 2,000 and has not increased since 2001, while non-service-connected benefits are indexed to inflation. As of October 1, 2025, the combined non-service-connected burial and plot allowance now exceeds the service-connected allowance.

VA recommends amending § 2307 to authorize annual cost-of-living increases based on the Consumer Price Index, ensuring parity and preserving the intent to provide greater assistance for service-connected deaths. VA also recommends a one-time increase to restore the service-connected benefit as the higher amount. We defer to Congress on the rate but are ready to assist with analysis.

Position: VA does not support this bill. VA recommends amending § 2307 instead.

H.R. XXXX National Cemetery Administration Annual Report Act of 2026

The National Cemetery Administration Annual Report Act of 2026 would add a new section, 38 U.S.C. § 2415, requiring VA to submit an annual report to the Veterans' Affairs Committees. VA supports the intent of this bill. The report would improve transparency and provide Congress with consistent data on NCA operations, programs, and outcomes. Proposed topics—benefits administration, customer satis-

faction, cemetery maps, burial options, and interment activity—are frequently requested by Congress, and consolidating this information would be helpful.

Many of these elements are already captured in NCA's annual statistical summary. However, some proposed requirements raise feasibility concerns. For example, § 2415(b)(1) would require interment data broken down by cemetery, eligibility category under § 2402(a)(1)-(10), and type of remains. Section 2415(b)(6) would require reporting memorial products by cemetery and eligibility category. Memorialization benefits, such as Presidential Memorial Certificates and headstones, are authorized under different statutes (§§ 112 and 2306), and eligibility differs accordingly.

Current systems—Burial Operations Support System, the Memorial Benefits Management System, and related analytics—do not track data by the categories in § 2402(a)(1)-(10). Meeting these requirements would require major system redesign or manual reconciliation, risking delays and data quality issues. NCA recommends revising the language in § 2415(b)(1)(B) and (b)(6)(A) to align with reliable data points already maintained in our systems. This approach would meet the bill's intent while remaining operationally feasible.

NCA looks forward to working with the Committees to ensure the report fulfills oversight objectives and is analytically sound.

Position: VA supports the intent of this bill; however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the committee once this evaluation is complete or CBO has provided a score.

Conclusion

I appreciate the opportunity to speak before you today and welcome any questions you may have. Thank you for your continued support of Veterans and the many programs to support them through the Department of Veterans Affairs.

Prepared Statement of ALS Network

ALS Network
Formerly ALS Golden West

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February 2, 2026

Dear Chairman Luttrell and Ranking Member McGarvey:

On behalf of ALS Network and the individuals living with ALS and families we serve, we **submit this statement for the record for the Subcommittee's February 3, 2026,** legislative hearing in strong support of the Justice for ALS Veterans Act of 2025 (H.R. 1685).

Amyotrophic lateral sclerosis (ALS), often referred to as "Lou Gehrig's Disease," is a fatal, progressive neurodegenerative disease that affects nerve cells in the brain and the spinal cord. ALS slowly robs a person of the ability to walk, speak, move, and ultimately breathe. There is no cure, and the disease often progresses rapidly, forcing individuals and families to confront profound medical, emotional, and financial challenges on an unforgiving timeline.

For veterans and their families, an ALS diagnosis often follows years of honorable service and sacrifice. While the Department of Veterans Affairs appropriately recognizes ALS as service-connected, current survivor benefit structures do not adequately reflect the medical realities of this disease. Under existing law, eligibility for increased Dependency and Indemnity Compensation for surviving spouses is tied to whether a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death. For individuals with ALS, this requirement is frequently impossible to meet, not because the need is any less severe, but because the disease progresses too quickly.

The Justice for ALS Veterans Act of 2025 offers a clear remedy. H.R. 1685 would ensure surviving spouses of veterans who die from ALS are not denied increased survivor compensation solely because the disease does not allow sufficient time to satisfy an arbitrary duration requirement. Military families should not be penalized because ALS is rapidly progressive and terminal.

ALS Network appreciates the Subcommittee's focus on disability and survivor benefits and is grateful for the bipartisan leadership supporting H.R. 1685. We respectfully urge the Subcommittee to advance the Justice for ALS Veterans Act of 2025 and to ensure **veterans' families affected by ALS receive survivor benefits that align with medical** reality and honor their service and sacrifice.

Thank you,

Sheri Strahl, President & CEO

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Prepared Statement of National Association of Atomic Veterans, Inc.

National Association of
Atomic Veterans, Inc.

Written Testimony of Keith Kiefer, National Commander of the National Association of Atomic Veterans (NAAV)

Submitted to the Subcommittee on Disability Assistance and Memorial Affairs (DAMA)
Committee on Veterans' Affairs, U.S. House of Representatives
Tuesday, February 3rd, 2026
CHOB - 10:15 AM ET

Chairman, Ranking Member, Members of the Committee. Thank you for the opportunity to submit written testimony to you today.

My name is Keith Kiefer.

I am the National Commander of the National Association of Atomic Veterans (NAAV).

I served active and inactive duty from 1975 to 1981 in the United States Air Force. Part of my service was in the Marshall Islands, Enewetak Atoll in 1978 as part of the Enewetak Atoll Radiological Cleanup Project, which took place from 1977 to 1980.

The item I've been asked to address is H.R. 4469 Presume Act. The National Association of Atomic Veterans is pleased to support the Presume Act.

The legacy of Nuclear tests/cleanup is riddled with Veterans not having proper Personal Protective Equipment and/or failure of monitoring radiation levels. Few of the Veterans were issued radiation badges and of those that had them, there were high failure rates due to environmental factors. Further, these badges only measure external gamma rays, X-rays, and high-energy beta radiation. They do not measure alpha, neutron, or low energy beta radiation. Additionally, none of the monitoring methods measure internal radiation doses of any form. Records remain classified Secret and have been intentionally and unintentionally lost or destroyed, like the 1973 Saint Louis fire.

The legacy is also riddled with failure to establish a baseline prior to Veteran exposure (we believe for the purpose of plausible deniability). There has also, from the beginning, been an effort to minimize the effect(s)/ danger(s) of nuclear radiation because of the impact on National Security and economic impact on the Nuclear industry. See attachment A.

Radiation exposed Veterans face several obstacles perfecting a service connected claim. Those being access to records, a bias, radiation threshold and time between exposure and manifestation of the Presumed Disease and NEXUS letters. Despite the belief/ statement Feb 3, 2026, STATEMENT OF MS. JENNIFER BOVER EXECUTIVE DIRECTOR PENSION AND FIDUCIARY SERVICE VETERANS BENEFITS ADMINISTRATION U.S. DEPARTMENT OF VETERANS AFFAIRS (VA) BEFORE THE COMMITTEE ON VETERANS' AFFAIRS U.S. HOUSE OF REPRESENTATIVES (page 4 of 7) both myself and NAAV members experience has been different. For some Atomic Veterans two methods of token radiation exposure exist. One is administered by Veteran Benefits Administration (VBA) the other Radiation Exposure Compensation Act (RECA) in the Justice Department. (It should be noted it is one or the other, no double dipping.) Our experience is on average it takes 14 years to perfect a claim with the VBA and six to twelve months with the Justice department.

The main difference is the application of Presumptive diseases, as Congress intended, by the Justice department. That intent being if the individual was on-site during the specified time, and the individual has been diagnosed with the presumptive disease, it is assumed/Presumed the disease was due to exposure and compensation is provided. There is no exposure level or manifestation time requirement. The VBA does not follow this process. I have been diagnosed with a presumptive disease, was on-site at a recognized site during the prescribed timeframe, and without explanation have still been denied compensation.

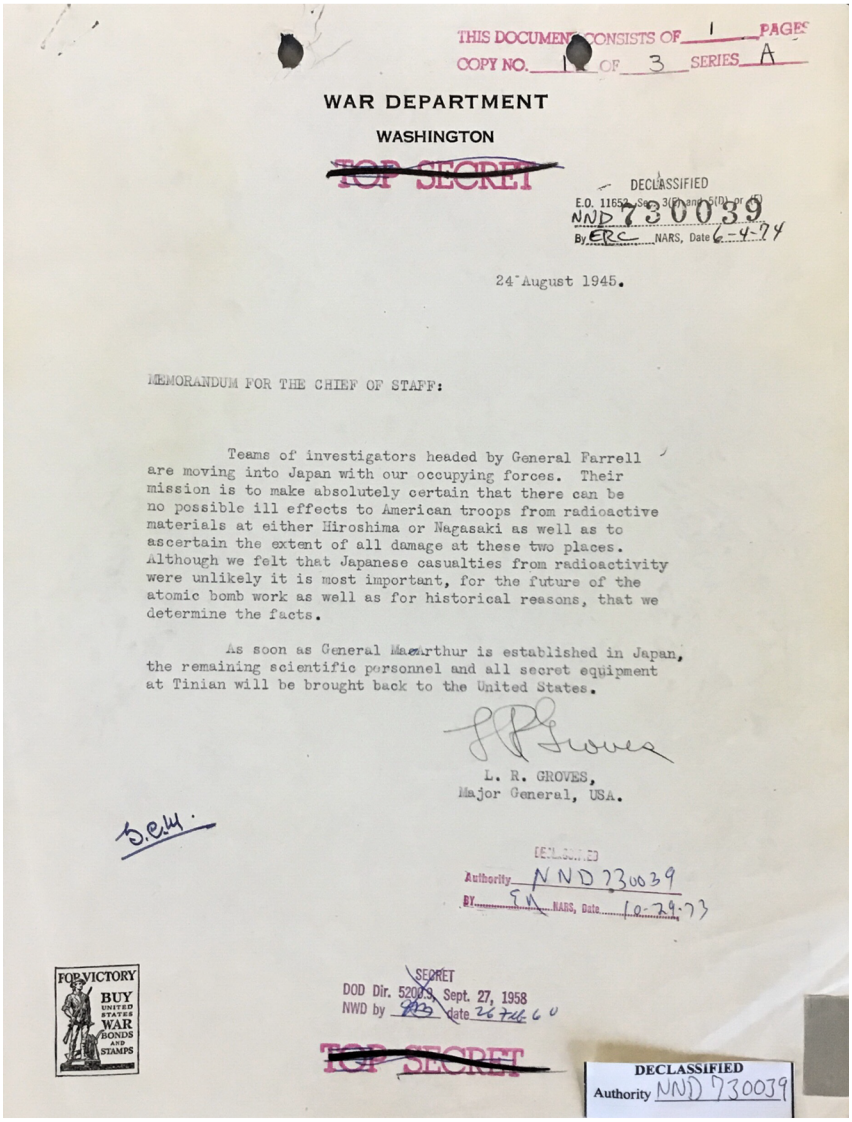
Thank you for the opportunity to testify. I look forward to any questions, follow up and passage of this bill.

Keith Kiefer, TTEE

Keith Kiefer
NAAV National Commander.

14944 295th Ave NW, MN 55398 PH: 612 232 6596

Attachment A



THIS DOCUMENT CONSISTS OF 1 PAGES
COPY NO. 1 OF 3 SERIES A

WAR DEPARTMENT

WASHINGTON

~~TOP SECRET~~

DECLASSIFIED
E.O. 11652, Sec. 3(E) and 5(D) or (E)
NND 730039
By ERC NARS, Date 6-4-74

24 August 1945.

MEMORANDUM FOR THE CHIEF OF STAFF:

Teams of investigators headed by General Farrell are moving into Japan with our occupying forces. Their mission is to make absolutely certain that there can be no possible ill effects to American troops from radioactive materials at either Hiroshima or Nagasaki as well as to ascertain the extent of all damage at these two places. Although we felt that Japanese casualties from radioactivity were unlikely it is most important, for the future of the atomic bomb work as well as for historical reasons, that we determine the facts.

As soon as General MacArthur is established in Japan, the remaining scientific personnel and all secret equipment at Tinian will be brought back to the United States.

L. R. GROVES,
Major General, USA.

DECLASSIFIED
Authority NND 730039
BY EW NARS, Date 10-29-73

FOR VICTORY BUY UNITED STATES WAR BONDS AND STAMPS

SECRET
DOD Dir. 5200.9, Sept. 27, 1958
NWD by [illegible] date 26 Jul 60

~~TOP SECRET~~

DECLASSIFIED
Authority NND 730039

~~TOP SECRET~~

MEMORANDUM of Telephone Conversation between General Groves and Lt. Col. Rea, Oak Ridge Hospital, 9:00 a.m., 25 August 1945.

G: " . . . . which fatally burned 30,000 victims during the first two weeks following its explosion."

R: Ultra-violet - is that the word?

G: Yes.

R: That's kind of crazy.

G: Of course, it's crazy - a doctor like me can tell that. "The death toll at Hiroshima and at Nagasaki, the other Japanese city blasted atomically, is still rising, the broadcast said. Radio Tokyo described Hiroshima as a city of death. 90% of its houses, in which 250,000 had lived, were instantly crushed." I don't understand the 250,000 because it had a much bigger population a number of years ago before the war started, and it was a military city. "Now it is peopled by ghost parade, the living doomed to die of radioactivity burns."

R: Let me interrupt you here a minute. I would say this: I think it's good propaganda. The thing is these people got good and burned - good thermal burns.

G: That's the feeling I have. Let me go on here and give you the rest of the picture. "So painful are these injuries that sufferers plead: 'Please kill me,' the broadcast said. No one can ever completely recover."

R: This has been in our paper, too, last night.

G: Then it goes on: "Radioactivity caused by the fission of the uranium used in atomic bombs is taking a toll of mounting deaths and causing reconstruction workers in Hiroshima to suffer various sicknesses and ill health."

R: I would say this: You yourself, as far as radioactivity is concerned, it isn't anything immediate, it's a prolonged thing. I think what these people have, they just got a good thermal burn, that's what it is. A lot of these people, first of all, they don't notice it much. You may get burned and you may have a little redness, but in a couple of days you may have a big blister or a sloughing of the skin, and I think that is what these people have had.

G: That is brought out a little later on. Now it says here: "A special news correspondent of the Japs said that three days after the bomb fell, there were 30,000 dead, and two weeks later the death toll had mounted to 60,000 and is continuing to rise." One thing is they are finding the bodies.

DECLASSIFIED
Authority NND 7360 39
BY SA NARS, Date 12-24-73

~~TOP SECRET~~

~~SECRET~~
DOD Dir. 5200.9, Sept. 27, 1958
NWD by RS date 26 Jul 60

~~TOP SECRET~~

R: They are getting the delayed action of the burn. For instance, at the Cocanut Grove, they didn't all die at once, you know - they were dying for a month afterward.

G: Now then, he says - this is the thing I wanted to ask you about particularly - "An examination of soldiers working on reconstruction projects one week after the bombing showed that their white corpuscles had diminished by half and a severe deficiency of red corpuscles."

R: I read that, too - I think there's something hookum about that.

G: Would they both go down?

R: They may, yes - they may, but that's awfully quick, pretty terrifically quick. Of course, it depends - - - - - but I wonder if you aren't getting a good dose of propaganda.

G: Of course, we are getting a good dose of propaganda, due to the idiotic performance of the scientists and another one who is also on the project, and the newspapers and the radio wanting news.

R: Of course, those Jap scientists over there aren't so dumb either and they are making a play on this, too. They evidently know what the possibility is. Personally, I discounted an awful lot of it, as it's too early, and in the second place, I think that a lot of these deaths they are getting are just delayed thermal burns.

G: You see what we are faced with. Matthias is having trouble holding his people out there.

R: Do you want me to get you some real straight dope on this, just how it affects them, and call you back in just a bit?

G: That's true - that's what I want. Did you also see anything about the Geiger counter? It says that the fact that the uranium had permeated into the ground has been easily ascertained by using a Geiger counter and it has been disclosed that the uranium used in the atomic bomb is harmful to human bodies. Then it talks about this, which is just the thing that we thought -- The majority of injured persons received burns from powerful ultra-violet rays and those within a two-kilometer radius from the center received burns two or three times, which, I suppose, is second or third degree. Those within three to four kilometers received burns to the extent that their skin is burned bright red, but if these burns are caused by ultra-violet, they hardly felt the heat at that time. Later, however, blisters formed resulting in dropsy.

R: That's why I say it's got to be a thermal burn.

G: Then they talk about the burned portions of the bodies are infected from the inside.

R: Well, of course, any burn is potentially an infected wound. We treat any burn as an infected wound. ~~I think you had better~~ get the anti-propagandists out.

~~TOP SECRET~~

G: We can't, you see, because the whole damage has been done by our own people. There is nothing we can do except sit tight. The reason I am calling you is because we can't get hold of Ferry and because I might be asked at any time and I would like to be able to answer. Did you see about the Army men who had received burns on reconstruction? "Examination of 33 servicemen, of whom 10 had received burns in reconstruction projects, one week after the bombing took place, showed those with burns had 3150 white corpuscles and others, who were apparently healthy, had 3800, compared to the ordinary healthy person who has 7,000 to 8,000." This is a drastic decrease. Comes over from Tokyo. On the other hand, servicemen with burns had only 3,000,000 red corpuscles and others apparently healthy had just a little bit more when compared to 4,500,000 to 5,000,000 in the ordinary healthy person." What is that measured by?

R: You go by cubic millimeters. I would say this right off the bat - Anybody with burns, the red count goes down after a while, and the white count may go down, too, just from an ordinary burn. I can't get too excited about that.

G: We are not bothered a bit, excepting for - what they are trying to do is create sympathy. The sad part of it all is that an American started them off.

R: Let me look it up and I'll give you some straight dope on it.

G: This is the kind of thing that hurts us -- "The Japanese, who were reported today by Tokyo radio, to have died mysteriously a few days after the atomic bomb blast, probably were the victims of a phenomenon which is well known in the great radiation laboratories of America." That, of course, is what does us the damage.

R: I would say this: You will have to get some big-wig to put a counter-statement in the paper.

Prepared Statement of Paralyzed Veterans of America

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on some of the bills being examined by the subcommittee today. No group of veterans understand the full scope of benefits and care provided by the Department of Veterans Affairs (VA) better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D).

H.R. 1004, the Love Lives on Act of 2025

When a military member or veteran dies, their spouse is eligible to receive a number of survivor benefits, but current law strips many of them if the spouse remarries again before age 55. This arbitrary age limit often prevents many surviving spouses from remarrying out of concern for the financial stability of their surviving children. These surviving spouses should be freed from the fear of losing the benefits owed to them through their late spouse's military sacrifice. PVA supports the Love Lives On Act, which would ensure they retain many benefits from both the VA and the Department of Defense (DOD), regardless of their age at the time of remarriage.

H.R. 1685, the Justice for ALS Veterans Act of 2025

Currently, if a veteran was rated totally disabled for a continuous period of at least 8 years immediately preceding death, their eligible survivor can receive an additional $360.85 per month in Dependency and Indemnity Compensation (DIC). This monetary installment is commonly referred to as the DIC "kicker."

Amyotrophic Lateral Sclerosis (ALS) is an aggressive disease that quickly leaves veterans incapacitated and reliant on family members and caregivers. Many spouses stop working to provide care for their loved one who, once diagnosed, only has an average lifespan of between three to 5 years. Because so few veterans survive beyond 5 years, the surviving spouses of veterans with ALS rarely qualify for the additional DIC benefit. Jann, the surviving spouse of a PVA member, was disqualified for this exact reason. Determined not to let this happen to other spouses, she helped PVA craft the Justice for ALS Veterans Act to make the surviving spouses of future veterans with ALS eligible for the DIC kicker, regardless of how long the veteran had the disease.

Members of this subcommittee were supportive of this legislation when it was reviewed in October 2021, but some suggested that there may be other service-connected conditions that deserve similar consideration. The VA recognizes ALS as a presumptive service-connected disease, and due to its progressive nature, automatically rates any diagnosed veteran at 100 percent once service connected. Although we are unaware of other service-connected conditions that have a 100 percent mortality rate, like ALS, we are pleased this version of the bill incorporates PVA's recommended language directing the VA to study the matter and provide their findings to Congress. With the addition of this language, Congress should not further delay passage of this critical legislation.

H.R. 6698, the Board of Veterans Appeals Annual Report Transparency Act of 2025

PVA supports efforts like this bill to increase transparency of the Board of Veterans' Appeals (BVA or Board) process. This legislation would require the Board to identify specific factors that contribute to the delay in the adjudication of pending appeals. PVA supports this bill, which requires these factors to be included in the Board's annual report that is published online to help find these inhibiting factors to help improve the appeals process.

H.R. 6943, the Veterans Burial Allowance and Reimbursement Act of 2026

This legislation would remove the distinction between non-service-connected and service-connected cause of death, as it pertains to eligibility for VA's burial allowance. Currently, a veteran who died due to a service-connected condition is eligible for $2,000 toward their funeral/burial expenses. A veteran who dies due to a non-service-connected condition is eligible for up to $1,002 for burial and $1,002 toward a plot potentially equaling $2,004 toward funeral/burial expenses. PVA supports this legislation, which removes the service-connected allowance of $2,000 and instead amends the eligibility for the $1,002 for burial and $1,002 plot allowance to include those who die from a service-connected condition.

H.R. 4469, the Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act

Veterans exposed to radiation during service may be eligible for VA disability compensation. Currently, the VA recognizes specific conditions as being presumptively caused by exposure to ionizing radiation that may have occurred during service. However, when a veteran applies for their compensation benefits, the VA asks DOD's Defense Threat Reduction Agency to confirm exposure and to provide the actual or estimated radiation dose the veteran received. PVA supports this legislation which rescinds the need for a veteran to prove that the amount of ionizing radiation they were exposed was sufficient to warrant service-connection for their conditions.

H.R. 5723, the Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exam Act

PVA supports the intent of this legislation and appreciates that the bill seeks to look at Disability Benefits Questionnaires (DBQs) submitted from all sources, not just the veteran. However, we disagree that individuals responsible for processing claims for benefits have the adequate expertise to identify and report issues with DBQs. Also, we are concerned that this legislation does not specify who in the process will be responsible for identifying and reporting fraud. Adding requirements like this would help improve the oversight process that already exists. PVA strongly believes that the VA could improve the quality control review of an incoming DBQ before it is input into a veteran's file, and further, can ensure that fraud can be investigated and prosecuted. Currently, VA claims processers have the authority "to evaluate and weigh all evidence of record, including privately completed DBQs. If it is determined that a privately completed DBQ contains indicator(s) of inauthenticity that are substantive enough to deem it potentially inauthentic or fraudulent, claims processors have the authority to assign low or no probative value to the privately completed DBQ." But if a DBQ is completed by a contracted examiner, the claims processors "are not expected to routinely scrutinize or question the credentials of clinical personnel to determine the acceptability of their reports, unless there is contradictory evidence of record." However, according to the VA's Clinician's Guide, it informs contract providers, "It is important to remember that [Veterans Benefits Administration] Raters are not clinicians and therefore may not understand concepts that are considered basic or assumed by those educated in the field of medicine." This leads to obvious questions of whether the claims processors are actually picking up on the adequacy of DBQs and the possibility of fraudulent/inconsistent findings being recorded by either outside providers or contracted examiners.

