***Minority Veterans of America Statement for the Record***

***for the Open Session Legislative Hearing Covering***

***HR 6052, HR 5776, HR 6638, and several Discussion Drafts***


**<u>Written Testimony Provided for</u>:**

**the House of Representatives Veterans' Affairs Committee**

**Subcommittee on Oversight and Investigation**

**Open Legislative Hearing**

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Chairman Pappas, Ranking Member Mann, and Members of the Subcommittee,

We collectively represent the minority veteran community through the Minority Veterans of America (MVA). Our organization works to create belonging and advance equity for our nation's most marginalized and historically underserved veterans—those of color, women, LGBTQ-identifying, and (non)religious minorities. Our position affords us the honor of representing more than 10.2-million veterans and of directly serving thousands of veteran-members across 49 states, 3 territories, and 3 countries, many of whom have never been, and may never be, recognized or heard individually. We strive to be the most diverse, inclusive, and equitable veteran-serving organization in the country, and believe that through creating an intersectional movement of minority veterans, we can build a collective voice capable of influencing critical change.

The legislative inputs that my team and I have provided echo the lived experiences of the many minority veterans that we serve who have been historically excluded from the institutional designed to serve them.

## **H.R. 6052**

*VA Office of Inspector General Training Act*

We support Representative Underwood's efforts to require employees of the Department of Veterans affairs to receive training developed by the Inspector General of the Department on reporting wrongdoing to, responding to requests from, and cooperating with the Office of Inspector General.

## **Discussion Draft**

*Faster Payments to Veterans and Survivors Act*

We support Representative Pappas's efforts to shorten the time-frame for designation of benefits under Department of Veterans Affairs life insurance programs and to improve the treatment of undisbursed funds by the Department of Veterans Affairs. In the veteran community, there are deep wealth and wage gaps that exist for racial and ethnic minorities, women, and LGBTQ veterans. Improving processes and increasing staffing to properly execute outreach functions and locate hard-to-reach survivors can be life changing for the families of minority veterans who may be unaware of benefits owed to them.

Additionally, we recommend improvements to the overall outreach strategy regarding life insurance and death benefits available to minority veterans. Based on VA's Minority Veteran Report of 2017, racial and ethnic minority veterans were five times less

likely than their Caucasian counterparts to utilize life insurance benefits.[1] Surveys included in this report outlined the disparities among minority veterans in understanding of veterans life insurance benefits. Among survey respondents, only about 24% of all racial and ethnic minority veterans understood their life insurance benefits, a number that fell to just 15.1% for American Indian and Alaska Native and 18.8% for multiracial veterans.[2] Intentional outreach to these minority veteran communities will improve overall utilization and ensure more veterans and their families receive the benefits they are entitled to.

**Discussion Draft**

*Improving Oversight of the Veterans Community Care Providers Act*

We support efforts to improve the methods by which the Secretary of Veterans Affairs identifies health care providers that are not eligible to participate in the Veterans Community Care Program.

Broadly speaking, increasing community care partnerships has the potential to positively impact access to care for veterans, especially those in rural areas or those who are uncomfortable using the services of local VA Medical Centers. That said, identifying ineligible providers is an important aspect of protecting veterans by preventing them from receiving substandard or incompetent medical care. A recent GAO study found potentially 1,600 ineligible providers (including some that had revoked or suspended medical licenses) and recommended that VA improve its controls and SOPs to exclude ineligible providers.[3] Ineligible providers, including those with revoked licenses, being allowed to treat veterans has the potential to have catastrophic implications to the health and well-being of veterans.

**Discussion Draft**

*Preventing Duplicate Payments Act*

We have no comments on the discussion draft at this time but would encourage all efforts to reduce duplicate payments be made with the needs of the veteran in mind. Policies and procedures must be neutral to the patient accessing care and not increase out-of-pocket costs or administrative burden, subject veterans to bureaucratic barriers, or delay healthcare or expense reimbursements.

