

Ensuring Equitable Representation and Support for Minority Veterans

*Written Testimony Provided for the Open Session Legislative Hearing Covering
H.R. 6039, HR 6082, H.R. 4908, H.R. 2791, H.R. 4526, H.R. 3582, H.R. 96, H.R. 4281, H.R. 3010, H.R. 7163,
H.R. 7111, H.R. 2435, H.R. 7287, H.R. 3228, H.R. 6141, and several Discussion Drafts*



Testimony Submitted to:
Committee on Veterans' Affairs
United States House of Representatives
116th Congress

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Chairman Takano, Ranking Member Roe, and Distinguished Members of the Committee,

My name is Lindsay Church, and I am the Chief Executive Officer and Co-Founder of the Minority Veterans of America (MVA). Our organization works to create belonging and advance equity and justice for the minority veteran community. Thank you for allowing me to contribute to the work you are doing to address the crucial issues raised in these Bills.

My position affords me the privilege and honor of representing millions of veterans—including women, veterans of color, members of the LGBTQ community, and religious and non-religious minorities—and directly serving thousands of veteran-members across 46 states, 2 territories, and 3 countries. As a Navy veteran who served under the now-defunct “Don’t Ask, Don’t Tell” military law, I am testifying from both my own personal experiences and on behalf of the countless minority veterans who have never, and may never, have the opportunity to be recognized or heard.

In my work, I routinely encounter minority veterans who feel they do not deserve to call themselves veterans and who do not feel respected as veterans. Not only is our service often unrecognized by the American public, but within our own community we have been ostracized by structural forces and social attitudes that are antithetical to the values of our military and democracy. I appreciate the platform you are providing to my organization, through this Hearing, to help ensure our nation’s veterans are justly served and equitably supported.

HR 6039 – To require the Secretary of Veterans Affairs to seek to enter into an agreement with the city of Vallejo, California, for the transfer of Mare Island Naval Cemetery in Vallejo, California, and for other purposes

We support Representative Thompson’s efforts in directing the VA to enter into an agreement with the city of Vallejo, California to assume ownership and responsibility of the Mare Island Naval Cemetery (MINC).

The oldest military cemetery on the west coast, veterans and their family members have been interred at MINC for more than 150 years.¹ For the past two decades, the cemetery, and the veterans and family members interred there, have not been afforded that care and respect that is deserved.² Sixty-four percent of the residents in Vallejo, California identify as a racial or ethnic minority, and 63% of businesses in the area are minority owned.³ By transferring stewardship of MINC to the VA for maintenance and care by the National Cemetery Administration, this Bill

¹ Rick, R. (2015). Mare Island Naval Cemetery: Remembering the soldiers who served this country. *CalEXPLORnia*. Accessed on July 20, 2020, at <https://www.calexplornia.com/mare-island-naval-cemetery-remembering-the-soldiers-who-served-this-country/>.

² Grisales, C. (2018). Oldest military cemetery on west coast could come under VA care. *Stars and Stripes*. Accessed on July 20, 2020, at <https://www.stripes.com/news/oldest-military-cemetery-on-the-west-coast-could-come-under-va-care-1.540681>

³ See <https://www.census.gov/quickfacts/vallejocitycalifornia>

would bring justice to all of the veterans there interred and reaffirm the VA's commitment to all of our nation's veterans.

The Minority Veterans of America supports this Bill and has no further recommendations or considerations at this time.

HR 6082 – Forgotten Vietnam Veterans Act

We applaud Representative Cox's push to revise the definition of "Vietnam Era," for purposes of the laws administered by the VA, by adjusting the time period from 1961 to 1955.

More than 3,000 veterans served in Vietnam between 1955 and 1961.⁴ Military personnel were deployed to Vietnam in 1955 in an advisory capacity, though there was still the threat of violence after the French left Vietnam in 1954. This unfortunate reality was realized after the first U.S. casualty took place in the region, two years prior to the currently defined Era.⁵

Although we do not know the demographics of the veterans deployed to the region during this time period, we do know that the integration of the military in 1948 led to an increase in African American men joining the Armed Forces. In the Korean Conflict, 13% of soldiers were African American, and 11% of those who served from 1960 to 1973 were African American. Minority veterans serving their country in this interim period deserve to be recognized and afforded benefits, which would be made possible through passage of this Bill.

The Minority Veterans of America supports the Bill as written and does not have any additional recommendations or considerations to provide at this time.

HR 4908 – Native American PACT Act

We applaud Representative Gallego's push to prohibit the collection of a health care copayment from veterans that are members of an Indian tribe.

