Subcommittee on Health
Legislative Hearing on Pending Legislation

Written Testimony Provided for the Open Session Legislative Hearing Covering H.R. 3584; H.R. 3644; H.R. 3649; H.R. 4424; H.R. 5530; H.R. 6324; H.R. 6373; H.R. 7347; H.R. 3225; H.R. 5794; H.R. 3303; and H.R. 5247

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Committee on Veterans' Affairs,
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Chairwoman Miller-Meeks, Ranking Member Brownley, and Distinguished Members of the Subcommittee,

My name is Melissa Bryant, and I am honored to appear before you today on behalf of Minority Veterans of America (MVA) where I serve as Chair of the Board of Directors. As an organization dedicated to advocating for the unique needs of minority veterans, service members, and their families, we appreciate the opportunity to provide testimony and contribute the unique perspectives of those we serve to today's discussion. The focus of this testimony will be on H.R. 3303, the Maternal Health for Veterans Act.

About Minority Veterans of America

Founded in 2017 in Seattle, Washington, MVA is a non-partisan, nonprofit organization dedicated to creating belonging and advancing equity and justice for our nation's historically marginalized and underserved veterans: racial and ethnic, gender, sexual, religious and non-religious minorities. MVA works on behalf of more than 10.2 million minority veterans and is home to 3,300 members across 49 states, two territories, and three countries. Through our suite of programs, we directly serve thousands of veterans, service members, and their families each year.

Of MVA members, 52% identify as women, 7% are gender-diverse (including transgender, nonbinary, gender nonconforming, and gender-diverse veterans), 60% are of traditional reproductive ages of 18-45, and 30% are survivors of Military Sexual Trauma. We are grateful to be here today to represent their unique lived experiences and perspectives on the issue of maternal health for veterans.

Background on Veteran Maternal Health and VA Maternal Care Coordinator Program

Maternal health for veterans is a critical aspect of care that addresses the unique needs of veterans who are navigating pregnancy, childbirth, and postpartum care.[1] Within the Department of Veterans Affairs (VA) healthcare system, accessing comprehensive maternal health services presents challenges for veterans, particularly in light of the historical emphasis on male perspectives and priorities within VA healthcare. Veterans who use VA for care face obstacles in accessing timely and appropriate maternal care due to the limited availability of on-site obstetric services and poor care coordination between VA and community-based providers. As a result, pregnant and postpartum veterans must seek maternity care from non-VA providers, leading to issues surrounding fragmentation of care and challenges in accessing comprehensive maternal health services.

These challenges are compounded by the unique health issues veterans face, including physical and mental health conditions resulting from their service, which can impact their pregnancy and birth experiences. Veterans, especially those who have served in combat and that were exposed to toxins as a result, may experience unique health challenges related to their military service that can affect their maternal health outcomes. These challenges include physical injuries, such as traumatic brain injury or musculoskeletal injuries, as well as mental health conditions like post-traumatic stress (PTS) and depression. Additionally,

[1] While the term "maternal health" is commonly used to refer to health care related to pregnancy, childbirth, and the postpartum period, it is important to note that this terminology may not fully encompass the diverse landscape of individuals who can become pregnant, including transgender men and non-binary individuals. Therefore, discussions around maternal health should strive to be inclusive of all individuals who may experience pregnancy-related health needs. In this testimony, the term maternal health care will be used to represent prenatal, perinatal, and postpartum care, acknowledging the need for inclusive language that recognizes the diverse experiences and identities of individuals accessing reproductive health services.

exposure to environmental hazards and toxins during military deployments have been shown to have long-term health consequences that impact reproductive health and pregnancy.[2]