VA's Medical Disability Examiners Office (MDEO) presently employs approximately 20 quality analysts whose job is to review DBQs that are received from contractors and determine whether or not they are "contractually compliant" by ensuring that the reports include all requested issues, reviewing for discrepancies, and whether or not the report described the condition(s) that have impacted the veterans ability to work, among other requirements. However, these analysts only have access to the DBQs after they have been uploaded to the Veterans Benefits Management System (VBMS), which is the same time claims processors receive them. Many times, this is too late as the processors are waiting to finalize a claim and only need the DBQ to finish the rating process. According to a Government Accountability Office (GAO) report from August 2025, "MDEO also analyzes the effects of checklist errors on claims, such as delays associated with correcting errors. MDEO officials say many claims continue through processing and are decided before the office completes its checklist review. After MDEO identifies errors, claims processors determine if the errors affected their decisions on the claims."

To effectively do their jobs and to provide real oversight to the claims process, PVA believes that MDEO should make two changes to the claims process. First, prior to them being downloaded to VBMS, all DBQs, regardless of whether they are provided by the veteran or a contractor, should go into a drop box that is only accessible by the quality analysts. Second, the quality analysts should be trained and required to review the forms for contractual compliance and for potential fraud/inconsistent findings. Only after this review has been done should the forms be uploaded to VBMS and the claims process be allowed to continue.

H.R. 5339, the Susan E. Lukas 9/11 Servicemember Fairness Act

This legislation would allow presumptive service-connection for eight conditions that veterans who were exposed to toxins during their service at the Pentagon between September 11 and November 19, 2001, subsequently develop. Many service members were exposed to chemicals and toxic substances during the period after the 9/11 terrorist attacks after having to return to duty at the Pentagon before the building was determined to be safe. PVA supports legislation that would help veterans receive their benefits for conditions they incurred due to their time of service.

H.R. 7260, the National Cemetery Administration Annual Report Act of 2026

PVA supports this draft legislation, which would require the VA to submit an annual report on the National Cemetery Administration (NCA). This report would include key information such as the number of interments performed by the NCA by cemetery, burial options at each location, completed or planned cemetery construction projects, and data on grants awarded for veterans cemeteries. Additionally, it allows the VA to include any other metrics they feel would be appropriate. PVA believes this report would help the VA with long-term planning within the NCA to ensure that our veterans and service members' families can lay their loved ones to rest with dignity and respect for generations to come.

PVA would once again like to thank the subcommittee for the opportunity to present our views on the legislation being considered today. We look forward to working with you on this legislation and would be happy to answer any questions.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding Federal grants and contracts.

Fiscal Year 2026

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—$368,500.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events——Grant to support rehabilitation sports activities—$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events——Grant to support rehabilitation sports activities—$479,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

Prepared Statement of Gold Star Spouses of America, Inc.

Statement for the Record

Tamra Sipes
National President
Gold Star Spouses of America, Inc.

For the House Committee on Veterans Affairs, Subcommittee on Disability Assistance and Memorial Affairs

February 3, 2026

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the Subcommittee:

Gold Star Spouses of America (GSSA) is a nationally recognized, nonprofit organization representing the surviving spouses of fallen service members from all eras and all branches of the Armed Forces. GSSA has worked to ensure that the voices of surviving spouses are heard and that the benefits and policies intended to support them reflect both the enduring nature of their sacrifice and the realities of their lives.

The legislation under consideration in this hearing closely aligns with GSSA's core priorities, including protecting survivor benefits, eliminating inequities and outdated penalties, strengthening access to health care and financial stability, and ensuring that surviving spouses and their families are treated with dignity and fairness. Collectively, these bills address longstanding gaps in law and policy that affect survivors' ability to heal, remain economically secure, and move forward after loss.

While GSSA appreciates the breadth of proposals before the Subcommittee and their importance to the broader veteran and military community, we respectfully focus our testimony on a select number of measures that directly affect surviving spouses and families across the country.

The Love Lives On Act of 2025 (H.R. 1004)

GSSA appreciates Congress's recent efforts to modernize survivor benefit policies, including the elimination of the outdated "holds oneself out" penalty and the adoption of more inclusive definitions of surviving spouse. These changes represent meaningful progress toward ensuring survivor benefits are administered fairly and reflect the diversity of today's military families.

Despite this progress, the remarriage penalty continues to affect many surviving spouses, once again highlighting the need for additional legislative action to fully eliminate these inequities. Under current law, surviving spouses who remarry before age 55 risk losing critical benefits. This forces an unnecessary and deeply personal choice between long-term financial security and the ability to rebuild their lives after the loss of a service member.

GSSA strongly believes this age-based penalty must be removed. Survivor benefits are earned through service and sacrifice and should not be conditioned on marital status. Service members served with the understanding that their families would be cared for in their absence, and that promise should not dissolve if a surviving spouse chooses to remarry. Eliminating the remarriage penalty would allow surviving spouses to retain essential financial support and, in some cases, restore access to health care if a subsequent marriage ends.

These reforms acknowledge the fundamental truth that the sacrifices borne by surviving families do not end when they seek companionship, stability, or happiness later in life. Love does, indeed, live on beyond the loss of a service member, and it is the responsibility of Congress to ensure that the commitments made to military families are honored.

We are proud to stand alongside multiple veteran service organizations, military service organizations, and survivor organizations in leading the charge on this legislation, and we look forward to working with the Subcommittee to see it fully enacted this Congress.

The Justice for ALS Veterans Act of 2025 (H.R. 1685)

GSSA strongly supports the Justice for ALS Veterans Act of 2025 and appreciates Congress's continued attention to the devastating impact of amyotrophic lateral sclerosis (ALS) on veterans and their families. ALS is a rapidly progressive and fatal disease that places extraordinary physical, emotional, and financial burdens not only on affected veterans, but also on the spouses and caregivers who support them through every stage of illness.

For surviving spouses, delays in diagnosis, service connection, or access to benefits[1] can have lasting consequences that extend well beyond the veteran's lifetime. Legislation that improves access to care, streamlines benefits, and recognizes the unique nature of ALS is crucial in ensuring that families are not left navigating uncertainty and hardship during an already overwhelming period. GSSA believes that supporting veterans with ALS is inseparable from supporting their families.

The Justice for ALS Veterans Act provides the surviving spouses of veterans who pass away while suffering from ALS with the "8-year provision enhanced DIC" of 38 U.S.C. § 1311(a)(2). This provision historically is for families who have cared for a totally disabled veteran for an extended period. Long-term care can come with multiple financial hardships, including leaving employment to care for the veteran and additional caregiving costs. According to a 2024 RAND veteran caregiver study, military and veteran caregivers incur an estimated $8,583 in annual out-of-pocket costs associated with their caregiving responsibilities. This is the average, and according to the American Journal of Managed Care, the caregiving cost of ALS is 3 times higher than that of other disabilities, averaging $47,450 per year.[1] These costs mount quickly and because ALS patients are unlikely to live the 8-years required for the enhanced DIC,[2] the families will never see these important supplemental payments.

This bill recognizes that the cost of caring for a disabled veteran is not always determined by the length of time they are cared for, but that some conditions come with severe costs not recognized by the traditional system.

The second effect of this bill is to require the VA to consider additional conditions that can be considered in the same manner as ALS for the purposes of providing enhanced DIC benefits. Because ALS is a unique case, we caution the VA from using diagnosis as the sole determining factor in future expansions of this important benefit. Participation in caregiver programs, or the spouse leaving their employment to care for the veteran, may be more accurate metrics for caregiving burden.

When a service member dies from ALS, surviving spouses frequently face sudden loss of income, mounting medical debt, and complex benefit transitions at a moment of profound grief. Policies that acknowledge the severity and service-connected nature of ALS help ensure that surviving families are treated with fairness, dignity, and compassion. GSSA urges swift passage of this legislation.

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[1] Morley, Melissa, Marisa Aurora, Kolton Gustafson, Chani S. Seals, Ari Feuer, Sana Datar, Sarah Parvanta, Neil Thakur, and Kuldip D. Dave. "Medicare Expenditures in the First Year of Amyotrophic Lateral Sclerosis Diagnosis." American Journal of Managed Care 31, no. 10 (October 20, 2025): e308–e312

[2] ALS Association. "Stages of ALS." Accessed February 2, 2026. https://www.als.org/understanding-als/stages

The Veterans Burial Allowance and Reimbursement Act of 2026 (H.R. 6943)

GSSA strongly supports the Veterans Burial Allowance and Reimbursement Act of 2026, which would correct a long-standing statutory anomaly in the VA's burial benefit structure and ensure equitable treatment of veterans' families at one of the most difficult moments they face.

Under current law, the maximum burial benefits payable for a non-service-connected veteran's death total $2,004, consisting of a $1,002 burial allowance and $1,002 for a plot or interment allowance.[3] Paradoxically, the maximum burial benefit payable for a service-connected veteran's death is capped at $2,000.[4]

This disparity is not the result of intentional policy preference, but rather the consequence of how Congress structured cost-of-living adjustments (COLAs) across two different statutory provisions of Title 38.

Burial benefits for non-service-connected deaths are governed by 38 U.S.C. § 2303, while burial benefits for service-connected deaths are governed by 38 U.S.C. § 2307.[5] In 2001, Congress amended § 2307 to increase the service-connected burial allowance from $1,500 to $2,000.[4] However, unlike § 2303, § 2307 does not include a COLA provision.

In 2010, Congress amended § 2303 to establish a $700 burial allowance for non-service-connected deaths and, critically, added subsection (c), which provides for annual COLAs.[5] Congress did not add a comparable COLA provision to § 2307 at that time, nor has it done so since.

As a result, although the base statutory amounts were originally aligned in principle, the non-service-connected burial benefit has steadily increased over time due to COLAs, while the service-connected burial benefit has remained frozen. As of October 1, 2025, the total burial benefit for non-service-connected deaths surpassed the service-connected maximum by $4.[6]

H.R. 6943 corrects this inequity by consolidating burial benefits for both service-connected and non-service-connected deaths under 38 U.S.C. § 2303 and repealing § 2307. In doing so, the bill ensures that all veteran burial benefits are treated equally under the same statutory framework, including access to annual COLAs.[7]

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[3] U.S. Department of Veterans Affairs, "Burial Allowance," updated October 1, 2024, https://www.va.gov/burials-memorials/veterans-burial-allowance/
[4] 38 U.S.C. § 2307 (2024).
[5] 38 U.S.C. §§ 2303, 2307 (2024).
[6] Veterans Education and Benefits Expansion Act of 2001, Pub. L. No. 107-103, § 501, 115 Stat. 976, 993 (2001).
[7] Veterans' Benefits Act of 2010, Pub. L. No. 111-275, § 501(a), 124 Stat. 2864, 2872 (2010)

Importantly, H.R. 6943 does not alter the base burial allowance established in 2010. Rather, it ensures that future adjustments apply uniformly, eliminating disparities caused solely by statutory structure rather than congressional intent.

For surviving spouses and families, burial benefits are not abstract budgetary line items — they are part of how the nation honors the service and sacrifice of veterans. It is deeply troubling for Gold Star families to discover that a veteran who died of service-connected causes may receive less burial assistance than a veteran whose death was not service-connected.

Congress's intent to equalize burial benefits was clearly expressed in 2010. H.R. 6943 simply completes that work by aligning the statutory mechanisms that govern benefit growth over time. This bill restores parity, preserves congressional intent, and eliminates an outcome that is both confusing and unjust to surviving families.

GSSA urges Congress to pass H.R. 6943. The bill is straightforward, fiscally responsible, and long overdue. It ensures that all veterans' families are treated equitably and that service-connected sacrifice is never unintentionally undervalued.

We thank the Subcommittee for its attention to this important issue and strongly support the swift passage of this legislation.

Conclusion

Gold Star Spouses of America appreciates the Subcommittee's attention to legislation that meaningfully improves the lives of surviving military families. The measures discussed today reflect important progress toward fairness, transparency, and dignity for survivors, while also clarifying the work that remains.

As Congress continues its oversight and legislative efforts, GSSA looks forward to ongoing collaboration, including future discussions focused on strengthening survivor benefits like increasing Dependency and Indemnity Compensation (DIC) for surviving spouses, a national priority for our organization. We stand ready to work with the Subcommittee to ensure that the promises made to service members and their families are upheld.

Gold Star Spouses of America, Inc.

Gold Star Spouses of America is a national nonprofit organization dedicated to supporting the surviving spouses of military service members and veterans who have made the ultimate sacrifice in defense of our country. Our mission is to provide meaningful support, advocacy, education, and a sense of community for Gold Star families. Through our programs, we work to ensure that the needs of these spouses and their families are heard, addressed, and prioritized by policymakers at the federal, state, and local levels.

Gold Star Spouses of America, Inc. is listed as an approved resource in the National Resource Directory (NRD.gov), Military OneSource, and recognized by the Department of Veterans Affairs for volunteer opportunities within the department's Center for Development and Civic Engagement.

Prepared Statement of Tragedy Assistance Program for Survivors

STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

SUBCOMMITTEE ON
DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
LEGISLATIVE HEARING

FEBRUARY 3, 2026

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs, including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2025 alone, 9,560 newly bereaved military and veteran survivors connected to TAPS for care and services. This is an average of 26 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2025, 33 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and 5 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other, more newly bereaved, survivors by working and volunteering for TAPS.

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the House Committee on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military or veteran loved one.

TAPS President and Founder Bonnie Carroll previously served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors,* where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

LOVE LIVES ON ACT OF 2025 (H.R.1004)

TAPS Strongly Supports

Bonnie Carroll, Surviving Spouse of Brigadier General Tom Carroll of Alaska, U.S. Army National Guard

"My name is Bonnie Carroll. I am the President and Founder of the Tragedy Assistance Program for Survivors, known as TAPS, and I am also a surviving spouse. I lost my husband, Brigadier General Tom Carroll, in a military aviation accident. In the quiet aftermath of his death, I stood where millions of military survivors stand. Shocked. Grieving. Trying to understand how life could move forward when everything familiar was gone. From that loss, and from the absence of sustained care for grieving families, TAPS was born.

"On my husband's headstone are three words that have guided my life's work: Love Lives On. They are not a slogan. They are a promise. A promise that love does not end at death, that service does not expire with sacrifice, and that families left behind must never be forgotten.

"For more than 30 years, TAPS has provided 24/7 care, peer support, grief education, and community to all who grieve a military or veteran death, regardless of age, rank, relationship, duty status, or cause of death. Every service is provided at no cost. Because grief does not follow a timetable, and love does not disappear when benefits do.

"I strongly support the Love Lives On Act. This legislation addresses a long-standing injustice in federal law that has harmed surviving spouses for generations. Under current policy, many surviving spouses lose critical survivor benefits if they remarry before a certain age, forcing them to choose between financial stability and the human need for love, partnership, and safety.

"This issue is not theoretical for me. It lives in my family.

"My mother-in-law lost her husband, Major General Thomas P. Carroll, in a military plane crash. Like so many widows of her era, she carried her grief quietly and moved forward with strength and resolve. Years later, she remarried, believing she was choosing companionship after devastating loss. What she did not fully understand was that remarriage would cost her the survivor benefits her husband had earned through his service to this nation.

"That second marriage became abusive.

"She stayed far longer than anyone should ever have to stay in danger, not because she lacked courage, but because she lacked options. Without her survivor benefits, she had no financial independence and no safety net. The policy that stripped her benefits did not protect her. It trapped her.

"Eventually, my husband, Tom, helped her leave that marriage. Much later, we learned that she could once again receive her survivor benefits after the marriage ended, and she did regain them. But by then, years had been lost to fear, isolation, and unnecessary suffering.

"No law should ever force a surviving spouse to choose between love and safety, between human connection and survival.

"This is why the Love Lives On Act matters.

"This legislation ensures that remarriage does not permanently bar a surviving spouse from receiving Dependency and Indemnity Compensation or Survivor Benefit Plan benefits earned through their loved one's service. It recognizes that love does not negate sacrifice, and that survivor benefits are not conditional on remaining alone for life. It restores dignity, choice, and stability to those who have already given so much.

"Most post-9/11 surviving spouses were widowed in their 20s and 30s. Many are raising children alone. They deserve the freedom to rebuild their lives without fear that loving again will come at the cost of their family's security.

"When we say 'love lives on,' we must mean it in policy, not just in sentiment.

"TAPS stands ready to support the implementation of this legislation and to continue walking alongside military survivors for as long as they need us. Honoring the fallen requires caring for the living, not just at the moment of loss, but for the lifetime that follows.

"Thank you for your leadership, your compassion, and your commitment to America's military families. Love lives on when we choose to protect it."



TAPS is proud to spearhead this critical legislation and to work alongside the leadership of this committee to advance one of our most urgent legislative priorities — the ***Love Lives On Act of 2025*** **(H.R. 1004)**. This comprehensive bill finally ends a decades-old penalty on surviving spouses by ensuring they do not forfeit their earned benefits if they remarry before the age of 55. TAPS extends its deep appreciation to Representatives Richard Hudson (R-NC-09), Joe Neguse (D-CO-02), Derrick Van Orden (R-WI-03), Kelly Morrison (D-MN-03), Morgan Luttrell (R-TX-08), and Ro Khanna (D-CA-17) for their decisive leadership in introducing this critical legislation, as well as the 130 House co-sponsors who have demonstrated bipartisan commitment to supporting surviving families by advancing this vital bill in the 119th Congress.

We call on Congress to act now to end these unjust penalties on surviving spouses by:

- Eliminating the arbitrary age-55 requirement that strips surviving spouses of earned benefits upon remarriage.
- Permanently protecting access to both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) for surviving spouses who remarry — at any age.
- Restoring TRICARE eligibility to remarried surviving spouses when a subsequent marriage ends due to death, divorce, or annulment.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security earned by their loved ones' service and sacrifice. These spouses are often raising children alone, navigating grief while shouldering the full weight of parenting and financial responsibility. Faced with the devastating loss of benefits that would accompany remarriage, many surviving spouses feel compelled to forgo remarriage altogether, while others are driven to cohabitate rather than legally marry — an outcome that contradicts both family stability and the values we claim to uphold. This policy does not honor sacrifice — it compounds it.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the ***Love Lives On Act of 2025,*** which is supported by over 50 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence of the service member due to repeated deployments, and expensive child care, military spouses face high barriers

to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment continue when a military spouse becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is asking that we provide parity with other federal programs and allow TRICARE to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas[1], Virginia[2], and Louisiana[3], first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before the age of 55, they are legally required to notify the VA to discontinue DIC. The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed, even six months after submission.

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving

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[1] https://www.firehero.org/resources/family-resources/benefits/local/tx/
[2] https://www.firehero.org/resources/family-resources/benefits/local/va/
[3] https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf

spouses, often with minor children, are unaware of the specific portions of the payments they are supposed to retain and which portions should cease. Additionally, they may lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the VA, there are approximately 530,085 surviving spouses receiving DIC. Less than 35,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than 5 percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55; it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our younger generations from serving. When an 18-year-old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions. They are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one “is a debt that can never be repaid,” but ending survivor benefits upon remarriage is saying “that debt is paid in full.” Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change that they are a widow or widower; it just means they are also someone else’s spouse.

Remarriage should not impact a surviving spouse’s ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committees including section five (V) of *the* ***Love Lives on Act of 2023****,* which expands commissary and exchange

benefits to remarried surviving spouses, in *the* ***Fiscal Year 2024 National Defense Authorization Act****,* and we appreciate the House and Senate Veterans' Affairs Committees for including sections II and VII in the ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*** in December 2024, which expands the Fry Scholarship to remarried spouses and ends the archaic, "Hold oneself out to be married" clause.

The following personal testimonials from surviving spouses help highlight these important issues.

Gina Kincaide Piland, Surviving Spouse of Lt Col John Kincade of Oklahoma, U.S. Air Force

"On November 21, 2019, my husband of 20 years, Lt Col John (Matt) Kincade, lost his life in a military aviation training mishap at Vance Air Force Base. Through his (our) 20 years of service, I followed him from base to base — Texas to California to Nevada back to California, then Iowa, and finally "home" to Oklahoma — raising our two amazing sons, keeping the home fires burning, and praying he would come home safely.

"The day after my Matt died, I sat down with a representative from Vance AFB and received my benefits briefing. That day, I learned about the benefits I would collect due to Matt's death. I also learned that most of the benefits would never expire — assuming I remained unmarried until the age of 55. I remember thinking that wouldn't be a problem. I couldn't see past the grief and despair of the fresh loss to consider that someday in the future I might meet someone who could make my life — and my sons' lives — beautiful again. And yet, that's exactly where I find myself today.

"In March of 2022, I met Cally, a man who helped me see the beauty of life again. He allowed space for the legacy of my late husband. Cally and I struggled with how to move forward together, knowing the severe financial repercussions we would face upon marrying. Because we are both Christians who are dedicated to having God at the center of our relationship, and because we believe marriage is a holy covenant that we want to model for our combined six children, Cally and I made the choice to accept the financial penalty and were married on December 31, 2023. I am no longer eligible to receive DIC or the SBP that my late husband invested in to provide for our needs.

"For the 20 years my late husband served, our sons were my priority. Matt and I always believed that one parent should be wholly available to our kids at all times, and in the years of deployments, work-ups, and training. I sacrificed my career goals to support him and to raise our two amazing sons. And now, as a result of his death, I find myself at 50 years old starting over again — not just in a relationship, but also in a career.

"In spite of our tremendous loss, under current law, the U.S. government, the Department of Defense, and Veterans Affairs will be free and clear of any responsibility to the family of the late Lt Col John (Matt) Kincade when our youngest son turns 22."

Melissa Blackburn, Surviving Spouse of CW2 Philip A. Johnson Jr. of Alabama, U.S. Army

"I lost my husband, Chief Warrant Officer 2 Philip A. Johnson, Jr., when he was killed in action while serving as a medical pilot. His aircraft was shot down by an RPG while transporting wounded service members, and five patients aboard also lost their lives that day. One moment, I was a military wife building a future with the man I loved, and the next, I was a widow learning how to survive a loss I never imagined.

"My husband devoted his life to serving others and believed deeply in the system he served. We talked about the risks of his job, and he trusted that if anything ever happened to him, I would be taken care of by the survivor benefits promised to military families. Because of that trust, he chose not to carry Servicemembers' Group Life Insurance. He believed his country would honor his sacrifice by caring for his family.

"At age 31, while serving as a staff sergeant in the U.S. Air Force, I remarried while I was in the middle of nursing school. My new husband was younger and still in college, and I was working to build a stable future for our family. We also welcomed a baby because I did not want to miss my chance to have children and build the family we dreamed of. As a Christian, I believe in rebuilding my life with faith, love, and hope after loss.

"Instead of support, I lost my survivor benefits the moment I remarried. I was financially punished for choosing to heal, to love again, and to continue living. I was forced to learn that the benefits my husband believed would protect me were conditional on my remaining a widow. No surviving spouse should ever be placed in a position where they must choose between love and financial security. Our fallen service members went to war believing their families would be cared for. Their widows should not have to pay again for their sacrifice."

