

## **POLICY MEMORANDUM**

**Subject: Repeal of VA Interim Final Rule RIN 2900-AS49**

**Re: Disability Ratings Must Not Be Determined by Medication Use**

**Date: February 2026**

**To:** Members of the United States Congress

**From:** Veterans and Veterans Service Organizations (Joint Signatory)

**Re:** Protection of Veteran-Centric Disability Compensation Standards

### **Executive Summary**

The Department of Veterans Affairs' Interim Final Rule titled "*Evaluative Rating: Impact of Medication*" (RIN 2900-AS49), effective February 17, 2026, must be **repealed in full**. The rule improperly allows disability ratings to be reduced based on symptom suppression achieved through medication rather than the underlying, service-connected injury or trauma itself.

Medication should **never** be a determining factor in disability compensation. This rule contradicts the reality of military service, undermines veteran trust, and is fundamentally incompatible with the purpose of disability benefits. No revision or refinement can cure its defects. Repeal is the only acceptable remedy.

#### **I. Foundational Principle: Servicemembers Enter Whole**

Every servicemember enters military service **presumed physically and mentally fit**. No one enters service pre-disabled. Whatever loss exists at separation physical, neurological, or psychological is incurred **because of service** or **aggravated by service**.

Disability compensation exists to recognize and offset that loss.

Medication is introduced **after injury**, **after trauma**, and **after degradation of health**. It does not undo the injury, reverse the trauma, or restore the servicemember to their pre-service condition. Treating medication as evidence of reduced disability conflates **management with recovery** and **functioning with health**.

#### **II. The Physical Reality of Military Service**

Military service is defined by **sustained physical demands that exceed most civilian occupations**. It is not episodic strain; it is a continuous continuum shaped by training cycles, operational tempo, environment, and mission requirements.

##### **A. Baseline Physical Readiness**

Servicemembers are required to maintain continuous physical fitness standards across endurance, strength, and body composition. Physical training is routine, often daily, and

failure directly affects career progression and retention. Physical readiness is a duty, not a choice.

## **B. Training and Conditioning**

Beyond routine fitness, servicemembers experience **repetitive physical activity and sustained physical strain**, often in harsh environments and sometimes for entire days at a time. These demands accumulate over years.

In this context, **injuries are frequently devalued** not because they are insignificant, but because mission completion, unit readiness, and operational demands take precedence. Whether an injury is worked through, treated, or monitored depends on circumstance and severity, not on the absence of injury. The result is long-term physical degradation that does not resolve at separation.

## **C. Operational and Environmental Stress**

Extreme heat, cold, altitude, humidity, confined spaces, prolonged standing, and irregular movement patterns compound physical strain. Recovery is often incomplete, leading to cumulative fatigue and chronic pain conditions that persist into veteran life.

## **III. Psychological Scars Are Service-Connected Injuries**

Military service conditions the nervous system for survival under threat. The mental consequences are layered, cumulative, and enduring.

Servicemembers learn **hypervigilance** constant alertness necessary in war but debilitating in peace. Mistrust and suspicion are adaptive in combat environments and costly afterward. Exposure to death, moral injury, survivor's guilt, toxic substances, and institutional failures further compounds psychological harm.

Critically, **there is a stigma associated with weakness**, particularly psychological vulnerability. Most military leaders learn to **compartmentalize trauma in order to move forward**, a skill essential for mission success but damaging over time. While formal acceptance of mental health has improved, **stigma remains deeply embedded** in military culture.

These psychological scars are not erased by medication. They are service-connected injuries.

## **IV. Medication Does Not Restore the “100% Incoming” Servicemember**

Medication may reduce symptoms. It does not:

- Repair joints or spinal damage
- Reverse neurological injury
- Reset a war-conditioned nervous system
- Eliminate trauma or moral injury

Medication enables survival and partial function does not restore health.

Veterans must also retain **full autonomy in treatment choices**, including:

- Non-pharmacological care
- Alternative and holistic treatments
- Physical therapy, counseling, peer support, integrative health

A disability system that pressures veterans explicitly or implicitly to medicate in order to protect compensation is unethical and medically unsound.

#### **V. Why the Interim Rule Is Harmful and Must Be Repealed**

1. **It penalizes treatment compliance**, discouraging care-seeking behavior.
2. **It misrepresents disability**, reducing lifelong injury to medicated presentation.
3. **It undermines trust** in a system meant to be non-adversarial and veteran centric.
4. **It ignores cumulative and fluctuating conditions**, especially pain and mental health disorders.
5. **It conflicts with VA's own suicide-prevention findings**, where pain, sleep problems, and health decline are frequently identified factors in reviewed deaths.

Administrative efficiency is not a lawful or moral justification for reducing accurate compensation.

#### **VI. Congressional Action Required**

Congress should act immediately to:

1. **Direct VA to withdraw and repeal** Interim Final Rule RIN 2900-AS49 in full
2. Prohibit disability evaluations from considering medication effects absent explicit statutory authorization
3. Reaffirm that disability compensation reflects **service-connected loss**, not symptom suppression
4. Require full notice, comment, and veteran consultation before any future changes to disability evaluation standards

#### **Conclusion**

Veterans do not leave service intact. They leave altered physically and psychologically by years of sustained readiness under extreme conditions. Disability compensation exists because the nation accepts responsibility for that permanent change.

Medication should never diminish that recognition.

We stand ready to work collaboratively with Congress, VA leadership, and fellow Veterans Service Organizations to ensure future policy reflects the reality of military service and honors the full cost borne by those who served. But this rule must be repealed **not revised** to protect veterans' best interests and restore trust in the system designed to serve them.