In response to the complexities of accessing maternal health care within the VA system, the Maternity Care Coordinator (MCC) program was established in 2012 to assist pregnant and postpartum veterans in navigating their prenatal, perinatal, and postpartum care and coordination. Recognizing the unique needs of pregnant veterans and the challenges they face in accessing comprehensive care, the MCC program serves as an important link between VA healthcare services and community-based maternity care providers. Through the MCC program, pregnant veterans can receive personalized support and assistance in coordinating their maternity care across different healthcare settings. MCCs work closely with veterans to ensure they have access to appropriate health care services throughout the perinatal and postpartum periods, addressing any barriers or challenges that may arise along the way. By providing guidance, advocacy, and coordination services, the MCC program aims to enhance the overall quality of care and improve maternal health outcomes for veterans.[3]

The specific responsibilities of VA Maternal Care Coordinators vary depending on the facility and the needs of the local veteran populations they serve. However, generally, MCCs are responsible for:

- **Coordinating Maternity Care Services**: MCCs help facilitate access to comprehensive maternity care services for eligible pregnant veterans. This includes coordinating appointments, referrals, and consultations with healthcare providers both within the VA system and in the community.
- **Providing Education and Support**: MCCs offer education and support to pregnant veterans regarding prenatal care, childbirth preparation, postpartum care, and newborn care. They may provide information about available resources, classes, and support groups.
- **Assessing Needs and Developing Care Plans**: MCCs assess the individual needs of pregnant veterans and develop personalized care plans to address those needs. This may involve collaborating with healthcare providers, social workers, and other professionals to ensure comprehensive and integrated care.
- **Advocacy**: MCCs are charged with advocating for pregnant veterans within the VA system to ensure they receive timely and appropriate care. They may address concerns or barriers to care and work to improve access to maternity services.
- **Monitoring Maternal Health Outcomes**: MCCs may track and monitor the health outcomes of pregnant veterans receiving care through the VA system. This includes tracking prenatal visits, screenings, and interventions to ensure the well-being of both the mother and the baby.
- **Collaboration and Networking**: MCCs collaborate with other healthcare providers, community organizations, and agencies involved in maternal and infant health to enhance the continuity and quality of care for pregnant veterans.[4]

VA's MCCs play an important role in supporting pregnant veterans throughout their maternity care journey, aiming to ensure they receive high-quality, patient-centered care that meets their unique needs.

Unique Maternal Health Challenges for Minority Veterans

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[2] Mancuso, A. C., Mengeling, M. A., Holcombe, A., & Ryan, G. L. (2022). Lifetime infertility and environmental, chemical, and hazardous exposures among female and male US veterans. *American Journal of Obstetrics and Gynecology*, *227*(5), 744.e1-744.e12. https://doi.org/10.1016/j.ajog.2022.07.002.

[3] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (p. 31). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[4] U.S. Department of Veterans Affairs. (2023, May 3). VA services for pregnant Veterans. *VA News and Information*.

Minority veterans face myriad unique maternal health challenges within the VA healthcare system, stemming from intersecting factors such as race, ethnicity, gender, sexual orientation, socioeconomic status, and geographic location. These challenges are rooted in systemic inequities, such as poverty, structural racism, implicit bias, and language and cultural barriers that impede access to essential prenatal, labor, delivery, and postpartum care. Moreover, minority veterans often contend with higher rates of underlying health conditions, including hypertension, diabetes, and mental health disorders, complicating their pregnancy and childbirth experiences and contributing to disparities in maternal health outcomes.[5]

The experiences of racial and ethnic minority veterans are profoundly influenced by unique identities, historical contexts, and the associated social determinants of health, all of which significantly impact access to and utilization of maternal health services within the VA healthcare system. Structural inequities, such as systemic racism and socioeconomic disparities, play a pivotal role in perpetuating disparities in maternal health outcomes among racial minority veterans. For instance, Black and African American, Native Hawaiian and Pacific Islander, American Indian and Alaska Native, and Hispanic women veterans face formidable challenges related to socioeconomic factors and are more likely to live in poverty than their white women and male counterparts.[6] These disparities can have deep impacts on pregnancy outcomes and lead to inadequate access to transportation, unstable housing situations, and financial constraints. Furthermore, racial minority veterans frequently confront stigma, discrimination, and cultural bias within the healthcare system, leading to mistrust and reluctance to engage with healthcare providers, further perpetuating disparities in maternal health experiences and outcomes for racial minority veterans.[7]