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[1] Aponte, M.; Garin, T.; Glasgow, D.; Lee, T.; et al. (2017). Minority veterans report: Military service history and VA benefit utilization statistics. Data Governance and Analytics, Department of Veterans Affairs. Accessed on March 19, 2022, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

[2] *Id.*

[3] United States Government Accountability Office. (2022). GAO 22-103850, Veterans Community Care Program: VA Should Strengthen Its Ability to Identify Ineligible Health Care Providers. Accessed on March 24, 2022 at https://www.gao.gov/products/gao-22-103850.

**Discussion Draft**

*Improving VA Inclusion, Diversity, Equity, and Access Act*

We support efforts to amend title 38, United States Code, to establish within the Department an Office of Diversity and Inclusion to improve the diversity, equity, inclusion, and accessibility of the Department.

We offer the following suggestions:

1. *Sec. § 324(d)(2)(3)*: Change "advisory groups" to "advocacy groups." Organizations like MVA and our minority-serving peer organizations are often the most knowledgeable and informed about how disparities are affecting our communities.
2. *Sec. § 324(e)(2)*: Add the underlined language: "including technological, language, cultural, social, and transportation related barriers." We know from experience that oftentimes access barriers come from people's beliefs and behaviors including bias and prejudice, misunderstanding, and lack of information. This list should be expanded to include cultural and social barriers.
3. *Sec. § 324(e)(4)*: Add the underlined language: "including with respect to using non-traditional access points, minority-serving institutions, faith-based organizations, advocacy groups and legal service organizations, and other institutions." Again, these types of organizations work with underserved veteran populations closely and would be an important access point for reaching those veterans.
4. *Sec. § 324(f)(1)*: We strongly support efforts to provide training on LGBTQ veterans and believe this is a critical part of creating a space where those veterans can feel welcomed and receive culturally competent care. We therefore strongly recommend that trainings include understanding gender identity and appropriate pronoun usage, and creating a physically safe and welcoming environment. We also recommend expanding training mandates to include providing care and services to veterans who are racial and ethnic minorities (including implicit bias and medical racism), women, and (non)religious minorities. These identities are deeply impactful to patient interactions and understanding issues of health equity.

**Discussion Draft**

*Improving VA Workforce Diversity Through Minority-serving Institutions Act*

We strongly support efforts to direct the Secretary of Veterans Affairs to develop an employee-recruitment strategy that includes partnering with minority-serving institutions. The Department of Veterans Affairs currently maintains relationships with over 1,800 colleges and universities, 11% of which were with Minority Serving Institutions (MSIs) including Historically Black Colleges and Universities, Tribal Colleges and Universities, and American and Pacific Islander Serving Institutions.[4] These relationships account for approximately 20,000 health professions trainees at the Department of Veterans Affairs from MSIs annually. By the year 2046, racial and ethnic minority veterans will comprise 38% of the entire veteran community compared to just 26% today.[5] Preparations to ensure the Department of Veterans Affairs is capable of serving this growing population must begin today.

Studies indicate that many racial and ethnic minorities believe it is important that their medical provider share or understand their culture but are less likely to be able to find or see a provider from their culture or ethnicity.[6] This is certainly a shared sentiment among racial and ethnic minority veterans we meet and work with, many of whom have sought care outside the VA after being unable to find providers who understand important aspects of their lived experiences or believe their pain. Additionally, there is "mounting evidence that suggests when physicians and patients share the same race or ethnicity, this improves time spent together, medication adherence, shared decision-making, wait times for treatment, cholesterol screening, patient understanding of cancer risk, and patient perceptions of treatment decisions."[7]

As Secretary McDonough said just last year, "Veterans are one of the most diverse populations, representing America in all its strength, a wealth of races, ethnicities, genders, and geographic and cultural backgrounds. It's vital we build a workforce that reflects the

[4] Hill, C. (2021, April 6). VA's academic affiliations increase workforce diversity [web log]. Retrieved March 27, 2022, from https://blogs.va.gov/VAntage/87796/vas-academic-affiliations-increase-workforce-diversity/.

