



**Legislative Priorities of Minority Veterans of America  
For the 119th Congress**

Prepared for :

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## Minority Veterans of America Legislative Priorities

Chairmen Moran and Bost, Ranking Members Blumenthal and Takano, and Members of the Committees,

We are Minority Veterans of America (MVA), an intersectional movement of minority veterans dedicated to creating community belonging and advancing equity for service members and veterans who are racial, gender, sexual, and religious minorities. MVA works on behalf of more than 9.5 million minority veterans and is home to 3,600 members across 49 states, four territories, three countries, and the District of Columbia. Through our suite of programs, we directly serve thousands of veterans, service members, and their families each year. On behalf of our dedicated staff, volunteers, and the communities we serve, we extend our gratitude for the opportunity to contribute to this Joint Hearing.

Since our inception in 2017, MVA has been at the forefront of advocating for the unique needs of minority veterans across the nation. In our work, we have witnessed firsthand the challenges faced by members of our community during their time in service that spill over into their existence as veterans. Minority veterans face significant barriers when accessing quality healthcare, benefits, housing, and employment opportunities through VA and other federal programs. These barriers are compounded by systemic inequities, discriminatory policies, and the politicization of our very existence.

Our legislative priorities reflect our commitment to addressing these critical issues. We advocate for improved access to VA healthcare and benefits, ensuring that minority veterans receive equitable support and services. We also emphasize the importance of mental health and suicide prevention initiatives tailored to the unique needs of minority veterans. Too often, our community faces barriers to accessing culturally competent care, exacerbating physical and mental health challenges and contributing to disproportionate rates of suicide among racial, gender, and sexual minority veterans.

In addition to these issues, we wish to stress that recent mass firings at the Department of Veterans Affairs pose a catastrophic threat to veteran healthcare and benefits administration. VA is the backbone of veteran care, and gutting its workforce by thousands of employees<sup>1</sup> will lead to longer wait times, reduced services, poorer quality of care, and increased barriers to care for millions of veterans. Additionally, veterans are disproportionately represented in the federal workforce, meaning mass layoffs will harm the very people who have already sacrificed for this nation. In any past Congress, firing more than one thousand VA employees overnight – many of whom are veterans themselves – would be a scandal worthy of dismissing a sitting Secretary, yet, there has been little effort

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<sup>1</sup> U.S. Department of Veterans Affairs. (2025, February 14). *VA dismisses more than 1,000 employees*. VA News. Retrieved from <https://news.va.gov/press-room/va-dismisses-more-than-1000-employees/>

to seek answers to how the agency plans to ensure that veteran benefits and services are not impacted in the name of “government efficiency”.

In addition to VA, veterans also rely on critical social safety nets, including Social Security, Medicare and Medicaid, and Supplemental Nutrition Assistance Program (SNAP) and Women, Infant, and Children (WIC) benefits, all of which are now under threat. Veterans rely on these programs to get by, to feed their families, and to bridge the gap when they need support. This Congress must recognize that these cuts are not just budgetary decisions — they are a direct betrayal of our commitment to those who have served.

As we confront these critical issues, we ask that Congress prioritize legislation that places the unique needs of minority veterans at the forefront, honoring the profound sacrifices our communities have made in service to our nation. The continued politicization of minority veterans, service members, and our families must end. Exploiting our lived experiences, identities, and struggles for political gain through divisive Executive Orders and riders on legislation that attack the communities we represent undermine the very essence of our collective sacrifices. Our honorable service should not be used for political spectacle and gamesmanship. Instead, Congress must honor the service of all veterans by fighting for policies that are worthy of the sacrifices we have made for this country.

Below, we outline our legislative priorities in detail, offering insight into the specific challenges faced by minority veterans and proposing actionable solutions. It is our sincere hope that this information will inform and inspire the work of your Committees in the months ahead as we fight for a future where every veteran is seen, heard, and valued.

## **1. Health Equity**

Health equity is not a privilege — it is a necessity for all who have served our nation. Yet, systemic barriers and recent executive actions continue to undermine and erode access to quality healthcare for all veterans, especially the minority veterans we serve. Discriminatory executive orders, restrictive healthcare policies, and rollbacks of reproductive and gender-affirming care threaten the very foundation of VA healthcare. Addressing these disparities requires a commitment to data-driven and community-informed policy solutions, the preservation of inclusion, diversity, equity, and access initiatives, and the enforcement of critical protections that were designed to ensure every veteran receives the care they deserve.

Ensuring equitable access to healthcare and benefits is not just a moral imperative but a solemn commitment to care for those who have selflessly served our nation. For many minority veterans, accessing the vital resources provided by the Department of Veterans Affairs through the healthcare and benefits system is often hindered by barriers, many of which are insurmountable. These barriers result in delayed or deferred care which can

ultimately exacerbate health issues and diminishing overall well-being.<sup>2</sup> MVA advocates for policies that dismantle these obstacles and ensure that every veteran receives the timely and comprehensive care they require and deserve.

### **A. Executive Orders Targeting Transgender American Impacts on Veterans**

The cumulative impact of anti-transgender executive orders<sup>3</sup> has been and will continue to be devastating to transgender veterans seeking care at VA. Veterans have reported encountering hostile environments, experiencing increased anxiety when accessing services, and are currently living in fear not knowing what healthcare services and protections will be stripped next. These policies have fostered a climate of fear and uncertainty, and are forcing transgender veterans to make impossible decisions about how and if they will seek the care they need.<sup>4</sup> The lack of protections and uncertainty around recourse if veterans experience discrimination in their care worsen mental and physical health risks that transgender veterans face, including significantly higher rates of suicidal ideations and suicide, homelessness, and unemployment compared to their cisgender counterparts. Without swift action to reverse these harmful policies, VA will continue failing in its duty to provide equitable care to all veterans.

MVA is deeply concerned that implementation of current and future Executive Orders will result in the categorical exclusion of gender-affirming care from the Department of Veterans Affairs medical benefits package which would create irreparable harm to those we serve and would force many transgender veterans into a cycle of delayed, denied, or inadequate treatment.

