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THE STATE OF AMERICA'S VETERANS IN 2026:

From Innovation to Access

SoldierStrong Access

A SoldierStrong Access Issue Brief on the Critical Challenges Policymakers Must Address

America has made an extraordinary investment in those who have served in uniform, yet the central challenge facing veterans in 2026 is increasingly not whether solutions exist, but whether veterans can actually reach them. The United States has approximately 17.5 million civilian veterans, including roughly 4.5 million living in rural and highly rural communities, while approximately 9.1 million veterans are enrolled in Veterans Health Administration services and benefits. These numbers illustrate both the scale of America's obligation and the complexity of fulfilling it. Today's veteran population spans generations, from aging Vietnam veterans managing chronic illnesses to post-9/11 veterans navigating PTSD, traumatic brain injuries, toxic exposures, family responsibilities, employment transitions and service-connected disabilities. The policy challenge is therefore broader than simply funding veterans' programs. America must build a system capable of connecting individual veterans with the right treatment, technology, education, benefit or opportunity at the right time. This is particularly important as advances in virtual reality, artificial intelligence, robotic rehabilitation, telehealth, precision medicine and digital health create possibilities that did not exist even a decade ago. SoldierStrong Access has previously framed this challenge as the need for public policy that connects veterans to medical innovation. That principle should now become a broader national veterans policy objective: innovation without access is not enough.

> *"The measure of our commitment to veterans should not be how many programs we create, but how effectively we connect veterans to the care, technology and opportunities that can change their lives."*

Mental Health, PTSD and Veteran Suicide

Few issues demonstrate the urgency of access more clearly than veteran mental health. The Department of Veterans Affairs' most recent National Veteran Suicide Prevention Annual Report found that 6,398 veterans died by suicide in 2023, the latest year for which complete national data are available. That represents an average of approximately 17.5 veteran suicides every day. Even more consequential from a public-policy perspective, 61% of veterans who died by suicide in 2023 had not received VA health care during the preceding year. The VA also reports elevated suicide rates among younger veterans ages 18–34 and among veterans experiencing homelessness, health problems and pain. These statistics suggest that America's suicide-prevention challenge cannot be solved solely inside hospitals or VA medical centers. Policymakers must think about veteran mental health as an access ecosystem involving the VA, community providers, nonprofits, universities, technology companies, families and peer networks. Evidence-based treatments must remain the foundation, but policymakers should also accelerate responsible pathways for emerging technologies that can complement clinical care. Virtual reality-based exposure therapy, tele-mental health, digital therapeutics and other innovations may help clinicians reach veterans who otherwise face geographic, cultural or logistical barriers to treatment. Congress and the VA should therefore encourage rigorous evaluation while simultaneously reducing unnecessary barriers that prevent clinically validated innovations from moving from research settings into everyday veteran care. The objective should not be innovation for innovation's sake; it should be measurable improvement in access, outcomes and quality of life.

> *"When 61% of veterans who die by suicide were not receiving VA health care in the year before their deaths, access itself must be treated as a suicide-prevention strategy."*

Disability, TBI and the Next Generation of Rehabilitation

America's veteran population also carries a significant burden of service-connected disability. In 2025, the Bureau of Labor Statistics reported that 50% of Gulf War-era II veterans had a service-connected disability, compared with 34% of all veterans. Meanwhile, the Veterans Benefits Administration reported that 6.34 million veterans were receiving disability compensation at the end of fiscal year 2025, with approximately $174 billion in estimated annual compensation payments. These figures reinforce an important policy reality: veteran disability policy cannot stop at compensation. Financial benefits are essential, but the national objective should also be maximizing independence, mobility, employment and quality of life. Veterans living with spinal cord injuries, traumatic brain injuries, limb loss, neurological conditions and other catastrophic injuries increasingly have access to technologies that can fundamentally alter rehabilitation. Robotic exoskeletons, advanced prosthetics, brain-computer interfaces, adaptive technologies and AI-assisted rehabilitation systems are rapidly changing what is medically possible. Yet a technology that exists but remains inaccessible because of reimbursement rules, procurement processes, geographic disparities or administrative delay provides little benefit to the veteran who needs it. SoldierStrong Access should continue advocating for policies that evaluate innovative rehabilitation technologies based not simply on acquisition cost, but on long-term outcomes such as mobility, independence, reduced caregiver burden, secondary health complications and participation in work and community life. Public policy must keep pace with medical innovation rather than forcing veterans to wait years for systems to catch up with science.

