

**United States House and Senate  
Veterans Affairs Committee  
Veterans Service Organization Hearings  
1-March-2021**

Senators, Representatives and Staff, thank you for the opportunity to submit a Statement For Record (SFR), for your upcoming Veterans Service Organization Hearings. We want to first thank you for your critical support in recent years for our LGBTQ+ community.

The **American Veterans for Equal Rights (AVER)**, a 501c(3) organization, is our country's first LGBTQ+ veterans group. AVER has legislative issues first as **LGBTQ+ veterans**, second as members of the **larger community of veterans** and third, as **citizens serving our country**.

**LGBTQ+ veterans' issues**, identified from our members through our national board, include:

- Veterans Administration/Tricare be opened to all LGBTQ+ veterans same as other veterans.
  - VA/Tricare should cover gender confirmation surgery.
  - VA/Tricare should offer care for Transgender spouses/family of service members.
  - For the VA: same standards of care as offered by the DOD. VA does very little for Transgender veterans.
    - The VA follows the protocol from the American Association of Endocrinologist (AAE), which only allows for minimal care for transgender veterans. There are no “Best Practices” in place.
    - The level of care is not consistent. Veterans who are transitioning from male to female will receive medications needed that block testosterone and estrogen to help with female transition. Those transitioning from female to male only receive testosterone and nothing that would block estrogen.
    - The laboratory tests (blood and urine) are very basic following the AAE guidelines. Most transgender veterans go outside the VA to get all the blood work needed for someone in transition.
    - Overall awareness within the VA is not where it should be regarding issues and needs of transgender veterans. This includes some department heads, staff, and other patients at VA hospitals.
- Equal Employment Opportunity protections do not currently cover LGBTQ+ and should be extended to LGBTQ+ serving in DOD,

**As members of the larger veteran's community**, we must have:

- Further effective efforts to improve, oversee and adequately fund the Veterans Administration medical service to all our veterans.
- Open Veterans Administration Medical support to our transgender veterans to fully comply with the current *Diagnostic and Statistical Manual 5* with recognition of gender dysphoria.
- Lift the restrictions that prevent single women veterans and same sex married couples (at least one being a veteran) from receiving artificial insemination/In vitro fertilization at VA/Federal facilities.

- When her doctor tells a pregnant veteran that her fetus is non-viable in the womb and an abortion is required, she cannot currently be seen at a federal facility. Often she is referred out to local agencies such as Planned Parenthood and the burden of payment is on the servicemember. This is inequitable care for the veteran/servicemember. If the failed pregnancy was the result of artificial insemination or IVF paid by the military, she is not currently allowed to undergo the procedure a second time. This again is not equitable as male veterans are given unlimited amounts of prescriptions for ED.
- MST screening at many VA facilities is poorly worded and actually can re-awaken feelings of panic and lack of self worth. Recommend the screening process be overhauled and held only in a private setting.
- The numbers of mental health providers are insufficient. Often patients are sent home with a list of providers to call, most of whom are either not taking new clients or not taking Tricare or VA insurance. A veteran in crisis should not have to wade through lists of providers while struggling with mental health concerns. Recommend each facility maintain a current, active list of providers and assist veterans by arranging timely appointments. Waiting weeks for an appointment is not timely and does not help bring down the number of veteran suicides.
- Create Public Services commercials aimed at encouraging women veterans, and in particular, homeless women veterans, to reach out to the VA for recognition, treatment, and camaraderie.

**Outside of the responsibility of the Veterans Affairs** committee, we feel these additional issues must also be addressed in the appropriate committees of Congress. They include:

- Protecting our hard won right to openly serve our country by authorizing in law LGBTQ+ open service,
- Reform the rules on Military Sexual Assault as it applies to both men and women, gay and straight. While we should not take away the commander's review of convictions, their authority to overturn those convictions needs to be limited.
- Active-Duty Transgender Service:
  - Legislative confirmation of Transgender service.
    - There needs to be a clear path for service-members who left the military during the Executive Order Ban to re-enter the service and continue their career if they desire.
  - One set of standards for Transgender service members across the DOD, instead of a different standard for each branch, which is currently the case.
    - Within the Air Force, there are 3 documents required for surgery. Each one requires one of the other to be the predecessor document.
      - The affect on command would need to be completed 2 years prior to surgery. In most cases the services-member would no longer be connected to that command.
  - Remove the requirement of mandated counseling prior to any transition related care or surgeries. For example, a female service member who wants breast

augmentation surgery does not have to go through counseling. A Transgender service member wanting the same surgery would have to go through counseling.

- Women assigned to the Middle East/Persian Gulf areas cannot currently receive prescriptions for birth control drugs even if the prescription is for the control of other conditions. The premise that women in the "In Desert" locations are not allowed to have sex so birth control is not needed, is a sexist discrimination.
- The military often gives women testosterone to stop their menstrual cycle while deployed. The after effects on their bodies must be taken into consideration and either treated by the military/VA or the use of testosterone should be stopped.

Finally, as **citizens of our larger community** our issues are:

- Reversing the Supreme Court decision in *Citizens United*,
- Passage of the *Federal Employment Non-discrimination Act* (ENDA) with the same religious exemption of Title 7 of the Civil Rights Act,
- Improved administrative relief for undocumented immigrants. Over 267,000 of which identify as LGBTQ+, and many of whom are fleeing severe and deadly persecution or seeking unification with their families.
- and finally, Federal funding assistance should be extended to the Women in Military Service for America Memorial at Arlington.

Favorable resolution of these issues will go a long way toward equal protection for LGBTQ+, protections that we as LGBTQ+ veterans served our country for and deserve along with all other service members who have gone in harm's way for our country.

Thank you for your time and consideration.

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