

Statement for the Record
Of
VIETNAM VETERANS OF AMERICA



Submitted by

Kate O'Hare Palmer
Chair, Women Veterans Committee

Before the

House Veterans' Affairs Committee
Subcommittee on Disability Assistance and Memorial
Affairs

Regarding

Ensuring Access to Disability Benefits for Veterans
Survivors of Military Sexual Trauma

June 20, 2019

Good morning, Madam Chairwoman Luria, Ranking Member Bost, and distinguished members of the Subcommittee on Disability Assistance and Memorial Affairs. Thank you for giving Vietnam Veterans of America (VVA) the opportunity to submit our statement for the record regarding “Ensuring Access to Disability Benefits for Veterans Survivors of Military Sexual Trauma.”

Since the founding of Vietnam Veterans of America in 1978, we have been working with Congress to address the unmet needs of our veterans and to ensure they receive the health care and benefits they have earned by virtue of their service to our nation.

We have been at the forefront in advocating for expanded care for Military Sexual Trauma survivors. By the VA’s own numbers, one in four females and one in one hundred males report a history of MST when screened by a healthcare provider at a VA facility, and these numbers only reflect the veterans who use the VA. In 2014, VVA worked with Senator Gillibrand and Service Women Action Network (SWAN) on the *Military Justice Improvement Act of 2014*. This Bill was accepted without a key component that we still support: the removal of the chain of command within the judicial process for military sexual trauma cases. The current SAPRO reports still show a lack of improvement in statistics regarding MST in our military academies and in our military forces.

CSP 579, Health Views: Health of Vietnam Era Veteran Women’s Study is the only study that has looked at female active-duty members serving around the world, including those women who served in Vietnam during the Vietnam era. The prevalence of lifetime PTSD in these women was 27 percent; and the prevalence of partial PTSD in women serving in-country was 21 percent. The higher prevalence of PTSD for in-country women is not due to preservice trauma. Rather, the variables are related to age at enlistment (older age, a protector); service time (20+ years); wartime sexual discrimination/harassment; and performance.

Ten percent of women who served outside a war zone experienced 10 percent lifetime PTSD, and 50 percent of all women serving throughout the world reported a combination of exposure to sexual harassment and/or military sexual trauma.

It wasn't until 1980 that PTSD was added to the DSM III. In 1992, after a series of hearings on women veterans' issues, the VHA was first authorized to provide outreach and counseling for sexual assault to women veterans. Vietnam Veterans of America was involved in these hearings, and the issues facing women veterans were highlighted during the dedication of the Vietnam Women's Memorial 1993. The term "Military Sexual Trauma" was adopted by the VHA in 2003. Public Law 108-422, made the VA's provision of sexual trauma services a permanent benefit. Today, while DoD continues to implement programs to contain military sexual trauma and harassment, the data indicates that the population of sexually traumatized men and women who are under the care of the VHA is alarmingly large and suffers from substantial morbidity.

The Veterans Benefits Administration (VBA), and to a lesser extent, the National Cemetery Administration (NCA), have been less proactive than the Veterans Health Administration in targeting outreach to women veterans and in ensuring competency in managing claims filed by women veterans.

Today, women veterans have earned and are entitled to full health-care services, including care for gender-specific illnesses, injuries, and diseases as a result of their military service. However, the Veterans Healthcare Administration has yet to take sufficient action to address the effects of combat-related Post-traumatic Stress Disorder (PTSD) among America's women veterans. PTSD is a recurrent emotional reaction to a terrifying, uncontrollable, or life-threatening event. The symptoms may develop immediately after the event or may be delayed for years. How many veterans, male and female, who are diagnosed with Sexual Trauma and PTSD, are eligible for VA compensation? VVA urges this subcommittee to request data from the Veterans Benefits Administration on how many woman veterans are being compensated for PTSD secondary to Sexual or Personal Trauma.

MILITARY SEXUAL TRAUMA

It has become clear in the last decade that sexual harassment and sexual abuse are far more rampant than what had been acknowledged by the military. Reported instances of sexual harassment and abuse represent only the tip of the proverbial iceberg. While we are pleased that both the Departments of Defense and Veterans Affairs seem now to be taking this seriously, finally explicitly acknowledging

sexual trauma as a crime under the Uniform Code of Military Justice (UCMJ) in the Defense Authorization Act of 2005, there is still a long road to travel to change the current culture that conditions victims of sexual abuse to not report this abuse to authorities. VVA urges your colleagues on the House Armed Services Committee to ensure that penalties for military sexual trauma under the Uniform Code of Military Justice are enforced in all branches of the military, and to explore such mechanisms to achieve quality assurance on uniformity of enforcement, such as a worldwide Internet address and a nationwide toll-free number, that would be staffed by counselors 24/7 who are trained to effectively assist, counsel, and refer service members (or family members) who have been the victim of sexual assault. VVA believes that only by means of such a mechanism that is not dependent on local command can there be uniformity of quality assistance and equal application of justice.

