

Testimony Provided on Behalf of Our Nation's Minority Veteran Communities, for the September 10th Legislative Hearing

*Written Testimony Provided for the Open Session Legislative Hearing Covering
H.R. 7541, H.R. 7504, H.R. 6528, H.R. 7784, H.R. 7879, H.R.7747, H.R. 7888, H.R. 7964, H.R. 3450, H.R.
3788, H.R. 3826, H.R. 6092, H.R. 7469, and several Discussion Drafts*



Testimony Submitted to:
Committee on Veterans' Affairs
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Testimony Submitted by:
Lindsay Church, Executive Director
lchurch@minorityvets.org
Kai River Blevins, Assoc. Director of Policy
kai@blevinsstrategies.com

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, 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. 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 7541 – VA Zero Suicide Demonstration Project Act

We support Representative Lee’s initiative to establish a pilot program on suicide prevention through the Zero Suicide Institute. In addition to providing extensive training to VA staff leaders, this program will collect important data on the program’s efficacy through comparative analysis between sites and between suicide prevention programs.

Currently, The Zero Suicide Institute has two specialty areas by demographic – Military Veterans and American Indians and Alaska Natives – and their materials contain no explicit reference to minority communities within their service to military veterans. Minority veterans experience higher rates of PTSD and depression than non-minority veterans,¹ which are risk factors for suicide.²

The Minority Veterans of America supports this Bill and recommends that the Bill include explicit language requiring that culturally resilient education on suicide prevention education for all minority communities served by the VA be part of Zero Suicide Institute’s training curriculum.

HR 7504 – VA Clinical Team Culture Act of 2020

We support Representative Blunt Rochester’s efforts to establish standards and training requirements for non-VA mental health care providers participating in the VA Community Care program. This Bill would require the completion of courses which will be provided free of charge

¹ 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

² 2019. “Risk Factors for Suicide.” Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

to providers: a basic course on military culture and core competencies for health care professionals; and clinical domain courses in the areas of evaluation and management of suicide, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma.

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 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.

In addition to the provisions in this Bill, the Minority Veterans of America recommends the following:

- **Incorporate cultural competency on minority veterans in the Basic Course and in all Clinical Domain Courses**
- **Create a Clinical Domain Course on trauma-informed care principles**
- **Include in the PTSD Clinical Domain Course information on trauma resulting from systemic harassment and discrimination**
- **Require re-certification and/or continued education requirements beyond the addition of other domains**

HR 7784 – VA Police Improvement and Accountability Act

While we appreciate the efforts to increase police accountability with the VA, but we do not endorse this Bill. This Bill increases resources to police officers at VA facilities by designating an officer to serve as a point of contact for statistical information, complaints and investigations about police officers, and providing information about arrests, tickets, use of force, and other data regarding the individual requesting the information. Furthermore, this Bill would provide annual bias and suicide prevention training, require body cameras, and make information available on the VA facility's website.

This country is suffering an epidemic of police violence which has been ongoing for minority communities, in some communities since the advent of modern police institutions. In this time, there have been countless efforts to improve accountability of the police, with this Bill attempting to use police officers themselves as the mechanism through which accountability measures are taken. However, research demonstrates that oversight from within police departments is not effective, although a broad scope of authority for citizen oversight organizations is an effective accountability mechanism.³ Additionally, research demonstrates that while implicit bias

³ See Ali, U. M., and S. Nicholson-Crotty. 2020. "Examining the Accountability-Performance Link: The Case of Citizen Oversight of Police." *Public Performance & Management Review*, 1–37. <https://doi.org/10.1080/15309576.2020.1806086>.

trainings are educational, they do not correct for implicit bias. Presently, there exist no adequate means to test for changes in bias-related associations nor to link any documented changes in associations that occur within trainings to real-world scenarios to prove efficacy.⁴ Finally, studies on body-worn cameras have had mixed results in the past, but more recent studies have demonstrated that body cameras have had “no discernible effect” on police using force, as the technology does not change behavior in the long term for multiple reasons.⁵

The Minority Veterans of America recognizes that this Bill asks police officers to function as social workers without the requisite training or knowledge, which at times may conflict with their primary duties as law enforcement officers. Furthermore, this Bill diverts significant funding to the police officers within the VA rather than investing those funds in trained and qualified social workers and other safety and mental health care professionals who might provide both oversight and other services currently being added to the duties of law enforcement officials within the VA. For these reasons, we do not endorse this Bill.