In a recent study titled, *VA Should Improve Its Monitoring of Severe Maternal Mortality Complications and Mental Health Screenings*, the Government Accountability Office found, "The severe maternal mortality rate was highest among Black veterans for each maternal health stage—that is, as of delivery (181.6 cases per 10,000 VA-paid delivery hospitalizations), postpartum (132.2 per 10,000 VA-paid delivery hospitalizations), and late postpartum (55.9 cases per 10,000 VA-paid delivery hospitalizations). Compared to the rates for White veterans as of delivery (134.2 per 10,000 VA-paid delivery hospitalizations) and postpartum (76.5 per 10,000 VA-paid delivery hospitalizations), the differences were pronounced."[8]

LGBTQ+ veterans – including transgender, nonbinary, gender diverse, and sexual minority individuals – face additional hurdles in accessing maternal health services within the VA system. These challenges include harassment and systemic discrimination in care settings,[9] which can result in delays in seeking and

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[5] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (p. 43). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[6] National Center for Veterans Analysis and Statistics. (2017). Profile of Veterans: 2017 (p. 22). Retrieved from https://www.va.gov/vetdata/docs/SpecialReports/Profile_of_Veterans_In_Poverty_2017.pdf

[7] MacDonald, S., Hausmann, L. R. M., Sileanu, F. E., Zhao, X., Mor, M. K., & Borrero, S. (2017). Associations Between Perceived Race-based Discrimination and Contraceptive Use Among Women Veterans in the ECUUN Study. *Medical care*, *55 Suppl 9 Suppl 2*(Suppl 9 2), S43–S49. https://doi.org/10.1097/MLR.0000000000000746

[8] U.S. Government Accountability Office. (2024). Veterans Health: VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings (GAO-24-106209). Retrieved from https://www.gao.gov/assets/d24106209.pdf. (Page 16)

[9] Shipherd, J. C., Darling, J. E., Klap, R. S., Rose, D., & Yano, E. M. (2018). Experiences in the Veterans Health Administration and Impact on Healthcare Utilization: Comparisons Between LGBT and Non-LGBT Women Veterans. *LGBT health*, *5*(5), 303–311. https://doi.org/10.1089/lgbt.2017.0179

receiving essential maternal healthcare.[10] Historic mistrust stemming from past discriminatory policies within the Department of Defense and VA healthcare systems can further compound delays or prolonged care-seeking behaviors, adversely impacting maternal health outcomes. Additionally, inequitable access to VA care, resulting from disparate discharge statuses such as those caused by discriminatory policies like "Don't Ask, Don't Tell" and the Military Trans Ban, further impedes access to comprehensive maternal care and support services, thereby exacerbating disparities in maternal health outcomes for LGBTQ+ veterans.

Intersectional challenges exacerbate the obstacles minority veterans face in accessing maternal health services within the VA healthcare system. Individuals who belong to multiple marginalized groups experience intersecting forms of discrimination and barriers that significantly impact their maternal health experiences and outcomes. These veterans are more likely to face a range of challenges, including socioeconomic disparities, cultural insensitivity, discrimination, and mistrust within the healthcare system, which can collectively hinder their ability to access timely and appropriate maternal care. Addressing these intersectional challenges requires a comprehensive approach that recognizes the intersectionality of factors such as race, ethnicity, gender, sexual orientation, and socioeconomic status, while emphasizing equity, inclusivity, and cultural competence in maternal health services for all minority veterans.