American Indians and Alaska Natives have a lower life expectancy compared to all other U.S. races and ethnicities for several identified reasons, most notably because of their inequitable access to health care.⁶ America's trust and treaty obligations guarantee Native Americans access to health care free of cost and, accordingly, they are not charged copays at Indian Health Services facilities. Despite this, Native veterans who seek care at the VHA are subject to these out of pocket costs. This is particularly egregious given the fact that the Indian Health Service has been routinely

⁴ Press Release, Mar 4, 2020. "Rep. TJ Cox introduces Forgotten Vietnam Veterans Act."

<https://cox.house.gov/media/press-releases/rep-tj-cox-introduces-forgotten-vietnam-veterans-act>

⁵ "Military involvement in the Vietnam War officially began on August 5, 1964... the first U.S. casualty in Vietnam occurred on July 8, 1959." See <https://www.benefits.va.gov/persona/veteranvietnam.asp#:~:text=VA%20Benefits%20for%20Vietnam%20Veterans,rehabilitation%20and%20employment%2C%20and%20burial>.

⁶ Indian Health Disparities. (2019). Indian Health Service. Accessed on July 15, 2020, at <https://www.ihs.gov/newsroom/factsheets/disparities>

underfunded, resulting in “tribal members hav[ing] a different health care reality than many other U.S. citizens.”⁷

The Minority Veterans of America has previously endorsed this Bill. In ushering through its passage, we recommend that due consideration is afforded to ensure that native Hawaiians and indigenous peoples from U.S. territories are equitably accounted for and included in this parity act.

HR 2791 – Department of Veterans Affairs Tribal Advisory Committee Act of 2019

We applaud Representative Haaland’s push for the VA to establish the Advisory Committee on Tribal and Indian Affairs to advise the VA on matters relating to Native American tribes, tribal organizations, and Native American veterans. This Bill would provide vital communication channels between sovereign native governments and the federal government, to ensure that Native veterans receive due and necessary benefits.

There are an estimated 140,000 living Native American veterans.⁸ Unfortunately, indigenous veterans are often unaware of their ability to access due veteran’s benefits and services. This particularly egregious when the breadth and history of indigenous military service is fully considered. According to the DoD, Native American and Alaska Native populations have one of the highest representations in the armed forces.⁹ Native Americans have served in the armed forces since at least World War I, before they were even declared citizens of the United States. Further, 33 tribes served as code talkers between both World Wars, and the majority of them have never formally been recognized for their service.¹⁰ That commitment to patriotic service and disparate access to due and necessary care additionally extends to the indigenous peoples of U.S. territories. For example, one in eight adults born in Guam serves in the armed forces, and despite one of the largest concentrations of military services, the nearest intensive program for PTSD is located 3,000 miles away, in Hawaii.¹¹

The Minority Veterans of America supports this Bill, and we are glad to see that the current Presidential Administration supports the creation of a Committee on Tribal and Indian Affairs.¹² We recommend expanding the scope of the Bill to include all indigenous people from all U.S. states and territories who have served in the armed forces, ensuring that Native Hawaiians and

⁷ Smith, M. (2020). Native Americans: A crisis in health equity. *Human Rights Magazine*. Civil Rights and Social Justice, American Bar Association. 43(3), 2-5.

⁸ See <https://www.benefits.va.gov/persona/veteran-tribal.asp#:~:text=According%20to%20the%20Department%20of,by%20Veterans%20and%20their%20families.>

⁹ *Supra* note 5.

¹⁰ Hammons, M. (2017). Native American veterans: 5 facts you may not know. *Veteran Aid*. Accessed on July 15, 2020, at <https://www.veteranaid.org/blog/native-american-veterans-5-facts-you-may-not-know/#:~:text=Today%2C%20there%20are%20an%20estimated,award%20of%20the%20United%20States.>

¹¹ Hicks, J. (2014). Guam: A high concentration of veterans, but rock-bottom VA funding. *The Washington Post*. Accessed on July 15, 2020, at [https://www.washingtonpost.com/news/federal-eye/wp/2014/10/29/guam-a-high-concentration-of-veterans-with-little-va-funding/.](https://www.washingtonpost.com/news/federal-eye/wp/2014/10/29/guam-a-high-concentration-of-veterans-with-little-va-funding/)

¹² See Testimony provided by Dr. Teresa Boyd, Assistant Deputy Under Secretary for Health of the Veterans Health Administration, in the Senate Committee on Veterans’ Affairs Hearing on Pending Legislation on May 22, 2019. <https://www.veterans.senate.gov/hearings/pending-legislation-may-2019.>

indigenous peoples from U.S. territories are equitably accounted for and provided some form of representation in the advisory committee.

