

Securing Equitable and Just Conditions for the Minority Veteran Community

*Statement of Lindsay Church, Minority Veterans of America Executive Director,
Presenting the Organization's Legislative Priorities*



Written Testimony Provided for:

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

My name is Lindsay Church, and I am proud to serve as the Executive Director and Co-Founder of the Minority Veterans of America. Our organization works to create belonging and to advance equity and justice for the minority veteran community, including veterans of color, women, LGBTQ veterans, and (non)religious minorities. On behalf of my staff, volunteers, and the community in which we serve, I want to begin by thanking you for allowing me to contribute to this historic Joint Hearing.

Though our organization was not formally founded until 2017, my co-founder, Dr. Katherine Pratt, and I began our work together three years prior, through the Husky United Military Veterans Association at the University of Washington. There, we developed a diversity committee that celebrated the intersectional identities of the University's student-veteran community. Self-identifying as passionate advocates and volunteers, we were additionally involved with leadership teams of national veterans' service organizations and labored to ensure that the minority veteran community felt welcome within the ranks of those organizations. Unfortunately, most of the concerns we championed were not equitably addressed and many in our community continued to feel marginalized and even unwelcome.¹

Through that felt adversity and building on our previous work in making a tangible difference within the University of Washington, it became clear to us that a national movement centering the lived experiences and identities of the minority veteran community was needed. What began as a passion project has since grown into a national movement of community engagement and support. Today, we advocate on behalf of more than 9.7-million veterans,² and directly serve thousands of members located across 48 states, two territories, and three countries. We strive to be the most diverse, inclusive, and

¹ Murphy, P. (2018). Some young veterans abandon the American Legion in favor of new organizations. *NPR*. Accessed on Feb. 28, 2021, at www.npr.org/2018/08/24/641705970/some-young-veterans-abandon-the-american-legion-in-favor-of-new-organizations.

² The minority veteran community is comprised of 5-million veterans of color, 2-million women veterans, 1-million LGBTQ veterans, and 1.7-million (non)religious minority veterans.

equitable veteran-serving organization in the country, and believe that through creating an intersectional movement of minority veterans, we can build a collective voice capable of influencing critical change.

In our work, we routinely interact with individuals who have served and, due to societal notions and inequitable frameworks, do not feel respected or welcomed in traditional veteran spaces. Many others do not even feel that they deserve to call themselves “veterans.” Not only is their service often unrecognized by the American public, but within our own communities they have been ostracized by frameworks, forces, and attitudes that are antithetical to the values of our military and our democracy. They are made to question their value, their abilities, their safety, and perhaps most insidiously, their sanity. Equitably advocating for and supporting our nation’s most underserved and marginalized veteran populations must begin with the recognition that the realized issues and concerns are inextricably bound to social and structural forces, and that it requires social and structural change.

The legislative priorities that my staff and I have identified echo the experiences of many minority veterans that have been excluded from or underserved through existing programs, whether intentionally or negligently. As a nation, and in no small part due to the work of these Committees, we have taken significant strides towards effectively serving and supporting our nation’s veterans, even as harmful epidemics continue to ravage our community. **As we continue this important and necessary work, I urge the Committees to consider a mindset shift and to begin examining existing and potential systems and frameworks through a lens that centers and prioritizes the minority veteran.** We have found that where a system is designed to serve the most marginalized, it will innately serve those that experience more privilege.

Within this testimony, I have organized our legislative priorities into several categories: addressing economic disparities for minority veterans, resolving systemic injustices for minority veterans, providing equitable relief in response to the coronavirus pandemic, addressing healthcare access disparities, creating a more equitable Department of Veterans Affairs (“Department”), and addressing suicide and mental health disparities. It is my hope that the information below will provide some additional insight into the unique needs and concerns of the minority veteran community and will be helpful in informing the Committees work in the coming years.

Addressing Economic Disparities for Minority Veterans

Nearly four years ago, the American Psychological Association released a study that acknowledged an “intertwined” relationship between racial and ethnic identity and a person’s socioeconomic status.³ Similar studies have affirmed that a similar entangled relationship is prevalent when taking into consideration an individual’s sexual orientation,⁴ gender identity,^{5,6} and current or past exposure to interpersonal and community violence.⁷ Societal inequities in healthcare and resource distribution further aggravate those pre-existing detrimental factors.⁸

Within the broader veteran advocacy community, it has contemporarily been assumed that mere status as a veteran has a significant, positive impact on those that have been discharged. Unfortunately, that belief runs counter to established research⁹ and completely discounts members of our community that have been wrongly discharged with an Other Than Honorable characterization,¹⁰ especially when the associated aggravating factors stem from self-medicinal practices in the face of a support framework that has failed to effectively cater to our nation’s most underserved and underrepresented military and veteran communities.¹¹

³ American Psychological Association. (2017). *Ethnic and Racial Minorities & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/minorities.

⁴ American Psychological Association. (2010). *Lesbian, Gay, Bisexual[,] and Transgender Persons & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/lgbt..

⁵ Ibid.

⁶ American Psychological Association. (2010). *Women & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/women.

⁷ American Psychological Association. (2010). *Violence & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/violence.

⁸ American Psychological Association. (2010). *Disability & Socioeconomic Status*. Office of Socioeconomic Status, Public Interest Directorate. Accessed on Feb 20, 2021, at www.apa.org/pi/ses/resources/publications/disability.

⁹ MacLean, A. (2008). The privileges of rank: The peacetime draft and later-life attainment. *Armed Forces Soc.* 34(4), 682-713. doi.org/10.1177/0095327X07310336. See also Stanbridge, D. (2013). The economic impact of veteran status: The effect of veteran and demographic statuses on household income. *Portland State University, Dissertations and Theses*. Paper 977. Accessed on Feb. 28, 2021, at www.pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=1976&context=open_access_etds.

¹⁰ Ader, M; Cuthbert, R; Hoechst, K; et al. (2012). Casting troops aside: The United States military’s illegal personality disorder discharge problem. *Veterans Legal Services Clinic*, Jerome N. Frank Legal Services Organization, Yale Law School. Accessed on Feb 27, 2021, at www.law.yale.edu/sites/default/files/documents/pdf/Clinics/VLSC_CastingTroopsAside.pdf.

¹¹ Stroder, R. (2014). Veteran: My search for a PTSD cure led me to Amazon. *CNN Opinion*. Accessed on Feb. 27, 2021, at www.cnn.com/2014/10/23/opinion/veteran-ptsd-ayahuasca/index.html.

Members of our community show up not with singular identities, but with intersecting and overlapping characteristics, the weight of which impacts and compounds many of the factors that we are proactively seeking to address. It is critically important that the Department and these Committees begin looking towards positively impacting economic disparities within the veteran community through an intersectional¹² and trauma-informed lens.¹³

A. Fully Funding GI Bill Education Benefits

The Department has provided a form of the GI Bill to qualified veterans and their families since 1944.¹⁴ At several points throughout the program's 77 years, student-recipients continued to collect needed housing allowance stipends through provisions known as "break pay" or "interval pay." This proved to be an important benefit for many student-veterans, especially those without other sustainable funding available, to maintain their quality of life in between school terms. Under the Montgomery GI Bill, receipt of such benefits was automatic, though funds were not dispersed to student-recipients until they had successfully completed one term AND completed their registration for the successive term. Under the first iteration of the Post 9/11 GI Bill,¹⁵ that interval payment was still available, though it notably cut into the funding made available through the student-recipient's full entitlement. The second iteration of the education benefit program, initiated after the passage of the "Post 9/11 Veterans Educational Assistance Improvements Act of 2010," removed any opportunity for student-recipients to elect this stipend payment.¹⁶

During the 116th Congress, former Representative Gil Cisneros (CA-39), while a member of the House Committee, introduced the "BREAK PAY for Veterans Act" (H.R. 2230) which sought to address the

¹² "Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects." See Columbia Law School. (2017). Kimberle Crenshaw on intersectionality, more than two decades later. An interview with Professor Kimberly Crenshaw. Accessed on Feb. 27, 2021, at www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later#:~:text=Crenshaw:%20Intersectionality%20is%20a%20lens%20through%20which%20you,who%20are%20subject%20to%20all%20of%20these%20things.

¹³ "A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them." See Office of Justice Programs. (2013). Using a trauma-informed approach. *Office for Victims of Crime, Training and Technical Assistance Center*. United States Department of Justice. Accessed on Feb. 27, 2021, at www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/41-using-a-trauma-informed-approach/.

¹⁴ About GI Bill Benefits. (2020). *United States Department of Veterans Affairs*. Accessed on Feb. 27, 2021, at www.va.gov/education/about-gi-bill-benefits/.

¹⁵ See Title V: Post-9/11 Veterans Educational Assistance Act of 2008, Supplemental Appropriations Act of 2008, Pub. L. 110-252.

¹⁶ See Post-9/11 Veterans Educational Assistance Improvements Act of 2010, Pub. L. 113-377.

disparities felt by all student-recipients without access to sustainable funding sources in between their school terms. Despite significant support from the student veteran community, that piece of legislation was ultimately not successful. **We would urge the Committees to take up consideration of this type of relief again.** There is historical precedent to support the successful implementation of such relief, and significant community documentation of the positive impact that such relief would have on our rising student veterans.

B. Guaranteeing Access to Capital

a. Entrepreneurship

Veterans are 45% more likely to become entrepreneurs than their non-veteran counterparts.¹⁷ In fact, the most recently available data suggested that more than 2.4-million small businesses were started by self-identifying veterans¹⁸ and nearly 14% of those business ventures were classified as “employer businesses,” indicating that two or more unassociated individuals were hired on regular intervals.¹⁹ Unfortunately, further detailed information that takes into consideration intersectional identities (i.e. minority veteran identities) are not readily available. We do, however, know that members of minority communities are 20% more likely to start their own business ventures when compared to their non-minority counterparts.²⁰ It is safe then to assume that a minority-identifying veteran is more likely to express an interest in starting an entrepreneurial venture than both their non-minority veteran counterparts and their non-veteran minority-identifying counterparts.

In a panel discussion, which included Senator Mark Warner (VA), the Fairfax County Economic Development Authority explored the issues and concerns many minority-identifying entrepreneurs face in accessing necessary capital to start, grow, and sustain a business venture.²¹ The panel discussion

¹⁷ Brunswick, M. (2014). ‘Vetrepreneurs’: More veterans start their own business. *Star Tribune*. Accessed on Feb. 27, 2021, at www.startribune.com/vetrepreneurs-more-veterans-start-their-own-businesses/286517771/.