HR 7879 – VA Telehealth Expansion Act

We support Representative Lee’s efforts to establish a grant program that would expand and improve the provision of telehealth services to veterans. Given the necessity of telehealth now and potentially in the future, it is important to note that access to technology is a barrier for patients, particularly senior citizens.⁶

In addition to the bill’s provisions, the Minority Veterans of America has two recommendations:

- **Trainings should include cultural competency for minority veteran communities.** Regardless if the entity is an organization that represents veterans, the grant should be made available to be used for cultural competency training.
- **Provide funding for technology acquisition and use.** Funding should also be available to assist in providing technology services to those facing barriers to access – including senior veterans, rural veterans, and poor veterans – through means such as loaner laptops and technology stipends.

HR 7747 – VA Solid Start Reporting Act

⁴ See Forscher, P. S., Lai, C. K., Axt, J. R., Ebersole, C. R., Herman, M., Devine, P. G., and B. A. Nosek. 2019. “A meta-analysis of procedures to change implicit measures.” *Journal of Personality and Social Psychology* 117(3):522–559.

⁵ Matsakis, L. 2020. “Body Cameras Haven’t Stopped Police Brutality. Here’s Why.” *Wired* June 17, <https://www.wired.com/story/body-cameras-stopped-police-brutality-george-floyd/>.

⁶ Weigel, G., Ramaswamy, A., Sobel, L., Salganicoff, A., Cubanski, J., and M. Freed. 2020. “Opportunities and Barriers for Telemedicine in the U.S. During the COVID-19 Emergency and Beyond.” *Kaiser Family Foundation* May 11, <https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>.

We support Representative Kelly’s efforts to gather information on the efficacy of the VA’s Solid Start program. This program alerts veterans to their benefits, connecting them directly with an employee at the VA who can further direct veterans to specific benefits. This bill would ensure veterans are able to ask questions directly of a qualified VA representative.

The Minority Veterans of America supports this Bill and requests that additional demographic information be included in the report, such as race/ethnicity, sexual orientation, rank at time of discharge, geographic location, urban/rural status, and other useful data.

HR 7888 – REACH VET Reporting Act

We support Representative Tones Small’s request for a report on the REACH VET program. This important program is using analytic tools to determine veteran risk for suicide as part of a comprehensive suicide prevention program.

In addition to the provisions outlined in the Bill, the Minority Veterans of America recommends **expanding the elements of the report** in the following ways:

- **Include an assessment of how the predictive technology used by the REACH VET program might be used to identify the greatest number of at-risk veterans possible with sufficient accuracy.** Currently, the REACH VET program “is producing information that will inform VA facilities of their patients who are in the top 0.1 percent tier of suicide risk.”⁷ We recommend asking the VA to determine how many veterans would benefit from identification regardless of the human resources necessary to carry out the outreach to those veterans to determine needs to strengthen the program and help as many veterans as possible.
- **Include an explanation of why certain demographic elements were included in the model, including an explanation of why certain characteristics were excluded.** Current demographic information used by the program include age, sex/gender, marital status, geographic location, race/ethnicity, and disability status.⁸ Additional information might be included such as sexual orientation, transgender status, socioeconomic status, and whether an individual is a religious minority.
- **Include a section on privacy measures taken in data collection, transfer of data between systems and persons, and data use protocols beyond programmatic scope.**

⁷ Richman, M. 2018. “Study evaluates VA program that identifies Vets at highest risk for suicide.” Office of Research & Development, Department of Veterans Affairs. <https://www.research.va.gov/currents/0918-Study-evaluates-VA-program-that-identifies-Vets-at-highest-risk-for-suicide.cfm>.

⁸ 2018. “Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment: Predictive Analytics for Suicide Prevention, Program Overview.” Washington, DC: Department of Veterans Affairs. https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/3527-notes.pdf.