HR 4526 – Brian Tally VA Employment Transparency Act

We support Representative Levin’s efforts to amend the notice requirements from the VA and to claimants submitting VA Standard Form 95. The form, used to file a claim for damage, injury, or death, is undeniably submitted during one of the most tenuous and arduous moments of a veteran’s (or survivor’s) life. Transparency and proactive provision of information should be expected of the governmental agency charged with providing care to our nation’s heroes. Given minority veterans use VA services at a higher rate than their white, male counterparts,¹³ passage of this Bill will only prove to be beneficial for members of our community.

The Minority Veterans of America applauds Brian Tally for his continued commitment to service and support through this advocacy and has no further recommendations or considerations at this time.

HR 3582 – To amend title 38, United States Code, to expand the scope of the Advisory Committee on Minority Veterans, and for other purposes

We emphatically support Representative Pappas’ efforts to extend the scope of the Advisory Committee on Minority Veterans to include members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community.

There are an estimated 18.2 million veterans in the United States.¹⁴ Of those veterans, an estimated one million veterans in the United States identify as lesbian, gay, or bisexual, and an estimated 134,000 veterans openly identify as transgender.¹⁵ This Bill would ensure that LGBTQ-identifying veterans are equitably accounted for and represented through the advisory committee.

The Minority Veterans of America supports this Bill and has no recommendations or considerations to provide at this time.

¹³ Saha, S., Freeman, M., Tippens, K. M., & Weeks, C. (2007). Racial and ethnic disparities in the VA healthcare system: A systematic review. *Evidence Synthesis Pilot Program*. Washington, DC: Health Services Research & Development Service, Department of Veterans Affairs.

¹⁴ Department of Veterans Affairs Fast Facts. (2020). *CNN Politics*. Accessed on July 15, 2020, at <https://www.cnn.com/2014/05/30/us/departments-of-veterans-affairs-fast-facts/index.html#:~:text=There%20are%2018.2%20million%20veterans,and%20170%20VA%20Medical%20Centers>.

¹⁵ Urban Institute estimates based on analyses of General Social Survey (1988-1996), National Health and Social Life Survey (1992), Voter News Service polling (2000), U.S. Census (2000).

HR 96 -- To amend title 38, United States Code, to require the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service, and for other purposes

We support Representative Brownley’s efforts to expand veteran eligibility for dental care provided by the VA to extend to all those enrolled in VHA.

Dental care is an important part of overall health care and should be recognized as such. Most clinicians agree that there are strong associations between significant dental issues and other adverse system health outcomes. This is reflected in many private employers and state Medicaid programs that provide dental care as part of a comprehensive health care package. Currently, only veterans with service-connected dental issues, former POWs, and totally and permanently disabled veterans are eligible for dental services.¹⁶ This means that only about 8% of veterans are eligible for dental services through the VA. However, gaps in coverage often affect people with lower incomes and complex health needs the most, particularly those that meet this criterion in the minority veteran community. Non-Hispanic Blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.¹⁷ Moreover, Blacks, non-Hispanics, and Mexican Americans aged 35–44 experience untreated tooth decay nearly twice as much as non-Hispanic whites.¹⁸

The Minority Veterans of America previously endorsed this Bill and recommends that due consideration is given to the disparities in oral health care for minority veterans during planning and implementation.

HR 4281 – Access to Contraception Expansion for Veterans Act

We support Representative Underwood’s efforts to direct the VA to authorize veterans to fill a year’s supply of contraceptive pills, transdermal patches, and vaginal rings to expand access to contraception.

Contraceptives are a crucial part of reproductive health care. According to the VA’s Center for Health Equity, 64% of women veterans enrolled in VA health care with prescriptions for hormonal contraceptives experience a gap in their birth control for at least seven days every year. With the rapid transition to telemedicine across the country, longer supplies of contraceptive medication can help to ensure continuity of treatment plans while contributing to public health overall. This is especially important for minority women veterans. Hispanic women and Black women are more likely to forgo use of contraception than their white counterparts, due to a lack of funding or access, with rates at 133% and 167% respectively.¹⁹ Additionally, one-third of

¹⁶ Abner, K. (2019). All veterans would get dental care help under this proposed plan. *Military.com*. Accessed on July 16, 2020, at <https://www.military.com/daily-news/2019/12/16/all-veterans-would-get-dental-care-help-under-proposed-plan.html#:~:text=Currently%2C%20VA%20only%20provides%20dental,dental%20care%20from%20the%20VA.>

¹⁷ See https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

¹⁸ *Supra* note 14.

¹⁹ Dehlendorf, C., Rodriguez, M. I., Levy, K., et. al. (2011). Disparities in family planning. *Am. J. Obstet. Gynecol.* 124(6), 212-220.

transgender men's pregnancies are unintended, with more data needed on this population and on non-binary individuals.²⁰ All veterans, and in particular minority veterans, need access to better contraceptive care.

