

Statement for the Record on the Legislative Priorities of Minority Veterans of America with Relation to the Department of Veterans Affairs



Written Testimony Prepared for:

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Chairmen Tester and Bost, Ranking Members Moran and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans dedicated to creating community belonging and advancing equity for service members and veterans who are racial, gender, sexual, and 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. On behalf of our dedicated staff, volunteers, and the communities we serve, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has been at the forefront of advocating for the unique needs of minority veterans across the nation. In our work, we have witnessed firsthand the challenges faced by members of our community during their time in service that spill over into their existence as veterans. Minority veterans face unique challenges when trying to access quality healthcare and benefits through VA and have unique needs when it comes to their mental and physical healthcare.

Our legislative priorities reflect our commitment to addressing these critical issues. We advocate for improved access to VA healthcare and benefits, ensuring that minority veterans receive equitable support and services. Additionally, we emphasize the importance of mental health and suicide prevention initiatives tailored to the unique needs of minority veterans. Too often, members of our community face barriers to accessing culturally competent care and support, exacerbating physical and mental health challenges and contributing to disproportionate rates of suicide for racial, gender, and sexual minority veterans.

As we confront these pressing matters, we call upon the Committees to prioritize legislation that places the unique needs of minority veterans at the forefront, honoring the profound sacrifices our communities have made in service to our nation. The politicization of minority veterans, including racial, gender, sexual, and religious minorities, along with our families, must come to an end. Exploiting our lived experiences, identities, and struggles for political gain through divisive riders aimed at attacking the communities we represent undermines the very essence of our collective sacrifices. It is imperative that we

refuse to allow honorable service to be reduced to mere political spectacle and gamesmanship. We must honor service through fighting for equitable policies and care that are worthy of the sacrifices veterans make for our country.

In the following sections, we outline MVA's legislative priorities in greater detail, offering insight into the specific challenges faced by minority veterans and proposing actionable solutions. It is our sincere hope that this information will inform and inspire the work of both Committees in the months ahead, driving us closer to a future where every veteran is seen, heard, and valued.

I. Improving Access to VA Healthcare & Benefits

Ensuring equitable access to healthcare and benefits is not just a moral imperative but a solemn commitment to those who have selflessly served our nation to care for them when they return from service. For many minority veterans, accessing the vital resources provided by the Department of Veterans Affairs through the healthcare and benefits system is often hindered by insurmountable barriers.^{1 2} These barriers result in delayed or deferred care which can ultimately lead to exacerbating health issues and diminishing overall well-being. MVA advocates for policies that dismantle these obstacles and ensures that every veteran receives the timely and comprehensive care they require and deserve.

A. Addressing Sexual Harassment, Assault, Identity-Based Harassment, and Discrimination in VA Benefits and Care Settings

Sexual harassment, assault, identity-based harassment, and discrimination within VA spaces, facilities, and programs pose significant barriers to the well-being and access to care for minority veterans. These pervasive forms of institutional abuse, whether stemming from race, gender identity, sexual orientation, or religion, not only violate the principles of equality and respect but also directly hinder the health outcomes and overall experiences of those seeking care from VA. Failures by VA leadership to hold perpetrators accountable have tragically resulted in instances such as the death by suicide of a veteran who sought

¹ U.S. Department of Veterans Affairs. (2015). Study of Barriers for Women Veterans to VA Health Care [PDF]. Retrieved from https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf# (Page 115)

² Garcia, P., Ma, S. P., Shah, S., et al. (2024). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, 3(2), e1920622.

justice for her sexual harassment by a VA employee and a harassment-free environment.³ In response to these pressing concerns, Congress passed the Deborah Sampson Act (DSA), which vowed to address the profound gaps in healthcare and reduce barriers to care for women veterans — including by comprehensively tackling sexual harassment and assault throughout the entire agency.

Despite provisions aimed at mandating improvements, the actual implementation has fallen short of the intended objectives of the law. In fact, since the initial Congressionally Mandated Report (CMR) on sexual assault and harassment within VA in 2021, the number of reported assaults on VA campuses has continued to rise, reaching 394 in the 2023, a 21% increase.⁴ VA's policies, procedures, and systems to address sexual harassment and assault have failed to have the impact DSA intended. For instance, VA has established five different avenues through which patients, staff, and visitors can report instances of sexual harassment and assault, each yielding varying outcomes. Notably, cases brought to the Harassment Prevention Office are most likely to be deemed founded, with a 68% success rate in 2022. In contrast, cases reported directly to facility leadership have a 50% chance of being founded, while only 43% of cases reported to the VA Police resulted in founded cases.⁵ It is imperative that survivors are not confronted with inconsistent outcomes when reporting incidents. VA should eliminate the least effective reporting channels and prioritize those through which survivors are most likely to achieve justice.

