

**Advocating for the Provision of Quality,
Comprehensive Healthcare Services**

*Statement of Lindsay Church, Minority Veterans of America Executive Director,
for the Open Session Legislative Hearing Covering
HR 234, HR 344, HR 958, HR 1448, HR 1510, and several Discussion Drafts*



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

My name is Lindsay Church, and I am the Executive Director and Co-Founder of the Minority Veterans of America (MVA). Our organization works to create belonging and advance equity and justice for the minority veteran community. Thank you for allowing me to contribute to the work you are doing to address the crucial issues raised in these Bills.

My position affords me the privilege and honor of representing more than 9.7-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 4 countries, many of whom have never, and may never, have 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.

Sgt Ketchum Rural Veterans Mental Health Act of 2021

We are appreciative of Representative Axne's efforts to support rural veterans and expand mental health care access. We emphatically endorse its swift passage.

Assurance that the VA is able to provide quality, comprehensive healthcare services— especially for mental healthcare services—has long been a priority of our organization. The express recognition of tribal and insular communities in the definition of rural veteran not only includes minority veterans, it also represents a dedication to ensuring that veterans experiencing multiple forms of marginalization must be included when we provide necessary support. To that end, we recommend that the funding appropriated to support the RANGE program expansion be used to provide training on how to best support all demographics of our veteran population.

Recognizing the growing importance of telehealth as a modality of health care provision, we recommend further attention to telehealth use, including accessibility of technology and impact of The Office of Connected Care's programming on mental health care use; assessment of barriers to access, especially those reported by veterans; and the access and treatment rates for rural veterans who are women, veterans of color, members of the LGBTQ community, and (non)religious minorities.

Korean American VALOR Act (HR 234)

We fully endorse this Bill and are appreciative of Chairman Takano's continued efforts in supporting our Korean-American veteran community. While our organizational mission focuses on supporting minority veterans of the United States armed services, we have long-held that our efforts

should extend to those naturalized veteran-citizens of allied nations, especially where those veterans served alongside our own and where our nation's government has failed to equitably honor their service.¹

We want to acknowledge that this Bill may open the door for appeals from other allied, and otherwise qualifying, veteran communities that have since become American citizens, but would highlight that this push is not without established precedent. Many of our European allies that served alongside our own during World War I and World War II were granted medical benefits throughout our Department of Veterans Affairs.² Further, estimating that the Department spends an average of \$10,000 per veteran per year for their medical care, the extension of coverage to the 3,000 Vietnam-American veterans that would qualify under this Bill would account for approximately \$30-million per year, less than 1% of the VA's annual budget.³ In comparison, the VA recently spent more than double that amount, \$71.7-million, on erectile dysfunction medication for male veterans, including Viagra and Levitra.⁴

We would urge that additional considerations be given to inclusion of the myriad of other benefits available to and designed for our own Vietnam veterans,⁵ and that those same benefits and services be made available to this class of veterans where and as appropriate.

¹ From a historical perspective, the relationship between the United States and Korea during the Vietnam War is almost unlike any other international relationship seen since. The Republic of Korea's (ROK) decision to deploy hundreds of thousands of soldiers to support our nation in a foreign conflict was understandably rooted in Korea's domestic instability and political turmoil. At the time, ROK was in the process of rebuilding its governmental infrastructure following a mass uprising and military coup and found itself one of the poorest countries in the world. The Johnson Administration understood the importance of supporting ROK and agreed to provide an unprecedented level of support in exchange for strategic military support in the Vietnam War. The 600,000 men that were deployed alongside U.S. troops all but relied on American support to keep their families afloat. That support was later cut by the Nixon Administration, who simultaneously withdrew funding for ROK and our own troops from Vietnam, while threatening to withdraw even further aid and in-country support (during another mounting coup) if the ROK chose to withdraw their own troops from Vietnam.

