

VA Telehealth During the COVID-19 Pandemic: Expansion and Impact

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Chairwomen Brownley and Lee, Ranking Members Banks and Dunn, and distinguished members of the Committee,

My name is Lindsay Church, and I am the Executive Director and Co-Founder of Minority Veterans of America (MVA). MVA, the nation's largest nonprofit organization working to create belonging and advance equity for minority veterans. On behalf of the veterans and veteran families that I serve, I want to thank you for convening this hearing and for allowing me to contribute to the discussion so as to facilitate and provide equitable access to the Department of Veteran's Affairs (VA) Telehealth services both during and beyond the COVID-19 pandemic.

My position affords me the privilege and honor of serving over thousands of veterans who reside in 48 states, 2 territories, and 3 countries. As a Navy veteran with a 100% service-connected disability rating and who receives their care solely through VA facilities, my testimony today is grounded in both my professional and personal experiences.

This present pandemic has changed nearly every facet of our realities. Organizations and institutions have rapidly pivoted and implemented change plans and technology modernization projects that had been on the back burner for years, if not decades. The technology that we, as a collective society, have leveraged in this moment has helped us to preserve the tiny bit of normalcy that we still have as a society. The Department of Veterans has worked expeditiously to deliver a 21st century telehealth system capable of serving millions of veterans in their charge which has gone well, assuming your circumstances lent themselves to a digital world.

While the transition to this new platform has the potential to revolutionize the care provided to our nation's veterans, the rapid expansion and implementation have manifested and amplified deep inequities that have always existed under the surface of healthcare administration in this country, that also applies to the Department of Veteran's Affairs.¹ These inequities cannot be unseen, nor can they be allowed to conscionably continue. Some have been afforded increased access to mental health services and/or have been more readily able to connect directly with physicians, but many have been left without means to access basic care.

Since the implementation of the VA's Telehealth operations, a barrage of issues have emerged that deeply and disproportionately impact the minority veteran community's ability to take advantage of benefits intended to ease and increase medical access despite a pandemic. While growth in telehealth functionality represents an incredible opportunity to expand VA healthcare services, it assumes a veteran has stable broadband connection, a working computer or phone, a private space in which to sit for the appointment, and an environment lacking disruption.²

¹ [Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. \(2018\). Evaluating barriers to adopting telemedicine worldwide: A systematic review. Journal of telemedicine and telecare, 24\(1\), 4–12. https://doi.org/10.1177/1357633X16674087](https://doi.org/10.1177/1357633X16674087)

² [Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. \(2018\). Evaluating barriers to adopting telemedicine worldwide: A systematic review. Journal of telemedicine and telecare, 24\(1\), 4–12. https://doi.org/10.1177/1357633X16674087](https://doi.org/10.1177/1357633X16674087)

The VA's Telehealth system made healthcare more accessible for those who already had access to requisite technology and environments prior to the pandemic, or who were able to purchase at the onset. Compared to their non-minority peers, adverse socioeconomic barriers exist for minority veterans that undermine foundational components required to even begin the utilization of telehealth services.³

For households that do not have the economic means to purchase computers, adequate cellular devices, or maintain internet/broadband connectivity, the ability to attend appointments is a barrier to care. Prior to the pandemic, data indicated that the median personal income of Black and African American, Hispanic and Latinx, American Indian and Alaska Native, and Native Hawaiian and Pacific Islanders ranged from 13-21% less compared to their white veteran peers.⁴ In addition, Black and African American and Hispanic and Latinx veterans were 8% more likely than their white counterparts to hold sales and service industry roles, which have been among the industries most greatly impacted by the current pandemic.⁵

An analysis of survey information collected from MVA's most recent COVID-19 needs assessment indicated that just two months into the pandemic, 19% of respondents had lost at least partial employment, and another 15% were concerned that they would lose employment within the next 90 days.⁶ Those struggling from socioeconomic and income inequality prior to the pandemic are now facing the additional threat of unemployment at a disproportionate rate. Already marginalized veterans do not have the ability to purchase the requisite technology to attend health care appointments when attaining transportation, shelter, and food are already uncertain.

