



**Statement of Andy Blevins
Operations & Policy Director, Minority Veterans of America**

**before an Open Session Legislative Hearing, covering
HR 913, HR 2587, HR 2775, HR 2797, HR 3027,
HR 3452, HR 3674, HR 3693, and several Discussion Drafts**

**of the Subcommittee on Health of the
U.S. House of Representatives' Committee on Veterans Affairs
Wednesday, July 14, 2021**

Chairwoman Brownley, Ranking Member Bergman, and Distinguished Members of the Committee,

My name is Andy Blevins, and I am the Operations & Policy Director for the Minority Veterans of America. 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 representing more than 10.2-million veterans—including women, veterans of color, members of the LGBTQ community, and (non)religious minorities—and directly serving thousands of veteran-members across 48 states, 3 territories, and 3 countries, many of whom have never, and may never, had the opportunity to be recognized or heard individually.

I appreciate the platform you are providing to my organization, through this Hearing, to help ensure our nation's veterans are justly served and equitably supported. Thank you for allowing me to contribute to the work you are doing to address the crucial issues raised in these Bills.

Build a Better VA Act (H.R. 913)

We are appreciative of the Chairwoman's efforts to establish an oversight and approval process for appropriated funds before Department facilities can enter leasing contracts. While this piece of legislation does not pose any unique impacts on the minority veteran community, it would help to ensure the Department does not intentionally or negligently enter an unfavorable, expensive, or otherwise risky contract in the private sector, which would be beneficial for the entire veteran population. We support this Bill and urge for its swift passage.

SERVE Act (H.R. 2587)

We applaud Congressman Lamb's efforts to provide opportunities to veterans that served in a medical occupation in the military to assist during public health emergencies. This is a timely and innovative Bill that will assist veterans while contributing to national public health efforts. We have no recommendations at this time and urge swift passage.

VA Quality Health Care Accountability and Transparency Act (H.R. 2775)

We are appreciative of Congressman Gallego's efforts presented through this bipartisan Bill. This proposed legislation would significantly heighten transparency regarding the data the Department is collecting. The localized aggregation of such information in a public and easily accessible format is essential for veterans to make informed decisions about their own care, for veteran service organizations to better advocate for their respective communities, and for this legislative body to provide due and necessary oversight. We urge swift passage.

Transparency was recently described as the "free, uninhibited flow of information that is open to the scrutiny of others."¹ This Bill will have an enormous impact on outside actors, patients, and care teams. Within the minority veteran community, metrics relating to quality of care and safety are likely to be of the upmost importance:

Quality and Effectiveness of Care. In the past decade, the Department has turned away thousands of veterans² and has misdiagnosed millions of others.³ While the Department has recently taken extraordinary measures to continue increasing the provision of quality care, many in the minority veteran community—especially racial minorities, women, and LGBTQ veterans—have expressed a continued lack of

¹ Lucian Leape Institute. (2015). Shining a light: Safer health care through transparency. *National Patient Safety Foundation*. Available at: www.ihl.org/resources/Pages/Publications/Shining-a-Light-Safer-Health-Care-Through-Transparency.aspx.

² There are an estimated 2,000 documented cases of wrongful health service denials through the Department, and it is estimated that 400,000 former service members are at risk of similar denials. Minority veterans and those that are living with the ramifications of military sexual trauma, traumatic brain injuries, and post-traumatic stress disorder, and homelessness are disproportionately affected. Montalto, D (2021). Opinion: The VA has illegally denied health care to thousands of veterans. *Tribune News Service*. Available at: www.pilotonline.com/opinion/columns/vp-ed-column-montalto-0607-20210606-exmhucsvfe5i5uggzrtfv7fy-story.html.