The Minority Veterans of America supports this Bill and recommends that attention be paid to equitable access for transgender men and nonbinary individuals by not limiting supplies to individuals designated as "female" in VA system records. Additionally, equitable access to contraceptives should be ensured for all women, transgender men, nonbinary individuals, and intersex individuals regardless of sexual behavior or history.

HR 3010 – Honoring All Veterans Act

We unequivocally support Representative Rice's efforts to amend the Department of Veterans Affairs mission statement to include the inclusive verbiage: "To fulfill President Lincoln's promise to care for those 'who shall have borne the battle' and for their families, caregivers, and survivors."

The current VA motto is disclusionary, as it does not reflect the diversity of our veteran community nor our country. With nearly 25% of the nation's veteran community identifying as other than a white, cisgender, heterosexual man, it is time the VA's motto makes clear that they serve all who have served.²¹

The Minority Veterans of America supports this Bill and has no further recommendations or considerations at this time.

HR 7163 – VA FOIA Reform Act

We support Representative Cisneros' efforts to reduce the backlog of VA Freedom of Information Act (FOIA) requests by 75% in the next three years, and in emboldening proactive public disclosure through increased transparency.

As of December 2019, the VA had more than 2,600 requests for information that it failed to respond to within the statutory period, with some requests initially filed as early as 2011.²² Many of these FOIA requests were made on behalf of veterans seeking access to their records for a benefits claim or appeal. The VA's records management procedures require a FOIA request for veteran records in veterans' benefits claims, meaning that some veterans have gone up to eight

²⁰ Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Transgender men who experienced pregnancy after female-to-male gender transitioning. *Am. J. Obstet Gynecol.* 2014;124(6):1120-1127.

²¹ Office of Data Governance and Analytics. (2017). Minority veterans report: Military service history and VA benefit utilization statistics. *National Center for Veterans Analysis and Statistics*. Washington, DC: Department of Veterans Affairs.

²² Wentling, N. (2020). Lawmakers want VA to address backlog of FOIA requests from vets, advocates. *Stars and Stripes*. Accessed on July 15, 2020, at <https://www.stripes.com/news/us/lawmakers-want-va-to-address-backlog-of-foia-requests-from-vets-advocates-1.633907>

years without being able to exhaust the avenues provided to them in order to apply for their benefits. Often, the VA fails to provide the necessary information required for a determination of benefits before the appeals window closes, not allowing extensions or accepting late appeals even when a veteran is waiting on documents needed for their determination. This systemic barrier discourages veterans from applying for and accessing their benefits, resulting in veterans abandoning necessary and due benefits. Given long-standing disparities in access to healthcare, housing, employment, and public accommodations, this injustice deeply impacts minority veterans.

In addition to our support for the provisions within HR 7163, we recommend proactively offering VA records to veterans in a manner consistent with the Department of Defense's system. This is crucial for minority veterans who have experienced discrimination and harassment at the VA, especially prior to the passage and implementation of non-discrimination policies which have only just begun to repair the VA's reputation for the minority veteran community.

HR 7111 – Veterans Economic Recovery Act

Representative Roe's efforts provide timely and critical retraining opportunities and employment assistance to veterans and transitioning service. Of particular note, this benefit may not be used for formal education leading to a bachelors or graduate degree, and veterans "must not be in receipt of any unemployment benefit when they begin training under this program," nor may they be "receiving disability compensation for reasons that have led to unemployment."

The COVID-19 pandemic has severely impacted the veteran unemployment rate, rising from 3.1% in December 2019 to 11.7% in April 2020. This is compounded by veterans with dishonorable discharges, many of which have been shown to be the result of self-medicinal practices in lieu of formal mental health treatment, especially in veterans that are living with PTSD, served under discriminatory policies (such as "Don't Ask, Don't Tell" and the current ban on open and authentic transgender military service), and are survivors of Military Sexual Trauma. Minority veterans are also disproportionately impacted, with Black and Hispanic populations experiencing higher unemployment rates than their white counterparts.²³ Additionally, despite the June 2020 Supreme Court ruling on Title VII employment protections, LGBTQ veterans still lack employment nondiscrimination protections in nearly half of U.S. states and territories for businesses with less than 15 employees.²⁴

While the efforts of Representative Roe and the bipartisan cohort of Representatives advocating for these timely and pertinent benefits, the Minority Veterans of America has several recommendations which we believe will help to ensure this Bill equitably and appropriately supports its intended beneficiaries.

