



**STATEMENT OF
MELISSA BRYANT, LEGISLATIVE DIRECTOR
LEGISLATIVE DIVISION
THE AMERICAN LEGION**

BEFORE THE

**HOUSE COMMITTEE ON VETERAN'S AFFAIRS
SUBCOMMITTEE ON HEALTH**

ON

"ACHIEVING HEALTH EQUITY FOR AMERICA'S MINORITY VETERANS"

FEBRUARY 11, 2020

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Chairwoman Brownley, Ranking Member Dunn, and distinguished members who proudly serve on this subcommittee; on behalf of our National Commander, James W. "Bill" Oxford, thank you for the opportunity to discuss the important issue of how the Department of Veterans Affairs (VA) addresses health inequities for minorities across the Veterans Health Administration (VHA). I proudly represent The American Legion and appreciate the opportunity to assist this subcommittee in better understanding this issue, how it impacts minority veterans, and provide recommendations for improvement to the system.

Above all, we must ensure that the institutions we built to care for our nation's veterans give every veteran regardless of race, gender, sexual orientation, or creed the quality care and support they deserve.

Recent statistics show that racial and ethnic minority veterans represent nearly 22 percent of the total veteran population, nearly 19 million who are living today. VA projects that the minority population will continue to rise over the next few decades and reach an estimated 35 percent of the total veteran population by 2040. In recent years, VA has made improvements in the advancement of veteran's health care in VA medical facilities nationwide. However, there is still much work to do to meet the overall health care needs of all veterans. There are also many research gaps that exist, which makes it difficult to identify, analyze, and resolve specific issues in inequities in overall care for the minority veteran population.

Sadly, I can point to my own dealings with harassment and discrimination from my peers, superior officers, and subordinates in my lifetime. It was a double burden I faced while on active duty, when the intersectionality of being both a black and female officer would creep into misogynistic and prejudiced comments made toward me. Now as a veterans advocate, I still hear the misogynistic and prejudicial comments in our community. At best, these comments are casual dismissals of my credentials and expertise to have earned a seat at the table; at worst, these comments mean just what these hurtful comments sound like—flagrant disregard for my service, and ultimately an emotional barrier to seeking additional care through VHA, where the veteran culture often mirrors the experience of minority servicemembers.

To its credit, VA has already identified some of the more prominent issues the department currently faces with attending to minority veterans' health needs:

Challenges with the Accuracy of Medical Records

VA has cited concerns about the accuracy of medical records, particularly when referencing the completeness and accuracy of the race and ethnicity data of veterans. These concerns include:

- Difficulty determining if race and ethnicity information is correctly captured in a veteran's health record through either veteran self-reporting or VA staff capture.¹
- Trouble confirming that relevant race/ethnicity informational values are reliable in the health record because of the possibility of necessary data being missing from the records.²
- Conflicting race and ethnic data calls into question the accuracy of information when race or ethnicity information is recorded.³

The American Legion is encouraged by the forthcoming improvements in race and ethnicity data collection that will be achieved with the implementation of the Cerner Electronic Health Records Modernization (EHRM) efforts. Accurate data may help dispel or correct any deficiencies in care for minority veterans. The American Legion also will continue to advocate that VA's EHR initiative remains fully and adequately funded and that VA and Cerner regularly report EHR progress and status to Congress.

Supporting American Legion Resolution: Resolution 83 (August 2016): Virtual Lifetime Electronic Record.

Problems with Outreach and Trust Among Minority Veterans

As a military intelligence officer who led women and men in both combat and garrison, some of my most salient experiences are from times when the true beliefs of soldiers you would normally trust with your life in battle would surface. As one of the few, if not only, women officers (and often the only woman of color officer) in my units, I can point to many occasions where I have helped soldiers who came to me for advice, counsel, or reporting of incidents dealing with racial, gendered, or sexual orientation discrimination, harassment or even assault in the ranks. My service was also during the time of the Don't Ask, Don't Tell (DADT) policy era, where I had the truly unfortunate duty of involuntarily separating troops from service due to their sexual orientation.

There are current difficulties among all veterans, including minority veterans, on understanding the eligibility requirements and scope of services available to them. For example, discharge status may have greater impact on Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) veterans, who may have been involuntarily separated from the military under the DADT policy. Depending on discharge status, these veterans would not have the same access to veteran benefits, compounding an overall distrust of the military and veteran system. The American Legion is the only Veteran Service Organization that assists veterans with discharge upgrades and represents them before service discharge upgrade boards and hearings.

¹ <https://www.gao.gov/assets/710/703145.pdf>

² <https://www.gao.gov/assets/710/703145.pdf>

³ <https://www.gao.gov/assets/710/703145.pdf>

VHA must continue to build trust among all veterans to make their system the premier medical provider that veterans desire to go for their healthcare needs. Efforts should include increased communications outreach to all categories of minority and women veterans to inform them of their eligibility for health care. VHA can also increase its information dissemination concerning the development of better community care network (CCN) accesses and health care choices, as provided by the services developed in the MISSION Act of 2019, which include contractor provided services. These services allow increased access to urgent cares, expansions of eligibility for community care, veteran-centered and control of scheduling appointments, as well as better coordination and customer services. VA should also better publicize the Million Veteran Program to its minority and women veteran patients and encourage their participation in the program.

