



**Legislative Priorities of Minority Veterans of America  
For the 119th Congress**

Prepared for:

Senate Veterans Affairs Committee  
House Veterans Affairs Committee

March 3, 2026

Prepared by:

Lindsay Church (they/them), *Executive Director & Co-Founder*  
Lorry Fenner (she/her), *Senior Policy Advisor*  
Sharon Arana (she/her), *Policy Analyst*

## **Minority Veterans of America** **Legislative Priorities**

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans committed to fostering belonging and advancing equity for service members and veterans who are racial, gender, sexual, and religious minorities. MVA works on behalf of more than 9.5 million minority veterans and is home to over 3,600 members across 49 states, four territories, three countries, and the District of Columbia. Through our programs, we directly serve veterans, service members, and their families. On behalf of our dedicated staff, volunteers, and the communities we represent, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has worked to advance solutions that address the distinct and often compounded challenges that our communities face. We have witnessed firsthand how discrimination and inequities that minority veterans experienced in uniform frequently follow them into civilian life. Minority veterans encounter persistent barriers to healthcare, benefits, housing, and employment opportunities through the Department of Veterans Affairs (VA) and other federal systems. These barriers are rooted in longstanding systemic inequities and discriminatory policies. Today, they are being exacerbated by the deliberate erosion of protections that once sought to mitigate these harms, and the politicization of our very existence under this administration.

Over the last year, these challenges have accelerated. Under President Donald Trump and Secretary Doug Collins, VA has been thrown into chaos. Thousands of employees, including clinicians and veteran staff, have been terminated or pushed out under the banner of “efficiency.” These losses come despite pre-existing staffing shortages, which were already strained further by the expansion of benefits under the PACT Act.<sup>1</sup> The consequences are tangible: longer wait times, overburdened providers, reduced continuity of care, and increased reliance on Community Care referrals.

Simultaneously, this administration has dismantled core anti-discrimination and equity protections within VA.<sup>2</sup> Offices dedicated to advancing equitable access have been closed or weakened. Policies and public-facing materials related to gender identity, inclusion, and LGBTQIA+ visibility have been removed or reduced in many facilities. These actions create

---

<sup>1</sup> Kiran Rachamalla and Devin O'Connor, “Veterans Have Borne Trump Administration’s Deep Cuts to Federal Personnel,” *Center on Budget and Policy Priorities* (blog), February 20, 2026, <https://www.cbpp.org/blog/veterans-have-borne-trump-administrations-deep-cuts-to-federal-personnel>

<sup>2</sup> U.S. Department of Veterans Affairs, “VA Ends DEI, Stops Millions in Spending on DEI,” *VA News: Press Room*, January 27, 2025, <https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/>

confusion, fear, and compound the barriers already faced by women, LGBTQIA+, Black, Indigenous, immigrant, and other racial and religious minority veterans seeking care.

Beyond VA, veterans rely on the broader social safety net to survive, including Social Security, Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Women, Infants, and Children (WIC) benefits. Proposed and enacted cuts<sup>3</sup> across these programs are not abstract budgetary adjustments; they are deliberate decisions that directly affect whether veterans and families can afford food, housing, and lifesaving medications. For veterans living on fixed or limited incomes, these supports are essential to stability and dignity.<sup>4</sup> Reductions to these programs disproportionately harm minority veterans, who are more likely to face economic insecurity due to systemic barriers. When lawmakers vote to slash these supports, they are voting to abandon veterans who are already living on a knife's edge.

We are also deeply concerned about VA's interim final rule amending 38 C.F.R. § 4.10, which directs examiners to evaluate veterans based on how their conditions present with medication, even when treatment masks the true severity of impairment. Although VA announced on February 19 that it is pausing enforcement, the rule remains in regulation. Its continued presence creates uncertainty and undermines trust.

The mere issuance of this rule generated widespread panic in the veteran community.<sup>5</sup> Veterans reported fearing they would need to reduce or discontinue essential, and often life-saving, medications - including antidepressants, antipsychotics, pain management, and seizure-control treatments - to accurately demonstrate the full severity of their conditions. For many, this fear was destabilizing and dangerous.

A pause in enforcement does not resolve underlying harm. As long as the rule remains in regulation, veterans and clinicians cannot be certain how or when it may be applied. VA must fully withdraw this rule, and Congress must ensure that no veteran is ever forced to choose between following prescribed medical treatment and protecting their disability rating.

In the face of these overlapping crises, Congress must prioritize legislation that centers the unique needs of minority veterans and rejects the use of our communities as political

---

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, "SNAP Provisions of the One Big Beautiful Bill Act of 2025 – Information Memorandum," FNS, September 4, 2025, <https://www.fns.usda.gov/snap/obbb-implementation>

<sup>4</sup> Katie Bergh and Laura Cox, "2025 Budget Impacts: House Bill Would Cut Assistance and Raise Costs for Veterans," Center on Budget and Policy Priorities, June 9, 2025, <https://www.cbpp.org/research/federal-budget/2025-budget-impacts-house-bill-would-cut-assistance-and-raise-costs-for-0>

<sup>5</sup> Andrea N. Goldstein, "I Guess SECVA Collins Just Wants Veterans to Die to Save on Disability Compensation: Because That's What Will Happen Under the Latest Interim Final Rule," Living Resiliently (Substack), February 19, 2026, <https://andreangoldstein.substack.com/p/i-guess-secva-collins-just-wants>

bargaining chips. Executive actions, agency directives, and legislative riders that single out minority communities are not abstract policy debates. They determine whether minority veterans receive care or are pushed deeper into instability.

Below, we outline our legislative priorities in detail. Veterans' access to care and benefits is not only a moral obligation, it is a statutory and contractual commitment made by the federal government to those who served. While we feel the moral weight of this responsibility every day in our work, federal veteran policy ultimately rests on binding legal obligations. If moral responsibility alone does not compel action, the law must. The priorities that follow are necessary to meet those legal obligations, repair the damage already inflicted, and ensure that every veteran receives the care, dignity, and protections they were promised and have earned.

## Health Equity

Health equity is not a luxury or a rhetorical device. It is a fundamental obligation to the people who have already paid with their bodies, minds, and families in service to this country. Yet over the past year, we have witnessed an aggressive campaign to roll back protections, restrict care, and erase the very data that makes inequities visible. These actions disproportionately impact minority veterans, who already experience higher rates of chronic illness, mental health conditions, service-connected disabilities, and premature mortality.<sup>6</sup> For example, Black and Indigenous veterans experience chronic conditions at 1.5 times higher than white veterans, and women veterans are more likely to experience posttraumatic stress disorder than their male counterparts<sup>7</sup>.

Under the current administration, VA has:

- Removed or weakened anti-discrimination and equity language in hospital by-laws and internal policies, diminishing accountability for equal treatment<sup>8</sup>.

---

<sup>6</sup> U.S. Senate Committee on Veterans' Affairs, Democratic Staff, *Minority Report: Cuts, Cover-Ups, & Chaos* (January 2026),

<https://www.veterans.senate.gov/services/files/A08A4C86-DB56-4A01-B98F-6ED1CF3F2B7A>

<sup>7</sup> Kim Peterson, Johanna Anderson, Erin Boundy, Lauren Ferguson, Ellen McCleery, and Kallie Waldrip, "Mortality Disparities in Racial/Ethnic Minority Groups in the Veterans Health Administration: An Evidence Review and Map," *American Journal of Public Health* 108, no. 3 (March 2018): e1–e11, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803811/>.

<sup>8</sup> U.S. House Committee on Veterans' Affairs, "Ranking Member Takano and HVAC Healthcare Practitioners Slam Trump VA for Move to Discriminate Against Veterans Based on Marital Status and Political Views," June 16, 2025, <https://democrats-veterans.house.gov/news/press-releases/ranking-member-takano-and-hvac-healthcare-practitioners-slam-trump-va-for-move-to-discriminate-against-veterans-based-on-marital-status-and-political-views>

- Ended gender-affirming care with no plans to restore it, and publicly framed the rollback as necessary to protect other veterans' benefits, pitting gender diverse veterans against the broader veteran community<sup>9</sup>.
- Shut down or hollowed out offices responsible for identifying and addressing racial and gender disparities in care and benefits, including units focused on equity assurance and civil rights enforcement<sup>10</sup>.
- Adopted an interim disability rating rule, amending 38 C.F.R. § 4.10, that instructs clinicians to evaluate veterans based on their medicated, managed state rather than the underlying severity of their conditions, effectively treating successful treatment as justification for reduced compensation. As mentioned above, Veterans have reported fearing they must stop life-saving medications to maintain their disability ratings<sup>11</sup>.