- **We recommend increasing the BAH stipend in the rapid retraining program and through the Veteran Employment Through Technology Education Courses (VET TEC) for online training programs to be equal to**

²³ See <https://www.dol.gov/agencies/wb/data/latest-annual-data/employment-rates>

²⁴ See https://www.lgbtmap.org/equality_maps/employment_non_discrimination_laws/state

a full month's pay instead of a half month's pay. For veterans attending online schools, receiving one-half of the BAH monthly stipend is not sufficient to support a family, especially if veterans are unable to receive other types of compensation. This is particularly important given that the COVID-19 pandemic has pushed most schools to operate online through virtual classrooms in order to ensure equitable access.

- **We recommend allowing for an independent discharge review through the VA rather than issuing a blanket denial for those veterans with a dishonorable discharge.** Precedent for this practice has been established for other benefits offered through the VA and would be best implemented through providing proper training to VA employees to ensure equitable access.
- **We recommend allowing some form of relief for individuals who lost their job due to a disability to be able to retrain into a new field or position where their disability would not prevent them from leading a successful life.** The program as written offers no option for these individuals to take advantage of these new education opportunities, barring a section of the population that could arguably benefit most.
- **We recommend that retraining opportunities be transferable to eligible veteran spouses, especially for households that require dual incomes.** Precedent has been established for the transferability of VA-sponsored education benefits and would directly address the loss of income felt by veteran families under the current and future pandemics.

HR 2435 – Accelerating Veterans Recovery Outdoor Act

We support Representative Smith's efforts to establish a task force for the use of public lands and other outdoor spaces for medical treatment and therapy. Notably, in addition to supporting veterans' physical and mental health, this Bill would support land preservation through the protection of public parks for veteran rehabilitative services.

While not traditionally part of health care treatment plans, research demonstrates that outdoor recreation improves mental health and physical well-being. This promising modality of care for our veterans is necessary given the social and structural barriers to seeking mental health care. According to RAND Corp., nearly one in five Iraq and Afghanistan veterans are living with Post-Traumatic Stress Disorder (PTSD) or depression, but only half of those veterans seek mental health care. More alarming is the fact that only a quarter of veterans with a mental health condition receive adequate treatment. With the ongoing mental health crisis and suicide epidemic plaguing veterans, including outdoor recreation in the continuum of care can lead to "significant improvements in psychological well-being, social functioning, and life outlook."²⁵

²⁵ Duball, J., & Kaplan, R. (2013). Exploring the benefits of outdoor experiences on veterans. *Natural Resources and Environment*. University of Michigan. 21.

Minority veterans are in special need of alternative modalities of care such as outdoor recreation, given that they suffer from PTSD and depression at higher rates than do non-minority veterans.²⁶ Minority veterans also face additional barriers to accessing mental health care.

Many minority veterans experience in attempting to access outdoor recreation for medical treatment or therapy, such as equipment and associated cost barriers to accessing the treatment. Cost barriers might be mitigated through travel voucher or stipend systems, thereby encouraging veterans to engage in the program and reap the benefits of outdoor recreation. Importantly, 80% of communities of color live “in areas where the proportion of remaining natural area is lower than the state average.”²⁷ This is compounded for minority veterans living in low-income neighborhoods, as these areas are four and a half times less likely to have recreation facilities.²⁸

The Minority Veterans of America has previously endorsed this Bill. We recommend future considerations into the obstacles minority veterans may face and for the institution of culturally resilient education programming for parks staff, to reduce stereotyping and microaggressions against minority veterans taking advantage of outdoor recreation programs.

HR 7287 – To clarify the licensure requirements for contractor medical professionals to perform medical disability examinations for the Department of Veterans Affairs

Representative Bost’s Bill would clarify the definition of a health care provider for licensure requirements for medical professionals contracted by the VA to perform medical disability examinations. The emboldened definition would include physicians, physician assistants, nurse practitioners, audiologists, and psychologists.

Racial and ethnic minorities face barriers to accessing medical care in the United States, with historically racist policies reverberating into the current healthcare system through the maldistribution and underfunding of medical facilities in minority dominant areas. When minority individuals do receive care, it may not be equivalent to that of non-minority groups. This is a complex issue including economic barriers such as the ability to pay for care, patient preferences, differential treatment by providers, and geographic variability. This has been seen especially in the case of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people, Black women, and those living at the intersection of marginalized identities.

The Minority Veterans of Affairs has identified two areas for future consideration:

- **Further emboldening the licenses professionals that would fall under this new definition.** In addition to those health care providers listed in this

²⁶ 2018. “Equitable Mental Health Care.” In *Evaluation of the Department of Veterans Affairs Mental Health Services*. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee to Evaluate the Department of Veterans Affairs Mental Health Services. Washington, DC: National Academies Press.

