Veteran Advocate Newsletter – June 2026

This Newsletter is published monthly as a service and reference for all Veterans, Veteran Family Members, and friends of Veterans. Each month multiple Veteran Military Organization sites (and other sources, as applicable) are queried for timely, relevant, and viable Veteran issues… issues that regardless of source, impact Veterans and their Family Members.

This is an independent publication, it represents no particular organization, it is sent for information purposes only. Nothing is provided in this newsletter that cannot be retrieved by the reader – all sources are cited. Articles and/or article excerpts below are simply provided for ease of access and/or reference.

This month I am addressing *selected* topics from American Legion Priorities for the 119th Congress, Second Session. Source: https://www.legion.org/advocacy/legislative/legislative-priorities

Under "Veteran Affairs and Rehabilitation" I will provide Article excerpts on:

- ✓ *Winning the War Within*
- ✓ *VA Benefits*
- ✓ *Claims and Appeals*
- ✓ *Women Veterans*

Remember, The "Go-To" source for benefits available for eligible Veterans, and their Family Members, is Certified/Professional Veteran Service Officers (VSO's). I have listed a couple of great VSO sources below.

Point of Contact information on recommended Certified/Professional Service Officer Assistance:

- Illinois Department of Veterans Affairs Phone (IDVA) Phone: (815) 633-8266
- Veterans Assistance Commission of Winnebago County (VACWC), Phone: (815) 516-2850, Email vac@wincoil.us

v/R David

David R. Draeger
COL USA Ret.
B.S. & M.A. WIU; M.S.S. U.S. Army War College
President, Veteran Leadership Team (501c3) – Service Officer, American Legion Post 332 – Benefit Officer, VFW District 6, Dept. of IL. – Chaplain, VFW Post 2955

American Legion Priorities for the 119th Congress

2026 Legislative priorities

Source: https://www.legion.org/advocacy/legislative/legislative-priorities

Veterans Affairs & Rehabilitation ← See checked items for topics covered under this newsletter.

- ✓ *Winning the War Within*
- ✓ *VA Benefits*
- ✓ *Claims and Appeals*
- ✓ *Women Veterans*

***Note: If interested in the below listed topics, "click" or "Crtl + Click" to pull up information. You can also go to*:**
https://www.legion.org/advocacy/legislative/legislative-priorities

Toxic Exposure

Healthcare Modernization

Community Care

Caregivers and Survivors

Underserved Veterans

//

Winning the War Within

The American Legion is a leader in advocating for improvements in mental health care and peer support – not only through our flagship Be the One mission, suicide prevention training and Buddy Check programs – but through all our advocacy efforts. The American Legion takes a holistic approach to suicide prevention where each systemic improvement to the veteran experience can save a life. The American Legion encourages everyone to own the issue, understand at-risk behavior, and know what to do if one encounters someone wrestling with the thought of suicide.

The veteran suicide epidemic continues to be the No. 1 concern of The American Legion. While the suicide rate for all Americans has risen since 2001, veteran rates

have increased by 52%, now more than double that of civilians.[1] Suicide is the second leading cause of death among veterans under the age of 45,[2] and while the VA estimates 17.5 veterans die by suicide per day, other reliable sources suggest the number may be as high as 44.[3]

Suicide is caused by a multitude of factors. Veterans grappling with mental health issues are more likely to take their own lives. The American Legion is actively combating the “broken veteran” narrative and believes trauma can be a source of strength. Post-Traumatic Growth (PTG) is a recent theory exploring alternative outcomes for Post-Traumatic Stress Disorder (PTSD) treatments. PTG therapies pursue new experiences to take advantage of the increased neuroplasticity of patients who have experienced trauma. However, due to the untraditional nature of PTG therapies, it has been difficult for VA to implement systemwide programs.

The vacuum created by this need has been increasingly filled by non-profit entities focusing on peer support and allow veterans to be mentored by those with shared experience.. In response to this need, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SFSPGP) was created to seek and fund community partners that deliver a variety of services and programs for veterans, including financial readiness, family counseling and faith-based PTG programs.[4] We must continue to raise awareness of these mental health issues in a way that normalizes these challenges and provides hope for those affected.