Caroline Lawrence, Surviving Spouse of LCpl Kevin O'Neill of Maryland, U.S. Marine Corps

"My name is Caroline, and I lost my husband of 12 years, Kevin O'Neill, on August 1, 2022. My husband was part of the first wave into Iraq, fresh out of high school. Assigned to aviation ordinance, he spent the majority of his military time working with bombs and explosives. It was this exposure that led to Kevin, almost two decades later, developing a rare choroidal melanoma that metastasized to his spinal cord. Kevin lost

his ability to walk, then to swallow, then to control his arms, and finally, to breathe. Our daughters were 6 and 8 years old at the time. Between Social Security and DIC, we were able to stay afloat, but Kevin didn't have substantial life insurance, and I never stopped working.

"We discussed when he got sick how important a father is to children, and that if the worst happened to either of us, the other should try to remarry to someone who would make our spouse proud; Tamp Lawrence is that man. I met him even before I knew Kevin, as we were pen pals while he was piloting Blackhawks in 2005 for the Army in Afghanistan.

"In July of 2024, Tamp asked me to be his wife and to help continue to raise Kevin and my daughters. We then had to decide which of Kevin's final wishes to uphold: to provide for his family, or, his highest priority, ensure his daughters had a father. On June 20, 2025, Tamp and I chose the latter, though it was a choice that I felt unfairly devalued my marriage to Kevin and the promise this country made to his memory."

Nicoele Belluso, Surviving Spouse of SPC Andrew Arseneau of Illinois, U.S. Army

"I lost Andy in 2014 when he was only 46, and I was only 42. Our children, Drew, 15, and Maggie, 14 — at the time — also lost their daddy. He passed while an inpatient for surgery at Hines VA Hospital from injuries sustained during his deployment in 1991. Andy was 100 percent service-connected through the VA for four years for PTSD, but we were still fighting to get his medical claims approved. He was sick for many years and homebound. I was his caregiver 24/7 while also raising our children. I gave up going to college and my career to take care of my veteran. I had to fight for our DIC for eight long years! It was finally approved after the PACT Act was passed in 2022.

"We did receive back pay, but I had given up hope of getting benefits earlier that year and remarried a wonderful man whom I had been with for several years. It's unfair to expect us to wait until we are almost senior citizens to remarry. It's also unfair to be told that the new spouse should be financially responsible for my children when he has three children of his own to support.

"I never understood why divorced spouses are allowed to remarry and take half of their spouse's benefits, while we are penalized for losing our husband and daddy because he served his country honorably and died doing so. It's hard enough to grieve while raising our children alone and starting our lives over without the man who told me on his deathbed that he wanted me to remarry someday because I was so young, and to find someone who would be good to his kids. He had no idea the benefits would be taken away. Thank you for your time and attention to our Gold Star families!"

Amanda Rupert, Surviving Spouse of SrA Glenn Rupert of Kentucky, U.S. Air Force

"In 1999, I lost my husband, Glenn, a senior airman in the Air Force, to suicide after a battle with severe back pain and depression resulting from that chronic pain due to his service and injuries. He served proudly with that pain until his last days on earth, when he reached a tipping point and could no longer manage it. He was a hard worker, he saved lives, and he met every mission with enthusiasm. Everyone loved him. Everyone! Only a few people, including myself, knew what he was struggling with.

"We met in a combat unit and he volunteered for any and all deployments (I am also a veteran of the USAF, SSgt). I had the privilege of deploying with him during Operation Desert Fox. He was motivated and highly talented. His passing was devastating on so many levels, and the benefits he earned for me have been a lifeline, providing critical support during incredibly difficult times. As a spouse who survived his suicide, I can tell you that I carry guilt, pain, shame, blame, and so much more, and it comes from all directions. I was 21 when it happened, just a baby. The law, as it is currently, adds to that shame. I was literally told never to marry again by casualty assistance. And I didn't. How wrong is it to ask a 21-year-old to go through that and to do so by herself days after his passing?

"As a surviving spouse and a veteran, I understand the value of these benefits. I've held onto the hope of remarrying and building a new life while still honoring his memory. However, current law puts me in a difficult position, as remarriage would mean giving up the benefits that have saved my life numerous times (DIC, SBP, TRICARE, and educational benefits I gladly used after my service). I gave up having children when we were together due to constant deployments. I've had to sacrifice this after his death, and due to this barbaric law.

"The Love Lives On Act of 2025 offers a solution, allowing me to move forward without sacrificing the benefits he earned for me. After 26 years and meeting a wonderful man who loves all of me, who is one in a million, who has been the support that I needed way back when Glenn died…I'm ready to say the least. I'd like to remarry and possibly have children before it's too late, and for my elderly family members to be present for that event — hopefully on the Hill as planned with a mass wedding!"

Tonya Syers, Surviving Spouse of W4 Lowell Syers II of Georgia, U.S. Army

"My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from the University of Georgia and

be commissioned into the U.S. Army Reserve. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.

"Eventually, I met a gentleman named James 'Jay' Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.

"The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouses back. Unfortunately, we do not have that option."

SUSAN E. LUKAS 9/11 SERVICEMEMBER FAIRNESS ACT (H.R.5339)

TAPS Strongly Supports

TAPS greatly appreciates Representatives Suhas Subramanyam (D-VA-10), Don Beyer (D-VA-08), Rob Wittman (R-VA-01), and Bobby Scott (D-VA-03) for introducing the ***Susan E. Lukas 9/11 Servicemember Fairness Act*** **(H.R.5339)**.

This critical and long-overdue bipartisan legislation would extend the presumption of service-connection for toxic-exposed veterans who reported for duty in the Pentagon between September 11, 2001, and November 19, 2001. Service members who returned to the Pentagon the next day to ensure continuity of service were exposed to an array of toxic substances, including cement dust, glass fibers, asbestos, lead, mold, and other toxicants that are known to cause negative health conditions and outcomes.

Named after our dear friend, Retired Air Force Lieutenant Colonel Susan Lukas, who was in the Pentagon on 9/11 and reported to duty the next day, she now suffers from chronic and persistent health impacts from her exposure. As a former Director of Government Affairs for the Reserve Organization of America (ROA) and a long-time champion for the Reserve Component, Susan continues to exemplify service before self, always standing up for what is right, and TAPS is proud to stand with her.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure, and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts along with fellow veteran and military service organizations to pass the bipartisan ***PACT Act***. The passage of the historic *PACT Act* is a tremendous victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connect with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2025, 33 percent were grieving the death of a military loved one due to illness, including toxic exposures.

TAPS remains committed to promoting a better-shared understanding of illnesses that may result from toxic, environmental, and occupational exposures. We are committed to ensuring that impacted service members, veterans, their families, caregivers, and survivors receive the critical health care and benefits they have earned. To that end, we strongly support the ***Susan E. Lukas 9/11 Servicemember Fairness Act***, and we are committed to working with Congress to ensure its swift passage.

Lt Col Susan E. Lukas, U.S. Air Force (Ret)

"As I walked to my office, I could see my footprints in the concourse hallway because the floor was covered in black particulates from where the plane hit the Pentagon. By the time I got to the third floor, I wiped tears from my eyes because they were burning from what was in the air. By the afternoon, I had a terrible headache from where the plane crashed. It was like that as I reported to work each day. My name is Susan Lukas, and I had no idea that my health was being permanently damaged.

"I think people always look at the major effects of toxic exposure, but they don't often think about the day-to-day effects. I accommodate the damage to my throat and lungs with everyday decisions that no one would think about. For example, I buy only non-scented products because scented products burn my lungs and give me headaches. This also happens when I go into some stores or restaurants where there is a strong odor from perfumes or spices used during cooking. When that happens, I turn around and walk out because there is nothing I can do to make things better

"I am not the only one who must deal with these issues. My son and daughter often take on the role of caretaker when I am sick with any type of respiratory illness because the effects are more extreme and last longer than they did before 9/11. Because of this, I have spent thousands of dollars purifying the air in my house so I can breathe. Can you imagine having to wake up every day and think about making it easier to breathe? Unfortunately, that is my reality.

"For myself and all the forgotten veterans who reported to duty in the Pentagon on 9/11 and in the days immediately afterward, I respectfully ask Congress to pass this bill."

JUSTICE FOR ALS VETERANS ACT OF 2025 (H.R.1685)

TAPS Strongly Supports

TAPS is grateful to Representatives Brian Fitzpatrick (R-PA-1) and Chris Pappas (D-NH-1) for introducing the ***Justice for ALS Veterans Act of 2025*** **(H.R.1685).** TAPS strongly supports this bipartisan legislation, which would extend critical Dependency and Indemnity Compensation (DIC) benefits to surviving spouses of veterans who die from amyotrophic lateral sclerosis (ALS) or Lou Gehrig's disease, regardless of how long the veteran had the disease before their death.

The Department of Veterans Affairs (VA) has included ALS as a presumptive 100 percent service-connected disease since 2008 for veterans who have served in the military for at least 90 days of continuous active-duty service. Under current law, a veteran must be rated totally disabled for a continuous period of at least eight years immediately preceding their death for their survivors to receive DIC, and a surviving spouse must have been married to the veteran for eight or more years immediately preceding the veteran's death.

Approximately 30,000 people in the United States are currently living with ALS. According to the ALS Association, military veterans are twice as likely to be diagnosed with ALS as civilians, no matter their branch of service or if they served during peacetime or war. Military service members may face a higher risk of developing ALS, from head, neck, or spine injuries, especially traumatic brain injuries (TBI), and from exposure to toxic substances.

A 2025 report from the National Academies of Sciences, Engineering, and Medicine[4] explored the link between various toxic exposures experienced by post-9/11 veterans and neurological conditions, including ALS. The committee ultimately found that there was "a possible risk-conferring relationship between exposure to exhaust or solvents — such as benzene, formaldehyde, and methylene chloride — and ALS."

Veterans are also at greater risk of dying from the disease. The average life expectancy for someone living with ALS is two to five years from the time of diagnosis, and many veterans who contract ALS do not live long enough to secure DIC benefits for their survivors.

Over the past five years, the number of military survivors of an illness death seeking TAPS services increased by approximately 37 percent. In 2025 alone, 3,173 new survivors of a death by illness reached out to TAPS for support. Based on recent trends, TAPS sadly projects that it will continue to receive over 3,300 new illness-loss survivors

[4] https://www.nationalacademies.org/projects/HMD-BPH-23-08

each year. Although we do not know how many of these deaths are related to ALS, we know there has been a tremendous uptick in illness-loss survivors seeking TAPS services. As a result, TAPS has been a leading voice in advocating for all illness-loss survivors.

TAPS strongly supports the ***Justice for ALS Veterans Act of 2025*** and urges its passage this year. Survivors of our nation's veterans who have died from ALS should wait no longer to receive their veterans' hard-earned benefits.

DAYTON NATIONAL CEMETERY EXPANSION ACT OF 2025 (H.R.2164)

TAPS Appreciates Intent

TAPS appreciates Representative Michael Turner (R-OH-10) introducing the ***Dayton National Cemetery Expansion Act of 2025*** **(H.R.2164).** This legislation would authorize the Secretary of Veterans Affairs to enter into an agreement with the Montgomery County Land Bank to transfer approximately 58 acres of land across from the Dayton National Cemetery to the Department of Veterans Affairs (VA) to be used for the expansion of the national cemetery.

Dayton National Cemetery is located in Montgomery County, Ohio. It was established as a permanent burial site in 1867 and transferred to the National Cemetery Administration (NCA) in 1973. The cemetery is one of eight National Cemeteries with the remains of veterans from every major United States conflict dating back to the American Revolutionary War. The national cemetery was designated a National Historic Landmark in 2012.

TAPS appreciates the intent of this legislation but defers to the VA and NCA to determine if expanding the Dayton National Cemetery is necessary to ensure it continues to commemorate and honor the next generation of veterans who serve and sacrifice for our nation.

PROVIDING RADIATION EXPOSED SERVICEMEMBERS UNDISPUTED MEDICAL ELIGIBILITY (PRESUME) ACT (H.R.4469)

TAPS Supports

TAPS thanks Congresswoman Dina Titus (D-NV-1) for introducing the ***Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act*** **(H.R.4469).** This important legislation seeks to eliminate the Department of Veterans Affairs (VA) requirement of evidence of a specific amount of radiation to determine whether a veteran has been affected by radiation exposure.

The ***PRESUME Act*** would amend Title 38 of the United States Code to help streamline the process and make it easier for radiation-exposed veterans to qualify for critical health care and benefits that they have earned and deserve.

TAPS knows first-hand that there is an urgency for early diagnosis and intervention, which saves and prolongs the lives of service members and veterans, beloved by family and friends who consider each day together precious and irreplaceable. Passing the ***PRESUME Act*** is an important step forward, and we look forward to its swift passage.

FRAUD IN VA DISABILITY EXAM ACT (H.R.5723)

TAPS Strongly Supports

TAPS thanks Ranking Member Mark Takano (D-CA-39) for introducing the ***Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exams Act*** **(H.R.5723),** which would strengthen how the Department of Veterans Affairs (VA) detects and handles fraud in disability claims, specifically focusing on *Disability Benefit Questionnaire (DBQ) forms* submitted as part of veterans' claims.

The VA disability system exists to serve veterans who have suffered service-connected injuries or illnesses. For the overwhelming majority of claimants, the process is undertaken honestly and in good faith. However, credible evidence of fraud—particularly involving DBQs — undermines confidence in the system, diverts limited resources, and ultimately harms veterans who legitimately need assistance.

H.R. 5723 addresses this challenge in a thoughtful and balanced manner. The legislation strengthens the VA's ability to identify and report suspected fraud without placing undue burdens on veterans or claims processors. By establishing clear procedures for detecting irregularities and referring concerns to the Office of Inspector General, the bill promotes consistency, accountability, and professionalism within the claims process.

Additionally, H.R. 5723 also includes critical protections for veterans. The bill limits the VA's ability to reopen or revise finalized claims based solely on fraud investigations unless there is a criminal conviction. This provision strikes a balance by preventing administrative overreach and protecting veterans from having long-settled benefits disrupted without due process.

The FRAUD in VA Disability Exam Act recognizes two essential truths: fraud must be addressed decisively, and veterans must be treated with dignity and fairness. The bill accomplishes both goals without compromising access to benefits for those who have

earned them through their service. Doing so will strengthen the VA disability system, protect taxpayer resources, and — most importantly — preserve trust in a system designed to serve America's veterans.

BOARD OF VETERANS APPEALS ANNUAL REPORT TRANSPARENCY ACT OF 2025 (H.R.6698)

TAPS Supports

TAPS appreciates Representative Keith Self (R-TX-3) for introducing the ***Board of Veterans Appeals Annual Report Transparency Act of 2025*** **(H.R.6698),** which would require the Board of Veterans' Appeals (BVA) to include in its annual report an identification of the factors contributing to the untimely disposition and remand of appeals.

This important bill pairs well with Congressman Self's ***Veteran Appeals Transparency Act of 2025*** **(H.R.1741),** which would require the BVA to publish weekly on the VA website the appeals cases assigned to the board for a decision during the upcoming week and the date they were filed with the court.

The BVA has long played a critical role in ensuring veterans and survivors have a clear and affordable legal process to appeal an initial VA claims decision. TAPS believes both of these bills combined will provide greater transparency to the appeals process for veterans and survivors.

VETERANS BURIAL ALLOWANCE AND REIMBURSEMENT ACT OF 2026 (H.R.6943)

TAPS Supports

TAPS thanks Congressman Gabe Evans (R-CO-8) for introducing the ***Veterans Burial Allowance and Reimbursement Act of 2026*** **(H.R.6943),** which seeks to standardize the payment of burial and funeral expenses, and plot allowances for deceased veterans under the laws administered by the Secretary of Veterans Affairs.

The overall intent of this legislation is to ensure that survivors of veterans who die as a result of service-connected disabilities receive consistent benefits. TAPS appreciates that H.R.6943 will streamline the benefits process for our surviving families who are grieving the death of their loved ones.

NATIONAL CEMETERY ADMINISTRATION ANNUAL REPORT ACT OF 2026 (Discussion Draft)

TAPS Appreciates Intent

TAPS appreciates the intent of Congressman Mackenzie's (R-PA-07) draft legislation, the ***National Cemetery Administration Annual Report Act of 2026,*** which would require the Department of Veterans Affairs (VA) to submit to Congress an annual report on the National Cemetery Administration (NCA).

The annual report would include the total number of interments of remains under the control of NCA, an assessment of customer satisfaction, a description and map of each open national cemetery to include burial information, the number of veterans interred in a state or county veterans' cemetery, as well as the number of presidential memorial certificates, headstones, burial markers, and medallions distributed each year.

The NCA, which consistently ranks first among public and private organizations in overall customer satisfaction, already collects most of this information, which could be readily available to Congress. While TAPS appreciates the intent behind this legislation, an annual report mandate may be unnecessary to access existing data and would also add an additional requirement to provide data not currently tracked.

CONCLUSION

TAPS thanks the leadership of the House Committee on Veterans' Affairs, Disability and Memorial Affairs Subcommittee, distinguished members, and professional staff for convening this important hearing to address key veteran and survivor legislation. TAPS is honored to submit a statement for the record on behalf of the thousands of surviving families we serve.

Prepared Statement of The Invisible Enemy

February 2, 2026

Statement for the Record

Veterans Affairs Disability Assistance and Memorial Affairs Subcommittee
In Support of H.R. 4469 – The PRESUME Act

Chairman, Ranking Member, and Members of the Subcommittee:

My name is Dave Crete, and I submit this statement on behalf of The Invisible Enemy, a nonprofit organization dedicated to advocating for veterans, Department of Defense employees, and contractors who were exposed to hazardous environments during their service often without adequate documentation, transparency, or long-term accountability.

The Invisible Enemy strongly supports H.R. 4469, the *Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act*, because it addresses a fundamental and long-standing injustice faced by radiation-exposed veterans: the requirement to prove exposure using records that frequently never existed.

Nowhere is this failure more evident than among veterans who served on the Nevada Test and Training Range (NTTR). Thousands of service members performed classified and hazardous missions in and around nuclear test areas, contaminated soil, legacy fallout zones, and facilities with known radiological risks. Many of these veterans were never issued dosimetry, were not informed of the hazards they faced, and were later told—often decades after service—that they could not prove exposure because no dose records exist.

That absence of records is not a failure of the veteran. It is a failure of the system. Further compounding this injustice is a medical reality that H.R. 4469 appropriately recognizes: radiation does not affect every individual the same way. Our growing cohort of NTTR veterans demonstrates wide variation in health outcomes like cancers, pulmonary disease, cardiovascular conditions, and neurological disorders despite similar duty locations and timeframes. Genetics, cumulative exposures, duration, age, and environmental factors all influence how radiation manifests in the body. A single numerical dose threshold cannot accurately capture this reality.
,
Requiring veterans to meet a minimum radiation dose standard, especially when dosimetry was never provided, creates an impossible evidentiary burden and denies care to those who are

clearly suffering the long-term consequences of service-related exposure. H.R. 4469 corrects this by preventing the Department of Veterans Affairs from relying on arbitrary dose requirements when determining eligibility for radiation-exposed veterans.

This bill does not lower standards of evidence irresponsibly. Instead, it aligns policy with historical facts, medical science, and basic fairness. It acknowledges that classified service, incomplete records, and biological variability should not disqualify veterans from the benefits they earned through their service.

The Invisible Enemy urges the Subcommittee to advance H.R. 4469 and to continue working toward a VA system that places the burden of uncertainty where it belongs—on the government, not on the veteran.

Thank you for the opportunity to submit this statement for the record, and for your continued commitment to those who served.

Respectfully submitted,

David J. Crete Jr.

Chairman, The Invisible Enemy

THE INVISIBLE ENEMY

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Prepared Statement of Reserve Organization of America

Reserve Organization of America

OFFICIAL STATEMENT OF
MATTHEW L. SCHWARTZMAN

FOR THE
U.S. HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

ON
H.R.5339, *THE SUSAN E. LUKAS 9/11 SERVICEMEMBER FAIRNESS ACT*

FEBRUARY 3, 2026

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The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, is a military service organization incorporated under Internal Revenue Service Code section 501(c)(19), and comprising all ranks of servicemembers, veterans, and family members of our nation's eight uniformed services separated under honorable conditions. ROA is the only national military service organization that solely and exclusively supports the reserve components.

ROA was founded in 1922 by General of the Armies John "Black Jack" Pershing, during the drastic reductions of the Army after World War I. It was formed to support a strong national defense and focused on the establishment of a corps of reserve officers who would be the heart of a military expansion in the event of war. Under ROA's 1950 congressional charter, our purpose is unchanged: To promote the development and execution of policies that will provide adequate national defense. We do so by developing and offering expertise on the use and resourcing of America's reserve components.

Executive Director:
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Director, Legislation and Military Policy:
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DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

The Reserve Officers Association of the United States, now doing business as the Reserve Organization of America, has not received any grants, contracts, or subcontracts from the federal government in the past three years.

CURRICULUM VITAE

Matthew Schwartzman serves as the Director of Legislation and Military Policy for the Reserve Organization of America. With more than six years of experience in the military and veterans' policy sector, he has testified before Congress, analyzed more than 300 public policy proposals, and helped advance landmark legislation.

Matthew also serves as Secretary of the Board of Directors for The Military Coalition, representing, on select issues, nearly 40 military and veterans service organizations with a combined constituency of approximately 5.5 million members.

INTRODUCTION

Chairman Luttrell, Ranking Member McGarvey, and distinguished members of the Subcommittee on Disability Assistance and Memorial Affairs, on behalf of the Reserve Organization of America (ROA), thank you for the opportunity to submit our views on the legislation pending before the Subcommittee today.

ROA's statement focuses exclusively on H.R. 5339, the *Susan E. Lukas 9/11 Servicemember Fairness Act*. The bill would establish a presumption of service connection for diseases that later manifest in veterans who were present at the Pentagon between September 11, 2001, and November 19, 2001.

This narrowly tailored, evidence-based presumption aligns Department of Veterans Affairs (VA) policy with the federal record documenting exposure(s) and the sustained occupation of the Pentagon Reservation during the September 11, 2001, terrorist attack and the ensuing response, recovery, and cleanup period.

ROA respectfully urges the Subcommittee to support and advance H.R. 5339 without delay.

BACKGROUND

At 9:37 a.m. on September 11, 2001, American Airlines Flight 77 struck the Pentagon, killing all 64 people aboard and 125 people inside the building. Fatalities were concentrated between Corridors 4 and 5, with 92 on the first floor, 31 on the second, and 2 on the third.