MVA strongly advocates for the removal of facility leadership as a reporting pathway for sexual assault and harassment incidents within VA facilities. As a community that has tirelessly campaigned for the Department of Defense to strip commanders of their authority in determining accountability for cases of sexual harassment and assault, it is crucial that similar reforms be implemented in VA policies and procedures. Persistent failures by facility leadership to hold perpetrators accountable drives veterans away from seeking care at VA facilities, exacerbates mental health challenges, and tragically have even led to the loss of veteran lives.⁶

³ U.S. Department of Veterans Affairs, Office of Inspector General. (2023). Failure of leaders to respond to reports of sexual harassment at the VA Black Hills Health Care System in Fort Meade and Hot Springs, South Dakota. Retrieved from

<https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-22-00514-108.pdf>

⁴U.S. Department of Veterans Affairs. (2023). Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents. Report can be accessed at <https://bit.ly/43GmmMh>.

⁵ U.S. Department of Veterans Affairs. (2022). Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department. Report can be accessed at <https://bit.ly/3VE4CPZ>.

⁶ U.S. Department of Veterans Affairs. (2023). Failure of leaders to respond to reports of sexual harassment at the VA Black Hills Health Care System in Fort Meade and Hot Springs, South Dakota. Retrieved from <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-22-00514-108.pdf>

The DSA also outlined a path for problem facilities to be placed in remediation plans when they meet a certain threshold. As part of VHA Directive 5019.02, Harassment, Sexual Assaults, and Other Defined Public Safety Incidents in VHA, the current threshold is five or more substantiated or founded instances of sexual harassment or assault or a combination of both in one over year.⁷ In the 2022 Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents, VA breaks down sexual harassment and assaults by facility. Data indicate that 45 VA Medical Centers, or 29% of facilities, met this threshold. Yet, in the 2022 Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in VA Facilities of the Department, only five facilities had been placed in remediation plans.⁸ Further analysis is impossible, as VA remains delinquent in submitting the 2023 Annual Report on Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department, which was due in December 2023.

In addition to the rising number of documented sexual assaults, VA's current CMR fails to capture important data about other forms of harassment and discrimination that veterans face in their care. Current reporting only tracks incidents of sexual harassment and sexual assault, thus missing other important forms of identity-based harassment and discrimination that impede access to care, including based on race, gender, sexual orientation, and religion. Annual reports should be required to track and report on all instances of identity-based harassment, assault, and discrimination occurring on VA campuses across the country, either in VA's CMR on Sexual Assault and Harassment or in their annual Annual Report to Congress on Reporting and Tracking on Incidents of Sexual Assault and Other Safety Related Incidents.

Finally, MVA and 13 other veterans service organizations submitted a petition for rulemaking asking VA to promulgate regulations under Section 1557 of the Patient Protection and Affordable Care Act (ACA), enforcing the prohibition of discrimination on various bases, including race, color, national origin, sex, age, and disability in health care programs.⁹ This action is crucial to addressing the pervasive discrimination faced by veterans, particularly women and LGBTQ+ people, within VHA facilities. Specifically, the petition calls for clarification that Section 1557's antidiscrimination protections extend to all

⁷ U.S. Department of Veterans Affairs. (2022, September 12). VHA Directive 5019.02(1) Transmittal Sheet: Harassment, Sexual Assaults and Other Defined Public Safety Incidents in VHA.

⁸ U.S. Department of Veterans Affairs. (2022, December). Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department (p. 10).

⁹ Minority Veterans of America et al. (2023, July 20). Petition for Rulemaking to Promulgate Regulations Governing Discrimination Under Section 1557 of the Patient Protection and Affordable Care Act. Retrieved from

https://law.yale.edu/sites/default/files/documents/pdf/2023.07.20_mva_petition_for_rulemaking_va_1557_71.pdf

health programs or activities under the VA's purview, delineation of prohibited forms of discrimination and corresponding remedies, and acknowledgment that sex discrimination encompasses sexual-orientation and gender-identity discrimination, aligning with Section 1557 implementing regulations of the Department of Health and Human Services and the Supreme Court's decision in *Bostock v. Clayton County* (2020).. Such measures are essential for fostering an inclusive and equitable healthcare environment for all veterans.