### **The Importance of Gender -Affirming Care Protections**

Gender-affirming care is recognized as medically necessary by major medical organizations, including the American Medical Association, American Psychological Association, and the World Professional Association for Transgender Health.<sup>5</sup> Studies show that access to gender-affirming care significantly improves mental health outcomes, reduces suicide risk, and

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<sup>2</sup> Washington, D. L., Villa, V. M., Brown, A., Damron-Rodriguez, J., Harada, N., & Rubenstein, L. (2008). Racial and ethnic disparities in the VA healthcare system: A systematic review. *Journal of General Internal Medicine*, 23(5), 654–671. <https://doi.org/10.1007/s11606-008-0521-4>

<sup>3</sup> Anti-Transgender Executive Orders include: *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, Ending Radical and Wasteful Government DEI Programs and Preferencing, Restoring America's Fighting Force, Prioritizing Military Excellence and Readiness, Protecting Children from Chemical and Surgical Mutilation, Keeping Men Out of Women's Sports, and Ending Radical Indoctrination in K-12 Schooling.*

<sup>4</sup> Kheel, R. (2025, February 5). *How Trump's moves to end protections for transgender people could hurt veterans health care.* Military.com. Retrieved from <https://www.military.com/daily-news/2025/02/05/how-trumps-moves-end-protections-transgender-people-could-hurt-veterans-health-care.html>

<sup>5</sup> American Psychological Association. (n.d.). *Transgender and nonbinary-inclusive care.* Retrieved February 18, 2025, from <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>

enhances overall well-being for transgender individuals.<sup>6</sup> Despite this, federal policies restricting such care within VA facilities have prevented transgender veterans from receiving life-saving treatments, and further restrictions by the Department will unnecessarily threaten the lives of transgender individuals. Transgender veterans should not have to fight for the basic healthcare that is widely recognized as essential by the medical community.

VA must ensure that gender-affirming care, including hormone therapy, prosthetics, mental health support, and other critical care elements are protected from any restrictions in services or healthcare offerings. Transgender veterans have served honorably, and their healthcare should not be subject to political debate. Without these protections, transgender veterans will be forced to leave VA for portions or all of their care. Congress must act decisively to ensure that the VA upholds its obligation to provide comprehensive, affirming care to all veterans, regardless of their gender identity.

## **B. Comprehensive Reproductive and Family Planning Services for Veterans**

Many veterans rely on VA for comprehensive family planning services, including access to in-vitro fertilization (IVF), maternal health, adoption support, contraception, and abortion counseling and care. However, there are ongoing efforts that seek to restrict access to many of these critical services, leaving veterans who turn to VA for care without the support they need to adequately plan their families. Veterans should be afforded a comprehensive suite of high-quality reproductive health services without unnecessary hurdles, regardless of their service-connected disabilities.

The 2022 Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization* has intensified the urgency of ensuring comprehensive reproductive healthcare access. The ruling unjustly overturned the federal constitutional right to abortion — leading to many states severely restricting or outright banning abortion access. For veterans who rely on VA healthcare, the Department’s recent rulemaking furnishing abortion access to veterans and CHAMPVA beneficiaries is crucial to ensuring that veterans have access to dependable, reliable, and safe care no matter where they live.<sup>7</sup> <sup>8</sup> Newly appointed Secretary of Veterans Affairs, Doug Collins, stated in his confirmation hearing that he intends to revisit this rule and determine if the agency will maintain or overturn it based on the new administration’s

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<sup>6</sup> Shelemy, L., Cotton, S., Crane, C., & Knight, M. (2024). Systematic review of prospective adult mental health outcomes following affirmative interventions for gender dysphoria. *International Journal of Transgender Health*, 25(2), 125–144. <https://doi.org/10.1080/26895269.2024.2333525>

<sup>7</sup> Department of Veterans Affairs. (2022, September 9). *Reproductive health services*. Federal Register. Retrieved from <https://www.federalregister.gov/documents/2022/09/09/2022-19239/reproductive-health-services>

<sup>8</sup> Department of Veterans Affairs. (2024, March 4). *Reproductive health services*. Federal Register. Retrieved from <https://www.federalregister.gov/documents/2024/03/04/2024-04275/reproductive-health-services>

interpretation of the 1992 Veterans Healthcare Act, a law that has since been superseded.<sup>9</sup> It is critical that VA continue to furnish this care and that Congress pursue efforts to codify abortion protections in law.<sup>10 11</sup> There are over 2 million women veterans in the U.S. and they are the fastest growing cohort of veterans; the percentage of women veterans is expected to grow by more than half in the next 15 years. Nearly 300,000 women veterans who rely on VHA for care are of reproductive age.<sup>12 13</sup> Over one-third of women veterans identify as racial or ethnic minorities and Black women make up about 19% of the current population of women veterans. As abortion bans disproportionately impact people of color, this new pathway to accessing abortion care is essential for many of those most harmed by the overturning of *Roe v. Wade*.<sup>14</sup>

Access to assisted reproductive technologies, including IVF, remains another critical issue. Many veterans, especially women veterans, delay starting families until after their service or when it aligns with their military careers, meaning they often seek reproductive assistance at later ages when fertility challenges are more common.<sup>15</sup> VA must recognize these unique circumstances and provide comprehensive family building services, including IVF, without restrictions.

For too long, veterans have been met with exclusionary barriers to IVF services when seeking care at VA, even for those with service-connected disabilities. While VA recently removed marriage requirements and approved the use of donated reproductive materials, it took organizations, service members, and veterans suing the Departments of Veterans Affairs and Defense to force the agencies to furnish this essential care.<sup>16</sup> Currently, IVF services through

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<sup>9</sup> National Women's Law Center. (2022, October 11). *NWLC's public comment in support of VA rule providing for abortion care and counseling*. Retrieved from <https://nwlc.org/resource/nwlc-public-comment-in-support-of-va-rule-on-abortion/>

<sup>10</sup> Department of Veterans Affairs. (2024, March 4). *Reproductive health services: Final rule*. Federal Register. Retrieved from <https://www.federalregister.gov/documents/2024/03/04/2024-04275/reproductive-health-services>

<sup>11</sup> Sundlun, K. (2025, January 21). *VA can't provide abortions but he'll 'reexamine' law, Georgia's Doug Collins says in confirmation hearing*. Atlanta News First. Retrieved from <https://www.atlantaneWSfirst.com/2025/01/21/va-cant-provide-abortions-hell-reexamine-law-georgias-doug-collins-says-confirmation-hearing/>