For those who use cellular devices to access providers, availability, or lack thereof, of broadband networks is an additional barrier to receiving care. These disparities impact both veterans with fewer economic resources and those who live in rural areas. The FCC estimated that by the end of 2017, 21.3 million Americans did not have access to broadband at its benchmark threshold.⁷ However, research conducted by the Pew Research Center, that was then studied and tested by Microsoft, indicates that this number could be closer to 113 million.⁸ The overwhelming disparities in who has access to broadband proves that

³ [Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. \(2018\). Evaluating barriers to adopting telemedicine worldwide: A systematic review. Journal of telemedicine and telecare, 24\(1\), 4–12. https://doi.org/10.1177/1357633X16674087](https://doi.org/10.1177/1357633X16674087)

⁴ Minority Veterans Report: Military Service History and VA Benefit Utilization Statistics. Data Governance and Analytics, Department of Veterans Affairs, Washington, DC. March 2017

⁵ <https://www.npr.org/2020/04/22/840276956/minorities-often-work-these-jobs-they-were-among-first-to-go-in-coronavirus-layo>

⁶ [Minority Veterans of America. \(2020, June 2\). MVA COVID-19 Needs Assessment. Retrieved from https://scoutcomms.co1.qualtrics.com/reports/RC/public/c2NvdXRjb21tcy01ZWViYTE0MDJjNGRkODAwMGUxYWU2YWYtVVJfY1RPOVFha0x2Q3B5Y0dG](https://scoutcomms.co1.qualtrics.com/reports/RC/public/c2NvdXRjb21tcy01ZWViYTE0MDJjNGRkODAwMGUxYWU2YWYtVVJfY1RPOVFha0x2Q3B5Y0dG)

⁷ 2019 BROADBAND DEPLOYMENT REPORT (Rep. No. FCC 19-44). (2019, May 29). Retrieved <https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf>

⁸ Microsoft Corp. (2019, January 11). The rural broadband divide: An urgent national problem that we can solve. Retrieved from <https://blogs.microsoft.com/on-the-issues/2018/12/03/the-rural-broadband-divide-an-urgent-national-problem-that-we-can-solve/>

assumptions about who has internet accessibility at home, or even 2 bars of 3G/4G (stated as adequate on the VA's own app website), are fallible. It is also important to note that veterans living on tribal land have already and will continue to experience disparate outcomes as it is estimated that only 53% of residents have access to broadband according to a study released in 2018.⁹ Any future infrastructure expansion plans for VA telehealth must include a racial equity lens if we are to mitigate further disparate outcomes of the COVID-19 pandemic on specific race and ethnic groups in the veteran community.

Another vulnerable community disproportionately impacted by COVID-19 is veterans experiencing homelessness who are currently receiving drastically reduced or no care from the VA during the pandemic, as reliable access to the tools necessary to utilize telehealth are nearly impossible to secure and maintain. Further analysis of MVA's aforementioned needs assessment indicated 4% of survey respondents were currently experiencing homelessness. 80% of those respondents were veterans of color (60% Hispanic/Latinx) and 100% had already experienced barriers to accessing care.¹⁰ Additionally, partner organizations and individual veterans have expressed concern for the lack of outreach and tailored services for those experiencing homelessness. Any expansion of services by the VA of their telehealth services must include nuanced solutions that will support those among us who are already among the most vulnerable.

The VA has consistently recognized that, "healthcare systems that are culturally competent create positive outcomes that are twofold: (1) They contribute to the lessening, and eventual elimination, of racial and ethnic health disparities by (2) improving quality of care, and thus overall health outcomes of their patients."¹¹ As we look to the expansion of VA's telehealth services, we must consider the relevance of this information to the future health outcomes of those most impacted by COVID-19.

The COVID-19 pandemic has also led to higher instances of domestic violence for women and LGBTQ individuals. According to a report by the Council of Foreign Relations, "Today, rising numbers of sick people, growing unemployment, increased anxiety and financial stress, and a scarcity of community resources have set the stage for an exacerbated domestic violence crisis."¹² With each of these issues disproportionately impacting minority veterans, domestic violence survivors must also be considered in VA's telehealth expansion plans.

