



Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record

United States House Committee on Veterans' Affairs, Health Subcommittee Hearing on "Hidden Wounds: Effectively Supporting Veterans with TBI"

March 5, 2026

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the House Committee on Veterans' Affairs, Health Subcommittee hearing on **"Hidden Wounds: Effectively Supporting Veterans with TBI."** We thank the Subcommittee for its continued leadership on issues important to the millions of veterans living with Alzheimer's and other dementia as well as their caregivers. This statement underscores the link between traumatic brain injury (TBI) and increased dementia risk, as well as the importance of ensuring the Department of Veterans (VA) Affairs Veterans Health Administration (VHA) is fully prepared to meet the growing and complex needs of these veterans.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

The Alzheimer's Association and AIM are deeply grateful for the VA's comprehensive approach to dementia care and support. We commend the Department's Geriatrics and Extended Care program for providing critical services to veterans with complex needs, including those with dementia and TBI. We also appreciate VA's participation in the Advisory Council on Alzheimer's Research, Care, and Services.

Nearly half a million American veterans have Alzheimer's — and as the population ages, that number is expected to grow. In 2015, an estimated 486,000 veterans were living with Alzheimer's. The annual number of veterans newly diagnosed with dementia has increased by more than 22 percent since 2008. For veterans, the prevalence may grow even faster in future years because they have a higher risk of developing dementia. The significant increase in the number of veterans with Alzheimer's and other dementias will place a heavy burden on the VA health care system and, in turn, long-term care settings.

As the rate of Alzheimer's and dementia among veterans increases, so does the need for access to care and support services for these individuals and their caregivers, and members of the paid dementia care workforce. We urge the Subcommittee to consider the following recommendations and research to improve long-term care and support for the growing number of veterans affected by Alzheimer's.

The Connection Between TBI and Dementia Risk Among Veterans

Traumatic brain injury is a head injury caused by an external force that results in disruption of normal brain function. The severity of TBI ranges from mild (commonly known as concussions) to moderate and severe injuries, typically classified by the duration of loss of consciousness or post-traumatic amnesia and by the Glasgow Coma Scale.

A strong and growing body of evidence indicates that TBI is associated with an increased risk of dementia, and repetitive TBI can also lead to chronic traumatic encephalopathy (CTE), a progressive brain disorder associated with dementia symptoms. Like Alzheimer's disease, CTE is characterized by abnormal accumulations of tau protein in the brain. While CTE can only be definitively diagnosed after death, the association between repetitive brain trauma and later-life cognitive decline underscores the long-term risks associated with head injury.

A 2022 [meta-analysis](#) estimated that experiencing any form of TBI increases dementia risk by nearly 70 percent. Moderate and severe TBIs increase the risk of dementia between two- and four-fold compared with individuals without a history of such injuries. The risk of dementia also increases with the number of TBIs sustained. In addition, research suggests that individuals with a history of TBI who develop dementia often do so at a younger age than those without such a history. And, another recent [study](#) found that individuals with severe CTE (stages III and IV) were 4.5 times more likely to have had dementia than those without CTE, while mild CTE (stages I–II) showed no clear association. This research underscores that the risk of dementia rises with the severity of head trauma and with repetitive injuries, and suggests that individuals with a history of TBI may develop dementia at younger ages than those without such history.

Veterans may be uniquely exposed to risk factors for both TBI and dementia. Between 2000 and 2023, active U.S. Department of Defense personnel experienced more than 492,000 cases of TBI, including over 66,000 moderate or severe cases. More than one in five combat wounds from the wars in Afghanistan and Iraq involved brain injuries. In addition, post-traumatic stress disorder (PTSD) — which is two to five times more common in veterans than in the general population — has also been linked to increased dementia risk.