HR 7964 – Peer Support for Veteran Families Act

We support Representative Finkenauer’s efforts to establish education and peer support programs for family members and caregivers of veterans with mental health disorders. Research notes that the more than 1 million caregivers who are caring for post-9/11 veterans tend not to be “connected to a support network.”⁹ Additionally, more peer supported is especially warranted when considering that post-9/11 veteran caregivers are “more likely to use mental health resources and services, and to use them more often.”¹⁰ Representative Finkenauer’s initiative would not only provide peer support, it would connect individuals who are able to share strategies developed from their unique lived experiences in coping with caregiving and delivering the best care possible for our veterans.

In addition to the provisions outlined in this Bill, the Minority Veterans of America recommends the following:

- **Education programs should include training on several topics through the lens of trauma-informed care:** suicidality, basic CPR certifications, and cultural competence for all minority veteran populations.
- **Contracted organizations should have minimal competency** in minority veteran populations cultures and trauma informed principles or require additional training components before the contract is granted.
- **Peer support programming should include self-care principles** and components geared towards the impact that being a caregiver may have on a person.
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- **Peer support coordinators should receive trainings** on cultural competence for all minority veteran populations and trauma-informed care principles.
- **Peer support program should have an opportunity for break out groups** relevant to the unique experiences of various social and cultural communities.
- **Surveys should include comprehensive demographic questions** relating to each population served by the VA’s Office of Patient Care Services and Center for Minority Veterans (race, gender, sexual orientation, etc.)

⁹ Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Epley, C., Voorhies, P., Robbins, M. W., Robinson, E., and B. Ghosh-Dastidar. 2014. “Hidden Heroes: America’s Military Caregivers.” Santa Monica, CA: RAND Corporation.

¹⁰ *Id.*

HR 3450 – To prohibit the Secretary of Veterans Affairs from transmitting certain information to the Department of Justice for use by the national instant criminal background check system

We do not endorse this Bill. There is an epidemic of gun violence in this country, and we do not support reducing barriers to accessing firearms by prohibiting the VA from using DOJ information on veterans in the national instant criminal background check system. Given that firearms are the cause of death in more than 70% of male veterans and 43% of female veterans who die by suicide,¹¹ we find it disturbing that such a bill has been introduced in a session in which a major priority is addressing veteran deaths by suicide.

The Minority Veterans of America does not support this Bill. We call on Representatives to introduce legislation that (1) educates veterans on issues of gun safety and (2) enacts evidenced-based solutions to gun violence to increase public safety and reduce the use of firearms in veteran deaths by suicide.

HR 3788 – VA Child Care Protection Act of 2019

We do not endorse this bill. This bill prevents the VA from paying a childcare center, childcare agency, or childcare provider if they employ an individual who has been charged with certain offenses. These include a sex offense, an offense involving a child victim, a violent crime, a drug felony, or any other offense that the Secretary of the VA determines appropriate.

The Minority Veterans of America recognizes that minority populations are disproportionately impacted by criminal laws regarding drugs¹² and sex offenses¹³, among other offenses. We do not support this Bill, and instead call on Representatives to introduce legislation that mandates the VA's ability to pay childcare centers, childcare agencies, or a childcare provider, all individuals employed by said organizations who have been charged with a crime involving minors must undergo training relevant to said crime and be deemed fit for work by the State agency which licenses child care workers in the State(s) in which the organization operates.

HR 3826 – Veterans 2nd Amendment Protection Act

We do not endorse this Bill. There is an epidemic of gun violence in this country, and we do not support reducing barriers to accessing firearms by prohibiting the VA from using DOJ

¹¹ Office of Mental Health and Suicide Prevention. (2019). National Suicide Prevention Annual Report. Washington, DC: Department of Veterans Affairs.

¹² See Edwards, E., Bunting, W. and L. Garcia. 2013. "The War on Marijuana in Black and White: Billions of Dollars Wasted on Racially Biased Arrests." New York City, New York: American Civil Liberties Union Foundation. See also Fellner, J. 2009. "Race, Drugs, and Law Enforcement in the United States." *Stanford Law & Policy Review* 20(2):257–292.