The aircraft carried most of its original approximately 7,256 gallons of Jet A fuel, intensifying fires and explosions. As a result, debris and fuel-driven blasts expanded destruction to more than an acre on each of the first and second floors.[1]

By September 2001, approximately 18,000 personnel worked inside the Pentagon, over half of whom were DoD civilians.[2]

Wedge 1 was largely reoccupied that morning, with approximately 3,800 of the planned 4,500 to 5,000 personnel present, while Wedge 2 remained mostly vacated, with only about 700 personnel on site.

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[1] For context, pursuant to Public Law 117-168 (the *PACT Act*), VA reported to Congress on health effects associated with jet fuel exposure, including Jet A, identifying "*slight evidence of associations*" with adverse outcomes across the nervous system, mental health, and respiratory system, as well as certain cancers (e.g., kidney and bladder), while noting no studies assess health effects by length of exposure. (https://www.govinfo.gov/content/pkg/CMR-VA1-00189958/pdf/CMR-VA1-00189958.pdf)

[2] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf

Following the impact, alongside designated first responders, servicemembers and DoD civilians voluntarily assumed first-responder roles, moving through smoke-filled corridors, forming ad hoc rescue teams, and establishing triage, actions that unquestionably saved lives.

Many refused to stop searching, viewing departure as tantamount to abandoning wounded comrades on the battlefield. Some withdrew only when smoke and heat made further reentry impossible.

During the emergency, Secretary of Defense Donald Rumsfeld remained at the Pentagon. That night, he publicly announced that operations would resume the next day.

Several thousand employees returned on September 12, underscoring continuity of national defense operations and reinforcing a mission-first ethos.

By September 24, approximately two-thirds of the Pentagon had been reoccupied, despite ongoing hazards, site transitions, and unresolved environmental risks.

On October 18, the demolition and cleanup phase formally began, removing roughly 400,000 square feet (approximately 56,000 tons) of debris from Rings C–E between Corridors 4 and 5.[3]

Demolition and cleanup of the impact area concluded on November 19, a date later recognized by the National Institute for Occupational Safety and Health (NIOSH) and Congress via the World Trade Center Health Program (WTCHP) as the formal “endpoint” for Pentagon response and cleanup eligibility determinations.

EXPOSURE ENVIRONMENT AND SERVICEMEMBER EXPERIENCE

Inside and around the impact area, personnel encountered Jet A fuel, dense smoke, and extreme heat, with internal temperatures estimated to have reached up to 2,000 degrees Fahrenheit. These conditions created acute inhalation hazards and increased the risk of respiratory injury, toxic exposure, heat exhaustion, and dehydration. Additional hazards included standing water, compromised electrical systems with associated electrocution risks, and human remains.

Debris included sagging ceilings; exposed electrical wiring; melting plastics; plumbing; mangled HVAC components; metals and nails; broken glass; wood, plaster, and floor tiles; office contents; asbestos; lead-based paint; black soot; general dust; and jet fuel contamination.

Firefighters were required to cut concrete trench lines on the roof, an activity likely generating silica-containing dust. Roof materials reflected the Pentagon’s 1940s construction and included horsehair insulation, waterproof asbestos, and straw.

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[3] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf

Unlike firefighters and other designated first responders, many servicemembers at the Pentagon lacked respiratory protection, increasing the likelihood of exposure.

In the weeks following the attack, multiple agencies conducted environmental and occupational health assessments at the Pentagon, sampling air, surfaces, and water. These efforts documented a complex exposure environment driven by jet fuel combustion, destruction of building materials, and prolonged emergency, recovery, and early reoccupation operations.

Further, while some post-cleanup measurements in occupied areas ultimately fell below applicable occupational and environmental limits, others documented localized exceedances, including wipe samples exceeding benchmarks for lead and asbestos, primarily on upper floors prior to cleanup.

At minimum, the assessment identified credible acute exposure pathways for servicemembers working in and near the impact area and during early reoccupation, including:

- Smoke and soot
- Volatile and semi-volatile organic compounds
- Polycyclic aromatic hydrocarbons (PAHs)
- Metals (including lead)
- Asbestos-containing materials
- Crystalline silica
- Fine particulate dust generated by structural damage, debris removal, and demolition activities

The report further discussed the political context surrounding the decision to reoccupy the Pentagon prior to the completion of substantial environmental testing:

“Because there was a clear and significant risk to the soldiers and civilian employees slated to return, the decision to have them do so [return] had to have been a conscious one. However, the political consequences of closing the building were so great that Secretary of Defense Rumsfeld and President Bush were willing to take the risk of reoccupying the building without confirmation that it was safe.”[4]

From the available evidence, and the findings of the agencies involved, the exposure environment at the Pentagon included multiple well-characterized hazardous substances with known associations to serious long-term health outcomes.[5]

Materials present in the damaged structure, combined with jet fuel combustion and debris disturbance, created a mixed-hazard environment involving asbestos, crystalline silica, benzene,

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[4] https://medcoeckapwstorprd01.blob.core.usgovcloudapi.net/pfw-images/borden/pentagon/PentagonCh4.pdf
[5] https://www.cdc.gov/niosh/docket/archive/pdfs/NIOSH-248/0248-041312-ShanksvilleResponse.pdf

PAHs, PCBs, and dioxins, all of which have been extensively evaluated in the medical and toxicological literature.

Asbestos, for example, is a recognized cause of mesothelioma and lung cancer.[6] Crystalline silica released during demolition activities is a known human lung carcinogen.[7]

Importantly, for the servicemembers H.R.5339 covers, these substances were not encountered in isolation.

Servicemembers who worked in and near the impact area, and those who returned shortly after the attack, faced a convergence of hazards, with exposure pathways compounded by smoke, dust, debris disturbance, and demolition activities.

Although individual dose and duration cannot be reconstructed with precision decades later, the toxic profiles of the substances present and their established disease linkages are well understood. This is a circumstance in which scientific certainty about individual exposure levels is unattainable, but the risk environment is documented, the cohort is clearly defined, and the health consequences are biologically plausible and supported by the medical record.

From ROA's perspective, this is precisely the scenario Congress contemplated when first establishing the presumption of service connection authority in 1921.[8]

In fact, Congress has already acknowledged the presence of toxicants and their associated health impacts at the Pentagon through the World Trade Center Health Program (WTCHP), most recently through Public Law No. 118-41, the *National Defense Authorization Act for Fiscal Year 2024*. That legislation expanded access to the WTCHP for Pentagon September 11 first responders.

Yet, existing VA presumptions *do not* cover the population whose exposures occurred inside the building as regular operations were interrupted and then resumed.

Many of these servicemembers functioned in a de facto first-responder capacity, performing rescue, response, and continuity-of-operations duties in the same contaminated environment and exposed to the same toxicants as first responders, but often without equivalent protective equipment or post-exposure support.

The real-world consequences of this policy gap are evident in the experiences of affected servicemembers.

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[6] https://www.cancer.org/cancer/types/malignant-mesothelioma/causes-risks-prevention/risk-factors.html
[7] https://pmc.ncbi.nlm.nih.gov/articles/PMC5011095/
[8] https://department.va.gov/history/100-objects/076-presumptive-conditions/

Retired Air Force Lt. Col. Susan E. Lukas shared with ROA how her exposure to toxicants at the Pentagon continues to impact her health:

"Feeling the impact of the plane and seeing the dark plumes of smoke and debris was an experience I will never forget. There were many people who had difficulties getting out of the building. Those who did get out saw horrific things. A woman who was picked up out of the rubble cried hysterically about seeing a ball of flame coming down the corridor in her direction. Everyone in her office died. At first, we weren't thinking about our health. We were just happy to be alive. My supervisor required me to come back to the Pentagon for work beginning the very next day. For years, I did not realize my health issues were related to the 9/11 Pentagon attack. I actually discovered how that impacted my health by accident. In part, this was because I was relying on military doctors who were not trained in how to treat and identify toxic exposure. However, it's also the case that **I was relying on military doctors who served in a military that did not identify us as a cohort for toxic exposure**. After experiencing persistent and significant difficulties with swallowing and breathing, I went to a doctor and was diagnosed with tracheomalacia. My doctor said offhandedly that I was 'very young to have this condition' and that I was the 'fourth patient in recent time' suffering from this condition. I asked my doctor if those individuals had been at the Pentagon on 9/11. It was almost as if my doctor had an epiphany when he answered 'yes.' One of the reasons I had to quit my job was because of the impact that my diagnosis had on my breathing. But the truth is, that was just the tip of the iceberg. Aside from strong flashes of PTSD, **my toxic exposures**, in the absence of any protection from the VA, **have impacted my day-to-day life**. I even had to purchase a special iodizing system to purify the air in my house, which cost me thousands of dollars. It's no exaggeration to suggest that every action I take is designed to overcome the health challenges posed by my time in the Pentagon on and after 9/11."

Lt. Col. Lukas' story is, unfortunately, not isolated, as reflected by her physician's recognition of similar conditions among other Pentagon September 11 patients.

ROA estimates that the potentially exposed population includes fewer than 8,000 servicemembers and assesses that the actual number is more likely in the range of 3,000 to 5,000, based on the workforce and occupancy data presented earlier in this statement.

H.R. 5339 addresses this long-standing inequity by extending VA health care and disability compensation to this clearly defined and well documented cohort whose service and exposures have gone unrecognized under existing presumptions.

CONCLUSION

ROA was a strong supporter of the *PACT Act* and recognizes that Section 202 established a framework empowering the Secretary of Veterans Affairs to add or remove presumptive conditions through a formal, evidence-based process.

Should Congress decide not to advance H.R. 5339, ROA strongly encourages the VA to exercise this authority in a manner consistent with the scope and intent of the bill.

Regardless, establishing a presumption of service connection would reduce the burden on veterans like Lt. Col. Lukas, standardize access to holistic care, and prevent outcomes shaped by outdated or incorrect assumptions about exposure and risk.

Deputy Secretary of Defense Paul Wolfowitz, when speaking about the Pentagon's recovery and rebuilding following the September 11, 2001, attack, observed that "like the mythical Phoenix bird, the building, too, has risen from its ashes to be reborn."[9]

However, that rebirth was not mythical. It rested on the men and women who sustained Pentagon operations while hazardous conditions persisted, breathing in the very ashes from which the building was restored as they carried out response, early reoccupation, and cleanup duties.

Yet many remain unrecognized for VA disability and health care tied to those exposures inside the building. H.R. 5339 simply provides that long-overdue recognition.

ROA thanks Representatives Suhas Subramanyam (VA-10), Rob Wittman (VA-01), Bobby Scott (VA-03), and Don Beyer (VA-08) for sponsoring this important legislation and urges all members of the Subcommittee to support and advance it without delay.

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[9] https://history.defense.gov/Portals/70/Documents/pentagon/Pentagon9-11.pdf

Prepared Statement of National Organization of Veterans' Advocates, Inc.

Chairman Luttrell, Ranking Member McGarvey, and members of the DAMA Subcommittee, thank you for the opportunity to offer our views on pending legislation.

NOVA is a not-for-profit 501(c)(6) educational membership organization incorporated in the District of Columbia in 1993. NOVA represents over 900 accredited attorneys, agents, and other qualified members practicing across the country and assisting tens of thousands of our Nation's military veterans, survivors, family members, and caregivers seeking to obtain their earned benefits from VA. NOVA members advocate for their clients before the Department of Veterans Affairs (VA), Board of Veterans' Appeals (Board), U.S. Court of Appeals for Veterans Claims (CAVC), U.S. Court of Appeals for the Federal Circuit (Federal Circuit), and U.S. Supreme Court. NOVA works to develop and encourage high standards of service and representation for all persons seeking VA benefits.

NOVA advocates for laws and policies that advance the rights of veterans. For example, NOVA collaborated with Veteran Service Organizations (VSOs) and other accredited representatives, VA, and Congress on appeals modernization reform. Those efforts resulted in passage of the *Veterans Appeals Improvement and Modernization Act (AMA)*, P.L. 115–55, 131 Stat. 1105, which was signed into law in 2017. At the time of its passage, VA emphasized the AMA would provide claimants with more choice and control over the disability claims and appeals adjudication process by expanding their review options.

NOVA also advances important cases and files amicus briefs in others. *See, e.g., NOVA v. Secretary of Veterans Affairs*, 710 F.3d 1328 (Fed. Cir. 2013) (addressing VA's failure to honor its commitment to stop applying an invalid rule); *Procopio v. Wilkie*, 913 F.3d 1371 (Fed. Cir. 2019) (amicus); *NOVA v. Secretary of Veterans Affairs*, 981 F.3d 1360 (Fed. Cir. 2020) (M21–1 rule was interpretive rule of general applicability and agency action subject to judicial review); *National Organization of Veterans' Advocates, Inc., et al., v. Secretary of Veterans Affairs*, 981 F.3d 1360 (2022) (Federal Circuit invalidated knee replacement rule); *Arellano v. McDonough*, 598 U.S. 1 (2023) (amicus); *Terry v. McDonough*, 37 Vet.App. 1 (2023) (amicus); *Bufkin v. Collins*, 604 U.S.(2025)__(amicus).

A critical part of NOVA's mission is to educate advocates. NOVA currently conducts two conferences per year, each offering approximately 15 hours of continuing legal education (CLE) credit for attendees. Experts from within and outside the membership present and train on the latest developments and best practices in veterans law and policy. NOVA sustaining members must participate in at least one conference every 24 months to maintain eligibility to appear in our public-facing advocate directory. In addition to conferences, NOVA offers webinars, online support, peer-to-peer mentorship, and other guidance to its members to enhance their advocacy skills.

NOVA provides feedback on the following bills.

H.R. 1004, Love Lives On Act of 2025

NOVA continues its **support** for H.R. 1004, Love Lives On Act of 2025. This important bipartisan legislation, which currently has 128 cosponsors, would remove the bar to furnishing benefits to surviving spouses who remarry before the age of 55 and restore certain benefits to surviving spouses who remarried before age 55. Many surviving spouses forego remarriage due to the impending loss of important earned benefits that provide long-term security to themselves and their families. Congress should promptly remedy this injustice.

H.R. 1685, Justice for ALS Veterans of 2025

NOVA **supports** H.R. 1685, Justice for ALS Veterans of 2025, which would extend increased dependency and indemnity (DIC) compensation to the surviving spouse of veteran who dies from amyotrophic lateral sclerosis (ALS) regardless of how long the veteran had ALS prior to death. Current law only provides for enhanced DIC benefits for surviving spouses of veterans who were rated totally disabled for at least 8 years prior to death. Given the devastating effects of this disease on veterans and their families, expansion of DIC would provide critical benefits to this population of survivors.

H.R. 4469, Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act

NOVA **supports** H.R. 4469, Providing Radiation Exposed Servicemembers Undisputed Medical Eligibility (PRESUME) Act. This bill will help all veterans who have

been exposed to radiation get proper consideration by VA in their radiation-related claims.

H.R. 5339, Susan E. Lukas 9/11 Servicemember Fairness Act

NOVA **supports** H.R. 5339, Susan E. Lukas 9/11 Servicemember Fairness Act. This bill will extend presumptive service connection for certain conditions to those who served on active duty at the Pentagon between September 11, 2001, and November 19, 2001.

H.R. 5723, Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exam Act

NOVA **supports the intent** of H.R. 5723, **but amendments are needed**. NOVA supports ensuring proper investigation of those who submit fraudulent disability benefit questionnaires (DBQs) in support of VA disability benefits claims. However, the bill as written is not sufficiently detailed and could result in veterans being unfairly targeted.

Specifically, under proposed 38 U.S.C. § 5322(a)(3), notice must be expanded. As currently written, this subsection would require the Secretary to only inform "the individual who submitted the disability benefit questionnaire form or claim." This notice is not sufficiently specific. This subsection should be amended as follows: "with respect to such disability benefit questionnaire forms or such claims that the Secretary suspects may contain fraudulent information, informing the following individuals of suspicion of fraudulent activity: (1) the individual who signed the disability benefit questionnaire; (2) the claimant in connection with whose claim the disability questionnaire was submitted; and (3) that claimant's representative, if any."

NOVA is also concerned about the broad language found at proposed subsection 5322(c)(2), which would permit VA to upset final, favorable decisions when the individual convicted is not the veteran. In those instances, the claimant may be unaware of the fraud. Unless the claimant is convicted of fraud, overturning final grants would punish the wrong person. We recommend the following change: "Paragraph (1) shall not apply in any case in which, pursuant to an investigation of the Inspector General under subsection (b), the claimant is convicted by a court of competent jurisdiction of a crime relating to fraudulent activity in the submission to the Secretary of evidence supporting a claim for benefits under laws administered by the Secretary."

Congress should also consider that the unfettered rise of unaccredited claims consultants and coaches has resulted in the submission of thousands of DBQs. It is unclear if VA is tracking these submissions since VA has no way of knowing if anyone is assisting a pro se veteran. These unaccredited individuals operate behind the scenes and are unaccountable to VA (unlike accredited VSOs, attorneys, and agents). Congress should seek specific information from VA about any current efforts to track these submissions and require VA to seek additional information from veterans – as simple as a checkbox on a form – regarding any assistance received from an outside company.

H.R. 6698, Board of Veterans' Appeals Annual Report Transparency Act of 2025

NOVA **supports the intent** of H.R. 6698 and recommends two changes. First, Congress should define what "timely" disposition means. Second, Congress should require all reporting to distinguish between those cases that are advanced on the docket versus those that are not advanced.

Conclusion

NOVA appreciates the opportunity to present its views to the Subcommittee. We remain committed to working with this Committee, VA, and accredited stakeholders to improve the VA disability and claims adjudication process for veterans, survivors, family members, and caregivers.

For more information:

NOVA staff would be happy to assist you with any further inquiries you may have regarding our views on this important topic. For questions regarding this testimony or if you would like to request additional information, please feel free to contact Diane Boyd Rauber by calling NOVA's office at (202) 587–5708 or by emailing Diane directly at drauber@vetadvocates.org.

Prepared Statement of Berry Law

Written Statement for the Record of
Montana Crow, Esq., Senior Counsel[1]
Berry Law[2]

Submitted for a Legislative Hearing before the
U.S. House of Representatives' Committee on Veterans' Affairs,
Subcommittee on Disability Assistance and Memorial Affairs

February 3, 2026

Chairman Luttrell, Ranking Member McGarvey, and Members of the Subcommittee,

My name is Montana Crow, and I am a Senior Counsel with Berry Law. I am proud to submit this statement for the record in support of the Subcommittee's work on legislation affecting veterans' disability claims adjudication and the integrity and transparency of the VA benefits system.

Berry Law represents veterans nationwide in VA disability claims, including complex cases involving chronic pain, neurological conditions, mental health disorders, and service-connected toxic exposures. Through this work, our firm has gained extensive firsthand experience with how VA health care delivery, clinical documentation, and administrative policy affect veterans' ability to establish service connection and receive accurate disability ratings.

Our attorneys and staff regularly interpret and apply VA statutes, regulations, and claims guidance, providing practical insight into how legislative and policy changes operate in practice, both in the delivery of care and in the evidentiary record used to adjudicate claims. This claims-focused perspective allows Berry Law to evaluate proposed legislation not only as a matter of policy, but also in terms of its tangible impact on veterans navigating the VA system.

Our perspective complements the indispensable work of Veterans Service Organizations by offering formal legal expertise, appellate advocacy, and an integrated understanding of how medical evidence, access to care, and benefits adjudication intersect. Because veterans' health outcomes, access to care, and disability compensation are deeply interconnected, improvements to

[1] Biography available at: www.ptsdlawyers.com/veterans-lawyers/montana-crow.
[2] Berry Law is a midwestern law firm established in 1965 that handles personal injury litigation and veterans' disability appeals, providing legal counsel to injured civilians and veterans nationwide with an emphasis on securing VA benefits and compensation entitlements. For more information, visit www.ptsdlawyers.com.

VA claims processes directly reinforce the Subcommittee's mission of ensuring timely, high-quality care for those who served.

While this hearing primarily focuses on health care delivery and outcomes, the bill evaluations that follow also highlight how the proposed measures can strengthen VA disability compensation processes. Each analysis demonstrates that improved access to care, enhanced research, and higher-quality clinical documentation not only support health outcomes but also reinforce service-connection determinations, enable more accurate disability ratings, and improve the efficiency and fairness of claims adjudication. These recommendations are designed to complement the health-focused goals of the legislation, ensuring that enhancements in care and treatment also translate into meaningful benefits for veterans navigating the VA claims process, without creating unnecessary administrative burdens for veterans or their care teams.

The recommendations that follow are based on Berry Law's experience representing veterans and are offered to provide practical, actionable insight into how the proposed legislation may affect both health care delivery and disability claims outcomes.

Legislation Summary Table

This summary provides an overview of the key provisions discussed through this testimony, their potential impacts on VA disability claims, and our recommended refinements to maximize benefits for veterans.

Bill Name	Purpose	Key Support Points	Primary Recommendations
Board of Veterans Appeals Annual Report Transparency Act of 2025	Enhance BVA reporting by identifying factors driving untimely dispositions and remands	Promotes transparency, accountability, and evidence-based process improvements; supports veteran outcomes	Define standardized factor categories; clarify effective date; ensure public accessibility; track corrective actions
FRAUD in VA Disability Exams Act of 2025	Improve detection and reporting of fraudulent DBQs	Protects claims integrity; deters fraud; leverages OIG authority; balances oversight with veteran protections	Define "fraud"; clarify scope and timing of audits; carefully manage veteran notifications; consider public accessibility of reports
Love Lives On Act of 2025	Eliminate remarriage-based penalties affecting DIC, SBP, and TRICARE for surviving spouses	Restores fairness and equity; compensates for service-connected loss; reduces financial and administrative burdens on surviving spouses; aligns survivor benefits with contemporary family realities	Automatic reinstatement of DIC; eliminate SBP delays; expand eligibility; restore TRICARE with special enrollment period; ensure VA–DoD coordination; include rule of construction to prevent benefit reduction

Bill Name	Purpose	Key Support Points	Primary Recommendations
Justice for ALS Veterans Act of 2025	Extend increased DIC eligibility for surviving spouses of veterans who die from ALS; require VA study on other high-mortality conditions	Recognizes ALS's rapid progression; removes arbitrary DIC exclusions; supports surviving spouses	Reduce marriage-duration requirement; allow retroactive claims; require stakeholder-informed VA report; clarify rule of construction to avoid reducing existing benefits
PRESUME Act of 2025	Prohibit VA from requiring specific radiation dose to establish radiation-exposed veteran status	Removes evidentiary barriers; promotes uniform adjudication; aligns with other presumptive exposure frameworks	Clarify scope to prohibit proxies; mandate VA regulation and guidance updates; apply retroactively to pending claims; require VA outreach and notice
Susan E. Lukas 9/11 Servicemember Fairness Act	Presume service connection for diseases related to toxin exposure at the Pentagon post-9/11	Reduces evidentiary burden; aligns with other toxic exposure presumptions; broad coverage of diseases	Clarify regulatory timelines for disease list expansion; apply retroactively to pending/denied claims; remove burden of proof for service connection; require reporting and oversight
Veterans Burial Allowance and Reimbursement Act of 2025	Standardize burial, funeral, and plot allowances; consolidate eligibility under § 2303	Improves clarity, fairness, and administrative efficiency; explicitly includes service-connected deaths	Specify effective date; clarify retroactive application; ensure non-service-connected eligible veterans retain benefits

The following sections expand on these recommendations in greater detail, offering specific guidance to ensure each bill not only advances veteran care but also directly supports the development of claim-usable evidence, strengthens clinical documentation, and improves outcomes in VA disability compensation adjudication.