Actions MVA supports:

- Require VA to advance necessary and overdue rulemaking on 1557 regulations that will offer patients protection from and remediation for instances of discrimination in care settings;
- Amend or expand the Deborah Sampson Act to:
 - Require VA to include instances of identity-based harassment and discrimination in Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occuring in VA Facilities of the Department and Annual Report to Congress on Reporting and Tracking of Sexual Assault and Other Safety Incidents;
 - Eliminate pathways to reporting harassment, assault, and discrimination that have a higher likelihood of being dismissed without action, including reporting to facility leadership;
 - Provide oversight of facility remediation plans, the criteria for determining if facilities should enter remediation, and ensuring there is oversight of measures taken to hold facility leadership accountable for the outcomes;
 - Report annually on incidents of identity-based harassment and discrimination in health care and benefits settings.

B. Removing Gender Affirming Surgery Exclusion in Medical Benefits Package

Transgender, nonbinary, and gender-diverse veterans have never had access to gender-affirming surgery through the Veterans Health Administration. Department policies currently prohibit the provision and funding of gender affirming surgeries, deeming them “strictly cosmetic” procedures.¹⁰ This classification contradicts international standards of transgender healthcare, which recognize such surgeries as “essential and medically

¹⁰ U.S. Department of Veterans Affairs. (2018, May 23). VHA Directive 1341(3) providing health care for transgender and intersex veterans https://www.patientcare.va.gov/LGBT/docs/directives/VHA_DIRECTIVE_1341.pdf.

necessary" interventions.¹¹ Over decades, these standards have been supported by substantial evidence, demonstrating that transgender people who undergo gender affirmation surgery experience marked improvements in mental health, including reductions in depression and anxiety.¹²

Secretary McDonough pledged to lift this ban in statements on June 19, 2021,¹³ a commitment that the White House also vowed to uphold in their 2023 TDOV Fact Sheet.¹⁴ These announcements, made during Pride month and on Transgender Day of Visibility, were rightfully celebrated by the community. Unfortunately, nearly three years later, we are still awaiting the fulfillment of these promises.

The ban on gender-affirming surgery is not only an equity issue but also a safety issue, a reality that the Secretary himself has acknowledged.¹⁵ In his own words, the Department is taking steps to remove the ban "not only because [it is] the right thing to do, but because [it] can save lives." Saving lives is even more urgent today than when the Secretary made his remarks in 2021, as the health and safety of trans people are threatened nationwide. In 2023, 45 states attempted to pass anti-trans legislation¹⁶ with 23 states passing laws banning access to gender-affirming care.¹⁷ While many of these laws have specifically targeted minors, a growing number have also barred access to medical care for transgender adults. Transgender, nonbinary, and gender-diverse Americans are twice as likely as the general population to serve in the military¹⁸ and many rely on the Department to provide this care.

¹¹Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., & Deutsch, M. B. (2022). Standards of care for the health of transgender and gender diverse people, Version 8. *International Journal of Transgender Health*, 23(Suppl 1), S1-S259.

¹²Park, R. H., Liu, Y. T., Samuel, A., Gurganus, M., Gampper, T. J., Corbett, S. T., Shahane, A., & Stranix, J. T. (2022). Long-term Outcomes After Gender-Affirming Surgery: 40-Year Follow-up Study. *Annals of plastic surgery*, 89(4), 431–436. <https://doi.org/10.1097/SAP.0000000000003233>

¹³ Office of Public and Intergovernmental Affairs. (2021, June 19). Remarks by Secretary Denis R. McDonough. Office of Public and Intergovernmental Affairs. https://www.va.gov/opa/speeches/2021/06_19_2021.asp

¹⁴ The White House. (2022, March 31). Fact Sheet: Biden-Harris Administration Advances Equality and Visibility for Transgender Americans [Press release]. Retrieved from <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/31/fact-sheet-biden-harris-administration-advances-equality-and-visibility-for-transgender-americans/>

¹⁵ Ibid.

¹⁶ Track Trans Legislation, <https://www.tracktranslegislation.com>.

¹⁷ Movement Advancement Project. (2024). "Equality Maps: Bans on Best Practice Medical Care for Transgender Youth." Accessed at https://www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans.

¹⁸Schvey, N. A., Klein, D. A., Pearlman, A. T., & Riggs, D. S. (2020). A Descriptive Study of Transgender Active Duty Service Members in the U.S. Military. *Transgender health*, 5(3), 149–157. <https://doi.org/10.1089/trgh.2019.0044>

Some lawmakers have argued that gender affirming surgeries are, “Wholly incompatible with the mission” of VA.¹⁹ This belief fails to recognize the deep impacts that military service has on patriotic transgender people who are disproportionately likely to serve in uniform. Adherence to the hypermasculine, highly sexed, and rigidly gendered nature of the military has a deep and lasting impact on minority service members and veterans, transgender and cisgender alike.²⁰ These experiences, coupled with living under discriminatory policies such as “Don’t Ask, Don’t Tell” and the Military Trans Ban, make gender dysphoria and the resulting conditions an issue that is directly relevant to the mission of the Department.

