



Statement of
Richard Brookshire, Co-CEO & Co-Founder
of
Black Veterans Project

before a joint hearing of the

Senate & House Veterans' Affairs Committees
One Hundred Nineteenth Congress

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Chairman Moran and Bost, Ranking Member Blumenthal and Takano, and Committee members,

Black Veterans Project (BVP) represents the first comprehensive reparative justice effort mobilizing Black veterans and military families systematically denied access to the GI Bill during the height of Jim Crow, as well as those who endured systemic racial inequities across the Department of Veterans' Affairs (VA) benefits programs since the end of legal segregation.

BVP leverages data-driven research, narrative storytelling, and impact litigation to redress the federal government's sustained legacy of racial bias that has siphoned an estimated \$100 Billion in wealth-generating opportunities from Black veterans and military families since World War II.

While the families of white veterans now hold 32 times more wealth than those of Black veterans—a gap of \$164,000 per household, Black veterans remain twice as likely to live in poverty and represent one-third of the homeless veteran population.

Since 2020, BVP has worked with Yale Law School and the National Veterans Council for Legal Redress to FOIA internal VA data exposing the systemic denial of billions in disability pay to Black veterans since 2001. *Monk v. United States*, a legal case leveraging these findings, is poised to become the first race-based class action reckoning with the discriminatory administration of VA's benefits programs.

While more recent discrimination at VA has taken years of strategic advocacy to bring to light, efforts to further investigate and address systemic inequities were haphazardly upended last year, when the Office of Equity Assurance was liquidated under the auspices of government efficiency.

The deployment of anti-DEI narratives levied through dubious Executive Orders has sown confusion and fear, threatening those working to mitigate adverse discriminatory outcomes at VA and beyond.

The very systems built to catalyze integration and guarantee accessibility have been eroded for partisan political gain. The dignity of minority veterans has become collateral damage for an anti-woke agenda cloaking the rapid privatization of our nation's largest public healthcare system.

Worse still, powerful forces are actively colluding to redefine who is entitled to the myriad of benefits earned through military service and whose contributions in uniform are ultimately remembered, honored, and uplifted.

As we mark our nation's 250th anniversary, historical erasure has added insult to injury. The veneration and advancement of anti-democratic, racist narratives and policies aimed at reconstituting a new Jim



Crow represent a nexus of crises across our federal government that must be confronted, and a decay of values that must be uprooted and repaired.

Diversity, Equity & Inclusion

For decades, VA ignored repeated requests by advocates to access its racial data. A 2021 lawsuit by BVP compelled the release of two-decades of disability grant rate data by race, substantiating what Black veterans, their families, and advocates had long suspected—sustained and systemic disparities in the administration of a veterans' benefits program. Despite a government record spanning the denial of Civil War pensions and the retraction of housing, education, and healthcare benefits through World War II, Vietnam, and the Gulf Wars, little more evidence has ever been made public.

In 2023, the Government Accountability Office substantiated findings of racial disparities in claim outcomes for issues ranging from hearing loss, impaired limb movement, and post-traumatic stress, prompting the Biden-Harris Administration to formally establish an office exclusively dedicated to rooting out the potential cause.

Less than a year into its work, the Office of Equity Assurance (OEA) was gutted.

In January 2024, VA summarily eliminated its diversity, equity, and inclusion initiatives focused on improving outreach to minorities, women, and veterans adversely affected by persistent inequality. Overnight, it terminated more than 60 employees and reallocated more than \$14 million in earmarked funding to wage a war on “woke”.

Despite OEA's critical function in coordinating enterprise-wide efforts to root out discrimination and to conduct fundamental oversight to inform Congress on shifts in disparate outcomes, OEA's closure effectively hobbled any effort to investigate and eliminate long-standing racial inequities that VA had taken generations to openly acknowledge.

The consequences of these actions will be dire, wide-reaching, and deadly in the years ahead. BVP encourages the immediate introduction of legislation to permanently reinstate OEA, as well as VA's diversity, equity, and inclusion personnel and programming.

VA Privatization

Last Month, the Center for Health & Democracy provided House Veterans Affairs Committee testimony on the expansion of the Veterans Community Care Program (VCCP) through a proposed \$1 trillion



Community Care Network (CCN) Next Generation contract which would shift care and funding away from the Veterans Health Administration (VHA) into the private sector, despite evidence that VA care is equal or superior in quality, more efficient, and more cost-effective.

The Center's testimony noted how private insurers administering community care have demonstrated profit-maximizing behaviors that conflict with veterans' interests and taxpayer stewardship, including documented overbilling, overpayments, upcoding, prior authorization barriers, and network inadequacies. These practices raise serious concerns about expanding contracts with companies that have financial incentives to increase profits rather than improve care.