²⁷ Rowland, J. (2016). *Parks for all: Building a more inclusive system of parks and public lands for the National Park Service’s centennial*. Washington, DC: Center for American Progress.

²⁸ Moore, L. V., Roux, A. V. D., Evenson, K. R., et. al. (2007). Availability of recreational resources in minority and low socioeconomic status areas. *Am. J. Prev. Med.* 34(1), 16-22. doi: 10.1016/j.amepre.2007.09.021.

Bill's expanded definition, we recommend adding the following providers: psychiatrist, psychiatric nurse practitioner, neurologist, physical therapist, dentist, licensed clinical social worker, licensed therapist, and professional counselor.

- **Establishing a mechanism to ensure contractors receive culturally resilient education to remove barriers to care for minority veterans and reaffirm the VA's commitment to diversity and inclusion.** Such a mechanism would ensure that contractors abide by the VA's non-discrimination policies, making clear that provision of care is not subject to a provider's claim that personal liberties are being violated by caring for certain veterans whose existence they find disagreeable. Ensuring this provision requires a reporting requirement and making veterans aware of their rights as patients seeking care through the VA.

HR 3228 -- VA Mission Telehealth Clarification Act

We support Representative Carter's efforts to allow VA trainees to train on and use telehealth equipment under clinical supervision. This measure would expand the number of VA health professionals that can participate in telehealth. This will further increase services provided and aid trainees in gaining necessary experience for full licensure. Additionally, this measure would allow VA healthcare employees that meet VA qualifications but do not require state licensures to similarly participate in telehealth services, thereby further expanding access to health care for veterans.

The Centers for Medicare & Medicaid Services and many private payers have expanded telehealth coverage for care, particularly for telemental health services.²⁹ The same expansion is possible for the VA, which would prevent veterans from having to choose between jeopardizing their physical health in traveling to in-person care appointments and waiting to receive due and necessary mental health services. This would further protect veteran health care providers, essential workers who should not have to increase risk to themselves, their patients, or their families due to lack of access to telehealth medical care.

The VA has indicated that telehealth is the preferred delivery system for services under the current pandemic, yet the infrastructure necessary to carry this out is not fully supported. While telehealth services saw a surge in implementation in March, providers are consistently turning away from this modality of care due to technological issues such as bandwidth limitations. Additionally, Zoom is not a viable option because end-to-end encryption is only offered for paid accounts, precluding many veterans and health care providers from using the service due to HIPAA compliance standards. This pushes insurance companies away from authorizing the platform for utilization. According to our organization's recent community impact survey, veterans of color are 44% more likely to be in fair or poor mental or emotional health, and 51% more likely to be in fair

²⁹ See A letter from Senators Shaheen and McSally and to Mr. Thomas McCaffery, Assistant Secretary of Defense for Health Affairs. Accessed on July 15, 2020, at <https://www.shaheen.senate.gov/imo/media/doc/2020-05-04%20Letter%20to%20DHA%20re%20Tricare%20Telehealth.pdf>

or poor physical health. LGBTQ veterans are 34% more likely to be in fair or poor mental or emotional health, and 9% more likely to be in fair or poor physical health. Women veterans are additionally 5% more likely to be in fair or poor physical health. These communities are in desperate need of telehealth services.

In addition to supporting this measure, we have several recommendations to complement its potential impact.

- **Significant investment in expanded research around minority veterans, particularly as it pertains to veterans living at the intersection of multiple marginalized identities.** We need to better understand the systemic barriers impacting minority women veterans from accessing health care in order to address health disparities more adequately among this diverse community. This includes women veterans of color, lesbian and bisexual women (especially those that served during and prior to “Don’t Ask, Don’t Tell”), transgender women veterans, and (non)religious minority women veterans.
- **Provision of no cost technology and internet vouchers for low-income veterans, those living at less than 80% of the area median income (AMI).** We must also focus expansion efforts on reaching veterans experiencing homelessness and those with unstable housing at risk of homelessness. Many minority veterans experiencing homelessness are survivors of domestic violence, which must be considered when reviewing telehealth procedures.
- **Review procedures implemented through telehealth modalities specifically to support survivors of domestic violence.** Efforts to disguise the VA Connect app and related appointments, no notification options for appointments, to require multi-factor identification at log in (i.e. pin, password, etc.) would be beneficial.
- **Require cultural competency training on healthcare delivery through virtual means, including individual and systemic trauma, anxiety queues, and transgender and gender-diverse care.**

HR 6141 – Protecting Moms Who Served Act (Rep Underwood, she, bipartisan)

We support Representative Underwood’s efforts to improve maternity care coordination for women veterans throughout pregnancy and one-year postpartum through VA services. Notably, this Bill would commission the first-ever comprehensive study focused on the maternal health crisis among women veterans, with specific focus on race and ethnicity, as well as enlisted and officer disparities, while also facilitating access to community resources and education opportunities.

