



Modern Military Association of America

**Modern Military Association of America
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**STATEMENT OF
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**BEFORE THE
HOUSE COMMITTEES ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS**

**117th Congress
Wednesday, March 30, 2022**

Chairman Pappas, Ranking Member Mann, and Members of the House Veterans' Affairs Committee, subcommittee on Investigations and Oversight. My name is Jennifer Dane, an Air Force veteran, and the CEO and Executive Director of the Modern Military Association of America (MMAA) – the nation's largest LGBTQ+ military and veteran non-profit dedicated to advancing fairness and equality. MMAA appreciates the opportunity to present testimony.

On behalf of our 85,000+ members and supporters, my testimony focuses on legislation concerning stronger accountability and improved financial management; veteran and VA employee diversity, equity, and inclusion; and the protection of agency whistleblowers.

The Modern Military Association of America (MMAA) supports the following bills in order of our organizational importance:

Serving Our LGBTQ Veterans Act – H.R. 5776

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Improving VA Inclusion, Diversity, Equity, and Access Act

- While VHA's ability to assess the exact numbers of LGBTQ+ Veterans is limited at the system level (e.g., US Government Accountability Office report, October 2020), the startling statistics about LGBTQ+ healthcare disparities have been well established within the literature. When compared to the general population, LGBTQ+ Veterans are at an increased risk for mental health concerns, substance abuse, sexually transmitted infections (STIs, including HIV), intimate partner violence (IPV), and suicide (e.g., Blosnich, Mays, & Cochran, 2014). Minority stress theory indicates that adverse health care outcomes and maladaptive coping mechanisms (e.g., substance abuse) among

LGBTQ+ individuals are largely attributable to stigma and social stress that the larger heterosexual population (Hampton & Pachankis, 2018). Barriers to receiving culturally competent healthcare contribute to worse health outcomes for LGBTQ+ individuals.

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- Many LGBTQ+ Veterans do not disclose their sexual orientation and/or gender identity to healthcare providers, contributing to several salient LGBT health concerns and cultural prejudices being overlooked by many practitioners. Concealment of identity is strongly associated with internalized stigma and cultural prejudice (e.g., Pistella, Salvati, Ioverno, Laghi, & Baiocco, 2016), which can have devastating impacts on one's life and hinders one's ability to mitigate the impact of external stressors (Tishelman, & Neumann-Mascis, 2018). LGBTQ+

individuals who served in the military can experience unique minority stressors due to forced concealment of identity stemming from homophobic/transphobic military policies (Ramirez & Sterzing, 2017). Chronic stress experienced from microaggressions, discrimination, overt harm, and stigma substantially impacts overall wellness and healthcare engagement. One study highlighted that 24% of LGBT Veterans had not disclosed their sexual orientation or gender identity status to any VA provider (Sherman, Kauth, Shipherd, & Street, 2014), suggesting that many practitioners may overlook the disproportionate prevalence of LGBTQ+ health concerns and cultural prejudices. A lack of awareness of unique healthcare needs by both the Veteran and healthcare provider further perpetuates these healthcare disparities.

- LGBTQ+-related military investigations (also known as "witch hunts") were known and feared for many Veterans. Don't Ask, Don't Tell (DADT) was originally intended to be a progressive compromise for the military. It meant that service members would no longer be asked about sexual orientation; however, DADT led to secrecy and fear that others would learn about LGBTQ+ identity. Recently, the debate of open service has centered on transgender and gender-diverse service members. Serving under anti-LGBTQ+ military policies can contribute to unique minority- and military-related stressors such as concealed identity, harassment, trauma exposure, social isolation, internalized stigma, mistrust of others, and ongoing emotional difficulties (e.g., Ramirez & Sterzing, 2017).

- Provider-focused education and inclusive facility policies are beginning to raise awareness among providers about the unique needs and healthcare disparities for LGBTQ+ Veterans. There is growing support that these systemic methods have contributed to improved LGBTQ+ Veteran experience with VHA services (Kauth, Barrera, Latini, 2018). Despite progress in educating providers, LGBTQ+ individuals continue to experience worse healthcare outcomes than their heterosexual and cisgender counterparts. For instance, 36% of LGBT Veterans view the VA hospital as "somewhat or very unwelcoming" (Sherman, Kauth, Ridener, Shipherd, Bratkovich & Beaulieu, 2014). While VHA may not have been involved in negative military experiences, the organization is tasked with providing a corrective emotional experience for those who served. National initiatives have largely focused on provider education and policy development; research supports that these efforts lead to improved perceptions of VHA (Kauth, Barrera, & Latiti, 2018). Yet, LGBT Veterans are often unaware that these changes are happening and that VHA is committed to improving the experience for all.
- **Improving VA Workforce Diversity Through Minority-serving Institutions Act**
 - Currently, there are 86 HBCUs, 21 tribal colleges and universities (TCUs), and 156 Hispanic-serving institutions (HSIs); 4-year institutions
 - By diversifying the pipeline for recruitment to HBCU's, TCUs, and HSIs, the VA will likely recruit capable and qualified underrepresented employees. However, the key would not only to recruit, but continuously retain this talent with ongoing support from inception to employability.

To direct the Secretary of Veterans Affairs to establish a centralized database for demographic data and to improve the collection of demographic data of beneficiaries of the

Department of Veteran Affairs

- With the implementation of Cerner’s upgrade of the electronic health records, the data and collection ability are available. By creating and standardizing a centralized database, oversight and regulation are more easily accessible.
 - We recommend that optional sexual orientation and gender identity (SOGI) also be highly considered in any database or repository.
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Improved Oversight of the Veterans Community Care Providers Act

- MMAA believes that trauma informed, culturally competent care is crucial to the longevity of veteran’s life. However, without regulation, our veterans are discriminated against because of their sexual orientation and gender identity. Providers who many have differences of beliefs regarding our community, may at times deny services and create barriers of care. Therefore, MMAA believes this bill is crucial to serving underrepresented veterans.
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VA OIG Training Act – H.R. 6052

- Developing training to report wrongdoings through the IG for VA employees is critical to ensuring all complaints and issues are taken care of and investigated properly.
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Faster Payment to Veterans' Survivors Act

- Faster payments for veterans' survivors are at the core of the VA's mission, "to care for...his widow and his orphan." By eliminating one year of wait time and providing resources, survivors can justly be taken care of by the VA.
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VA Preventing Duplicate Payments Act

- MMAA fully support this for fiduciary responsibility of the VA.
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To amend title 38, United States Code, to make certain improvements to the Office of Accountability and Whistleblower Protection of the Department of Veterans Affairs, and for other purposes – H.R. 6638

- MMAA fully supports amending title 38.
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Chairman Pappas, Ranking Member Mann, and Members of the House Veterans' Affairs Committee, subcommittee on Investigations and Oversight. It is an incredible honor to submit testimony on behalf of the Modern Military Association of America – the nation's largest LGBTQ+ military and veteran non-profit.

** LGBTQ+ is used as an all-inclusive acronym for all individuals who identify as sexual minorities and/or gender diverse.*

*** All proposed systemic advancements and changes in this document stem from an affirmative care stance.*