Board of Veterans' Appeals Annual Report Transparency Act of 2025 (H.R. 6698)

Support with Recommendations

The Board of Veterans' Appeals Annual Report Transparency Act of 2025 would amend section 7101(d) of title 38, United States Code, to enhance transparency in Board of Veterans' Appeals reporting. The legislation would require the Board's annual report to identify factors contributing to untimely disposition of appeals under the modernized appeals system, as well as remands issued under both the legacy and modern appeals frameworks. For each factor, the Board would report the number and percentage of cases affected.

Berry Law supports the purpose of this legislation. Delays in appeals and remands continue to be among the most significant sources of frustration for veterans seeking benefits, and meaningful reform requires clear, data-driven insight into the underlying causes of these outcomes. By mandating that the Board identify and quantify contributing factors, the bill would provide Congress and other stakeholders with the information necessary to improve adjudication efficiency, accountability, and overall timeliness of veterans' appeals.

A. Rationale for Support

The Board of Veterans' Appeals (Board) plays a central role in the VA benefits system, yet the factors driving delays and remands are often opaque to veterans, accredited representatives, and policymakers. While the Board currently publishes annual performance data,[3] these reports do not consistently identify the root causes of untimely decisions or repeated remands, limiting the usefulness of the information for oversight and reform.

Requiring the Board to analyze and report these factors would enhance transparency and accountability, while providing an evidence-based foundation for targeted improvements. Data showing whether delays result from evidentiary development errors, insufficient or incomplete medical examinations, procedural deficiencies, staffing constraints, or other systemic issues would allow Congress and VA leadership to prioritize reforms more effectively. For veterans, clearer insight into the causes of remands could reduce repeated delays, promote more consistent decision-making, and strengthen confidence in the appeals process.

The bill appropriately addresses both the modernized appeals system established under the *Veterans Appeals Improvement and Modernization Act of 2017* (Pub. L. 115-55) and the legacy appeals framework. Maintaining visibility into both tracks ensures that reforms are informed by the full scope of the Board's workload during this transitional period. While Berry Law strongly supports the bill's objectives, several targeted refinements could further enhance the clarity, consistency, and practical value of the reports, ensuring they serve as a meaningful tool for Congress, VA leadership, and the veteran community.

B. Concerns and Recommendations

(1) Standardization of Reported Factors

The value of the reporting requirements hinges on the consistent identification and categorization of factors contributing to delays and remands across fiscal years. Without standardized definitions and methodologies, year-to-year comparisons could be unreliable, misleading, or difficult to interpret. As currently drafted, the bill does not require the Board to define or standardize the categories used to classify contributing factors, nor does it specify how

[3] www.department.va.gov/board-of-veterans-appeals/annual-reports-to-congress.

percentages should be calculated. This gap could lead to inconsistent reporting practices that undermine the utility of the data for policymakers, VA leadership, and stakeholders.

To maximize transparency and support evidence-based reform, Congress should direct the Board to establish clear, standardized factor categories and uniform calculation methods, ensuring that each annual report produces reliable, comparable, and actionable information.

Proposed Language:

> *STANDARDIZATION OF REPORTING METHODOLOGIES.* The Board of Veterans' Appeals shall:
>
> 1. Define and publish standardized categories for factors contributing to the untimely disposition of appeals and remands; and
> 2. Establish uniform methodologies for calculating the number and percentage of cases affected by each factor.
>
> The Board shall apply these definitions and methodologies consistently across all annual reports and shall review and update them as needed to ensure comparability, reliability, and transparency over time.

(2) Implementation Burden and Resource Considerations

Accurate reporting on contributing factors requires staff time, analytical capacity, and careful review of large volumes of appeals. Without clear guidance and sufficient resources, the reporting requirement could place additional burdens on Board personnel[4] and potentially divert attention from core adjudicatory functions. While the VA could argue that it is capable of developing reporting methods internally, leaving factor definitions, categories, and calculation methods to agency discretion risks inconsistent reporting, uneven comparisons across fiscal years, and reduced accountability.[5]

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[4] Potential challenges associated with enhanced reporting requirements for the Board include: (1) administrative burden, as staff might be required to manually review every case to identify contributing factors, creating a workload that could overwhelm existing personnel; (2) diversion from core duties, since time spent on labor-intensive reporting could reduce the Board's capacity to issue timely decisions, exacerbating existing delays; (3) inconsistent reporting, because without standardized guidance, different offices or staff might apply ad hoc methods, resulting in unreliable or non-comparable data across fiscal years; and (4) legal and political risk, as incomplete or inconsistent reports could undermine the Board's credibility or prompt unnecessary follow-up legislation.

[5] The U.S. Government Accountability Office (GAO) has found that federal agencies, including VA, have produced inconsistent or incomplete reports when left to develop reporting methods internally. For example, GAO identified flaws and gaps in VA clinical quality measures, noting that metrics were incomplete and unreliable for oversight purposes, and reported that VA lacked comprehensive tracking systems for certain claims data, resulting in uneven and non-comparable reporting across periods. *See* www.gao.gov/assets/gao-25-107469.pdf and www.vaoig.gov/sites/default/files/reports/2023-09/VAOIG-22-02064-155.pdf.

To mitigate these risks, Congress should clarify that the Board may rely primarily on existing case-tracking systems, claims data, and adjudicatory records to generate reports, rather than mandating time-intensive, case-by-case narrative analyses. This approach would preserve the integrity and usefulness of the reports while minimizing administrative strain on Board operations.

Proposed Language:

> The requirements of subparagraphs (H) and (I) may be satisfied through analysis of existing adjudicatory data, case-tracking systems, and quality-review findings, and shall not require the preparation of individualized narrative explanations for each appeal.

(3) Public Accessibility of Reports

Transparency is meaningful only if the information is readily accessible to veterans, accredited representatives, and other stakeholders. Although Board annual reports are generally posted on the VA website, the bill does not explicitly mandate public dissemination of the new reporting elements. Without a statutory requirement, accessibility could vary depending on administrative practice, potentially limiting the usefulness of the reports for oversight, advocacy, and research.

Congress should clarify that the Board's annual report, including all newly required data on contributing factors to delays and remands, must be made publicly available in a timely and easily accessible format.

Proposed Language:

> The annual report required under this subsection, including the information described in subparagraphs (H) and (I), shall be made publicly available on the website of the Department of Veterans Affairs.

(4) Effective Date and First Reporting Year

Clear and explicit effective-date provisions are critical to ensuring timely compliance, preventing confusion, and avoiding disputes over which annual report must first include the newly mandated reporting elements. Without specifying the first applicable fiscal year, VA staff may face uncertainty in planning data collection, analysts may struggle to identify relevant cases, and Congress and stakeholders may be unable to rely on the reports for oversight or policymaking. This ambiguity could delay implementation, compromise the accuracy and completeness of reported data, and reduce the usefulness of the report for identifying systemic issues in appeals adjudication.

Congress should explicitly designate the first reporting year to which the new requirements apply, providing clear guidance to the Board, ensuring that the reports are produced on schedule, and maximizing the transparency, accountability, and policy value of the information collected.

Proposed Language:

> The amendments made by this Act shall apply to the first annual report of the Board of Veterans' Appeals submitted for a fiscal year beginning after the date of enactment of this Act.

(5) Tracking Corrective Actions

Identifying contributing factors is only valuable if it leads to meaningful accountability and measurable improvement. While the bill mandates reporting on the factors that contribute to untimely decisions and remands, it does not require the Board to explain how it is responding to those findings. Past experience demonstrates the importance of linking reporting to corrective action: a GAO review found that the Board lacked a systematic approach to analyze trends in errors and remands, limiting its ability to implement targeted improvements.[6] Similarly, research on the Board's internal quality review programs has shown that tracking errors without corresponding operational responses does not reliably reduce remand rates or improve decision quality.[7] Without a mechanism to require the Board to describe corrective steps, reporting risks becoming a purely descriptive exercise rather than a tool for reform.

Congress should, therefore, require the Board to include in each annual report a description of steps taken or planned to address identified drivers of delay and remand, including process changes, resource allocations, or policy adjustments. This approach would ensure that reporting not only informs Congress and stakeholders but also drives tangible improvements in adjudication timeliness, consistency, and accountability.

Proposed Language:

> Each annual report submitted under this subsection shall include a description of any corrective actions taken or planned by the Board in response to the factors identified under subparagraphs (H) and (I).

* * *

The *Board of Veterans' Appeals Annual Report Transparency Act of 2025* represents a significant step toward enhancing transparency, accountability, and evidence-based reform within the VA appeals system. By requiring the Board to identify and quantify the factors driving delays and remands, the bill would provide Congress, VA leadership, and stakeholders with actionable insight into the systemic and procedural challenges affecting timely adjudication.

To maximize the effectiveness of this reporting, Berry Law recommends several targeted refinements. Standardizing factor categories and calculation methodologies will ensure that the

[6] www.gao.gov/products/gao-24-106156.

[7] Ho, DE, C Handan-Nader, D Ames, & D. Marcus. (2018). Quality review of mass adjudication: A randomized natural experiment at the Board of Veterans Appeals, 2003-16. *Stanford Institute for Economic Policy Research*. Available at: www.drive.google.com/file/d/1m5VFTvPcBRF61LpLiCbrNLh0OLblINvc.

data is consistent, reliable, and comparable across fiscal years. Explicitly requiring public dissemination guarantees that veterans, accredited representatives, and researchers can access the information and use it to monitor trends, advocate for improvements, and hold the Board accountable. Specifying the first applicable reporting year provides clarity to VA staff and prevents confusion or gaps in data collection. Finally, mandating that reports describe corrective actions taken or planned ensures that reporting moves beyond description to drive tangible improvements in appeals adjudication.

With these refinements, the legislation would not only illuminate the causes of untimely decisions and remands but also create a clear link between transparency and corrective action. The result would be more consistent, timely, and accountable decision-making at the Board, ultimately improving outcomes for veterans and their families. In short, this bill, as strengthened by targeted amendments, would transform the Board's annual reporting from a purely informational exercise into a practical tool for reform, oversight, and enhanced service to the veteran community.

Fraud Reduction and Uncovering Deception (FRAUD) in VA Disability Exams Act (H.R. 5723)

Support with Recommendations

The *Fraud Reduction and Uncovering Deception (FRAUD) in VA Disability Exams Act* would enhance oversight, detection, and reporting of fraudulent activity related to Disability Benefits Questionnaires (DBQs) submitted in support of VA disability claims. The legislation would add a new section 5322 to title 38, United States Code, directing the Secretary of Veterans Affairs to identify suspected fraud regardless of the source of a DBQ, refer suspected fraud to appropriate investigatory authorities, conduct recurring audits, notify affected claimants, and submit annual reports to Congress. The bill also expands the authority of the VA Office of Inspector General (OIG) to investigate suspected fraud and places limits on VA's ability to reopen final decisions absent a criminal conviction.

Berry Law supports the bill's goal of preserving the integrity of the VA disability compensation system. Fraud undermines public confidence, diverts scarce resources, and can delay benefits for deserving veterans. At the same time, reforms in this area must be carefully calibrated to protect veterans acting in good faith and to ensure that fraud-detection mechanisms themselves do not introduce unnecessary delay, administrative burdens, or procedural unfairness. With targeted refinements, the legislation can strike an appropriate balance between accountability and veteran protections, promoting both confidence in the system and timely access to earned benefits.

A. Rationale for Support

Disability Benefits Questionnaires play a critical role in VA disability adjudication by providing medical evidence specifically tailored to rating criteria. Because DBQs may be

completed by private clinicians outside the VA system, they also present a potential avenue for misuse or fraudulent activity if robust safeguards are not in place.

The bill addresses this concern in a measured and balanced manner. The bill enhances oversight through recurring audits, reporting requirements, and expanded involvement of the OIG, while explicitly limiting the VA's authority to reopen final decisions absent a criminal conviction. This framework preserves the finality of legitimate awards and protects veterans from administrative challenges based solely on suspicion or disagreement over claim adjudication.

Requiring annual reports to Congress further strengthens transparency and accountability, providing insight into both the prevalence of suspected fraud and the VA's response. Leveraging the expertise of the OIG is particularly appropriate, as the office is uniquely positioned to investigate complex fraud allegations in accordance with established investigatory standards and protocols.

While Berry Law supports the bill's objectives, several targeted refinements would improve clarity, fairness, and implementation consistency.

B. Concerns and Recommendations

(1) Definition and Standards for "Suspected Fraud"

Clear definitions are critical to ensuring consistent application of the statute and to preventing over-reporting, arbitrary referrals, or unnecessary investigations. As drafted, the bill does not define "fraud" or "suspected fraudulent activity" in the context of DBQs. In the absence of statutory or regulatory standards, determinations may vary across regional offices, creating inconsistent referrals, potential delays, and the risk of harm to veterans who are acting in good faith.

Congress should require the VA to apply a clearly defined standard, aligned with existing federal fraud statutes, and to establish a reasonable factual basis before initiating a referral, notifying a claimant, or taking any action that could affect an award

Proposed Language:

Definitions. For purposes of this section:

1. Fraud means the knowing submission of a false or materially misleading statement, representation, or document with the intent to obtain VA benefits or avoid a VA obligation, consistent with applicable Federal fraud statutes.
2. Suspected fraudulent activity means conduct for which there is a reasonable factual basis to believe that fraud, as defined above, has occurred.

(2) Veteran Notification Safeguards

Transparency with claimants is important, but notifying veterans of suspected fraud carries significant emotional, reputational, and legal consequences. Notifying veterans of suspected fraud carries significant emotional, reputational, and legal consequences. Government imposter scams, such as Social Security Administration letters threatening benefit suspension or alleged Internal Revenue Service enforcement notices, have repeatedly caused undue stress and confusion among beneficiaries when recipients believe the communications are official before being informed they are fraudulent.[8]

Congress should therefore clarify that any notification must be carefully worded to avoid implying guilt, must clearly distinguish between suspicion and confirmed misconduct, and must include information on the veteran's procedural rights, avenues for appeal, and opportunities to respond. Such safeguards are essential to ensure that anti-fraud measures protect both the integrity of the system and the rights and well-being of claimants.

Proposed Language:

> Any notification provided under this subsection shall clearly state that a finding of suspected fraudulent activity is not a determination of wrongdoing, shall not affect entitlement to benefits unless fraud is established by conviction, and shall include notice of the claimant's rights and available assistance.

(3) Protection for Veterans Acting in Good Faith

The vast majority of veterans and clinicians submit DBQs in good faith. Veterans service organizations and OIG have confirmed through oversight measures that only a very small percentage of compensation-related fraud investigations involve veterans themselves, despite millions of beneficiaries in the system, indicating that most DBQ submissions support legitimate claims and should be treated as such.[9] Any fraud-detection framework should avoid discouraging the submission of legitimate medical evidence or penalizing inadvertent errors. Without explicit statutory protections, veterans may fear that submitting private medical documentation could trigger adverse consequences, potentially undermining access to entitled benefits.

Congress should clearly provide that a mere suspicion of fraud may not be used to deny, reduce, or delay benefits, ensuring that fraud prevention measures do not inadvertently harm veterans acting in good faith.

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[8] www.oig.ssa.gov/scam-alerts/2025-07-17-social-security-benefit-suspension-scam.

[9] https://www.vfw.org/advocacy/national-legislative-service/congressional-testimony/2025/10/putting-veterans-first-is-the-current-va-disability-system-keeping-its-promise.

Proposed Language:

> No benefit may be denied, reduced, delayed, or recouped under this title based solely on suspicion of fraudulent activity absent a final conviction for fraud.

(4) Coordination With Existing VA and OIG Processes

VA and the OIG already have established authorities and processes for detecting, investigating, and reporting fraud. For example, the OIG is statutorily empowered to investigate and audit VA programs to *prevent and detect fraud, waste, and abuse*, including suspected fraudulent activity related to benefits claims. (Pub. L. 95-452). Additionally, VA provides fraud reporting guidance and directs veterans to report suspected fraud through a hotline,[10] reinforcing that VA already has operational processes for identifying and investigating fraud. Any new statutory requirements should supplement and enhance these existing mechanisms, rather than duplicate or conflict with them. Without explicit direction to coordinate, the proposed section could lead to overlapping audits, inconsistent investigative standards, or unnecessary administrative burdens.

Congress should require that new reporting, referral, and audit procedures be aligned with existing VA and OIG fraud-prevention frameworks to ensure efficiency, consistency, and effective use of resources.

Proposed Language:

> In carrying out this section, the Secretary shall coordinate with existing fraud prevention, quality review, and Inspector General processes to avoid duplication and ensure consistent application of standards.

(5) Reporting Transparency and Public Access

Empirical evidence indicates that transparency and public accountability mechanisms not only deters potential misconduct but also strengthens trust in the VA benefits system. Greater public disclosure and transparency have been associated with lower rates of corruption and stronger public confidence, as transparency increases scrutiny and makes misconduct more difficult to conceal.[11] While the bill mandates reporting to congressional committees, it does not explicitly require that aggregate findings be made publicly available.

Congress should ensure that annual reports are posted in a publicly accessible format, with appropriate safeguards to protect claimant privacy, so that stakeholders, including veterans, advocates, and researchers, can meaningfully assess the prevalence of fraud and the effectiveness of VA's oversight measures.

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[10] www.news.va.gov/90676/protect-benefits-reporting-scams-fraud.
[11] www.sciencedirect.com/science/article/abs/pii/S1057521925008336.

Proposed Language:

> The Secretary shall make publicly available, in an aggregate and non-identifying format, the annual reports submitted under this subsection.

* * *

The *FRAUD in VA Disability Exams Act* represents a carefully targeted approach to strengthening the integrity of the VA disability compensation system. By expanding audit authority, leveraging the expertise of the VA Office of Inspector General, and requiring annual reporting to Congress, the bill addresses genuine vulnerabilities in DBQ submissions while preserving the finality of legitimate awards.

At the same time, the legislation's effectiveness depends on clear definitions, consistent standards, and procedural safeguards. Specifically, codifying definitions for "fraud" and "suspected fraudulent activity," ensuring notifications to veterans are carefully framed and protective of rights, and explicitly shielding good-faith claimants from adverse action will help prevent unintended consequences, maintain trust, and encourage submission of legitimate medical evidence.

With these targeted refinements, the bill strikes an appropriate balance between accountability and claimant protections. It would enhance oversight, promote transparency and public confidence, and ensure that fraud-detection mechanisms serve as a constructive tool to protect both the integrity of the VA benefits system and the veterans it exists to serve.

Love Lives On Act of 2025 (H.R. 1004)

Support with Recommendations

The *Love Lives On Act of 2025* amends Titles 10 and 38, United States Code, to eliminate remarriage-based penalties that affect surviving spouses' eligibility for Dependency and Indemnity Compensation (DIC), Survivor Benefit Plan (SBP) annuities, and TRICARE coverage. These reforms represent a significant step toward modernizing survivor benefit policies, aligning them with contemporary family structures and the realities faced by the surviving spouses of veterans and service members.

Berry Law strongly supports the intent and overarching objectives of H.R. 1004. Survivor benefits are earned through service-connected sacrifice and should not be conditioned on personal life decisions unrelated to that service. At the same time, we respectfully recommend targeted clarifying amendments to ensure that Congress's intent is fully realized in practice, so that benefits are restored consistently, procedural hurdles are minimized, and unnecessary disputes or litigation are avoided.

A. Rationale for Support

Surviving spouses play a critical, and often underrecognized, role in the military community. Through our nationwide representation of veterans and surviving spouses, Berry Law routinely observes the significant burdens borne by families during a veteran's active dying process and the long-term ramifications after their transition, including caregiving responsibilities for service-connected disabilities, financial and administrative challenges, and the complex navigation of VA benefits.

Data from the Department highlights the real-life consequences of service-connected conditions on veteran mortality. Research indicates that veterans with severe service-connected disabilities experience significantly reduced life expectancy compared to the general population. For example, VA studies have shown that veterans with service-connected conditions such as amyotrophic lateral sclerosis, posttraumatic stress disorder, and severe musculoskeletal injuries often face a shortened lifespan, leaving surviving family members to navigate the complex VA benefits system during an emotionally and financially vulnerable period.[12]

Remarriage penalties embedded across VA and Department of Defense (DoD) survivor benefit programs exacerbate these challenges by forcing surviving spouses to choose between financial security and remarriage. These restrictions are inconsistent with the fundamental purpose of survivor benefits, which is to compensate for the loss of a service member or veteran due to service-connected causes, not to regulate or discourage personal life decisions.

DIC is a tax-free monthly benefit available to eligible surviving spouses, children, and parents of veterans whose death was service-connected or otherwise meets statutory eligibility criteria.[13] Currently, more than 506,000 surviving families receive DIC,[14] underscoring the critical role of and widespread reliance on this benefit. Even modest reductions or loss of these benefits due to remarriage can impose significant financial hardship and psychological stress, compounding the challenges of rebuilding life after the loss of a loved one.

H.R. 1004 appropriately recognizes this principle and takes meaningful steps toward restoring fairness, equity, and dignity for surviving spouses. By eliminating remarriage-based penalties for DIC, SBP annuities, and TRICARE coverage, the legislation ensures that these earned benefits reflect service-connected sacrifice rather than personal life choices, aligning survivor support with contemporary family realities. While we strongly support these objectives, we respectfully offer the following observations and recommendations to enhance clarity, consistency, and implementation.

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[12] *See generally* www.va.gov/vetdata.
[13] www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation.
[14] *See* www.taps.org/advocacy/2025/mar4. Earlier estimates indicate that 465,000 survivors received benefits between FY 2023 and FY 2024. www.taps.org/advocacy/2024/jan30.

B. Concerns and Recommendations

(1) Section 2: Modification of 38 U.S.C. § 103(d), Entitlement to Veterans Dependency and Indemnity Compensation for Surviving Spouses Who Remarry.

Section 2 eliminates remarriage- and age-based restrictions that currently terminate DIC eligibility, bringing the benefit into closer alignment with its core purpose: providing compensation to survivors of veterans whose deaths were service-connected. This reform addresses one of the most punitive and outdated elements of VA survivor benefits law.

As drafted, the bill does not explicitly address surviving spouses whose DIC benefits were previously terminated solely due to remarriage. Without clear statutory direction, VA may require affected survivors to refile claims, adjudicate disputes over effective dates, or engage in unnecessary appeals. These gaps could undermine congressional intent and create avoidable administrative burdens and litigation.

To ensure equitable and efficient implementation, Congress should direct automatic reinstatement of DIC benefits terminated solely due to remarriage, establish a clear effective date for resumed payments, and mandate proactive VA outreach to affected surviving spouses. Together, these measures would provide certainty to survivors, honor their earned benefits, and minimize administrative complexity.