Health equity cannot exist in this environment. It requires durable protections that cannot be erased by administrative action. Specifically, Congress must ensure:

- Strong, enforceable anti-discrimination protections in statute, not merely policy guidance subject to reversal.
- Robust demographic data collection, transparent reporting, and public accountability to identify and remedy disparities. Congress should mandate annual equity audits with publicly reported results
- Protection and expansion of reproductive and gender affirming care within VA's medical benefits package.
- Safeguards against rating practices that penalize veterans for adhering to prescribed treatments or taking necessary medications.
- Mandatory cultural competency, anti-bias, and LGBTQIA+ care training for all VA staff and contractors, including third-party disability compensation examiners.
- A written "no retaliation" policy for veterans who report inequities or discrimination in care.

Minority veterans, especially those at the intersection of multiple identities, face compounded risks and require policies that account for these overlapping disparities. Without these measures, health equity will remain aspirational rather than operational.

---

<sup>9</sup> U.S. Department of Veterans Affairs, "VA to Phase Out Treatment for Gender Dysphoria," March 17, 2025, <https://news.va.gov/press-room/va-to-phase-out-treatment-for-gender-dysphoria/>

<sup>10</sup> U.S. Department of Veterans Affairs, "VA Ends DEI, Stops Millions in Spending on DEI," VA News: Press Room, January 27, 2025, <https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/>

<sup>11</sup> Amanda Miller, "VA Won't Enforce New Rule on Disability Ratings, Secretary Says; Congress Members Want It Rescinded," Military.com, February 20, 2026, <https://www.military.com/benefits/veterans-health-care/new-va-rule-ties-disability-ratings-medicated-symptoms-drawing-fire-veterans-groups.html>

## Executive Orders Targeting Transgender Americans and Impacts on Veterans

The cumulative effect of executive orders and agency guidance targeting transgender Americans has been devastating for transgender and nonbinary veterans. Within VA facilities, these directives have already resulted in:

- Removal of gender identity language and inclusive signage, signaling retreat from previously affirmed protections<sup>12</sup>.
- Rescission of VHA Directive 1341, triggering widespread disruptions in care that veterans are only discovering as they encounter sudden, unannounced barriers<sup>13</sup>.
- Widespread confusion among patients and providers about whether gender-affirming care will continue, under what conditions, and with what exceptions<sup>14</sup>.
- Politicization of critical, evidence-based, and life-saving medical care<sup>15</sup>.
- Increased harassment and hostility toward transgender veterans and staff in some facilities, as inflammatory rhetoric from political leaders filters into clinical settings.

These harms compound existing disparities. Nationally, transgender people face elevated rates of suicidal ideation, suicide attempts, and suicide completion. Transgender veterans face greater risk, due in part to service-connected trauma, military sexual trauma, and systemic discrimination in housing, employment, and healthcare. Peer reviewed studies show that transgender veterans are over three times more likely to report suicide attempts than cisgender veterans<sup>16</sup>. Against this backdrop of heightened vulnerability, the rescission of VHA Directive 1341 in 2025 has already disrupted access to medically necessary gender-affirming care, creating new barriers that transgender and gender diverse veterans are only discovering when they seek treatment.

It is critical to note that VA did not eliminate gender-affirming care itself. Treatments such as hormone therapy, reconstructive surgeries, and related interventions remain widely available and routinely provided to cisgender veterans. Cisgender patients, in fact, use

---

<sup>12</sup> U.S. Department of Veterans Affairs, "VA to Phase Out Treatment for Gender Dysphoria," *VA News: Press Room*, March 17, 2025,

<https://news.va.gov/press-room/va-to-phase-out-treatment-for-gender-dysphoria/>

<sup>13</sup> Huo Jingnan, "VA Rescinds Transgender Veterans' Health Guidance as Department Denies Policy Change," *NPR*, March 14, 2025,

<https://www.npr.org/2025/03/14/nx-s1-5328733/va-transgender-veterans-memo>.

<sup>14</sup> Janice Hopkins Tanne, "US Transgender Care: Evidence for Interventions Is 'Very Low,' Says Review Ordered by Trump," *BMJ* 389 (2025), <https://www.bmj.com/content/389/bmj.r1305>

<sup>15</sup> RAND Corporation, Bill Would Ban Care for Transgender Veterans; the Scientific and Medical Consensus Tells Us That's a Mistake (RAND Commentary, July 5, 2023), <https://www.rand.org/pubs/commentary/2023/07/bill-would-ban-care-for-transgender-veterans-the-scientific.html>.

<sup>16</sup> Raymond P. Tucker, "Suicide in Transgender Veterans: Prevalence, Prevention, and Implications of Current Policy," *Perspectives on Psychological Science* 14, no. 3 (May 2019), 452–68, <https://pubmed.ncbi.nlm.nih.gov/30946622/>

gender-affirming medical interventions more often across clinical contexts<sup>17</sup>, including hormone therapy for menopause and endocrine disorders, chest and pelvic reconstruction, and procedures that restore gendered embodiment following illness or injury. Research further underscores that gender-affirming care is routinely used across diverse patient groups and is part of standard medical practice<sup>18</sup>. VA eliminated these services only when used to treat gender dysphoria, effectively restricting care based not on the treatment, but on *who* the patient is. This is discrimination in practice and impact, and it places transgender veterans at even greater risk in a system where their health outcomes are already disproportionately poor.

Leading medical authorities have consistently affirmed that gender-affirming care is medically necessary and associated with improved mental health outcomes and reduced suicidality. The American Medical Association notes that evidence shows transgender and gender-diverse individuals experience significantly poorer mental health outcomes, including elevated depression and suicidality, and that access to gender-affirming care is associated with improved health and well-being<sup>19</sup>. The American Psychological Association has adopted formal policies supporting the use of evidence-based gender-affirming care<sup>20</sup>. The World Professional Association for Transgender Health continues to publish internationally recognized clinical standards underscoring the medical necessity of this care<sup>21</sup>.

For transgender veterans, these clinical realities intersect with service-connected disabilities, PTSD, military sexual trauma, and moral injury, creating heightened risk when medically necessary care is delayed or denied<sup>22</sup>. Veterans in rural areas, veterans of color, and those facing economic instability experience even greater barriers and disproportionately severe consequences. When VA restricts or destabilizes access to gender-affirming care, it is not engaging in ideological disagreement. It is making a policy choice that endangers veterans' lives.

---

<sup>17</sup> Theodore E. Schall and Jacob D. Moses, "Gender-Affirming Care for Cisgender People," *Hastings Center Report* 53, no. 3 (May 2023), <https://pubmed.ncbi.nlm.nih.gov/37285414/>.

<sup>18</sup> *Ibid.*

<sup>19</sup> American Medical Association, "Understanding Short-Term Impact of Gender-Affirming Care," AMA, May 30, 2022, <https://www.ama-assn.org/public-health/population-health/understanding-short-term-impact-gender-affirming-care>

<sup>20</sup> American Psychological Association, "Guidelines for Transgender and Nonbinary Inclusive Care," APA, accessed January 2026, <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>

<sup>21</sup> Nita Bhatt, Jesse Cannella, and Julie P. Gentile, "Gender-affirming Care for Transgender Patients," *Innovations in Clinical Neuroscience* 19, no. 4–6 (2022), <https://pmc.ncbi.nlm.nih.gov/articles/PMC9553112/>

<sup>22</sup> American Medical Association, "Understanding Short-Term Impact of Gender-Affirming Care," AMA, May 30, 2022, <https://www.ama-assn.org/public-health/population-health/understanding-short-term-impact-gender-affirming-care>.

When VA leadership publicly questions, delays, or restricts access to gender-affirming care based solely on who they don't like, they are not engaging in abstract policy disagreement. They are signaling to transgender veterans that their healthcare - and their lives - are contingent on shifting political priorities, creating fear and instability that can have deadly consequences.