[5] Schaeffer, K. (2021, April 5). *The changing face of America's veteran population*. Pew Research Center. Retrieved March 27, 2022, from https://www.pewresearch.org/fact-tank/2021/04/05/the-changing-face-of-americas-veteran-population/.

[6] Minorities want doctors who look like them, new study shows. (2019, October 10). *The Miami Times*. Retrieved March 27, 2022, from https://www.miamitimesonline.com/lifestyles/health_wellness/minorities-want-doctors-who-look-like-them-new-study-shows/article_532ebbc6-eab2-11e9-8e21-f7f46cb8cd01.html.

[7] Huerto, R. (2020, March 31). *Minority patients benefit from having minority doctors, but that's a hard match to make*. University of Michigan. Retrieved March 27, 2022, from https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0.

diverse population we serve—not only because it's the right thing to do, but because doing so will save lives."[8]

We also support efforts to ensure that the Secretary outline a plan to ensure that positions within the Department are filled from a pool of diverse leaders and candidates and would encourage this plan to use an intersectionality approach to ensure that women and LGBTQ people of color are promoted and advanced to positions of leadership. We would also encourage further definition of the composition of these panels, establishment of minimum requirements for diversity among candidate pools and evaluators, and that the Department remove identifiable information from resumes that could create bias among reviewers such as institution names. Additionally, we recommend that the Department partner with entities engaged in this work such as Harvard's Inclusive Hiring Initiative[9] and the University of Houston's Recruiting Powerhouse Faculty.[10] Outside partnerships can strengthen workforce diversity and ensure that VA is utilizing effective models in the development and evolution of their hiring practices.

## **H.R. 5776**

*Serving Our LGBTQ Veterans Act*

We strongly support Representative Kehele's efforts to direct the Secretary of Veterans Affairs to establish in the Department a Center for Lesbian, Gay, Bisexual, Transgender, and Queer Veterans. As a major (and growing) population within the veteran community, and one that experiences barriers to access and disparities in care and services, the creation of a Center to centralize, spearhead, and provide expertise on sexual and gender minorities is a positive step toward substantive equity, justice, and inclusion efforts within the Department and the veteran community. In past testimonies, we have noted that the LGBTQ Health Program has had insufficient human resources, as a matter of policy, to provide necessary support to LGBTQ veterans through its Veteran Care Coordinators. We are glad to see this being addressed in Section 324(e) of the amended United States Code, and we look forward to the beneficial impacts that this newly-formed Center will bring.

In addition to our endorsement, we would urge the following:

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[8] VA seeks increase in academic relationships with minority-serving institutions to expand health professions training. (2021, June 9). *Https://Www.va.gov/Opa/Pressrel/Pressrelease.cfm?Id=5681*. Retrieved March 27, 2022, from https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5681.

[9] Available at https://hr.harvard.edu/inclusive-hiring-initiative. The University-wide Inclusive Hiring Initiative is a joint collaboration being led by the Talent Acquisition and Diversity team with the Inclusive Hiring Working Group and supported by the Office for Diversity Inclusion and Belonging.

[10] Available at https://www.uh.edu/provost/faculty/administrators/recruiting-powerhouse-faculty/. The Office of the Provost through its office of Faculty Recruitment, Retention, Equity, and Diversity strives to ensure that the University of Houston recruits and retains an excellent and diverse faculty.

1. *Sec. § 324(d)(2)*: Add the language in underline: "(2) Make recommendations … for the establishment or improvement of programs in the Department for which veterans who are LGBTQ are eligible, or would be eligible but for structural or legal barriers."

