

Statement of Vivian Richards
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before an Oversight Hearing,
Military Transition During the COVID-19 Pandemic,

of the Subcommittee on Economic Opportunity of the
U.S. House of Representatives' Committee on Veterans Affairs
Wednesday, May 12, 2021

Chairman Levin, Ranking Member Moore, and Distinguished Members of the Subcommittee,

My name is Vivian Richards, and I am a Program Manager with the Minority Veterans of America ("MVA"). Our organization works to create belonging and advance equity and justice for the minority veteran community. My position affords me the privilege and honor of advocating on behalf of millions of veterans—including women, veterans of color, members of the LGBTQ community, and religious and non-religious minorities—and directly serving thousands of member-veterans. Thank you for allowing me to bring the minority veteran voice and experience into this important conversation.

A. My Story

After 20 years and 8 combat deployments, spanning from the 2003 Thunder Run with the 3rd Infantry Division to my 2018 tour with Resolute Support in Afghanistan, I retired in September 2020 well into the COVID-19 pandemic. I sit here today with my retirement award and certificates lost in the mail and I am told there is no hope they will be found. Instead of being disappointed about the lack of ceremony, I use it to keep pushing forward. To remind myself that I am a veteran now, and that the big military machine goes on without me.

What does continue to hammer at the back of my mind, on days when I think it would not, is the overall trauma of separation. Before officially being retired, I suffered from conversion disorder, a condition brought on by years of buried, military sexual trauma, post-traumatic stress, anxiety, and depression. I was (and still am) losing friends left and right to self-harm and death by suicide, with many others unable to picture themselves alive even a year from now. I spent June 2020, in an inpatient facility, as I slipped through the cracks of our behavioral healthcare teams, and after losing the ability to walk for four months. I reached retirement in September 2020, physically crippled and in mental shambles.

Somehow, I am here today, alive and employed and I carry that as a point of my privilege and far from what I would expect one of my Soldiers to endure. I had come undone. And I would find out that

my story, my experience, was not at all uncommon. My saving grace was a network of veterans who had similarly felt somewhat discarded and swore to not let it happen to their buddies that followed. I am here to give voice not just to my experience, but to those like and unlike mine. I am here to continue the grace that has brought me safe thus far for all veterans, from now until Valhalla.

B. Separating from the Military with a Minority Identity or Orientation

Every service member that transitions out of the service and into the civilian sector will face obstacles as they work to adjust to their new sense of normalcy. While serving, the military fosters a sense of structure and community while providing many of the basic needs and services and care¹ that are required when maintaining a standard quality of life. Amid a mental health pandemic within our military and veteran community,² re-entering the civilian sector has proven to be difficult, confusing, and obtuse for many.

Within the broader veteran advocacy community, it has contemporarily been assumed that despite these unique frustrations, mere status as a veteran has a significant, positive impact on those that have been and are in the process of being discharged. Unfortunately, that belief runs counter to established research³ and completely discounts the experiences of many members of our community:

- a. A member of our community⁴ was forced to wait 9-months after his final date of separation before given the opportunity to participate in a transition-related assistance program. He was finally availed to information and resources concerning relocation assistance after spending \$8,000 to move his pets and belongings across the country to attend school post-discharge. When he asked for assistance from his chain of command, he was told that they did not have the time and that all resources that he would need were available online, through the Department of Veterans Affairs. His midnight watch assignments and the decreased personnel considering CDC guidance during the COVID-19 pandemic made it impossible to connect with folks while on base.

¹ Here, the terms “services” and “care” are intended to reference medical, dental, insurance, food, and housing needs, among others.

² See generally, Gradus, J. L. (2016). Epidemiology of PTSD. *National Center for PTSD*. U.S. Department of Veterans Affairs. Accessed on May 1, 2021, at www.ptsd.va.gov/professional/treat/essentials/epidemiology.asp.

³ MacLean, A. (2008). The privileges of rank: The peacetime draft and later-life attainment. *Armed Forces Soc.* 34(4), 682-713. doi.org/10.1177/0095327X07310336. See also Stanbridge, D. (2013). The economic impact of veteran status: The effect of veteran and demographic statuses on household income. Portland State University, Dissertations and Theses. Paper 977. Accessed on Feb. 28, 2021, at www.pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1976&context=open_access_etds.

⁴ Andy M. identifies as a white, gay, male veteran. He served in an airfield management role with the United States Air Force and was discharged in March 2020. He currently resides in Maryland and is pursuing a political science undergraduate degree.