Congress must act to provide clarity and permanence by:

- Codifying nondiscrimination protections in VA statute, including gender identity and sexual orientation, through legislation such as the *Veterans Healthcare Equality Act of 2025* (H.R. 5635).
- Directing VA to restore, protect, and fully implement gender affirming care within the medical benefits package, including hormone therapy, surgical care, prosthetics, and mental health services.
- Prohibiting the use of executive orders or internal directives to eliminate or restrict access to gender-affirming care absent explicit statutory change.
- Ensuring the dismantling of DEI programs does not translate into de facto discrimination in referrals, clinical decisions, or facility-level policies, including requiring ongoing cultural competency and anti-bias training for all VA personnel.
- Mandating that VA report regularly to Congress on the implementation, access, true costs, and outcomes of gender-affirming care to ensure transparency and accountability.
- Including explicit protections for minority veterans at the cross-sections of multiple identities, like transgender veterans of color, to address compounded disparities and systemic barriers.

Access to gender-affirming care is not optional or experimental. It is a life-saving medical intervention that is integral to the health, safety, and dignity of transgender veterans. VA must treat it as such, in both policy and practice. Veterans should never have to wonder whether the care they rely on will survive the next election cycle. Stability, clarity, and equal protection under the law are not special privileges, they are part of the promise made to those who served.

### **Disability Ratings, Medication, and 38 C.F.R. § 4.10**

VA's interim final rule amending 38 C.F.R. § 4.10 was a serious misstep. By directing evaluators to rate veterans based on how their conditions appeared while medicated, the rule signaled that following a treatment plan could be used against veterans when determining disability compensation. Even though Secretary Collins has now announced that VA will rescind the rule outright, the damage is done. Its publication caused real fear and distress among veterans who believed they might have to reduce or stop life saving medications in order to "prove" the severity of their conditions. It also fits a troubling

pattern of VA under Secretary Collins of moving too quickly, minimizing and dismissing legitimate veteran concerns when things go wrong, and only reversing course when public outcry becomes overwhelming or oversight demands it. Veterans deserve a department that treats their stability, trust, and safety as a first order priority, not an afterthought that is addressed only after harm has already occurred.

## **Comprehensive Reproductive and Family Planning Services, Including Abortion**

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* erroneously overturned the federal constitutional right to abortion and set off a wave of state bans and restrictions that fall hardest on those who cannot control where they live or serve, including service members and many veterans. In response to this crisis, the Department of Veterans Affairs issued a rule in September 2022 furnishing abortion counseling and, in certain circumstances, abortion care to veterans and CHAMPVA beneficiaries<sup>23</sup>. That rule became a lifeline for veterans in states with total or near-total bans.

In his confirmation hearing, Secretary Collins signaled that as Secretary, he intended to revisit VA's abortion rule. The first concrete step came when VA issued a proposed rule in August 2025<sup>24</sup>, initiating a rulemaking process that drew thousands of public comments, many expressing deep concern about rolling back abortion access for veterans and CHAMPVA recipients. Despite this overwhelming feedback, the administration moved forward. Over the holidays, the Department of Justice issued guidance reinterpreting VA's authority<sup>25</sup>, which VA relied upon to effectively ban abortion on the spot. VA subsequently finalized a rule that removes abortion counseling and care from the medical benefits package entirely, including in cases of rape, incest, and health endangerment.

The final rule has already created fear and instability for the nearly 300,000 women and gender-diverse veterans of reproductive age who rely on VHA for care, and for CHAMPVA beneficiaries who have no alternative pathway to coverage. These veterans now face the most extreme abortion restriction across federal programs and live in a fractured

---

<sup>23</sup> Department of Health and Human Services, "Reproductive Health Services; Subpart B of Part 50 – Standards for Privacy of Individually Identifiable Health Information," *Federal Register* 87, no. 173 (September 9, 2022),

<https://www.federalregister.gov/documents/2022/09/09/2022-19239/reproductive-health-services>

<sup>24</sup> U.S. House Committee on Veterans' Affairs, "Ranking Member Takano and Democratic Colleagues Condemn VA's Decision to Reinstate Near-Total Abortion Ban," June 14, 2025,

<https://democrats-veterans.house.gov/news/press-releases/ranking-member-takano-and-democratic-colleagues-condemn-vas-decision-to-reinstate-near-total-abortion-ban>

<sup>25</sup> U.S. Department of Justice, Office of Legal Counsel, *Reconsidering the Authority of the Department of Veterans Affairs to Provide Abortion Services* (Memorandum Opinion for the Secretary, December 18, 2025), <https://www.justice.gov/olc/media/1421726/dl>.

reproductive health landscape where state bans collide with federal rollbacks, leaving them with few, if any, safe options.

Congress has a clear path to intervene. A Congressional Review Act resolution (HJ Resolution 144/SJ Resolution 103) has already been filed. We urge Members to support the CRA and restore abortion access for veterans and CHAMPVA beneficiaries in cases of rape, incest, and threats to the patient's health or life. Veterans and their families should never have fewer rights in the country they served to protect, nor should their access to lifesaving care depend on the political ideology of a single administration.

Congress must:

- Reverse VA's rollback through the CRA and codify abortion counseling and care in law.
- Ensure that contraception including emergency contraception, and comprehensive family planning services are fully covered and accessible, and proactively available across all VA facilities and community care networks, including in rural, remote, and underserved areas.
- Expand access to assisted reproductive technologies (ART), including in vitro fertilization (IVF), for all veterans who need them, not limited by narrow service-connection criteria that disproportionately disadvantage women and minority veterans.

#### **Legislative Ask:**

- Support and advance H.J. Res. 144 and S.J. Res. 103, the joint Congressional Review Act resolutions to overturn VA's rollback and restore abortion access for veterans and CHAMPVA beneficiaries.
- Support H.R. 4876, the *Reproductive Freedom for Veterans Act*, which would codify abortion counseling and care in statute.
- Support and advance H.R. 220, the *Veterans Infertility Treatment Act of 2025*, and related legislation to expand and stabilize access to family-building services for veterans and their families. Congress should also consider additional statutory protections ensuring that reproductive healthcare benefits cannot be rolled back or restricted by administrative action.

Access to comprehensive reproductive care, including abortion, contraception, and fertility services, is essential to health equity, autonomy, and the well-being of women and minority veterans. Without these protections, veterans are forced to navigate life-altering healthcare decisions based on politics rather than medical need.

## Maternal Healthcare for Veterans

Maternal health is veteran health. Service related injuries, toxic exposures, PTSD, and chronic stress all shape pregnancy, childbirth, and postpartum recovery. A 2024 report from the Government Accountability Office (GAO) found that severe maternal morbidity among veterans nearly doubled between 2011 and 2020, rising from 93.5 to 184.6 per 10,000 VA-paid delivery hospitalizations, with the highest rates among Black veterans. This demonstrates not only a growing public health crisis but also a stark racial disparity that requires immediate, targeted intervention<sup>26</sup>.

This crisis did not start with the current administration, but it is being exacerbated by workforce cuts, attacks on equity initiatives, and uncertainty around reproductive rights. The Maternal Care Coordinator (MCC) program has helped many pregnant and postpartum veterans navigate fragmented systems, yet GAO has already identified gaps in monitoring and mental health screening that need to be addressed. Reductions in staff and dismantling DEI infrastructure simultaneously amplify the risk of preventable harm, particularly for minority and rural veterans.

VA must:

- Fully implement GAO's recommendations on maternal health monitoring, including tracking severe maternal morbidity and perinatal outcomes by race, ethnicity, gender, and other relevant characteristics, and strengthening perinatal mental health screening and follow-up.
- Protect and expand the MCC program with sufficient staffing, specialized training, and authority to coordinate complex care across VA and community networks, particularly for minority and rural veterans who face compounding barriers.
- Ensure that maternal health equity is embedded in VA's broader suicide prevention, toxic exposure, reproductive health, and women's health strategies, rather than treated as an afterthought.
- Require standardized reporting and accountability measures for maternal health outcomes, including disparities, adverse events, and patient satisfaction.

A truly comprehensive reproductive health system for veterans must include abortion care, contraception, IVF, and other assisted reproductive technologies, adoption support, and robust maternal and perinatal mental health services. Anything less is a political choice that abandons veterans and ignores evidence-based medical needs.