While the SFSPGP final report detailing the effectiveness of the program is not yet available as of January 2026, the interim report shows great promise. One promising metric is that 24% of program participants become new Veterans Health Administration (VHA) enrollees.[5] The partnership between VHA and SFSPGP grantees is vital because suicide rates among veterans who receive mental health treatment decrease by almost 40%.[6]

The American Legion supports alternative options for pain medication. Opioid-dependent veterans are 90% more likely to die by suicide. The American Legion also advocates for an improved Military Sexual Trauma claims process; veterans who have experienced sexual trauma have a 75% higher rate of suicide.

Another emerging suicide comorbidity is Chronic Brain Encephalopathy (CBE). CBE is a type of brain injury often caused by multiple mild Traumatic Brain Injuries. These are often seen in professional athletes and in many military occupations, such as artillery crew and small watercraft crew. CBE is linked to higher suicide rates and overdose rates alike. However, as CBE can only be diagnosed post-mortem; much is still unknown.[7]

The American Legion encourages Congress to continue exploring and expanding alternative and breakthrough therapies, especially those that treat issues more likely to affect the veteran community such as TBIs, CBE, Post Traumatic Stress Disorder and chronic pain. Current studies have shown a 67% success rate in reducing PTSD symptoms when using MDMA in conjunction with talk therapy.[8]

Key Points:

- Suicide is the second leading cause of death among veterans under the age of 45.
- VA reports 17.5 veterans die of suicide each day, though some sources say it may be as high as 44.
- Veterans are twice as likely to die by suicide as their civilian peers.
- Mental health treatments reduce veteran suicide rates in veterans by 39.77%.
- The American Legion strongly encourages the use of peer-support programs to address feelings of isolation within the veteran community.

What Congress Can Do:

1. Pass **800 – Precision Brain Health Research Act**, or similar legislation, to advance knowledge on how military brain injuries affect veteran suicide.
2. Pass **3346 – Freedom to Heal Act** to improve alternative therapy access.
3. Pass **R. 2623 – Innovative Therapies Centers of Excellence Act** of 2025 to designate centers of excellence for complimentary alternative medicine and breakthrough therapies.
4. Permanently authorize the **Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program**.
5. Pass legislation which fast-tracks non-opioid alternatives for chronic pain.

Supporting Resolutions:

- Resolution No. 5: Emerging Therapies to Address Veteran Suicides(Opens in a new window)
- Resolution No. 14: Department of Veterans Affairs Suicide Prevention Programs(Opens in a new window)
- Resolution No. 17: Continuum of Care and Mental Health Supports(Opens in a new window)

RETURN TO TOP

Enhance and Protect Earned VA Benefits

Congress established a new veterans' benefits system for disability compensation, insurance and vocational rehabilitation, with the intent to make the veteran "whole" again when transitioning after military service. Congress must take prompt action to ensure that VA benefit programs reach disabled veterans as intended and not suffer from any degradation or delays for veterans and their dependents. Therefore, it is imperative to provide VA Office of General Counsel (OGC) with robust enforcement mechanisms to hold unaccredited claims agents/agencies accountable, allow federal employees to advocate for veterans, and strengthen medical care for veterans residing overseas.

Unaccredited persons and agencies have been poaching veterans' monthly pension benefits since 2006, when VA ceased the enforcement of fines or jail time for filing VA claims without proper VA credentialing. In blatant violation of federal regulations, unaccredited agents and agencies charge disabled veterans for assistance with simple filing of initial claims and are collecting prospective fees for any future benefits awarded. This continues to occur despite federal regulations that only allow fee collection for past-due benefits awarded after successful appeals representation.[9] Moreover, these unaccredited bad actors are charging exorbitant fees far exceeding the 20% cap fee guideline outlined for accredited agents in both 38 CFR § 14.636(f) and Title 38 USC section 5904. During a March 2025 House hearing, one such unaccredited agency admitted it has been coaching and assisting with VA claims filing since 2017, and to date still has not completed the VA accreditation process, garnering the ire of the subcommittee chairman. The witness then claimed he has not gone through the lawful process because being fully accredited would force his agency to abide by current codes and procedures, such as not charging fees for initial claims filing.[10]

While the VA Office of General Counsel (OGC) monitors which agencies, claims agents and veterans service organization representatives have agreed to the code of standards and completed the VA-accredited process, a useful additional safeguard would be to publicly list an exclusion list of those agents barred from processing claims. This approach is similar to that maintained by the U.S. Department of Health and Human Services (HHS) OIG, which allows consumers to look up agents/agencies which are barred from federal participation.[11] As bad actors remain undeterred under current laws and lack of enforcement, The American Legion urges proper staffing of VA's OGC to provide proper oversight of bad actors, the adaptation of an exclusion list on the VA OGC portal, and the reinstatement of stiff penalties for unaccredited agencies charging unauthorized fees.