³ Singh, H; Meyer A; & Thomas, EJ. (2014). The frequency of diagnostic errors in outpatient care: Estimations from three large observational studies involving US adult patients. *BMJ Qual Saf.* 23(9): 727-31. doi: 10.1136/bmjqs-2013-002627.Epub. See also Singh, H; Thomas, EJ; Sittig, DF; Wilson, L; et. al. (2010). Notification of abnormal lab test results in an electronic medical record: Do any safety concerns remain? *Am J Med.* 123(3): 238-44. doi: 10.1017/j.amjmed.2009.07.027.

confidence and distrust in the VA medical system. Fewer minority veterans are utilizing Departmental health care services, many of them refusing or foregoing treatment for ongoing conditions and diseases.

A 2006 study, the most recent of such study that was immediately available, found that healthcare providers, including those that work in Departmental facilities, are hesitant to disclose information relating to effectiveness or quality of care and procedural or diagnostic mistakes to their patients.⁴ Many of the anonymized providers shared fear of reprimand, low satisfaction rates, or loss of a job as chief reasons to withhold full truths when communicating with their patients and leadership.^{5,6} Many of those concerns can be alleviated via a framework-shift that prioritizes a *balanced accountability* structure that is continuously and methodically reviewed and improved and grounded in transparent data.

This legislation will have an extraordinary impact on internal transparency and the complex barriers that may currently prevent or deter Departmental employees and contractors from presently engaging in these transparent efforts—including fears of reproach and collegial rejection.⁷

Safety. According to a study conducted in conjunction with the Department, one in four women veterans reported experiencing sexual assault while seeking care in a VA facility.⁸ Additionally, the Government Accountability Office reported in 2020 that 27% of all VA employees had experienced some form of sexual assault or harassment between 2014 and 2016.⁹ Instances of sexual assault increase 1.5-times when in an environment with rates of ambient sexual harassment, as is fostered between the

⁴ Mazor, KM; Reed, GW; Yood, RA; et. al. (2006). Disclosure of medical errors: What factors influence how patients respond? *J. Gen Intern Med.* 21(7): 704-710. doi: 10.1111/j.1525-1497.2006.00465.x.

⁵ *Id.*

⁶ Editorial Board. (2014). Troubles with veterans' health care. *The New York Times*. Accessed on July 11, 2021, at www.nytimes.com/2014/05/22/opinion/troubles-with-veterans-health-care.html.

⁷ Kaplan, GS (2018). Building a culture of transparency in health care. *Harvard Business Review*. Available at: www.hbr.org/2018/11/building-a-culture-of-transparency-in-health-care.

⁸ Klap, R; Darling, JE; Hamilton, AB; Rose, DE; et al. (2019). Prevalence of stranger harassment of women veterans at Veterans Affairs Medical Centers and impacts on delayed and missed care. *Women's Health Issues*. National Library of Medicine, National Center of Biotechnology Information. 29(2), 107-115. doi.org/jwhi.2018.12.002.Epub.

⁹ United States Government Accountability Office. (2020). GAO-20-387, Sexual harassment: Inconsistent and incomplete policies and information hinder VA's efforts to protect employees. Report to Congressional Requesters. Accessed on March 12, 2021, at www.gao.gov/assets/gao-20-387.pdf.

DoD-VA continuum of sexual violence-related harm.¹⁰ These realities contribute to many survivors' conscious decision to not seek life-changing services and care through the Department.

As VHA facilities continue to establish policies and frameworks to address sexual assault and harassment that occurs on their campuses, continued assurance that existing safety frameworks are being adjusted and revitalized, through regular and conscientious reporting metrics, will allow our survivor communities to re-build the trust and confidence that they have otherwise lost in the systems meant to support and serve them.

Where possible, we would further recommend that the available datasets include ethnic, socioeconomic, and minority indicators collected and to ensure that such datasets are easily searchable and organized.

National Green Alert Act of 2021 (H.R. 2797)

We are appreciative of Congressman Pappas' efforts through this bipartisan piece of legislation; however, we do not endorse the Bill's passage as currently written. As we communicated with his office a few weeks ago, we believe that this Bill has the potential to make a significant, positive impact if certain adjustments were made.