Proposed Language:

> The Section is further amended by adding at the end the following new section: RESTORATION OF BENEFITS PREVIOUSLY TERMINATED DUE TO REMARRIAGE.
> (A) The Secretary of Veterans Affairs shall reinstate dependency and indemnity compensation under sections 1311 and 1562 of title 38, United States Code, for any surviving spouse whose entitlement to such compensation was terminated solely by reason of remarriage prior to the date of enactment of this Act.
>
> (B) Reinstatement under subparagraph (A) shall—
>
> > (i) occur automatically to the maximum extent practicable, without requiring the filing of a new claim; and
> >
> > (ii) be effective not later than the date of enactment of this Act.
>
> (C) The Secretary shall provide notice to all individuals reasonably identifiable as potentially eligible for reinstatement under this paragraph.
>
> (D) At the election of the surviving spouse, reinstated benefits may include retroactive payment to the date on which such benefits were terminated due solely to remarriage.

(2) Section 3: Modification of 10 U.S.C. § 1450(b)(2), Continued Eligibility for Survivor Benefit Plan for Certain Surviving Spouses Who Remarry.

Section 3 addresses remarriage penalties affecting SBP annuities, particularly for surviving spouses of service members who died on active duty. This provision moves SBP policy closer to parity with VA survivor benefits and reflects a more equitable treatment of surviving spouses across federal benefit programs.

As currently drafted, the bill delays the resumption of SBP payments for one year following remarriage, imposing unnecessary financial hardship during a period of transition. In addition, eligibility is limited to surviving spouses of service members who died on active duty, excluding surviving spouses of veterans who later died from service-connected conditions. Finally, the bill does not establish explicit coordination requirements between the DoD and VA, increasing the risk that survivors could lose one benefit while another is restored.

The one-year delay and exclusion of survivors of veterans who died from service-connected conditions are particularly concerning because they create inequitable treatment among similarly situated surviving spouses. Survivors who remarried or whose spouses died after military service may face sudden gaps in income precisely when financial stability is most critical, navigating funeral costs, household expenses, and ongoing medical or caregiving needs. Limiting eligibility in this manner also undermines the principle that survivor benefits are intended to compensate for the loss of a veteran due to service-connected causes, not to penalize personal life decisions or the timing of a veteran's death.[15]

We recommend eliminating the one-year payment delay, expanding eligibility to include surviving spouses of veterans whose deaths were service-connected, and requiring formal coordination and timely notice between DoD and VA to prevent gaps, offsets, or duplication of survivor benefits.

Proposed Language:

> TREATMENT OF SURVIVING SPOUSES. The Secretary may not terminate payment of an annuity for a surviving spouse described in section 1448(d)(1), or for a surviving spouse of a member or former member who died as a result of a service-connected disability, solely because that surviving spouse remarries.

[15] A 2002 House Committee Report on DIC reform explains that the indemnity aspect of DIC is intended "to meet, at least in part, the Government's obligation to those who died in the defense of our country," and that marital status decisions should not eliminate the underlying basis for compensation. It notes that *"the basis for compensation is not eliminated by the surviving spouse's remarriage"* (emphasis added). This reinforces the idea that survivor benefits should not be conditioned on personal decisions that are unrelated to service-connected sacrifice. www.govinfo.gov/content/pkg/CRPT-107hrpt472/html/CRPT-107hrpt472.htm.

> COORDINATION WITH DEPARTMENT OF VETERANS AFFAIRS. The Secretary of Defense shall coordinate with the Secretary of Veterans Affairs to ensure that surviving spouses eligible for benefits under this subsection receive timely notice regarding the interaction between Survivor Benefit Plan annuities and dependency and indemnity compensation under title 38, United States Code.

(3) Section 4: Modification of 10 U.S.C. § 1072(2), Continued Eligibility for Survivor Benefit Plan for Certain Surviving Spouses Who Remarry.

Section 4 restores TRICARE eligibility for surviving spouses whose remarriage has ended, promoting continuity of healthcare coverage during periods of significant personal and financial disruption. While restoring eligibility is a critical step, eligibility alone does not guarantee access. Surviving spouses whose remarriage ended years earlier may be excluded due to enrollment deadlines, prior lapses in coverage, or administrative hurdles, effectively limiting the practical benefit of the reform.

To ensure the intent of this provision is fully realized, Congress should pair restored eligibility with a special enrollment period and explicitly clarify that prior coverage lapses, interruptions, or missed deadlines do not preclude access to TRICARE benefits. These measures would provide certainty, reduce administrative barriers, and protect surviving spouses during a period when continuity of care is most critical.

Proposed Language:

> SPECIAL ENROLLMENT PERIOD. The Secretary of Defense shall establish a special enrollment period of not less than 180 days for individuals who become eligible for TRICARE coverage by reason of the amendments made by this section, notwithstanding any otherwise applicable enrollment deadline.
>
> RESTORATION OF ELIGIBILITY. Eligibility under this subsection shall apply regardless of when the subsequent marriage of the widow or widower ended, including marriages that ended prior to the date of enactment of this Act.

(4) Bill-Wide Technical Recommendation: Rule of Construction.

Because H.R. 1004 affects multiple survivor benefit programs administered by two federal agencies, interacting statutes and regulations could unintentionally reduce or offset existing benefits if not clearly addressed. As previous experience with the SBP-DIC offset ("Widow's Tax") demonstrates, survivors were legally entitled to both VA and DoD benefits but received reduced

total payments due to conflicting statutory rules, a situation Congress ultimately corrected only after prolonged advocacy and legislative action.[16]

We recommend including a rule of construction to ensure that no surviving spouse receives fewer benefits as a result of the Act.

Proposed Language:

> RULE OF CONSTRUCTION. Nothing in this Act shall be construed to reduce, offset, or otherwise adversely affect any benefit to which a surviving spouse was entitled under title 10 or title 38, United States Code, as of the day before the date of enactment of this Act.

* * *

The *Love Lives On Act of 2025* takes an important step toward eliminating outdated remarriage penalties that have historically limited DIC, SBP, and TRICARE benefits for surviving spouses. Berry Law strongly supports the bill's intent to align survivor benefits with their core purpose: compensating for the loss of a veteran due to service-connected causes, not regulating personal life decisions.

Targeted clarifying amendments, such as automatic reinstatement of DIC, clear effective dates, special TRICARE enrollment, elimination of SBP delays, expanded eligibility, and VA–DoD coordination, would ensure consistent, equitable, and efficient implementation. Adopting these refinements would provide certainty to surviving spouses, reduce administrative burdens, and fully honor the service and sacrifice of veterans and their families.

Justice for ALS Veterans Act of 2025 (H.R. 1685)

Support with Recommendations

The *Justice for ALS Veterans Act of 2025* would amend title 38, United States Code, to extend eligibility for the increased rate of DIC to surviving spouses of veterans who die from amyotrophic lateral sclerosis (ALS), regardless of how long the veteran lived with the disease prior to death. The bill also directs VA to study whether other high-mortality service-connected conditions warrant similar treatment under the DIC statute.

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[16] www.aafmaa.com/resource-center/repealing-the-widow-s-tax-important-changes-you-need-to-know.
As the Federal Circuit explained in *Sharp v. United States*, the statutory provisions governing SBP and DIC were "at odds: the SBP scheme call[ed] for reducing SBP payments by the amount the recipient receive[d] in DIC benefits, whereas the post-2003 DIC scheme prohibit[ed] such reductions for surviving spouses who remarry after age 57." 580 F.3d 1234, 1237 (Fed. Cir. 2009). The Court's analysis underscores Congress's intent that later-enacted statutes designed to prevent benefit reductions take precedence over earlier provisions that might otherwise diminish survivor benefits.

Berry Law supports the purpose of this legislation. ALS is a uniquely devastating, rapidly progressive, and uniformly fatal disease, and the current statutory framework can unjustly exclude surviving spouses from enhanced DIC benefits based on timing requirements that bear little relationship to service or sacrifice. We respectfully recommend targeted amendments to ensure the bill is applied equitably, consistently, and in a manner that fully reflects congressional intent.

A. Rationale for Support

ALS is presumptively service connected under VA law due to its well-established association with military service.[17] Unlike many other service-connected conditions, ALS typically progresses rapidly following diagnosis, often resulting in death within a short period of time. Median survival after diagnosis is approximately 2-5 years, although survival can vary with age and other factors.[18] Surviving spouses are frequently left with limited opportunity to prepare financially or navigate VA's administrative processes before the veteran's death.

Under current law, increased DIC under 38 U.S.C. § 1311(a)(2) is generally available only if the veteran was rated totally disabled for a specified period prior to death. That framework does not adequately account for diseases like ALS, where the speed and severity of progression make lengthy total-disability rating periods medically unrealistic or impossible. By treating veterans who die from ALS as having met the total-disability-duration requirement regardless of how long the disease was present, the bill appropriately recognizes medical reality and prevents arbitrary denial of enhanced DIC benefits to surviving spouses.

While we support the intent of the *Justice for ALS Veterans Act of 2025*, we recommend several targeted refinements to ensure that the legislation achieves its full purpose in practice. Specifically, Congress should consider reducing or providing exceptions to the eight-year marriage requirement for ALS-related deaths, clarify the effective date to allow retroactive or pending claims to receive enhanced DIC, require VA to include stakeholder consultation and actionable recommendations in its report on other high-mortality service-connected conditions, and add a bill-wide rule of construction to prevent any reduction or offset of existing survivor benefits. These measures would promote equitable, consistent, and administrable implementation, ensuring that surviving spouses receive the protections and compensation intended by the statute.

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[17] Under VA regulations, the development of ALS at any time after discharge or release from active service is sufficient to establish service connection for that disease for veterans who served at least 90 continuous days. *See* 38 CFR § 3.318(a). These regulations are authorized by the Secretary's general rulemaking authority under 38 U.S.C. § 501(a)(1), reflecting VA's recognition of the strong association between ALS and military service.

[18] www.congress.gov/committee-report/118th-congress/house-report/660/1. *See also* www.als.org/understanding-als/stages.

B. Concerns and Recommendations

(1) Section 2: Modification of 38 U.S.C. § 1311(a), Extension of Increased DIC to Surviving Spouses.

Section 2 ensures that veterans who die from ALS are treated as if they satisfied the total-disability-duration requirements for increased DIC, regardless of the length of time between diagnosis and death. This approach aligns the statute with both medical reality and basic principles of equity for surviving spouses.

However, subparagraph (C) limits eligibility for increased DIC to surviving spouses who were married to the veteran for a continuous period of eight years or longer prior to death. While the eight-year marriage requirement appears elsewhere in § 1311, applying it rigidly in the ALS context risks perpetuating the very inequities the bill seeks to correct.

Because ALS often leads to death within a short time of diagnosis, this requirement may exclude surviving spouses in cases where the couple married after service but long before diagnosis, where the marriage began shortly before diagnosis, or where the couple shared a lengthy committed relationship but were legally married for less than eight years. In these circumstances, the marriage-duration requirement bears little relationship to the purpose of the enhanced DIC benefit. Congress should consider reducing the marriage-duration requirement for ALS-related deaths or providing a targeted exception where ALS is the cause of death.

Proposed Language:

> (C) For purposes of the payment of compensation under this subsection by reason of the death of a veteran described in subparagraph (B), the term 'surviving spouse' means a person who was married to the veteran for a continuous period of not less than one year, or for any period of time if a child was born of the marriage, prior to the death of the veteran.

(2) Section 2: Modification of 38 U.S.C. § 1311(b), Applicability Date and Retroactivity

Subsection (b) limits applicability to veterans who die from ALS on or after October 1, 2025. Effective-date provisions are a common source of VA disputes and appeals, particularly when similarly situated survivors are treated differently solely based on the date of death.[19] A strictly prospective application would exclude surviving spouses whose veterans died of ALS shortly before the effective date, despite identical medical and factual circumstances. This arbitrary distinction is difficult to justify and likely to generate unnecessary litigation.

[19] VA's official summary of effective dates shows that even small differences in timing, such as whether a DIC claim is filed within one year of death, can change the effective date and thus the amount of benefits and back pay a survivor receives. www.va.gov/disability/effective-date.

Congress should consider extending applicability to claims pending on or after the date of enactment or providing retroactive relief for cases in which enhanced DIC was previously denied due to duration requirements.

Proposed Language:

> Subparagraphs (B) and (C) shall apply to any claim for dependency and indemnity compensation based on a death from amyotrophic lateral sclerosis that is pending on or after the date of enactment of this Act.

(3) Section 3: Report on Additional Medical Conditions

Section 3 appropriately recognizes that ALS may not be the only service-connected condition with a rapid or terminal course that warrants special treatment under § 1311(a)(2). VA's existing presumptive disease frameworks already reflect this principle, treating a wide range of serious chronic illnesses, including malignant tumors, various cancers, and respiratory conditions, as presumptively service connected when service criteria are met.[20] Conditions such as brain cancer, gastrointestinal cancers, melanoma, and chronic obstructive pulmonary disease have been added under recent expansions like the PACT Act,[21] reflecting VA's recognition that these diseases may be linked to service and carry high morbidity and mortality. These examples demonstrate that multiple serious conditions beyond ALS can have life-shortening impacts. By requiring VA to identify other high-mortality service-connected conditions and associated life-expectancy data, Section 3 lays the foundation for evidence-based expansion of survivor protections.

However, the bill currently requires VA only to submit a report, without ensuring that its findings will result in policy improvements or future legislative or regulatory action. Without stakeholder engagement or actionable recommendations, the report risks remaining informational rather than operational. Congress should direct VA to consult with affected stakeholders and include recommendations for legislative or regulatory action where appropriate to ensure the report leads to meaningful improvements in survivor protections.

Proposed Language:

> The Secretary shall consult with veterans service organizations, accredited representatives, and medical experts in preparing the report required under this section and shall include recommendations for legislative or regulatory action, as appropriate.

[20] www.news.va.gov/press-room/va-makes-several-cancers-presumptive-for-service-connection-lowering-the-burden-of-proof-for-veterans-to-receive-no-cost-health-care-and-earned-benefits.
[21] www.va.gov/resources/the-pact-act-and-your-va-benefits.

(4) Bill-Wide Technical Recommendation: Rule of Construction

Because the bill modifies interaction with other provisions of title 38 and title 10 could unintentionally disadvantage some surviving spouses absent clear statutory guidance. When statutes governing survivor benefits overlap across agencies and programs, conflicting language can reduce or offset benefits that Congress intended to be cumulative, a problem that has occurred historically and required later legislative correction.[22]

To prevent similar unintended consequences, Congress should include a rule of construction clarifying that no surviving spouse's existing benefits may be reduced, offset, or otherwise adversely affected by the enactment of this Act. This language would protect against inadvertent interactions with other statutory benefit structures and ensure that survivors receive the full protections Congress intends.

Proposed Language:

> *RULE OF CONSTRUCTION.* Nothing in this Act shall be construed to reduce, offset, or otherwise adversely affect any dependency and indemnity compensation to which a surviving spouse was entitled under title 38, United States Code, as of the day before the date of enactment of this Act.

* * *

The *Justice for ALS Veterans Act of 2025* addresses a longstanding inequity by recognizing the uniquely rapid and fatal progression of ALS and ensuring that surviving spouses are not denied enhanced DIC benefits due to arbitrary timing requirements. By treating veterans who die from ALS as having met the total-disability-duration requirement and by mandating VA study of other high-mortality service-connected conditions, the bill takes important steps toward evidence-based, equitable survivor protections.

With targeted refinements, specifically, adjusting or providing exceptions to the marriage-duration requirement, clarifying applicability and retroactivity, ensuring stakeholder-informed and actionable reporting, and including a rule of construction to prevent reductions or offsets of existing benefits, H.R. 1685 would fully realize its intent and minimize administrative burdens or litigation.

Berry Law strongly supports this legislation and its objectives, and we urge Congress to adopt these recommended amendments to ensure that surviving spouses receive the protections and benefits they have earned through the service and sacrifice of their loved ones.

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[22] *Supra* Note 16.

Providing Radiation Exposed Servicemembers
Undisputed Medical Eligibility (PRESUME) Act of 2025 (H.R. 4469)
Support with Recommendations

The *PRESUME Act of 2025* would amend 38 U.S.C. § 1112(c) to prohibit the VA from requiring evidence of a specific radiation dose to determine whether a veteran qualifies as a "radiation-exposed veteran." The bill addresses a longstanding evidentiary barrier that has resulted in inconsistent adjudication and frequent denial of claims for radiogenic diseases, particularly in cases where dose reconstruction is unreliable, incomplete, or impossible decades after service.

Berry Law strongly supports the core purpose of the PRESUME Act. Veterans exposed to radiation often confront insurmountable proof requirements due to classified missions, missing or destroyed records, and the passage of time. By preventing VA from imposing quantitative exposure thresholds that are inherently unattainable, this legislation restores the presumptive framework Congress intended, ensuring that these veterans can access benefits based on their service and risk, rather than arbitrary evidentiary hurdles.

A. Rationale for Support

Radiation-exposed veterans, particularly those who participated in atmospheric nuclear testing, cleanup operations, nuclear weapons handling, or other classified or poorly documented activities, face unique disadvantages in the VA claims system. The U.S. Government Accountability Office (GAO) has reviewed the DoD's dose reconstruction process used in VA disability claims and identified significant concerns regarding both the reliability and oversight of radiation dose estimates. GAO reported that key stakeholders with the veteran claims community lack confidence in the process, citing incomplete data, questionable assumptions, and limited transparency in how exposure levels are calculated.[23] Despite these acknowledged shortcomings, VA adjudication frequently relies on retrospective dose reconstructions, rather than contemporaneous measurements, as determinative evidence in radiation claims.[24] These estimates, developed decades after service, can be speculative, inconsistent, and inherently uncertain, yet they often serve as the basis for denying benefits to radiation-exposed veterans.[25]

By prohibiting VA from requiring proof of a specific radiation dose to establish radiation-exposed veteran status, the PRESUME Act restores fidelity to the principles of presumptive service connection.[26] Congress has long recognized that radiation exposure cases warrant relaxed

[23] www.gao.gov/assets/hehs-00-32.pdf.
[24] www.ncbi.nlm.nih.gov/books/NBK221591. *See also* Note 12.
[25] www.ncbi.nlm.nih.gov/books/NBK221601.
[26] Presumptive service connection under title 38 is generally based on qualifying service rather than individualized exposure measurement. *See* 38 U.S.C. §§ 1112(c), 1116; 38 C.F.R. § 3.309; *Brown v. Gardner*, 513 U.S. 115, 118 (1994) (where the Court held that ambiguities in veterans' benefits statutes are resolved in the veterans' favor); and *Hodge v. West*, 155 F.3d 1356 (Fed. Cir. 1998) (confirming the pro-claimant, non-adversarial nature of the VA benefits system and Congress's intent to reduce evidentiary burdens).

evidentiary standards, given that accurate dose reconstruction is often impossible due to lost records, classified operations, and the passage of time.[27]

This reform would reduce reliance on flawed dose-reconstruction methodologies, promote consistency across VA regional offices, and align radiation claims with other presumptive exposure frameworks where exposure is established categorically rather than quantitatively,[28] ensuring that veterans receive benefits based on service risk rather than technical evidentiary hurdles.

B. Legal and Practical Significance for VA Claims Adjudication

The proposed amendment directly addresses a persistent source of error, delay, and litigation in VA claims adjudication. In practice, VA has frequently treated reconstructed radiation dose estimates as dispositive, even in cases governed by statutory presumptions intended to relieve veterans of onerous proof requirements.[29] Although VA's own regulation, 38 C.F.R. § 3.311, calls for dose assessments only in non-presumptive radiation claims, these modeled estimates, often based on incomplete data and layered assumptions, are routinely afforded determinative weight. Independent reviews have identified significant uncertainty in dose-reconstruction methodologies,[30] yet veterans are nonetheless denied benefits based on exposure estimates that fall below internally applied thresholds not expressly required by statute.

These determinations routinely result in protracted appeals before the Board of Veterans' Appeals and the U.S. Court of Appeals for Veterans Claims, driven less by factual disputes than by scientific uncertainty and methodological disagreement. In *Skaar v. McDonough*, 57 F.4th 1015 (Fed. Cir. 2023), the Federal Circuit affirmed the Veterans Court's remand of a radiation claim where the Board failed to meaningfully address challenges to the underlying dose-estimation methodology, improperly treating an unexamined dose model as "sound scientific evidence." The case illustrates how reliance on disputed scientific assumptions, rather than contested facts, frequently drives litigation in radiation claims.

By eliminating dose-based evidentiary requirements where presumptions apply, the amendment would reduce reliance on speculative medical opinions and advisory referrals, streamline claims processing, decrease avoidable appeals, and promote more consistent and equitable outcomes for veterans whose service involved inherently undocumented or classified risks.

While Berry Law strongly supports the PRESUME Act's intent, we have several recommendations to strengthen and clarify the legislation. These proposals, discussed in detail below, are designed to ensure that the bill is applied consistently across the VA system, fully

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[27] 38 U.S.C. § 1112(c) and 38 C.F.R. § 3.311(a)(4). *See also* www.ncbi.nlm.nih.gov/books/NBK221583.

[28] *See* www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange. *See also* www.va.gov/disability/eligibility/hazardous-materials-exposure/specific-environmental-hazards.

[29] *Supra* Note 23.

[30] *Id.*

achieves congressional intent, and meaningfully improves access to benefits for radiation-exposed veterans and their families.

C. Concerns and Recommendations

(1) Clarifying the Scope of the Prohibition

As currently drafted, the bill prohibits VA from requiring evidence of a "certain dose of radiation" to establish radiation-exposed veteran status. Without additional clarification, however, VA could effectively impose alternative quantitative thresholds, such as modeled estimates, reconstructed ranges, or indirect exposure proxies, that recreate the same evidentiary barrier under a different guise.

To prevent this, the legislation should explicitly state that VA may not deny radiation-exposed veteran status based on the absence of quantitative exposure measurements, reconstructed dose estimates, or modeled exposure ranges.

Proposed Language:

> For purposes of paragraph (5), the Secretary may not require quantitative dose measurements, dose estimates, reconstructed exposure levels, or modeled exposure ranges to establish that a veteran is a radiation-exposed veteran.

While VA may argue that implementing exposure presumptions falls within its rulemaking authority, both historical experience and statutory precedent demonstrate that leaving such matters solely to the agency has frequently produced inconsistent application, prolonged delays, and inequitable outcomes.[31] In radiation claims, VA's reliance on dose-reconstruction requirements has led to arbitrary denials and protracted appeals, even in cases where statutory presumptions clearly apply.