<sup>12</sup> U.S. Department of Veterans Affairs. (n.d.). *Women veterans: Facts and statistics*. Women Veterans Health Care. Retrieved from <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>

<sup>13</sup> U.S. Department of Veterans Affairs, Office of Inspector General. (2024, February). *Deficiencies in emergency department care for a veteran who died by suicide at the Tuscaloosa VA Medical Center in Alabama* (Report No. 22-03931-226). Retrieved from <https://www.vaog.gov/sites/default/files/reports/2024-02/VAOIG-22-03931-226.pdf>

<sup>14</sup> Schultz, D., Hunter, K. M., Skrabala, L., & Haynie, J. G. (2022). *Improving support for veteran women: Veterans' issues in focus*. RAND Corporation. <https://www.rand.org/pubs/perspectives/PEA1363-3.html>

<sup>15</sup> Kroll-Desrosiers, A., Copeland, L. A., Mengeling, M. A., & Mattocks, K. M. (2023). Infertility services for veterans enrolled in Veterans Health Administration care. *Journal of General Internal Medicine*, 38(10), 2347–2353. <https://doi.org/10.1007/s11606-023-08080->

<sup>16</sup> Yale Law School Veterans Legal Services Clinic. (n.d.). *National Organization for Women—NYC vs. VA and DoD*. Yale Law School. Retrieved from <https://law.yale.edu/studying-law-yale/clinical-and->

VA are restricted only to veterans with service -connected infertility — a policy that disproportionately impacts women veterans who may require reproductive assistance but find challenges meeting the narrow eligibility.<sup>17</sup> Proving service connection for infertility can be particularly difficult, especially for women veterans, due to historical gaps in research, inability to furnish documentation of reproductive health issues during service, and lack of general understanding of the unique challenges facing women in uniform.<sup>18</sup>

Legislative Ask: H.R. 220 Veterans Infertility Treatment Act of 2025<sup>19</sup>

### C. Maternal Health Care for Veterans

Maternal health is an essential component of comprehensive healthcare, yet veterans — particularly minority and underserved veterans — continue to face barriers to accessing high-quality maternal health services. Compared to civilians, veterans disproportionately experience service-related health conditions such as post-traumatic stress disorder (PTSD), toxic exposure, and musculoskeletal injuries, which can complicate pregnancy, childbirth, and postpartum recovery.<sup>20,21</sup> Additionally, a lack of obstetric and maternal care services at VA facilities means that most veterans must seek care through community providers or use outside insurance, creating gaps in care coordination and increasing the risk of poor maternal health outcomes.

Black, Indigenous, and other racial minority veterans experience higher rates of maternal mortality and morbidity compared to their white counterparts. The Government Accountability Office (GAO) has reported that Black veterans experience severe maternal complications at significantly higher rates than white veterans, underscoring the need for

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[experiential-learning/our-clinics/veterans-legal-services-clinic/national-organization-women-nyc-vs-va-and-dod](https://clinical-and-experiential-learning/our-clinics/veterans-legal-services-clinic/national-organization-women-nyc-vs-va-and-dod)

<sup>17</sup> National Organization for Women—New York City v. Department of Defense and Department of Veterans Affairs, No. 1:23-cv-06750 (S.D.N.Y. Aug. 2, 2023). Retrieved from <https://law.yale.edu/studying-law-yale/clinical-and-experiential-learning/our-clinics/veterans-legal-services-clinic/national-organization-women-nyc-vs-va-and-dod>

<sup>18</sup> Katon, J. G., Zephyrin, L., Meoli, A., Hulugalle, A., Bosch, J., Callegari, L., Galvan, I. V., Gray, K. E., Haeger, K. O., Hoffmire, C., Levis, S., Ma, E. W., McCabe, J. E., Nillni, Y. I., Pineles, S. L., Reddy, S. M., Savitz, D. A., Shaw, J. G., & Patton, E. W. (2019). Reproductive health of women veterans: A systematic review of the literature from 2008 to 2017. *Seminars in Reproductive Medicine*, 36(6), 315–322. <https://doi.org/10.1055/s-0039-1678750>

<sup>19</sup> Brownley, J. (2025). *Veterans Infertility Treatment Act of 2025*, H.R. 220, 119th Cong. <https://www.congress.gov/bill/119th-congress/house-bill/220>

<sup>20</sup> Fitzgerald, L. F., Greathouse, K. L., Falvo, M. J., & Klimas, N. G. (2022). Preliminary findings from the Gulf War Women's Cohort: Health outcomes among female Gulf War veterans. *International Journal of Environmental Research and Public Health*, 19(14), 8483. <https://doi.org/10.3390/ijerph19148483>

<sup>21</sup> Miller, M. B., Kelly, U. A., & Vogt, D. (2024). The impact of military trauma exposures on servicewomen's perinatal outcomes: A scoping review. *Journal of Midwifery & Women's Health*, 69(2), 145–157. <https://doi.org/10.1111/jmwh.13620>



targeted interventions to reduce disparities in care.<sup>22 23</sup> Additionally, LGBTQ+ veterans — including transgender, nonbinary, and gender-diverse individuals — face systemic barriers, harassment, and discrimination when seeking reproductive or maternal care.

The VA's Maternal Care Coordinator (MCC) program, established in 2012, plays a critical role in assisting pregnant and postpartum veterans. MCCs provide care coordination, education, and advocacy for veterans navigating prenatal, perinatal, and postpartum services within VA and community-based healthcare systems. However, MCCs lack consistent resources, training, and staffing levels to meet the growing needs of veterans — which will certainly be exacerbated by efforts to reduce the federal workforce and cut costs. Expanding this program and ensuring MCCs are equipped to address the unique challenges faced by women, minority, and LGBTQ+ veterans is crucial to improving maternal health outcomes.

VA must prioritize maternal health equity by increasing access to culturally competent care providers, expanding telehealth services, improving perinatal mental health screenings, and strengthening partnerships with community-based maternal health organizations. Addressing these issues requires a multifaceted approach that removes systemic barriers and ensures that all veterans—regardless of race, gender identity, or geographic location — have equitable access to high-quality maternal healthcare.

VA should also ensure equitable access to adoption assistance for veterans, recognizing that some veterans may choose or require adoption as their pathway to parenthood. A truly comprehensive reproductive healthcare system for veterans must include a full spectrum of family planning services, including IVF, adoption, contraception, and abortion care, ensuring that veterans can make the best decisions for themselves and their families without undue burden.

