

**Veterans' Access to Reproductive Healthcare
and our Women Veteran Community**

July 1, 2020



Testimony submitted to:

House Veterans Affairs Committee
Subcommittee on Health and the Women Veterans Task Force
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Testimony submitted by:

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Madam Chairwoman and Distinguished Members of the Committee and Task Force,

My name is Lindsay Church, and I am the Executive Director and Co-Founder of Minority Veterans of America (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 we serve, I want to thank you for convening this hearing and for allowing me to contribute to the discussion to address the crucial issue of our veterans' access to reproductive healthcare through the Department of Veterans Affairs (VA).

My position affords me the privilege and honor of serving over 1,000 veterans across 48 states, 2 territories, and 3 countries. As a queer, gender non-conforming woman veteran, and a patron of the VA's healthcare services, I am providing a statement from both my personal experience and on behalf of the countless minority veterans who experience barriers to accessing life-saving reproductive healthcare.

According to the VA's own statistics, nearly 10% of our nation's veterans identify as women—representing the fastest growing demographic of veterans eligible for healthcare.¹ Through our programmatic efforts, we routinely encounter women veterans that are experiencing, or have experienced, significant challenges and roadblocks when attempting to access due and necessary care. As this important demographic continues to grow, it is imperative that the VA prioritizes the evolution of its reproductive healthcare offerings in order to provide equitable access to every woman veteran they are charged with serving.

The Veterans Health Administration has undertaken an admirable goal of serving Veterans by “providing the highest quality health care available anywhere in the world,” because “America's Veterans deserve nothing less.” A lofty objective, they should be commended for the significant strides they have and are continuing to take. It is important to note, however, that simply making a service “available” does not constitute or ensure its continued and equitable accessibility, especially with regards to cost.

This fundamental socioeconomic roadblock has become an insurmountable barrier time and again for many women veterans, but especially women veterans of color and those that identify as members of the LGBTQ community. Members of these key demographics are more likely to experience socioeconomic inequities and are often disproportionately impacted by the socioeconomic barriers that cost barriers present when compared to their white, heterosexual, and/or cisgender counterparts.²

¹ Office of Data Governance and Analytics. (2017). *America's Women Veterans: Military Service History and VA Benefit Utilization Statistics*. National Center for Veterans Analysis and Statistics. Department of Veterans Affairs.

² Taylor, J., & Mhatre, N. (2017). *Contraceptive Coverage Under the Affordable Care Act*. Center for American Progress. Retrieved June 29, 2020, from <https://www.americanprogress.org/issues/women/news/2017/10/06/440492/contraceptive-coverage-affordable-care-act>

A. Contraceptive Healthcare

Providing free, or even affordable, contraceptive care has the potential to circumvent that barrier to due and necessary care, while addressing the inordinate hardship that an unintended and unwanted pregnancy can present. For those already struggling to meet life's basic needs, an inadvertent pregnancy can add secondary stressors and severely limit their agency. Marginalized veterans are currently living through both a national pandemic and an unprecedented epidemic of income loss.

It is widely recognized that those who experience systemic biases, which have arguably been amplified by the present pandemic, have diminished access to adequate healthcare and experience increased obstacles to contraceptives and economic hardship. Historically, women who have less economic opportunity and stability are less likely to take contraception or continue usage due to out-of-pocket costs. The rate of unintended pregnancy for white women sits at 33%, which is deeply contrasted by that of Latinx women, 58%, and Black women, 79%.³

While it is true that there may be government programs outside of the VA that provide free access to contraceptive care, and that women veterans may have the ability to access both those government programs and VA health care benefits at the same time, expecting these veterans to navigate multiple healthcare frameworks for due, necessary, and basic care is inequitable and unjust. Furthering this argument, recent research has indicated that veterans who receive their healthcare exclusively through the VA had better health profiles than their counterparts that piecemealed their care between two or even three healthcare provision frameworks.⁴

B. Abortion Counseling and Related Healthcare

As this body is already aware, in addition to the barriers that minority veterans face when accessing adequate contraceptive care, women veterans also lack basic access to abortion counseling and related healthcare services through their VA providers—which the VA states they are unable to provide as a matter of law.⁵ Justifications for this healthcare ban are rooted in the Hyde Amendment⁶ and the Shaheen Amendment,⁷ both of which were created in the face of structural cost barriers unjustly imposed by the government.