We also recognize the important role of federally-supported research efforts examining the relationship between traumatic brain injury and dementia. We are grateful for Congress's continued bipartisan support of the U.S. Department of Defense's (DoD) Congressionally Directed Medical Research Program (CDMRP), particularly the Peer Reviewed Alzheimer's Research Program (PRARP/AZRP), which investigates how TBI and other veteran-related risks

interact to influence Alzheimer’s disease and related dementias. In FY27, the Alzheimer’s Association and AIM strongly support a \$20 million appropriation to sustain and expand this critical research. The AZRP has funded over 175 studies since Fiscal Year (FY) 2011 and continues to advance understanding of risk reduction, early diagnosis, and the long-term consequences of TBI for veterans. Notably, the program employs community-based participatory research, incorporates caregiver perspectives, and prioritizes projects that explore novel biomarkers, translational research, and interventions to mitigate dementia risk among warfighters. Despite a steady increase in applications — including over 750 letters of interest in 2025 alone — funding has remained level since FY16, underscoring the need for continued investment to fully leverage these efforts for veterans and their families.

In addition, ongoing efforts to harmonize and integrate large-scale genetic and clinical datasets — including coordination between the Alzheimer’s Disease Sequencing Project and the Department of Veterans Affairs’ Million Veterans Program — are strengthening the nation’s ability to identify risk factors and accelerate the development of targeted therapies. Continued coordination among DoD, VA, and the Department of Health and Human Services research initiatives will be critical to improving outcomes for veterans at elevated risk due to TBI.

[The National Plan to Address Alzheimer’s Disease: 2024 Update](#) identifies TBI as a key federal research priority. Under Goal 1 — to prevent and effectively treat Alzheimer’s disease and related dementias — the Plan accelerates research to identify underlying disease mechanisms and translate scientific findings into prevention and treatment strategies. Notably, the Plan’s Action 6.A.5 calls for expanded research on traumatic brain injury as a risk factor for neurodegeneration, led by DoD, the National Institute of Neurological Disorders and Stroke, and the National Institutes of Health (NIH) in partnership with the VA.

These efforts include advancing research on the biological mechanisms linking TBI and CTE to later-life cognitive decline, developing and characterizing experimental models of post-TBI dementia, identifying genetic and blood-based biomarkers, promoting cross-training between TBI and Alzheimer’s researchers, and making data publicly available to accelerate discovery. In parallel, the DoD’s Congressionally Directed Medical Research Program — through the Peer Reviewed Alzheimer’s Research Program — continues to support preclinical and clinical research examining the intersection of military service, TBI, and long-term neurodegenerative outcomes. The National Plan’s explicit recognition of TBI within its dementia strategy underscores the importance of sustained, coordinated federal investment to better understand, prevent, diagnose, and treat cognitive decline among veterans.

The collaboration among agencies and the ongoing progress made as a result of the National Plan illustrate that research must translate into improved care, services, and supports for veterans and families. As the evidence linking TBI and dementia risk grows, it is critical that veterans with a history of TBI have access to early cognitive screening, coordinated neurological and behavioral health care, caregiver education and support, and dementia-capable long-term services and supports. Continued federal coordination across DoD,

NIH, and VA will help ensure that scientific advances meaningfully improve outcomes for veterans and the families who stand beside them.

The Growing Impact on Veterans and the VA Health Care System

In 2022, an estimated 451,000 veterans were living with Alzheimer's, and more than 130,000 new cases were diagnosed that year alone. The VA has projected that the number of veterans living with Alzheimer's dementia will increase by 8.4 percent through 2033 to more than 488,000.

Veterans with dementia experience significantly higher health care utilization than those without dementia. They are 2.6 times more likely to be hospitalized, and their hospital stays are, on average, 2.4 times longer. The average number of outpatient psychiatric visits is three times greater among veterans with dementia than among those without. More than 60 percent of the VA's costs of caring for individuals with Alzheimer's are attributable to nursing home care.

As veterans with TBI age, many may face increased risk of cognitive decline and dementia, further straining the VA health care system. Ensuring early identification of cognitive impairment, appropriate monitoring of veterans with a history of TBI, and access to high-quality dementia care will be essential.