¹⁸ Ibid. This data is self-reported and is assumed to be lower than the number of actual small businesses owned by veteran-entrepreneurs. Surveys taken by service members transitioning out of the military further indicate that 25% of the veteran community is interested in starting or buying their own business.

¹⁹ United States Census Bureau. (2021). *Annual business survey release provides data on minority-owned, veteran-owned[,] and women-owned businesses*. Press Release. Accessed on Feb. 27, 2021, at www.census.gov/newsroom/press-releases/2021/annual-business-survey.html.

²⁰ Myers, K. (2018). Minority entrepreneurship on the rise: Northwester Mutual Survey report. *Yahoo! Finance*. Accessed on Feb. 25, 2021, at www.finance.yahoo.com/news/minority-entrepreneurship-rise-report-191034976.html.

²¹ See “FECDA forum spotlights access to capital for minority-owned businesses: Challenges and solutions.” Video recording. Accessed on Feb. 26, 2021, at www.fairfaxcountyed.org/media-center/access-to-capital-for-minority-owned-businesses/.

focused significantly on many minority-identifying entrepreneurs' need to "bootstrap,"²² and the positive impact that government-funded programs could have on ensuring existing businesses were able to remain open and new businesses would have a concrete opportunity to succeed.²³ A pair of Bills were introduced during the 116th Congress with the intention of immediately addressing the inequitable access to capital experienced by minority-identifying entrepreneurs.²⁴ Neither Bill passed its respective Chamber.²⁵

In recent years, several universities, government agencies, and private corporations have curated development incubators to assist interested veterans in standing up their own businesses.²⁶ I, myself, have utilized one of these incubators, as have several members of my staff and volunteers when they sought to pursue their own business ventures. These established programs provide necessary and pertinent information that must be taken into consideration as veteran-entrepreneurs build and grow their own businesses but do little in the way of identifying opportunities to access capital and sustainable start-up funding. Where funding is available, it is usually focused solely on the acquisition of franchise businesses,²⁷ or allocated through "Shark Tank"-like contests. Many of these contests require veteran-entrepreneurs to pitch their business ideas before a team of potential investors with the knowledge that they must compete against fellow presenters to "win" the necessary funding. These presentations frequently, and understandably, result in significant periods of stress that may exacerbate mental health conditions, including post-traumatic stress incurred through military service or compounded systemic and personal traumas.^{28,29}

Where veteran-entrepreneurs have been able to successfully launch their business ventures, the coronavirus pandemic has ushered in a sense of uncertainty and pervasive sustainability risks. It was estimated that nearly 7.5-million small businesses were at risk of closure in the face of the pandemic.³⁰ In

²² The term bootstrapping refers to using personal funds to start, grow, and sustain a business venture due to a lack of relationships with sustainable funding.

²³ *Supra* Note 17.

²⁴ See Jobs and Neighborhood Investment Act (S.4255, H.R.7709). The legislation received bipartisan support in the Senate though received support only from Democratic Members in the House.

²⁵ *Ibid.*

²⁶ *Supra* Note 21.

²⁷ See Navy Federal Credit Union's Vet Fran Program at www.vetfran.org/.

²⁸ Fedroff, IC; Taylor, S; Asmundson, GJG; & Koch, WJ. (2001). Cognitive factors in traumatic stress reactions: Predicting PTSD symptoms from anxiety sensitivity and beliefs about harmful events. *Journal of Behavioural and Cognitive Psychotherapy*. 28(1), 5-15. doi.org/10.1017/S1352465800000023.

²⁹ Khaylis, A; Waelde, L; & Bruce, E. (2008). The role of ethnic identity in the relationship of race-related stress to PTSD symptoms among young adults. *Journal of Trauma & Dissociation*. 4(1), 91-105. doi.org/10.1300/J229v08n04_06.

³⁰ Powe, M & Wagner, M. (2020). The impact of COVID-19 on small businesses: Findings from Main Street America's small business survey. *National Main Street Center*. National Trust for Historic Preservation. Accessed on

response, the federal government has put significant work into providing monetary assistance to these small businesses to help ensure they are able to sustainably remain open.³¹ Still, in the past year, 41% of minority-owned small business within the United States have closed as a direct result of ramifications from the pandemic.³² We are grateful for the Biden-Harris Administration’s work in ensuring that the next rollout of financial assistance will target the nation’s smallest and minority-owned businesses, but also acknowledge that for many small businesses, this relief may not be enough to stay afloat.³³

There is precedent within federal government programs to assist marginalized communities as they seek sustainable funding to start their own business ventures. Within the Office of Indian Energy and Economic Development, housed within the Department of the Interior, loan guarantee and insurance subsidy programs exist to assist indigenous populations in “overcom[ing] barriers to conventional financing and secur[ing] reasonable interest rates.”³⁴ In the past 45 years, the program has supported more than \$2-billion in loans acquired for start-up venture capital.³⁵

Restricted access to viable funding opportunities significantly impacts minority-owned business ventures from reaching their full potential and contributing to the economic viability and development of the communities they operate in.³⁶ At the unique cross-section of the minority-identifying and veteran entrepreneurial subgroups, members of our community have expressed interest in starting their own business ventures at a markedly higher rate than any other intersectional identity group. Systemic inequities have thus far prevented many of those potential veteran-entrepreneurs from realizing their intended successes. **We would urge the Committees to examine government-housed entrepreneurial support programs, like the Indian Loan Guarantee Program, and to establish a similar program to be housed within the Department.**

Feb. 28, 2021, at www.higherlogicdownload.s3.amazonaws.com/NMSC/390e0055-2395-4d3b-af60-81b53974430d/UploadedImages/Resource_Center/COVID_19/NMSC57_MSA_COVID19IMAPCTSURVEY_F.pdf.

³¹ See CARES Act, Pub. L. 116-136.

³² By contract, only 17% of white-owned small businesses have been closed. *Supra* Note 20.

³³ Rogers, K & Spring, B. (2021). Main Street looks ahead to PPP relaunch as covid outbreak grows more severe. *CNBC*. Accessed on Feb. 28, 2021, at www.cnbc.com/2021/01/08/main-street-looks-ahead-to-ppp-relaunch-as-covid-continues-to-surge-and-loc.html#:~:text=Enough%20to%20stay%20afloat?%20The%20need%20for%20aid,29%20from%20January%202020%20through%20Dec.%209,%202020..

³⁴ See Indian Loan Guarantee and Insurance Program (ILGP), at www.bia.gov/service/loans/ilgp.

³⁵ *Ibid.*

³⁶ Bates, T & Robb, A. (2013). Greater access to capital needed to unleash the local economic development potential of minority-owned businesses. *Economic Development Quarterly*. 27(3), 250-259. doi.org/10.1177/0891242413477188.

b. Home Ownership

According to a Gallup poll, 81% of Americans express an interest in being a homeowner.³⁷ Approximately two out of every three individuals in the country are able to realize that fundamental American dream and secure their own home, with veterans doing so at a rate nearly 12% higher than their non-veteran counterparts.³⁸ Unfortunately, those high rates of home ownership are not mirrored when examining the rates of homeownership within minority communities—where only 46% of individuals are ever able to become homeowners.³⁹ In fact, an Urban Institute study found that there was not a single city within the contiguous United States in which the gap between white and minority homeownership was close to being closed, with differential rates ranging from 20% to 50% in cities with larger minority communities.⁴⁰ Despite non-discrimination protections,⁴¹ people of color consistently battle systemic factors that all but prevent them from being approved for home loans and surpassing similar hurdles on their way to homeownership.⁴² Members of our community find themselves in the unique position of retaining access to veteran-centered home ownership programs, like the VA Home Loan, but still battling systemic inequities and injustices that prevent non-veteran members of their community from also purchasing their own homes.

Where minority veterans are able to secure their home loan guarantee and begin submitting contracts to homes of interest, obstacles still exist. One of the largest barriers that we have found is the required VA funding fee. The VA Home Loan program allows veterans to forego providing any form of down payment⁴³ on their dream home; however, first time users of the VA Home Loan program must provide 2.30% of the purchase price to cover the funding fee, and subsequent loans require 3.60% of the

³⁷ Newport, F. (2013). American dream of owning home lives on, even for young: Most in U.S. want to continue to own or plan on buying a house. *Gallup*. Accessed on Feb. 27, 2021, at www.news.gallup.com/poll/161975/american-dream-owning-home-lives-even-young.aspx.

³⁸ Miller, J. (2013). Homeownership among veterans. *National Association of Home Builders*. Economics and Housing Policy. Accessed on Feb. 27, 2021, at www.eyehousing.org/2013/11/homeownership-among-veterans/.

³⁹ See U.S. Census Bureau's 2016 American Community Survey. Accessed on Feb. 27, 2021, at www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2016/.

⁴⁰ Connley, C. (2020). Why the homeownership gap between white and black Americans is larger today than it was over 50 years ago. *CNBC*. Accessed on Feb. 27, 2021, at www.cnbc.com/2020/08/21/why-the-homeownership-gap-between-white-and-black-americans-is-larger-today-than-it-was-over-50-years-ago.html.

⁴¹ See Fair Housing Act of 1968, Pub. L. 90-448 and Title XI, Financial Institutions Reform, Recovery, and Enforcement Act of 1989, Pub. L. 101-73.

⁴² Kamin, D. (2020). Black homeowners face discrimination in appraisals. *New York Times*. Accessed on Feb. 27, 2021, at www.nytimes.com/2020/08/25/realestate/blacks-minorities-appraisals-discrimination.html.

⁴³ Note that there is significant community documentation pointing to disinformation and misunderstandings about the lack of a need to provide a down payment, which has frequently led to non-VA home loans being selected by sellers even at price points below the VA loan offer.

purchase price.⁴⁴ The VA Home Loan program will additionally only cover up to the appraisal price of the home. In instances where home appraisals come in significantly lower than the purchase price,⁴⁵ which happens at a markedly higher rate within minority communities,⁴⁶ first time home buyers are customarily required to provide additional funding to close the gap between the appraisal value and purchase price, on top of the VA funding fee.