Secretary McDonough has indicated that this process will take time and involve several steps.²¹ Since 2021, the Department has made progress internally on the proposed regulatory changes, and its regulatory agenda projected that the Notice of Proposed Rulemaking (NPRM) would be issued in the fall of 2022.²² But on February 22, 2024, Secretary McDonough denied the petition for rulemaking for gender-affirming care, thus further imperiling the lives of transgender veterans in dire need of this care.²³

We call on Congress to honor our nation's commitment to provide equitable care for transgender, nonbinary, and gender-diverse veterans and, in the absence of action on the Secretary's part, pass legislation that will remove the discriminatory exclusion of gender-affirming surgeries from the VA medical benefits package.

Actions MVA supports:

- Amend Title [38 CFR 17.38\(c\)\(4\)](#) by removing the exclusion of medically necessary gender-affirming surgery and require VA to update VHA Directive 1341(3)

¹⁹ Rosendale, M., et. al. (2021, June 28). Sex Reassignment Letter. Retrieved from https://rosendale.house.gov/uploadedfiles/6.28.21_sex_reassignment_letter.pdf

²⁰ Rosenthal, M. (2021, October 26). U.S. Military’s Male-Dominated Culture Harms More Than Just Women. Ms. Magazine. Retrieved from <https://msmagazine.com/2021/10/26/u-s-military-male-culture-women-sexual-assault-harassment-gender-stereotypes/>

²¹ Office of Public and Intergovernmental Affairs. (2021, June 19). *Remarks by Secretary Denis R. McDonough*. Office of Public and Intergovernmental Affairs. https://www.va.gov/opa/speeches/2021/06_19_2021.asp

²² Removal of Exclusion of Gender Alterations From the Medical Benefits Package. (Fall 2022). Retrieved from Federal Register website <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=202210&RIN=2900-AR34>

²³ United States, Court of Appeals. Transgender American Veterans Association Petition for a Writ of Mandamus to the Department of Veterans Affairs. <https://bit.ly/TAVAvVA>

C. Addressing Systemic Failures in the Benefits Process for Military Sexual Trauma Survivors

Military Sexual Trauma (MST) survivors confront a broken benefits process that exacerbates their trauma and impedes access to essential care and support. The current system fails to adequately address the unique needs of MST survivors, perpetuating their suffering and denying them the benefits they rightfully deserve. There is urgent need for systemic reform to ensure that survivors are not further harmed by bureaucratic barriers and inefficiencies in the benefits adjudication process. It is imperative that policymakers undertake a comprehensive analysis of the broken benefits system, addressing root causes rather than attempting to fix the system piece by piece.

Survivors of MST often encounter insurmountable obstacles when navigating the benefits process, including complex paperwork, lengthy wait times, and doctors and raters who lack culturally-informed care and training to support and believe survivors. These systemic failures not only retraumatize MST survivors but they also perpetuate cycles of suffering that all too often lead to mental health crises. A 2022 report by the Government Accountability Office showed that, though VA had instituted a number of reforms to the disability process for survivors of MST, “Most relevant leading practices [were] partially or not followed.”²⁴

MVA advocates for a comprehensive overhaul of the benefits process, emphasizing the need for a holistic approach that identifies and rectifies systemic deficiencies at the most fundamental levels and prioritizes the unique needs of sexual harassment and violence survivors. This overhaul should be conducted in collaboration with relevant agencies, veteran and military service organizations, as well as survivors themselves, aiming to strike a balance between the government's demand for substantiation and the limitations survivors face in meeting the existing criteria, without exacerbating their trauma further. By implementing comprehensive reforms that prioritize the needs and experiences of MST survivors, we can begin to dismantle the barriers that prevent them from accessing the care and benefits they are entitled to receive and set them on a path to recovery, healing, and restoration of their trust in the VA as an institution built for them.

Legislation MVA supports:

- S. 1028 / H.R. 2441 Servicemembers and Veterans Empowerment and Support Act (Senator Tester / Representative Pingree)

²⁴ United States Government Accountability Office. (Year). VA Disability Benefits Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices. Report to the Ranking Member, Committee on Veterans' Affairs, House of Representatives. Accessed at <https://www.gao.gov/assets/gao-22-104488.pdf>.

