

**Written testimony of Lindsay Church  
for the Open Session Oversight Hearing  
Examining Women Veterans' Access to the Full Spectrum of Medical Care  
U.S. House of Representatives' Committee on Veterans' Affairs  
September 15, 2022**

Chairman Takano, Ranking Member Bost, and members of the Committee,

My name is Lindsay Church and I am a veteran of the United States Navy. I traditionally appear before this committee as a representative of Minority Veterans of America, a nonprofit dedicated to creating community belonging and advancing equity for minority veterans, where I proudly serve as Executive Director. Today I am here to share the story of myself and my family.

I served in the Navy from 2008 to 2012 as a Cryptologic Technician Interpretive and specialized in speaking Persian-Farsi. I was born into a family with deep ties to the military. I am a third generation veteran, and one of six in my family to serve. Growing up, the core values of the Navy - honor, courage, commitment and sacrifice - were instilled in me before I ever knew anything about my family's lineage of service.

When I decided to join, I understood that in order to wear the uniform of the United States of America, I would have to sacrifice. I believed my sacrifices were made in support of a mission that was greater than myself: to protect and defend the Constitution that I believed in wholeheartedly. I was willing to give anything, up to and including my life, if it meant that my fellow Americans would enjoy the rights afforded by our country. As a queer service member living under Don't Ask, Don't Tell, I understood that there were some rights that I would not enjoy while in service, but that when I become a civilian, I would be afforded those protections. Among those rights was the right to abortion and to live safely as a queer person.

During my time in service, I experienced complications of a congenital birth defect called pectus excavatum which causes your sternum to be inverted. I learned that my sternum was so far inverted that one of the chambers of my heart could contract, but not expand. I had my first surgery in 2009 where they removed 3 inches from six of my ribs and I spent 30 days hospitalized from complications. By the time I was medically retired in 2012, I had spent 52 days in the hospital, survived three surgeries, had all of the cartilage in my chest removed, and was the proud owner of a 9.5 inch metal bar that spanned the width of my rib cage. Since my medical retirement in 2012, I have had six additional surgeries on my sternum and spine, had four ribs removed, and now live with a spinal cord stimulator and a remote that helps to

control my pain. These surgeries and the impacts to my body changed my life in ways I never imagined.

I returned home to Seattle, WA and began receiving all of my care through the VA. For over 10 years, I have received my care through VA and various Women's Clinics while I have navigated the effects of military service on my mental, physical, and emotional health. I'd like to focus my testimony today on three distinct areas within the Department of Veterans Affairs - infertility and reproductive assistance, abortion care, and the culture of VA for women and gender minority veterans. These aspects deeply impacted me, my family, and continue to impact the broader veteran community

### **Reproductive Assistance and Service-Connected Infertility**

Veterans experience infertility at a higher rate compared to their non-veteran counterparts: among veterans who served since 9/11, the prevalence of lifetime infertility for men was 13.8% and for women was from 15.8%,<sup>1</sup> and in some studies up to 18%.<sup>2</sup> The factors that contribute to this phenomenon are numerous: among veterans, infertility may be due to service-related physical injury, toxic exposures, post-traumatic stress, military sexual trauma, traumatic brain injury, or age (since many serve during peak reproductive years), among other challenges.<sup>3</sup> For racial and ethnic minority women, the rates of reported infertility were as high as 24%.<sup>4</sup>

After my sixth surgery doctors told me that my ribs were completely fused together from the lack of cartilage in my chest, preventing the necessary mobility for pregnancy. I had to face the reality that my physical disabilities prevented my ability to carry a child. I started to understand that, no matter what I wanted, my journey toward having a family was never going to include me becoming pregnant. I was frustrated, angry, and depressed but didn't have the words to share what I was going through. I struggled to make sense of my reality, and needed the support of my health care team, however my VA providers were not trained or able to support my needs.