Care for Diseases Found More Prevalently in Minority Veterans

Some diseases have been found to be more prevalent in minority veteran populations, and further study is needed to determine why this may be the case. Prostate cancer is the most commonly diagnosed form of the disease found in veterans; for example, African American veterans are diagnosed at younger ages than the general veteran population. VHA must aggressively work to provide the best treatment and care for any veterans who may be diagnosed with this form of cancer. Some factors that VHA should note are: in general, African American men are at an increased risk of developing prostate cancer than white men or other men of color. They are also at a greater risk of getting an incorrect diagnosis of cancer, and more likely to die from the disease⁴. Early detection can help contribute to an almost 100% cure rate. Efforts must continue to determine if military service and/or combat specific areas of operation have any correlation to increases in prostate cancer diagnosis or any disparities in treatment.

The American Legion continues to advocate for research that continues to assess the possible connections between cancer and any exposures that veterans may have encountered due to their service, including Agent Orange exposures, burn pits and other airborne toxins, radiation exposure, depleted uranium exposure, or environmental and other toxic exposures which may affect veterans.

- Relevant resolutions:
 - Resolution 130 (August 2016): Radiation Exposure
 - Resolution 55 (August 2016): Radiation Exposure
 - Resolution 271 (August 2016): Request Study by the Department of Veterans Affairs on the Medical Effects of Exposure to Depleted Uranium
 - Resolution 35 (August 2016): Agent Orange
 - Resolution 118 (August 2016): Environmental Exposures
 - Resolution 127 (August 2016): Prostate Cancer Research and Treatment
 - Resolution 41 (August 2017): Radiation-Exposed Veterans
 - Resolution 11 (August 2019): Environmental Exposures at Fort McClellan

⁴ <https://zerocancer.org/learn/about-prostate-cancer/risks/african-americans-prostate-cancer/>

Knowledge Gaps

Many clinical outcomes have significant racial gaps in data collected for conditions such as hypertension, cardiovascular events, diabetes, and labor and delivery. A grim example of the disparity in healthcare outcomes due to racial bias is the nationwide maternal mortality rate in African American, American Indian, and Alaska Native women, who are two to three times more likely to die from pregnancy-related causes than white women – and this disparity increases with age.⁵ A widely publicized U.S. Supreme Court petition last year unsuccessfully challenged Feres doctrine, *Daniel v. United States*, which involved the maternal death of an active duty Navy Nurse who died in childbirth in the same Labor and Maternity Ward in which she served at Naval Station Bremerton.⁶ In this case, the deceased was also a racial minority, a chilling example of this national trend within the military, which may color the perception of disparate care provided to minority women by both military and veterans medical centers.

It becomes necessary to ask why these instances exist in the microcosm that is our community, and research if disparities are attributable to a higher concentration of minority veterans using lower-performing VA medical facilities, if there is a difference in the quality of care between white and minority veterans receiving care at the same facility, or if there are other factors which have yet to be identified.⁷ The American Legion realizes that many significant improvements in VA's health care systems have occurred in recent years, but will continue to advocate for further study that yields a reduction in any disparities which may affect minority veterans and their life expectancy.

Since 2003, The American Legion has conducted over 300 System Worth Saving site visits to assess the quality of care, challenges and best practices of VHA's health care systems at many of its medical centers and community-based outpatient clinics across the country. Although the program's main focus is to gather information from all veterans and provide recommendations for the best possible care for all veterans in VHA's system, these visits continue to highlight examples of minority and women veterans discussing their particular issues during the program's town hall meetings.

- Relevant resolutions:
 - Resolution 147 (August 2016): Women Veterans

Conclusion

Chairwoman Brownley, Ranking Member Dunn, and distinguished members who proudly serve on this subcommittee, The American Legion thanks you for the opportunity to illuminate the positions of the nearly two million veteran members of this organization. It is a priority of The American Legion that all our nation's veterans receive the same quality care and support we expect from VA. By the action of this committee, we can see that it is for you as well. We call on Congress to direct VA to conduct and/or continue existing studies into the inequity or disparities of care—real or perceived—contained within today's testimony, and more. As we unpack the myriad

⁵ <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

⁶ https://www.supremecourt.gov/opinions/18pdf/18-460_1b7d.pdf

⁷ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0074>

reasons why minority veterans on the whole report either negative healthcare outcomes or unequal treatment under the law at VA, The American Legion stands ready to support this subcommittee with observations and expertise.

As always, The American Legion thanks this committee for the opportunity to elucidate the position of the nearly 2 million veteran members of this organization. For additional information regarding this testimony, please contact Ms. Melissa Bryant, Legislative Director, at MBryant@legion.org or (202) 263-2981.