---

<sup>26</sup> U.S. Government Accountability Office, *VA Health Care: Actions Needed to Improve Oversight of Care and Address Workforce Challenges* (GAO-24-106209, January 2024), <https://www.gao.gov/products/gao-24-106209>

## Demographic Data Preservation

Efforts to understand and support veterans through demographic data have been underway since the 1840 census, which first tracked Revolutionary War and War of 1812 veterans by age and disability<sup>27</sup>. Over the decades, these efforts have evolved into progressively detailed data collection systems that inform policy, funding, and clinical care for an increasingly diverse veteran population. Today, demographic data is the backbone of modern, equitable veteran care, enabling programs and services that meet the needs of all veterans.

By providing insights into patterns of service-connected injury, disability, and healthcare utilization, demographic data allows VA to identify disparities, allocate resources effectively, and design targeted interventions. It also underpins compliance with statutory obligations, civil rights enforcement, quality assurance, and Congressional oversight.

Over the last year, however, the administration has taken deliberate steps to dismantle this infrastructure, steps that threaten the visibility, safety, and health outcomes of minority veterans. VA's removal of gender identity from medical records, narrow demographic reporting, and restrict the use of equity-related data elements directly obstruct clinicians' ability to deliver safe, evidence-based, trauma-informed care and impede VA's ability to identify patterns of discrimination, disparities, and systemic harm.

For transgender and nonbinary veterans, the removal or suppression of gender identity data poses immediate clinical risks. Providers rely on this information to determine appropriate screenings, anticipate medication interactions, and provide individualized care. When clinicians are forced to rely solely on birth-assigned sex, veterans face increased risk of misdiagnosis, missed or incorrect preventive screenings, and inappropriate or unsafe treatment plans that can be life-threatening. These data gaps also undermine system-level prevention efforts. The most recent VA Suicide Prevention Annual Report was released months late and removed the critical demographic data necessary for cross-tabulation to best understand suicide risk among minority and underrepresented veterans. Without accurate and complete data, VA cannot design or evaluate targeted suicide prevention interventions or fulfill its responsibility to protect the veterans most at risk. Removing data about problems the Department does not want to acknowledge does not make those problems disappear. It conceals risk, weakens oversight, and leaves the very veterans most in need without the protections that accurate reporting is meant to provide.

The broader erosion of demographic data collection echoes harmful historical practices, including the erasure of racial and ethnic data in earlier decades, which concealed

---

<sup>27</sup> U.S. Census Bureau, "*Veterans: About This Topic*," accessed February 2026, <https://www.census.gov/topics/population/veterans/about.html>

disparities in GI Bill access, disability compensation, and home loan approvals<sup>28</sup>. When data disappears, inequities become easier to deny, harder to fix, and disproportionately harm the communities that already face the greatest structural barriers to care. Preserving and expanding accurate demographic data is essential to ensuring that all veterans receive equitable care, protections, and benefits.

Congress must:

- Require VA to maintain, publicly report, and use complete demographic data, including race, ethnicity, gender identity, sexual orientation, disability status, and socioeconomic indicators.
- Prevent any administration from restricting or eliminating demographic data essential to clinical care, oversight, civil rights enforcement, and quality assurance.
- Mandate that gender identity, sexual orientation, and other key data elements remain accessible to providers in the electronic health record for clinical decision-making.
- Ensure that VA's reporting systems, including those tracking harassment, assault, adverse clinical events, and disparities in benefits administration, use standardized, consistent demographic fields and remain transparent to Congress for oversight and accountability.
- Require routine analyses of disparities and publicly available equity dashboards to allow Congress, advocates, and the public to monitor progress and systemic inequities.

Without accurate, complete demographic data, VA cannot meet its statutory obligations, and minority veterans cannot receive equitable care. Preserving this data is not merely an analytical requirement, it is an essential safeguard against discrimination, erasure, and preventable harm.

## **Dismantling of DEI and Health Equity Programs**

Over the past year, VA has dismantled the equity programs that were created to ensure fair, safe, and competent care for all veterans. DEI offices have been closed, staff placed on leave, contracts supporting equity initiatives canceled, and trainings on culturally competent and trauma-informed care eliminated<sup>29</sup>. These changes were made in response to federal directives to end DEI initiatives across government, and they represent one of the most significant and harmful reversals of equity progress in history.

---

<sup>28</sup> U.S. Government Accountability Office, *VA Health Care: Staffing Challenges and Wait Times Have Generally Worsened* (GAO-23-106097, Highlights, December 2023), <https://www.gao.gov/assets/gao-23-106097-highlights.pdf>

<sup>29</sup> U.S. Department of Veterans Affairs, *VA Ends DEI, Stops Millions in Spending on DEI* (news release, January 27, 2025), <https://www.va.gov/wilmington-health-care/news-releases/va-ends-dei-stops-millions-in-spending-on-dei/>

This is not administrative streamlining. It is the removal of the very systems designed to identify, monitor, and address disparities in care and benefits. Without DEI and health equity infrastructure, VA loses its ability to monitor inequities in disability compensation, maternal health, chronic disease management, mental health care, and gender-based safety. The long-term impact will be deeper disparities, poorer health outcomes, and widening gaps in trust and access for minority veterans.

Congress must:

- Restore and protect VA equity and health equity programs, including dedicated offices, staffing, community contracts, and funding to support culturally competent care, data collection, and equity audits.
- Ensure that VA maintains robust anti-discrimination protections, inclusive and evidence-based clinical training, and accountability mechanisms for all staff.
- Conduct proactive oversight to prevent any administration from dismantling or under-resourcing the infrastructure necessary to identify, track, and correct disparities in access, care quality, and benefits delivery.
- Mandate public reporting on equity initiatives, including progress metrics, staffing levels, and program outcomes, to ensure transparency and accountability to Congress and the veteran community.

Eliminating DEI does not reduce bureaucracy. It endangers veterans, undermines trust, and weakens VA's ability to fulfill its statutory and ethical obligations. Rebuilding and protecting this capacity is essential to ensuring equitable, safe, and high-quality care for every veteran.

## **Housing and Homelessness: The Need for Equitable Solutions**

Stable housing is a basic precondition for health, safety, and successful transition after military service. The latest federal data tells a complicated story. On a single night in January 2024, 32,882 veterans were experiencing homelessness, an eight percent decline from 2023 and a 55 percent drop since 2009<sup>30</sup>. Veterans are the one major population group that continues to see reductions in homelessness, even as overall homelessness in the United States rose 18 percent to roughly 770,000 people<sup>31</sup>.

That progress is real. It is the result of sustained, bipartisan investments in local continuums of care and in evidence-based programs like Supportive Services for Veteran Families (SSVF) and VA's supporting housing program operated in conjunction with the

---

<sup>30</sup> U.S. Department of Housing and Urban Development, *The 2024 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness* (Washington, DC: HUD, 2024), <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>

<sup>31</sup> *Ibid.*

Department of Housing and Urban Development (HUD-VASH). It is also fragile, and it has never been evenly shared.

Black veterans remain dramatically overrepresented<sup>32</sup> in the homeless veteran population, making up about 31% of homeless veterans while representing roughly 14% of the overall veteran population. Earlier analyses found Black male veterans at 34% of homeless veterans but only about 12% of all veterans<sup>33</sup>, a disparity that persists across systems. This disparity reflects the cumulative effects of structural racism in housing, employment, lending, and the criminal legal system – systems that intersect with veteran status and compound risk.

Gender and identity based disparities are equally clear. In the 2024 Point in Time count, 88.8 percent of veterans experiencing homelessness identified as men, 10.1 percent as women, and approximately 1 percent identified as transgender, nonbinary, or another gender identity, even though transgender and gender diverse veterans make up only about 0.1 percent of the overall veteran population<sup>34</sup>. Veterans who identified as a gender outside of the traditional binary system were less likely to be sheltered and made up 1.8% of the unsheltered homeless veteran population, a pattern HUD itself notes may reflect both heightened vulnerability and shelter policies that fail to respect gender identity.

Transgender veterans already face elevated risk. Earlier HUD analyses documented an 89% increase in transgender veteran homelessness between 2015 and 2018<sup>35</sup>, even as overall veteran homelessness declined.