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<sup>1</sup> Katon, J., Cypel, Y., Raza, M., Zephyrin, L., Reiber, G., Yano, E. M., Barth, S., & Schneiderman, A. (2014, Feb. 4). Self-reported infertility among male and female veterans serving during Operation Enduring Freedom/Operation Iraqi Freedom. *J Women's Health (Larchmont)*, 23(2), 175-183. doi: 10.1089/jwh.2013.4468

<sup>2</sup> Mancuso, A. C., Summers, K. M., Mengeling, M. A., Torner, J. C., Ryan, G. L., & Sadler, A. G., (2020, Mar. 17). Infertility and health-related quality of life in United States women veterans. *J Women's Health*, 29(3), 412-419. doi: 10.1089/jwh.2019.7798

<sup>3</sup> Coloske, M. (2021, July 22). The right to serve, but not to carry: Expanding access to infertility treatment for US veterans. *Health Affairs*.

<sup>4</sup> Goossen, R. P., Summers, K. M., Ryan, G. L., Mengeling, M. A., Booth, B. M., Torner, J. C., Syrop, C. H., & Sadler, A. G. (2019, January 10). Ethnic minority status and experiences of infertility in female veterans. *J Women's Health*, 28(1), 63-68. doi: 10.1089/jwh.2017.6731

In 2020, I married my spouse and we began to make plans to start a family. Given my physical disabilities, there was and is no way that I could safely carry a child to full-term without causing extreme distress to the baby or to my already damaged body. VA offers infertility treatment to veterans when the infertility is caused by a service-connected disability. Service-connected in this instance is defined as a “disability that results in the inability of the veteran to procreate without the use of fertility treatment.” This means, for women and some nonbinary and transgender veterans, a service-connected injury or illness is one that prevents the egg from being successfully fertilized by sperm.<sup>5</sup> The disabilities I sustained do not meet the requirements for service-connection for infertility treatment and mean that my family is not eligible for reproductive assistance through the Department.

In addition to the limitations to proving that my service-connected disabilities restrict my ability to carry a child, my wife and I are further prohibited from accessing infertility care because we are in a same-sex marriage. VA limits the provision of intrauterine insemination (IUI) and in vitro fertilization (IVF) to legally married veterans with opposite-sex gametes.<sup>6</sup>

As a result of VA’s current policies on reproductive assistance, the benefit is available almost exclusively to couples that are both cisgender and heterosexual and eligibility criteria categorically exclude same-sex and same-gender couples, unmarried women, and transgender men who want to conceive, even if their infertility is related to their service. It also excludes individuals and couples with non-service-connected infertility conditions, including some transgender and non-binary veterans.

Stories like mine and my spouse’s aren’t unique. Veterans such as Khris Goins of Ohio, Kerry Karwan of California, and Toni Hackney of Georgia<sup>7</sup> are among the many who have been denied or cannot access reproductive assistance through the VA as a result of the same regulatory bars that we have faced. Veterans continue to face challenges in accessing fertility care when they are unable to prove service connection, are in same-sex marriages and partnerships, or are unmarried while attempting to start a family. These VA benefits are so restrictive to access that only 567 veterans used them from 2016-2019.<sup>8</sup>

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<sup>5</sup> Office of Community Care. (2019, April 21). *VA infertility services can help veterans and their families*. <https://blogs.va.gov/VAntage/59082/va-infertility-services-can-help-veterans-and-their-families/>. Katon et al. (2013).

<sup>6</sup> Veterans Health Administration. (2021, March 21). *VHA Directive 1334(2): In vitro fertilization counseling and services available to certain eligible veterans and their spouses*. Department of Veterans Affairs.