For domestic abuse survivors, using telehealth without proper safety and security measures can open them to mental, emotional, and physical threats. The VA has safe

⁹ Wang, H. L. (2018, December 06). Native Americans On Tribal Land Are 'The Least Connected' To High-Speed Internet. Retrieved from <https://www.npr.org/2018/12/06/673364305/native-americans-on-tribal-land-are-the-least-connected-to-high-speed-internet>

¹⁰ [Minority Veterans of America. \(2020, June 2\). MVA COVID-19 Needs Assessment. Retrieved from https://scoutcomms.co1.qualtrics.com/reports/RC/public/c2NvdXRjb21tcy01ZWViYTE0MDJjNGRkODAwMGUxYWI2YWYtVVJfY1RPOVFha0x2Q3B5Y0dG](https://scoutcomms.co1.qualtrics.com/reports/RC/public/c2NvdXRjb21tcy01ZWViYTE0MDJjNGRkODAwMGUxYWI2YWYtVVJfY1RPOVFha0x2Q3B5Y0dG)

¹¹ Minority Veterans Report: Military Service History and VA Benefit Utilization Statistics. Data Governance and Analytics, Department of Veterans Affairs, Washington, DC. March 2017

¹² [Council on Foreign Relations. \(2020, May 13\). A Double Pandemic: Domestic Violence in the Age of COVID-19. Retrieved from https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19](https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19)

messaging for those suffering from suicidal ideation but does not have a readily available tool for survivors of domestic violence and abuse.¹³ Leaving a digital footprint can be deadly for survivors and historically, barriers that abuse victims experience are used to further control and victimize them.¹⁴

Finally, in addition to technical related issues, there is also the issue of training the individuals using the technology. While a provider may be experienced in an in-person clinical environment, the COVID-19 pandemic changed the delivery of services, as well as the ways in which we understand symptoms and accept visual cues.¹⁵ In the transition to telehealth, minority veteran patients of VA, including myself, express concerns with issues surrounding the inability to sense rising anxiety over trauma related topics, misgendering at routine appointments, and an overall lack of ability to replicate the in-person clinical experience for patients, as well as concerns for future care. In order to successfully implement a 21st century system, it is worth noting that technology is only as effective as the human capability in utilizing it. Proper and ongoing training regarding best practices and cultural competency training on minority veterans should be mandatory for providers, rather than optional.

Chairwomen Brownley and Lee, Ranking Members Banks and Dunn, and distinguished members of the Committee, as a representative of Minority Veterans of America, I provide the following recommendations for equitable future expansion of VA's telehealth services:

1. Provide no cost technology and internet vouchers for low-income veterans (less than 80% AMI);
2. Focus expansion efforts on reaching veterans experiencing homelessness and those who are unstably housed;
3. Require cultural competency training on healthcare delivery through virtual means including trauma and anxiety queues, trans and gender diverse care;
4. Review procedures telehealth for survivors of domestic violence (i.e. Disguise VA Connect app and related appointments, no notification options for appointments, require multi-factor identification at log in (pin, password, etc);
5. Develop and implement the use of a racial equity toolkit for all outreach and expansion efforts to ensure that access is increased for the most marginalized veteran populations;
- 6.

¹³ [U.S. Department of Veterans Affairs. \(2020\). Safe Messaging Best Practices: A guide for anyone communicating and writing about Veteran suicide \[Brochure\]. Author. Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf](https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf)

¹⁴ [Zweig, J. M., Schlichter, K. A., & Burt, M. R. \(2002\). Assisting Women Victims of Violence Who Experience Multiple Barriers to Services. *Violence Against Women, 8*\(2\), 162–180. https://doi.org/10.1177/10778010222182991](https://doi.org/10.1177/10778010222182991)

¹⁵ [Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. \(2018\). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of telemedicine and telecare, 24*\(1\), 4–12. https://doi.org/10.1177/1357633X16674087](https://doi.org/10.1177/1357633X16674087)

Chairwoman Brownley and Lee, Ranking Members Banks and Dunn, and distinguished members of the Committees, thank you for the opportunity to testify today on behalf of Minority Veterans of America about VA telehealth operations during the COVID-19 pandemic. For additional information regarding this testimony, please contact Lindsay Church, Executive Director of Minority Veterans of America at lchurch@minorityvets.org.