In the spirit of improving the support for disability claim filing, federal employees should be allowed to advocate for veterans. The American Legion has more than 3,500 accredited service officers that provide no-cost services to veterans. This pool could be significantly larger if current restrictions under 18 U.S.C. § 205, which prohibits federal employees from representing any individual seeking benefits before the Department of Veterans Affairs, were amended. Moreover, 38 C.F.R. § 14.629 also restricts employees of any civil or military department or agency of the United States from serving as accredited representatives before VA. As of 2024, there are approximately 700,000 veterans, many of them members of The American Legion and other VSOs, employed in various federal departments and agencies who are statutorily disqualified from being able to assist disabled veterans with filing for their earned VA benefits, simply due to their employment status.[12] Allowing accredited federal employees to provide pro bono claims work could surge the number of veterans service officers and help alleviate the need for veterans to turn to predatory claims agencies for assistance.

Another priority for The American Legion is improving the VA Foreign Medical Program (FMP). Created in 1959, the FMP provides medical care for service-connected conditions for veterans living overseas, either temporarily or permanently. A February 2025 GAO report outlined many flaws in the program's reimbursement system. Partially due to VA's current hiring freeze, systemic staff vacancies, and use of mailed paper

checks, VA has been able to meet its goal of reimbursement within 45 days only 14% of the time in FY2024 and 37% of the time in FY2025.

While VA is piloting an e-transfers system for the FMP to make international payments to over 240 countries in 150 different currencies through a web-based application, GAO found that VA still overwhelmingly mailed hard-copy checks. This paper system leaves mail susceptible to getting lost, damaged, stolen or checks being fraudulently cashed. Due to other countries' unreliable road infrastructure and antiquated postal services, GAO estimated that the number of "undeliverable" checks is around 2,600 a year.[13] During VA-VSO partnership meetings in 2025 with service officers stationed overseas, VA announced that their electronic funds transfer plan for international payments should be rolled out between May and June of 2026. With FMP's reimbursement processing time slipping from 4-6 weeks to roughly 4-6 months,[14] it is imperative for VA to improve both its staffing model and reimbursement modernization efforts. As a result, Veterans on a fixed monthly income are experiencing long processing times and other related reimbursement impacts, such as exchange-rate losses, accrued medical debt and unforeseen out-of-pocket expenses.

Finally, a disparity exists in Priority Group 1 veterans (those with at least a VA disability rating of 50% or more) CONUS-based veterans are not required to pay copays for care related to service-connected or non-service-connected medical conditions, while OCONUS veterans may only receive VA-reimbursed medical care for service-connected injuries. Additionally, services offered stateside, such as family planning, home health aide/companion caregiver services, assisted living facilities, and many more, are inaccessible for overseas veterans. Of particular note, the recently passed COMPACT Act waives the co-pay for the first three outpatient mental health visits per year for CONUS veterans, but OCONUS veterans do not receive the same benefit.[15] The American Legion seeks parity so that the 80,631 veterans enrolled in VA FMP receive the same level of care regardless of their location.

Key Points:

- Unaccredited agents and agencies are still engaging in pension poaching because VA OGC does not have adequate enforcement mechanisms to hold bad actors accountable.
- There are currently some 700,000 veterans employed at the federal level; however, current laws and regulations restrict them from serving as VA-accredited representatives.
- VA's FMP has not finalized plans to migrate from mailed paper checks to electronic funds transfer for reimbursements, leaving veterans in perpetual limbo and accruing additional medical debt. Veterans residing overseas should receive equitable treatment.

What Congress Can Do:

1. Reestablish and enforce meaningful civil and criminal penalties, including potential terms of imprisonment, to deter unaccredited individuals or entities from charging unauthorized and excessive fees. Properly fund staffing level of VA's Office of General Counsel to support robust investigation and enforcement

actions against predatory claims agents/agencies. Further, require VA to publicly list unauthorized individuals and entities on its OGC accreditation portal to promote transparency and clear notice to veterans and their families.