¹³ Wahl, T., and N. Pittman. 2016. "Injustice: How the Sex Offender Registry Destroys LGBT Rights." *Advocate* August 5, <https://www.advocate.com/commentary/2016/8/05/injustice-how-sex-offender-registry-destroys-lgbtq-rights>.

information on veterans in the national instant criminal background check system. Given that firearms are the cause of death in more than 70% of male veterans and 43% of female veterans who die by suicide,¹⁴ we find it disturbing that such a bill has been introduced in a session in which a major priority is addressing veteran deaths by suicide.

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HR 6092 – Veteran’s Prostate Cancer Treatment and Research Act

We support Representative Dunn’s efforts to establish a national clinical pathway for prostate cancer within the VA and for partner organizations.

In addition to the provisions provided in the Bill, the Minority Veterans of America recommends including gender identity as an evidence-based risk factor,¹⁵ as well as giving due consideration to minority populations in all aspects of the program.

HR 7469 – Modernizing Veterans Healthcare Eligibility Act

We do not endorse this Bill. This Bill seeks to establish an advisory commission regarding eligibility for health care furnished by the VA.

Minority Veterans of America recommends that Congress and this Committee should continue to conduct oversight of eligibility for VA healthcare and suggest legislative fixes when necessary.

Discussion Draft – ANS for Veterans’ ACCESS Act

We support Chairman Takano’s efforts in this Bill, which would establish procedures to pay for emergent suicide care at VA facilities and certain non-VA facilities.

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

¹⁴ Supra note 14.

¹⁵ Wesp, L. 2016. “Prostate and testicular cancer considerations in transgender women.” *UCSF Transgender Care* June 17, <https://transcare.ucsf.edu/guidelines/prostate-testicular-cancer>.

H.R. 8005 – Veterans Access to Online Treatment Act

We support Representative Golden’s efforts with this Bill, which establishes a pilot program to provide veterans with access to computerized cognitive behavioral therapy. As an extension of telehealth, this Bill increases access to mental health care for veterans.

The Minority Veterans of America supports this Bill and recommends the following:

- **Accessibility to this program should be expanded** to other mental disorders that utilize CBT as a form of treatment
- **Mental health providers should be able to use secure chat software to access client files** to ensure continuity of treatment and to identify any potential stressors or triggers
- **Providers should be required to take cultural and trauma informed trainings**, with continued education requirements as information is updated and annually
- **Reports should include demographic data** to identify opportunities for cultural competency improvement and other underlying concerns from minority perspectives

Discussion Draft – Ensuring Veterans’ Smooth Transition Act

This Bill establishes automatic enrollment of eligible veterans in VA’s patient enrollment system.

The Minority Veterans of America supports this Bill and recommends the following:

- **Automatic enrollment should include name and gender marker updates for transgender individuals**, as this prevents “outing,” enables effective communication between the VA and the veteran, and allows for appropriate health care
- **Automatic enrollment should be availed to individuals that become eligible** for such benefits after upgrades of improper discharge characterizations and after findings of MST, PTSD, and other mental health conditions which occur after discharge, but which are related to service (i.e. findings through VBA). This would prevent further harm to the veteran who has already suffered isolation and lack of access to benefits and care that were inaccessible due to previous circumstances.

H.R. 8149 – VA Precision Medicine Act

This Bill requires the VA to collect data on neurological and mental health biomarkers among veterans for virtually all mental illnesses. Given the dearth of knowledge regarding biological bases of mental illness and psychopharmacological mechanisms of treating various mental illnesses, precision medicine offers opportunities for increased medical knowledge and improved medical therapies.

In addition to the provisions provided by this Bill, the Minority Veterans of America recommend the following:

- **Including language that prevents this data from being used to diagnose and determine benefits for individual veterans.**
- **Ensuring that environmental factors of precision medicine include sociocultural factors such as minority status and historical and intergenerational trauma.**
- **Ensuring that data will be collected from a diverse population according to each element of collected demographic data.**

H.R. 8148 – VA Data Analytics and Technology Assistance Act

This Bill authorizes the VA Secretary to enter contracts with academic institutions or other qualified entities for statistical analyses and data evaluation.