Our chief concerns with the Bill as written can be divided into apprehensions of redundancy, expense, application, and ethical considerations:

Redundancy. Presently, the Ashanti Alert already loops in veterans and civilians to similar, national alert advisory programs.¹¹ Most states, additionally and individually, also have some form of alert system that would loop in endangered adults and high-risk missing persons, including those living with physical and mental disabilities.

Expense. Including the provision of salaries to an unspecified number of Committee members over a three-year period, and considering unspecified travel, per diem, and

¹⁰ Schell, T.L., Cefalu, M., Farris, C., & Morral, A.R. (2021). The relationship between sexual assault and sexual harassment in the U.S. military: Findings from the RAND Military Workplace Study. RAND Corporation. Available at www.rand.org/pubs/research_reports/RR3162.html?utm_campaign=&utm_content=1614707955&utm_medium=rand_social&utm_source=twitter.

¹¹ Bureau of Justice Assistance. (2021). National Ashanti Alert Network. *Office of Justice Programs*. U.S. Department of Justice. Accessed on July 11, 2021, at www.bja.ojp.gov/program/national-ashanti-alert-network/overview.

support expenses, the temporary and intermittent services provided through this program could easily balloon to \$6-million or more.

Limited Application. This system would not apply to active-duty service members. It would also be limited to those veterans with a history of mental health issues and disorders, attempts of suicide, and substance use disorders. Much of this information would rely on a veteran self-identifying as such with civilian providers or using VA services directly. The most disenfranchised and in need of this service are less likely to do either, innately undercutting a significant portion of the potential community. These application-restrictions are particularly noteworthy within minority communities, given the experiences of many of our siblings-in-arms, including Vanessa Guillen, Gregory Morales, and countless others.

Ethical Considerations. Allowing the Committee to accept, use, or dispose of gifts that amount to services or real property can lead to bribery attempts, especially where a private company may be looking for inclusion in the future, through the report's development and recommendations. As presently written, the Committee Chair is able to appoint and terminate other members without regard to any civil service laws or regulations; there is no mention of an appellate or oversight body. Finally, the Committee would appear to have unlimited and unfettered access to all pieces of Federal data and information upon request, and unspecified spending powers. There is no mention of required spending reports or other forms of oversight or accountability.

We have identified several recommendations which we believe would help to ensure this Bill has the intended impact on the community:

Inclusion of actively-serving individuals. Individuals like Vanessa Guillen and Gregory Morales were not considered *missing persons*, and thus availed to the protections and services of this and other alert systems, until it was too late. We would recommend the involvement of officials from each branch of the armed services to provide inputs and assessments on feasibility and best practices of incorporating actively-serving individuals into this framework. We would further suggest senior enlisted individuals be prioritized over general officers, as they are more likely to have diverse representation.

Applicability to other countries. This Bill presently makes no mention of involving other sovereign nations or their existing frameworks. In comparison, Amber Alerts are recognized and applied throughout 33 separate countries. Our nation's veteran community is spread throughout the world; an attempt to cooperate with other countries should be explored.

Shorten the deadline for the Report. There are several existing frameworks that could be built off to achieve the desired framework and impact this piece of legislation strives to. As the Bill does not seek to make any significant changes to those existing systems, a shortened timeline should have no, or negligible, impact on the Report's comprehensiveness.

Reduce the Committee's power. We would recommend that the entirety of Section 4 be re-written, with particular emphases on oversight and accountability measures.

Veterans Improved Access to Care Act of 2021 (H.R. 3027)

We appreciate Representative Crow's efforts in expediting the onboarding processes for new medical providers. Within the Veterans Health Administration, there are presently 4,985 open positions.¹² This accounts for 96% of all open positions listed for the Department of Veterans Affairs.¹³ Innately, a reduction in the number of care providers additionally reduces the availability for veterans to access due and necessary care. A study by the Regenstrief Institute found that in these environments, minority veterans, especially veterans of color, were disproportionately impacted and developed server and life-threatening conditions that would have been preventable if the veterans had been availed to recommended screening procedures.¹⁴

While a comprehensive and expedited onboarding process would benefit the entirety of the veteran population, we would recommend that specific attention be paid to rural, indigenous, and insular populations, as the veterans are historically underserved. We would also recommend the inclusion of veteran centers that provide mental health services in the pilot program. We urge swift passage.

