Minority Veterans of America
Statement for the Record

for an Oversight Hearing of the
Committee on Veterans' Affairs, United States House of Representatives,
"Investing in a Better VA: Examining the Role of Infrastructure
in Veterans' Access to Care and Benefits"

Wednesday, May 27, 2021

Chairman Takano, Ranking Member Bost, and Members of the Committee,

We collectively serve and represent the minority veteran community—those of color, women, LGBTQ-identifying, and (non)religious minorities—through the Minority Veterans of America (MVA). Our position affords us the privilege and honor of serving thousands of U.S. veterans across 48 states, 3 territories, and 3 countries. We work to create belonging and to advance equity and justice for our community, and we have always recognized that intentionally designing equitable infrastructure systems is central to fulfilling out mission.

The Department of Veterans Affairs ("Department") recently announced that satisfaction rates, as reported in-house, among veterans that receive services through the Department are at an all-time high.[1] The Veterans of Foreign Wars came to a similar conclusion a year prior in their own annual survey.[2] This improvement should be celebrated and is a testament to the incredible progress the Department has been able to make in partnership with this Committee. However, the work is not yet over. We must continue to push towards equitable and intentional inclusion of our most underserved communities. Our organization's own membership has consistently expressed reservations in accessing Departmental services and spaces for fear of their safety or for feeling unwelcome. These veterans are then faced with the reality of accessing spaces that actively harm them as they seek due and necessary support, or to forego those earned benefits and services entirely.

This Committee and the Secretary have both accepted the notion that when we build an equitable system with the most marginalized at the forefront, it will inherently support those with more privilege. Under Secretary McDonough's leadership, the Department has begun to repair the broken trust and confidence in our disenfranchised communities. We are confident those relationships with continue to be repaired in the coming years with the bipartisan support of this Committee. Thank you for convening this hearing and for allowing us to contribute to the work you are doing to address this crucial issue.

[1] Department of Veterans Affairs. (2020). Veteran trust in VA reaches all-time high. Press release. Available at: www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=5464.
[2] Veterans of Foreign Wars. (2019). Our care 2019: A report evaluating veterans health care. Available at: www.vfworg-cdn.azureedge.net/-/media/VFWSite/Files/Advocacy/VFW-Our-Care-2019.pdf?&la=en&v=1&d=20190927T135726Z.

A. Facility Modernization & Technology Infrastructure Support

As a nation, we have been providing health care services for our wounded warriors since the Civil War.[3] The provided services were emboldened up through the first World War, before the federal support was transformed into a modern institution during the Great Depression and the second World War.[4] Under the leadership of Chairwoman Edith Nourse Rogers, the first Chair of this Committee, Congress diligently worked with the Truman Administration to advance the support care services under the Department's purview, providing one-of-a-kind, quality health care to our siblings-in-arms.[5] Under the then-Committee members' direction, the VA health care system grew from just 54 veteran hospitals to a world-renowned network that includes 1700 facilities, including 150 hospitals, 800 outpatient clinics, and 126 nursing homes.[6,7]

It is high time that this Committee make similar strides to re-modernize the Department's infrastructure. Nearly 70% of the Department's facility assets are more than 50 years old.[8] This is a stark contrast to the average age of a private, civilian hospital, at just 11 years old.[9] The Department has estimated that it will cost at least $22-billion to address the unsatisfactory and dangerous conditions posed at many of these facilities, though would require nearly $60-billion to completely address all of the construction projects that have been identified in the most recent three-year evaluation.[10] The fiscal allocations granted by Congress have not been sufficient enough to even make a dent in the required repairs, especially when coupled with the rising regular maintenance fees.[11] The funding allocated in the Biden-Harris Administration's infrastructure plan similarly strikes at just a portion of the funding needed to make full, comprehensive repairs and provide needed, regular support.[12]

As the Committee looks towards addressing the need for prioritizing facility modernization, we would like to particularly draw the Members' attention to the use of computer-assisted programming in modern medicine, of which the requisite, supportive infrastructure within Department facilities is extremely lacking. This disparity forces many on the VHA's already understaffed care teams to work with subpar equipment or to entirely forego using modern techniques in their care and treatment routines. While the Department has taken significant strides in addressing the integration of medical records and telemedicine access, additional support services and accommodations remain lacking—

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[3] Petersen, H. (2015). Veterans Health Administration: Roots of VA health care started 150 years ago. U.S. Department of Veterans Affairs. Available at: www.va.gov/health/NewsFeatures/2015/March/Roots-of-VA-Health-Care-Started-150-Years-Ago.asp.

[4] *Id.*

[5] *Id.*

[6] *Id.*

[7] Shalal, A. (2021) Biden infrastructure plan includes $18 bln for Veterans Affairs, far more needed – lawmaker. Reuters. Available at: www.reuters.com/world/us/biden-infrastructure-plan-includes-18-bln-veterans-affairs-far-more-needed-2021-04-15.

[8] Ogrysko, N. (2021). As VA plans to modernize aging facilities, it faces a daunting maintenance backlog. Federal News Network. Available at: www.federalnewsnetwork.com/veterans-affairs/2021/03/as-va-plans-to-modernize-aging-facilities-it-faces-a-daunting-maintenance-backlog/.

[9] *Supra* note 7.

[10] *Supra* note 8.