Congress has long exercised its constitutional and statutory responsibility to establish substantive standards for veterans' benefits, such as the Agent Orange Act of 1991 (Pub. L. 102-4) and the Honoring Our PACT Act of 2022 (Pub. L. 117-168), precisely to prevent agencies from undermining legislative intent through discretionary or inconsistent interpretations. Explicit statutory language is therefore essential here to prohibit VA from imposing alternative quantitative thresholds that would recreate the very evidentiary barriers this Act seeks to eliminate. Codifying these standards in law ensures uniform, fair, and timely adjudication for all radiation-exposed veterans.

[31] *Supra* Note 23.

(2) Require Conforming Updates to VA Regulations and Guidance

Absent a clear statutory mandate, VA could delay or inconsistently implement this change through regulations, the M21-1 Adjudication Procedures Manual, or examiner guidance, leading to uneven application across regional offices and claims processing. GAO previously found that unclear processing guidance for Agent Orange exposure claims led to inconsistent application until manual updates were issued, underscoring the need for explicit statutory direction and timely updates to regulations, adjudication manuals, and examiner guidance to ensure uniform and equitable implementation.[32]

To ensure uniform and timely implementation, Congress should require VA to update all relevant regulations, adjudication manuals, and examiner training materials within a defined timeframe.

Proposed Language:

> Not later than 180 days after the date of enactment of this Act, the Secretary shall revise applicable regulations, adjudication procedures, and examiner guidance to conform with paragraph (5), including removal of any requirement for dose-based evidence to establish radiation-exposed veteran status.

(3) Ensure Retroactive Applicability for Pending Claims and Appeals

The bill does not explicitly address whether its provisions apply to pending claims, appeals, or cases remanded for further development. Without such clarification, similarly situated veterans could receive different outcomes based solely on the timing of their claims, creating arbitrary disparities in benefits. To ensure equitable treatment and consistent application across the VA system, the amendment should explicitly apply to all claims, appeals, and remands that have not been finally adjudicated as of the date of enactment.

Proposed Language:

> The amendment made by this section shall apply to any claim for benefits under title 38, United States Code, that is pending on or after the date of enactment of this Act, including claims on appeal or remand.

(4) Require VA Outreach and Notice

Without proactive outreach, the benefits of this legislation would be limited to new or currently pending claims, leaving eligible veterans and surviving spouses unaware of their potential entitlement. The PACT Act recognized this same challenge and mandated targeted VA notification and education to ensure that affected individuals filed claims.[33] VA already established

[32] www.gao.gov/products/gao-22-105191.
[33] *See* S.3373 (117th Congress).

significant outreach infrastructure under the PACT Act, including databases, communications channels, and claim assistance programs,[34] which could be leveraged to inform radiation-exposed veterans and surviving spouses of their eligibility under this Act, ensuring timely and equitable access to benefits.

To ensure the law reaches all who may be affected, Congress should require VA to notify veterans and surviving spouses whose prior claims were denied, providing clear guidance on how to seek benefits under the amended standard.

Proposed Language**:**

> The Secretary shall conduct proactive outreach to veterans and surviving spouses whose claims were previously denied based on radiation dose evidence, informing them of potential eligibility under this Act.

* * *

The PRESUME Act addresses a longstanding and fundamental inequity in the adjudication of radiation exposure claims. Veterans who served in inherently hazardous, classified, or poorly documented environments should not be denied benefits simply because precise exposure levels cannot be reconstructed decades later. By eliminating dose-based evidentiary requirements where presumptions apply, the bill restores the intent of Congress to ensure that service risk, rather than arbitrary technical thresholds, determines access to benefits.

To fully realize these goals, the legislation should include targeted clarifications: codifying the prohibition on quantitative dose thresholds, requiring VA to update regulations and guidance promptly, ensuring retroactive applicability to pending claims and appeals, and mandating proactive outreach to affected veterans and surviving spouses. These measures are consistent with statutory precedent, including the Agent Orange Act and the PACT Act, and reflect Congress' constitutional and legislative responsibility to set substantive standards for veterans' benefits rather than leaving critical details to agency discretion.

With these refinements, the PRESUME Act would provide equitable, consistent, and timely access to compensation, reduce unnecessary appeals and administrative delays, and reinforce veterans' confidence in the fairness of the VA claims process. In short, the legislation would ensure that radiation-exposed veterans and their families receive the benefits they earned through service, as Congress intended.

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[34] www.va.gov/HEALTHPARTNERSHIPS/updates/impact/How_to_use_the_PACT_Act_Communication_Toolkit_to_talk_to_Veterans_their_families_caregiver.asp.

Susan E. Lukas 9/11 Servicemember Fairness Act (H.R. 5339)

Support with Recommendations

The *Susan E. Lukas 9/11 Servicemember Fairness Act* would establish a presumption of service connection for certain diseases associated with exposure to environmental hazards at the Pentagon Reservation during the period from September 11, 2001, through November 19, 2001. The bill recognizes the unique and urgent conditions faced by service members assigned to the Pentagon in the immediate aftermath of the September 11 attacks and seeks to address longstanding challenges in documenting exposures and establishing service connection for resulting illnesses. By creating a presumptive framework, the legislation reduces the evidentiary burden that has historically prevented many affected veterans from obtaining VA disability benefits.

Berry Law strongly supports the purpose and overall framework of H.R. 5339. Service members assigned to the Pentagon during the recovery and cleanup period were exposed to complex and potentially harmful airborne hazards under emergency conditions, often without adequate exposure monitoring or documentation. Establishing a presumption of service connection is both medically justified and consistent with Congress' approach to other toxic exposure scenarios, including post-9/11 deployments and the Agent Orange and burn pit programs.

A. Rationale for Support

Veterans who served at the Pentagon during the 9/11 response face significant barriers to establishing service connection for diseases that often manifest years after service. Environmental hazards encountered during recovery and cleanup at the Pentagon have been linked to long-term health effects, including respiratory conditions and cancer, and are recognized by the World Trade Center Health Program as conditions experienced by responders at that site.[35] The need for recent expansions of program eligibility to include previously excluded Pentagon responders underscores how limitations in exposure documentation and eligibility criteria have historically left many affected veterans without medical monitoring, treatment, or benefits, even as related conditions emerge decades after service.[36]

The bill's presumption of service connection appropriately recognizes that the absence of contemporaneous exposure records should not preclude benefits where service in a known hazardous environment is established. This approach aligns with congressional responses to other mass-exposure events.[37]

The broad scope of covered diseases, including respiratory conditions, cardiovascular diseases, cancers, skin disorders, and other illnesses linked by scientific or epidemiological evidence, reflects the diverse health effects documented among individuals exposed to airborne

[35] www.cdc.gov/wtc/pentagon.html.
[36] www.cdc.gov/niosh/newsroom/updates/upd-09-11-24.html.
[37] *Supra* Note 33.

toxins following the attacks. By reducing the evidentiary burden on veterans, the bill would streamline the claims process, promote consistency in adjudication, and improve access to earned benefits.

To ensure the bill fully achieves its intent, targeted refinements are recommended to enhance clarity, streamline implementation, and ensure equitable access to benefits for all eligible veterans. While the bill appropriately addresses core service-connection barriers, several refinements would strengthen implementation and ensure the presumption operates as Congress intends.

B. Concerns and Recommendations

(1) Clarify Disease List and Regulatory Expansion Authority

The bill identifies specific categories of covered diseases and authorizes VA to expand the list by regulation based on scientific or epidemiological evidence. This delegated flexibility is critical to ensuring that the presumption can evolve with advancing medical science and emerging health data. However, without clear timelines and procedural standards, discretionary rulemaking may lead to prolonged delays, inconsistent application across regional offices, and variable outcomes for similarly situated veterans, thereby limiting the practical impact of the presumption.

For instance, VA OIG reviews of PACT Act implementation identified processing errors and inconsistent effective-date determinations tied to unclear guidance for adjudicators, even after presumptive benefits were enacted by statute, resulting in $1.4-million in unnecessary expenditures.[38] Similarly, GAO found that VA needed to update claims processing manuals to clarify how Agent Orange presumptive conditions should be handled, demonstrating how insufficient procedural standards can produce uneven adjudication outcomes.[39]

To ensure the presumption functions as intended, Congress should require VA to initiate the regulatory process within a defined timeframe and clarify that diseases added through rulemaking are deemed presumptively service connected as of the effective date of the regulation. Establishing these procedural guardrails will help prevent implementation lag, promote uniformity in adjudication, and ensure that veterans benefit promptly from scientific and epidemiological advances.

Proposed Language:

> Not later than 180 days after enactment of this Act, the Secretary shall issue a proposed list of additional diseases associated with exposure to listed toxins at the Pentagon Reservation for which a presumption of service connection is warranted and shall provide an opportunity for public comment prior to

[38] www.veteranslegalcenter.org/va-oig-report-on-claims-processing-errors-for-presumptive-disabilities-under-the-pact-act.
[39] *Supra* Note 32.

> final issuance. Any disease added by regulation shall be presumed service connected for eligible veterans as of the effective date of such regulation and shall apply retroactively to all pending claims.

(2) Retroactive Applicability and Pending Claims

As previously mentioned, disputes over effective dates are a frequent source of VA litigation, especially when presumptions are enacted after claims have already been denied under prior evidentiary standards. The bill does not explicitly address whether the presumption applies to claims that were previously denied or are currently pending, creating a risk of disparate outcomes for similarly situated veterans. Congress should clarify that the presumption applies retroactively to previously denied and pending claims, enabling affected veterans to reopen their cases and obtain benefits under the new standard.

Proposed Language:

> The presumption of service connection established by this section shall apply to all claims filed on or after September 11, 2001, including claims previously denied or pending as of the date of enactment of this Act based on a lack of proof of service connection.

(3) Evidence Standards and VA Implementation

Presumptive service-connection statutes are designed to relieve veterans of the burden of proving both exposure and medical nexus once qualifying service is established. Under a true presumption, a veteran who meets statutory service criteria and has a current diagnosis of a covered condition does not have to prove that the condition was caused by exposure; the law *assumes* the connection. For example, under VA's toxic exposure frameworks, veterans who meet qualifying service criteria for Agent Orange or PACT Act burn pit exposures are presumed to have been exposed and do not need to present detailed causal evidence linking their disease to that exposure.[40]

However, in our experience, VA adjudicators have sometimes continued to request additional evidence, including medical opinions or other causation evidence, even for presumptive conditions, or have processed claims inconsistently because guidance was unclear or evolving. Without clear statutory guidance stating that service in a hazardous environment alone is sufficient to trigger the presumption, VA regional offices may continue to require extensive exposure or causation evidence that undermines the presumption's effectiveness and contributes to inconsistent adjudication.

To prevent this outcome, the bill should explicitly provide that proof of service at the Pentagon during the covered period is sufficient to establish service connection for the listed diseases, absent clear and convincing evidence to the contrary.

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[40] www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange.

Proposed Language:

> For purposes of this section, evidence of service at the Pentagon Reservation during the covered period shall be sufficient to establish service connection for diseases listed under subsection (b), unless clear and convincing evidence demonstrates that the disease is unrelated to such service.

(4) Reporting and Oversight

Ongoing oversight is essential to ensure that the presumption operates as intended and effectively reaches all eligible veterans. As currently drafted, the bill does not require VA to report on implementation metrics, claims outcomes, or updates to regulations, limiting Congress's ability to assess whether the presumption is being applied consistently and whether affected veterans are actually receiving benefits.

To promote accountability and transparency, the legislation should mandate annual reporting to Congress that includes: the number of claims granted under the presumption, trends in the health conditions of affected veterans, and updates on regulatory actions or guidance issued to implement the presumption. Such reporting would provide lawmakers with the data needed to identify implementation gaps, address inequities, and ensure that the statutory intent of the presumption is fully realized.

Proposed Language:

> The Secretary shall submit an annual report to Congress detailing the number of claims granted under the presumption established by this section, the diseases for which service connection was awarded, and any regulatory updates issued pursuant to this section.

* * *

The *Susan E. Lukas 9/11 Servicemember Fairness Act* fills a longstanding gap in VA benefits law by providing a clear, evidence-based presumption of service connection for diseases associated with toxic exposures at the Pentagon following September 11, 2001. By reducing the burdens of proving exposure and causation, the bill aligns with Congress' approach to other mass-exposure events, including World Trade Center responders, Agent Orange, and PACT Act programs, ensuring that veterans are not unfairly denied benefits due to the absence of contemporaneous documentation or incomplete exposure monitoring.

With targeted refinements, clarifying retroactive applicability, establishing procedural timelines for regulatory expansions, codifying evidence standards, and mandating reporting and oversight, the legislation would ensure consistent, equitable, and timely adjudication across the VA system. These measures would maximize the practical benefits of the presumption, prevent administrative delays, and provide Congress with the data necessary to monitor implementation and protect veterans' rights.

Discussion Draft: Veterans Burial Allowance and Reimbursement Act of 2026

Support with Recommendations

The *Veterans Burial Allowance and Reimbursement Act of 2026* would amend title 38, United States Code, to standardize burial and funeral expense payments, as well as plot allowances, for deceased veterans under VA-administered law. The bill consolidates eligibility criteria under section 2303, repeals section 2307, and makes conforming amendments to related provisions, establishing a single, uniform statutory framework for burial and plot allowances. Importantly, the legislation explicitly includes veterans whose death resulted from a service-connected disability within the standardized structure.

Berry Law supports the purpose and overall approach of this legislation. Burial benefits represent a final and solemn acknowledgment of the Nation's obligation to veterans and their families, and the statutory framework governing these benefits should be clear, consistent, and administered without unnecessary complexity. We recommend targeted clarifications to ensure that consolidation does not inadvertently reduce benefits, create implementation ambiguities, or trigger disputes during the transition to the new framework.

A. Rationale for Support

Current law governing burial and plot allowances is fragmented across multiple statutory provisions, creating confusion for surviving family members and contributing to inconsistent application by VA.[41] Consolidating burial and funeral expense and plot allowances into a single, clearly structured provision enhances transparency and predictability at a time when families are coping with loss and navigating complex administrative processes.

The bill's explicit inclusion of veterans who die from service-connected disabilities is particularly significant. While service-connected deaths are long recognized across other VA benefits programs, including disability compensation and DIC, statutory provisions governing burial benefits and plot allowances have not always reflected this principle with sufficient clarity. By expressly incorporating service-connected deaths into section 2303, the legislation reinforces that these veterans and their families are entitled to full recognition and support.

Repealing section 2307 and making conforming amendments to related provisions further promotes administrative efficiency. A unified statutory framework reduces training and procedural burdens for VA staff, streamlines claims processing, and minimizes the risk of errors or disputes

[41] 38 U.S.C. § 2303 provides burial and plot allowances for veterans who die from non-service-connected causes, while § 2307 authorizes higher allowances for deaths that are service-connected. Additional provisions in chapter 23, including § 2308, make conforming and cross-reference adjustments to these benefits. VA regulations implement these allowances under 38 C.F.R. §§ 3.1704–07, reflecting the fragmented statutory framework. This fragmentation can create confusion for surviving family members and may lead to inconsistent application by the VA.

that can delay payments to survivors. Together, these reforms ensure that burial benefits are administered consistently, efficiently, and with the dignity that all veterans and their families deserve.

While Berry Law supports the bill's objectives, several targeted refinements would help ensure the legislation is implemented as Congress intends and does not inadvertently disadvantage certain categories of eligible veterans or survivors.

B. Concerns and Recommendations

(1) Preservation of Eligibility for Non-Service-Connected Deaths

Although the bill appropriately adds explicit language covering service-connected deaths, burial and plot allowances have historically also applied to veterans who die from non-service-connected causes but otherwise meet eligibility requirements.[42] The restructuring and repeal of section 2307 could create ambiguity as to whether all veterans previously eligible for burial or plot allowances continue to qualify under the revised section 2303.

Absent clear statutory direction, there is a risk that some survivors could experience reduced benefits or denials based on changes in statutory organization rather than substantive eligibility. Congress should clarify that the consolidated framework preserves all existing categories of eligibility and does not reduce benefits for veterans whose deaths are not service connected.

Proposed Language:

> *PRESERVATION OF EXISTING ELIGIBILITY.* Nothing in the amendments made by this Act shall be construed to eliminate or reduce eligibility for burial or plot allowances for any veteran who was eligible for such benefits under section 2303 or 2307 of title 38, United States Code, as in effect on the day before the date of enactment of this Act.

(2) Effective Date and Transitional Application

Clear effective-date provisions are essential for burial and plot allowances, which are typically claimed shortly after a veteran's death and processed under significant time pressure. The bill, as drafted, does not specify an effective date or establish transitional rules. Without such clarity, surviving spouses, dependents, and VA adjudicators may face uncertainty regarding which statutory framework governs claims filed near the time of enactment, particularly for claims previously submitted or pending under the repealed section 2307.

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[42] See 38 U.S.C. § 2303(a) (establishing burial allowance eligibility for veterans who die from service-connected or non-service-connected causes) and 38 C.F.R. § 3.1700–12 (detailing VA burial benefits and plot allowance eligibility). *See also* www.va.gov/burials-memorials/veterans-burial-allowance.

To prevent delays, administrative confusion, or inconsistent outcomes, Congress should include an explicit effective date and provide guidance on how claims pending or previously adjudicated under the prior statutory framework will be treated.

Proposed Language:

> *EFFECTIVE DATE AND TRANSITION.* The amendments made by this Act shall apply to all claims for burial or plot allowances filed on or after the date of enactment of this Act. Any claim pending or not finally adjudicated as of the date of enactment shall be adjudicated under section 2303 of title 38, United States Code, as amended by this Act.

(3) Implementation Guidance and VA Regulations

The bill restructures long-standing statutory provisions governing burial and plot allowances, making timely, clear, and comprehensive implementation guidance essential to ensure consistent application across VA regional offices, national cemeteries, and affiliated benefits processing centers. Without an explicit requirement for VA to update its regulations, adjudication manuals, internal guidance, and training materials, staff may continue to rely on outdated procedures from prior statutory frameworks. This could result in inconsistent determinations, administrative errors, delays in payment to surviving spouses and dependents, or disputes regarding eligibility under the new consolidated structure.

Moreover, the transition period following statutory changes is often when the greatest uncertainty arises for both VA personnel and families filing claims, increasing the risk of inequitable outcomes. Reports from the VA Office of Inspector General and oversight reviews document that rapidly evolving guidance and processing challenges tied to major statutory changes have created confusion for VA staff and contributed to inconsistent outcomes, particularly early in implementation. In the rollout of PACT Act benefits, the OIG found that guidance changed repeatedly after initial implementation and that regional office staff reported challenges adapting to frequent updates, which sometimes resulted in errors, inconsistent processing, and added uncertainty for claimants.[43]

Congress should therefore mandate that VA issue updated regulations, implement clear procedural guidance, and provide training for staff within a defined timeframe, ensuring that the standardized statutory framework is applied uniformly, benefits are delivered promptly, and survivors are not disadvantaged during the transition.

Proposed Language:

[43] www.vaoig.gov/sites/default/files/reports/2024-11/vaoig-24-00118-01.pdf.

> Not later than 180 days after the date of enactment of this Act, the Secretary shall update applicable regulations, adjudication guidance, and training materials to reflect the amendments made by this Act.

* * *

The Veterans Burial Allowance and Reimbursement Act of 2026 represents a significant and necessary modernization of VA burial and plot allowance law. By consolidating eligibility criteria, explicitly including veterans whose deaths are service-connected, and repealing outdated provisions, the legislation establishes a single, coherent statutory framework that enhances transparency, consistency, and administrative efficiency. These reforms will reduce confusion for surviving spouses and dependents, streamline VA claims processing, and minimize the risk of delays, errors, or disputes, ensuring that veterans and their families receive the benefits to which they are entitled with the dignity they deserve.

To fully realize these objectives, it is critical that Congress clarify the preservation of eligibility for veterans who die from non-service-connected causes, establish explicit effective-date and transitional rules for pending claims, and mandate timely VA updates to regulations, guidance, and staff training. These refinements will prevent ambiguity, promote uniform application across VA regional offices and national cemeteries, and safeguard equitable outcomes for all eligible survivors.

Transfer of Land to the Department of Veterans Affairs for Cemetery Use (H.R. 2164)

No Position / No Substantive Recommendations

This bill authorizes the transfer of designated federal land to the VA for use as a national cemetery. The legislation is intended to expand or support cemetery capacity, ensuring that veterans and their eligible family members have access to burial and memorial services. As a site-specific land transfer, the bill does not alter veterans' benefits, eligibility criteria, claims adjudication, or appeals processes under title 38, United States Code. Accordingly, Berry Law offers no substantive policy recommendations.

Discussion Draft: National Cemetery Administration Annual Report Act of 2025

No Position / No Substantive Recommendations

The *National Cemetery Administration Annual Report Act of 2025* would require the VA to submit an annual report to Congress concerning the operations, capacity, and performance of the National Cemetery Administration. The proposal does not affect veterans' benefits, eligibility, claims adjudication, or legal rights under title 38, United States Code, and therefore falls outside the scope of the firm's core practice and testimony focus. Accordingly, Berry Law offers no substantive policy recommendations.

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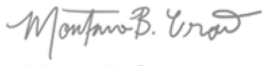
On behalf of Berry Law and the veterans we represent, I would like to express our sincere appreciation to the Committee for its careful consideration of these legislative proposals, each of which addresses important aspects of veterans' benefits, service-related health conditions, and administrative processes. Collectively, the bills reviewed aim to improve fairness, transparency, efficiency, and access to benefits across a wide range of areas, from disability compensation and toxic exposure presumptions to burial allowances, appeals reporting, and the integrity of VA claims administration.

We strongly support the intent of these measures to remove arbitrary barriers, clarify eligibility criteria, enhance oversight, and standardize processes in ways that directly benefit veterans and their families. At the same time, we encourage the Committee to consider targeted refinements to ensure consistent implementation, retroactive applicability where appropriate, clear guidance for VA adjudicators, and safeguards that protect veterans from unintended consequences. Specific attention to timelines, reporting standards, and stakeholder involvement will help translate legislative intent into meaningful outcomes for those who have served.

By adopting these refinements, the Committee can ensure that these initiatives not only promote fairness and efficiency in the VA system but also strengthen the evidentiary and administrative foundations of veterans' claims. Ultimately, these steps will help guarantee that veterans receive timely, accurate, and equitable access to the benefits and services they have earned through their service.

We welcome the opportunity to provide further clarification or technical assistance to the Committee on these and other legislative matters affecting veterans' health care, research, and disability compensation. Please contact my colleague, Andy Blevins, Senior Counsel, at andy.blevins@berrylaw.com, if we may be of service.

Respectfully Submitted,



Montana B. Crow

Prepared Statement of ALS United

February 2, 2026

The Honorable Morgan Luttrell
Chairman
Sub. on Disability Assistance, Memorial Affairs
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

The Honorable Morgan McGarvey
Ranking Member
Sub. on Disability Assistance, Memorial Affairs
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Luttrell and Ranking Member McGarvey:

On behalf of ALS United and the people living with ALS and families we serve nationwide, we submit this statement for the record for the Subcommittee's February 3, 2026, legislative hearing to express our strong support for the Justice for ALS Veterans Act of 2025 (H.R. 1685).