¹² A search for this information was conducted on USAJobs, on July 11, 2021.

¹³ *Id.*

¹⁴ Imperiale, TF; Daggy, JK; Imler, TD; et. al. (2021). Prevalence of advanced colorectal neoplasia in veterans: Effects of age, sex, and race/ethnicity. *J Clin Gastroenterol*. doi: 10.1097/MCG.0000000000001402. Epub ahead of print.

Veterans Preventative Health Coverage Fairness Act (H.R. 3452)

We support Congresswoman Underwood's efforts to increase access to preventive health care through the elimination of barriers in the form of copayments. We would recommend including transgender veterans in Section 2(c)(3)(N), as many transgender men and non-binary veterans require preventive care and screenings typically designated for cisgender women.

Vet Center Support Act (H.R. 3674)

We support Congressman Phillips' efforts to study the provision of mental health care through Vet Centers and to better understand the role that Vet Centers might play in mental health care in the future. Given the current mental health crisis among veterans, we believe this is a crucial step in enhancing accessibility to mental health care and supporting veterans residing outside of major metropolitan areas. We have two recommendations that we believe may ensure this piece of legislation is best suited to support minority veterans:

Feasibility analyses. We recommend that the "assessment of the feasibility of establishing additional Vet Centers" outlined in Section 2(b)(2) be expanded to explicitly include locations in which the ratio is below one Vet Center per 100,000 or more veterans to increase access to care for veterans in locations such as the Pacific Islands and the Caribbean—specifically Guam, the American Samoa, and the Virgin Islands. We further recommend that travel time and mode of transportation be taken into consideration during these analyses.

Outreach Strategies. We further recommend that the outreach strategy outlined in Section 2(b)(5) include minority veterans broadly, without regard to their locality, in addition to "veterans in underserved areas."

VA CPE Modernization Act (H.R. 3693)

We support Chairwoman's efforts to enhance accessibility of continuing professional education for health care professionals through reimbursement. We have no recommendations for this Bill and hope that Departmental health care professionals will be encouraged to seek continuing professional education regarding minority communities.

VA Infrastructure Powers Exceptional Research Act (“VIPER Act,” discussion draft)

We support the efforts of this draft Bill to expand research and better support Department scientists, academics at R3 institutions, and veterans. We have three recommendations to further strengthen this draft Bill:

Analyses of potential impacts. We recommend that a report be commissioned to assess the potential impacts of exempting the Department from the *Paperwork Reduction Act*.

Additional research occupations. Within Section 5 of the draft Bill, we recommend adding “social and behavioral scientists” to the class of research occupations currently being added to Section 7401(3) of title 38. These might include sociologists, anthropologists, and other social scientists with expertise in health research that would provide crucial qualitative data to the existing additions (“statisticians, economists, data scientists”).

Eligibility expansion. Within Section 6(a)(2)(A)(ii) of the draft Bill, we recommend expanding eligibility beyond early career scientists to also include minority scientists regardless of career stage. For example, we know that minorities are overwhelmingly underrepresented in academic medicine.¹⁵ This reflects barriers to career advancement, among other barriers, which uniquely disadvantage minority scientists. The expansion of eligibility here would provide additional support to qualified minority scientists who have experienced barriers to accessing opportunities early in their careers.

Draft legislation to clarify and improve the program of comprehensive assistance for family caregivers (discussion draft)

We appreciate the efforts of this draft Bill and have no further considerations or recommendations to provide at this time.

¹⁵ Yu, PT; Parsa, PV; Hassanein, O; Rogers, SO et al. (2013). Minorities struggle to advance in academic medicine: A 12-y review of diversity at the highest levels of America’s teaching institutions. *J Surg Res.*, 182(2), 212–218. doi.org/10.1016/j.jss.2012.06.049.