Instead of strengthening protections, recent federal policy changes have introduced new dangers in emergency shelter and housing placement. HUD has announced that it will stop enforcing the Equal Access Rule (77 FR 5662, 2012, *see also* 81 FR 64763, 2016), which required HUD-funded shelters and housing programs to serve individuals in accordance with their gender identity and prohibited discrimination based on sexual orientation, gender identity, or marital status<sup>36</sup>. At the same time, HUD has reportedly stopped

---

<sup>32</sup> Jamison D. Fargo et al., “Racial and Ethnic Disparities in Veteran Homelessness and Housing Instability,” *Medical Care* 61, no. 6 (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10149315/>

<sup>33</sup> Swords to Plowshares, “Considerations for Unsheltered Veterans of Color, Women, and Aging Veterans,” accessed February 2026, <https://www.swordstoplowsares.org/toolbox-article/considerations-for-unsheltered-veterans-of-color-women-and-aging-veterans>

<sup>34</sup> U.S. Department of Housing and Urban Development, *The 2024 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Homelessness* (Washington, DC: HUD, 2024), <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>

<sup>35</sup> Thomas Byrne et al., “Gender Differences in Veteran Homelessness,” *Journal of General Internal Medicine* 34, no. 11 (2019), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6727297/>

<sup>36</sup> National Low Income Housing Coalition, “HUD Secretary Turner Halts Equal Access Rule Enforcement,” February 7, 2025, <https://nlihc.org/resource/hud-secretary-turner-halts-equal-access-rule-enforcement>

investigations into some gender identity discrimination complaints<sup>37</sup> and has begun dismissing cases for lack of jurisdiction, despite clear allegations of transgender individuals being denied shelter or evicted because of who they are<sup>38</sup>.

These policy shifts are not neutral. When HUD signals that gender identity protections no longer need to be enforced, it effectively invites shelters to revert to placement based on sex assigned at birth or to exclude transgender people entirely. For veterans, that can mean being housed in facilities where they are misgendered, harassed, assaulted, or turned away altogether. Transgender and nonbinary veterans already report high rates of unsafe or hostile experiences in congregate shelters and often choose unsheltered homelessness and living in their vehicles over an environment where they are not recognized or protected<sup>39</sup>.

At the same time, the administration has proposed changes to more than \$3 billion in Continuum of Care grant funding that would shift resources away from permanent supportive housing and Housing First models, impose work requirements, and restrict funding to organizations that serve transgender communities and other marginalized groups<sup>40</sup>. A coalition of states has sued to block these changes, warning that they could strip housing from more than 170,000 people and disproportionately harm LGBTQIA+ people and other vulnerable populations (*see State of Washington, et al. v. U.S. Department of Housing and Urban Development*, 25-cv-626, 636). Housing First and permanent supportive housing models have repeatedly been shown to reduce chronic homelessness among veterans; weakening them risks reversing a decade of measurable progress.

For minority veterans, these decisions send a clear message: if you are Black, Indigenous, a veteran of color, a woman, or identify as a member of the LGBTQIA+ community, you are more likely to experience homelessness, more likely to be unsheltered, and now less likely to be protected when seeking emergency shelter or permanent housing. That is unacceptable in any system, but it is especially intolerable from agencies whose missions are grounded in honoring veteran service and sacrifice.

---

<sup>37</sup> Navigate Housing, “HUD Halts Enforcement of Equal Access Rule: What It Means for Housing Programs,” February 2025, <https://www.navigatehousing.com/hud-halts-enforcement-of-equal-access-rule-what-it-means-for-housing-programs/>

<sup>38</sup> Associated Press, “In Battle Against Transgender Rights, Trump Targets HUD’s Housing Policies,” 2025, <https://www.ap.org/news-highlights/spotlights/2025/in-battle-against-transgender-rights-trump-targets-hud-s-housing-policies/>

<sup>39</sup> National Low Income Housing Coalition, *Shelter Access for Transgender People Experiencing Homelessness* (2024), [https://nlihc.org/sites/default/files/AG-2024/6-14\\_Shelter-Access-for-Transgender-People-Experiencing-Homelessness.pdf](https://nlihc.org/sites/default/files/AG-2024/6-14_Shelter-Access-for-Transgender-People-Experiencing-Homelessness.pdf)

<sup>40</sup> National Low Income Housing Coalition, “Trump Administration Releases CoC Funding Notice Drastically Cutting Funding for Permanent Housing,” 2025, <https://nlihc.org/resource/trump-administration-releases-coc-funding-notice-drastically-cutting-funding-permanent>

Congress must:

- Protect and expand HUD-VASH, SSVF, and other evidence-based, Housing First-aligned programs that have driven the decline in veteran homelessness, with explicit equity benchmarks to reach veterans disproportionately affected by homelessness.
- Codify gender identity-based access to emergency shelter and housing services for all HUD- and VA-funded programs, restoring and strengthening the Equal Access protections so that veterans are housed according to their gender identity.
- Prohibit the use of federal homeless assistance funds to discriminate on the basis of gender identity, sexual orientation, race, religion, or marital status, and restore full enforcement of civil rights investigations for housing discrimination.
- Require VA and HUD to collect and report disaggregated data on veteran homelessness by race, gender, sexual orientation, disability status, and geography, and to develop targeted, time-bound plans to close documented gaps.
- Conduct robust oversight hearings on proposed funding and regulatory changes to ensure that evidence-based housing interventions are not weakened or politicized.

Located in Seattle, Washington, MVA operates Q'mmunity House<sup>41</sup>, the nation's only transitional housing program created by and for LGBTQIA+ veterans. Q'mmunity House is home to five individual private rooms designed to provide safe, affirming transitional housing for LGBTQIA+ veterans. In the single year since opening, we have reached full capacity, supported two graduates into permanent housing, and we now continue to receive more placement requests than available beds. The sustained demand reflects a clear and urgent reality: Identify-affirming housing is not a niche service, it is a life-saving intervention for veterans who cannot safely access traditional shelter systems.

As federal shelter rules weaken and as transgender service members face renewed barriers to service under unjust policies such as the Military Trans Ban, the need for safe, affirming transitional housing has increased. Q'mmunity House is proof of what is possible when veterans have access to housing where they are protected, respected, and not forced to choose between shelter and their personal safety.

Ending veteran homelessness is possible. The last decade proves that targeted investments and evidence-based housing programs can drive measurable reductions when they are protected and fully funded. The question now before Congress is whether it will reinforce the policies that work, restore essential civil rights protections, and ensure equitable access to housing – or allow preventable policy reversals to push the most vulnerable veterans back into danger.

---

<sup>41</sup> Information about Q'mmunity House, the nation's first transitional housing program designed specifically for LGBTQIA+ veterans, is drawn from the program's official overview on the Minority Veterans of America website (Q'mmunity House). Available at <https://minorityvets.my.canva.site/qhouse>.

## **Suicide Prevention: Addressing a National Crisis**

As VA and Congress have routinely recognized, suicide remains one of the most urgent public health crises facing veterans. The VA's 2026 Suicide Prevention Annual Report<sup>42</sup>, released later than expected and without the demographic detail typically needed for targeted prevention, showed that veteran suicide deaths have continued to rise. The steepest increases remain among younger veterans, women veterans, and Indigenous veterans. The report also highlighted persistent concerns about undercounting and incomplete data, but it did not include the identity-based cross-tabs that are essential for understanding suicide risk among LGBTQIA+ and gender-diverse veterans.

The absence of this information is not a minor omission. Accurate identity-based data is necessary to identify disparities, evaluate interventions, and prevent deaths. Removing or withholding these data points creates critical gaps in understanding in the system and makes it harder to reach the populations most at risk.

These findings reflect a system under extraordinary strain. They also reveal a growing disconnect between veterans who need timely, culturally competent mental health care and the institutions responsible for providing it. Suicide prevention cannot succeed if the infrastructure required to reach the most vulnerable veterans is weakened or dismantled, or if the data needed to guide interventions is incomplete.

### Tailored Strategies for Vulnerable Populations

Suicide risk is not distributed evenly across the veteran population. Racial minority veterans, LGBTQIA+ veterans, women veterans, and veterans living in rural areas face compounding risk factors, including discrimination, social isolation, barriers to culturally competent care, economic instability, and limited access to mental health services.

