

**STATEMENT OF MAUREEN ELIAS
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BEFORE THE HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VA, AND RELATED AGENCIES
ON
"CHALLENGES FACING VETERANS IN ACCESSING FERTILITY SERVICES"
MARCH 9, 2021**

Chairwoman Wasserman Schultz, Ranking Member Carter, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to provide input as you examine veteran access to fertility services. As we take a look at the challenges veterans face when accessing reproductive services, we would like to share a story that highlights why these services are so critical for disabled veterans.

During a deployment to Iraq for Operations Enduring Freedom and Iraqi Freedom, US Army veteran Denita Oyeko's unit was ambushed and her vehicle was propelled into another vehicle leaving Denita with a traumatic brain injury (TBI) along with cracked ribs and tailbone. Her injuries worsened and in 2007, she was medically discharged with an 80 percent service-connected disability rating.

Due to the blast, her fallopian tubes were damaged and she was unable to conceive without the use of in vitro fertilization (IVF). When she asked the VA for help due to this being a service-connected condition due to injuries sustained in combat, she was turned away. At the time, the VA was not providing IVF. She and her husband made the decision to take the funds from their retirement account to pay for IVF themselves and now have a twin boy and girl. They recently decided to try again for another baby and are thankful this benefit is now offered so they do not have to further degrade their retirement or take from their children's college funds to grow their family.

Veterans should not have to risk future financial stability in order to have a family. They protect our families. It is our responsibility to ensure the men and women who experience infertility due to injuries or illness incurred in service to this country are able to have families of their own. Danita's story highlights the sacred responsibility Congress has in restoring to veterans what has been lost in service, to the fullest extent possible.

In Vitro Fertilization

Before Congress temporarily authorized VA to provide IVF services to veterans with severe service-connected conditions that prevent the conception of a child, veterans, like Denita, who suffered service-connected genitourinary injuries, bore the full cost of reproductive assistance like IVF if they desired to have a family. The exact number has been difficult for us to obtain, but we believe at least 500 veterans and their spouses have used this service since it became available at VA in January 2017. Congress temporary reauthorized the program in 2018 and VA wrote its rules so that as long as the program is funded, it is considered an authorized service.

While we are pleased that procreative services remain temporarily available for catastrophically disabled veterans, our work is not done. The uncertainty of refunding every year is very disruptive to the family and their financial planning. Veterans should not face the choice of rushing to grow their family because they are worried this service might not be refunded. It is important that veterans have the continuity of care to allow for family planning. The decision to have a child is a very personal one that needs to be done with planning and care, taking into fact the financial, mental, and physical health of the parents to be. Conception is unpredictable. Veterans should not have the additional anxiety of rushing to have a family out of fear this service might not be funded. We call on Congress to make IVF a permanent part of the health care benefits package provided to eligible veterans with service-connected injuries or illnesses, or whose treatment of those conditions, renders them unable to conceive a child without the support of IVF.

Furthermore, we ask Congress to repeal the restriction on the use of gametes that are not a veteran's and his or her spouse's. VA's current temporary authority prohibits the use of donated gametes for IVF. For many veterans, their injuries destroyed their ability to provide their own sperm or eggs making them ineligible for IVF through VA. This is an unexplainable requirement that only harms those who need this service the most. A cruel irony of the prohibition of donated gametes for IVF is that there is no such prohibition when veterans pursue artificial insemination. Only in the provision of IVF can VA not authorize care if the use of donated gametes is necessary.

Surrogacy

VA should also be authorized to allow other services to address the specific needs of catastrophically disabled women veterans whose injuries prevent a full-term pregnancy. A very small number of women veterans have service connected injuries which while they may be able to conceive through IVF, renders them unable to carry a pregnancy to term due to their disability. In such an instance, use of a surrogate may be their only option. Thus, the current authorization is not inclusive of all women veterans with a catastrophic reproductive injury. Congress should authorize and fund VA's use of

surrogacy in the very limited instances where a woman veteran's service connected condition prevents her from carrying a pregnancy to term.

COVID-19

Usage numbers are down due to the impact of many offices closing during the heat of the COVID pandemic. Fertility services are elective procedures and, in many states, offices were closed for months interrupting fertility cycles and preventing others from beginning. This is an issue that has impacted Denita on her journey to grow her family. Due to the risk of an adverse outcome, should they contract the virus, many of our members have put off elective procedures until it is safe to do so. This may impact the funding for ART services. It also means we may see higher levels of use in the next two years as those who had to stop or postpone services are waiting until it is safe to resume, creating a higher than normal demand.

Administrative Considerations

Lastly, as Congress looks at permanent authorization of assisted reproductive technology (ART), we strongly recommend you untie VA from the "Policy for Assisted Reproductive Services for the Benefit of Seriously or Severely Ill/Injured (Category II or III) Active Duty Service Members" issued by the Assistant Secretary of Defense for Health Affairs on April 3, 2012, and allow VA to establish their own policies on the provision of reproductive services. Veterans have vastly different and complex health care needs, that differ from the Department of Defense's healthcare policy aimed at ensuring and maintaining a healthy fighting military force. Untying this policy will allow VA ART policies to better meet and reflect the needs of the patient population they serve as well as allow the incorporation of additional ART services that might be discovered in the future. It is also essential that permanent authorization allow VA to provide fertility counseling and treatment including IVF, to a spouse of a veteran with a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment.

Research

Finally, there is a startling lack of evidence on reproductive health and veterans. For example, we need more research on the reproductive continuum of men and women veterans with spinal cord injuries and disorders (SCI/D). Until we have this research, we cannot understand all the various factors that come into play in reproductive health such as race, ethnicity, gender, and disparities in care.

Likewise, there has been little research and attention given to female infertility and the impact of service on reproductive health from other military-related sources like toxic exposures from chemicals and burn pits. All VA facility leaders must be accountable for

meeting women veterans' standard of care for quality, privacy, safety, and dignity. To advance the understanding of how SCI/D affects the reproductive life cycle of women veterans, VA must include academic affiliates, other federal agencies, and for-profit industry in their research as a majority of research on SCI/D and sexuality has focused on men, who are more likely to have SCIs.

PVA would once again like to thank the Subcommittee for the opportunity to present our views on VA reproductive and related services and would be happy to answer any questions you may have.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.