See Baek, G. (2013). A perspective on Korea's participation in the Vietnam War. *The Asian Institute for Policy Studies*. 2013(No.53). Accessed on April 9, 2021, at www.en.asaninst.org/contents/issue-brief-no-53-a-perspective-on-koreas-participation-in-the-vietnam-war/. See also Lieutenant General Stanley Robert Larsen and Brigadier General James Lawton Collins, Jr., *Vietnam Studies: Allied Participation in Vietnam* (Washington, DC: Department of the Army, 1985): 140-154.

² Staggs, B. (2020). Korean immigrants who fought with U.S. in Vietnam would get healthcare under new bill. *The Orange County Register*. Accessed on April 10, 2021, at www.ocregister.com/2020/01/23/korean-immigrants-who-fought-with-u-s-in-vietnam-would-get-healthcare-under-new-bill/.

³ See www.va.gov/budget/docs/summary/fy2021VAbudgetInBrief.pdf.

⁴ Miller, K. (2013). Viagra for vets costs surge on war disorders. *Washington Post*. Accessed on April 12, 2021, at www.washingtonpost.com/business/economy/viagra-for-vets-costs-surge-on-war-disorders/2013/01/13/354eed4-5aac-11e2-9fa9-5fbd9530eb9_story.html.

⁵ See www.benefits.va.gov/PERSONA/veteran-korea.asp

Women Veterans TRUST Act (HR 344)

We previously endorsed Representative Brownley's Bill and are appreciative of her continued efforts in advocating for our nation's women veterans. There is an established need for programs that would be created and emboldened under this piece of legislation; community research demonstrates that gender-specific care reduces both actual and perceived barriers to treatment and improves overall patient outcomes.^{6,7}

Despite efforts to increase screening for mental health conditions in the military and veteran communities, many veterans with PTSD symptoms do not seek mental health care due to widespread stigmatization and a disenfranchisement with a problematic and ill-informed support structure that disregards or criminalizes their lived experiences. To cope with symptoms, including PTSD and the traumatic effects of MST, many veterans self-medicate by using illicit substances and alcohol as a substitute for professional mental health care. The existence of other justiciable and cultural categories for understanding behaviors and actions make their expressions illegible in the framework of mental health and MST.

Fortunately, there is established precedent that the efforts that would be realized through swift passage of this legislation would both be well-received and impactful, as is made evident by the fact that our nation's women veterans that do have access to gender-specific mental healthcare are twice as likely to report having their healthcare needs met, with women of color reporting the greatest perceived outcomes.⁸ In addition to the provisions in this Bill, we would make the following recommendations:

- **Gender Tailored Screening for Alcohol Use Disorder.** Multiple VA funded studies have indicated that current screening protocols may be insufficient to accurately assess and identify alcohol use disorder (AUD) among female veterans.⁹ Specifically, the VA standards in use for Alcohol Use Disorders Identification Test-C (AUDIT-C) were developed based on male drinking patterns, and it has been shown that gender-

⁶ Prendergast, M.L.; Messina, N. P.; Hall, E. A.; & Warda, U. S. (2011). The relative effectiveness of women-only and mixed-gender treatment for substance-abusing women. *J Subst Abuse Treat*, 40(4), 336-348. doi.org/10.1016/j.jsat.2010.12.001.

⁷ Teeters, J. B.; Lancaster, C. L.; Brown, D. G.; & Back, S. E. (2017). Substance use disorders in military veterans: prevalence and treatment challenges. *Subst Abuse Rehabil*, 8, 69-77. doi.org/10.2147/SAR.S116720.

⁸ Rachel, K., Joanne, P., Liberty, G., Julie, K., Allison, R., Meghan, S., & Donna, L. W. (2015). Access to Mental Health Care Among Women Veterans: Is VA Meeting Women's Needs? *Med Care*, 53(4), S97-S104. doi.org/10.1097/MLR.0000000000000272.