- b. Another member of our community⁵ noted that the pandemic shut down many of the facilities and moved operational locations of services without providing adequate notification. Limited staffing led to missed appointments and the inability to contact folks for rescheduling or to verify appointment times and locations. Continued requirements for physical signatures on discharge paperwork made it impossible to conduct business virtually. This member also noted that while her transition experience out of the Defense Department was wanting, her treatment when accessing education benefits through the Department of Veterans Affairs was streamlined and accommodating. She further states that she has periodically been contacted by a staff member within the Department of Veterans Affairs throughout this first-year post-discharge.

- c. A third member of our community⁶ is currently in the process of transitioning out of the service and has noted that there has been a severe lack of information or instruction related to his re-entry to the civilian sector. He attests that the limited staffing on base and lack of direct contact with personnel considering CDC guidelines has made it difficult to access needed resources and information. He further states that many in his unit that have transitioned out of service, or are also in the process of doing so, have been facing similar issues.

C. VA Frameworks and Information

Where service members and recently separated veterans have been able to access transition-related frameworks, and where they have felt the employees they are interacting with have maintained the requisite trainings and competencies to uniquely support them, the existing frameworks appear to be both effective and efficient in delivering needed information and identifying opportunities for growth and assistance. As mentioned through the community testimonials outlined above, often, especially considering the current pandemic, our nation's veteran communities are not able to access those

⁵ Bailey M. is a transgender woman veteran that served for 20 years in the United States Air Force, with her final billet filling a C17A crew chief role and as the training monitor for a 140-person aircraft maintenance unit. She was discharged from service following a medical evaluation board in June 2020. She is currently pursuing her undergraduate degree in human resource management.

⁶ This veteran wishes to remain anonymous to avoid potential retaliation from his chain of command, as he continues to actively serve. He is an enlisted member of the United States Air Force, serving on a base within the continental United States.

purposefully designed frameworks, whether through negligent actions or intentional dismissal by their chains of command.

The accession rates into transition-related assistance programs, and the ensuing effectiveness of those programs, for those that can access the systems are significantly tied to the programs' perception by members of the community. The Departments have done a tremendous job of ensuring minority veterans are over-represented in produced videos and information materials.⁷ We commend the Departments for making this a chief communications priority, especially for the Transition Assistance Program. Their actions are an indicator to the community-at-large that the Departments are ready to work towards reparations for much of the harm that has been caused by personal and systemic oppression, harassment, and discrimination.

It is imperative that the Departments carry that commitment to diversity and to serving all veterans equitably through the delivery of programmatic elements and development of service frameworks. This proves to be difficult, in both theory and practice, as the Department of Veterans Affairs continues to have unprecedented turnover rates, vacancy rates, and with the knowledge that nearly 33% of employees will be eligible to retire in the next calendar year.⁸ The lack of succession planning must be addressed at both the state and federal level if the Department is to ensure that they retain the competency to guide veterans through their transition to civilian life. **We would urge that future succession planning around administration of transition assistance programs include relevant trainings that reflect culturally competent, systemic trauma-informed, and intersectional lenses.**

D. Accessing Physical and Mental Healthcare

Many exiting the military do so with both visible and invisible wounds or conditions that are directly related to their military service. In addition to preparing recently separated veterans to rejoin the workforce and to re-establish their own sense of community in the civilian sector, a key component of the transition assistance program is ensuring veterans are aware of what physical and mental health care and benefits are available to them through both Departments. While this process should be streamlined, a technology gap exists between the two departmental infrastructures that allow many in the transition pipeline to fall by the wayside. During my own transition process back into the civilian sector, I lost a senior-enlisted colleague to suicide after he fell through the system. This lapse in continuity is failing our

⁷ See generally www.benefits.va.gov/transition/tap.asp.