The erosion of DEI and health equity programs within VA has removed critical infrastructure designed to identify and address these disparities. Without disaggregated data, culturally informed outreach, and equity-focused care coordination, VA's ability to close gaps in suicide risk is severely compromised.

At the same time, workforce shortages and staff reductions have increased delays in mental health appointments, reduced continuity of care, and placed additional strain on

---

<sup>42</sup> U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report, Part 2* (Washington, DC: VA Office of Mental Health and Suicide Prevention, 2025), [https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025\\_National\\_Veteran\\_Suicide\\_Prevention\\_Annual\\_Report\\_PART\\_2\\_FINAL.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf)

the Veterans Crisis Line and community-based providers<sup>43</sup>. Suicide prevention depends on timely access to care; delays and fragmentation increase and compound risk.

Targeted strategies must include:

- Culturally informed, trauma-responsive mental healthcare that reflects veterans' identities and lived experiences.
- Strengthened peer support programs and networks, particularly for LGBTQIA+, ethnic and racial minority, and women veterans.
- Expanded access to telehealth and broadband-supported services to reach rural and homebound veterans.
- Reliable care coordination for veterans managing complex conditions, including PTSD, substance use disorders, chronic pain, and service-connected conditions.
- Sustained investment in community partnerships that are trusted by minority veterans and can provide identity-affirming support.

The 2026 Suicide Prevention Report highlights the need for sustained, identity-informed interventions. Yet recent policy decisions, including workforce reductions, restrictions on equity programming, and attacks on inclusive care, move VA in the opposite direction.

### Outdoor Recreation as a Suicide Prevention Tool

Outdoor recreation is an evidence-informed protective factor against suicide. Time in nature has been associated with reducing stress, improving mood regulation, creating stronger social connections, and decreased feelings of isolations, key drivers of suicide risk. Veterans consistently report that structured outdoor programs provide relief from hypervigilance, foster community, and create a renewed sense of purpose<sup>44</sup>.

For many minority veterans, however, access to outdoor spaces is limited by cost, geography, transportation barriers, disability access limitations, and the legacy of exclusion that marginalized communities have historically experienced in public lands and outdoor culture. Without intentional outreach and equity-focused program design, these benefits are not evenly distributed.

The Congressionally Mandated Task Force on Outdoor Recreation for Veterans (Task Force) developed more than two dozen recommendations to expand access, improve infrastructure, and integrate nature-based programming into clinical and community

---

<sup>43</sup> Jennifer L. Middleton et al., "Health and Housing Instability Among Women Veterans," *Journal of Social Service Research* 48, no. 2 (2022), <https://journals.sagepub.com/doi/10.1177/10538259211049535>

<sup>44</sup> Lindsay T. Hoyt and Alexi A. Wright, "Gender-Affirming Care and Well-Being: A Population-Based Study," *Health Education & Behavior* 51, no. 4 (2024), <https://doi.org/10.1177/15598276241300475>.

pathways. These recommendations represented a meaningful opportunity to strengthen upstream suicide prevention.

However, the Task Force's work was derailed last year when the administration stalled the report's release and directed the removal of its equity-based recommendations<sup>45</sup>. In protest, MVA resigned from the Task Force after the report was pulled back under the guise of bureaucracy for further politically motivated review, delaying its release and undermining its purpose by excluding the very recommendations designed to support the veterans who face the greatest barriers to outdoor access.

Congress must:

- Ensure full access to the complete unedited Task Force report.
- Protect the integrity of its recommendations, including those addressing equity and access barriers.
- Safeguard future task forces and advisory bodies from political interference that undermines evidence-based findings.
- Create a responsible office or program within VA responsible for continuing the critical work of the Outdoor Recreation Task Force.
- Integrate outdoor recreation and nature-based programming into VA suicide prevention strategies as complementary, preventative interventions; not as substitutes for clinical care, but as vital components of a comprehensive approach.

Outdoor recreation is not a symbolic gesture. It is a community-supported, evidence-informed protective intervention that strengthens connection, belonging, and resilience. Veterans cannot afford to lose strategies that prevent crises before they occur.

### EXPLORE Act Oversight

The Expanding Public Lands Outdoor Recreation Experiences Act (EXPLORE) Act remains one of the most important bipartisan efforts to expand outdoor recreation access for veterans and all Americans. Its goals are to promote mental health, community connection and overall well-being through structured outdoor programming. However, full implementation will only succeed if Congress exercises strong, ongoing oversight.

Oversight must ensure that equity requirements are preserved in implementation plans, that grants and programs are distributed to reach women, LGBTQIA+, and minority veterans as well as those living in rural or under-resourced areas, and that program outcomes are transparent and measurable. Without this oversight, the EXPLORE Act's

---

<sup>45</sup> Richard Sisk, "Pending Report: Veterans' Access Parks Censored to Comply With Trump's Anti-Diversity Orders," *Military.com*, April 17, 2025, <https://www.military.com/daily-news/2025/04/17/pending-report-veterans-access-parks-censored-comply-trumps-anti-diversity-orders.html>

potential to reduce isolation, improve mental health, and contribute meaningfully to suicide prevention will not be fully realized.

Suicide prevention requires more than statements of commitment. It requires sustained investment in evidence-based, identity-informed programs; protection and expansion of proven interventions; and rigorous monitoring to ensure that all veterans, particularly those historically excluded from outdoor and community resources, can participate safely and fully.

Congress must take decisive action to:

- Monitor agency progress on EXPLORE Act implementation, especially *Title II, Subtitle B (Sections 221–226)*, and enforce equity mandates.
- Protect funding for outdoor recreation programs that serve vulnerable populations, including minority, women, LGBTQIA+, and rural veterans.
- Ensure that metrics and reporting track participation, access, and outcomes for historically underserved communities.
- Integrate EXPLORE Act programming into broader VA and community suicide prevention strategies as part of a holistic, preventative approach.

The most recent VA Suicide Prevention Report underscores the urgency of these actions. By safeguarding the EXPLORE Act's veteran and equity-focused requirements and ensuring full, transparent implementation, Congress can help create a preventative framework that saves lives and strengthens well-being for all veterans.

## **VA Sexual Assault and Gender Based Harassment Prevention**

Veterans cannot safely access care in a system that tolerates sexual harassment and assault. For women, LGBTQIA+, and racial minority veterans in particular, harassment at VA facilities is not an abstraction. It is an everyday barrier that drives people out of care, retraumatizes survivors, and destroys trust.

### **Oversight and Implementation of the Deborah Sampson Act Section 5303**

Section 5303 of the Deborah Sampson Act required VA to create a comprehensive policy to prevent and respond to sexual harassment and sexual assault in VA facilities and to report regularly to Congress. VA issued VHA Directive 5019.02 on harassment and sexual assault prevention in 2022, but implementation has been inconsistent and is now being actively undermined.

Under Secretary Collins, VA inactivated required harassment prevention and accountability training for staff, then scrambled to replace it after public scrutiny. Ranking Member

Blumenthal has documented that required trainings were halted or scaled back even as reports of harassment and assault surged<sup>46</sup>.

It is not sufficient for VA leadership to assert that there is “no wrong door” for reporting when the Department has simultaneously dismantled the very mechanisms that give such a framework substance. A reporting pathway is only meaningful if the underlying infrastructure including mandated training, clear investigative protocols, functional accountability systems, and reliable demographic data, remains intact. In their absence, the promise of accessibility becomes purely rhetorical.

Over the past year, VA has suspended or weakened required harassment-prevention and accountability training, inactivated or hollowed out equity offices responsible for monitoring disparate impacts, and narrowed or removed demographic data fields essential to identifying patterns of gender-based harassment. These actions have occurred at the same time that reports of sexual harassment and assault have increased. That combination of rising incidents and reduced prevention capacity represents a fundamental failure of compliance, oversight, and risk management.

This is not a partisan critique. It is a structural one. Regardless of administration, veterans and employees have a right to enter a VA facility without exposure to foreseeable harm. A functional harassment-prevention system is not discretionary; it is a statutory obligation under the Deborah Sampson Act, a workplace safety requirement under federal employment law, and an ethical prerequisite for delivering healthcare. Veterans seek medical treatment, not environments where they must navigate hostility or vulnerability to abuse.