Notably, the VA funding fee is not required from all veterans. Nearly 17.5-million veterans—those with any form of disability rating⁴⁷—would have their funding fees waived entirely by the Department when taking advantage of the home loan program.⁴⁸ In 2012, legislation was passed which enabled veterans who had not yet received a formal disability percentage rating to take advantage of the funding fee discharge where they could show proof that a disability claim was submitted and reasonably anticipated to be approved.⁴⁹ **We would urge the Committees to look into the establishment of a mechanism that would allow for the discharge of all VA funding fees for veterans that are accessing the VA Home Loan program.** Alternatively, we would urge for the consideration of a mechanism that would allow for VA funding fees to be included in a wraparound mortgage, or similar hypothecation, for veteran buyers that are unable to procure the needed capital.

C. Addressing the Homelessness Epidemic

Congress released a report in November 2020, which identified a strong correlation between coronavirus vulnerability and infection rates and the rampant housing insecurity pandemic, with specific emphasis on the need for governmental intervention.⁵⁰ We applaud the Department for their work in ensuring VA Home Loan borrowers are sheltered from evictions⁵¹ and the moratorium the Biden-Harris

⁴⁴ Birk, C. (2020).). A detailed look at the VA funding fee: What's it cost and who's exempt. *Veterans United Home Loans*. VA Loans Insider. Accessed on Feb. 27, 2021, at www.veteransunited.com/valoans/va-funding-fee/.

⁴⁵ Lucas, T. (2016). Common appraisal issues for VA home loans. *Military VA Loan*. Accessed on Feb. 25, 2021, at <https://www.militaryvaloan.com/blog/common-issues-on-va-appraisals/>. See also Short, T. (2020). What to do if a VA appraisal comes in low. *Military VA Loan*. Accessed on Feb. 25, 2021, at www.militaryvaloan.com/blog/what-to-do-if-a-va-appraisal-comes-in-low/.

⁴⁶ *Supra* Note 39.

⁴⁷ See U.S. veterans by disability status demographics, at www.statista.com/statistics/250316/us-veterans-by-disability-status/.

⁴⁸ See VA funding fee and loan closing costs, at www.va.gov/housing-assistance/home-loans/funding-fee-and-closing-costs/.

⁴⁹ See VA Circular 26-12-9. See also The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Pub. L. 112-154.

⁵⁰ Perl, L. (2020). *Homelessness and COVID-19*. Congressional Research Service. U.S. Congress. Accessed on Feb. 28, 2021, at www.crsreports.congress.gov/product/pdf/R/R46596.

⁵¹ See VA Circular 26-20-23. Available at www.benefits.va.gov/HOMELOANS/documents/circulars/26_20_23.pdf.

Administration extended for renters,⁵² but also highlight that evictions continue to occur.^{53,54} The housing insecurity pandemic⁵⁵ is not a new phenomenon within the veteran community, or even the civilian community at large. Congress has been attempting to directly address this pandemic for the past several decades, with 4,521 pieces of legislation having been introduced since 1973.⁵⁶ Notably, only 434 of those Bills, less than 10% of what has been introduced, were signed into law.⁵⁷ That percentage of passed legislation remains consistent in Bills that focused specifically on addressing homelessness in the veteran community, with 2,073 pieces of legislation being introduced since 1979, and only 293 of them being signed into law.⁵⁸

Still, approximately 3-million people experience a short- or long-term episode of homelessness or housing insecurity annually.⁵⁹ Veterans already experience homelessness at a higher rate than their non-veteran counterparts,⁶⁰ but that state of insecurity is further exacerbated in individuals with lower socioeconomic statuses which, as discussed above, occur disproportionately among minority communities when compared to their non-minority counterparts.^{61,62,63} Internally, our biannual community needs assessment and impact survey supports these claims.⁶⁴

⁵² See 85 FR 55292, available at www.federalregister.gov/documents/2020/09/04/2020-19654/temporary-halt-in-residential-evictions-to-prevent-the-further-spread-of-covid-19.

⁵³ Dodd, L. (2021). Evictions still happening despite federal moratorium. *KDH News*. Accessed on Feb. 28, 2021, at www.kdhnews.com/news/coronavirus/evictions-still-happening-despite-federal-moratorium/article_ef5da5f4-634a-11eb-b664-eb3cd0c10cd1.html.

⁵⁴ Shapiro, A. (2021). How the pandemic recession has affected housing insecurity. An interview. *NPR*. Accessed on Feb. 20, 2021, at www.ypradio.org/2021-02-11/how-the-pandemic-recession-has-affected-housing-insecurity.

⁵⁵ We acknowledge that to end the cyclical series of homelessness that many veterans, especially minority veterans, find themselves in, work needs to move beyond examining those who are already homeless and look towards providing assistance for those that are at risk of experiencing the same.

⁵⁶ Research on historical Bills and their legislative status was conducted through www.congress.gov.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Caton, CLM; Schrouf, PE; Hasin, DS; et. al. (2006). Caton et al. respond. *American Journal of Public Health*. 96(5), 764-765. [Doi.org/10.2105/AJPH.2005.084806](https://doi.org/10.2105/AJPH.2005.084806).

⁶⁰ Fargo, J; Metraux, S; Byrne, T; Munley, E; et al. (2012). Prevalence and risk of homelessness among US veterans. *Prev Chronic Dis*, 9(1), 110-112. dx.doi.org/10.5888/pcd9.110112.

⁶¹ *Supra* Notes 3-8.

⁶² Metraux, S; Clegg, LX; Daigh, JD; Culhane, DP; & Kane, V. (2013). Risk factors for becoming homeless among a cohort of veterans who served in the era of Iraq and Afghanistan conflicts. *Am J Public Health*, 103(Supp 2), S255-S261. doi.org/10.2105/AJPH.2013.301432.

⁶³ Kolomatsky, M. (2021). People of color fact the most pandemic housing insecurity. *New York Times*. Accessed on Feb. 28, 2021, at www.nytimes.com/2021/01/28/realestate/people-of-color-rent-mortgage-pandemic.html.

⁶⁴ Publication forthcoming.

Looking beyond an individual's socioeconomic status, the Department's own research division has additionally confirmed that lived experiences, such as Military Sexual Trauma (MST),⁶⁵ further increase a veteran's propensity to be homeless or to experience housing instability.⁶⁶ In fact, nearly 10% of all MST survivors experience housing insecurity within the first 5-years of leaving the military.⁶⁷ The majority of our membership identify as women or veterans of color, communities which experience MST at higher rates than their non-minority veteran counterparts.⁶⁸ This disparity indicates that our nation's most underserved veteran communities must deal with compounded systemic and personal conditions and traumas, pushing back against inequitable systems that were not built for them but are being bastardized to support them, as they work to ensure their families secure and retain stable housing.

Fortunately, recent studies have indicated that survivors of MST in receipt of disability compensation or associated veterans' benefits were less likely to experience a housing crisis.⁶⁹ We acknowledge the existence of several programs, resources, and frameworks designed specifically for homeless veterans,⁷⁰ **but would impress that comprehensive data collection and additional internal and external culturally competent trainings and frameworks,⁷¹ especially around compounded personal and systemic traumas and oppression, and especially with regards to survivors of MST, be facilitated to ensure that these programs are designed to serve the most marginalized of our veteran communities.**

⁶⁵ "Military sexual trauma, or MST, is the term used by the Department of Veterans Affairs (VA) to refer to experiences of sexual assault or repeated, threatening sexual harassment that the Veteran experienced during [their] military service." See www.ptsd.va.gov/understand/types/sexual_trauma_military.asp#:~:text=Military sexual trauma, or MST, is the term, but it was really helpful, in the end.

⁶⁶ Brignone, E, Gundlapalli, AV; Blais, RK; Carter, ME; Sup, Y; et al. (2016). Differential risk for homelessness among US male and female veterans with a positive screen for military sexual trauma. *JAMA Psychiatry*, 73(6), 582-89. doi.org/10.1001/jamapsychiatry.2016.0101.

⁶⁷ Kameg, BN & Fradkin, D. (2020). Military sexual trauma: An update for Nurse Practitioners. *The Journal of Nurse Practitioners*. doi.org/10.1016/j.nurpra.2020.09.010.

⁶⁸ Hyun, JK; Pavao, J; & Kimerling, R. (2009). Military sexual trauma. *PTSD Research Quarterly*. National Center for PTSD, U.S. Department of Veterans Affairs. 20(2), 1-5. Accessed on Feb. 25, 2021, at www.23u0pr24qn4zn4d4qinlmyh8-wpengine.netdna-ssl.com/wp-content/uploads/2014/06/V20N2.pdf.

⁶⁹ Montgomery, AE; Sorrentino, AE; Cusack, MC; Medvedeva, E; et al. (2018). Recent intimate partner violence and housing instability among women veterans. *American Journal of Preventative Medicine*. 54(4), 584-590. doi.org/10.1016/j.amepre.2018.01.020.

⁷⁰ See [www.benefits.gov/benefit/4767#:~:text=The%20Department%20of%20Veteran's%20Affairs%20\(VA\)%20of%20the%20Dien%20Program%20Substance%20Use%20Residential%20Rehabilitation%20Treatment%20Program.](http://www.benefits.gov/benefit/4767#:~:text=The%20Department%20of%20Veteran's%20Affairs%20(VA)%20of%20the%20Dien%20Program%20Substance%20Use%20Residential%20Rehabilitation%20Treatment%20Program.) See also www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_March_2015_Edition.pdf.

⁷¹ Externally facing trainings provided by the U.S. Department of Veterans Affairs do not currently incorporate intersectional perspectives or the impacts that MST may have on individuals with compounded traumas through individual and systemic discrimination and oppression. See www.va.gov/HOMELESS/nchav/resources/trauma/military-sexual-trauma.asp.