ALS, commonly known as Lou Gehrig's disease, is a fatal, progressive neurodegenerative disease affecting nerve cells in the brain and spinal cord. ALS gradually results in the loss of the ability to walk, speak, move, and eventually breathe. There is still no cure, and ALS often progresses rapidly, meaning families are forced to navigate devastating medical and financial realities on an unforgiving timeline.

For veterans and their families, an ALS diagnosis often follows years of service and sacrifice. When the Department of Veterans Affairs recognizes ALS as connected to military service, survivors can encounter a benefit structure that does not reflect the medical reality of this disease. In particular, current law ties increased Dependency and Indemnity Compensation for surviving spouses to whether a veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death. For ALS, that standard is frequently impossible to satisfy, not because a veteran's need was any less profound, but because the disease simply does not allow time for families to clear an arbitrary clock.

The Justice for ALS Veterans Act offers a straightforward, targeted solution. H.R. 1685 would ensure that surviving spouses of veterans who die from ALS are not denied increased survivor compensation solely because ALS progresses too quickly for the veteran to meet an eight-year total disability duration requirement. Military families who have already carried the burden of service and sacrifice should not face an additional barrier that ignores the clinical course of a universally terminal disease.

ALS United appreciates the Subcommittee's attention to disability and survivor benefits, and we are grateful for the bipartisan leadership behind H.R. 1685. We respectfully urge the Subcommittee to advance the Justice for ALS Veterans Act of 2025 and to ensure that military families confronting ALS receive fair, medically appropriate treatment under VA survivor benefit policies.

Sincerely,



Jerry Dawson
President and CEO
ALS United

Prepared Statement of The ALS Association

The ALS Association would like to thank Chairperson Luttrell, Ranking Member McGarvey, and the members of the House Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs for the opportunity to submit this statement for the record for the hearing on legislation in your subcommittee.

H.R. 1685—*Justice for ALS Veterans Act* ensures that veterans and families who have made the ultimate sacrifice for this country receive benefits they cannot qualify for, through no fault of their own. Boosted Dependency and Indemnity payments grants peace of mind to current veterans living with ALS because they will know their families are supported after they are gone.

The ALS Association endorses this legislation and asks the Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs to consider and swiftly pass H.R. 1685 to deliver boosted DIC benefits surviving families have earned.

Background

Amyotrophic Lateral Sclerosis (ALS) is an always fatal neurodegenerative disease in which a person's brain loses connection with the muscles. People with ALS lose their ability to walk, talk, eat and eventually breathe. There is no cure, and the average life expectancy following diagnosis is 2–5 years.

Military veterans, regardless of branch of service, the era in which they served, and whether they served during a time of peace or a time of war, are at a greater risk of dying from ALS than those who have not served in uniform. For this reason, the Department of Veterans Affairs has labeled ALS as a presumptive service-connected disease rated at 100 percent disability upon diagnosis because ALS never improves and, in all cases, leads to total body paralysis.

While high-quality, multi-disciplinary care for ALS is provided by the Department of Veterans Affairs, military veterans living with ALS require care that extends outside of the clinical setting. Veterans living with ALS rely on their spouses, children, parents, and friends to provide the round-the-clock caregiving they need. The aggressiveness of ALS leaves many veterans totally incapacitated and reliant on family caregivers. It is an incredible price that veterans living with ALS and their loved ones pay as a result of their service to our country.

Support for H.R. 1685 the Justice for ALS Veterans Act

The ALS Association wholeheartedly supports H.R. 1685—*Justice for ALS Veterans Act*, to ensure families of veterans are supported after their loved one passes.

The surviving spouses of veterans with a 100 percent disability rating are eligible to receive Dependency and Indemnity Compensation (DIC) payments from the VA after their loved one passes. However, to be eligible for the boosted DIC benefit, also known as the "kicker," a veteran must live with a totally disabling condition for 8 years. With average life expectancy for ALS post-diagnosis ranging from 2–5 years, most veterans who have service-connected ALS will not meet the current criteria for the boosted DIC payment. This is a fixable injustice for veterans living with ALS who already have little time left with their loved ones.

The bipartisan Justice for ALS Veterans Act, sponsored by Representatives Brian Fitzpatrick (R-PA) and Chris Pappas (D-NH) ensures fairness by eliminating the 8-year survival requirement for veterans with ALS.

Families of veterans living with ALS who serve admirably as caregivers should not be penalized because of an ALS diagnosis that offers them less time with their loved ones than the current requirement stipulates. Ensuring this boosted benefit, which equates to little more than $300 a month for a surviving family, can make a marked difference.

Prepared Statement of The American Legion

TESTIMONY
OF
SRI BENSON
POLICY ANALYST
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

FEBRUARY 3, 2026

EXECUTIVE SUMMARY

LEGISLATION	POSITION
H.R.1004, Love Lives On Act of 2025 (Hudson/Neguse) *Pg. 3*	Support
H.R.1685, Justice for ALS Veterans Act of 2025 (Fitzpatrick/Pappas) *Pg. 4*	Support
H.R.2164, Dayton National Cemetery Expansion Act of 2025 (Turner) *Pg. 5*	No Position
H.R.4469, PRESUME Act (Titus) *Pg. 6*	Support
H.R.5339, Susan E. Lukas 9/11 Servicemember Fairness Act (Subramanyam) *Pg. 7*	Support
H.R.5723, Fraud Reduction And Uncovering Deception (FRAUD) in VA Disability Exams Act (Takano) *Pg. 8*	Support with Amendments
H.R.6698, Board of Veterans Appeals Annual Report Transparency Act of 2025 (Self) *Pg. 8*	Support
Discussion Draft: Veterans Burial Allowance and Reimbursement Act of 2025 *Pg. 10*	No Position
Discussion Draft: National Cemetery Administration Annual Report Act of 2025 *Pg. 11*	No Position

TESTIMONY
OF
SRI BENSON
POLICY ANALYST
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

February 3, 2026

Chairman Luttrell, Ranking Member McGarvey and distinguished members of the Committee, on behalf of National Commander Dan K. Wiley, and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 107 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

H.R. 1004, Love Lives On Act of 2025

To amend titles 10 and 38, United States Code, to improve benefits and services for surviving spouses, and for other purposes.

The American Legion stands behind efforts to protect gold star spouse benefits, including H.R. 1004, Love Lives On Act of 2025, in the strongest possible language.

Gold Star Spouses face a heartbreaking predicament: choose love and happiness through remarriage before the age of 55 and lose critical benefits or forgo companionship to retain them. Some lost their spouses overseas in combat, terrorist attacks, or training accidents. Others succumbed to diseases from toxic exposures. Some returned home only to take their own lives under the weight of their invisible wounds. H.R. 1004 removes the age requirement for retaining benefits upon remarriage and protects our gold star families.

When a young widow remarries, they are not replacing what was lost. The void left behind, the empty chair at the dinner table, will never be filled. But by passing this bill, we can help them build fuller, more meaningful lives and rebuild strong family units.

I work closely with gold star spouses on a regular basis as a Policy Analyst for The American Legion, but I also am a surviving spouse. My wife, Katie, succumbed to service-connected mesothelioma on July 9th, 2022. She faced this illness with incomparable courage.

I was Katie's caregiver for years, leaving a career I loved to care for her. In her final months I dedicated 20 hours a day to her care. This level of care was both emotionally difficult and left a lasting impact on my body. In March 2022, when we were told her medical options were depleted and we must enroll in hospice care and prepare for her death, I suffered a series of heart attacks caused by stress-induced cardiomyopathy. While I did return home before her death, those weeks in the hospital brought additional pain and uncertainty.

In her final hours, I sat by Katies side from the early hours of the morning until she passed. I recounted our adventures together and read out loud from her favorite book. Her final moments were me telling her "I love you" after each breath she took, because I didn't know which would be the last. I made sure the last sounds she heard were of love, her last view was my eyes, and her last touch was my hands.

I am proud of how I cared for Katie. A loving death is likely one of the greatest and most difficult gifts you can give someone. But that gift came with sacrifices beyond what can be conveyed in words. My old career is gone, my old body is gone, the life we had built together is gone.

Through years of physical therapy and peer support I have rebuilt my life, and even though I have found love again, the empty chair at the dinner table will never be replaced.

Remarriage penalties force our widows and widowers into an impossible choice between personal happiness and financial stability. It is time to change that. Through Resolution No. 36: Prevent Gold Star Spouses Loss of Benefits, The American Legion has resolved to protect Gold Star Spouses from losing their benefits. They should not be punished for finding love again because they are still the surviving spouses of our fallen heroes. Their sacrifice has not diminished, and they have earned these benefits through service and loss.

The American Legion supports H.R. 1004 as currently written.

H.R. 1685, Justice for ALS Veterans Act of 2025

To amend title 38, United States Code, to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis, regardless of how long the veterans had such disease prior to death.

The Department of Veterans Affairs' (VA) Dependency and Indemnity Compensation (DIC) is tax-free monetary compensation awarded to the surviving spouse of a veteran who died as a result of service-related injury. As of 2026, the DIC rate of $1,699 is authorized for a surviving spouse.[1] This monthly DIC rate is increased by $361 in the case of the death of a veteran who at the time of death was "in receipt of or was entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years immediately

[1] 38 U.S. Code § 1311 (a)(1)

preceding death."[2] H.R. 1685, Justice for ALS Veterans Act removes the eight-year provision required to receive additional compensation for the families of veterans with ALS.

The additional compensation is intended to compensate families for the hardships and sacrifices which come with serious long-term illnesses. H.R. 1685, Justice for ALS Veterans Act recognizes the sacrifices families make are not determined by arbitrary timelines.

Amyotrophic Lateral Sclerosis, or ALS, is a highly aggressive illness; many veterans do not reach the eight-year mark to qualify for this clause.[3] Yet due to the debilitating and progressive nature of the disease, families must make additional sacrifices to care for their loved ones. A 2024 RAND study found Military and veteran caregivers incur an estimated $8,583 in annual out-of-pocket costs associated with their caregiving responsibilities, while forgoing an estimated average $4,522 in annual household income.[4] In addition to the direct costs of caregiving, 14% of veteran caregivers are forced to leave their employment to care for their veteran.[5]

While this bill is focused on making surviving families who have cared for ALS veterans whole, it requires the VA to identify and report to Congress additional conditions which should be treated similarly. The American Legion recognizes the unique circumstances of veterans with ALS and their families, but caution using diagnosis alone as eligibility for benefits in any future expansion which results from this report. A more equitable eligibility criteria would base eligibility on the functional impairment and extent of caregiving provided. Just as length of illness does not equate severity, neither does diagnosis. Such a needs-based evaluation can use existing VA infrastructure such as Aid and Attendance Special Monthly Compensation (SMC-R) or Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility, even if such eligibility is evaluated posthumously.

One technical correction which would improve the bill is to replace "under this subsection" in what would be section 1311(a)(2)(C), with "under section 1311(a)(2)" to be in compliance with the "Detailed Guide to the United States Code: Content and Features."[6]

Through Resolution No. 19: Ensuring Parity for Survivor Dependency and Indemnity Compensation, The American Legion supports the reevaluation of eligibility for Dependency and Indemnity Compensation to ensure equitable access of supplemental payments for all survivors who have earned them through their sacrifice.

The American Legion supports H.R. 1685 as currently written.

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[2] 38 U.S. Code § 1311 (a)(2)
[3] Coons, Chris, and Lisa Murkowski. "Senators Coons, Murkowski, Colleagues Introduce Justice for ALS Veterans Act." Press release, March 3, 2025. U.S. Senate.
[4] Ramchand, Rajeev, Sarah Dalton, Tamara Dubowitz, Kelly Hyde, Nipher Malika, Andrew R. Morral, Elie Ohana, Vanessa Parks, Terry L. Schell, Gretchen Swabe, Thomas E. Trail, and Kayla M. Williams. America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows. Santa Monica, CA: RAND Corporation, 2024.
[5] IBID
[6] U.S. House of Representatives, Office of the Law Revision Counsel, *Detailed Guide to the United States Code: Content and Features*, accessed January 28, 2026

H.R. 2164, Dayton National Cemetery Expansion Act of 2025

To authorize the Secretary of Veterans Affairs to enter into an agreement with the Montgomery County Land Bank for the transfer of certain land near Dayton National Cemetery to the Department of Veterans Affairs, and for other purposes.

The American Legion has no position on H.R. 2164 as currently written.

H.R. 4469, PRESUME Act

To amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from requiring evidence of a certain dose of radiation to determine that a veteran is a radiation-exposed veteran, and for other purposes.

Participation in a defined "radiation-risk activity" qualifies a veteran as a "radiation-exposed veteran" (REV).[7] REV is a special class of veteran who is eligible for presumptive service connection to a broad range of medical conditions, including various types of cancers.

These Radiation Risk Activities are specific to time and place, with the most recent activity listed as February 1, 1992, at a gaseous diffusion plants located on US soil.[8] While most of these presumptive activities do not require radiation doses, some, including occupation at the gaseous diffusion plants, do. This bill would remove such dosimetry requirements to determine if a veteran is eligible to be considered a REV.

Veterans who are not considered REVs, but were otherwise exposed to radiation, are statutorily required to show the VA radiation dose estimates per 38 CFR § 3.311. Once those are secured, a physician estimates the likelihood of connection. There are no post-9/11 duties designated as Radiation Risk Activities, an omission which includes the US military response to the Fukushima Daiichi power plant meltdown (Operation Tomodachi). In addition, few Radiation Risk Activities require dosimetry. Most veterans will still need to provide dosimetry evidence if this bill passes. This bill will have little impact on the veteran population and no impact on future veterans exposed to radiation. While the population is small, veterans affected by this bill will have access to life saving treatment, but Congress can go further.

To best serve veterans who have been exposed to radiation, whether those exposures are past, present, or future, this language must be expanded beyond Title 38 USC 1112, and be included in title 38 USC 1119(a) Consideration of Records, with the following paragraph added:

(3) The Secretary may not require evidence of a certain dose of radiation to determine claims based on exposure to ionizing radiation. Any supplemental radiation dose evidence shall not be construed as evidence against exposure or service connection.

This language does not reference the special class of REVs and instead refers to all Ionizing Radiation claims. An additional sentence was added to clarify radiation dose estimates are both

[7] 38 C.F.R. § 3.309 (2025). Disease subject to presumptive service connection. Electronic Code of Federal Regulations.
[8] 42 U.S.C. § 7384l(14) (2025). Definitions. United States Code.

not required and cannot be used as negative evidence against the claim. If this is enacted, when veterans provide dose estimates as supplemental evidence, if that dose evidence is insufficient, it will not be used for denial.

This position is supported by American Legion Resolution No. 130: Radiation Exposure, which requires the removal of all radiation dose estimate requirements, as they are an unreasonable burden of proof for our veterans.

The American Legion supports H.R. 4469 with recommended changes.

H.R.5339, Susan E. Lukas 9/11 Servicemember Fairness Act

To establish a presumption of service connection for certain diseases associated with exposure to certain toxins at the Pentagon Reservation during certain period beginning on September 11, 2001.

H.R. 5339, Susan E. Lukas 9/11 Servicemember Fairness Act provides presumptive service connection for veterans who worked at The Pentagon from 9/11/2001 to 11/19/2001 for a variety of conditions. The conditions covered closely match the conditions covered by the World Trade Center Health Program,[9] and are supported through two decades of research into the lingering effects of exposure. This bill is a commonsense solution to cover the thousands of military personnel who worked at the Pentagon directly following the 9/11 terrorist attacks.

The servicemembers who were at the Pentagon during the attacks and aftermath were at the front lines of the start of the War on Terror. Through the catastrophic damage and fires raging in the rubble, they worked diligently to help with evacuation, recovery, cleanup and more as they witnessed sights that few Americans can imagine. In the process, they were exposed to smoke and fumes from the computers, office supplies, plastics, wiring, plane parts, fuel, insulation, and more that burned for days after the attack.

Research has shown consistently that exposure to these kinds of pollutants and chemicals can adversely affect health. These servicemembers deserve to have the same kinds of presumptive service connections that World Trade Center civilians and servicemembers exposed to burn pits have. Anything less is overlooking the first heroes of the War on Terror.

Through Resolution No. 17: Environmental Exposure, The American Legion supports evidence based presumptive service connection for toxic exposure.

The American Legion supports H.R. 5339 as currently written.

H.R. 5723, Fraud Reduction and Uncovering Deception (FRAUD) in VA Disability Exams Act

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to identify and report instances of fraud with respect to disability benefit questionnaire forms of the Department of Veterans Affairs, and for other purposes

[9] Centers for Disease Control and Prevention. What Conditions Are Covered by the World Trade Center (WTC) Health Program. Atlanta: CDC, December 2022.

The VA claims process has grown in complexity over the years, becoming an overly complex process that prioritizes administrative convenience, rather than serving veterans. VA has increasingly relied less on VA in house medical examiners, outsourcing 93% of all exam responsibilities to paid third party vendors. This imbalance has become the foundation of significant confusion, resulting in a two-million-dollar vendor overpayment, and increased spending on disability exams to five billion dollars annually. [10]

VA's Disability Benefits Questionnaires (DBQs) must be filled out by licensed medical professionals. However, veterans' growing lack of trust in contracted examiners has motivated them to pay private doctors for DBQs that exploit their desperation for reconciliation. VA's lack of oversight of these contracted examiners focuses too narrowly on timeliness and form completion, and not enough on exam quality. The American Legion's own oversight efforts continue to identify inadequate medical exams as one of the main reasons for claims remands. Practices like this cause examiners to focus on responses to the DBQ forms, not their professional assessment of the disability.

Without an adequate C&P exam a veteran's claim will be denied, setting into motion unnecessary reviews or appeals, or examinations being reordered. In fact, a great deal of time is wasted in the claims adjudication process because many C&P exams are not adequate and require repeat exams. Proposed legislation requires the Secretary of Veterans Affairs to develop methods to clearly identify fraudulent activity concerning the questionnaires and have a timely mechanism to report suspected instances of fraudulent activity to the proper officials such as the VA Office of Inspector General (OIG).

For clarity, The American Legion offers the following amendments for consideration:

Replace "identify fraudulent activity relating to the submittal of disability benefit questionnaire data to the Secretary" by **inserting** "identify suspected fraud, and correct procedural inconsistencies, data inaccuracies, and deficient administrative procedural barriers and practices relating to the submittal and processing of claims for disability benefit questionnaire data to the Secretary."

Strike out "investigatory bodies" and insert "investigatory bodies or oversight committees"

insert "Establish a process and review to streamline the disability questionnaire process to reduce administrative burden, eliminate redundancy or ambiguous requirements, and ensure forms are accessible and transparent for veterans and accredited representatives"

Replace "to identify instances of disability benefit questionnaire fraud and to transmit reports of suspected fraud." By **inserting** "identify fraud, improper submissions from third-party or

[10] U.S. Government Accountability Office. *VA Disability Benefits: Additional Oversight and Information Could Improve Quality of Contracted Exams for Veterans*; and *VA Disability Exams: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions*. GAO-25-107483 and GAO-24-107730. Washington, DC: U.S. Government Accountability Office. https://files.gao.gov/reports/GAO-25-107483/index.html and https://www.gao.gov/assets/gao-24-107730.pdf

unauthorized medical providers, reoccurring instances of procedural errors, redundancy, and ambiguity in rendered medical opinions and incompleteness."

Replace "Establishment of a recurring audit of disability benefit questionnaires submitted to the Secretary" by **inserting** "establish a reoccurring audit and modernization review of disability questionnaires to improve accuracy, timeliness and the quality of the evaluation and claimant experience"

Through Resolution No. 14: Quality Assurance for VA Contracted Compensation and Pension (C&P) Examinations, The American Legion urges Congress to pass legislation to the quality and timeliness of VA's outsourced disability examinations.

The American Legion supports H.R. 5723 with amendments.

H.R. 6698, Board of Veterans Appeals Annual Report Transparency Act of 2025

To amend title 38, United States Code, to require the Board of Veterans' Appeals to include in its annual report an identification of the factors contributing to untimely disposition and remand of appeals, and for other purposes.

The Veterans Appeals Improvement and Modernization Act of 2017, also referred to as the Appeals Modernization Act (AMA) reimagined how appeal decisions were made. Prior to the AMA, the system only provided veterans with one appeal lane and created an endless remand cycle that delayed claims decisions for years. The AMA created three distinct appeal lanes to provide options for veterans seeking recourse for claims they believe should not be denied. The first lane, or supplemental lane, gave the veteran access to submit new and relevant information within 125 days of their appeal. The second lane, or higher-level review (HLR) gives the veteran the option to seek informal conferences with an accredited veteran service officer within 90 days to reemphasize the strength of argument to address existing medical evidence for claim approval. Lastly, the veteran can choose from the Board of Veterans Appeals (BVA), to have the claim determined by a judge.

The proposed legislation seeks to require BVA to address AMA cases which are not being adjudicated in the amount of time mandated by the law and provide formal explanations for remanded cases in its annual report to Congress. Medial opinion delays, declining claims quality, an endless remand cycle and increased rework at the regional office have frustrated veterans stuck in the appeals cycle. A 2024 Government Accountability Office (GAO) report highlighted that BVA could not verify its accuracy rates for two of the four years that were examined. Also, BVA remanded 80 percent of board decisions, but was unable to provide adequate reasoning. [11]

The endless loop of the remand cycle was supposed to be addressed by the creation of the AMA, however, the problem persists. Inadequate C&P exams, poor claim development, legal inconsistencies and the refusal to acknowledge valid medical evidence continue to trend negatively.

[11] U.S. Government Accountability Office. 2023. *VA Disability Benefits: Board of Veterans' Appeals Should Address Gaps in Its Quality Assurance Process*. GAO-24-106156. Testimony before the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives, November 29, 2023. Washington, DC: U.S. Government Accountability Office. https://www.gao.gov/assets/d24106156.pdf

This is why Congress has introduced H.R. 6698 Board of Veterans Appeals Annual Report Transparency Act of 2025 to improve annual reporting and identify quality issues to deter excessive remands.

Through Resolution No. 5: Department of Veterans Affairs Appeals Process, The American Legion can support any legislation which calls upon VA to address its ever-growing appeals inventory in a more timely and accurate manner.

The American Legion supports H.R. 6698 as currently written.

Discussion Draft: Veterans Burial Allowance and Reimbursement Act of 2025
To amend title 38, United States Code, to standardize the payment of burial and funeral expenses and plot allowances for deceased veterans under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

The American Legion has no position on this discussion draft as currently written.

Discussion Draft: National Cemetery Administration Annual Report Act of 2025
To amend title 38, United States Code, to require the Secretary of Veterans Affairs to submit to Congress an annual report on the National Cemetery Administration, and for other purposes.

The American Legion has no position on this discussion draft as currently written.

CONCLUSION

Chairman Luttrell, Ranking Member McGarvey and distinguished members of the Subcommittee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation.

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Bailey Bishop, Senior Legislative Associate, at b.bishop@legion.org.

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