⁹ Pugatch, M.; Chang, G.; Garnick, D.; Brolin, M.; et al. (2021). Rates and predictors of brief intervention for women veterans returning from recent wars: Examining gaps in service delivery for unhealthy alcohol use. *J Subst Abuse Treat*, 123, 108257-108257. doi.org/10.1016/j.jsat.2020.108257.

tailored screening could increase identification of AUD among women veterans by 15%.¹⁰ The AUDIT-C is a precursor for treatment and these gender-neutral standards are attributed to male veterans receiving associated care, such as *brief interventions*, at a rate three times higher than female veterans, despite a similar prevalence of AUD.¹¹ We therefore recommend that current screening VA guidelines, as well as the potential efficacy of gender-tailored screenings, for AUD be analyzed as well.

- **Follow-On Support Services.** We would additionally recommend that a significant amount of attention and support be placed on after-treatment outcomes and support structures, including supportive services like housing placement and group treatment therapy connections. Provision of after-care support will help to curtail potential instances of relapse and significantly reduce the continuum of harm felt by our women veterans.

Protecting Moms Who Served Act (HR 958)

We emphatically endorse Representative Underwood’s efforts through this piece of legislation and call on bipartisan support for its swift passage. This Bill will require the Veterans Health Administration to research and report on discrepancies in Veterans’ pregnancy-related medical care and health based on age, economic status, race, ethnicity, gender identity, and sexual orientation.

Pregnancy-related mortality has been steadily increasing in the United States since 1987.¹² Black and Indigenous parents¹³ are more than three times as likely to die of a pregnancy-related death when compared to their white counterparts.¹⁴ Approximately three in five of those deaths were deemed preventable.¹⁵ That mortality rate increases drastically in expecting mothers older than 35

¹⁰ Hoggatt, K. J.; Simpson, T.; Schweizer, C. A.; Drexler, K.; & Yano, E. M. (2018). Identifying women veterans with unhealthy alcohol use using gender-tailored screening. *Am J Addict*, 27(2), 97-100. doi.org/10.1111/ajad.12689.

¹¹ *Supra* note 9.

¹² Centers for Disease Control and Prevention. (2020, November 25). *Pregnancy Mortality Surveillance System*. Centers for Disease Control and Prevention. www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillancesystem.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm.

¹³ Here, the term “parents” refers to both pregnant and post-partum parents.

¹⁴ Howell E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clinical obstetrics and gynecology*, 61(2), 387–399. doi.org/10.1097/GRF.0000000000000349.

¹⁵ Petersen, E. E.; Davis, N. L.; Goodman, D.; Cox, S.; et al. (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017. *MMWR. Morbidity and mortality weekly report*, 68(18), 423–429. See also Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2019;68:762–765. dx.doi.org/10.15585/mmwr.mm6835a3.

years, which affects much of the Veteran population.¹⁶ Despite the lack of data for the LGBTQ community, there are many instances of discrimination by medical professionals reported by expecting parents in same-sex or same-gender couplings.^{17,18}

A self-reported study found that infertility in both male and women veterans who deployed during Operations Enduring Freedom and Iraqi Freedom range from 13-16%, comparatively greater than the general population.¹⁹ Veterans of color are additionally more likely to experience infertility than their white veterans.²⁰ Veterans additionally have a greater probability of being diagnosed with PTSD, TBI, and depression when compared to their civilian counterparts,²¹ which has been shown to increase the prevalence of depression and anxiety in pregnant and postpartum parents relating to their parental transition.²²

The ability to identify and understand the personal and systemic factors causing racial disparities between pregnancy-related mortality can guide the prevention strategies required to reduce them.²³

PAWS for Veterans Therapy Act (HR 1448)

While we are appreciative of Representative Stivers' intention behind this Bill, we do not support this piece of legislation. We understand that the William M. Thornberry National Defense Authorization Act (NDAA) for Fiscal Year 2021²⁴ included provisions for the Defense Department to establish a service dog program that would include veterans (*See* Sec. 745, Wounded Warrior Service Dog Program, p. 323). Based on our staff's interpretation of both pieces of legislation, it appears that

¹⁶ Nove, A.; Matthews, Z.; Neal, S.; & Camacho, A. V. (2014). Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *The Lancet Global Health*, 2(3). [doi.org/10.1016/s2214-109x\(13\)70179-7](https://doi.org/10.1016/s2214-109x(13)70179-7).