Rural Veterans and the Geography of Access

Where a veteran lives should not determine the quality of care that veteran receives. Yet geography remains one of the defining challenges in veterans policy. VA estimates that approximately 4.5 million veterans live in rural or highly rural areas, and about one-third of enrolled veterans are rural. Rural veterans can face longer travel distances, fewer specialists, provider shortages and reduced access to advanced rehabilitation and behavioral health services. These challenges become particularly significant for veterans with mobility limitations or chronic conditions requiring repeated appointments. The policy response should therefore combine physical infrastructure with technology. Telehealth should continue expanding, but policymakers should go further by supporting mobile care, remote monitoring, partnerships with community hospitals and universities, and regional centers capable of delivering specialized rehabilitation technologies. Artificial intelligence may also eventually help identify veterans at elevated risk, coordinate appointments, analyze health patterns and reduce administrative friction, provided that privacy, clinical oversight and transparency remain central. The principle is straightforward: a veteran living hundreds of miles from a major VA medical center should not be structurally excluded from advances available to veterans living near one.

> *"A veteran's ZIP code should never determine whether that veteran can benefit from the best care America knows how to provide."*

Transition, Employment and the Search for Purpose

Employment data tell an encouraging but incomplete story. The veteran unemployment rate was 3.5% in 2025, below the 4.2% rate for nonveterans, while unemployment among post-9/11 Gulf War-era II veterans stood at 3.6%. However, the overall rate increased from 3.0% in 2024, and female veterans experienced a 4.6% unemployment rate, compared with 3.3% for male veterans. Moreover, unemployment statistics alone do not capture underemployment, difficulty translating military experience into civilian credentials, or the loss of mission and identity that can accompany separation from service. Transition policy should begin before a service member leaves the military and continue well beyond discharge. Employers need better tools for understanding military skills, states should continue reducing unnecessary licensing barriers, and veterans should have greater access to apprenticeships, entrepreneurship, technology training and professional credentials. Policymakers should increasingly view veteran employment as more than job placement. The objective should be meaningful careers that capitalize on veterans' leadership, technical experience, resilience and ability to operate in complex environments. A successful transition restores more than income; it can restore purpose, community and a sense of contribution.

Education as a Long-Term Veteran Investment

Education remains one of America's most successful mechanisms for helping veterans build civilian futures. During fiscal year 2025, VA education programs served 933,555 beneficiaries and distributed approximately $13.7 billion in payments. The Post-9/11 GI Bill alone served 606,635 beneficiaries, an increase of 5.7% from fiscal year 2024. Recent policy changes have also expanded opportunity. Following the Supreme Court's Rudisill decision, VA changed its administration of GI Bill benefits so that some veterans with multiple qualifying periods of military service may receive up to 48 months of combined education benefits rather than 36 months. Policymakers should

build on this progress by ensuring education benefits reflect the modern economy. Traditional four-year degrees remain valuable, but veterans also need access to credentials in cybersecurity, artificial intelligence, advanced manufacturing, healthcare, data science and other high-growth fields. Current Post-9/11 GI Bill benefits recognize apprenticeships, on-the-job training and qualifying licensing and certification costs, demonstrating that veteran education policy can evolve beyond a traditional college model. The next step should be strengthening outcome transparency so veterans can evaluate programs based on completion, employment and earnings rather than marketing alone.

> *"The GI Bill should not simply pay for education; it should help veterans convert military service into lifelong economic opportunity."*

Housing Stability and the Lessons of Measurable Progress

Veteran homelessness demonstrates that difficult problems can improve when government, nonprofits and communities align around measurable outcomes. According to VA and HUD data, 32,495 veterans experienced homelessness on a single night in January 2025, the lowest level recorded since federal measurement began in 2009 and a 56.1% decline since 2010. Of those veterans, 18,977 were in sheltered settings while 13,518 were experiencing unsheltered homelessness. During fiscal year 2025, VA permanently housed 51,936 veterans, and 96.2% remained housed at the end of the fiscal year. VA programs also connected 13,450 veterans exiting homeless services with employment. These achievements deserve recognition, but 32,495 veterans without stable housing remain 32,495 reasons to continue the work. The lesson for broader veterans policy is important: coordinated systems can produce measurable results. Housing policy works best when paired with mental health treatment, substance-use services, employment assistance and benefits navigation. Policymakers should preserve this integrated approach while focusing increasingly on prevention—identifying veterans at risk of losing housing before they enter homelessness.