<sup>7</sup> Sokolow, A. (2020, August 21). *The VA doesn't cover fertility treatments for unmarried veterans or same-sex couples. some want to change that*. USA Today. Retrieved September 13, 2022, from <https://www.usatoday.com/story/news/nation/2020/08/21/veterans-groups-say-va-should-offer-ivf-unmarried-same-sex-couples/3371635001/>

<sup>8</sup> Carr, J. (2019, July 24). *Abortion arguments at play in limiting veterans' IVF benefit*. ABC News. <https://abcnews.go.com/Health/wireStory/abortion-arguments-play-limiting-veterans-ivf-benefit-64542147>

## Abortion Access

In spite of our limited access to care through VA, my wife and I began the process of starting a family last fall. We worked with a fertility clinic to develop a care plan that would allow us to start the family we both dreamed of, which included completing a series of tests and purchasing donor materials from a FDA regulated sperm bank, much of which we paid for out of pocket.

On April 22, 2022, my wife went in for the first attempt at intrauterine insemination. In the time that we had to wait to learn if she was pregnant or if we would need to try again, the draft Supreme Court opinion in the case of *Dobbs v. Jackson Women's Health Organization* was leaked. On May 3, 2022, we joined hundreds of others in protest over the potential overturning of *Roe v. Wade*, all while remaining uncertain of whether or not the procedure had worked.

On May 6, 2022, we learned that Jess was pregnant and celebrated what was both one of the happiest and scariest moments of our lives. We were elated about the baby, but feared what her pregnancy care could look like if the right to abortion under *Roe v. Wade* was no longer in place. We live in Virginia where abortion is currently legal until the end of the second trimester, and in the third when necessary to save the life of the pregnant person. But in the backdrop loomed an effort by our state legislature to ban care at just 15 weeks.

The Supreme Court's decision in *Dobbs* would ultimately be delivered on June 24. Exactly two weeks later, on July 8, 2022, my wife and I discovered through a routine ultrasound that our child's abdomen was distended to the point of concern. We were given the contact information of a perinatal specialist who confirmed that our child had a fetal bladder deformity that would require an amniocentesis for further evaluation, which could not be performed until they were 16 weeks.

When my wife and I began the process of starting a family, we never thought it would look like this. We wanted our baby more than anything in the world but we did not want to imagine a world where all they would know was suffering. As a person born with a genetic deformity who has endured so much pain because of it, I have a unique understanding of what this child's life would be like had we carried the pregnancy to term.

It took 33 days to get the tests required to better understand what was happening with our baby. On August 2, 2022, my wife and I returned to the perinatal specialist only to find that the baby's condition had worsened and that they were unable to produce the amniotic fluid

required for their continued viability and growth. The lack of amniotic fluid meant that they were unlikely to grow lungs and they would not survive.

In that moment, my wife and I made the most painful decision either of us has ever had to make. We made what we believe was the most compassionate choice for the child we loved so much, which was to end the pregnancy.

On August 5, 2022, my wife had the first of two appointments for a dilation and evacuation procedure. We learned during our ultrasound that our baby no longer had a heartbeat and had likely passed the evening of our last appointment. For my wife, the procedure for a miscarriage was the same as it was for an abortion and she would still need to return to the clinic the next day for a surgical procedure to evacuate her uterus.

We were able to access care, not through programs like CHAMPVA which is designed to support caregivers of 100% total and permanent disabled veterans like myself, or TRICARE which she also qualifies for, but through a community-based clinic in Richmond, Virginia that has been providing care to patients in need of abortion and reproductive health services since 1973. She was able to access this care because we are fortunate enough to be able to afford private insurance and have access to non-VA providers, while living in a state that did not restrict her access to these services.

During my wife's pregnancy, there were times when it felt like we were racing a clock to understand what was happening with our child. We knew every day that, even under the best circumstances, we had until early September to make a decision or we may be forced to leave the state to access care. I remember thinking that if we had to leave the state to get access to the essential care that my wife needed, I would never forgive this country. The moral injury of having served a country to protect our Constitution that no longer protected me and the ones I love was, and still is, absolutely devastating.

Earlier this month, VA released an Interim Final Rule on Reproductive Health Services. The new regulation allows veterans, eligible family members, and caretakers to access abortion counseling, and to access abortion care through the VA in cases of rape, incest, and when the pregnancy threatens the life or health of the pregnant person. VA providers can provide this crucial care in order to support the health needs of veterans and their families, regardless of local and state laws.