Successes of VA Maternal Care Coordinator Program

In the January 2023 Office of Women's Health State of Reproductive Health Report, VA outlined several key areas of success for the Maternal Care Coordinator Program which included[11]:

- **High Utilization Rate**: Between 60% to 75% of veterans who utilized VA maternity care reported engaging with an MCC during their pregnancy, underscoring the importance of MCCs in facilitating access to maternal care services within the VA system. Additionally, VA data indicates that in FY2020 there were 4,766 delivery hospitalizations among veterans who used VA maternity benefits to pay for their deliveries, an increase of approximately 85 percent from fiscal year 2011.[12]
- **Critical Role in Pregnancy Care**: Veterans perceive MCCs as indispensable in their pregnancy care journey, emphasizing their role in navigating and coordinating both VA and non-VA care, as well as addressing resource and billing issues.
- **Centralized Telehealth Program**: The implementation of a centralized VHA MCC telehealth program at the Veterans Integrated Services Network (VISN) level has been instrumental in leveraging resources and expertise to serve veterans across various geographic locations, including rural areas.
- **Enhanced Mental Health Support**: Collaboration between MCCs and mental health providers has led to improvements in perinatal mental health screening and care for pregnant and postpartum veterans. By integrating mental health services into maternal care coordination, MCCs contribute to addressing the holistic health needs of veterans during the perinatal period.

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[10] S, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (pp. 18-20). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[11] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (p. 31). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[12] U.S. Government Accountability Office. (2024). Veterans Health: VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings (GAO-24-106209). Retrieved from https://www.gao.gov/assets/d24106209.pdf. (Page 3)

MCCs have served a pivotal role in enhancing access to comprehensive maternal care services, improving the care experience for pregnant and postpartum veterans, and addressing the unique healthcare needs of this population within the VA healthcare system.

Areas for Improvement for VA Maternal Care and Maternal Care Coordinator Program

While VA's Maternal Care Coordinator Program has made strides in supporting pregnant veterans, several areas for improvement remain.[13] These areas include:

- **Limited Access to Comprehensive Maternity Care**: One of the primary challenges is the limited availability of comprehensive maternity care services within the VA system. Many VA medical centers do not have obstetrics and gynecology (OB/GYN) departments or on-site maternity care providers, forcing pregnant veterans to seek care from community providers or face long travel distances to access VA facilities that offer maternity services. In a 2017 study, it was estimated that approximately 1 in 10 women veteran VA primary care patients lived in a gynecologist supply desert.[14]
- **Lack of Specialty Care Providers**: Even when maternity care is available within the VA system, there is often a shortage of specialty care providers, such as maternal-fetal medicine specialists or lactation consultants, leading to gaps in care and potential delays in accessing specialized services.[15]
- **Fragmented Care Coordination**: Coordination of care between VA providers and community-based providers can be fragmented for individual veterans, leading to challenges in communication, information sharing, care continuity, and issues relating to billing. This fragmentation can result in suboptimal care experiences for pregnant veterans and may contribute to disparities in health and financial outcomes.
- **Inadequate Screening and Risk Assessment**: Inconsistencies exist in screening protocols and risk assessment practices for maternal health conditions within the VA system. Failure to adequately identify and address maternal health risks, such as pre-existing medical conditions or pregnancy-related complications, can result in adverse outcomes for both the pregnant veteran and the baby. A recent GAO study revealed that due to issues related to a screening template that MCCs must use to document their results, VA's Office of Women's Health could not monitor the occurrence or results of mental health screenings conducted by MCCs.[16]

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[13] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (p. 31). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[14] Friedman, S., Shaw, J. G., Hamilton, A. B., Vinekar, K., Washington, D. L., Mattocks, K., Yano, E. M., Phibbs, C. S., Johnson, A. M., Saechao, F., Berg, E., & Frayne, S. M. (2022). Gynecologist Supply Deserts Across the VA and in the Community. *Journal of general internal medicine*, *37*(Suppl 3), 690–697. https://doi.org/10.1007/s11606-022-07591-5

[15] Inderstrodt, J., Stryczek, K. C., Vargas, S. E., Crawford, J. N., Hooker, T., Kroll-Desrosiers, A. R., Marteeny, V., Wallace, K. F., & Mattocks, K. (2024). Facilitators and Barriers to Breastfeeding Among Veterans Using Veterans Affairs Maternity Care Benefits. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, S1049-3867(23)00216-5. Advance online publication. https://doi.org/10.1016/j.whi.2023.12.005