VA must restore and enforce the training, data systems, and accountability structures required to make the concept of “no wrong door” legally meaningful and operationally credible.

### **Key Data Points from Recent Reports**

Recent data show a sharp increase in reported harassment and assault at VA facilities:

- Reports of sexual harassment at VA facilities more than doubled between 2021 and 2024, rising from 600 to 1,541 cases, according to the most recent report to Congress<sup>47</sup>.
- Allegations of sexual assault at VA facilities rose from 323 to 472 in the same period.

---

<sup>46</sup> Richard Blumenthal, letter to Doug Collins, Secretary of Veterans Affairs, *Re: Harassment and Sexual Assault Reports at VA Facilities* (January 5, 2026), U.S. Senate Committee on Veterans' Affairs, <https://www.veterans.senate.gov/services/files/22BE6EE8-A55F-4943-847A-195DF1845117>.

<sup>47</sup> U.S. Senate Committee on Veterans' Affairs, “*Blumenthal Demands Answers From VA Secretary on Staggering Increase of Sexual Harassment & Assault Reports at VA*,” January 7, 2026, <https://www.veterans.senate.gov/2026/1/blumenthal-demands-answers-from-va-secretary-on-staggering-increase-of-sexual-harassment-assault-reports-at-va>

- A 2025 VA research snapshot found that, even after years of work, ten percent of women veteran primary care users reported harassment in VA healthcare facilities in 2023<sup>48</sup>. This is an improvement from twenty five percent in 2017, but it still means one in ten women veterans experienced harassment in the place they rely on for care.

These numbers represent real people. They are not simply the result of better reporting. Veterans describe catcalling, leering, comments on their bodies, and being made to feel unwelcome or unsafe at VA because of their gender or identity.

At the same time, broader VA safety reports show large increases in overall safety incidents in VA facilities. Rising sexual harassment and assault incidents are occurring in a context of weakened oversight, canceled contracts, and attacks on equity and civil rights infrastructure.

### **The Threat of Erasing Gender Based Harassment Data**

The crisis is compounded by efforts to erase or restrict demographic and gender identity data. When VA removes gender identity fields, narrows demographic reporting, or dismantles equity focused programs, the Department undermines its own ability to identify patterns of gender based harassment and assault. Incidents that target gender and sexual minority veterans cannot be fully tracked or addressed if VA does not allow providers and reporting systems to recognize who is being harmed.

Without complete demographic data, Congress cannot see which facilities have disproportionate problems, which populations are most at risk, or whether VA interventions are working. Erasing gender identity in records does not make harassment neutral. It makes it invisible.

### **Addressing Gender Based Harassment and Assault in VA Facilities**

VA has policies on paper, but policies without enforcement and accountability are meaningless. To fulfill the promise of the Deborah Sampson Act and meet its statutory obligations, VA must:

- Reactivate and strengthen mandatory harassment and sexual assault prevention training for all staff, including leadership, with specific content on gender-based harassment and LGBTQIA+ harassment.
- Maintain clear, accessible, survivor centered reporting channels that do not force veterans to navigate multiple offices or repeatedly recount traumatic experiences.

---

<sup>48</sup> U.S. Department of Veterans Affairs, Health Services Research & Development, *Harassment Among Women Veterans: A Snapshot* (Washington, DC: VA, 2023), [https://www.hsrd.research.va.gov/centers/womens\\_health/harassment-snapshot.pdf](https://www.hsrd.research.va.gov/centers/womens_health/harassment-snapshot.pdf)

- Provide transparent, timely, and historical data to Congress and the public on harassment, sexual assault, and safety incidents by facility, including information about outcomes, remediation, and discipline.
- Restore and protect demographic and equity data so that VA can identify which veterans bear the highest burden of harassment and violence.

## **Ensuring Safe and Inclusive Environments for All Veterans**

No veteran should have to choose between their safety and their healthcare. Yet, for many women, LGBTQIA+, and racial minority veterans, that is exactly the choice they face when they walk into some VA facilities. If Congress allows harassment prevention training to be shut down, equity offices to be dismantled, and critical data to be erased, then the protections promised in the Deborah Sampson Act will exist only on paper.

Congress must hold VA leadership accountable for full, robust implementation of Section 2303, insist on honest, complete, and historically robust reporting, and make clear that a VA facility is not truly “accessible” if veterans have to endure harassment or assault to receive care.

## **Department of Defense Priorities**

While the Department of Defense (DoD) is outside of the jurisdiction of these Committees, the challenges minority veterans face inside VA often begin long before they enter the veteran system. The conditions within the DoD shape long-term health outcomes, access to benefits, and trust in federal institutions. Addressing inequities in VA care requires confronting the policies in the military that create or worsen those harms.

## **Ending Sexual Violence and Harassment in the Military**

Sexual violence and harassment remain pervasive across the military, and recent actions by the Department of Defense have intensified, rather than mitigated, this crisis. Despite statutory reforms designed to strengthen independent prosecution pathways, DoD’s most recent reporting continues to show high rates of unwanted sexual contact, severe underreporting, and persistent retaliation against survivors<sup>49</sup>. The burden falls most heavily on lower enlisted service members, women, LGBTQIA+ service members, and service members of color.

Under current leadership, the Department has taken actions that undermine confidence in its commitment to prevent sexual violence. The Secretary of Defense himself has been the subject of wide-spread publicly reported allegations of rape and sexual harassment which

---

<sup>49</sup> Sexual Assault Prevention and Response Office, *FY 2024 Annual Report* (Washington, DC: SAPRO, 2025), [https://www.sapr.mil/Portals/156/FY24\\_Annual\\_Report.pdf](https://www.sapr.mil/Portals/156/FY24_Annual_Report.pdf)

were asked about extensively in his confirmation hearings before this body, and he was still appointed<sup>50</sup>. In addition, he invited individuals with widely reported histories of violent or sexual misconduct allegations, including former UFC coach James Krause, to address service members at the Pentagon<sup>51</sup>. He also brought in his longtime pastor, Mark Burns, a figure known for extremist rhetoric and inflammatory statements about LGBTQIA+ people, women, and other marginalized communities<sup>52</sup>. These choices communicate a clear signal about the Department's values and priorities. They create an environment where survivors reasonably question whether senior leadership is committed to preventing sexual violence, upholding civil rights protections, or ensuring the safety and dignity of those who serve.

The real-world consequences of these failures are visible and devastating. The murder of Specialist Denisha Montgomery Resendez after reporting sexual assault to her chain of command remains one of the starkest examples of systemic breakdown<sup>53</sup>. At Fort Hood, a physician facing multiple allegations of misconduct was allowed to continue treating patients for years<sup>54</sup>. At Joint Base Lewis-McChord, another doctor accused of sexual misconduct and retaliation remained in practice despite extensive complaints<sup>55</sup>. Each case illustrates a recurring institutional pattern of delayed response, inadequate safeguards, and failures in oversight.

These harms have been compounded by the Department's decision to pause and revise sexual harassment and assault prevention training in order to remove references to gender identity, LGBTQIA+ vulnerability, and other protected characteristics. Service members have reported uncertainty about reporting processes, confusion about available protections, increased fear of retaliation and reliance on outside structures and organizations for support. These changes reverse years of incremental progress on behalf

---

<sup>50</sup> Hansi Lo Wang, "Police Report Gives Details, Timeline of the Sexual-Assault Claim Against Pete Hegseth," *NPR*, November 21, 2024, <https://www.npr.org/2024/11/21/nx-s1-5199630/police-report-gives-details-timeline-of-the-sexual-assault-claim-against-pete-hegseth>

<sup>51</sup> Marc Raimondi, "Sources: Suspended MMA Coach James Krause Worked for Offshore Sportsbook," *ESPN*, January 2025, [https://www.espn.com/mma/story/\\_/id/35412818/sources-suspended-mma-coach-james-krause-worked-offshore-sportsbook](https://www.espn.com/mma/story/_/id/35412818/sources-suspended-mma-coach-james-krause-worked-offshore-sportsbook)

<sup>52</sup> Julia Mueller, "Racist Video Prompts Outrage," *The Hill*, January 2025, <https://thehill.com/blogs/in-the-know/5727010-racist-video-prompts-outrage/>

<sup>53</sup> ABC News, "Family Demands Answers in Army Specialist's Mysterious Death," *ABC News*, March 2025, <https://abcnews.com/US/family-demands-answers-army-mysterious-death-specialist/story?id=105387750>

<sup>54</sup> Stars and Stripes, "Fort Hood OB-GYN Sexual Misconduct Lawsuit," *Stars and Stripes*, February 4, 2026, <https://www.stripes.com/branches/army/2026-02-04/fort-hood-ob-gyn-sexual-misconduct-lawsuit-20627538.html>

<sup>55</sup> U.S. Army, "Army Doctor Pleads Guilty to Sexually Abusing Patients, Sentenced to More Than 13 Years in Prison," March 2026, [https://www.army.mil/article/282556/army\\_doctor\\_pleads\\_guilty\\_to\\_sexually\\_abusing\\_patients\\_sentenced\\_to\\_more\\_than\\_13\\_years\\_in\\_prison](https://www.army.mil/article/282556/army_doctor_pleads_guilty_to_sexually_abusing_patients_sentenced_to_more_than_13_years_in_prison).

of the survivor community and elevate long-term mental health risks that follow service members into veteran status.