Resolving Systemic Injustices for Minority Veterans

A. Ending Military Sexual Trauma and Supporting Survivors

According to a study conducted in conjunction with the Department, one in four women veterans reported experiencing sexual assault while seeking care.⁷² Under former Secretary Robert Wilkie and former Assistant Deputy Secretary Pamela Powers, methods taken in response to reported sexual assault cases have been performative in nature and provided no measurable difference in the positions the Department takes when addressing reports, or in the known number of incidents that have occurred. A report by the Office of the Inspector General indicated that the Department “has not followed through on promises to take steps to ensure women veterans feel safe and welcomed.”⁷³

While the #MeToo movement began increasing awareness of sexual violence, a 2018 Defense Department report highlighted that sexual assault reports by actively-serving individuals increased by 10%, yet the rates of prosecution continued to significantly decline.⁷⁴ As revealed by an independent review of the committee’s report on the toxic culture of Fort Hood and the pervasive issues with sexual assault, harassment, discrimination, and violence, these disparaging and defensive actions represent the continuum of harm within the military and veteran communities.⁷⁵

The recent murder of Army Specialist Vanessa Guillen⁷⁶ and the continued incarceration of Marine Corps Corporal Thae Ohu⁷⁷ highlight the need for urgent attention to a culture that is still failing to adequately support our nation’s women service members and veterans. **We urge the Committees to initiate a comprehensive, structural review of the Department’s sexual assault and harassment investigation and response procedures, to formally codify the definition of harassment, and to apply**

⁷² 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.

⁷³ Office of Special Reviews. (2020). Senior VA officials’ response to a veteran’s sexual assault allegations: Report # 20-01766-36. *Department of Veterans Affairs, Office of Inspector General*. Accessed on Dec. 16, 2020, available at: www.va.gov/oig/pubs/VAOIG-20-01766-36.pdf.

⁷⁴ Department of Defense. (2018). *Annual report on sexual harassment and violence at the military service academies: Academic program year 2018-2019*. Accessed on Dec. 16, 2020, at www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Harassment_and_Violence_APY18-19.pdf.

⁷⁵ Fort Hood Independent Review Committee. (2020). Report of the Fort Hood Independent Review Committee. *Department of the Army, Department of Defense*. Accessed on Dec. 16, 2020, at www.army.mil/e2/downloads/rv7/forthoodreview/2020-12-03.

⁷⁶ See www.cnn.com/2020/07/02/us/vanessa-guillen-fort-hood-disappearance/index.html.

⁷⁷ See www.pilotonline.com/military/vp-nw-thae-ohu-update-20201028-5czhod7xafeavb3wdntms5dcim-story.html.

significant attention and resources towards reforming the prevalence of sexual trauma within the broader veteran community, and especially at Department facilities.

B. Repatriation of Departed Veterans

A review of the most recently available data indicates that the United States has more than 94,000 non-citizen veterans.⁷⁸ Military service has historically been a pathway to citizenship for non-citizen service members and their immediate family members. Rather than completing the naturalization process following their military service however, 92 of those non-citizen veterans were deported⁷⁹ after their unceremonious discharge.⁸⁰ Federal authorities argue that nearly 80% of those deported were lawfully removed because of criminal convictions.^{81,82} What they fail to recognize, however, is the propensity at which self-medicinal practices, like alcohol abuse and substance use, result in periods of incarceration.

A little under one-third of minority veterans have self-reported a service-connected disability, with post-traumatic stress being most prevalent.⁸³ As previously mentioned, minority veterans often feel disenfranchised with and unwelcome in many traditional veteran spaces. This self-reported metric is likely understated given the high propensity with which minority veterans forego engagement with these spaces. Nevertheless, veterans living with post-traumatic stress and those with substance use disorders are at a greater risk of periods of incarceration than their non-veteran counterparts.⁸⁴ The Trump-Pence Administration's revocation of the expedited citizenship promised to non-citizen veterans, and the lack of regulatory and systematic guidance provided to complete the naturalization process post-service, leave many feeling as if they are in an "administrative limbo."⁸⁵

⁷⁸ Martinez-Medina, J. (2021). Deported veterans, stranded far from home after years of military service, press Biden to bring them back. *The Conversation*. Accessed on Feb. 27, 2021, at www.theconversation.com/deported-veterans-stranded-far-from-home-after-years-of-military-service-press-biden-to-bring-them-back-154320.

⁷⁹ Non-citizen veterans that have been deported are primarily moved to Mexico, but have also been moved to India, Costa Rica, Kenya, and the Philippines. See Zamudio, MI. (2019). Deported U.S. veterans feel abandoned by the country they defended. *NPR*. Accessed on Feb. 28, 2021, at www.npr.org/local/309/2019/06/21/733371297/deported-u-s-veterans-feel-abandoned-by-the-country-they-defended.

⁸⁰ Gambler, R; Ullengren, M; Davis, A; Hauswirth, E; et al. (2019). Immigration enforcement: Actions needed to better handle, identify, and track cases involving veterans. Report to Congressional Requesters. *U.S. Government Accountability Office*. GAO-19-416. Available at www.gao.gov/assets/700/699549.pdf.

⁸¹ *Supra* Note 81.

⁸² See Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. 104-208.

⁸³ Lee, T; Aponte, M; Bickel, A; Dillard, S; et al. (2020). 2017 Minority veterans report: Military service history and VA benefits utilization statistics. *National Center for Veterans Analysis and Statistics*. Office of Data Governance and Analytics, U.S. Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report_Final.pdf.

⁸⁴ *Supra* Note 81.

⁸⁵ *Ibid*.

We applaud the work being done by many of our nation’s legislators, including Senator Tammy Duckworth (IL), Representative Don Young (AK-At Large), Representative Vicente Gonzalez (TX-15), and Representative Jesus “Chuy” Garcia (IL-4), in calling on the Biden-Harris Administration to correct the broken naturalization process for non-citizen veterans and to examine those deported under the Trump-Pence Administration, but maintain that the President’s intended scope of review is too narrow and will likely exclude many deported non-citizen veterans from potential relief because they fall outside of the President’s defined eligibility time frame. **We urge the Committees to begin working towards the implementation of protections that would prevent future deportations of non-citizen veterans and expedite naturalization processes for the same.**

C. Codification of the Military Trans Ban Repeal

On January 25, 2021, the President signed an Executive Order which reversed the unwarranted ban on open and authentic transgender military service⁸⁶ implemented via “tweet” under the Trump-Pence Administration nearly four years ago.⁸⁷ While immediate action was necessary and warranted to correct this injustice, **we urge the Committees to consider codifying this ban repeal, to ensure that under future Administrations, all able, willing, and qualified individuals will retain the ability to serve their country openly and authentically, and without fear of retribution.**

D. Naming and Re-Naming of Veterans Affairs Facilities

Currently, of the 1,255 health care facilities managed by the Department of Veterans Affairs, only one is named after a woman veteran.⁸⁸ Further research reveals that only 13 veterans’ health care facilities (or 1.03% of facilities) managed by the Department of Veterans Affairs are named after a minority veteran at all.⁸⁹ As the Committees know, the 2020 Report of the VA Advisory Committee on Women Veterans included a recommendation of inclusive naming for Department facilities. The Advisory Committee suggested that such a change would “demonstrate to women veterans that their service

⁸⁶ See Executive Order on Enabling All Qualified Americans to Serve Their Country in Uniform, E.O. 14004 of Jan. 25, 2021, 86 FR 7471-73, 3032-02034. Available at: www.federalregister.gov/documents/2021/01/28/2021-02034/enabling-all-qualified-americans-to-serve-their-country-in-uniform.

⁸⁷ Edelman, A. (2017). Trump bans transgender people serving in the military. *NBC News*. Accessed on Feb. 28, 2021, at www.nbcnews.com/politics/donald-trump/trump-announces-ban-transgender-people-serving-military-n786621.

⁸⁸ See www.va.gov/directory/guide/allstate.asp.

⁸⁹ *Ibid.*

matters.”⁹⁰ The Department indicated their agreement with the Advisory Committee’s findings and insisted that Congress is charged with the naming of such facilities.

A review of the existing health care facilities and other military and veteran installations should take place, ensuring that those facilities named after discriminatory and violent movement leaders⁹¹ are rebranded. Such proactive efforts would directly address past inequities and injustices committed by otherwise celebrated veterans and send a reparative signal to our minority veteran communities that the Department and the Committees are actively working towards ensuring that all veterans feel safe and comfortable when accessing due benefits and services at their local facilities. **We urge an intersectional approach be taken in the naming of future facilities and in the renaming of existing facilities. In addition to women, veterans of color, those living with differing abilities, and members of the LGBTQ community should be appropriately represented.**

E. Addressing Disparate Structural Barriers that Accompany Bad Paper Discharge Characterizations

Actions and behaviors considered to be misconduct or criminal in nature are often categorized without consideration of the impact that mental health issues and MST have on service members. The prevalence of post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBIs) among service members has been noted in relation to “bad paper discharges.”⁹² Despite efforts to increase screening for mental health conditions in the military, many service members with PTSD symptoms do not seek mental health care due to widespread stigmatization and fear of losing their careers. To cope with symptoms of PTSD, including the traumatic effects of MST, many service members self-medicate by using illicit substances and alcohol as a substitute for professional mental health care. The existence of other justifiable and cultural categories for understanding behaviors and actions make their expressions illegible in the framework of mental health and MST. These include insubordination, failure to appear, absent without leave, and at times malingering.

⁹⁰ See 2020 Report of the Department of Veterans Affairs Advisory Committee on Women Veterans, available at www.va.gov/womenvet/docs/acwv/acwvReport2020.pdf.

⁹¹ It has been noted that Fort Rucker was named after a Confederate General; Fort Wayne was named after a General responsible for the indigenous genocide at the Three Rivers in Indiana; and Richmond, Virginia’s VA medical center was named after a Confederate surgeon and eugenics movement leader.

⁹² The term “bad paper discharge” commonly refers to military discharge characterizations that are not fully Honorable. This includes characterizations listed as Other Than Honorable (OTH), Bad Conduct (BCD), and Dishonorable.

The social barriers created by the stigma against seeking mental health care disproportionately impact minority service members in various ways. For example, the powerful, historical association between LGBTQ identity and severe mental illness has discouraged many LGBTQ people from seeking mental health care. The same is true for women, as sexist attitudes about women's mental health and other disturbingly commonplace practices, such as forced institutionalization, have prevented many women from seeking care and being honest with mental health care providers that they have seen. Finally, racist ideas about pain tolerance among Black people, as well as structural racism and bias against people of color, in all aspects of American society, is a powerful contributing factor for racial and ethnic minorities in seeking mental health care.