   Historical laws and policies policed non-heterosexual identity and conduct: Among them were the criminalization of sodomy in the Uniform Code of Military Conduct; Don't Ask Don't Tell and previous policies that prohibited service by LGB people; disciplinary actions against transgender people for gender non-conforming conduct (even in private); and administrative, medical, or misconduct-related discharges for transgender people on grounds that pathologized their identity. Thankfully, most of these historical policies no longer exist (at least not on paper). But their effects remain: many LGBTQ people left military service with discharge characterizations, insufficient time-in-service, or other issues that make them ineligible for many VA benefits and programs. The Director of the LGBTQ Center should be given authority to investigate and make recommendations on how to address these structural and legal barriers to eligibility.

2. *Sec. § 324(d)(8)*: proposed additional language in underline: "(8) Advise the Secretary when laws or policies have the effect of discouraging or preventing the use of eligibility for, or access to benefits by veterans who are LGBTQ.

3. *New section § 324(d)(x)*: We propose adding a new section to the "Duties" paragraph. "(x) Review, evaluate, and make recommendations concerning the delivery of culturally competent care and services to veterans who are LGBTQ."

   In our experience, LGBTQ veterans have experienced barriers to accessing culturally competent medical and behavioral health care and treatment at VA facilities. There are many aspects to this issue beyond just encountering medical providers who are not well-trained or informed on how to treat and interact with LGBTQ people. LGBTQ veterans have also encountered barriers to physically accessing VA facilities free of harassment or policing by employees, as well as systemic issues like being deadnamed or misgendered in person and in correspondence. The Director of the LGBTQ Center should be given authority to address these issues.

4. *Sec. § 324(g)*: We encourage adoption of the definition provided in H.R. 3930 to include gender diverse, gender nonconforming, and intersex veterans.[11]

## H.R. 6638

[11] Available at https://www.congress.gov/bill/117th-congress/house-bill/3930/text?r=5&s=1. H.R. 3930 defines LGBTQ as "Lesbian, Gay, Bisexual, Transgender, Gender Divers2, Gender Non-conforming, Intersex, or Queer.

*To amend title 38, United States Code, to make certain improvements to the Office of Accountability and Whistleblower Protection of the Department of Veterans Affairs*

We have no comments to provide on this legislation at this time.

**Discussion Draft**

*VA Demographic Data Act*

We strongly support the VA Demographic Data Act, in its current form, and other efforts to direct the Secretary of Veterans Affairs to establish a centralized database for demographic data and to improve the collection of demographic data of beneficiaries of VA programs. We are especially grateful for the more comprehensive scope of covered demographic data. The current absence of particular aspects of demographic data, especially sexual orientation, gender identity, and intersex status, have led to deep health equity issues that are costly to the Department and devastating to the minority veteran community.

Across the country, veteran advocates, media outlets, policy makers, and veterans themselves authoritatively cite the statistic that there are 1 million LGBTQ veterans without knowing where this number originated. This statistic dates to 2003, when the Urban Institute used population data combined with survey data to estimate the number of veterans in the United States who were "gay men or lesbians."[12] This estimate suffers from several problems: First, it does not even purport to measure other non-heterosexual sexual identities and non-cisgender gender orientations, such as bisexual, asexual, transgender (binary or nonbinary). Second, it uses survey data from 2000, when being openly LGBTQ was far less acceptable in American society and therefore was likely to underrepresent our population. And third, it is nearly 20 years old and, therefore, hopelessly out-of-date.

Surveys demonstrate that a much greater proportion of the U.S. population—especially younger Americans—now identify as something other than heterosexual.[13] Thus, we are certain that the military and veteran community of 2023 is more gender- and sexually-diverse than any past generation, and we know that the size of the LGBTQ veteran population is much larger than currently estimated. Until proper collection of sexual orientation and gender identity demographics becomes a Department imperative, we will never understand the true size of our community. Collection of these demographics will

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[12] Gates, G. (2003, July 9). *Gay Veterans Top One Million*. Urban Institute. Retrieved March 27, 2022, from https://www.urban.org/research/publication/gay-veterans-top-one-million.

