



National Veterans Affairs and Rehabilitation Commission

1608 K Street, N.W. • Washington, D.C. 20006

Michael D. Helm, Chairman - Nebraska

Barry A. Searle, Director - Pennsylvania

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**STATEMENT OF
DENISE A. WILLIAMS, ASSISTANT DIRECTOR FOR HEALTH POLICY
VETERANS AFFAIRS AND REHABILITATION COMMISSION
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS
AND
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
HEALING THE WOUNDS: EVALUATING MILITARY SEXUAL TRAUMA ISSUES
MAY 20, 2010**

Messrs. Chairmen, Ranking Members and Members of the Subcommittees:

The American Legion appreciates the opportunity to submit for the record our views on this very important issue.

Background

The Department of Veterans Affairs (VA) defines Military Sexual Trauma (MST) as sexual assault or sexual harassment that occurred while in the military. This includes any sexual activity where someone is involved against his or her will. In 1992 P.L. 102-585 authorized VA to provide up to one year of treatment to women veterans for psychological trauma resulting from physical assault, battery or harassment of a sexual nature. The Veterans Health Care Extension Act of 1994 (P.L. 103-452) granted VA the authorization to provide MST counseling

to male veterans as well. On March 25, 2005 the Veterans Health Administration directive 2005-015 mandated that all enrolled veterans be universally screened for MST. In addition, the directive mandated that all VA medical facilities designate a MST coordinator to oversee MST screening and treatment and standardized training materials for MST.

The VA provides treatment and counseling to all veterans that are suffering from MST and any mental and physical conditions related to MST. This service is afforded to all veterans free of charge. It is not necessary to have reported the incident while in the military or be service connected for this condition in order to receive this treatment and counseling.

The Department of Defense (DOD) defines sexual assault as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. This includes rape, nonconsensual sodomy, indecent assaults, or attempts to commit these acts. In 2005, Congress directed the Secretary of Defense to develop a comprehensive policy for DOD to address the prevention and response to sexual assault involving service members. In addition, the law requires that a standard definition for sexual assault be developed, DOD submits an annual report to Congress on reported sexual assault incidents involving service members.

Issues

VA reported that in FY 2008 a total of 48,106 female veterans (21 percent) and 43,693 male veterans (1.1 percent) screened positive for Military Sexual Trauma. According to the DOD Sexual Assault Prevention and Response Office (SAPRO), in FY 2008 there were a total of 2908 official reports of sexual assault in the United States military; this is an increase from 2688 reported in FY 2007. Messrs. Chairmen, these numbers are alarming and The American Legion urges Congress, DOD and VA to act now to eliminate this disturbing trend.

In addition to these astounding numbers of MST and sexual assault cases, The American Legion is deeply concerned to learn that VA and DOD actions to address this dire issue are lagging. In March 2010 the Government Accountability Office (GAO) published a final report entitled *VA Health Care: VA Has Taken Steps to Make Services Available to Women Veterans, but Needs to Revise Key Policies and Improve Oversight Processes* (GAO-10-287). It was based on site visits to nine VA medical centers (VAMCs) and ten Community Based Outpatient Clinics (CBOC) affiliated with these nine VAMCs, and eight Vet Centers, which are counseling centers that help combat veterans readjust from wartime military service to civilian life. GAO was asked to examine the on-site availability of health care to women veterans, the extent to which VA facilities are following VA policies that apply to the delivery of health care to women veterans, and key challenges that VA facilities face in providing health care to women veterans and how VA is addressing these challenges. The GAO report stated that only two of the VAMCs that they visited had specialized residential treatment programs specifically for women who have experienced MST. Although VA has taken steps to inform staff about their various programs offering MST treatment and counseling, this information is only available internally and VA has not provided this information on their external website where it can be easily accessed by veterans. The American Legion encourages VA to improve their transparency by making this information readily accessible to veterans and to also collaborate with the Veteran Service Organizations (VSOs) to disseminate this valuable information.