2. Waive restrictions to allow federal employees to serve as accredited representatives before the Department of Veterans Affairs.
3. Address the VA Foreign Medical Program's current staffing and modernization needs to prevent veterans from accruing medical debt. Establish parity so that veterans residing overseas with a disability rating of 50% or higher receive the same medical care coverage and benefits as those residing stateside.

Supporting Resolutions:

- Resolution No. 1: Oppose Claims Filing by Unaccredited Parties(Opens in a new window)
- Resolution No. 57: Prevent Exploitation of Veterans and Family Members Applying for Benefits, to Include Aid and Attendance(Opens in a new window)
- Resolution No. 2: Allow Limited Exceptions for Federal Employees to Serve As Accredited Representatives Before the Department of Veterans Affairs(Opens in a new window)
- Resolution No. 6: Department of Veterans Affairs Foreign Medical Program Protection and Enhancements(Opens in a new window)
- Resolution No. 5: Ensure Equal Care Under the Department of Veterans Affairs Foreign Medical Program(Opens in a new window)

RETURN TO TOP

Improving the Claims and Appeals Process

Compensation and Pension (C&P) examinations are the most vital part of VA's disability claims process because they determine veteran eligibility to obtain compensation and healthcare. These exams are used by claims adjudicators in the Veterans Benefits Administration to determine whether veterans' illnesses, injuries or conditions are connected to their active-duty military service. With the surge in disability claims created by PACT Act provisions, the need for accurate, thorough and fair medical evaluations has never been more critical. Unfortunately, The American Legion's service officers nationwide have reported serious problems with VA-contracted C&P exams. Troubling issues include poorly trained examiners, unqualified practitioners, questionable "medical facilities" and inadequate medical opinions – which lead to an almost 45% denial rate for PACT Act claims.[16]

Despite efforts for improved quality and processes, VA has increasingly relied on contractors over VHA providers to perform disability exams every year since 2018 (an increase from 55% in FY 2018 to 93% by FY 2024), at the cost of $5 billion per year. Over 90% of C&P exams since 2017 have been contracted.[17] The Office of Inspector General continues to report ongoing challenges in VA's ability to enforce accountability measures for contracted examiners – specifically holding them accountable for delivering exams of acceptable quality. VA's oversight of contracted examiners focuses

too narrowly on timeliness and form completion, and not on the quality of the exams. The American Legion is unaware of any instance in which VA has canceled or substantially modified a contractor's contract resulting from documented poor performance, despite repeated deficiencies identified in OIG reports. The American Legion urges Congress to pass S.2493, the Medical Disability Examination Improvement Act of 2025, to address these serious shortcomings. Congress must explore legislative solutions to hold vendors accountable for accurate and timely evaluations.

Military Sexual Trauma (MST) disability claims remain a significant concern. The Military Sexual Trauma Claims Coordination Act (Pub. L. 117-303) was signed into law in December 2022 to mandate that VA improve claims coordination between the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) within 18 months of enactment. Despite the deadline written in statute, VA took two years to complete the rollout.[18] Currently, MST claims are among the most frequently denied claims due to issues such as a lack of evidence (military and non-military), duty to assist and the incorrect processing of claims. This most notable challenge includes miscommunication between the Compensation Services, the Office of Field Operations, and Regional Offices.[19] Additionally, many survivors lack traditional military records documenting their assaults, leading to wrongful denials under the unimproved claims process. VA classifies MST as a subset of post-traumatic stress disorder (PTSD), but the high denial rate of these claims (57%) due to incorrect processing is alarming.[20]