More than 500,000 veterans across all military branches have received a bad paper discharge characterization.⁹³ Despite their service, veterans are being erroneously turned away from the Department, unable to even *apply* for their benefits, upon showing their DD214 to staff members. Internal Department guidance concerning bad paper discharge benefit eligibility is incorrectly informing VA staff members and preventing access to due and necessary care. These veterans are deprived of their right to due process, which requires at the minimum an investigation into their individual cases to determine eligibility for benefits.

The stigma associated with bad paper discharges extends beyond the issue of turning away veterans who enter VA facilities. The weight they carry influences the perceptions and expectations of veterans themselves, creating a barrier to even applying for benefits for which they may be eligible. The knowledge that other veterans with bad paper discharges have been turned away from the Department intensifies the impact of this stigma, confirming fears that they do not belong within the veteran community, that they will be treated unjustly by veteran service providers, and that they will not receive help from the only institution that understands the service-connected issues they face. Even when help is offered, as in the Department's 2017 mental health pilot program designed specifically for bad paper discharge veterans, only limited access to care is granted, and the stigma associated with their discharge status prevents many from fully engaging in the limited care that they do receive. This deprivation is more insidious in the lives of minority veterans given the pervasive bias and structural discrimination they experience regularly, based on their identity and status in society.

⁹³ Alaigh, P. 2017. "Access to Mental Health Services for Other Than Honorable Discharged Servicemembers." Undersecretary for Health Memorandum. Washington, DC: Department of Veterans Affairs. www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5350.

We urge the Committees to examine the weaponizing of military discharges and applied categorizations, and to apply significant attention and resources towards revitalizing Department processes to ensure that current frameworks do not prevent veterans from accessing life-changing services, resources, and care. We would also urge the use of either executive or legislative action to clear the records of infractions for post-traumatic stress disorder, traumatic brain injuries, military sexual trauma, and administrative discharges conducted under now defunct laws, a precedent for which has been documented through the Johnson, Ford, and Carter Presidential Administrations.

Providing Equitable Relief in Response to the Coronavirus Pandemic

Nationally, the coronavirus pandemic has been catastrophic—the U.S. GDP contracted by 3.5% last year, the biggest drop our nation has experienced since World War II and the first major drop experienced since the Great Recession of 2009.⁹⁴ This dramatic decline is directly correlated to the lack of involvement of consumers within the marketplace.⁹⁵ While unemployment rates remain fairly stable, the U.S. Department of Labor indicated that during 2020 Q4, there were significant drops in payroll and that employees classified as “laid off” increased by 2.3-million between 2020 Q1 and 2020 Q4.⁹⁶ According to the U.S. Department of Labor, nearly 20.5-million individuals were receiving unemployment benefits from national or state pandemic relief programs the last week of January 2021.⁹⁷ A recent study additionally estimated that nearly 67-million blue-collar workers remain at a high risk of being laid off from their jobs due to the coronavirus pandemic.⁹⁸ People of color, and especially women of color, have and will continue to feel those unemployment and underemployment rates at a disproportionately higher rate than their white and male counterparts.⁹⁹

⁹⁴ McCormick, E. (2021). 4Q GDP. *Yahoo! Finance*. Accessed on Feb. 28, 2021, at www.finance.yahoo.com/news/4q-gdp-2020-us-economy-coronavirus-pandemic-180133456.html.

⁹⁵ Ibid.

⁹⁶ McCormick, E. (2021). December jobs report: Payrolls drop for the first time since April, unemployment rate steadies at 6.7%. *Yahoo! Finance*. Accessed on Feb. 28, 2021, at www.finance.yahoo.com/news/december-jobs-report-payrolls-coronavirus-pandemic-2020-labor-200212779.html.

⁹⁷ Stengle, T. (2021). Unemployment insurance weekly claims. News Release. *U.S. Department of Labor*. Employment and Training Administration. Accessed on Feb. 28, 2021, at www.dol.gov/ui/data.pdf.

⁹⁸ Gascon, C. (2020). COVID-19: Which workers face the highest unemployment risk? *Federal Reserve Bank of St. Louis*. Accessed on Feb. 28, 2021, at www.stlouisfed.org/on-the-economy/2020/march/covid-19-workers-highest-unemployment-risk.

⁹⁹ Hayes, TO. (2020). The outsized impact of the coronavirus pandemic on minority communities. *American Action Forum*. Accessed on Feb. 28, 2021, at www.americanactionforum.org/research/the-outsized-impact-of-the-coronavirus-pandemic-on-minority-communities/.

A. Benefits Assistance for Under- and Unemployed Veterans

The direct correlation between mental health and under- and unemployment in contemporary society has been heavily documented. Prior to the coronavirus pandemic, 54% of veterans that were not gainfully employed were more likely to classify their home life as “struggling.”¹⁰⁰ Within the broader veteran community there was also a 10% negative disparity between that same standard of living assessment when compared with pre-pandemic non-veteran communities.¹⁰¹ Unfortunately, no additional information was readily available when examining intersectional veteran identities, though based on known trends with minority veterans’ mental health disparities and socioeconomic status, we operate under the assumption that the negative correlation continues to increase within marginalized communities.

Women veterans living with mental health disparities and transitioning out of the military self-reported that they believed their children were afraid of them and that they did not feel comfortable assuming a parental role within the family because of strained relationships, at a rate of 62%.^{102,103} While no known veteran-specific research has been conducted to date, within the civilian sector expectant mothers without immediate access to maternal and childcare services were 7.4-times more likely to experience moderate or severe stress.¹⁰⁴ It has been noted that access to maternal and childcare services and programs was directly correlated to an individual’s socioeconomic status.¹⁰⁵ Operating under the conservative assumption that a similar relationship would exist with veteran parent populations and with minority parent populations, we can reason that a minority veteran expectant parent would be subjected to a higher propensity of stress, especially when compounded with other existing personal and systemic stressors. This could very likely then result in a heightened risk of aggravation or exacerbation of known and unknown mental health disparities and neurodivergencies.

¹⁰⁰ Compared to 38% of individuals that were gainful employed. See Marlar, J. (2010). The emotional cost of underemployment: Majority of underemployed Americans are ‘struggling.’ *Gallup*. Accessed on Feb. 28, 2021, at www.news.gallup.com/poll/126518/emotional-cost-underemployment.aspx.

¹⁰¹ Myers, R & Liu, D. (2013). In US, women veterans rate better lives than men: Women veterans’ positivity about future boosts their overall life ratings. *Gallup*. Accessed on Feb. 28, 2021, at www.news.gallup.com/poll/162035/women-veterans-rate-lives-better-men.aspx.

¹⁰² Sayers, SL; Farrow, VA; Ross, J; & Oslin, DW. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *The Journal of Clinical Psychiatry*. 70(2), 163-170.

¹⁰³ No immediately available research examined the same correlations within male-identifying veteran parents or within non-binary identifying veteran parents.

¹⁰⁴ Kornelsen, J; Stoll, K; & Grzybowski, S. (2011). Stress and anxiety associated with lack of access to maternity services for rural parturient women. *Australian Journal of Rural Health*, 19(1), 9-14. doi.org/10.1111/j.1440-1584.2010.01170.x.

¹⁰⁵ Ibid.

The Veterans Health Administration (VHA) has instituted programs that are designed to support veteran families, though the efficiency and availability of those program frameworks vary widely throughout the country and must fall inline with a veteran’s curated treatment program. This indicates that they are only available to veterans that have received a disability rating through the Department and where a medical provider has indicated such support is required because of the parent’s diminished capacity.¹⁰⁶ **We would urge the Committees to consider opening these programs to provide these or similar benefits and frameworks, especially with respect to childcare and food and transportation insecurity,¹⁰⁷ up to and including equitable stipends and vouchers, to all needy families.** Special consideration should particularly be paid to low-income veterans living at less than 80% of the area median income (AMI), and especially for households that ordinarily require dual incomes.

B. Continued Education and Re-Training Opportunities

In the midst of the coronavirus pandemic, two-thirds of unemployed individuals have expressed a desire to change their career fields or to acquire new skills in order to gain more traction in the job market.¹⁰⁸ Additionally, one-third of unemployed individuals have taken concrete steps towards acquiring the needed education or skills that would allow them to break out into a new sector of the job market.¹⁰⁹ Many veterans have expended their GI Bill benefits or are otherwise unable to use them to acquire the needed skills and training opportunities because of framework restrictions. Additionally, to receive full monthly stipend benefits, student-veterans are required to be enrolled as a “greater-than-half-time” student, which can prove to be particularly difficult for those with children and those that remain partially or underemployed. Veterans receiving unemployment benefits that are considering enrollment in an educative program next must wrestle with the fact that admission into a program may prevent them from being able to remain available for employment opportunities and could result in a loss of further

¹⁰⁶ *Supra* Note 102.

¹⁰⁷ Home stressors, like food insecurity, have notable impacts on a household’s emotional well-being and childhood development. See Gill, M; Koleilat, M; & Whaley SE. (2018). The impact of food insecurity on the home emotional environment among low-income mothers of young children. *Maternal and Child Health Journal*. 22(1), 1146-53. doi.org/10.1007/s10995-018-2499-9.

¹⁰⁸ Parker, K; Igielnik, R; & Kochhar, R. (2021). Unemployed Americans are feeling the emotional strain of job loss; most have considered changing occupations. *Pew Research Center*. Accessed on Feb. 28, 2021, at www.pewresearch.org/fact-tank/2021/02/10/unemployed-americans-are-feeling-the-emotional-strain-of-job-loss-most-have-considered-changing-occupations/?utm_source=AdaptiveMailer&utm_medium=email&utm_campaign=21-2-10%20Media%20Advisory%20-%20Unemployment%20and%20COVID%20recession%20FT&org=982&lvl=100&ite=7945&lea=1731354&ctr=0&par=1&trk=.

¹⁰⁹ *Ibid*.

unemployment compensation benefits. For veterans supporting families and with lower socioeconomic backgrounds, this can prove to be disastrous for their quality of life.