#### **D. Demographic Data Preservation**

The deliberate erosion of demographic data collection, reporting, and display within VA healthcare and benefits represents a broader and deeply concerning effort to erase the identities and lived experiences of specific marginalized veterans. The current administration has taken alarming steps to strip away critical protections and eradicate many of us from everyday life, effectively rewriting policies and history to diminish the visibility and humanity of transgender, nonbinary, and other minority veterans. These actions are not just bureaucratic decisions, they are deliberate attempts to erase and deny the realities of transgender and nonbinary veterans, and are already preventing providers from delivering informed, effective, and equitable care.

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<sup>22</sup> U.S. Government Accountability Office. (2023). *Veterans health: VA should improve its monitoring of severe maternal morbidity*. Retrieved from <https://www.gao.gov/assets/gao-24-106209.pdf>

<sup>23</sup> Katon, J. G., Gray, K. E., & Reddy, S. M. (2023). Ethnoracial disparities in perinatal outcomes among women veterans utilizing Veterans Health Administration maternity care. *Journal of Women's Health*. <https://doi.org/10.1089/jwh.2023.0162>



While those in power may attempt to erase transgender and nonbinary veterans from policy and public life, they will never succeed in erasing us from existence. Our communities have persisted through generations of exclusion, discrimination, and targeted attacks, and we will continue to resist efforts that seek to make us invisible. However, the harm caused by these policies is real — by making identity a political battleground, this administration has turned our fundamental rights and access to care into a subject of debate rather than a guarantee of equal dignity and humanity. It is imperative that Congress acts to safeguard the rights of all veterans and ensure that no administration can manipulate policy to erase those who have served.

By replacing gender identity with birth sex in patient health records, VA providers are being denied essential medical information that directly impacts patient outcomes. This information is critical to ensure that providers have the necessary tools to deliver accurate, safe, and affirming care to all veterans. Knowing a patient's gender identity allows the provider to understand key trends and indicators that have the ability to save the lives of veterans every day.

Demographic data — including race, ethnicity, gender identity, sexual orientation, disability, and socioeconomic status — plays an essential role in identifying systemic inequities in veteran healthcare. By tracking and analyzing these data points, VA can better understand which communities experience higher rates of chronic illnesses, mental health concerns, suicide, homelessness, and barriers to accessing benefits.

Without this information, disparities remain hidden, making it nearly impossible to implement effective, evidence-based policy solutions. Eliminating gender identity from health records, purging the data from the system, and limiting veterans' abilities to update this in our medical records actively limits providers' ability to treat transgender and nonbinary veterans appropriately, creating direct harm.

#### **i. The Harmful Impact of Removing Gender Identity from Health Records**

Forcing providers to rely on birth sex, even when doing so results in misdiagnosis, inappropriate screenings, and denied access to necessary care is unethical, harmful, and potentially deadly. This policy ignores the well-established medical consensus that gender identity is a fundamental component of patient health.

By withholding gender identity data from providers, transgender and nonbinary veterans face heightened health risks due to delayed care, incorrect treatment plans, and increased

mental health distress.<sup>24</sup> If a provider had access to gender identity data, they would be better equipped to:

- Identify the need for gender-affirming care and ensure appropriate referrals for hormone therapy, mental health support, and other critical services.
- Screen appropriately for health risks that differ from those associated with birth sex (e.g., a transgender woman may still require prostate cancer screening, while a transgender man may require cervical cancer screenings).
- Understand medication interactions that may be impacted by hormone replacement therapy, ensuring accurate prescriptions and dosage adjustments.
- Provide trauma-informed care by recognizing how medical mistreatment, discrimination, and stigma have shaped transgender veterans' past healthcare experiences.
- Ensure accurate mental health assessments by distinguishing gender dysphoria from unrelated mental health conditions and avoiding misdiagnosis.

Stripping this data from medical records does not create a neutral healthcare environment; it actively erases the existence and medical needs of transgender veterans. This policy is not about neutrality — it is an attack on the rights and dignity of transgender veterans and represents a dangerous step backward in medical equity and patient-centered care.

## **2. Housing & Homelessness: The Need for Equitable Solutions**

Stable housing is a fundamental necessity for successful reintegration into civilian life and is a core component of a person's overall health and wellness in their post-service lives, yet too many veterans, particularly racial minorities, LGBTQ+, and women veterans, are at greater risk for housing insecurity and homelessness.<sup>25</sup> The reasons for these disparities are multifaceted, driven by socioeconomic challenges, systemic discrimination, and gaps in veteran support services. Addressing these issues requires tailored solutions that ensure all veterans — regardless of race, gender identity, sexual orientation, or background — can access safe and stable housing.

### **A. Socioeconomic Drivers of Housing Insecurity for Minority Veterans**

Many minority veterans face a unique set of socioeconomic challenges that contribute to housing insecurity. A long history of discriminatory policies, such as redlining and unequal access to the GI Bill's housing and education benefits, have left generational scars that persist

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<sup>24</sup> U.S. Department of Veterans Affairs. (n.d.). Nonbinary veterans. *LGBTQ+ Veteran Health Care Fact Sheet*. <https://www.patientcare.va.gov/lgbt/docs/lgbtq-factsheet-nonbinary-veterans.PDF>

<sup>25</sup> National Low Income Housing Coalition. (n.d.). *Housing instability and homeless program use among veterans: The intersection of race, sex, and homelessness*. Retrieved from <https://nlihc.org/sites/default/files/Housing-Instability-and-Homeless-Program-Use-Among-Veterans-The-Intersection-of-Race-Sex-and-Homelessness.pdf>

today. Racial minority veterans, particularly Black and Indigenous veterans, have historically been denied access to home loans and financial resources that could have provided long-term housing stability, trends that are documented and unaddressed.<sup>26</sup>

Black Veterans Project (BVP) has played a critical role in exposing the ongoing racial disparities within VA on the issue of disparities in veteran benefits and housing. Their work has demonstrated how Black veterans receive VA-backed home loans at significantly lower rates than their white counterparts, limiting access to homeownership and wealth-building opportunities. Additionally, BVP's reporting has highlighted the disproportionate rates of housing instability and homelessness among Black veterans, a trend that persists due to systemic inequities in VA programs and broader economic discrimination. Federal policies must eliminate racial barriers and ensure equal access to homeownership support for historically excluded veteran populations.