During a 2024 System Worth Saving (SWS) town hall hosted by the American Legion Post 1 in Phoenix, many veterans expressed their concern with the poor communication and lack of updates on their MST claims. A veteran reported not receiving any VA correspondence for eight months and waiting for more than 250 days for a decision on their claim.[21] This frustration was also identified during a March 2025 Regional Office Action Review (ROAR) site visit to the San Juan Regional Office in Puerto Rico. While the Regional Office (RO) itself exhibited high morale and work productivity, The American Legion was surprised to learn that the center responsible for handling all MST claims was relocated from San Juan to Montgomery Regional Office in Alabama. This was especially concerning, considering the San Juan RO staff exhibited great work productivity and experience in handling MST claims. Significant logistical challenges combined with staff inexperience contribute to the MST claim backlog and contribute to MST remaining one of the most denied service-connected disabilities. The American Legion supports passage of H.R. 2576, the Servicemembers and Veterans Empowerment and Support Act of 2025 (SAVES), which seeks to correct the long-standing and well-documented claims deficiencies in VA's MST claims process. The American Legion urges quick passage of the necessary MST claims reforms to ensure that survivors receive the dignity, care and justice they deserve.

The American Legion's Veterans Service Officers (VSOs) have often noted issues with the Board of Veterans Appeals (BVA) being excessively stringent on the interpretation and application of 38 U.S.C. § 7107. where they believe the legal standard of "good cause" for priority placement on the docket was met by the client, yet it was denied by BVA. For instance, VSOs report the situation of clients who are temporarily staying with friends or family after an eviction or inability to pay rent. While these veterans are technically not homeless, their circumstances fall squarely within the intent of section

71017, but BVA denied priority placement. Other examples include veterans with accrued medical debt for the cost of treatment of primary/secondary conditions still pending adjudication regarding service-connection, pushing veterans further into dire financial distress. To reduce BVA's appeals backlog, The American Legion supports passage of H.R.3835, the Veterans Appeals Efficiency Act of 2025, to improve the priority placement process and prevent pushing veterans further into dire financial distress.

During The American Legion's ROAR site visits, we noted that the average professional experience for Veteran Service Representatives (VSRs) and Rating Veteran Service Representatives (RVSRs) is about three years, which is considerably lower than expected. This lack of experience is concerning, as this staff performs pivotal work that has life-changing ramifications for veterans and their families. VA staff continue to struggle under shifting guidance, inconsistent training, outdated development standards, and rotational leadership. Recognizing all these challenges, Congress introduced H.R. 3854, the Modernizing All Veterans and Survivors Claims Processing Act, to modernize the system and streamline workflow. VA testified that it was already piloting or fielding automation and AI capabilities as early as 2021 with great success.[22] Most legislation is primarily focused on efficiency, but true success will depend on continued investment in the human workforce and clear oversight to ensure technological solutions are transparent, ethically grounded and supported through accountability.

RVSRs interviewed during ROAR visits at the San Juan and Louisville ROs expressed significant concerns regarding the effectiveness of automation in the claims adjudication process – common feedback that The American Legion hears frequently in the benefits arena as well. Staff reports that automation is often unable to accurately interpret handwritten information submitted by servicemembers on VA form 526EZ. As a result, critical data is not being extracted or auto populated into the system, requiring the RVSRs to spend additional time manually reviewing and inputting information that should otherwise be automated.

The limitations of automation are especially visible in the translation of benefits letters, particularly English to Spanish correspondence. The current AI translation method performs literal, word-for-word translations which do not consider regional dialects, cultural nuances, or colloquial phrasing.[23] Automation and artificial intelligence have theoretical promise but have also introduced more layers of inefficiency rather than resolving existing workflow problems. The American Legion urges Congress to reform the claims-automation process to restore trust, improve rating outcomes, and ensure veterans receive timely and accurate decisions.

Key Points:

- The VA Claims process has become too complex. The system has been designed to prioritize administrative convenience and performance metrics over quality and veteran experience.
- Compensation and Pension (C&P) exams are critical to determining eligibility, but deficiencies in the process persist. There is an overreliance on contractors to conduct these exams, with minimal VBA oversight.

- Poor training, inadequate medical opinions and procedural inconsistency continue to tie up the backlog by forcing additional scheduling or reexaminations, further tying up the appeals court docket.
- VA-contracted C&P exams have surged from 55% to 93% of all scheduled exams but require proper accountability to ensure quality. The lack of enforcement or effective quality standards has allowed vendors to deliver poor-quality exams without consequences.
- MST claims remain one of the most denied claim types due to poor cross-agency coordination, evidentiary issues, miscommunication as well as staff and special mission reorganization within VA Regional Offices.
- Without adequate investment in technology, human expertise and oversight, automation risks further degrading existing inefficiencies rather than resolving them.