⁸ Goldenkoff, R. (2019). Improved succession planning would help address long-standing workforce problems. *U.S. Government Accountability Office*. U.S. Department of Veterans Affairs. Accessed on May 1, 2021, at www.gao.gov/assets/710/702345.pdf.

nation's most vulnerable veterans and directly influencing the suicidality pandemic ravaging the veteran sector. **We must dedicate substantial capital and resources towards reducing or eliminating this technology gap and shepherding transitioning service members from one agency and to the other.**

I do not, however, believe that the provision of a simplified and restructured pipeline is going to be enough to effectively care for our veteran communities. There exists both a stigmatization accessing mental health care within the military and veteran spaces. Much of this mindset is the direct result of service members attempting to protect their careers by not accessing due and necessary professional care. That stigmatization and history of developing coping mechanisms, whether healthy or unhealthy, has led to a general devaluation of mental healthcare. **We would urge that effective campaigns around the accessibility, provision, and benefit of mental health care be included and emboldened in transition-related assistance programs.**

E. Veterans with Bad Paper Discharges & Entry Level Separations

I would be remiss if I did not advocate on behalf of our community members that have received less than honorable discharge characterizations and entry level separations, many of whom do not access transition-related assistance programs either because they feel or are told that they are not eligible for such services and guidance.

Actions and behaviors considered to be misconduct or criminal in nature are often categorized without consideration of the impact that mental health issues and MST have on service members. The prevalence of post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBIs) among service members has been noted in relation to "bad paper discharges."⁹ Despite efforts to increase screening for mental health conditions in the military, many service members with PTSD symptoms do not seek mental health care due to widespread stigmatization and fear of losing their careers. This stigmatization extends into their transition to the civilian sector. To cope with symptoms of PTSD, including the traumatic effects of MST, many service members self-medicate by using illicit substances and alcohol as a substitute for professional mental health care. The existence of other justifiable and cultural categories for understanding behaviors and actions make their expressions illegible in the framework of mental health and MST. These include insubordination, failure to appear, absent without leave, and at times malingering.

⁹ The term "bad paper discharge" commonly refers to military discharge characterizations that are not fully Honorable. This includes characterizations listed as Other Than Honorable (OTH), Bad Conduct (BCD), and Dishonorable.

More than 500,000 veterans across all military branches have received an administrative “Other Than Honorable” (OTH) discharge.¹⁰ Despite their service, veterans are being turned away from the VA, unable to even *apply for*, let alone access, their benefits. Even when help is offered, as in the VA’s 2017 mental health pilot program from bad paper veterans, only limited access to care is granted, and the stigma associated with their status as a veteran with a bad paper discharge prevents many from fully engaging in the limited care or access to services that they receive. This deprivation is more insidious in the lives of minority veterans given the pervasive bias and structural discrimination they experience regularly based on their identity and status in society. Even when minority veterans have been discharged under other than dishonorable conditions, they have been ostracized from the veteran community, turned away from the VA, been prevented from using their hard-earned benefits, and made to feel as if their service was underappreciated and undervalued by the very people with whom and for whom they served. Bad paper discharges compound the already unjust and inequitable social and structural conditions which categorically disadvantage minority veterans.

Taken together, these various barriers explain the higher rates of homelessness, substance abuse, incarceration, and death by suicide among minority veterans. The discrimination that exists in the process of deciding whether a minority veteran receives a bad paper discharge is inextricable from larger societal attitudes and structures which foster and perpetuate racism, sexism, homophobia and transphobia, and religious discrimination. The structural barriers that come with a bad paper discharge are not mere quality of life abatements for our nation’s minority veterans. They are, unfortunately and regularly, a matter of life and death. **We would strongly recommend that the Departments of Defense and Veterans Affairs take special care in working with bad paper and entry-level separated veterans as they transition back into civilian life.** We must end the stigma and circumvent the barriers if we are truly going to serve all that have worn the cloth of this uniform, as is our community’s charge.

F. Review of Effectiveness

Members of our community show up not with singular identities, but with intersecting and overlapping characteristics, the weight of which impacts and compounds many of the factors that we are proactively seeking to address through this oversight hearing. There is an opportunity through transition-related assistance programs to break cycles of harm and to ensure that existing frameworks

¹⁰ Alaigh, P. 2017. “Access to Mental Health Services for Other Than Honorable Discharged Servicemembers.” Undersecretary for Health Memorandum. Washington, DC: Department of Veterans Affairs. www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5350.

remain tailored to the growing diversity of the veteran population. **We would urge the Department to establish and utilize comprehensive data collection mechanisms to review intersectional identities and orientations, as opposed to singular identities. We would also urge the Department to track whether separating veterans are re-locating to rural, urban, or insular communities, to ensure effective and tailored care mechanisms are offered and made available.**

Thank, you again, for the opportunity to submit this testimony and for inviting me to the table for this conversation. If I can be of further assistance, please feel free to contact our Operations & Policy Director, Andy Blevins, via email at ablevins@minorityvets.org.

Respectfully Submitted,

/s/

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