Beyond historical discrimination, minority veterans often face employment challenges due to systemic hiring biases and the failure of workforce programs to adequately support their transition from military service. These challenges are further compounded by the administration's efforts to roll back Equal Opportunity protections that ensure fair access to employment and career advancement for all veterans. Weakening these safeguards undermines workplace policies designed to remove barriers and promote hiring practices that recognize the unique skills and experiences of all people, including veterans transitioning to civilian employment. Veterans who face discrimination in the labor market struggle to achieve financial security, making it more difficult to secure and maintain stable housing.<sup>27</sup> Additionally, LGBTQ+ veterans are at higher risk of economic hardship, with many having been discharged under discriminatory policies like "Don't Ask, Don't Tell," which affected their access to VA benefits and long-term financial security.<sup>28</sup>

Furthermore, mental health conditions, including post-traumatic stress disorder (PTSD) and military sexual trauma (MST), contribute significantly to housing insecurity.<sup>29 30</sup> These conditions often go untreated due to stigma or lack of culturally competent care within the VA system, leading to job loss, unstable housing situations, and an increased risk of

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<sup>26</sup> Onkst, D. H. (1998). "First a Negro... Incidentally a veteran": Black World War Two veterans and the G.I. Bill in the Deep South, 1944–1948. *Journal of Social History*, 31(3), 517–543. <https://doi.org/10.1353/jsh/31.3.517>

<sup>27</sup> National Institutes of Health. (2023). *Disparities in economic security among minority veterans: A review of systemic barriers*. National Library of Medicine. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10273202/>

<sup>28</sup> Center for American Progress. (2021, May 25). *LGBTQ military members and veterans face economic, housing, and health insecurities*. <https://www.americanprogress.org/article/lgbtq-military-members-and-veterans-face-economic-housing-and-health-insecurities/>

<sup>29</sup> Brignone, E., Gundlapalli, A. V., Blais, R. K., Fargo, J. D., & Carter, M. E. (2016). Differential risk for homelessness among U.S. male and female veterans with a positive screen for military sexual trauma. *JAMA Psychiatry*, 73(6), 582–589. <https://doi.org/10.1001/jamapsychiatry.2016.0101>

<sup>30</sup> Tsai, J., & Cao, X. (2021). Association between posttraumatic stress disorder and homelessness among veterans. *Social Service Review*, 95(2), 294–318. <https://doi.org/10.1086/712991>

homelessness. Without adequate intervention, these issues become cyclic al, leaving many minority veterans trapped in a system that fails to provide them with necessary resources.

## **B. Tailored Strategies to Address Housing Disparities and Ensure Equitable Support**

To effectively combat veteran homelessness, solutions must be tailored to address the specific barriers faced by minority veterans. One of the most critical steps is increasing access to VA housing assistance programs and ensuring these resources are equitably distributed. VA's Supportive Services for Veteran Families (SSVF) and Housing and Urban Development-VA Supportive Housing (HUD-VASH) programs must be protected, preserved, and expanded to meet the needs of underserved veteran populations. This includes ensuring targeted outreach to minority veterans, who may not be aware of or have faced barriers in accessing these programs.

Another key strategy involves creating culturally competent housing initiatives that recognize the unique challenges faced by different veteran demographics. Housing programs that integrate mental health services, employment assistance, and legal support can provide holistic solutions to minority veterans who face structural barriers to stable housing. For example, transitional housing programs designed specifically for LGBTQ+ veterans can provide safe spaces free from discrimination, increasing their chances of achieving long-term housing stability.

Additionally, Congress must prioritize stronger oversight and accountability mechanisms to ensure that VA housing assistance programs are serving all veterans equitably. Data collection on racial, gender, and sexual identity disparities in veteran homelessness must be expanded, not retracted, to better inform policy solutions. By addressing the root causes of housing insecurity and ensuring that resources are distributed equitably, we can move toward a future where no veteran is left without a home.

## **3. Suicide Prevention: Addressing a National Crisis**

Veteran suicide is a public health crisis that demands urgent, targeted, and continued action. Minority veterans, including racial minority and LGBTQ+ veterans, face even greater risks due to systemic barriers to care, discrimination, and a lack of culturally competent support systems. Trust in VA and other veteran services remains low among many minority veteran populations, leading to an underutilization of critical mental health and crisis intervention services.<sup>31</sup> We must implement tailored strategies to reach the most vulnerable veterans, ensuring they have access to life-saving support when they need it most.

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<sup>31</sup> Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. Routledge. <https://doi.org/10.4324/9781315803753>

## A. Tailored Strategies to Prevent Suicide in Vulnerable Populations

The unique challenges faced by minority veterans contribute to a higher risk of suicide, yet VA suicide prevention efforts often fail to address these disparities adequately. Many minority veterans report mistrust in the VA system due to past experiences of discrimination, inadequate care, or the failure of providers to understand their lived experiences.<sup>32</sup> Addressing these gaps requires proactive outreach, culturally competent mental health care, and robust peer support programs that help veterans reconnect with their communities.

Additionally, programs such as the Veterans Crisis Line must be strengthened to ensure that they provide immediate and appropriate responses for all veterans, including those who face additional barriers in seeking care. Recent firings at VA Crisis Line should be monitored for overall impact on veteran wait time and quality of care. Additionally, training mandates for Crisis Line staff should include providing culturally appropriate care to all veterans.

## B. Outdoor Recreation as a Suicide Prevention Tool

Nature and outdoor recreation have been shown to have profound mental health benefits, providing veterans with an alternative avenue for healing and community building. Access to nature has been linked to reduced stress, improved mood, and lower rates of depression and suicidal ideation.<sup>33 34</sup> However, many minority veterans face significant barriers in accessing outdoor recreation, including financial constraints, geographic limitations, transportation, and the historical exclusion of marginalized groups from outdoor spaces.

