



Modern Military Association of America

**Modern Military Association of America
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**STATEMENT OF
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**BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH**

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“Military Transition During the COVID-19 Pandemic”

Chairman Levine, Ranking Member Moore, and Members of the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, my name is Jennifer Dane, an Air Force veteran, and the 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 a testimony addressing, "Military Transition During the COVID-19 Pandemic."

On behalf of our 85,000 LGBTQ servicemembers, veterans, families, caregivers, and supporters, I would like to provide key recommendations that would improve the transition assistance program and the LGBTQ military and veteran population:

1. Remove the barrier to collect research on LGBTQ servicemembers and veterans by eliminating the approval from the Under Secretary for Personnel and Readiness and standardizing sexual orientation and gender identity (SOGI) as a basic demographic research question on DoD and VA surveys.
2. Created a tailor experience for transitioning servicemembers; Similar to VAs LGBTQ Care Coordinators, TAPs LGBTQ Coordinators
3. Establish comprehensive methods for connection and wellness beyond separation.

LGBTQ Military & Veteran Research Needed

Yearly over 200,000 servicemembers transition out of the service and while many can successfully integrate back into civilian life, 40% to 75% describe having difficulty with the major life shift (Whitworth, Smet, & Anderson, 2020; United States Department of Veterans Affairs, 2018; Castor & Kintzle, 2017; Zoli, Maury, & Fay, 2015). The pandemic has only served as a catalyst for more difficulty to those individuals who were already predisposed to

have hardships accessing higher education, job market, issues with substance abuse, financial issues, homelessness, food insecurities, legal issues, and post-traumatic stress (Whitworth, Smet, & Anderson, 2020; Cook & Kim, 2009; Edens, Kaspro, Tsai & Rosenheck, 2011; Elbogen, Johnson, Wagner, Newton and Beckham, 2012; Hawkins, 2010; Sayers, Farrow, Ross and Oslin, 2009; Summerfield, 2001). For the LGBTQ military and veteran community, especially those from racial and ethnic minorities, these were even more dire issues.

First, to truly understand the LGBTQ military and veteran experience, research and analysis is needed. In 2020, the Government Office of Accountability highlighted the fact that better data is needed to access the health outcomes of LGBTQ veterans. To study this population, an approval from the Under Secretary for Personnel and Readiness must be garnered to ask sexual orientation or gender identity (SOGI) on surveys. Although an approval can be granted, the barrier to access approval is daunting. Therefore, with the lack of knowledge of the accessed number of LGBTQ servicemembers transitioning out of the military, VHA is essentially unprepared to care for LGBTQ veterans.

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 is largely attributable to stigma and social stress that is not experienced by the larger heterosexual population (Hampton & Pachankis, 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 has a substantial impact on overall wellness.

Tailored Pathway

From 1993 until 2011, LGB servicemembers served under, “Don’t Ask, Don’t Tell,” which barred open military service of lesbian, gay, and bisexuals. From 2017 until 2021, transgender servicemembers were forced to receive a diagnosis of gender dysphoria, get out of the military, or remain in the “closet.”

During that time, LGBTQ-related military investigations (also known as “witch hunts”) were known and feared for many veterans. Serving under anti-LGBTQ military policies can contribute to unique minority- and military-related stressors (e.g., Ramirez & Sterzing, 2017). Serving under these conditions and transitioning out of the military is daunting.

Having tailored pathways and professionals that truly understand their perspective and are able to assist in the transition process is vital. This is not limited to the LGBTQ community, but should be expanded to women, racial and ethnic minorities, and other populations of focus. Creating a program that is like the VA’s LGBTQ Care Coordinator for TAPs would be ideal.

Connection & Wellness

The pandemic has taught us that connection and wellness is critical to any community. When I left the military in 2016, my service was completed, and it seemed that the military wanted nothing to do with me. I never received a check in to see how I was doing, and I never

received an apology for being investigated under “Don’t Ask, Don’t Tell.” All I wanted was to feel that connection of service and I still long for it today.

Today, in 2021, as the pandemic rages on, the desire for connection and wellness are evident as continue to see suicide rates increase among the general population, the military and veteran population, and the LGBTQ population. Even for me, as the executive director of the nation’s largest LGBTQ military and veteran non-profit, I have had thoughts of ending my life during this pandemic. I was fortunate to seek out help from an out-of-pocket counselor because the wait at the VA was nine-weeks.

We have experienced isolation in the most digitally connected time in our history and it has revealed the need to touch one another, be present together, and finding community within each other is vital. When a servicemember transitions, regardless of if they are LGBTQ or not, we want to feel connected and included.

It is vital that we streamline a process that checks in on veterans more frequently than once a quarter after their transition, especially in rural areas that lack access to technology.

Thank You

Chairman Levine, Ranking Member Moore, and Members of the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, thank you for the opportunity to have me speak today.

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