These Committees pushed forward a piece of legislation that was intended to provide retraining opportunities for dislocated veterans into high need career fields.¹¹⁰ We applaud the Committees for taking into consideration our minority veteran communities in that framework design,¹¹¹ and in allowing veterans that are historically excluded from such benefits, namely members of the National Guard, to take advantage of the program benefits.¹¹² Though there are more than 284,000 unemployed veterans,¹¹³ this legislation supported a program that would only provide needed and transformative retraining benefits to 12.3% of them.¹¹⁴ **We urge the Committees to continue the transformative bipartisan work that has been started in supporting our unemployed veteran communities during the coronavirus pandemic, and advocate that additional consideration should be given to providing the same emboldened education stipend benefits that were raised earlier in this document.**¹¹⁵

In consideration of the provision of education benefits for veterans that were wrongly discharged, we would additionally recommend allowing for an independent discharge review through the Department, rather than issuing a blanket denial for veterans with Other Than Honorable discharges. Precedent for this practice has been established for other benefits offered through the VA and would be best implemented by providing proper training to Department employees to ensure equitable and uniform access.

Addressing Healthcare Access Disparities and Creating a More Equitable Department

Access to quality healthcare that is culturally competent and equitable is a central issue facing the minority veteran community. Disparities in healthcare access and systemic inequities have deep impacts

¹¹⁰ Shane, L. (2020). Vets who lost jobs due to coronavirus could be eligible for new job training. *Military Times*. Accessed on Feb. 28, 2021, at www.militarytimes.com/education-transition/2020/06/04/vets-who-lost-jobs-due-to-coronavirus-could-be-eligible-for-new-job-training/.

¹¹¹ “‘Unfortunately, veterans — particularly young veteran women — have not been spared from the economic devastation caused by the COVID-19 virus and by our national response to it,’ said Rep. Phil Roe, R-Tenn., [former] ranking member on the House Veterans’ Affairs Committee and co-author of the [. . .] retraining bill.” Ibid.

¹¹² Ibid.

¹¹³ U.S. Bureau of Labor Statistics. (2020). *Employment situation of veterans*. News Release. Accessed on Feb. 28, 2021, at www.bls.gov/news.release/vet.htm.

¹¹⁴ *Supra* Note 102.

¹¹⁵ See the section titled “Fully Funding GI Bill Education,” beginning on page 4 of this testimony.

on minority veterans, and there is a significant need for comprehensive policies to alleviate these problems. Importantly, the VHA has made great strides in improving access to quality healthcare for minority veterans,¹¹⁶ particularly for LGBTQ veterans.¹¹⁷ We applaud this work and support efforts to embolden healthcare access for veterans and equity within the Department.

A. Abortion and Contraception

Women, transgender, and non-binary veterans lack basic access to abortion counseling and related healthcare services through their VA providers—which the Department states they are unable to provide as a matter of law.¹¹⁸ Justifications for this healthcare ban are rooted in the Hyde Amendment¹¹⁹ and the Shaheen Amendment,¹²⁰ both of which were created in the face of structural cost barriers unjustly imposed by the government. The exclusion of abortion counseling and related procedures is not only discriminatory, but it also endangers the health and well-being of women veterans, as is highlighted in H.R. 239, the Equal Access to Contraception for Veterans Act.¹²¹ 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.”¹²² At a fundamental level, access to safe and comprehensive abortion counseling is essential for the realization of those innate rights.

In addition to the barriers that minority veterans face when accessing adequate abortion care, there is a need for comprehensive contraceptive care. Providing free, or even affordable, contraceptive care has the potential to circumvent barriers to due and necessary care, while addressing the inordinate

¹¹⁶ Office of Data Governance and Analytics. (2017). *Minority veterans report: Military service history and VA benefit utilization statistics*. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 15, 2021, at www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf.

¹¹⁷ Patient Care Services. (n.d.). *Veterans with lesbian, gay, bisexual, and transgender (LGBT) and related identities*. US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.patientcare.va.gov/LGBT/index.asp. See also Patient Care Services. (n.d.). *VA LGBT policies*. US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.patientcare.va.gov/LGBT/VA_LGBT_Policies.asp.

¹¹⁸ 38 CFR §§ 17.38, 17.272.

¹¹⁹ Sobel, L; Salganicoff, A; Ramaswamy, A. (2020). *The Hyde Amendment and Coverage for Abortion Services*. Kaiser Family Foundation. Accessed on Jun 29, 2020, at www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/.

¹²⁰ American Civil Liberties Union. (2020). *Equality for Servicewomen: The Shaheen Amendment*. Accessed on Jun 29, 2020, at www.aclu.org/video/equality-servicewomen-shaheen-amendment.

¹²¹ See Equal Access to Contraception for Veterans Act (H.R. 239). Available at www.congress.gov/bill/117th-congress/house-bill/239?s=2&r=21.

¹²² United Nations Population Fund. (1994). *International Conference on Population and Development Programme of Action*. Accessed on Jun 29, 2020, at www.unfpa.org/publications/international-conference-population-and-development-programme-action.

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%).¹²³

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.¹²⁴ **We would urge the Committees to provide comprehensive abortion and contraceptive care for veterans.**

B. IVF and surrogacy programs

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 Department 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

¹²³ Taylor, J; Mhatre, N. (2017). Contraceptive Coverage Under the Affordable Care Act. Center for American Progress. Accessed on Jun 29, 2020, at www.americanprogress.org/issues/women/news/2017/10/06/440492/contraceptive-coverage-affordable-care-act.

¹²⁴ 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. Accessed on Jun 29, 2020, at www.hsrd.research.va.gov/publications/internal/forum04_13.pdf.

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.¹²⁵

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.¹²⁶ Notably, even this limited form of access is unavailable to same-sex couples and individual veterans who are not legally married.¹²⁷ 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. **We would urge the Committees to create opportunities for all veterans to access family planning services currently restricted by Department policy.**

C. Gender Affirmation Surgeries

The Department's LGBT Health Program has made significant improvements to the health care provided to transgender¹²⁸ veterans.¹²⁹ However, Department policies prohibit the provision and funding of gender affirmation surgeries¹³⁰ due to their classification as "strictly cosmetic" in nature, violating international standards of transgender health care that describe these surgeries as "essential and medically necessary" procedures.¹³¹ These international standards of care are based on decades of evidence,¹³² and transgender people who receive this medically necessary care show significant improvement in depression and anxiety.¹³³ Gender affirmation surgeries are a medically necessary part

¹²⁵ Veteran's Health Administration. (n.d.) Infertility Services for Veterans. Accessed on Jun 29, 2020, at www.womenshealth.va.gov/WOMeNSHEALTH/docs/InfertilityServicesforEnrolledVeteransBrochure_508.pdf.

¹²⁶ Edgar, C. (2017). In vitro fertilization treatment available to eligible veterans, spouses; expanded access sought in Congress. DAV. Accessed on June 29, 2020, at www.dav.org/learn-more/news/2017/vitro-fertilization-treatment-available-eligible-veterans-spouses-expanded-access-sought-congress/.

¹²⁷ *Supra* note 125.

¹²⁸ The term transgender is used here to include transgender, transsexual, non-binary, and other gender non-conforming individuals who do not identify in whole or in part with their sex assigned at birth.

¹²⁹ Lehavot, K; Katon, JG; Simpson, TL; Shipherd, JC. (2017). Transgender veterans' satisfaction with care and unmet health needs. *Medical Care*, 55(9 Suppl 2), S90–S96. doi.org/10.1097/MLR.0000000000000723.

¹³⁰ Veterans Health Administration. (2020). VHA Directive 1341(2): Providing health care for transgender and intersex veterans. Washington, DC: US Department of Veterans Affairs. Available at www.va.gov/vhapublications/ViewPublication.asp?pub_ID=6431.

¹³¹ The World Professional Association for Transgender Health. (2012). Standards of care for the health of transsexual, transgender, and gender non-conforming people, Version 7. Available at www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341.

¹³² *Ibid.* ("Follow-up studies have shown an undeniable beneficial effect of sex reassignment surgery on postoperative outcomes such as subjective well-being, cosmesis, and sexual function.").

¹³³ Owen-Smith, AA; Gerth, J; Sineath, RC; Barzilay, J et al. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction and mental health in a cohort of transgender individuals. *Journal of Sexual Medicine*, 15(4), P591–600. doi.org/10.1016/j.jsxm.2018.01.017.

of transgender health care, and, given the socioeconomic disparities within the transgender community,¹³⁴ the current policy effectively forces transgender veterans to navigate multiple healthcare provision frameworks¹³⁵ or forego medically necessary health care. **We would urge the Committees to amend the Department’s medical benefits package to allow for gender affirmation surgeries, thereby fulfilling the purpose of the policy.**

D. Mandated, Minority-Focused Training for VSOs and Department Staff and Contractors

Minority veterans have a long history of experiencing discrimination and stigmatization within veteran-centric spaces, resulting in effective exclusion from necessary social support and medical care. This has been true within the Department, as well as within non-governmental organizations and those authorized to serve veterans on the Department’s behalf. In addition to strong anti-discrimination policies, it is crucial that ignorance and misinformation about minority veterans be addressed through education initiatives. Successful initiatives of this kind have been developed within the Department through the LGBT Health Program,¹³⁶ for example, and research shows that provider communication is an important mechanism for ensuring access to services for minority veterans.¹³⁷ Proper and ongoing training regarding best practices and cultural competency training on minority veterans should be mandatory for Department staff, Veteran Service Organizations (VSOs), and contractors. This training should be developed and provided to all Department points of entry to ensure that proper investigative procedures are conducted, and that no veteran is erroneously dismissed from accessing their earned benefits.

E. Equitable Changes to the Department Motto

The current Department motto is disclusionary, as it does not reflect the diversity of our veteran community, nor our country. With nearly 25% of the nation’s veteran community identifying

¹³⁴ James, SE; Herman, JL; Rankin, S; Keisling, M et al. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality. Available at www.transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf. (“Nearly one-third (29%) [of transgender individuals] were living in poverty, more than twice the rate in the U.S. population (12%).”).

¹³⁵ *Supra* note 124.

¹³⁶ Shipherd, JC; Kauth, MR; Firek, AF; Garcia, R et al. (2016). Interdisciplinary transgender veteran care: Development of a core curriculum for VHA providers. *Transgender Health*, 1(1):54–62. doi.org/10.1089/trgh.2015.0004.