³ Taylor, J., & Mhatre, N. (2017). *Contraceptive Coverage Under the Affordable Care Act*. Center for American Progress. Retrieved June 29, 2020, from <https://www.americanprogress.org/issues/women/news/2017/10/06/440492/contraceptive-coverage-affordable-care-act>

⁴ Vandenberg, P., Uppal, G., Barker, A., & Flemming, D. (2013). The Impact of the Affordable Care Act on VA's Dual Eligible Population. *Health Services Research and Development Service. Department of Veterans Affairs*, 1-2. Retrieved June 29, 2020 from https://www.hsrd.research.va.gov/publications/internal/forum04_13.pdf

⁵ 38 CFR §§ 17.38, 17.272

⁶ Sobel, L., Salganicoff, A., & Ramaswamy, A. (2020). *The Hyde Amendment and Coverage for Abortion Services*. KFF. Retrieved on June 29, 2020 from <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/>

⁷ See generally American Civil Liberties Union. (2020). *Equality for Servicewomen: The Shaheen Amendment*. Accessed on June 29, 2020, at <https://www.aclu.org/video/equality-servicewomen-shaheen-amendment>

The exclusion of abortion counseling and related procedures is not only discriminatory, it endangers the health and well-being of women veterans, as is highlighted in H.R. 3798, the Equal Access to Contraception for Veterans Act.

As the World Health Organization states, “every woman has the recognized human right to decide freely and responsibly without coercion and violence the number, spacing and timing of their children and to have the information and means to do so.”⁸ At a fundamental level, access to safe and comprehensive abortion counseling is essential for the realization of those innate rights.

C. In Vitro Fertilization

The lack of access to full reproductive healthcare includes not only contraception and abortion services, but also in vitro fertilization (IVF), a crucial form of health care for LGBTQ individuals and unmarried women and couples. Currently, the VA includes in its list of eligible candidates for IVF opposite-sex spouses only, on the condition that one individual in the couple can provide evidence of their infertility as a service-connected condition. Given that only one of those partners needs to be a veteran, a non-veteran partner currently has more access to IVF than do most veterans.⁹

Barriers to access exist for those unable to provide evidence of service-connected infertility as well, as they are asked to pay upwards of \$12,000 for a single IVF procedure.¹⁰ Notably, even this limited form of access is unavailable to same-sex couples and individual veterans who are not legally married.¹¹ In addition to IVF, surrogacy services are not covered in the veteran medical benefits package, a necessary form of reproductive health care for LGBTQ individuals who rely upon this form of health care to start a family.

Each of the issues raised in this written testimony demonstrate a shortcoming in the VA’s mission to serve all veterans: passing the cost to the veteran. Even when minority veterans are eligible candidates for health care benefits provided by the VA, they are disproportionately impacted through co-pays for contraceptives, out-of-pocket costs for abortion care, and untenable charges for IVF. These extreme barriers to accessing full reproductive health care are compounded when considering that minority veterans have lower annual earnings than their non-minority counterparts, in addition to facing other

⁸ See generally United Nations Population Fund. (1994). *International Conference on Population and Development Programme of Action*. Accessed on June 29, 2020 at <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action>

⁹ Veteran’s Health Administration. (n.d.) *Infertility Services for Veterans*. Retrieved June 29, 2020 from https://www.womenshealth.va.gov/WOMeNSHEALTH/docs/InfertilityServicesforEnrolledVeteransBrochure_5df.

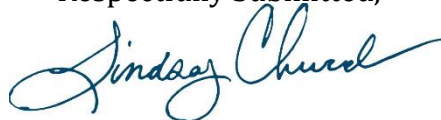
¹⁰ Edgar, C. (2017). *In vitro fertilization treatment available to eligible veterans, spouses; expanded access sought in Congress*. Accessed on June 29, 2020 at <https://www.dav.org/learn-more/news/2017/vitro-fertilization-treatment-available-eligible-veterans-spouses-expanded-access-sought-congress/>

¹¹ Veteran’s Health Administration. (n.d.). *Infertility Services for Veterans*. Accessed on June 29, 2020 at https://www.womenshealth.va.gov/WOMeNSHEALTH/docs/InfertilityServicesforEnrolledVeteransBrochure_508.pdf

inequities. Research from within the VA has revealed that women veterans experience service-connected disability, poverty, and homelessness at higher rates than male veterans. Veterans of color earn on average 13 to 21% less than white veterans and are twice as likely to live in poverty.¹² These systemic injustices make the VA's mission even more pressing, as it is often the only institution through which minority veterans can access the healthcare they need and deserve.

Advancing veteran reproductive health begins with recognizing that adopting an inclusive design and prioritizing the needs of minority veterans—our nation's most marginalized and vulnerable—must be a priority. Thank you, again, for the opportunity to submit this testimony. If I can be of further assistance, please feel free to contact me at lchurch@minorityvets.org.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Lindsay Church". The signature is written in a cursive, flowing style.

Lindsay Church
Executive Director