If I can be of further assistance, please feel free to contact me at lchurch@minorityvets.org.

Respectfully Submitted,

Lindsay Church
Executive Director

Statement Framework:

On June 23, 2020, at 1:00 p.m. ET, the Committee on Veterans' Affairs, Subcommittee on Technology Modernization and Subcommittee on Health will conduct a remote oversight hearing through Cisco WebEx entitled, "VA Telehealth During the COVID-19 Pandemic: Expansion and Impact". The purpose of the hearing is to review of VA's telehealth activities during the COVID-19 pandemic response.

The Subcommittees will examine VA's efforts to rapidly expand capacity to provide telehealth and tele-mental health services and the use of supplemental appropriations to support this effort. The Subcommittees will review how expanded telehealth activities have been implemented and how VA will support increased operations moving forward, both during the pandemic and when expanded operations resume. The Subcommittees will also examine how communication and outreach about telehealth has changed during the pandemic response, and how VA has supported veterans and providers through expanded telehealth. Further, the Subcommittees will review how telehealth fits into VA's three-phase reopening plan.

- How is VA providing Telehealth during pandemic response
- How has that been implemented/scaled up
- How has that changed from normal ops
- How does that impact capacity
- Veterans Outreach
- What does VA need to support increased telehealth in normal operations, Including mental health services

Chairwoman Brownley, Ranking Member Dunn, distinguished members of the Committee, as a representative of Minority Veterans of America, I provide the following recommendations to address the growing and complex needs of the woman veteran community:

7. Contract with an outside agency with experience working with and including women veterans to conduct a cultural assessment of the Department of Veterans Affairs and its facilities as it relates to gender identity.
8. Assess internal staff culture, core values of the organization, strategic plan and initiatives, and leadership structures.
9. Assess external culture and what the experience of women veterans is while navigating the VA system. Examine behaviors and mannerisms that are considered acceptable within the VA for patrons and staff.
10. Create community standards for conduct at Department of Veterans Affairs' facilities for patrons and staff.
 - Eliminate harassment culture and implement and publicize department-wide anti-harassment campaign.
 - Make reporting easier and accountability more transparent in instances where harassment has occurred.
 - There are currently 27 standing advisory committees to the Department of Veterans Affairs. 26 had current information about their members available online.
11. Create a streamlined process between the Department of Defense and Department of Veterans Affairs so that VA coverage is opt-out rather than opt-in.
 - Assign each woman veteran a primary care doctor in their nearest Women's Clinic.
 - Invest further in the tele-mental health system and prioritize finding providers who specialize in women military and veteran communities.
 - This increases access for all veterans to ensure they do not feel bad for seeking care and treatment.
 - The time a veteran is likely to use their VA healthcare is a point of crisis. That's too late if the veteran is going to navigate getting benefits.
12. Invest in expanded research around intersectionality as it pertains to women veterans and systemic barriers impacting minority women veterans from accessing healthcare.
 - Minority women such as women veterans of color, lesbian and bisexual women (especially those that served during and prior to Don't Ask, Don't Tell), transgender women veterans, and (non)religious minority women veterans.
5. Open the VA's motto to public comment to consider change.

- Either maintain gender neutrality or revisit the motto and mission with representation from all communities to ensure input.

Chairwoman Brownley, Ranking Member Dunn, and distinguished members of the Committee, thank you for the opportunity to testify today on behalf of Minority Veterans of America about the cultural barriers impacting women veterans' access to healthcare. For additional information regarding this testimony, please contact Lindsay Church, Chief Executive Officer of Minority Veterans of America at lchurch@minorityvets.org.