What Congress Can Do:

1. Pass **2493 – Medical Disability Examination Improvement Act** of 2025 to increase oversight and accountability of third-party C&P vendors.
2. Pass **R. 2576 – Servicemembers and Veterans Empowerment and Support Act** of 2025 (SAVES) to correct the well-documented deficiencies in VA's MST claims process and remove barriers to care and compensation.
3. Pass claims modernization legislation such as **R. 3835 – Veterans Appeals Efficiency Act** of 2025, or **H.R. 3854 – Modernizing All Veterans and Survivors Claims Processing Act.**
4. Pass **R. 3983 – Claims Quality Improvement Act** of 2025, to address training, claims policy and improvements in BVA appeals

Supporting Resolutions:

- Resolution No. 5: Department of Veterans Affairs Appeals Process(Opens in a new window)
- Resolution No. 18: Veteran Military Sexual Trauma (MST) Claims Training(Opens in a new window)
- Resolution No. 67: Military Sexual Trauma(Opens in a new window)
- Resolution No. 123: Increase the Transparency of the Veterans Benefits Administration's Claim Processing(Opens in a new window)
- Resolution No. 11: Oversight of Medical Disability Examination Office Contract Providers(Opens in a new window)

RETURN TO TOP

Champion Women Veterans Health

Women have served this country since the American Revolutionary War, and there are approximately 2.3 million women veterans in the United States, with 870,000 enrolled in VA healthcare.[24] Women are the fastest growing cohort of veterans, and these

numbers are projected to increase over the next few years.[25] The majority of women veterans who use VA medical care served during the Gulf War and in post-9/11 operations.[26]

Women veterans experience specific challenges to their mental health that are unfortunately manifested through their higher rates of suicide. Between 2020 and 2021, women veteran suicide rates increased by 24.1%, while male veteran suicide rates increased by 6.3%. VA can be lauded for efforts to enhance knowledge and research, such as the creation of the Women's Health Research Network (WHRN) and the Women Veterans Suicide Prevention Research Work Group, more can be done. Because women veterans face unique challenges related to their service, such as higher rates of MST, it is essential that focused, specific solutions are developed for this population. The suicide rate for women veterans is 166.1% higher than the rate for non-veteran women.[27] It is important to note that firearms were used by women more often than all other methods combined, and the rate of women veterans dying by firearm suicide was 281.1% higher than for non-veteran women.[28] Special attention to women veterans' mental health is critical for their wellbeing.

In addition to mental health needs, women veterans also use VA for gender-specific care and to address all stages of their reproductive health. VA provides various infertility treatments for veterans enrolled in VA health care, including infertility assessments and counseling, laboratory tests, genetic counseling and testing, surgical correction, intrauterine insemination, tubal ligation reversal, oocyte cryopreservation and sperm cryopreservation, and sperm retrieval. However, in vitro fertilization (IVF) and other assistive reproductive technology (ART) procedures are not covered unless caused by service-connected medical issues. Previously, this policy covered only those who were in legal heterosexual marriages, but VA announced in January 2024 that it would follow the Department of Defense's lead to broaden coverage to single servicemembers and same-sex couples, both married and unmarried.[29] By April 2024, VA amended VHA Directive 1334(1): In Vitro Fertilization Counseling and Services Available to Certain Eligible Veterans and Their Spouses, to reflect this change.[30] Despite the expansion, VA still does not pay for donor eggs, donor embryos or surrogacy for veterans. Additionally, after an Alabama Supreme Court ruling in February 2024 suspended IVF treatment services across the state, access to IVF care is even more critical to monitor and examine, as reproductive rights and access to referred care (for IVF services) now vary by state.[31]

Almost half of women veterans enrolled in VA care are between the ages 45 and 64, making this middle-age group the largest among women enrolled in VA healthcare.[1] Women who fall into this age group are likely peri-menopausal or experiencing the conditions and symptoms of menopause. Women in the midlife age group are more likely than men to suffer from chronic pain.[2] The symptoms of menopause are often exacerbated in women veterans due to their military experiences that have led to chronic physical and mental health conditions.[3] The American Legion applauds VA's efforts on this issue to date, but there is still room for improvement. The American Legion is in full support of age-inclusive research. Research related to menopause, perimenopause or mid-life women's health for veterans is imperative, and VA must ensure that women veterans are able to have an optimal quality of life.