Workforce Needs and Geriatric Expertise

The growing intersection of TBI, dementia, and aging among veterans underscores the importance of a strong geriatric and dementia-capable workforce within the VHA.

An estimated 30 percent of adults age 65 and older with complex medical needs — including frailty, disability, dementia, or need for palliative and end-of-life care — would benefit from care provided by a geriatrician. Based on population estimates, nearly 24,000 geriatricians were needed nationally in 2021 to meet demand, yet only 7,454 certified geriatricians were practicing that year — a substantial shortage. The VA's own experience indicates that each geriatrician can care for an average of 700 older adults with complex needs, compared with 1,200 for a primary care physician.

The VA has multiple programs to strengthen the dementia and geriatric workforce, including VA GeriScholars, which provides intensive and team-based training, as well as self-directed learning modules focused on dementia care. The Program for Advancing Cognitive Disorders Education for Rural Staff (PACERS) offers e-learning courses and videos for clinicians serving veterans in rural communities. We also ask that the Subcommittee continue to support the Veterans Health Administration's 20 Geriatric Research, Education, and Clinical Centers (GRECCs), which are geriatric centers of excellence focused on aging. The VA's 20 GRECCs conduct research and clinical innovation projects in dementia, develop caregiver support programs, and produce educational materials for staff and trainees. These programs ensure

veterans receive high-quality, dementia-capable care, including in rural and underserved areas. The VA must continue supporting PACERS and the GRECCs to disseminate findings and integrate scientifically proven dementia interventions into local and rural communities.

We encourage the Subcommittee to continue supporting efforts that strengthen recruitment, retention, and training of geriatricians, neurologists, mental health professionals, and other providers within the VA system. Providers caring for veterans with a history of TBI should receive training in recognizing early cognitive changes, delivering person-centered dementia care, and coordinating across specialties to address both behavioral health and neurological needs.

Long-Term Care and Support Services

As dementia progresses, many veterans and their families will require long-term services and supports. Veterans with dementia are more likely to require institutional care, and nursing home care represents the majority of VA dementia-related expenditures.

At the same time, home- and community-based services (HCBS) allow many veterans with cognitive impairment to remain in their homes while providing family caregivers with much-needed support. Given that 83 percent of care provided to older adults in the United States comes from unpaid caregivers — and nearly half of those caregivers support individuals with dementia — strengthening HCBS within the VA system is essential.

We are grateful for the Department of Veterans Affairs' commitment to supporting veterans living with Alzheimer's and other dementia by offering an array of long-term care and support services, such as assisted living and residential, as well as adult day and home health care.

Several states are implementing innovative solutions to address Alzheimer's by developing critical, cost-effective, dementia-specific HCBS programs. These programs are allowing people with dementia and their caregivers to access services and support that are uniquely tailored to meet their needs, allowing them to remain in their homes and communities longer and enjoy a greater quality of life. The VHA should consider adopting a core set of HCBS that are specifically designed for people with dementia. A core set of HCBS, in addition to other services, will allow people with Alzheimer's to continue to remain in their communities and be independent for as long as possible.

We commend Congress for enacting the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210), which incorporated key provisions of the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act, supported by AIM, and we continue to support legislation such as the Expanding Veterans' Options for Long Term Care Act (H.R. 1815 - 118th), which would build on these efforts to further expand HCBS for veterans.

We urge the Subcommittee to continue supporting policies that expand access to high-quality HCBS tailored to the unique needs of veterans with TBI-related cognitive impairment and dementia, and to ensure that the direct care workforce is adequately trained in dementia-specific practices.

Conclusion

We look forward to working with the Subcommittee and other members of Congress in a bipartisan way to advance policies that ensure veterans living with TBI, Alzheimer's disease, and other dementias, as well as their caregivers, have access to timely diagnosis, high-quality care, a well-trained workforce, and comprehensive long-term services and supports within the Department of Veterans Affairs.