Toxic Exposures, Benefits and Navigating an Increasingly Complex System

The PACT Act represents one of the most consequential expansions of veterans' healthcare and benefits in decades, adding more than 20 presumptive conditions associated with burn pits and other toxic exposures while expanding eligibility for veterans from multiple eras. By June 30, 2026, VA reported completing approximately 3.62 million PACT Act-related claims, enrolling more than 541,000 new veterans in the PACT Act planning population, and conducting approximately 6.77 million toxic-exposure screenings. This scale demonstrates both the success of expanded eligibility and the challenge of administering increasingly complex benefits. Veterans should not need to become experts in federal bureaucracy to obtain benefits earned through service. Policymakers should continue simplifying applications, improving interoperability between Department of Defense and VA records, expanding accredited benefits assistance, and using automation and AI responsibly to reduce processing time and identify missing information. Technology should reduce administrative burdens on veterans, not create new ones. The goal must be a system in which veterans tell their story once and authorized agencies securely coordinate the information needed to deliver care and benefits.

Families and Caregivers: The Hidden Veteran Support System

Veterans policy must also recognize the millions of spouses, parents, children, relatives and friends who provide unpaid care. VA researchers estimate that more than 14 million family members and friends provide in-home care for veterans. These caregivers manage medications, transportation, mobility, appointments, behavioral health crises and daily activities, often while maintaining employment and raising families. Their contribution represents an enormous but frequently invisible component of America's veteran care infrastructure.

Policies that improve rehabilitation, home-based care, respite services, caregiver training and assistive technology can therefore produce benefits far beyond the individual veteran. When technology helps a veteran stand, walk, communicate, manage symptoms or live more independently, it may simultaneously reduce the physical and emotional demands placed on an entire family. Policymakers evaluating innovative veteran technologies should explicitly consider caregiver impact as part of the value equation.

A Policy Agenda Built Around Access

The United States does not lack commitment to its veterans. Nor does it lack innovation. What it often lacks is an efficient bridge connecting the two. SoldierStrong Access can help advance a bipartisan policy agenda built around several principles: accelerate responsible access to clinically validated rehabilitation and mental-health technologies; modernize reimbursement and procurement so government policy keeps pace with innovation; strengthen telehealth and technology-enabled care for rural veterans; simplify benefits navigation and responsibly deploy AI to reduce administrative burdens; expand education benefits toward high-demand careers and credentials; support integrated approaches to housing, employment and behavioral health; and recognize caregivers as essential participants in the veteran care system. These priorities should be evaluated against outcomes rather than bureaucracy—whether veterans are healthier, more independent, more employable, better connected and better able to participate fully in civilian life.

> *"America has already invested in extraordinary medical innovation, educational opportunity and veteran benefits. The next great veterans policy challenge is making sure those resources actually reach the people they were created to serve."*

The promise America makes to those who serve does not end when they remove the uniform. It extends through rehabilitation, education, employment, healthcare, family life and the long process of building a new mission after military service. The statistics demonstrate meaningful progress: veteran unemployment remains below the nonveteran rate, veteran homelessness has fallen by more than half since 2010, nearly one million people used VA education benefits in fiscal year 2025, and millions of toxic-exposure claims and screenings have been completed. Yet other numbers remind us why urgency remains necessary: 6,398 veteran suicides in a single year, tens of thousands of veterans still experiencing homelessness, millions living with service-connected disabilities, and millions more residing far from major centers of specialized care. The next generation of veterans policy should therefore move beyond asking whether America provides benefits and services and begin asking a more demanding question: Can every eligible veteran actually access the best resources America has to offer? For SoldierStrong Access, that question provides both a policy framework and a call to action. Our nation has the capacity to develop extraordinary treatments, technologies and opportunities. Our obligation is to ensure that the men and women who defended the country are never the last to benefit from them.

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13. Select imagery used throughout this report was sourced from the Defense Visual Information Distribution Service (DVIDS), U.S. Department of Defense. Individual image credits remain with the respective photographers and military organizations as identified by DVIDS.

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SoldierStrong Access advocates for improvement in public policies to provide access to life-changing tools and technologies and educational opportunities for all of America's brave servicemen and women.

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