¹⁷ Smith, S. E. (2018). *For Nonbinary Parents, Giving Birth Can Be Especially Fraught*. Rewire News Group. www.rewirenewsgroup.com/article/2018/01/25/nonbinary-parents-giving-birth-can-especially-fraught/.

¹⁸ Mirza, S.A. & Rooney, C. (2021). *Discrimination Prevents LGBTQ People From Accessing Health Care*. Center for American Progress. www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/.

¹⁹ See www.publichealth.va.gov/epidemiology/studies/new-generation/infertility.asp.

²⁰ Goossen, R. P.; Summers, K. M.; Ryan, G. L.; Mengeling, M. A.; et al. (2019). Ethnic Minority Status and Experiences of Infertility in Female Veterans. *Journal of Women's Health*, 28(1), 63–68. doi.org/10.1089/jwh.2017.6731.

²¹ Trivedi, R. B.; Post, E. P.; Sun, H.; Pomerantz, A.; et al. (2015). Prevalence, Comorbidity, and Prognosis of Mental Health Among US Veterans. *American Journal of Public Health*, 105(12), 2564–2569. doi.org/10.2105/ajph.2015.302836.

²² McLeish, J., & Redshaw, M. (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy and Childbirth*, 17(1). doi.org/10.1186/s12884-017-1220-0.

²³ *Supra* note 15.

²⁴ Available at www.congress.gov/116/bills/hr6395/BILLS-116hr6395enr.pdf.

the Major General's Bill is duplicative of the efforts that Congress has already directed the Defense Department to undertake.

The only substantial instance where this Bill does differ from the program detailed in last year's NDAA, addressing the policy that states provision of service dogs to veterans with PTSD shall be restricted to those that also have a mobility impairment, is not codified, and can be addressed through regulatory action, further reducing the need for any legislative fix. We recommend that further legislation be directed towards expansion of existing pecuniary benefits, including insurance, granted to service dogs through the VA.

We would also like to call attention to a few minority-focused disparities which we are concerned were not taken into consideration here, namely issues of access and utilization.

- Our organization's most recent *Community Impact Survey* found that veterans of color are 44% more likely to be in fair or poor mental or emotional health, with LGBTQ veterans 34% more likely for the same.²⁵ According to the most recent *Minority Veteran Report*, our minority veteran communities, or those that are universally accepted to be the most marginalized and underserved, are 2.5-times less likely to utilize VA-related healthcare benefits.²⁶ In 2017, only 38% of VHA-served veterans self-identified with a minority community.²⁷ This number is particularly significant because our communities are already underrepresented within the VA system, with approximately 25.7% of qualifying minority veterans enrolled in the VHA system at all, and 17.5% of them receiving health-related services or treatments.²⁸
- Members of our community experience poverty at a rate that is nearly two times greater than that of non-minority veterans.²⁹ For veterans that are living in or at the brink of impoverished conditions, taking time off from work to travel to a training program can be prohibitive. It is our hope that future pieces of legislation intended to address mental health disparities consider the cost of travel, time, and lost wages, and ensure that veterans not in a compensated work therapy program are not financially impacted through their participation.

²⁵ The survey was conducted over a three-month period in early 2020. Formalized publication is forthcoming.

²⁶ 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 April 10, 2021, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

²⁷ *Id.*

²⁸ *Id.*

²⁹ *Id.*

Veterans' Camera Reporting Act (HR 1510)

We support this piece of legislation and applaud Representative McKinley's efforts in ensuring compliance and accountability with the VA's security frameworks, especially in the midst of the current sexual assault and harassment pandemic plaguing our Department facilities.