Research shows that VA facilities often outperform private-sector providers in mortality rates, ICU outcomes, surgical outcomes, cost efficiency, and wait times. VA care is also associated with lower administrative overhead and superior medical treatment. Additionally, the VHA plays a critical national role beyond direct care: it trains roughly 70% of U.S. physicians, conducts groundbreaking medical research, and fulfills its "fourth mission" as an emergency-response backstop during national crises. The proposal to expand community care will weaken VA's fiscal solvency and undermine the quality of care.

BVP supports the Center's recommendation deallocate \$1 trillion from private contractors to instead expand and modernize VA facilities, hire additional medical staff, and strengthen direct VA care capacity while using Medicare's existing administrative infrastructure to support veterans requiring specialized or geographically inaccessible private-sector care to reduce administrative waste, avoid private contractor profit extraction, and rely on a trusted, efficient public system.

Disability Claims

According to research by the National Association for Black Veterans (NABVETS), VA has implemented a series of significant policy interpretations, internal guidance updates, and shifts in administrative practice regarding disability claims over the last year, without providing prominent public notice or formal rulemaking.

While many of these changes were not published as regulatory revisions in the Federal Register, their cumulative impact on claims outcomes, compensation stability, and due process protections for veterans is substantial.

NABVETS has identified seven high-impact areas affecting Veterans Service Organizations (VSOs) and claimants nationwide, including expanded re-examinations for Total Disability based on Individual Unemployability (TDIU), tighter evidentiary standards in Compensation & Pension (C&P) exams,



narrowed acceptance of medical nexus opinions in Dependency and Indemnity Compensation (DIC) claims, higher thresholds for secondary mental health claims, procedural dismissals in appeals, gatekeeping in presumptive condition cases, and increased fiduciary referrals affecting veterans' financial autonomy.

Across these areas, VA practice has shifted toward heightened scrutiny, aggressive income verification, increased reliance on single adverse contractor exams over longitudinal treatment records, rejection of treating physician opinions for lack of "claims file review," and more frequent procedural denials rather than merit-based decisions.

Presumptive conditions are reportedly being denied based on speculative intercurrent causes, while fiduciary referrals are increasingly triggered by mental health exam language without clear and convincing evidence or full notice of due process rights. The practical effect is higher denial rates, greater reliance on appeals, increased administrative burden, and an elevated risk of benefit reductions or loss of autonomy for veterans who may be unaware of evolving standards.

BVP supports NABVETS recommendation that VSOs aggressively challenge inadequate examinations, ensure proper application of M21-1 provisions and relevant case law, preserve effective dates and inferred issues on appeal, and assert due process protections in reduction and fiduciary cases. More broadly, BVP supports NABVETS call for increased transparency, consistent application across Regional Offices, and adherence to statutory and regulatory standards to prevent quiet policy shifts from eroding veterans' earned benefits and procedural rights.

Unregulated Artificial Intelligence

Veterans deserve both modern technology and meaningful protection. The unregulated use of artificial intelligence across the federal government poses serious risks to the welfare of the veterans VA is meant to serve. When AI tools are adopted without clear safeguards, transparency, and strict limits on data use, we risk exposing veterans' private information, eroding trust, and undermining the quality of VA healthcare. Most concerning is the risk AI poses in replicating and amplifying existing racial disparities, as these tools are trained on historical data that reflects decades of unequal treatment and outcomes.

Black veterans already face documented inequities and could be disproportionately exacerbated if AI is more fully adopted, such as biased risk scores, misclassification of symptoms, or automated flags that affect benefits decisions. Even small error rates become serious civil rights concerns when they affect healthcare access, disability compensation, housing stability, or income for veterans and their families. AI should not replace human judgment in claims processing, healthcare determinations, or mental



health assessments. Veterans must have the right to know when AI is being used, to understand how decisions are made, and to challenge those decisions.

Conclusion & Call to Action

Americans still envision a multiracial democracy in which all veterans are respected and protected. That is not the moment in which we now find ourselves. We are at a pivotal crossroads, where apathy, racial animus, and wilful ignorance are converging. They must be met with moral clarity and conviction.

The shared values of racial integration, equal opportunity, equity, and inclusion are structural necessities that equip the **best of us** to do the most for **all of us**. That is the America for which countless souls have perished. That is the America for which I donned a uniform. That is the America your committees must embody to adequately care for those who have borne the battle, no matter their identity.

Black Veterans Project looks forward to working with each of you to repair past and present harms and to rebuild the public trust required for VA, veterans, and our nation to thrive into the future.