[16] U.S. Government Accountability Office. (2024). Veterans Health: VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings (GAO-24-106209). Retrieved from https://www.gao.gov/assets/d24106209.pdf. (Page 27)
The Office of Women's Health (OWH) additionally stated, "Such monitoring has been the responsibility of the VISNs and VA medical centers. Although OWH is responsible for VA's directive on maternity care and coordination, the

- **Limited Mental Health Support**: Pregnant veterans face unique mental health challenges, including perinatal mood and anxiety disorders (PMADs), but there is limited access to mental health services specifically tailored to pregnant and postpartum women within the VA system. Lack of tailored mental health support can negatively impact maternal well-being and birth outcomes.
- **Insufficient Data Collection and Analysis**: Gaps exist in data collection, analysis, and reporting related to maternal health outcomes among veterans. Without comprehensive data (aggregated and disaggregated), it is challenging for the VA to assess the effectiveness of its maternal health care programs, identify areas for improvement, and address disparities in care.[17]
- **Barriers to Care for Minority and Rural Veterans**: Minority veterans and those residing in rural areas face additional barriers to accessing maternity care within the VA system, including cultural and linguistic barriers, transportation challenges, and limited availability of providers. These barriers can exacerbate existing disparities in maternal health outcomes.[18]
- **Limited Support for Postpartum Care**: Postpartum care is a critical component of maternal health care, yet there are limited supports and resources available for postpartum care within the VA system. Improving postpartum care services and extending support beyond childbirth is essential for promoting maternal health and well-being.

In addition to the above areas for improvement, challenges unique to minority veterans were outlined and included:

- **Persistent Racial Inequities**: Despite the availability of the MCC program, racial inequities persist among veterans accessing perinatal care and maternal mortality, highlighting the need for targeted interventions to address these disparities.[19] MCCs must be equipped with cultural competency and understanding to effectively intervene and address the social determinants of health that contribute to racial disparities in maternal outcomes.
- **Lack of Information Technology Tools**: MCCs face challenges due to inadequate information technology tools for tracking calls and workload.[20] Improved IT infrastructure is essential to enhance the efficiency and effectiveness of MCCs in coordinating maternal care services for veterans.
- **Insufficient Training for LGBTQ+ Support**: There is an urgent need for MCCs to receive specialized training and resources to effectively support LGBTQ+ veterans accessing maternal care services. Currently, many MCCs lack the necessary tools and training to ensure that the program is welcoming and inclusive for LGBTQ+ veterans.

Addressing these failures requires a multifaceted approach that prioritizes equity, cultural competency, and coordinated care. It will additionally require an investment in the resources, training, and support systems

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directive assigns the VISNs responsibility for ensuring its implementation generally. VA medical centers are responsible for supervising or monitoring MCCs, including their efforts to implement the directive requirement that pregnant and postpartum veterans be screened for mental health conditions through the Telephone Care Program."

[17] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care* (p. 18-20). Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

[18] Ibid, page 31.

[19] U.S. Government Accountability Office. (2024). Veterans Health: VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings (GAO-24-106209). Retrieved from https://www.gao.gov/assets/d24106209.pdf.

[20] CS, Rose D., Saechao, F., Shankar, M., Shaw, J., Vinekar, K. S., Yano, E. M., Christy, A. Y., & Johnson, A. M. (2023). *State of Reproductive Health Volume II: VA Reproductive Health Diagnoses and Organization of Care*. Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

to empower MCCs to effectively address racial inequities, enhance technological capabilities, and provide inclusive care for LGBTQ+ veterans accessing maternal health services.