[11] "[T]he VA's upkeep costs [have] nearly doubled to just over $22 billion in 2020 from $11.6 billion in 2010. *Id.*

[12] *Id.*

> A rural Seattle-based, disabled veteran recently reached out to seek assistance with our team after a VA patient advocate dismissed her claim, which was submitted in response to no closed captioning services provided during telemedicine visits with her physician. The patient advocate indicated that they hoped they would have a supportive system online in the next several months but that there was nothing that could be done to address her concerns in the meantime. This veteran has no means of accessing healthcare services or treatments outside of the VA system and is now faced with the need to entirely forego accessing health services until closed captioning is offered, or to continue receiving services that she is unable to fully understand.

The coronavirus pandemic and the rising numbers of rural veteran populations seeking needed care have clearly shown that looking towards updating the Department's infrastructure must move beyond merely looking at physical facilities, and loop in virtual services and platforms. Only then can we ensure the Department remains equitably accessible to all those it is intended to serve. As demonstrated, this will be particularly transformative, and even life-changing, for our nation's rural and disabled veteran communities.

B. Human Capital

We are grateful that the Department and this Committee is taking into consideration human capital concerns in conjunction with infrastructure needs. The Department's human capital shortfall closely mirrors the same physical infrastructure concerns that were previously addressed—aging resources and the lack of adequate returns on investment. In the Department's most recent annual report, they have identified 32,647 vacancies, with more than 90% of those vacancies existing in the Veterans Health Administration.[13] The Department notes that this uncharacteristically high number should be likened more to the Department's turn over rates than to available positions, due to the inadequacy of the position inventory framework.[14] However, that begs the question of why the Department's turn over rates, particularly within the Veterans Health Administration, are so high.

From our vantage point, there are two concerns which must be immediately addressed by the Department to directly impact their retention and recruitment successes: (1) development of comprehensive succession and turnover plans, and (2) development of supportive and holistic staffing models for both new and existing staff. While the Department has long been aware that nearly 33% of their employees would be eligible for retirement by the end of next year, little has been done to track the positions that need to be replaced or to develop a plan that would allow for seamless transitions. Additionally, adequate compensation packages, especially those that look beyond mere salary requirements, can help to ensure the Department remains a competitive career option for folks that are also considering positions in the private market.

[13] Department of Veterans Affairs. (2021). Annual report on the steps taken to achieve full staffing capacity. Available at: www.va.gov/EMPLOYEE/docs/Section-505-Annual-Report-2021.pdf.
[14] *Id.*

C. Systems of Support

As we have noted previously,[15] leaders within the Department have put significant time, effort, and resources into supporting minority veterans, particularly within the last few decades. Yet, minority veterans continue to experience barriers to accessing health care and social services, disparities in health care and social services, and stigma and discrimination within the VA. This is not only a social and cultural issue but a structural issue as well.

For example, although the LGBT Health Program has created the designated role of "LGBT Veteran Care Coordinator" (VCC)[16] within VHA facilities, these are collateral duties with a recommended time allocation of 4 to 8 hours per week. Furthermore, these duties are not always assigned to willing staff who are knowledgeable about and skilled in serving LGBTQ+ veterans. Unfortunately, we are aware of the continuation of bias and discrimination against LGBTQ+ veterans across the country who may not only encounter VCC's who are unable or unwilling to assist them, but also willing and skilled VCCs who are undermined by biased leadership in local VHA facilities. This undermines the impactful and necessary work of the LGBT Health Program, and it causes harm to LGBTQ+ veterans who are often denied care or receive inadequate care. These veterans are then faced with the impossible choice of foregoing necessary care or using limited resources to travel to different VA facilities or to pay for adequate care from civilian providers.

In addition to top-down programs like the LGBT Health Program, there are many established and forthcoming peer support programs for veterans at the local, state, and federal levels. Peer support programs are crucial for minority veterans in reducing barriers to accessing health care and social services and assisting in community reintegration. However, mentors and advocates in peer support programs are often expected to provide support as unpaid volunteers, sometimes receiving negligible reimbursements for travel or other costs incurred in the course of their work. We want to make clear that veterans who serve in peer support roles deserve adequate compensation and institutional support. These are especially important for minority veterans, as our community has often created informal peer support networks to help navigate discrimination and harm experienced at the VA to access the basic care and services that our non-minority counterparts are afforded without the added burdens of stigma, bias, and harm based on our actual or perceived identities. Adequate compensation and institutional support are necessary to demonstrate that leaders are investing in minority veterans rather than exploiting us.

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[15] Church, L; Blevins, AL; Blevins, KR. 2021. Securing equitable and just conditions for the minority veteran community. Washington, DC: Minority Veterans of America. Available at https://www.congress.gov/117/meeting/house/111256/witnesses/HHRG-117-VR00-Wstate-ChurchL-20210303-U1.pdf.

[16] Veterans Health Administration. (2020). VHA Directive 1340(2): Provision of health care for Veterans who identify as lesbian, gay or bisexual. Washington, DC: US Department of Veterans Affairs. Available at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5438.

Once again, we thank you for the opportunity to submit this statement for the record. Our team looks forward to continuing to work with you and your offices, and to support your efforts in better supporting and serving our nation's most marginalized and underserved veteran communities. If we can be of further assistance, please feel free to contact Andy directly, at ablevins@minorityvets.org.

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