In addition to the provisions of this Bill, the Minority Veterans of America recommends that a non-discrimination values statement be added to ensure that all entities with which the VA enters into a contract or an agreement, even if they are private institutions, abide by all VA non-discrimination policies.

Discussion Draft – VA Research Infrastructure Act (AKA “Research Technology Act”)

We support Representative Luria’s efforts with this Bill, which would establish the “Office of Research Reviews” within the VA’s Information Technology Office to complete security reviews for software used in research and security protocols for multi-site clinical trials. The Bill would also direct the VA Secretary to use outside commercial institutional review boards for research.

The Minority Veterans of America supports this Bill and recommends due consideration be given to commercial institutional review boards which employ a majority of minority employees.

H.R. 8033 – Access to Suicide Prevention Coordinators Act

We support Representative Brindisi’s efforts with this Bill, which would improve the ability of veterans to access suicide prevention coordinators at the VA.

The Minority Veterans of America supports this Bill and asks that suicide prevention coordinators be required to have minimal competency in minority veteran populations’ cultures and trauma informed care principles.

H.R. 8108 – VA Serious Mental Illness Act

We support Representative Malinowski’s efforts with this Bill, which directs the VA Secretary to develop clinical practice guidelines for the treatment of serious mental illnesses. This Bill harnesses the role that veteran mental health care provision has played in advancing mental health treatment throughout society while improving mental health care for veterans.

The Minority Veterans of America supports this Bill, and recommends explicitly inclusion of experimental treatments in the “list of evidenced-based therapies for the treatment of conditions,” as well as the solicitation of feedback from providers working with individuals with serious mental illnesses when conducting the assessment outlined in Section 2(d) of the Bill.

H.R. 8084 – Lethal Means Safety Training Act

This Bill would require the VA to update their Lethal Means Safety and Suicide Prevention training course.

The Minority Veterans of America supports this Bill and recommends the following:

- **Use multiple, accessible mediums to ensure accessibility and retention of information.**
- **Require the course for all contractors**, not just compensation and pension examiners.
- **Require individuals to take this course before direct interaction with veterans**, with a reasonable time-window in place for those currently working with veterans.
- **Ensure that completion of this course is not be tied to pay in any way.**

Discussion Draft – VA High Altitude and Suicide Research Act

This Bill requires the VA to conduct a study on the connection between living at high altitude and suicide risk factors among veterans.

In addition to the provisions of this Bill, the Minority Veterans of America recommends the following additions to the study:

- **Confounding factors should be expanded to include such factors as race/ethnicity and sexual orientation, among other potential factors.**
- **Sex should be changed to gender identity within the study for more accurate representation of subjects.**
- **The study should look beyond biological indicators**, given that previous studies linking high altitude to suicide risk were correlational,¹⁶ and include sociocultural factors associated with living at high altitudes as well.

H.R. 8068 – American Indian and Alaska Native Veterans Mental Health Act

This Bill requires improvements in mental health care and suicide prevention outreach to American Indian and Alaska Native veterans, as well as increase communication between various health care organizations serving American Indian and Alaska Native veterans. With more than 140,000 living Native American veterans,¹⁷ inequitable access to health care among American Indians and Alaska Natives,¹⁸ this Bill is vital to ensuring equitable access to care for all veterans.

The Minority Veterans of America supports this Bill. In addition to the provisions outlined in this Bill, the Minority Veterans of America recommends expanding the scope of the Bill to include indigenous populations from all U.S. states and territories who have served in the armed forces in addition to American Indians and Alaska Natives. Additionally, we recommend that efforts be taken to further support veterans that are actively participating in the VA choice program or are in areas where veterans are treated at active military hospitals because of no access to veteran hospitals.

H.R. 8130 – VA Peer Specialists Act

This Bill requires the VA Secretary to conduct an assessment of the capacity of VA peer specialists who are women. Given that women are the fastest growing demographic within the veteran population,¹⁹ this Bill provides a mechanism through which we can gather more data to better serve women veterans.