Analysis on H.R. 3303

H.R. 3303, the Maternal Health for Veterans Act, proposes several measures aimed at enhancing maternal care for veterans within the Department of Veterans Affairs (VA). H.R. 3303 would change or improve maternal care for veterans in the following ways:

- **Increased Funding for Maternity Health Care Coordination Programs**: The bill authorizes $15,000,000 annually for fiscal years 2024 through 2028 specifically designated for VA programs related to coordinating maternity health care. This increased funding would enable VA to expand and improve existing programs, allocate resources more effectively, and address gaps in care for pregnant and postpartum veterans.
- **Mandatory Reporting and Data Collection**: H.R. 3303 requires the Secretary of Veterans Affairs to submit annual reports to Congress that summarize activities related to maternity health care coordination programs within VA. This includes data on maternal health outcomes of veterans receiving care through either VA or non-VA providers.
- **Focus on Maternal Health Disparities**: The bill directs the Secretary of Veterans Affairs to provide recommendations for improving maternal health outcomes of veterans, with a particular focus on demographic groups experiencing elevated rates of maternal mortality, severe maternal morbidity, disparities, or adverse perinatal outcomes.
- **Support for Maternity Care Coordination Program**: H.R. 3303 supports VA programs related to the coordination of maternity health care, including the maternity care coordination program described in Veterans Health Administration Directive 1330.03.

H.R. 3303 would improve maternal care for veterans using VA by providing increased funding, mandating reporting and data collection, focusing on addressing disparities, supporting existing maternity care coordination programs, and ensuring supplemental funding to enhance resources for maternal health care initiatives.

Minority Veterans of America's Position

MVA supports Representative Underwood's H.R. 3303, recognizing the potential to significantly enhance maternity care coordination for veterans throughout pregnancy and one year postpartum within VA services. This legislation proposes an important comprehensive study focused on addressing the maternal health crisis among women and gender-diverse veterans, with specific attention to veterans with elevated rates of maternal morbidity, maternal health disparities, or other adverse perinatal or childbirth outcomes. Additionally, the bill will facilitate access to community resources and educational opportunities, improving maternal health outcomes among veterans.

Women veterans represent the fastest-growing demographic within the veteran community, comprising nearly two million individuals in the United States, with 40% of them between the ages of 18 and 44.[21] Alongside unique challenges such as Military Sexual Trauma (MST)-related PTSD and civilian life transition, veterans face alarming maternal mortality rates.[22]

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[21] Ibid.

[22] Quinn, D. A. (2024). *Examining Pre-Pregnancy Health and Maternal Outcomes among Women Veterans* (Project Number 1IK2HX003327-01A1). Veterans Health Administration. Preliminary findings at https://reporter.nih.gov/project-details/10314239#details.

Moreover, veterans encounter various barriers to accessing maternal health care, including geographic constraints, transportation issues, and resource inadequacies within local VA facilities. Tackling these challenges demands a comprehensive approach that recognizes the intersection of veterans' military experiences with their reproductive health needs while ensuring equitable access to quality maternal care services. Efforts to bolster the VA's capacity to deliver comprehensive maternal health services should prioritize the integration of obstetric and gynecological care within VA medical centers, increased funding for maternity care coordination programs, and the recruitment and training of providers proficient in addressing the unique needs of pregnant and postpartum veterans. Additionally, promoting awareness and education among veterans about available maternal health services and advocating for policies that support veterans' reproductive health needs are essential steps in ensuring equitable access to quality care for all veterans, regardless of their service-related challenges or backgrounds.

Recommendations

To improve H.R. 3303 and address the unique needs of minority veterans accessing maternal health services within the VA healthcare system, we recommend the following:

- **Enhance Cultural Competency Training**: Implement comprehensive cultural competency training programs for VA healthcare providers, including Maternal Care Coordinators (MCCs), to ensure that they are equipped to provide culturally informed and inclusive care to minority veterans. Training should focus on understanding the unique experiences and needs of minority veterans, including racial, ethnic, gender, and sexual minority groups.
- **Promote Diversity in Healthcare Workforce**: Increase recruitment and retention efforts to diversify the VA healthcare workforce, including OB/GYN specialists, MCCs, and mental health providers, to better reflect the diversity of the veteran population. A diverse healthcare workforce can improve patient-provider communication, trust, and overall quality of care for minority veterans accessing maternal health services.
- **Expand Access to Comprehensive Maternity Care**: Invest in expanding access to comprehensive maternity care services within the VA healthcare system, including obstetrics and gynecology (OB/GYN) departments, maternal-fetal medicine specialists, and lactation consultants. Ensure that in-house maternity care services are available at VA facilities serving higher minority veteran populations, particularly in underserved rural and urban areas.
- **Address Social Determinants of Health**: Develop initiatives to address social determinants of health that disproportionately impact minority veterans, such as poverty, housing instability, transportation barriers, and language barriers. Provide support services, resources, and referrals to address these social determinants and improve access to maternal health care.
- **Enhance Data Collection and Analysis**: H.R. 3303 should incorporate intersectional perspectives into data collection and reporting requirements to better understand disparities in maternal health outcomes among minority veterans. This includes collecting demographic data on race, ethnicity, gender identity, sexual orientation, and other intersecting identities to inform targeted interventions and policies.
- **Strengthen Community Partnerships**: Foster partnerships with community-based organizations and stakeholders serving minority veteran populations to enhance outreach, education, and support services related to maternal health care. Collaborate with community partners to develop culturally relevant and accessible resources and programs for minority veterans accessing maternal health services. Additionally, H.R. 3303 should allocate additional resources to support community-based outreach and education initiatives targeting minority veterans. This includes funding for grassroots organizations, community health centers, and other local stakeholders to provide culturally relevant and accessible maternal health education, support services, and resources.

- **Improving Language Access Services**: H.R. 3303 should prioritize improving language access services and addressing language barriers for minority veterans accessing maternal health care. This includes expanding language interpretation services, providing culturally and linguistically appropriate materials, and ensuring that language needs are adequately addressed in care delivery.
- **Expanded Access to Doulas and Culturally Competent Midwives**: Increasing access to doula care and culturally competent midwifery services can significantly reduce racial disparities and improve patient outcomes and experiences for LGBTQ+ veterans and families. Doulas and midwives who understand the unique needs and identities of minority veterans can provide tailored support throughout pregnancy, childbirth, and the postpartum period, ultimately enhancing the quality of care, reducing maternal mortality, and promoting positive birth experiences.

As the demographics of the veteran community continue to shift, the need for comprehensive reproductive health services through VA grows greater. Addressing maternal health disparities among veterans is paramount for future generations who will return from service to start families. Despite making strides through initiatives like the MCC program, significant challenges persist in ensuring equitable access to quality maternal care services for all veterans.

We urge Congress to prioritize the needs of pregnant veterans in advancing legislation aimed at improving maternal health care within the VA system. This includes supporting measures to enhance cultural competency training for VA providers, increasing representation of minority providers within the VA maternal health care workforce, improving language access services, and incorporating intersectional perspectives into data collection and reporting requirements.

MVA commends the efforts of Representative Underwood and others in introducing H.R. 3303 to further address maternal health disparities among veterans. We encourage Congress to strengthen this legislation by including provisions specifically targeting the unique needs of minority veterans accessing maternal health services within the VA healthcare system, and urge swift passage of H.R. 3303.

Once again, I thank you for the opportunity to submit written testimony and to provide verbal testimony during the Hearing. My team and I look forward to continuing to work with you and your offices, and to support your efforts in support of the minority veteran community. If we can ever be of further assistance, please feel free to contact our Director of Law & Policy, Peter Perkowski, via email, pperkowski@minorityvets.org.

/s/

Melissa Bryant
Chair, Board of Directors

Appendix - MVA Member Stories

"I gave birth during COVID and it was extremely scary and as stressful as anyone would imagine. I sell cars and was in constant contact with the public. In early February, I became sicker than is usual with pregnancy sickness and didn't know to check for COVID at the time. However, I was extremely sick for a week and a half but never fully recovered breathing wise. After the second quarantine, I had to bring my 5 year old home to home school due to breakouts at school. This put me on unpaid leave from work after my already unpaid medical leave and maternity leave. I'd been saving to buy a house but I've completely depleted those funds. I didn't qualify for unemployment because I wasn't furloughed, I was on medical and personal leave. My children's father hasn't been able to pay any child support and I'm now behind on every bill. I've even depleted my 401k. I've been trying with all that's in me to carry it all but postpartum depression makes everything so much heavier and the meds I'm prescribed aren't suggested while nursing but I can't afford baby formula. I'm fighting for myself and my family to not be homeless. Their father is the only family the kids have here and they are not involved with the children at all."