Women are the fastest growing demographic within the veteran population.³⁰ There are nearly two million women veterans in the United States, and half of those veterans are under the age of 40.³¹ In addition to veteran-specific issues facing women veterans, such as MST-related PTSD and transition to civilian life, this community faces the highest maternal mortality rate in the developed world.³² Each year in the United States, 700 women die from complications related to pregnancy or childbirth, and experts estimate that between 50-60% of those deaths are preventable.³³ Disturbingly, these numbers have risen over the past three decades. Between 1990 and 2015, while maternal morbidity rates fell by 44% throughout the world, they increased by 16.7% in the United States.³⁴ For every death resulting from complications related to pregnancy or childbirth, there are 70 women who experience severe maternal morbidity.³⁵ We can, and must, do better for our veterans experiencing this dire situation.

In addition to the Bill's current provisions, Minority Veterans of America has two recommendations for further consideration.

- **Extend the scope of the protection to include all veterans who become pregnant and give birth, including transgender men and nonbinary individuals.** This extension in scope should be supported by culturally resilient education for patients and providers that incorporates trauma-informed care principles.
- **Ensure explicit attention is afforded to the barriers to accessing the resources provided through the Bill, especially for minority veterans.**

Discussion Draft: Benefits and Transparency

This Bill would make VA disability benefit questionnaire forms available in a central location on the VA website, providing guidelines for how to accept and adjudicate outdated forms that were not taken from the website once published there.

Unless automatically enrolled in the VA system upon discharge from active service, veterans must enroll through the use of the VA's publicly available forms. When a benefit or disability percentage request is denied, the veteran is provided the opportunity to appeal such decisions either through their own advocacy or with the aid of competent counsel. The VA has taken significant strides towards reducing access barriers for veterans that are both applying for and appealing denials of their benefit claims. Provision of disability benefit questionnaire forms in a prominent section of its website will serve to reinforce the VA's current efforts.

³⁰ U.S. Department of Veterans Affairs: Women Veterans Health Care

³¹ U.S. Department of Veterans Affairs: National Center for Veterans Analysis and Statistics

³² Institutes of Health Office of Research on Women's Health: Maternal Morbidity and Mortality

³³ See National Institute of Health's "Maternal morbidity and mortality: What do we know? How are we addressing it?" Report (2019). See also Center for Disease Control and Prevention's Morbidity and Mortality Weekly Report. (2019). 68(35), 762-765.

³⁴ See <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

³⁵ *Supra* note 31.

The Minority Veterans of America supports this Bill and recommends that due consideration be provided for aging veterans and veterans with diminished vision.

Discussion Draft: USERRA Protections for State Active Duty

This Bill would extend employment and reemployment rights to National Guard personnel who perform state active duty.

Currently, state Governors can activate National Guard personnel for “State Active Duty,” a category of activation which relies upon state policy and state funds rather than federal policy or funds.³⁶ This carries less protections for service members given that they are not activated under federal law but according to state-specific laws.³⁷ National Guard personnel on State Active Duty not activated under Title 10 or Title 32 are treated as state employees, and thus subject only to state employment and reemployment rights.

The Minority Veterans of America supports this Bill and has no further recommendations at this time.

Discussion Draft: Home Loan Benefits for National Guard

This Bill would extend VA home loan benefits to National Guard personnel who performed active service for at least 30 consecutive days and 90 cumulative days by expanding the definition of the term veteran in the U.S. Code.

Currently, the term “veteran” includes any service member on active duty.³⁸ Given that National Guard personnel are not considered active duty service members – unless they are serving in an Active Guard/Reserve (AGR) position – they are not eligible to take advantage of the VA home loan.

Minority communities serve in the National Guard at higher rates than other forms of national service. In 2017, women made up 16.9% of all active duty personnel.³⁹ However, a 2018 report showed that the average percent of women serving in the Army and Air National Guards

³⁶ Renaud, J. D. (2006). National Guard Fact Sheet. *Army National Guard*. Washington, DC: United States Army. Accessed on July 20, 2020, at <https://www.nationalguard.mil/About-the-Guard/Army-National-Guard/Resources/News/ARNG-Media/FileId/137011/>

³⁷ Ostrom, S. (2020). *Your benefits: Title 10 vs. Title 32 vs. the state*. Alexandria, VA: Military Officers Association of America. Accessed on July 15, 2020, at <https://www.moaa.org/content/publications-and-media/moaa-blog/your-benefits-title-10-vs.title-32-vs.-the-state/>

³⁸ 38 USC 3701(b)(4).

