

NABVETS Philadelphia Chapter #0039
Submitted to the Department of Veterans Affairs
Center for Minority Veterans Advisory Committee
From NABVETS Philadelphia Chapter #0039**

“Honoring Our Legacy, Empowering Our Future.”
“Philadelphia Strong. Veteran Proud.”
“Service, Strength, Solidarity—Philly’s Veterans United.”
—NABVETS Philadelphia Chapter #0039
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Introduction

On behalf of the **National Association of Black Veterans (NABVETS) Philadelphia Chapter #0039**, we extend our appreciation to the Center for Minority Veterans for its continued commitment to addressing disparities affecting minority veterans across the nation. As a **nationally chartered Veteran Service Organization** and Philadelphia’s **trusted resource for veterans**, our chapter is deeply engaged in advocacy, navigation, and culturally competent support for Black veterans and other underserved communities.

Our mission is rooted in service, solidarity, and the belief that every veteran deserves equitable access to healthcare, housing, benefits, and dignity. Philadelphia’s veterans—particularly Black veterans—continue to face disproportionate barriers that require urgent, data-driven, and intersectional solutions.

Who We Are: NABVETS Philadelphia Chapter #0039

As reflected on our public platform, NABVETS Philadelphia:

- Serves as a **community-based advocacy and support hub** for veterans across the region.
- Provides **navigation assistance**, benefits support, and culturally grounded outreach.
- Engages in **advocacy and legislation**, including directing veterans to the VA Office of Inspector General Hotline for accountability and oversight.
- Operates with a commitment to **empowerment, equity, and veteran-centered care**.
- Upholds a legacy of **service, strength, and solidarity** for Philadelphia’s diverse veteran population.

Our chapter is uniquely positioned to speak to the lived experiences of Black veterans in Philadelphia—experiences that reflect national patterns of inequity.

Defining “Minority” in the VA Context

The VA defines minority veterans as those who identify as:

- Black or African American

- Hispanic or Latino
- Asian American
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- Multiracial or other historically underrepresented groups

However, this definition must evolve.

Race alone does not capture the full scope of vulnerability.

We urge the VA to adopt an **intersectional demographic strategy** that identifies:

- Race and ethnicity
- Gender identity
- Sexual orientation
- Disability status
- Housing insecurity
- Behavioral health history
- Justice involvement
- Socioeconomic vulnerability

Without this level of specificity, the VA cannot accurately identify who is most at risk—or why.

Intersectionality and VA Data: What Evidence Shows

Recent research, including *The Influence of Intersectionality Theory in Veterans Healthcare: Post-Transition Barriers and Challenges*, reveals that:

- **Black veterans are treated far worse than all other veterans** among the 9 million enrolled in the VA system.¹
- VA's own **Patient Advocacy Tracking System (PATS)** data shows disproportionate complaints from Black veterans related to:
 - Mental health
 - Substance use disorder
 - Suicide risk
 - Delays in care
 - Dismissive or discriminatory treatment
- **Black women veterans** experience the highest compounded barriers, including misdiagnosis, inadequate follow-up, and higher homelessness risk.²

Despite being grounded in VA-generated data, this report has not been integrated into policy or practice.

¹ Bennett, C. (2024). *The Influence of Intersectionality Theory of Veterans Healthcare Post-Transition Barriers and Challenges*. Trident University International ProQuest Dissertations & Theses, 2025. 31839560

Homelessness, Mental Health, Substance Use Disorder, and Suicide

In Philadelphia, these issues are deeply intertwined:

- Black veterans are **overrepresented in homelessness** and housing instability.
- Long-term opioid prescribing has contributed to **substance use disorders**.
- Suicide risk is elevated among Black veterans due to systemic neglect and racial trauma.
- Access to culturally competent mental health care remains limited.

These disparities demand targeted, intersectional interventions.

Case Study: Former Commander Lydia Ballard

The story of **Commander Lydia Ballard**, the first woman to command NABVETS Philadelphia Chapter #0039, illustrates the human cost of systemic inequity.

- Lydia was under VA care for **30 years**.
- She developed a **morphine addiction** tied to long-term VA prescribing.
- During COVID, she was **evicted**, stripped of her belongings, and forced to **live in a park**.
- No immediate VA intervention occurred despite her vulnerability.
- NAWVINC located her, rescued her, and provided emergency housing.
- Only after persistent advocacy did the VA assign a social worker and prioritize housing.
- **Six months later, Lydia Ballard died.**

Her story is not an anomaly—it is a warning.

NABVETS Philadelphia will formally recognize Commander Ballard as the **first woman to lead our chapter** and as a symbol of the urgent need for systemic reform.

National Context: Black Women Veterans and Leadership

At the **38th Anniversary of the Congressional Black Caucus Veterans Braintrust**, NABVETS hosted a **Women Veterans Leadership and Professional Development Forum**.

Black women veterans shared experiences of:

- Discrimination in VA healthcare
- Barriers to leadership
- Lack of culturally competent mental health services
- Persistent inequities in pain management and follow-up care

Their testimonies mirror the intersectionality report and reinforce the need for immediate action.

Recommendations to the Center for Minority Veterans

1. Adopt an Intersectional Data Framework

Integrate race + gender + vulnerability factors into all VA data systems.

2. Prioritize Black Veterans in Equity Interventions

Allocate resources proportionate to documented disparities.

3. Strengthen Partnerships with Minority-Led VSOs

Formalize collaboration with NABVETS, NAWVINC, and similar organizations.

4. Improve Oversight of Opioid Prescribing

Prevent long-term dependency and ensure trauma-informed pain management.

5. Address Homelessness, Mental Health, SUD, and Suicide as Interconnected

Develop integrated care pathways tailored to Black veterans.

6. Require VA Facilities to Respond to PATS Data

The VA must not ignore its own evidence.

Conclusion

NABVETS Philadelphia Chapter #0039 stands ready to partner with the VA to build an equitable, trauma-informed system that honors the service of all veterans. But equity requires action—and action requires acknowledging the truth.

Commander Lydia Ballard's story must never be repeated.

We thank the Center for Minority Veterans for its leadership and look forward to continued collaboration.