VA must integrate outdoor recreation into its broader mental health and suicide prevention strategies through equity-based approaches. MVA is a proud member of the Task Force on Outdoor Recreation for Veterans, an interagency working group dedicated to expanding access to outdoor recreation opportunities for veterans by identifying barriers, fostering cross-agency collaboration, and developing policy recommendations that enhance the use of public lands, outdoor therapy, and nature-based programs to improve veterans' mental and physical well-being. The task force was set to release our final Congressionally Mandated Report with recommendations in accordance with Section 203 of the Veterans COMPACT Act which was nearing completion of the concurrence process at the end of 2024. On February 6, 2025, all members of the Task Force were notified via email that our report was being re-reviewed to assure that they are aligned with current administration and leadership

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<sup>32</sup> Spont, M. R., Nelson, D. B., Murdoch, M., Rector, T., Sayer, N. A., Nugent, S., & Westermeyer, J. (2015). Barriers to initiation of mental health treatment among returning veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*, 27(5), 484–492. <https://doi.org/10.1002/jts.21947>

<sup>33</sup> Bratman, G. N., Hamilton, J. P., Hahn, K. S., Daily, G. C., & Gross, J. J. (2015). Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proceedings of the National Academy of Sciences*, 112(28), 8567–8572. <https://doi.org/10.1073/pnas.1510459112>

<sup>34</sup> Helbich, M., de Beurs, D., Kwan, M.-P., O'Connor, R. C., & Groenewegen, P. P. (2018). Natural environments and suicide mortality in the Netherlands: A cross-sectional, ecological study. *The Lancet Planetary Health*, 2(3), e134–e139. [https://doi.org/10.1016/S2542-5196\(18\)30033-0](https://doi.org/10.1016/S2542-5196(18)30033-0)

priorities.<sup>35</sup> This re-review will, no doubt, strip the several equity-based recommendations of the Task Force despite Section 203.d.1.B which required the task force to “identify barriers that exist to providing veterans with the delivery of the services for health and wellness.” It is impossible to identify barriers without also identifying the inequities that exist to create them.

In our Congressionally Mandated Report, the task force provided over 25 recommendations that highlighted the need for increased funding for outdoor recreation and therapy programs that prioritize accessibility, inclusion, and cultural relevance, suggested physical space inventories that would allow for veterans across the identity spectrum to better access the outdoors, and recommended data collection efforts that would allow agencies to better understand who they serve. These recommendations were made to ensure that veterans, including those from historically marginalized groups, have equitable opportunities to participate in nature-based healing and Congress should be given access to the report in full without redactions or changes.

#### **4. VA Sexual Assault & Gender Based Harassment Prevention**

Sexual assault and harassment within the VA system continue to present serious threats to the safety and well-being of veterans, particularly women, LGBTQ+ veterans, and other racial minority veterans.<sup>36,37</sup> VA has a duty to ensure that all veterans, staff, and visitors can access care and benefits in an environment free from gender-based violence, harassment, and discrimination. However, systemic failures in accountability and reporting mechanisms have left many veterans without justice, forcing them to navigate a system that is neither transparent nor equipped to address their experiences.

##### **A. Oversight and Implementation of the Deborah Sampson Act Section 2303**

The passage of the Deborah Sampson Act was a landmark achievement in addressing gender-based violence, including harassment and assault, within the VA system.<sup>38</sup> However, implementation of critical provisions — particularly Section 2303, which requires VA to establish a comprehensive policy on preventing sexual harassment and assault — has been slow and has fallen short of both the spirit and the letter of the law. Instead of reducing

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<sup>35</sup> Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020, Pub. L. No. 116-214, § 203, 134 Stat. 1026 (2020). Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/8247/text>

<sup>36</sup> Shipherd, J. C., Darling, J. E., Klap, R. S., Rose, D., & Yano, E. M. (2018). Experiences in the Veterans Health Administration and impact on healthcare utilization: Comparisons between LGBT and non-LGBT women veterans. *LGBT Health*, 5(5), 303–311. <https://doi.org/10.1089/lgbt.2017.0179>

<sup>37</sup> Rodriguez, B. (2023, August 14). VA hospitals were designed for men. A new federal effort aims to change that for women and LGBTQ+ veterans. *The 19th News*. <https://19thnews.org/2023/08/va-hospitals-women-lgbtq-veterans/>

<sup>38</sup> Deborah Sampson Act, H.R. 3224, 116th Cong. (2020). Retrieved from <https://www.congress.gov/bill/116th-congress/house-bill/3224>

incidents of gender -based violence at VA facilities, new reports indicate a dramatic rise in cases of sexual harassment and assault, demonstrating an urgent need for enhanced oversight, stronger enforcement, and systemic reform.

## **B. Key Data Points from 2024 Sexual Assault and Harassment Report**

In 2024, VA combined two Congressionally Mandated Reports, the Annual Report to Congress on Reporting Harassment and Sexual Assault Incidents Occurring in Facilities of the Department and Annual Report to Congress on Reporting and Tracking Harassment, Sexual Assault Incidents, and Other Safety Incidents Occurring in Facilities of the Department, to release a single consolidated report without the consent of Congress.<sup>39</sup> Data from this report revealed an alarming increase in incidents:

- Sexual Assaults: A 103% increase from 2022 to 2023, with 608 assaults reported.
- Harassment Reports: An 81% increase in sexual harassment cases, rising to 1,336 reports in 2023.
- Facility Reporting Issues:
  - 91 assaults were referred, despite the sharp increase, representing a 133% increase in referred cases.
  - 1,183 reports of harassment were submitted through Disruptive Behavior Reports, a mechanism that may not fully capture the severity of incidents.
  - 4,354 total harassment reports were documented, highlighting the scope of the issue.
- Facility Remediation:
  - 43 VA facilities out of 172 (25%) are currently in remediation for ongoing failures in addressing sexual harassment and assault.
  - However, VA's current VISN tracking system does not fully disclose facilities under 10 cases, making it impossible to determine which locations should be in remediation.
- Safety Incidents:
  - Reports of safety incidents at VA facilities have increased 114% since 2018, reaching 23,984 incidents per year.
  - VA's inconsistent reporting system has resulted in data discrepancies between 2023 and 2024 reports, further complicating tracking efforts.

## **C. The Threat of Erasing Gender -Based Harassment Data**

VA's ability to address gender-based harassment and assault is further compromised by the agency's recent efforts to eliminate gender identity data from medical records and reporting systems. Without this critical information, VA will be not just unlikely to, but will be unable

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<sup>39</sup> Annual Report to Congress on Reporting and Tracking Harassment, Sexual Assault Incidents, and Other Safety Incidents Occurring in Facilities of the Department, March 2024



to, track and report on incidents of gender-based harassment and assault that disproportionately impact women, LGBTQ+, and racial minority veterans. If VA stops collecting gender identity data, it will create significant gaps in reporting compliance, making it impossible to determine the full scope of gender-based violence in VA facilities and weakening accountability measures designed to protect veterans.