In order to help address this problem, The American Legion has made dealing with such issues with the proper sensitivity a priority in the training of its Department Service Officers (DSOs). There are American Legion DSO's located in every State. These service officers can assist veterans and their families in filing a claim for benefits and gaining access to VA health care. DSO's are trained to recognize and handle benefits issues, claims and discharge upgrades for women veterans. DSOs are also encouraged to increase their own awareness of the available resources so as to better assist and inform veterans suffering from MST of those resources.

The American Legion has also made tackling the issues faced by women veterans a high priority by conducting seminars and panel discussions at various of its national meetings. We publish an annually updated guide for Women Veterans that is one of our most sought after resources, even used by VA at Vet Centers to inform women veterans of the resources available for their specific needs. While The American Legion is proud to provide such materials and resources to veterans, VA should not lag behind what is offered in the private sector in such matters.

Returning to the GAO study, the report also noted a lack of uniformity in the training practices of mental health professionals. VA policy on mental health (MH) professionals training is ambiguous and does not detail the necessary training for MH professionals who treat/counsel victims of MST or other sexual trauma. As a result, some VA facilities have implemented their own guidance on training and experience of MH providers. The American Legion recommends that the Secretary of VA intervene and amend the policy to clearly define the MH professional's requirement to treat/counsel MST patients. This effort would assure that our veterans are not deprived of the best quality of care available to them.

Unfortunately, the prevalence of sexual assault in the United States military continues to increase, regardless of the implementation of the DOD's Sexual Assault Prevention and Response (SAPR) program in 2005. In 2008, the Defense Manpower Data Center conducted a Service Academy Gender Relations Survey to assess the incidences of sexual assault and harassment at the three academies. The report found that 8.6 percent of women and 0.6 percent of men reported that they experienced unwanted sexual contact at the United States Military Academy. At the United States Naval Academy, 8.3 percent of women and 2.4 percent of men indicated they experienced unwanted sexual contact. At the United States Air Force Academy 9.7 percent of women and 1.4 percent of men reported they encountered unwanted sexual contact.

The American Legion recommends that the Department of Defense aggressively enforce sexual assault prevention training on a more frequent basis. Additionally, we recommend that all service members be educated on the procedures of how to report a sexual assault. Service members in leadership positions should be trained on how to recognize physical and psychological signs of sexual assault. The American Legion declares that DOD has to effectively enforce zero-tolerance towards sexual assault across the board with no exceptions.

There is a certain aspect of the military's culture that may discourage a victim from reporting their sexual assaults. According to the American Journal of Public Health, perpetrators are typically other military personnel, and victims often must continue to live and work with their

assailant daily, which increases the risk for distress and for subsequent victimization. Unit cohesion may create environments where victims face strong encouragement to keep silent about their experiences, having their reports ignored or even being blamed by others for the sexual assault. The DOD themselves admitted that only a small percentage of sexual assault is reported. The American Legion believes that in order to combat this appalling issue, there needs to be more involvement from top leadership within the Department of Defense.

To further add to the aforementioned issues, veterans who suffer from MST encounter barriers when they file a claim for disability compensation through the Veterans Benefits Administration (VBA). The veterans are left with the burden to prove that they are eligible to receive compensation even though they have a diagnosis of Military Sexual Trauma from the Veterans Health Administration. As noted above, The American Legion has implemented a mandatory bi-annual training of our Department Service Officers to educate them on how to handle women veterans' issues and all MST claim cases whether male or female in a sensitive manner. We are trying to do our part to assist veterans in the handling of these difficult benefits claim cases and with the issue, in general. But it is incumbent on all of us, DOD, VA and the veterans' advocacy community, to make sustained efforts to deal with this growing problem or it will continue to fester. By having this hearing today, the committee is obviously demonstrating its commitment to addressing the problem and we very much appreciate it.

Once again The American Legion thanks you for the opportunity to provide our views. We are happy to answer any questions the Subcommittees may have and look forward to working with both Subcommittees on rectifying this issue.