Although the journey of menopause is a natural stage in a woman's life, women veterans should not have to "tough it out"[5] without proper diagnosis and treatment.

While intimate partner violence (IPV) affects all genders, women veterans may be disproportionally impacted by IPV.[32] According to the VA IPV Assistance Program, IPV affects veterans of all races, ethnicities, incomes, ages, sexual orientations, gender identities, cultures, religions and abilities; yet LGBTQ+ veterans are two-to-three times more likely to experience IPV than heterosexual women veterans.[33] While Congress can be lauded for addressing violence prevention nationwide, VA's IPVAP Coordinators noted during an August 2022 VA Advisory Committee on Women Veterans that VA has many underused resources to develop partnerships with local shelters, courthouse services, law enforcement and community services. The most critical need for IPV survivors is still securing safe housing. Survivors of IPV commonly report housing instability related to their experience, warped definitions of housing safety and security, and reduced ability to access housing and support programs due to their experiences.[34]

Per VA's Military Sexual Trauma Data, one in three women report that they have experienced MST.[35] In 2022, H.R. 2724, VA Peer Support Enhancement for MST Survivors Act, and H.R. 7335, MST Claims Coordination Act, were signed into law. While the former delineates that MST peer-support specialists are not responsible for adjudication of claims, the latter requires VA to provide coordinated dissemination of information about available support services. Women veterans report MST at significantly higher rates than their male counterparts, and those who identify as LGBTQ+ report it at even greater rates. While VA has conducted MST research, their findings show great variation in the experiences and health outcomes of MST survivors.[36] VA does offer services such as designated MST Coordinators at all VA facilities, but further expansion of health care is imperative for women veterans.

Many veterans find it challenging to transition between VA care and care in the community after a cancer diagnosis.[37] There is often limited information exchange between VA and community care providers, which can lead to missed medical information such as important medication and diagnosis histories. Breast cancer is one of the leading cancers in women veterans,[38] and there are several preventative therapies for women who are at increased risk of breast cancer, including chemoprevention, prophylactic surgery and enhanced screening. In 2021, VA established the Breast and Gynecologic Oncology System of Excellence (BGSoE), to provide women veterans with the best possible cancer care.[39] Through BGSoE, veterans can access telehealth oncology services, which are exceptionally advantageous for veterans in rural communities, and a comprehensive cancer-navigation program. Cancer-care services in VA are monitored by the Center for Oncology Outcomes Review and Gender (COURAGE). COURAGE was developed to improve women's cancer care in VA, with the goal of more equitable outcomes in cancer treatments for women.[40]

Key Points:

- Women are the fastest growing group of veterans, and it is essential that VA has adequate infrastructure to care for their gender-specific needs.
- Suicide rate for women veterans rose 24.1% (2020–2021) vs. 6.3% for male veterans.
- VA's IPV Assistance Program supports all demographics but faces challenges in securing housing for IPV survivors.
- Reproductive cancers are often dually treated by VA and non-VA healthcare systems, making coordination a challenge, possibly leading to fragmented care.

What Congress Can Do:

1. Pass **1245 – Servicemembers and Veterans Empowerment and Support (SAVES) Act.**
2. Pass **609 – Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act.**
3. Pass **R. 219 – Improving Menopause Care for Veterans Act.**
4. Reauthorize the Women Veterans Task Force and ensure the inclusion of the Veterans Service Organization (VSO) community.
5. Address and ensure comprehensive fertility coverage for veterans to include IVF and continue to mirror DOD IVF protocol.

Supporting Resolution:

- Resolution No. 147: Women Veterans(Opens in a new window)
- Resolution No. 39: Women Veterans Strategic Plan(Opens in a new window)
- Resolution No. 37: Improvements to Department of Veterans Affairs Women Veterans Programs(Opens in a new window)
- Resolution No. 162: In Vitro Fertilization(Opens in a new window)
- Resolution No. 16: Reproductive Assistance and Pregnancy Counseling(Opens in a new window)
- Resolution No. 6: Increase Cancer Screenings by the Department of Veterans Affairs(Opens in a new window)
- Resolution No. 239: Support Research About Breast Cancer(Opens in a new window)