¹⁶ Railton, D. 2018. "How high altitudes could raise risk of depression, suicide." *Medical News Today* March 16. <https://www.medicalnewstoday.com/articles/321219>.

¹⁷ See <https://www.benefits.va.gov/persona/veteran-tribal.asp#:~:text=According%20to%20the%20Department%20of,by%20Veterans%20and%20their%20families>.

¹⁸ Indian Health Disparities. (2019). Indian Health Service. Accessed on July 15, 2020, at <https://www.ihs.gov/newsroom/factsheets/disparities>.

¹⁹ U.S. Department of Veterans Affairs: Women Veterans Health Care.

In addition to the provisions of this Bill, the Minority Veterans of America recommends prioritizing minority women in the program through outreach and hiring. This includes adding explicit language to Section 2(c)(1) that defines “areas” – in “areas that lack peer specialists who are women” – as both spatial areas (e.g., urban or rural) and population demographic areas (e.g., specific minority statuses).

Discussion Draft – VA Comprehensive and Integrative Health Services Act

This Bill expands an existing pilot program and establishes a new pilot program related to complementary and integrative health services for veterans.

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

Discussion Draft – Veterans Burns Pits Exposure Recognition Act of 2020

This Bill requires the VA to recognize claims by veterans exposed to burn pits in the event the veteran cannot provide evidence of exposure given the veteran served in certain locations and corresponding periods.

The Minority Veterans of America supports this Bill given the complexity of the issue and evidence and has no further recommendations at this time.

Discussion Draft – Vehicle Assistance

This Bill provides veterans with non-service-connected disabilities assistance in purchasing a vehicle, assistance with repairs, and disability modifications to vehicles as medically necessary.

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

Discussion Draft – Disabled Veterans Education Relief Act

This Bill restores entitlements to rehabilitation programs for veterans affected by school closures or disapprovals.

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

Discussion Draft – COVID-19 Education Modifications

This Bill allows the VA to provide educational assistance to individuals negatively affected by the COVID-19 emergency. Since the COVID-19 pandemic began, the veteran employment rate has risen from 3.1 percent (December 2019) to 11 percent (April 2020).²⁰ Furthermore, dishonorable discharges are often a result of self-medication practices, especially in veterans that are living with PTSD, served under discriminatory policies (like DADT and trans ban), and are surviving with the ramifications of military sexual trauma.

In addition to the provisions in this Bill, the Minority Veterans of America recommends the following:

- **Expand the status of “Full-time Student for Purposes of Housing Stipend Calculation”** to include individuals who were accepted to a program that was scheduled to begin after the first day of the COVID-19 emergency on a full-time basis
- **Increase the housing stipend** in the rapid retraining program and through VET TEC for online training programs to be equal to a full month’s pay instead of half month’s pay.
 - In online schools – only get ½ the BAH in a monthly stipend – not enough to support families if unable to receive other types of compensation
 - Under COVID, most schools are operating online – the trend for equitable access to education is emboldening use of the virtual classroom
- **Allow for an independent discharge review through the VA** for cases that have a dishonorable discharge (rather than a blanket denial)
 - Provide proper training to VA employees to ensure equitable access
- **Allow some form of relief for individuals that lost their job due to a disability** to retrain into a new field or position where their disability would not prevent them from leading a successful life
- **Consider transferability to eligible veteran spouses**, especially in households that require dual incomes

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. It is time that we move beyond distorting programs and systems created for the majority in order to serve our minority veterans and look towards creating programs and systems specifically designed to support our nation’s most vulnerable veteran populations. In doing so, we can rest assured that our majority-identifying veterans will be innately included in our support platforms, and we can protect system integrity and efficacy for all

²⁰ <https://www.dol.gov/agencies/wb/data/latest-annual-data/employment-rates>

our constituencies that access them. We must ensure that the VA no longer provides diluted or ineffectual services to our ever-growing minority populations.

The feedback provided on the Bills discussed in today's Hearing is meant to help ensure this legislative body continues to live up to these 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 serving our minority veteran communities. If we can 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