By removing gender identity as a data point, VA risks undermining the very mechanisms that allow Congress and oversight bodies to track trends, identify problem facilities, and implement meaningful interventions. Without complete and accurate data, VA leadership will have no way to measure the effectiveness of policies intended to prevent harassment, creating a cycle of inaction and denial that leaves survivors continually without justice.

#### **D. Addressing Gender-Based Harassment and Assault in VA Facilities**

Section 2303 of the Deborah Sampson Act was designed to implement robust data collection efforts and hold VA leadership accountable for ensuring a safe and respectful environment for all veterans. However, these protections are undermined by poor enforcement mechanisms, lack of transparency, too many reporting systems that cannot communicate, and inconsistencies in case handling across VA facilities. As a result, many veterans experience harassment without meaningful recourse, forcing them to choose between enduring mistreatment or avoiding VA services altogether.

To ensure full implementation of the Deborah Sampson Act, Congress must:

- Demand greater oversight of VA leadership to enforce compliance with sexual harassment and assault prevention policies.
- Require VA to publicly disclose remediation efforts and continue providing annual reports tracking compliance, case resolutions, and disciplinary actions in a timely and complete manner.
- Ensure data collection systems provide reliable year-over-year tracking, preventing inconsistencies in safety incident reporting.
- Expand mandatory survivor-centered training for VA staff and leadership to create trauma-informed, supportive environments for reporting harassment.
- Mandate that gender identity data be restored and included in VA's reporting systems to ensure accurate tracking of gender-based violence.
- Require VA to report on gender-based harassment and sexual assault independent of reports on overall safety incidents.

#### **E. Ensuring Safe and Inclusive Environments for All Veterans**

Despite VA's stated commitment to addressing gender-based violence, systemic failures in accountability, reporting, and enforcement continue to make VA facilities unsafe for many

veterans. Women, LGBQT+, and racial minority veterans disproportionately experience gender-based violence and harassment, making targeted interventions essential to creating inclusive spaces where all veterans can receive care without fear of harm.

Congress must ensure that VA facilities have clear, enforceable anti-harassment policies that provide immediate and meaningful consequences for violations. Veterans should never be expected to tolerate harassment or mistreatment when seeking the benefits and care they have earned through service.

Sexual harassment and assault remain serious barriers to care, and unless VA takes even more decisive action to create a culture and climate of zero tolerance, many veterans will continue to feel unsafe within the very system designed to support them. It is the responsibility of Congress and VA leadership to ensure that safety, dignity, and respect are non-negotiable in all VA facilities.

## **5. Department of Defense Priorities**

Though not in the purview of this committee, MVA works on key issues within the Department of Defense as DoD policies do not just affect those currently serving — they have lasting consequences for veterans. When service members experience sexual violence, discriminatory policies, or barriers to healthcare, these harms follow them into their post-service lives, often contributing to higher rates of PTSD, homelessness, and suicide. Congress must take a long-term view of military and veteran policy by ensuring that service members are treated with dignity and have access to the resources they need — both during and after their time in uniform.

### **A. Ending Sexual Violence and Harassment in the Military**

Sexual violence and harassment remain pervasive issues within the military, disproportionately impacting lower enlisted service members, women, LGBTQ+ service members, and racial minority service members. While DoD has taken steps to address these longstanding issues including the Independent Review Commission on Sexual Assault in the Military, the introduction of the Office of Special Trial Council, and improved data collection and reporting. In spite of these reforms, data indicates that instances of sexual assault and harassment persist at alarming rates. Despite the first signs of progress in reducing these numbers from the Fiscal Year (FY) 2023 Annual Report on Sexual Assault in the Military, there were still 34,875 instances of unwanted sexual contact in FY2021. In addition to the stubbornly high rates of sexual harassment and assault, survivors face systemic barriers to justice, retaliation, and a culture that often prioritizes institutional reputation over survivor

well-being.<sup>40</sup> This will no doubt be exacerbated by a Secretary of Defense reported to have credible allegations of sexual assault against him and a pattern of openly denigrating the service of women in the military.<sup>41</sup>

DoD must continue prioritizing the full implementation of military justice reforms that remove sexual assault prosecutions from the chain of command and establish independent prosecution pathways. Additionally, efforts must go beyond legal reforms to include mandatory prevention programs, survivor-centered reporting processes, and trauma-informed care for those impacted by military sexual trauma (MST). Ensuring that survivors receive timely and comprehensive support is critical to reducing long-term impacts, including higher rates of PTSD, depression, and suicide among veterans who have experienced MST.

MVA is alarmed by DoD's recent pause in sexual harassment and assault prevention trainings in order to redact critical information about identity-related factors that are now banned across the federal government. Though trainings in at least some branches have resumed, the information being redacted from trainings is crucial information for military personnel to best understand the epidemic that is sexual violence in the military.<sup>42</sup> Sexual assault and harassment are an ever-present danger to our service members - and we cannot afford to pause our prevention efforts.

## **B. Lifting Barriers to Transgender Service**

The ability to serve one's country should be available to anyone who can meet the standards of military service, regardless of gender identity.

Policies that restrict or outright ban transgender individuals from military service are discriminatory, harmful, and contradict the military's core principles of readiness, cohesion, and inclusion. The recent Executive Order, Prioritizing Military Excellence and Readiness, does exactly the opposite of its stated goal.<sup>43</sup> Banning transgender individuals from serving does nothing to improve national security; rather, it forces out talented and dedicated service members solely based on their identity.