-Anonymous, Alabama

"I was a drilling reservist wrongfully discharged while I was pregnant. I applied for a 6 month leave of absence and submitted paperwork but was Administratively Separated and was ineligible for re-enlistment. Since my discharge, I have been struggling with housing and became homeless from July-October before finding housing with a friend. I hope to gain financial stability and find permanent housing for myself and my children."

-Lidesyan "Dez" Lincoln, Navy Reserves, Texas

"I've always been financially stable and been able to maintain that stability. I was a shift lead at Walgreens from October 2019 until October 2020. I loved my job but with a 4 month old there's no way I could have open availability. I worked my entire pregnancy all the way up until 2 weeks before I went into labor. I had my sweet girl Kinsley Marie in June , which is when I stopped working. Up until May her dad was still around. He left us while I was 8 months pregnant . We had planned to split the bills until I go into labor because then I would be out of work for a while. When he left I didn't know what I was going to do. He was sending money here and there but not nearly enough to cover the bills. I've fallen behind. I'm sorry this is all over the place but I have a teething 4 month old with no help. Also I decided to go back to work in September while I still was suffering from postpartum. Going to work actually was making me feel a little better but when her dad said he wasn't going to be able to keep her while I worked rocked my world . It's just set setback after setback . I'm facing eviction and about to get my car repoed. I just feel like I can't catch a break. I am looking for a job with a steady schedule."

-Anonymous, Mississippi

"I'm a 37 year old female that has been struggling with depression and anxiety. I was suffering severely from postpartum depression. I asked for help many times, but no one would listen. I failed a drug test and

my command sent me to the brig for 6 months. My mental health was never treated no matter how many tears I cried, or reached out to people."

-Anonymous, Pennsylvania

"I am a female Veteran who served active duty in the Navy for 4 years. Once separated, I became a government contractor in Washington DC. After the birth of my 2nd child, I experienced mild postpartum depression which led to my losing my job and ending the relationship with my children's father, becoming homeless, and engaging in an abusive relationship where my cycle of job loss and homelessness were perpetuated. Once becoming pregnant the abuse escalated and I left him and went to a homeless shelter for pregnant women with my 2 children. There I worked with the Veteran Affairs office in Richmond, Virginia and was able to secure housing for myself and children after the birth of my 3rd child. Now, a single mother of 3, I have secure housing with no support system to help. I have been diagnosed with depression and social anxiety.

Up until the past few weeks I have been unable to get treatment due to not having anyone to watch my children to go to therapy. I just recently put my youngest in childcare (it's been 2 weeks) which I can't afford but I honestly needed the break because my mental health was declining due to not having any breaks from my children and having the sole responsibility to care for them without any help. I'm currently doing the best I can to stay afloat, mentally and emotionally. Most days are extremely hard for me but I continue to push forward because giving up is not an option. Hard times don't last forever and the sun always rises again after a dark night."

-Khadija Smith, Navy, Virginia

"After returning from my deployment in 2010 I began dating my son's father. I became pregnant sooner than expected and things were great. Shortly into my pregnancy my son's father began cheating and verbally abusing me. My ex cheated and verbally/emotionally abused me for about 3 years until one night after returning from his mistresses house an argument became physical and I had to leave my home with my 3 year old son. I moved multiple cities away and started a new job. I have been a single mother since leaving my ex and trying to raise my mixed race son to be a better man and human being than his father. Currently I've started working at SFWMD and I'm just trying to do better for me and my son."

-Gracie Mangual, Army National Guard, Florida