[13] Julianne McShane, *A record number of U.S. adults identify as LGBTQ. Gen Z is driving the increase*. Washington Post (Feb. 17, 2022), available at https://www.washingtonpost.com/lifestyle/2022/02/17/adults-identifying-lgbt-gen-z/.

only equip VA to better understand how to serve veterans, a sentiment we share with VA's own research teams.[14]

We are also grateful for the inclusion of American Indian or Alaskan Native tribal affiliation. Collection of this demographic information will allow for smoother coordination of care for AIAN veterans.

We offer the following recommendations that we believe will strengthen this bill language and ensure it makes the full intended impact:

1. *Implementation*. Plans for implementation currently only direct data to be collected from 180 days after the date of enactment of this legislation. We recommend plans include campaigns and initiatives to promote veterans updating their covered demographic information. This will be imperative to strategies to gauge true population estimates.
2. *Limitation of Free Text Fields*. While we support efforts to limit free text fields when a response can be indicated without it, we remain adamant that self-description options are necessary and should be offered in fields such as gender identity and sexual orientation, where the number of possible identities is large. If the most common identities are used, then an "Other" with a free-text field should be offered.
3. *Opt-out*. We support the optional nature and opportunity to opt-out of participation in demographic data collection. For many minority veterans, disclosure of identity, especially in relation to veteran benefits and military service, can be extremely traumatizing. Living under policies such as "Don't Ask, Don't Tell" and the "Military Trans Ban" will require building trustful relationships with LGBTQ veterans in order for many to feel comfortable to self-disclose.
4. *Preferred name*. The importance of a "preferred name" field cannot be understated, especially for transgender veterans. When this information is collected, VA must also ensure that this name is used throughout the VA system to prevent deadnaming transgender veterans causing additional angst or trauma.
5. *Preferred prefix or honorific*. For similar reasons to "preferred name," we recommend adding "preferred prefix" or "preferred honorific" to this standard demographic data collection and that these prefixes be used on all VA communications. In our experience, VA staff and providers use honorifics like "Mr." or "Ms." in an effort to be

[14] In the 2021 Department of Veterans Affairs National Veteran Suicide Prevention Report Annual Report, VA researchers pointed to the lack of LGBTQ demographic information and the need for greater complexity of analysis to make meaningful progress in suicide prevention. Available at https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf (page 17).

respectful, but all too often the choice of honorific depends on gender presentation or the staff or provider's own assessment of a veteran's gender. These assumptions can often be wrong, and using the incorrect choice can be traumatic to the veteran and interfere with the veteran's care or treatment. In this "preferred honorific" field, options should include "Mx." (a gender-neutral honorific) as well as "use first name" or "no prefix," so as to be inclusive of nonbinary veterans and those who prefer not to be gendered in communications.

6. *Religious preference*. We appreciate efforts to include options for those who do not identify with a religion or religious identity and recommend inclusion of 'atheist' and 'agnostic' as options. Additionally, we recommend internal and external consultation in the development of religious affiliations offered.
7. *Pronouns*. We applaud the inclusion of LGBTQ-specific identity data but recommend striking the word "preferred" from "preferred pronouns." To "prefer" something insinuates a choice in one's pronouns and holding a preference for one over the other. This gives the impression that using other pronouns would be acceptable, which is most often not the case. Striking "preferred" will ensure that veterans' identities are fully respected and understood.

**Discussion Draft**

*VA Supply Chain Management System Authorization Act*

We have no comments to provide on this discussion draft at this time.

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We thank you for the opportunity to submit our inputs and testimony for this Hearing. We 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 our Executive Director directly at lchurch@minorityvets.org.

Respectfully Submitted,

*/s/ Lindsay Church*
Executive Director

*/s/ Peter Perkowski*
Legal Counsel and Policy Manager