Draft legislation to require an independent assessment of health care delivery systems and management processed of the Department of Veterans Affairs be conducted once every ten years (discussion draft)

We support the efforts of this draft Bill to provide an independent assessment of the Department with respect to health care delivery and management. This assessment will provide crucial data to better support veterans and strengthen the Department's health care system and management. We have three recommendations to aid in these efforts:

Collateral duties assessment. In Section 1704A(a)(8)(B), we recommend adding an element that requires an assessment of the time impact of collateral duties. For example, we know that LGBTQ+ Veteran Care Coordinators throughout the VA system take on this role as a collateral duty, with a requirement to dedicate between 4 and 8 hours (minimum) to supporting LGBTQ+ veterans within their facility.¹⁶ An independent review would allow for comprehensive data reflecting the actual time commitment of providers with collateral duties such as these, informing programmatic and policy efforts to better support minority veterans.

Front-line personnel competencies. In addition to Section 1704A(a)(13), we recommend adding an element to account for the competency of front-line Department personnel with respect to culture and engagement with minority veterans. Front-line staff (e.g., receptionists, phone call operators, etc.) are the first line of contact between minority veterans and a Department facility or service, and their understanding of and engagement with minority veterans can serve to facilitate or impede health care delivery. We have heard many veterans report negative engagements with front-line staff based on their minority status, which has delayed or prevented access to care. The inclusion of this element would demonstrate a commitment to enhancing access to care at a crucial point of contact for minority veterans.

Deliberate inclusivity. Within Section 1704A(c)(1), we recommend adding a requirement that the entity's "experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health

¹⁶ Veterans Health Administration. (2020). VHA Directive 1340(2): Provision of health care for veterans who identify as lesbian, gay or bisexual. Washington, DC: US Department of Veterans Affairs. Available at https://www.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=5438.

Administration” has deliberately included minorities. As we have noted before, too often the term “veteran” is used at the exclusion of minority veterans, thereby deepening disparities in access to and quality of care. Accordingly, we recommend an explicit stipulation that eligibility for private entities identified in this draft Bill be contingent on a demonstration of positive outcomes for minority veterans in optimizing health care delivery systems.

**Draft legislation to furnish Vet Center readjustment counseling
and related mental health services to veterans and members of the
Armed Forces using certain educational assistance benefits (discussion draft)**

We support the efforts of this draft Bill to enhance support for veterans through providing additional resources to Vet Centers. This draft Bill demonstrates a crucial investment in mental health care through providing new avenues for outreach and support. We feel that this draft Bill will have the additional benefit of enhancing community reintegration efforts through a more comprehensive understanding of the mental health needs of veterans using education benefits. We have one recommendation to strengthen this draft Bill and better support minority veterans:

GAO Reporting. Within Section 1(b), we recommend including an additional element for the GAO report requiring the collection and analysis of comprehensive demographic data. This would not only assist the Committee and the Department in better identifying mental health disparities and needs (Section 1(b)(1)), but it would also allow the Department to understand the need for and further invest in internal resources (e.g., the Center for Minority Veterans, the LGBTQ+ Health Program, the Center for Women Veterans, etc.) designed to support the mental health needs of different veteran populations (Section 1(b)(2)).

The feedback provided on the Bills discussed in today’s Hearing is meant to help ensure this legislative body continues to live up to the effective advocacy and support standards that they have been charged with in service to our veteran communities. My feedback echoes the experiences of many minority veterans who have been excluded or underserved from the VA’s care programs, whether intentionally or negligently. I believe that, as a country, we have made great progress in ensuring all veterans benefit from the work that this Committee is doing on their behalf.

Once again, I thank you for the opportunity to submit this written testimony and to provide verbal testimony during the Hearing. My team and I look forward to continuing to work with you and your offices, and to support your efforts in serving our nation's minority veteran populations. If we can be of further assistance, please feel free to contact me directly.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'A. Blevins', with a stylized flourish at the end.

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