- H.R. 2724 (117th) / S. 4441 (117th) VA Peer Support Enhancement for MST Survivors Act (Representative Delgado / Senator Cortez)

D. Promoting Equitable Access to Comprehensive Family Planning Services for Veterans

Equitable access to comprehensive family planning services is paramount for the holistic well-being of veterans and their families. MVA advocates for policies that ensure veterans have access to a broad spectrum of family planning options, including abortion and contraception, in vitro fertilization (IVF) and surrogacy programs, and maternity care coordination. However, barriers within the VA healthcare system hinder minority veterans' access to these critical services. By prioritizing equitable access to comprehensive family planning, we can empower veterans to make informed choices about their reproductive health and family planning goals, regardless of their background or identity.

Currently, minority veterans encounter significant challenges in accessing family planning services through the VA. Limited availability of contraceptive options, restricted access to IVF and surrogacy programs, and inadequate maternity care coordination disproportionately affect minority veterans and their families. These barriers not only impede veterans' ability to access necessary care but also exacerbate existing health disparities. MVA calls for policies that address these disparities head-on, ensuring that all veterans have access to the full spectrum of family planning services they need to lead healthy and fulfilling lives. By investing in comprehensive family planning access, we can promote reproductive autonomy, improve health outcomes, and support the well-being of veterans and their families for generations to come.

1. Abortion and Contraception

Our nation is confronting a reproductive healthcare crisis, exacerbated by the recent Supreme Court decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and revoked the constitutional right to abortion. Within the VA healthcare system, access to abortion and contraception services is crucial for the reproductive health and autonomy of women and gender minority veterans.

In 2022, the VA initiated rulemaking to broaden access to abortion counseling and care for veterans and CHAMPVA dependents in cases of rape, incest, and threats to the patient's life or health. This process was finalized on March 4, 2024 with publication of the final rule.²⁵ This expansion has been vital for meeting the needs of veterans residing in states with restrictive abortion laws who rely on the VA for such care. It is imperative for

²⁵ Department of Veterans Affairs. (2024, March 4). Reproductive Health Services [Rule]. Federal Register, 89(44), 15451-15474.

Congress to oppose any attempts to roll back this expanded coverage and safeguard contraceptive care, including contraception and medication abortion.

In addition, veterans who use VA for their contraceptive care are required to pay copays where their civilian counterparts do not as the result of cost-sharing requirements. Congress should take long-overdue action on H.R. 239, the Equal Access to Contraception for Veterans Act to eliminate contraceptive copays for veterans.

Legislation we support:

- H.R. 239 (117th) / S. 4700 (117th) Equal Access to Contraception for Veterans Act (Representative Brownley / Senator Blumenthal)

2. IVF and Surrogacy Programs

Access to in vitro fertilization (IVF) and surrogacy programs is crucial for many minority veterans seeking to build families, yet disparities in access persist. Recently, VA announced that they, “Will soon be able to provide in vitro fertilization (IVF) to eligible unmarried Veterans and eligible Veterans in same-sex marriages. VA will also be able to provide IVF to Veterans using donated sperm or eggs – a critical step toward helping Veterans who are not able to produce their own sperm or eggs due to service-connected injuries and health conditions.”²⁶ MVA applauds this move to change the Department’s discriminatory bars and awaits further guidance on how this will be implemented.

Despite this announcement and the anticipated expansion of services for veterans seeking access to this crucial care, significant barriers persist. Planned reforms will continue to limit the availability of the benefit to only a narrow class of veterans who can demonstrate service connection, a requirement that poses challenges for many women, as well as some transgender and nonbinary veterans.²⁷ Legislation is necessary to broaden access to IVF services for all veterans, eliminating the barriers they may encounter when planning their families.

Moreover, the existing regulations do not allow the use of a surrogate in family planning benefits. For individuals, particularly women and gender minorities, grappling with conditions that impede their ability to carry a pregnancy to term—such as endometriosis or necessitating a full hysterectomy due to fibroids—the availability of a surrogate is paramount. Additionally, for LGBTQ+ couples, notably gay men and transgender individuals undergoing hormone therapy, the involvement of surrogates often

²⁶ VA News. (2024, March 11). VA expands in vitro fertilization for Veterans. Retrieved from <https://news.va.gov/press-room/va-expands-in-vitro-fertilization-for-veterans/>

²⁷ Mattocks, K., Kroll-Desrosiers, A., Zephyrin, L., Katon, J., Weitlauf, J., Bastian, L., Haskell, S., & Brandt, C. (2015). Infertility care among OEF/OIF/OND women Veterans in the Department of Veterans Affairs. *Medical care*, 53(4 Suppl 1), S68–S75. <https://doi.org/10.1097/MLR.0000000000000301>

plays a pivotal role in their family planning endeavors. However, the current regulatory framework excludes many veterans from realizing their aspirations of building the families they desire.