¹³⁷ Ruben, MA; Livingston, NA; Berke, DS; Matza, AR; Shipherd, JC. (2019). Lesbian, gay, bisexual, and transgender veterans’ experiences of discrimination in health care and their relation to health outcomes: A pilot study examining the moderating role of provider communication. *Health Equity*, 3(1), 480–488. doi.org/10.1089/heap.2019.0069.

as other than a white, cisgender, heterosexual man, it is time the Department's motto makes clear that they serve all who have served.¹³⁸ **We urge the Committees to again¹³⁹ consider an amendment to the Department's existing mission to statement to include the verbiage "to fulfill President Lincoln's promise to care for those 'who shall have borne the battle' and for their families, caregivers, and survivors."**

Addressing Veteran Suicide and Mental Health Disparities

Disparities in mental health among minority veterans¹⁴⁰ and rates of suicide are crucial issues to address given the high rates of minority veterans.¹⁴¹ In the coming years, this issue will only increase in importance, given that racial and ethnic minorities are projected to rise to 36.2% of the veteran population by 2045¹⁴² and that white women veterans are projected to rise to 10.6% of the veteran population by 2043,¹⁴³ if current demographic trends continue. While we do not yet have statistics on sexual orientation and transgender status among US veterans, we believe it is reasonable to project that approximately 50% of the veteran population will be minorities by 2045. Currently, we know that minority veterans face

¹³⁸ *Supra* Note 83.

¹³⁹ See Honoring All Veterans Act (H.R. 3010). Available at: www.congress.gov/bill/116th-congress/house-bill/3010/.

¹⁴⁰ We define minority veterans as racial and ethnic minorities, women, LGBTQ+ people, and (non)religious minorities.

¹⁴¹ According to Department statistics in 2017, racial and ethnic minorities made up 23.2% of the Veteran population (see #1 below). However, white women make up an additional 6.2% of the Veteran population (see #2 below), and we estimate that approximately 3.8% of the veteran population is lesbian or gay (see #3 below) while 0.8% is transgender (see #4 below).

1. *Supra* Note 83.
2. National Center for Veterans Analysis and Statistics. (2017). The Past, Present and Future of Women Veterans. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf.
3. Gates, GJ. (2003). Gay veterans top one million. Washington, DC: Urban Institute. Accessed on Feb. 28, 2021, at www.urban.org/sites/default/files/publication/59711/900642-gay-veterans-top-one-million.pdf.
4. Gates, GJ; Herman, JL. (2014). Transgender military service in the united states. Williams Institute. Accessed on Feb. 15, 2021, at www.williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Military-Service-US-May-2014.pdf.

¹⁴² *Supra* Note 83.

¹⁴³ This figure was calculated using data from the VA that projects that 16.3% of all veterans will be women in 2043, and that currently white women make up 65.9% of all women veterans. See *supra* note 141(2).

increases in mental health disparities¹⁴⁴ and suicide rates¹⁴⁵ compared to either non-minority veterans,¹⁴⁶ non-veteran minorities, or both. Additionally, many minority veterans do not identify as veterans, and minority veterans' historical experiences of marginalization in veteran-centric spaces continue into the present. Considering this ongoing reality, it is crucial that policy initiatives aimed at enacting changes within the Department extend to broader public policy changes in the US and co-articulate with existing and proposed policies regarding mental health disparities and suicide among minorities in the civilian population.

A. Minority Stress and Social Determinants of Health

The concept of minority stress was developed within the field of public health to articulate the unique psycho-social stressors that impact minority health and well-being.¹⁴⁷ With several decades of research supporting the minority stress model,¹⁴⁸ including for minority veterans,^{149,150} there is a need to address these stressors as part of broader policy initiatives aimed at alleviating veteran suicide and mental

¹⁴⁴ Office of Health Equity. (2020). Mental health disparities among LGBT Veterans. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/lgbt/LGBT_Veterans_Disparities_Fact_Sheet-508.pdf.

¹⁴⁵ Office of Mental Health and Suicide Prevention. (2020). 2020 National Veteran Suicide Prevention Annual Report. Washington, DC: US Department of Veterans Affairs. Accessed on Feb. 28, 2021, at www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf. See also Lynch, KE; Gatsy, E; Viernes, B; Schliep, KC; Whitcomb, BW; Alba, PR; DuVall, SL; Blosnich, JR. (2020). Evaluation of suicide mortality among sexual minority US Veterans from 2000 to 2017. *JAMA Network Open*, 3(12), e2031357. doi.org/10.1001/jamanetworkopen.2020.31357.

¹⁴⁶ Calhou, PS; Wilson, SM; Hicks, TA; Thomas, SP; Dedert, EA; Hair, LP; Bastian, LA; Beckham, JC. (2017). Racial and sociodemographic disparities in internet access and eHealth intervention utilization among veteran smokers. *Journal of Racial and Ethnic Health Disparities*, 4, 846–853. doi.org/10.1007/s40615-016-0287-z.

¹⁴⁷ Frost, DM; LeBlanc, AJ; de Vries, B; Alston-Stepnitz, E; Stephenson, R; Woodyatt, C. (2017). Couple-level minority stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior*, 58(4), 455–472. doi.org/10.1177%2F0022146517736754. See also Meyer, IH. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56. doi.org/10.2307/2137286.

¹⁴⁸ Valentine, SE; Shipherd, JC. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, 66, 24–38. doi.org/10.1016/j.cpr.2018.03.003. See also Flentje, A, Heck, NC, Brennan, JM, Meyer, IH. (2020). The relationship between minority stress and biological outcomes: A systematic review. *Journal of Behavioral Medicine*, 43, 673–694. doi.org/10.1007/s10865-019-00120-6.

¹⁴⁹ Livingston, NA; Berke, DS; Ruben, MA; Matza, AR; Shipherd, JC. (2019). Experiences of trauma, discrimination, microaggressions, and minority stress among trauma-exposed LGBT veterans: Unexpected findings and unresolved service gaps. *Psychological Trauma*, 11(7), 695–703. doi.org/10.1037/tra0000464. See also Tucker, RP; Testa, RJ; Reger, MA; Simpson, TL; Shipherd, JC; Lehavot, K. (2019). Current and military-specific gender minority stress factors and their relationship with suicide ideation in transgender veterans. *Suicide and Life-Threatening Behavior*, 49(1), 155–166. doi.org/10.1111/sltb.12432.

¹⁵⁰ Breland, JY; Chee, CP; Zulman, DM. (2015). Racial differences in chronic conditions and sociodemographic characteristics among high-utilizing veterans. *Journal of Racial and Ethnic Health Disparities*, 2, 167–175. doi.org/10.1007/s40615-014-0060-0.

health disparities. These stressors are best represented within a social determinants of health (SDOH) framework,¹⁵¹ which can be broken into five domains: healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.¹⁵² Minorities in the United States encounter unique stressors not present for their non-minority counterparts across each of these domains,¹⁵³ and research on minority veterans demonstrates that this dynamic is present within the veteran community as well.¹⁵⁴ As such, policy initiatives aimed at alleviating mental health disparities and suicide among veterans must attend to social determinants of health and salient stressors¹⁵⁵ for minority veterans. **We would urge the Committees to mandate more holistic data collection on veteran demographics in all areas and to provide additional resources to existing offices within the Department supporting minority veterans.**

B. Substance Use Disorders

The Department has been at the forefront of research and therapies at the intersection of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs), noting that more than 20% of veterans with PTSD also have SUD and nearly 33% of veterans seeking treatment for a substance use disorder also have posttraumatic stress disorder.¹⁵⁶ Unfortunately, there is a glaring lack of data on SUDs

¹⁵¹ While the SDOH framework provides useful functional categories through which to analyze contextualized factors impacting health and through which to design policy mechanisms, it must be understood that these five domains are not mutually exclusive but highly interrelated. For example, within health care contexts, racism is often understood as an individual prejudice that manifests in interpersonal interactions, bringing it into the domain of health care access and quality and/or social and community context. However, racism is a salient feature of all five domains in both interpersonal and structural ways. It has, for example, been literally materialized in neighborhoods and built environments through gentrification, redlining policies, and environmental hazards. The interpersonal and the structural are co-constitutive and mutually informing levels of analysis of racism and other forms of marginalization that must be included in an SDOH framework.

¹⁵² Centers for Disease Control and Prevention. (2020). About social determinants of health (SDOH). Accessed on February 28, 2021, at www.cdc.gov/socialdeterminants/about.html.

¹⁵³ Bailey, ZD; Krieger, N; Agénor, M; Graves, J; Linos, N; Bassett, MT. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453–1463. doi.org/10.1016/S0140-6736(17)30569-X. See also Shangani, S; Gamarel, KE; Ogunbajo, A; Cai, J; Operario, D. (2020). Intersectional minority stress disparities among sexual minority adults in the USA: The role of race/ethnicity and socioeconomic status. *Culture, Health & Sexuality*, 22(4), 398–412. doi.org/10.1080/13691058.2019.1604994.

¹⁵⁴ Shipherd, JC; Darling, JE; Klap, RS; Rose, D; Yano, EM. (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. doi.org/10.1089/lgbt.2017.0179.

¹⁵⁵ Pachankis, JE; McConocha, EM; Clark, KA; Wang, K; Behari, K; Fetzner, BK; Brisbin, CD; Scheer, JR; Lehavot, K. (2020). A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 88(7), 613–630. doi.org/10.1037/ccp0000508.

¹⁵⁶ National Center for PTSD. (n.d.). PTSD and Substance Abuse in Veterans. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.ptsd.va.gov/understand/related/substance_abuse_vet.asp.

among minority veterans,¹⁵⁷ further indicating a need for holistic data collection among veterans. However, we do know that racial and ethnic minority veterans have higher rates of PTSD than white veterans¹⁵⁸ (suggesting higher rates of SUDs as well), that women veterans are at a higher risk for SUDs than their non-veteran counterparts,¹⁵⁹ and that LGBTQ people overall are at higher risk for substance use disorders.¹⁶⁰ In addition to stigmatization and other aspects of minority stress, research shows that higher rates of substance use are associated with violent victimization,¹⁶¹ further echoing a need for an SDOH approach.

We applaud the work of Representative Cisneros and Representative Brian Mast (FL-18), for their work in directly addressing these and other concerns associated with mental health disparities and SUD within the veteran community.¹⁶² **We urge the Committees to ensure the Department engages in comprehensive data collection to report on the deaths and known substance use of veterans involved with Departmental services, and in ensuring that health care providers receive culturally competent and informed training to effectively update frameworks, services, and clinical practice guidelines.**

C. Expanding Psychopharmacological Medical Interventions

The epidemic of substance use disorder and other mental health crises among veterans demonstrates the need for innovative therapies that extend beyond traditional psychopharmacological interventions. As such, we believe it is necessary to include cannabis and psychedelics¹⁶³ in the VHA's

¹⁵⁷ The VA's online database for SUDs among veterans mention demographics only once in their summary of one study on illicit substance use among HIV-positive men: "The researchers do note that demographic factors—such as age, race, and education—seem to impact mortality risk more than alcohol, cannabis, or stimulus use." Office of Research & Development. (n.d.). VA research on substance use disorders. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.research.va.gov/topics/sud.cfm.