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<sup>40</sup> Department of Defense. (2024). *Fiscal year 2023 annual report on sexual assault in the military*. Sexual Assault Prevention and Response (SAPR). Retrieved from [https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23\\_Annual\\_Report.pdf](https://www.sapr.mil/sites/default/files/public/docs/reports/AR/FY23/FY23_Annual_Report.pdf)

<sup>41</sup> Mulrine Grobe, A. (2025, January 14). *These women fought sexual assault in the military. They're wary of Pete Hegseth*. The Christian Science Monitor. Retrieved from <https://www.csmonitor.com/USA/Politics/2025/0114/pete-hegseth-defense-secretary-hearing>

<sup>42</sup> Taheri, M. (2025, February 8). *Military halts sexual assault prevention training post-Trump DEI order*. Newsweek. Retrieved from <https://www.newsweek.com/military-halts-sexual-assault-prevention-training-post-trump-dei-order-2028259>

<sup>43</sup> Trump, D. J. (2025, January 27). *Prioritizing military excellence and readiness* (Executive Order 14183). The White House. Retrieved from <https://www.whitehouse.gov/presidential-actions/2025/01/prioritizing-military-excellence-and-readiness/>

Research has consistently shown that allowing transgender individuals to serve openly does not disrupt unit cohesion, morale, or military effectiveness.<sup>44</sup> DoD itself recognized this fact when the agency lifted the ban in 2021, only for it to be reinstated under a renewed wave of political animus and exclusionary policies. Service members should be judged by their ability to perform their duties, not by their gender identity.

The ongoing climate of politically motivated attacks on transgender individuals has created unnecessary fear and instability for those who wear the uniform. Since 2012, DoD has held five different policies on transgender service, the proposed new ban would mark a sixth meaning that in one military career, a transgender service member will have had their lives unnecessarily upended in a back and forth game of political football nearly half a dozen times. Military leaders must reaffirm their commitment to an inclusive force by ensuring that transgender service members are fully protected from discrimination and have access to necessary healthcare, including gender-affirming care.

Congress must act to permanently protect transgender service members by codifying nondiscrimination protections into law, ensuring that no future administration can unilaterally reinstate a ban. The military cannot afford to lose highly skilled personnel due to politically driven discrimination.

Legislative Ask: H.R. 515 Ensuring Readiness Not Discrimination Act <sup>45</sup>

### **C. Ensuring Comprehensive Reproductive Healthcare for Service Members**

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* and subsequent state-level abortion bans have had severe consequences for service members and their families. Unlike civilians, service members cannot choose where they are stationed. Additionally, service members face abortion bans in the military except under limited circumstances. As of late 2024, approximately 40% of service women are stationed in states where they face abortion bans or expanded abortion restrictions.<sup>46</sup> Everyone, including service members, deserve the freedom to decide if, when, and how to become a parent - but those serving in states with restrictive abortion laws are now forced to travel even further for the care they need.

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<sup>44</sup> Schaefer, A. G., Plumb, R. I., Kadiyala, S., Kavanagh, J., Engel, C. C., Williams, K. M., & Kress, A. M. (2016). *Assessing the implications of allowing transgender personnel to serve openly*. RAND Corporation. [https://www.rand.org/pubs/research\\_reports/RR1530.html](https://www.rand.org/pubs/research_reports/RR1530.html)

<sup>45</sup> Jacobs, S. (2025). *Ensuring Military Readiness Not Discrimination Act*, H.R. 515, 119th Cong. <https://www.congress.gov/bill/119th-congress/house-bill/515/text/ih>

<sup>46</sup> Mulrine Grobe, A. (2024, October 29). *Facing obstacles to abortion, military women have built their own support network*. NPR. Retrieved from <https://www.npr.org/2024/10/29/nx-s1-5162443/women-in-the-military-abortion-roe-v-wade>

In response to this crisis, DoD implemented a critical travel and transportation policy to ensure that service members could access reproductive health care regardless of their duty station or conditions under which they need care. However, this policy was recently rescinded, and then amended several days later to single out those seeking abortion.<sup>47 48</sup> This action leaves countless service members stranded without options in states without care. Service members should not have fewer reproductive rights than the civilians they protect.

Congress must act to codify DoD's abortion travel policy to ensure it remains intact, regardless of political changes, and ensure contraceptive access and reproductive healthcare are fully accessible under TRICARE without unnecessary restrictions.

## 6. Conclusion & Call to Action

The urgency of this moment cannot be overstated. The health, dignity, and well-being of our nation's veterans, service members, and their families are at stake, and Congress has a duty to act. Mass VA firings, attacks on inclusion efforts, restrictions on healthcare access, and the erosion of social safety nets are direct threats to the lives of the veterans we serve.

Minority veterans have fought and sacrificed for this country, often serving in times when they were denied full rights and recognition. It is our nation's duty to uphold their rights and ensure they have access to healthcare, benefits, housing, employment opportunities, and protections against discrimination. Gutting the very institutions designed to support veterans will only widen existing disparities and push more people into crisis.

We call upon this Committee to act decisively: protect VA staffing, defend against cuts to vital veteran services, and implement the policies outlined in this testimony to create an equitable and inclusive system for all veterans. We cannot afford to let political maneuvering endanger the lives of those who have sacrificed for this country.

Thank you for your time and consideration. I welcome your questions and the opportunity to work together to build a more just and equitable future for all veterans.

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<sup>47</sup> Per Diem, Travel, and Transportation Allowance Committee. (2025, January 29). *UTD for MAP 04-25(S): Remove travel for non-covered reproductive health care services*. Department of Defense. Retrieved from [https://media.defense.gov/2025/Jan/29/2003634768/-1/-1/0/UTD\\_FOR\\_MAP\\_04-25\(S\)\\_REMOVE-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF](https://media.defense.gov/2025/Jan/29/2003634768/-1/-1/0/UTD_FOR_MAP_04-25(S)_REMOVE-TRAVEL-FOR-NON-COVERED-REPRODUCTIVE-HEALTH-CARE-SERVICES.PDF)

<sup>48</sup> Per Diem, Travel, and Transportation Allowance Committee. (2025, February 4). *UTD for MAP 08-25(I): Reestablish travel for non-covered assisted reproductive technology (ART)*. Department of Defense. Retrieved from [https://media.defense.gov/2025/Feb/05/2003637829/-1/-1/0/UTD\\_FOR\\_MAP\\_08-25\(I\)\\_REESTABLISH\\_TRAVEL\\_FOR\\_NON-COVERED\\_ASSISTED\\_REPRODUCTIVE\\_TECHNOLOGY\\_\(ART\).PDF](https://media.defense.gov/2025/Feb/05/2003637829/-1/-1/0/UTD_FOR_MAP_08-25(I)_REESTABLISH_TRAVEL_FOR_NON-COVERED_ASSISTED_REPRODUCTIVE_TECHNOLOGY_(ART).PDF)