MVA advocates for reform efforts aimed at removing the requirement of a service-connected disability to access IVF services and urges the VA to extend surrogacy benefits to qualified veterans.

Legislation we support:

- H.R. 544 Veterans Infertility Treatment Act of 2023 (Representative Brownley)

3. Maternity Care and Coordination

Maternal health for veterans is a critical aspect of care that addresses the unique needs of veterans navigating pregnancy, childbirth, and postpartum care within the VA healthcare system. Accessing comprehensive maternal health services poses significant challenges, however, particularly for minority veterans. Structural inequities, including systemic racism, socioeconomic disparities, and cultural biases, often impede access to essential prenatal, labor, delivery, and postpartum care for minority veterans. These disparities are further exacerbated by factors such as geographic constraints, transportation issues, and limited availability of on-site obstetric services within VA facilities.²⁸ As a result, pregnant and postpartum veterans, especially those from racial and ethnic minority groups, may face obstacles in accessing timely and appropriate maternity care, leading to fragmented care experiences and disparities in maternal health outcomes.

Despite initiatives like the Maternity Care Coordinator (MCC) program aimed at supporting pregnant veterans, minority veterans encounter intersectional challenges that significantly impact their maternal health experiences within the VA healthcare system. These challenges stem from a combination of factors, including race, ethnicity, gender identity, sexual orientation, socioeconomic status, and geographic location, which contribute to disparities in access to and quality of maternity care. Minority veterans are more likely to experience discrimination, cultural insensitivity, and implicit bias within VA care settings, leading to mistrust and reluctance to engage with healthcare providers. Additionally, historical inequities, such as those stemming from discriminatory policies like "Don't Ask, Don't Tell" and the Military Trans Ban, further compound disparities in maternal health outcomes for LGBTQ+ veterans.²⁹ Addressing these challenges requires a

²⁸ 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*. Office of Women's Health, Veterans Health Administration, Department of Veterans Affairs.

²⁹ 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.

comprehensive approach that prioritizes equity, cultural competence, and coordinated care to ensure that all veterans, regardless of their minority status, have access to quality maternal health services within the VA healthcare system.³⁰

Legislation we support:

- H.R. 3303 Maternal Health for Veterans Act (Representative Underwood)

E. Establishing LGBTQ+ Veteran Advisory Committee and Centers for LGBTQ+ Veterans

LGBTQ+ service members and veterans face unique challenges related to their healthcare, benefits, and end of life planning needs through the Department of Veterans Affairs. In recognition of these distinct challenges and the failures of the Department to provide this care to LGBTQ+ veterans, it is imperative that VA take a comprehensive strategy to their future work related to these communities. VA is currently home to the Center for Women Veterans and Center for Minority Veterans as well as Advisory Committees on Women and Minority Veterans. MVA supports the establishment of a Center for LGBTQ+ Veterans with a standing Advisory Committee on LGBTQ+ Veterans.

Like its peer centers, the Center for LGBTQ+ Veterans should be charged with:

- **Advocacy:** Advocate for the needs and concerns of LGBTQ+ veterans within the Department of Veterans Affairs (VA) and across federal agencies.
- **Policy Development:** Participate in the development of policies and programs that address the unique challenges faced by minority veterans and women veterans, ensuring that their voices are heard in the policymaking process.
- **Outreach and Education:** Conduct outreach activities to raise awareness about available VA benefits and services among LGBTQ+ veterans. This includes providing information about healthcare, education, housing, employment, and other resources.
- **LGBTQ+ Veteran Coordinators:** Oversee the work of LGBTQ+ Veteran Care Coordinators who serve at all VA facilities.
- **Advisory Committee:** Administer an Advisory Committee on LGBTQ+ Veterans tasked with providing recommendations to the Department.
- **Advisor to VA Leadership:** Serve as advisory body to VA leadership, providing insights and recommendations on issues affecting LGBTQ+ veterans.
- **Research and Data Analysis:** Conduct and facilitate research on LGBTQ+ veteran demographics, health outcomes, access to care, and other relevant topics to inform VA programs and policies.