Vietnam Veterans of America has been at the forefront of advocating for the needs of veterans of all genders since the Vietnam War. The number of women in the military has risen consistently since the two percent cap on their enlistment in the Armed Forces was removed in the early 1970s.

Since then, Congress has passed laws to ensure greater equity, safety, and provision of services for the growing number of women veterans in the VA system. However, these changes and improvements have not been implemented throughout the entire VA system. In some locations, women veterans are still experiencing significant barriers to adequate health care. As a result, VVA had asked former VA Secretary Shinseki to ensure senior leadership at all VA facilities and in each VISN be held accountable for making certain that women veterans receive appropriate care in an appropriate environment by appropriate staff. VVA also recommended that the subcommittee and the Secretary seek guidance from the VA Center for Women Veterans and the VA Advisory Committee on Women Veterans, both of which have done considerable work and analysis of these issues.

In addition, VVA wrote to former Secretary Shulkin, requesting the implementation status of Section 402 for the *Veterans Access, Choice, and Accountability Act of 2014* - P.L. 113-564, which expanded eligibility for care and services related to Military Sexual Trauma at VA medical facilities to active-duty service members. Active-duty service members would not be required to obtain referrals from the Department of Defense before seeking treatment at a VA facility

for MST. This section would take effect on the date that is one year after the date of the enactment of this Act. In a 2014, Congressional Briefing Report for the 114th Congress, the VA wrote that its focus and priority is on efficient and effective implementation of this highly complex law. In this 2014 report, the VA stated collaboration had begun with Department of Defense Health Affairs to discuss the implementation of Section 402 of VACAA. Section 402 authorizes VA to provide MST-related health-care services to active-duty service members without a referral from TRICARE or a military treatment facility. This collaboration will require continued and close collaboration between VA and DOD. <https://www.va.gov/OCA/114th%20Congress%20Welcome%20Packet/114th-New-Member-Packet-Final-508-Version-for-Website.pdf> An article written in *The Washington Post*, “Trusted troops become accused of assault,” by Craig Whitlock drew our attention to what the “Catch-22” members of the Armed Forces on duty status are subjected to in cases of sexual assault and trauma. More importantly, we see that the implementation of authorizations included in 38 US Code 1720D for VA “counseling and care and services” for these servicemembers, without a referral from the Department of Defense, is an immediate need for the health, wellbeing and safety of these survivors.

Madam Chairwoman, VVA has not seen any movement on the implementation of Section 402 of Public Law-113-564, since the law was signed, and we request that the VA provide the subcommittee with a detailed timeline outlining what the VA has done to date to implement this section of the law.

In regards to H.R. 1092, *Servicemembers and Veterans Empowerment and Support Act of 2019*, introduced by Congresswoman Chellie Pingree, D-ME-1, the bill, when enacted into law, would amend Title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma and for other purposes. The inclusion of technological abuse is way past due. The risk of cyber harassment is prevalent for anyone who uses Facebook or similar social media platforms. It takes one tap to tag someone in a photograph, revealing both their location and behavior. Stalkers and harassers use such tactics to intimidate or shame their victims. If veterans have experienced sexual harassment, abuse, or bullying online, they may experience negative feelings or other mental or physical effects. This bill, which would add technological abuse defined as "behavior intended to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor another person, that occurs via the Internet, through

social-networking sites, computers, mobile devices” to the types of trauma and resulting conditions for which survivors may seek compensation benefits and health care. **VVA supports the bill as written.**

VVA would like to thank Congresswoman Luria for her hard work and dedication to women veterans, and we thank this subcommittee for the opportunity to submit our views for the record.

VIETNAM VETERANS OF AMERICA

Funding Statement

June 20, 2019

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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Commissioned as an RN in the Army Nurse Corps in 1967 from Seal Beach, California. Served as an operating room nurse and emergency room nurse at 2nd Surgical Hospital and 312th Evacuation Hospital in Chu Lai, RVN 1968, and at the 2nd Surgical Hospital, Lai Khe, in 1969.

Worked in Bay area community hospitals in the operating room while attending college. Received Diploma Nursing Program, Los Angeles County Hospital. 1967. UC Berkeley 1974 with BSc. Nutrition. Certified Registered Dietitian 1975. Jin Shin Jyutsu Certification. 1997. Holistic Health modality and BA Music Education. Sonoma State University. 2004.

Worked at the San Francisco VA Medical Center for sixteen years in a variety of positions including: staff nurse, head nurse-medical/surgical, head nurse on Human Studies/Research unit, developed the Nutritional Support Team, Head nurse of out-patient clinics. Also worked as nursing supervisor at Kaiser Permanente Hospitals, VNA and Home Hospice and developed their 5 county Flu Shot Programs

Worked with Vet Connect, education committee, stand downs, grants writing, and coordinate some women veteran activities with California Department of Veteran Affairs. Women Veteran Committee Chair at California State Council for past 5 years. Also a member of the American Legion and AMVETS and joined VVA Chapter 223 in 1994 and currently serves as the Chair of VVA Women Veterans Committee.

Currently retired and lives in Petaluma, CA.