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.³⁰ 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 2016.³¹ Instances of sexual assault increase 1.5-times when in an environment with rates of ambient sexual harassment, as is fostered between the DoD-VA continuum of sexual violence-related harm.³² 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, initiated under the passage of the Deborah Sampson Act, continued assurance that existing safety frameworks are being adjusted and revitalized 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. In addition to the metrics named within the Bill, we would recommend that further consideration and reporting be built around the average duration and frequency of camera outages.

DOULA for VA Act of 2021 (HR 9016)

We are supportive of this Bill and grateful for Representative Lawrence's efforts.

A recent study found that pregnant individuals who receive prenatal doula services compared to others who did not have better birth outcomes, regardless of the fact that both groups were concurrently enrolled in a prenatal health and childbirth education program.³³ Doula assisted birthing parents in this study were four times less likely to experience a low birth weight and two

³⁰ 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.

³¹ 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.

³² 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.

³³ Gruber, K. J.; Cupito, S. H.; & Dobson, C. F. (2013). Impact of Doulas on Healthy Birth Outcomes. *The Journal of Perinatal Education*, 22(1), 49-58. doi.org/10.1891/1058-1243.22.1.49.

times less likely to experience a birth complication.³⁴ In a separate study, continuous support during labor by doulas improved medical outcomes for both parents and infants, to include shorter labor durations, decreased caesarean births, decreased instrumental vaginal birth, and decreased reported negative feelings about childbirth experiences.³⁵

Up to 21% of birth parents experience clinical depression and/or anxiety during pregnancy and postpartum.³⁶ With the increased likelihood of diagnosis of mental and behavioral health conditions prior to pregnancy,³⁷ the Veteran community is at higher risk for stigma and discrimination relating to their mental health from their medical providers and members of their family or community.³⁸ Additionally, veterans of color and those that identify as LGBTQ face further discrimination in their medical care, both personal and systemic, based on their identities and orientations.³⁹ Doulas can provide the needed advocacy and support to pregnant and post-partum parents during their transition to parenthood—especially for those at greater risk for bias and discrimination.⁴⁰

Providing the option for Veterans to have access to a doula should be available to all Veterans as soon as possible and we urge due consideration and swift passage of this Bill.

Veterans and Family Information Act (HR 2093)

We are supportive of Mr. Jeffries' efforts through this Bill. While immigrant veterans are less likely to be limited English proficient than their non-veteran counterparts, at 20% versus 49%, nearly

³⁴ *Id.*

³⁵ Bohren, M. A.; Hofmeyr, G. J.; Sakala, C.; Fukuzawa, R. K.; & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*. doi.org/10.1002/14651858.cd003766.pub6.

³⁶ McLeish, J., & Redshaw, M. (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy and Childbirth*, 17(1). doi.org/10.1186/s12884-017-1220-0.

³⁷ Trivedi, R. B.; Post, E. P.; Sun, H., Pomerantz; A., Saxon; et al. (2015). Prevalence, Comorbidity, and Prognosis of Mental Health Among US Veterans. *American Journal of Public Health*, 105(12), 2564–2569. doi.org/10.2105/ajph.2015.302836.

³⁸ Fox, J. R. (2012). Best Practice in Maternity and Mental Health Services: A Service User's Perspective, *Schizophrenia Bulletin*, 38(4), 651–656, doi.org/10.1093/schbul/sbs035.

³⁹ Ellmann, N. (2020, April 14). *Community-Based Doulas and Midwives*. Center for American Progress. Accessed on April 12, 2021, at www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives.

⁴⁰ *Id.*

two-thirds of all immigrant veterans have stated they speak a language other than English at home.⁴¹ As more and more veteran families begin to take active roles in their veteran's care team, it is imperative that they are able to understand and comprehend the literature being provided to assist them in doing so.

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 our Director of Operations & Policy, Andy Blevins, via email, at ablevins@minorityvets.org.

Respectfully Submitted,

/s/

Lindsay Church

Executive Director

⁴¹ Zong, J. & Batalova, J. (2019). Immigrant veterans in the United States. *Migration Policy Institute*. Accessed on April 12, 2021, at www.migrationpolicy.org/article/immigrant-veterans-united-states-2018.