³⁰ MVA's full testimony on H.R. 3303 can be found at <https://bit.ly/3VEwkvP>

VA should pilot up to five LGBTQ+ Health Centers that can provide specialized care, encompassing primary care, mental health, reproductive health services, and social support services. These pilot programs should be selected to include areas with the highest concentration of LGBTQ+ veterans or LGBTQ+ Americans given the pervasive data disparities on veterans relating to sexual orientation and gender identity. Through creating safe and affirming environments and delivering culturally-informed care, these centers can address the unique healthcare needs of LGBTQ+ veterans while serving as models for future LGBTQ+ healthcare initiatives within VA and the public sector. Overall, these efforts represent significant strides towards fostering inclusivity and improving healthcare outcomes for LGBTQ+ veterans within the VA system.

Legislation we support:

- H.R. 7674 To amend title 38, United States Code, to establish the Advisory Committee on Lesbian, Gay, Bisexual, Transgender, and Queer Veterans (Representatives Pappas and Delbene)
- H.R. 5776 (117th) Serving our LGBTQ Veterans Act (Representative Kehele)

F. Mandated Minority-Focused Cultural Competency Training

The implementation of mandated, minority-focused cultural competency training would represent a critical step in enhancing the quality of care provided to minority veterans within the VA healthcare system. VA should ensure that all staff, contractors, and community care providers receive annual comprehensive training on minority-focused cultural competence, including topics such as implicit bias, racial equity in the provision of care, gender identity, pronouns, and best practices in providing culturally competent and informed care. While many of these training are available to staff who opt-in, training should be required for all staff who have direct interactions with veterans, especially those who provide care or are responsible for regular interactions with patients. By mandating these trainings, VA can better equip its workforce to address and meet the unique needs and experiences of minority veterans, leading to more inclusive and equitable healthcare delivery.

G. Removing Barriers to Benefits and Healthcare Access for Individuals with Bad Paper Discharges

Addressing structural barriers that accompany negative discharge characterizations is essential to ensure equitable access to benefits and healthcare for all veterans. This is a serious issue for veterans with mental or behavioral health conditions related to MST,

traumatic brain injury, or other service-related experience (including combat), as many of them have received Other Than Honorable (OTH) discharges (or worse) due to misconduct related to such conditions. As a result, bars to VA eligibility have the effect of excluding veterans most in need of benefits and services.

In addition, benefit ineligibility due to bad paper disproportionately affects minority veterans. For example, Black and racial minority veterans are more likely to have been separated with bad paper than their white counterparts, suggesting that prejudice plays a part in these outcomes and the consequent VA ineligibility. For LGBTQ+ veterans, VA access ineligibility is the direct result of historical policies of the Armed Forces that policed and criminalized sexual orientation and non-conforming gender identity and expression. DoD's enforcement of those policies caused many thousands of LGBTQ+ veterans to be administratively separated with an OTH characterization of service, if not discharged after court-martial conviction or in lieu of court-martial.

Veterans with bad paper are ineligible for VA benefits and services because of the "regulatory bars" in 38 C.F.R. § 3.12(d), which makes an OTH discharge characterization presumptively disqualifying. Section 3.12(d) is VA's interpretation of 38 U.S.C. §101(2), in which Congress defined "veteran" to include only those discharged "under conditions other than dishonorable." VA's interpretation, which lumps OTH discharge characterizations with Dishonorable ones, is unnecessarily strict. It should be modified. Affected veterans have two options. The first is to seek a character-of-discharge (COD) determination from VA, a burdensome process that is hard to successfully navigate without legal assistance. The second is to seek a discharge upgrade from the military correction Boards, which for many reasons are not well-equipped to evaluate claims from veterans affected by historical government-mandated discrimination and criminalization.

Veterans with bad paper experience significant challenges in accessing VA benefits and healthcare services. These barriers are inequitable and must be eliminated.

Actions MVA supports:

- Require VA to repeal the regulatory bars or modify them in accordance with Congressional mandates;
- Require DoD to issue comprehensive guidance to the military departments on how correction Boards should analyze and decide discharge upgrade petitions from LGBTQ+ veterans affected by historical military policies of discrimination and criminalization.

Legislation MVA supports:

- H.R. 5321 (117th) / S. 2786 (117th) Unlawful Turn-Aways Act (Representative Underwood / Senator Blumenthal)
- H.R. 5170 (117th) Securing the Rights Our Veterans Earned (“SERVE”) Act (Representative Pappas)
- S. 3257/H.R. 1255 Sgt. Isaac Woodard, Jr. & Sgt. Joseph H. Maddox GI Bill Restoration Act (Senator Warnock / Representative Moulton)
- H.R. 1596 (117th) Commission to Study the Stigmatization, Criminalization, and Ongoing Exclusion and Inequity for LGBTQ+ Servicemembers and Veterans Act (Representative Takano)