These measures have the potential to help many veterans and their families across the country who live in states that limit or completely ban access to abortion. Had this policy been

in place just one month earlier, my own family could have turned to VA for care. This policy may not, however, reach the veterans who most desperately need access to reproductive health care, and who are disproportionately impacted by limited access to contraception and abortion bans. Veterans who are racial and ethnic minorities and those who live in poverty are more likely to live in states with restrictive bans and have negative physical, emotional, and economic impacts from unintended pregnancies.

While I am grateful to see the expansion of care that will now reach veterans who previously had limited or no access to care, I have deep concerns that this policy may not have its intended impact. As outlined in my organization's statement for the record for this hearing, veterans are still likely to run into issues in access, including medical providers and hospitals concerned with criminal liability, patients needing to delay their care until their health is dangerously at risk, and providers refusing care even when it is legally allowed. To fully address the abortion crisis for veterans and all Americans, we need comprehensive national health protections for abortion, contraception, and other reproductive health services.

Reports have outlined the challenges of TRICARE exceptions policies for veterans, service members, and military spouses.<sup>9</sup> Stories such as those of Bari Wald, an Air Force Reserve officer and Marine spouse, and Lauren Bryar, a veteran spouse, both who learned of fetal deformities in their children and needed access to care. For Wald, the delayed access to care threatened her life and health and resulted in a 105 degree fever, a lacerated cervix and blood poisoning. Abortion bans harm everyone.

## **VA Culture and Harassment at Facilities**

As I mentioned in the beginning of my testimony, for the last 10 years, I've received nearly all of my care through VA. Over the last decade, I've navigated a health system that is unable to see, understand, or serve veterans like myself. It is a common and expected occurrence that, should I choose to use VA for my care, I can expect to be consistently misgendered, treated as though I do not belong or that my issues do not matter, and that I will not be safe while physically navigating VA facilities.

In December of last year, I was harassed for using a women's restroom at the Hunter Holmes McGuire VA Medical Center, where I was accessing care for an injury to my back. Upon entering the restroom and using the facilities, a VA staff member shouted into the bathroom

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<sup>9</sup> Montgomery, N. (2022, July 6). *Military women say dod reproductive health care far from 'seamless' in post-Roe Era*. Stars and Stripes. Retrieved September 13, 2022, from <https://www.stripes.com/theaters/us/2022-07-06/abortion-fetal-anomalies-6564885.html>.

repeatedly that he had heard there was a man in the women's restroom, causing a scene and striking fear, when I was merely trying to use the restroom. When I spoke with him after the incident, he did not apologize and was insistent that he was, "protecting the patients and the staff" to which I replied, "I am the patient."

This was not the first time I have experienced feelings of harassment at VA facilities, but it was what pushed me to seek outside care. I am one of many veterans who have or are in the process of leaving VA care because the Department is not equipped to provide positive patient health experiences to the community of women, gender minorities, and other LGBTQ+ veterans. Intolerance for veterans like us is ingrained in VA culture resulting in harassment and a hostile, sometimes dangerous, environment, while seeking care. The harassment that we face as a result of the culture of VA inflicts lasting damage on those of us who endure the behavior, many without an ability to change their circumstances.

One in four women veterans has reported experiencing sexual assault while seeking care at VA facilities.<sup>10</sup> Actions 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."<sup>11</sup> It is not yet clear whether the new complaint process, implemented recently by VA in response to the Deborah Sampson Act, will be successful in addressing the problem.

When women, gender minorities, and LGBTQ+ veterans first enter VA facilities they see a motto that does not reflect us as veterans. VA's own motto and mission denies our existence every day with the words, "To care for him who shall have borne the battle, and his widow, and his orphan." It is emblazoned on each and every VA facility across the country as a reminder to all who enter, the Department's perceived mission. This is just the first of many times where we are forced to contort ourselves to be seen and understood. The current motto disparages and undermines our service to our country - and it's a physical representation of the deep and lasting history of invisibility for women and gender minorities in the military and veteran community.

