

United States Senate
WASHINGTON, DC 20510

November 11, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Wilkie,

We write concerning the Department of Veterans Affairs' (VA) collection of vital clinical and demographic data necessary to address healthcare disparities, particularly those facing certain racial, ethnic, sexual orientation, and gender identity groups. Racial and ethnic minorities currently comprise around 22% of the veteran population, and this percentage is projected to grow to 36% by 2040.¹ An estimated one million veterans identify as lesbian or gay, and more than 130,000 identify as transgender.² It is essential that VA leadership ensures that all veterans are treated equitably within the VA system.

Recent reports by the Government Accountability Office (GAO) highlighted major issues in the accuracy and completeness of data collected by VA on race and ethnicity, and sexual orientation and gender identity.³ Such gaps severely limit opportunities to analyze disparities in health care outcomes – a tremendous problem at any time, but particularly in light of the ongoing novel coronavirus pandemic. In fact, an analysis of the health record of 5.8 million veterans in VA care showed that “Black and Hispanic individuals were twice as likely to test positive for COVID-19, even after accounting for underlying health conditions, other demographics, and geographic location.”⁴

Despite updated directives issued in 2018, VHA does not consistently collect sexual orientation and gender data and therefore cannot identify and address health disparities in LGBT veteran populations. VA's electronic health record system does not include a sexual orientation data field or a field for Self-Identified Gender Identity (SIGI) data. VA's application form for

¹ Department of Veterans Affairs, “Minority Veterans Report,”

https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf

² U.S. Government Accountability Office, *Better Data Needed to assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans*, GAO-21-69 (Washington, DC, 2020)

<https://www.gao.gov/assets/720/710200.pdf>

³ *Id.* and U.S. Government Accountability Office, *Opportunities Exist for VA to Better Identify and Address Racial and Ethnic Disparities*, GAO-21-83 (Washington, DC, 2019) <https://www.gao.gov/assets/710/703145.pdf>

⁴ Christopher T. Rentsch, et al, “Patterns of COVID-19 testing and mortality by race and ethnicity among United States veterans: A nationwide cohort study,” *PLoS Med* 17(9) (2020): e1003379, <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003379>

health benefits does not include all SIGI data and according to VA, 89% of veterans who used VHA services from 2016-2020 do not have any SIGI data in their records at all.⁵

It is critical that VA ensure that the race, ethnicity, sexual orientation, and gender data captured in veterans' health records is complete and accurate. VA forms must be standardized across the system and VA employees must be trained to correctly gather this data. We request further information on how VA collects, analyzes and applies data related to racial, ethnic, sexual orientation, and gender to inform its health care policies.

1. How does VA assess health outcomes for racial and ethnic minority veteran patients?
2. How does VA assess health outcomes for LGBT veteran patients?
3. What is VHA's plan to more consistently collect and record veterans' racial, ethnic, sexual orientation and SIGI data?
 - a. What is VHA's plan to train employees to more accurately gather this data?
4. Is VA developing a field for noting a patient's sexual orientation in the various electronic health record systems?
5. What actions have the VA's Health Equity Coalition (HEC) and the Office of Health Equity (OHE) taken to ensure health equity within the VA?
6. How do OHE and HEC measure progress in the goals developed in the Health Equity Action Plan (HEAP)?
7. How is VA addressing the recommendations made in GAO Reports 20-83 and 21-69?
8. Are additional resources or statutory authorities required to standardize the collection of racial, ethnic, sexual orientation and gender data?
9. What data does VA have related to how the COVID-19 pandemic has exacerbated health disparities within the VHA system?

We appreciate your timely response and look forward to working with you to ensure that VA is collecting and using accurate data, which will be critical to saving lives during the COVID-19 crisis and ensuring health care equity within the VA system.

Sincerely,



RICHARD BLUMENTHAL
United States Senate



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United States Senate

⁵ U.S. Government Accountability Office, *Better Data Needed to assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans*, GAO-21-69 (Washington, DC, 2020)
<https://www.gao.gov/assets/720/710200.pdf>