II. Mental Health & Minority Veteran Suicide Prevention

Minority service members and veterans have unique experiences both during their military service and after transitioning to civilian life, necessitating tailored interventions, strategies, and investments by VA. While addressing mental health and suicide prevention among veterans has been a longstanding commitment of these Committees, the evolving nature of the suicide crisis among veterans requires an adaptation of our approaches to meet the emerging needs of the most vulnerable communities of veterans, including minority veterans. Many of the communities we serve face disproportionate challenges related to mental health, including suicidal ideation, and are more likely to die by suicide compared to their dominant culture counterparts.³¹³²

Despite advancements in understanding and addressing mental health issues among veterans, persistent disparities remain, particularly among minority veterans. For instance, according to VA's 2023 National Veteran Suicide Prevention Annual Report, Native American veterans saw a troubling spike in the suicide rate, rising from 30.5 per 100,000 in 2020 to 46.3 per 100,000 in 2021—an alarming 52% increase.³³ Similarly, Black and African American veterans experienced a significant uptick in the suicide rate, climbing from 14.6

³¹ Department of Veterans Affairs (VA). (2022, May). LGBTQ+ Identities and Suicide Risk Among Veterans: From Science to Practice Using Research to Promote Safety and Prevent Suicide. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/FSTP-LGBT.pdf.

³² Johnson, D. (2024, February 28). Service Members and Vets Belonging to Racial Minority Groups Face Disproportionately High Suicide Rates. Military.com. Retrieved from <https://www.military.com/daily-news/2024/02/28/service-members-and-vets-belonging-racial-minority-groups-face-disproportionately-high-suicide-rates.html>

³³ Department of Veterans Affairs (VA). (2023). 2023 National Veteran Suicide Prevention Annual Report. VA Suicide Prevention Office of Mental Health and Suicide Prevention. Page 20. Full data tables can be accessed in the data appendix that can be accessed at https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

per 100,000 in 2020 to 17.4 per 100,000 in 2021. Moreover, suicide rates among women veterans surged by 24.1% between 2020 and 2021, compared to a 6.3% increase among male veterans.

To effectively prevent suicide among minority veterans, tailored interventions are imperative. Current prevention models often fall short in adequately addressing the cultural and social factors contributing to mental health disparities. Tailored interventions must encompass culturally competent care, community-based support networks, and accessible mental health services that recognize and honor the diverse backgrounds and lived experiences of minority veterans.

Legislation MVA supports:

- S. 853/H.R. 1639 VA Zero Suicide Demonstration Project Act (Senator Rosen/Representative Susie Lee)

A. Expand outdoor recreation access for minority veterans

Nature holds transformative powers that extend far beyond its scenic beauty, for minority veterans it can be a pathway toward healing, renewal, and personal growth after service. Outdoor activities not only facilitate the transition from military service to civilian life but also foster vital connections with nature and community, providing a sanctuary for reflection and rejuvenation. Nature-based experiences promote resilience, reduce stress, and enhance overall well-being among minority veterans. Minority veterans often encounter barriers when attempting to access the outdoors and face disproportionate challenges in access, including limited financial resources, geographic disparities, and physical and safety barriers.

Recognizing these challenges, VA should prioritize initiatives aimed at expanding outdoor recreation access for minority veterans in outdoor spaces. By increasing funding for tailored outdoor programs, improving accessibility through infrastructure enhancements and transportation support, investing in local and underserved communities, and fostering partnerships with community organizations, we can empower minority veterans to fully experience the transformative benefits of nature. Investing in equitable access, programs, and resources not only enhances the quality of life for minority veterans but also strengthens their connection to the outdoors, promoting holistic well-being and supporting their successful transition to civilian life.

MVA has the privilege of serving on the Task Force on Outdoor Recreation for Veterans, an interagency working group tasked with identifying opportunities to formalize coordination between VA, public land agencies, and partner organizations, as well as addressing the barriers that veterans experience when accessing outdoor recreation

opportunities. The Task Force has submitted preliminary findings to Congress through our first CMR and we are scheduled to issue our comprehensive recommendations in late 2024. We look forward to working with members of the Veterans Affairs Committees to bring these recommendations to life through increased resources, programs, and benefits available to service members, veterans, and their families.

Legislation MVA supports:

- S. 448 / H.R. 1065 Outdoors for All Act (Senator Padilla / Representative Barragan)
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Once again, we thank you for the opportunity to submit our written testimony before this Joint Session. My team and I look forward to continuing to work with you and your offices, and to assist in your efforts to equitably support the minority veteran community.

Respectfully Submitted,

/s/

Lindsay Church

Executive Director & Co-Founder

Minority Veterans of America