Congress must ensure that the Department of Defense maintains independent prosecution pathways, enforces robust anti retaliation protections, and restores comprehensive prevention training that accurately reflects the realities of sexual violence and the populations at highest risk. Without these safeguards, DoD cannot meet its statutory obligations or ensure that service members are protected from harm while in uniform.

### **Lifting Barriers to Transgender Service**

Policies that restrict or ban transgender individuals from military service harm both readiness and the well-being of those who serve. Transgender service members have endured repeated cycles of policy reversals, each one disrupting careers, healthcare access, family stability, and unit cohesion. The reinstatement of the ban and forced removal of those currently serving has created new uncertainty and has already resulted in forced discharges, forced retirements, indefinite administrative leave, and cases where service members have been functionally and administratively detransitioned while they wait for decisions that never come. Over the last year, the Department of Defense and the service branches have issued inconsistent, confusing, and intentionally discriminatory policy changes that have upended the lives of service members who have worn the uniform with pride.

These policies do not improve readiness. They remove qualified personnel, deepen staffing shortages, and force the Department to drop recruitment and retention requirements just to fill critical gaps. They send a clear message that identity, not qualifications or merit, determines who is allowed to serve.

Congress should act by passing H.R. 515, the Ensuring Readiness, Not Discrimination Act, which would codify nondiscrimination protections for transgender service members in federal law and prevent future administrations from reinstating a ban. Congress should also require DoD to report on the true costs of the Military Trans Ban, including the expenses associated with premature discharges, the number of service members stranded on administrative leave, the volume of stalled voluntary separations, and the financial and operational costs of replacing service members whom the Department has chosen to remove.

### **Women in Combat and Service**

Women serve in every branch of the Armed Forces and in every occupational specialty, including front-line combat roles. Their record is clear. For more than two decades of sustained conflict, women have led troops, flown combat missions, engaged the enemy,

and made sacrifices equal to any of their peers. Their capability and readiness are proven, documented, and indispensable to national security.

Despite this, women continue to face systemic barriers, including unequal access to career advancement, lack of properly fitted equipment and protective gear, and disproportionately high rates of sexual harassment and assault<sup>56</sup>. These disparities undermine both individual opportunity and overall force readiness.

Recent announcements that the Department of Defense will “review” women’s roles in combat have raised significant alarm. Any effort to reconsider or reverse longstanding policies that allow women to serve in all military occupations is unacceptable. Women have already demonstrated, through service and dedication to this nation, that they are fully qualified and fully capable. Reopening settled questions of eligibility threatens to politicize military readiness and signals to women that their service is contingent rather than valued.

These concerns are compounded by the dismantling of gender-equity programs and the suppression of sex-specific research, both of which are essential to ensuring proper equipment, medical readiness, and fair evaluation systems. Rolling back these programs will make service less safe, less equitable, and less effective for women, and these harms will follow them into the VA system, where gender-specific structures are also being weakened.

Congress must make clear that women’s equal opportunity to serve, including in combat, is not negotiable. Congress must require DoD to maintain accurate sex-specific data, continue research on women’s health and readiness needs, enforce equal opportunity standards, and ensure that no review becomes a backdoor mechanism to reinstate discriminatory restrictions.

### **Ensuring Comprehensive Reproductive Healthcare for Service Members**

Service members do not control where they are stationed, yet many now live in states with severe abortion restrictions. The Dobbs decision and subsequent state laws created major risks to service members who are pregnant, who may become pregnant, or who need reproductive care. The rescission and narrowing of DoD’s travel and leave policy for reproductive healthcare compounds this danger and leaves many service members without safe or timely access to essential care.

Reproductive healthcare also includes contraception, infertility treatment, maternal care, and the ability to make informed decisions about pregnancy. These services are

---

<sup>56</sup> Sophia A. Nelson, “Women in the U.S. Military Face a New Backlash After Hard-Won Progress,” *Forbes*, November 16, 2025,

<https://www.forbes.com/sites/sophianelson/2025/11/16/women-in-the-us-military-face-a-new-backlash-after-hard-won-progress/>

fundamental to force readiness and family stability. Congress must protect access to comprehensive reproductive healthcare, restore travel and leave protections, and ensure that service members are not punished or endangered because of the laws of the states where they are assigned.

The harms faced by minority veterans are not created only after service. They begin within the structures of military policy, training, and healthcare. Addressing the inequities inside VA requires Congress to confront and correct the policies within the Department of Defense that create discrimination, trauma, and barriers to care. A veteran who is safe, supported, and respected in uniform is far more likely to be healthy, stable, and connected once their service is complete.

## **Conclusion and Call to Action**

The testimony we offer today reflects more than data points or policy disagreements. It reflects the lived experiences of millions of minority veterans who are navigating systems that were never designed with them in mind<sup>57</sup>, and are now being reshaped in ways that place them in greater danger. The choices before this Congress will determine whether these veterans are pushed further to the margins or finally see a system that recognizes and responds to their realities.

Equity is not a partisan slogan. It is the practical work of designing systems that meet the needs of the veterans who actually exist today, not the ones imagined in outdated policy frameworks. Modern veterans are more diverse, face more complex lived experiences, and are more likely to bear the compounded effects of discrimination, trauma, and socioeconomic barriers. Equity simply acknowledges this reality and ensures that the supports we build are capable of serving the full veteran population, not just the portions who face the fewest obstacles.

We must move past the false notion that tailoring services to different needs is “discriminatory.” What is truly discriminatory is forcing every veteran into a single structure and calling it “neutral” when that structure systematically leaves women, Black, Indigenous, and veterans of color, LGBTQIA+ veterans, disabled veterans, and veterans living in poverty without what they need. Equal treatment inside unequal systems does not create equal outcomes. Real equity requires redesigning those systems so that every veteran can reach the same level of safety, care, and opportunity.

Our communities feel the consequences of inaction every day. Veterans are navigating longer wait times, reduced trust, and the fear that their existence is being erased from policy and history altogether. Yet they continue to demonstrate resilience, strength, and an

---

<sup>57</sup> U.S. Government Accountability Office, *VA Disability Benefits: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation* (GAO-23-106097, July 2023), <https://www.gao.gov/products/gao-23-106097>

unwavering belief that this country can, and must, do better by those who served. MVA remains committed to fighting alongside them, building programs and communities that affirm their identities, honor their service, and protect their dignity.

Now Congress must meet that commitment. It must reject the dismantling of equity structures. It must restore protections that were torn away. It must pass legislation grounded in the realities of modern service and modern veterans. And it must hold federal agencies accountable to their statutory and contractual obligations to veterans.

The road ahead requires courage, moral clarity, and a willingness to confront decades of inequitable design. But the path forward is clear. If Congress centers equity, protects the most vulnerable veterans, and rebuilds the systems created for a different era, real progress is possible. If it does not, the consequences will fall disproportionately on the very veterans who have already paid the highest cost.

Minority Veterans of America stands ready to work with Congress, to provide data, expertise, and the voices of the communities most affected. We urge you to act with urgency, integrity, and a commitment to building a future where every veteran is safe, supported, and fully seen.

Thank you for your attention and for the opportunity to present these priorities.