¹⁵⁸ Choo, CM. (n.d.). PTSD Among Ethnic Minority Veterans. National Center for PTSD. US Department of Veterans Affairs. Accessed on February 28, 2021, at www.ptsd.va.gov/professional/treat/type/ethnic_minority_vets.asp.

¹⁵⁹ Cucciare, MA; Simpson, T; Hoggatt, KJ; Gifford, E; Timko, C. (2013). Substance use among women veterans: Epidemiology to evidence-based treatment. *Journal of Addictive Diseases*, 32(2), 119–139. doi.org/10.1080/10550887.2013.795465.

¹⁶⁰ Kalin, NH. (2020). Substance use disorders and addiction: Mechanisms, trends, and treatment implications. *The American Journal of Psychiatry*, 177(11), 1015–1018. doi.org/10.1176/appi.ajp.2020.20091382.

¹⁶¹ Sherman, ADF; Cimino, AN; Mendoza, NS; Noorani, T; Febres-Cordero, S. (2021). Polyvictimization and substance use among sexual minority cisgender women. *Substance Use & Misuse*, 56(1), 39–45. doi.org/10.1080/10826084.2020.1833928.

¹⁶² See STOP Veteran Suicide and Substance Abuse Act (H.R. 5867), which was passed as part of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, Pub. L. 116-171.

¹⁶³ The term psychedelics is used to include a variety of substances, and while there are accepted definitions, there is not yet a broad consensus on which compounds are included and excluded from the category. Here, we use this term to refer to substances traditionally considered to be psychedelics—psilocybin, ayahuasca, lysergic acid diethylamide (LSD)—as well as substances with hallucinogenic effects which are often considered psychedelics for research and therapeutic purposes, such as 3,4-methylenedioxymethamphetamine (MDMA) and ketamine.

psychopharmacological repertoire. Research into cannabis demonstrates its effectiveness in treating PTSD and SUDs in veteran populations¹⁶⁴ (although more research is needed), as well as reducing the use of opioids¹⁶⁵ and opioid-related deaths.¹⁶⁶ Additionally, research into psychedelics has demonstrated its efficacy to treat both substance use disorders¹⁶⁷ and for posttraumatic stress disorder.¹⁶⁸ While the VHA has been using ketamine for treatment-resistant depression on a “pre-approved, case-by-case” basis,¹⁶⁹ research in non-veteran populations demonstrates its therapeutic efficacy, especially for short-term use.¹⁷⁰ Overall, as noted in a systematic review of clinical psychedelic research, psychedelics provide “early evidence for treatment efficacy and safety for a range of psychiatric conditions, and constitutes an exciting new treatment avenue in a health area with major unmet needs.”¹⁷¹ **We would urge the Committees to**

¹⁶⁴ Cohen, J; Wei, Z; Phang, J; Laprairie, RB; Zhang, Y. (2020). Cannabinoids as an emerging therapy for posttraumatic stress disorder and substance use disorders. *Journal of Clinical Neurophysiology*, 37(1), 28–34. doi.org/10.1097/wnp.0000000000000612.

¹⁶⁵ Kropp Lopez, AK; Nichols, SD; Chung, DY; Kaufman, DE; McCall, KL; Piper, BJ. (2020). Prescription opioid distribution after the legalization of recreational marijuana in Colorado. *International Journal of Environmental Research and Public Health*, 17(9), 3251. doi.org/10.3390/ijerph17093251. See also Wen, H; Hockenberry, JM. (2018). Association of medical and adult-use marijuana laws with opioid prescribing for Medicaid enrollees. *JAMA Internal Medicine* 178(5), 673–679. doi.org/10.1001/jamainternmed.2018.1007. See also McMichael, BJ; Van Horn, RL; Viscusi, WK. (2020). The impact of cannabis access laws on opioid prescribing. *Journal of Health Economics*, 69, 102273. doi.org/10.1016/j.jhealeco.2019.102273.

¹⁶⁶ Livingston, MD; Barnett, TE; Delcher, C; Wagenaar, AC. (2017). Recreational cannabis legalization and opioid-related deaths in Colorado, 2000–2015. *American Journal of Public Health*, 107, 1827–1829. doi.org/10.2105/ajph.2017.304059.

¹⁶⁷ DiVito, AJ; Leger, RF. (2020). Psychedelics as an emerging novel intervention in the treatment of substance use disorder: A review. *Molecular Biology Reports*, 47, 9791–9799. doi.org/10.1007/s11033-020-06009-x. (“Only recently has research into the potential benefits of these drugs as therapeutic adjuncts in a variety of psychological conditions been able to resume. One of the most promising avenues for future developments is in the field of substance use disorder, where a growing body of evidence is beginning to bolster claims that these medications may provide a novel treatment for one of the world’s most debilitating and prevalent disorders.”).

¹⁶⁸ Reiff, CM; Richman, EE; Nemeroff, CB; Carpenter, LL; Widge, AS; Rodriguez, CI; Kalin, NH; McDonald, WM. (2020). Psychedelics and psychedelic-assisted psychotherapy. *The American Journal of Psychiatry*, 177(5), 391–410. doi.org/10.1176/appi.ajp.2019.19010035. (“Randomized clinical trials support the efficacy of MDMA in the treatment of PTSD and psilocybin in the treatment of depression and cancer-related anxiety. The research to support the use of LSD and ayahuasca in the treatment of psychiatric disorders is preliminary, although promising.”). See also Mithoefer, MC; Feduccia, AA; Jerome, L; Mithoefer, A; Wagner, M; Walsh, Z; Hamilton, S; Yazar-Klosinski, B; Emerson, A; Doblin, R. (2019). MDMA-assisted psychotherapy for treatment of PTSD: Study design and rationale for phase 3 trials based on pooled analysis of six phase 2 randomized controlled trials. *Psychopharmacology*, 236(9), 2735–2745. doi.org/10.1007/s00213-019-05249-5.

¹⁶⁹ Kime, P. (2019). VA imposes strict limits on controversial ketamine-based depression treatment. *Military.com*. Accessed on February 28, 2021, at www.military.com/daily-news/2019/06/24/va-imposes-strict-limits-controversial-ketamine-based-depression-treatment.html.

¹⁷⁰ Kent, JK; Arredondo, A; Pugh, MA; Austin, PN. (2019). Ketamine and treatment-resistant depression. *AANA Journal Course*, 87(5), 411–419. PMID: 31612847.

¹⁷¹ Andersen, KAA; Carhart-Harris, R; Nutt, DJ; Erritzoe, D. (2020). Therapeutic effects of classic serotonergic psychedelics: A systematic review of modern-era clinical studies. *Acta Psychiatrica Scandinavica*, 143(2), 101–118. doi.org/10.1111/acps.13249. See also Johns Hopkins Center for Psychedelic & Consciousness Research. (n.d.). Research. Accessed on February 28, 2021, at www.hopkinspsychedelic.org/index/#research.

consider allowing psychedelics and cannabis to be included in the psychopharmacological repertoire of the Department and for providers outside of the Department treating veterans. Additionally, we would urge the Committees to support¹⁷² and remove existing governmental impediments to cannabis and psychedelic research and therapies within the Department and throughout the United States generally.

D. Gun Violence and Access to Firearms

In the 116th Congress, we argued against HR 3826: Veterans 2nd Amendment Protection Act, a Bill which would have diminished intra-governmental communication regarding criminal background checks for veterans attempting to access firearms. Given the high rates of death by suicide involving a firearm,¹⁷³ it is vital that we understand gun violence and access to firearms as interrelated. Recent research on veterans who died by suicide using a firearm shows that less than half of these veterans “received prevention services from the Department in the form of contact with the local Suicide Prevention Team, engagement in lethal means safety efforts, a documented safety plan, and/or the presence of a high risk for suicide flag in the medical record.”¹⁷⁴ **We would urge the Committees to consider mechanisms through which to identify and provide suicide prevention training to veteran gun owners, as well as mandating that suicide prevention training be included as a necessary certificatory component in regulations regarding access to firearms.**

As the Committees are aware, the veteran population has changed drastically since the Department’s inception. In response, thus far, the Department has instituted a piecemeal strategy in changing to meet the needs of this demographical shift, which has resulted in minority veterans universally being forced to assimilate to existing framework structures. Rather than continuing to force this assimilation, we recommend investing in an integrationist approach that celebrates differences in created nuanced solutions. Without an institutional change in the Department’s approach, entire

¹⁷² “US federal funding has yet to support therapeutic psilocybin research, although such support will be important to thoroughly investigate efficacy, safety, and therapeutic mechanisms.” Johnson, MW; Griffiths, RR. (2017). Potential therapeutic effects of psilocybin. *Neurotherapeutics*, 14, 734–740. doi.org/10.1007/s13311-017-0542-y.

¹⁷³ Office of Mental Health and Suicide Prevention. 2020 National Veteran Suicide Prevention Annual Report. Washington, DC: US Department of Veterans Affairs. Accessed on February 28, 2021, at www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf. (“In 2018, firearms were the method of suicide in 69.4% of male Veteran suicide deaths and 41.9% of female Veteran suicide deaths.”).

¹⁷⁴ Ammerman, BA; Reger, MA. (2020). Evaluation of prevention efforts and risk factors among veteran suicide decedents who died by firearm. *Suicide and Life-Threatening Behavior*, 50(3), 679–687. doi.org/10.1111/sltb.12618.

populations of veterans will continue to experience structural exclusion that will result in continued and aggravated disparities. Our communities deserve to meaningfully access the resources and care they deserve and were promised.

Once again, I thank you for the opportunity to submit this written testimony and to provide verbal testimony before this Joint Session. My team and I look forward to continuing to work with you and your offices, and to assist in your efforts to equitably support the minority veteran community.

Respectfully Submitted,

/s/

Lindsay Church

Executive Director & Co-Founder

Minority Veterans of America