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<sup>10</sup> Klap, R., Darling, J.E., Hamilton, A.B., Rose, D.E., 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*, 29(2), 107-115. National Library of Medicine. doi.org/jwhi.2018.12.002.Epub

<sup>11</sup> 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. [www.va.gov/oig/pubs/VAOIG-20-01766-36.pdf](http://www.va.gov/oig/pubs/VAOIG-20-01766-36.pdf)

As we look to the future of caring for women and gender minority veterans, we must examine the culture of the Department and how veterans experience their care from the moment they arrive at a VA facility to the moment they leave. Jean McGuire, a professor of practice at Northeastern University's Department of Health Sciences, wrote of the relationship between culture and health: "Our culture informs so much, from how we value healthcare, to what we're looking for in a relationship with a healthcare provider, to our willingness to comply with a treatment regimen. There are so many experiences of identity that shape our cultural lens and our economic and healthcare opportunities."<sup>12</sup>

Minority veterans have a long history of experiencing discrimination and stigmatization within veteran-centric spaces, resulting in our exclusion from needed social support and medical care. This has been true within VA, as well as within nonprofit organizations and those authorized to serve veterans on VA's behalf. In addition to strong anti-discrimination policies, it is crucial that bias, hate, and misinformation about minority veterans be addressed through education initiatives. Successful initiatives of this kind have been developed within the VA through the LGBT Health Program. Research shows that initiatives that encourage non-judgemental provider-patient communication is an important mechanism for ensuring access to services for minority veterans.

## Recommendations

- **Reproductive Assistance:** Expand access to reproductive assistance through the Department of Veterans Affairs to veterans regardless of their service connection. Service-connected disabilities look different for each and every veteran and proving that our infertility is related to our service is often impossible. While some might have clearly linked infertility that is related to their reproductive organs, many veterans, like myself, do not meet this bar. This is especially important as the post-9/11 generation of veterans looks to start families after spending over 20 years at war. We have yet to truly understand the impacts of service on our generation and how things like toxic exposure will impact the ability to conceive healthy children. VA must be proactive to meet this moment.
- **Abortion Access:** We aren't truly free unless we can control our own bodies, lives, and futures. Our laws and policies need to uphold the human rights to body autonomy and self-determination, not try to control and dehumanize us. While recent policy changes at the Department of Veterans Affairs will help some veterans and their families, it could still leave many without access to necessary abortion services. A comprehensive national policy that

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<sup>12</sup> Doyle, L. (2021, August 11). *Overcoming cultural barriers in healthcare*. Northeastern University Graduate Programs. Retrieved September 13, 2022, from <https://www.northeastern.edu/graduate/blog/overcoming-cultural-barriers-in-healthcare/>.



protects the reproductive rights and healthcare access of all veterans is needed. The decision to have an abortion should be between the pregnant person and their provider - without government interference. VA has the ability to empower patients and providers to make the best decisions for themselves and their families.

- **Culture of the Department -**

- VA must take measures to improve its culture for women and gender minorities. Facilities are not safe and continue to show that VA is not equipped to serve our community. Cultural symbols such as the Department's motto must be changed immediately, whether through action by the Secretary or this Congress.

- Proper and ongoing training regarding best practices and cultural competency training on minority veterans should be mandatory for VA staff and providers, Veteran Service Organizations, and contractors. This training should be developed and provided to all VA points of entry to ensure that proper investigative procedures are conducted, and that no veteran is harmed while trying to access their earned benefits.

- In order to best serve the unique needs of gender and sexual minority veterans, VA should establish LGBTQ+ Health Centers. These centers would reduce barriers to accessing services and allow members of the LGBTQ+ veteran community to receive care free of harassment.

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Chairman Takano, Ranking Member Bost, and distinguished members of the Committee, thank you for the opportunity to testify today. I look forward to working with you and your offices on these critical issues.

Respectfully Submitted,

Lindsay Church (they/them)  
*US Navy Veteran*