³⁹ Barroso, A. (2019). The changing profile of the U.S. military: Smaller in size, more diverse, more women in leadership. *Fact Tank: News in the Numbers*. Washington, DC: Pew Research Center. Accessed on July 20, 2020, at <https://www.pewresearch.org/fact-tank/2019/09/10/the-changing-profile-of-the-u-s-military/>

was 18.6%, with enlisted women in the Air National Guard making up 21.1% of all enlisted personnel.⁴⁰

The Minority Veterans of America supports this expansion of benefits. This expansion would increase access to the home loan program for all minority veterans, but especially for women veterans. We recommend ensuring all eligible veterans are made aware of this change through a visible media campaign and/or through literature distribution.

Discussion Draft: Burial Benefits for National Guard

This Bill would prohibit the Secretary of Veterans Affairs from precluding National Guard and Reserve personnel from being interned in a State veterans' cemetery as a condition of a grant provided by the Secretary to the State. This Bill defines those who may not be excluded from veterans' cemeteries under the condition of the grant as a veteran or spouse of a veteran whose service was terminated or who died under honorable conditions.

Unfortunately, minority veterans are disproportionately impacted by bad paper discharges, especially racial/ethnic minorities, LGBTQ-identifying individuals, and survivors of Military Sexual Trauma.

The Minority Veterans of America recommends consideration of National Guard and Reserve veterans with bad paper discharges for internment in a State veterans' cemetery in accordance with the language outlined in this Bill.

Discussion Draft: Justice for Servicemembers Draft

This Bill would prohibit pre-dispute arbitration agreements that force arbitration of certain disputes arising from claims of servicemembers and veterans and would thereby eliminate closed-door settlements and allow servicemembers and veterans to participate in joint, class, or collective action claims. This Bill would also invalidate and make unenforceable existing pre-dispute arbitration agreements or pre-dispute joint-action waivers, as well as limit the waiver of rights and protections under the Servicemembers Civil Relief Act.

According to the National Women's Law Center (NWLC), more than 50% of employers condition employment upon the agreement to an arbitration clause.⁴¹ The American Civil Liberties Union (ACLU) estimates that this affects more than 60 million workers nationwide, many of whom

⁴⁰ Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy. (2018). *Profile of the military community*. Washington, DC: US Department of Defense. 73.

⁴¹ Hoffman, L. (2019). The Supreme Court and arbitration: What recent decisions mean for workers. Washington, DC: National Women's Law Center. Accessed on July 20, 2020, at <https://nwlc.org/blog/the-supreme-court-and-arbitration-what-recent-decisions-mean-for-workers/>.

are unaware that they have agreed to an arbitration clause.⁴² Pre-dispute arbitration agreements, also known as forced arbitration, inherently disadvantage employees, as the arbitrator settling claims is hired by the company.⁴³ Minorities are disproportionately impacted by forced arbitration, as these agreements “are prevalent in female dominated industries – 57.6% of female workers are subjected to the practice – as well as in low-wage fields and industries dominated by women of color.”⁴⁴

In Section 4 of this Bill, the Minority Veterans of America recommends further limitations by preventing certain disputes from being listed in a waiver, given that social pressure and unequal power dynamics may impact the decisions of service members and veterans, particularly in cases of sexual trauma.

Effectively advocating for and supporting our nation’s minority veterans begins with the recognition that the heart of the problem is inextricably bound to social and structural forces, and that it requires social and structural change. The feedback provided on the Bills discussed in today’s Hearing is meant to help ensure this legislative body continues to live up to those effective advocacy and support standards. My feedback echoes the experiences of many minority veterans who have been excluded or underserved from the VA’s care programs, whether intentionally or negligently. I believe that, as a country, we have made great progress in ensuring all veterans benefit from the work that this Committee is doing on their behalf.

Once again, I thank you for the opportunity to submit this written testimony and to provide verbal testimony during the Hearing. My team and I look forward to continuing to work with you and your offices, and to support your efforts in support of the minority veteran community. If we can ever be of further assistance, please feel free to contact our Director of Law & Policy, Andy Blevins, via email, ablevins@minorityvets.org.

Respectfully Submitted,

/s/

Lindsay Church
Executive Director

⁴² Sherwin, G. (2019). It’s time to end forced arbitration. New York, NY: American Civil Liberties Union. Accessed on July 20, 2020, at <https://www.aclu.org/blog/womens-rights/womens-rights-workplace/its-time-end-forced-arbitration>

⁴³ *Supra* note 38.

⁴⁴ *Supra* note 39.