



**STATEMENT OF
THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"SAFETY FOR SURVIVORS:
CARE AND TREATMENT FOR MILITARY SEXUAL TRAUMA"**

JULY 19, 2013

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Sexual Assault results in sexual trauma. The Department of Veterans Affairs (VA) reports that approximately one in five women and 1 in 100 men¹ have reported to their healthcare provider they have experienced sexual trauma while in the military. In recent months, military sexual assault cases have dominated national headlines, and sexual assault victims are coming forward in droves. Every sexual assault results in *sexual trauma*, which is sometimes suffered physically, and nearly always suffered mentally.

VA provides treatment programs for veterans suffering from Post-Traumatic Stress Disorder (PTSD) to address the mental anguish associated with military sexual trauma (MST). The problem is that VA doesn't have a separate program to work with PTSD patients who contracted PTSD as a result of MST. The reason this is a problem is because VA's PTSD therapy is a co-ed treatment program that groups male and female patients together. Trying to address sexual trauma issues in a co-ed setting, in many cases is serving to further exacerbate symptoms and in some cases discouraging patients from remaining in the program. Some female victims have reported to The American Legion that this co-ed residential treatment program is not conducive to their recovery, and that there is not enough separation of men and women participating in the programs to feel confident they will not be victimized again even if sleeping areas are separate.

Nationwide, The American Legion has over 2,600 accredited service officers, which enables us to receive real-time feedback of what is transpiring in the field. One service officer reports that one of his clients, a female veteran receiving treatment for MST-related PTSD, was further traumatized while in the co-ed inpatient facility when one of the male patients reached for a TV remote control that was sitting in her lap. This seemingly benign incident illustrates the intensity of the issues faced by victims of MST, and The American Legion fears that co-ed treatment may only serve to exacerbate these issues in many, if not most cases.

VA has only seven residential treatment programs in the United States fully dedicated to women veterans – specific to the treatment of PTSD. The American Legion believes that the co-ed approach needs to be reconsidered, given the complications associated with this

¹ <http://www.va.gov/WOMENVET/2011Summit/Breakout-ResourcesforMSTSurvivors2011.pdf>

particular issue, and that there should be an expansion of inpatient women veteran treatment programs, in order to address the issues unique to sexual and PTSD trauma victims.

During The American Legion's *System Worth Saving* site visit at the Coatesville (Pa.) VA Medical Center (VAMC), we were briefed on a program that we believe to be a model for women veterans, called the Power Program. The Power Program is a residential dual diagnosis unit that provides inpatient and residential treatment to eligible female veterans with substance abuse disorders, mental health problems, and homelessness struggles. The program's mission is to prepare female veterans for a lifestyle that supports continued recovery of mind, body and spirit. Patients come from as far away as Denver, Colorado to enroll in the program, and female veterans enrolled in the program stated that they receive excellent care and would recommend the program to other women veterans.

PTSD and sexual trauma are major problems facing women veterans, and we recognize that outpatient programs have received funding and support, and have enjoyed recent expansion. Nevertheless, women veteran *inpatient* programs are still lacking and women have to leave the local facility or region – and their families – to receive care in a VA site across the country.

The American Legion believes that it is important to remember that this is not an issue that only affects women; far from it. According to surveys of 14 VA medical facilities conducted by The American Legion in the first half of 2013, nearly half of those being treated for MST were men. According to VA, while it is true that MST *proportionally* affects more women than men, “because of the disproportionate ratio of men to women in the military there are actually only slightly fewer men seen in VA that have experienced MST than there are women.”² This fact is often overlooked in the discussion of this issue. The American Legion believes that the issues faced by all veterans should be considered and addressed, regardless of gender.

At our 2012 National Convention, The American Legion passed resolution number 295, entitled “Military Sexual Trauma (MST)”, wherein we urged VA to “ensure that all VA medical centers, vet centers, and community-based outpatient clinics employ a MST counselor to oversee the screening and treatment referral process, and to continue universal screening of all veterans for a history of MST”. While we recognize that this does not address the issue of the lack of facilities; victims may still need to travel to a remote facility if they prove to be in need of treatment for MST. We believe that a counselor at each facility will go a long way toward ensuring that this issue gets the recognition it deserves, and that these veterans receive the care they deserve. Furthermore, universal screening both recognizes that this is not an issue which pertains to women only, and helps to reduce the stigma which may be associated with MST.

All this, however, assumes that victims of MST are able to demonstrate service-connection for their MST-related PTSD, such that they are able to receive VA care and/or compensation. In October 2008 the Government Accountability Office released a report entitled “Additional Efforts Needed to Ensure Compliance with Personality Disorder Separation Requirements,” which found that the Department of Defense (DOD) was not doing enough to ensure that service members who were being separated for various personalities were not wrongly denied recognition of a traumatic brain injury (TBI), PTSD and/or MST which may have led to their discharge. Those who have these kinds of injuries as a result of their service may be denied VA healthcare related to these injuries

² <http://www.womenshealth.va.gov/WOMENSHEALTH/facts.asp>

At the May 2013 National Executive Committee meetings, The American Legion passed resolution number 26, entitled “Mischaracterization of Discharges for Servicemembers with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST)”. Outlined in it is a short history of the “less than honorable discharge”, which can be used to deny veterans benefits. Unfortunately, discharges that results from a personality disorder diagnosis denies the veteran any recourse toward receiving the treatment they may be entitled to, if their condition is found to be service connected.

The American Legion is extremely concerned that a great many veterans who experience MST while in the service are being denied care in the VA system. The character of the discharge resulting from the incident in service paradoxically prevents them from accessing care from the VA. The American Legion believes that this must be changed.

In conclusion; in addition to the recommendations set forth in the resolve clauses of the guiding resolutions attached to this testimony, The American Legion recommends more single sex treatment options, and offer care that is gender sensitive and gender specific. We also call on VA to create more gender specific inpatient dormitories that are physically separated by enough physical structure to ensure the reality, as well as the perception of safety for the patients is paramount. And finally, The American Legion calls on this committee to direct VA to carefully review all claims for PTSD that indicate the possibility of sexual assault while on active or reserve duties to ensure that they are not denied the care they need and deserve.

As this issue continues to develop, The American Legion looks forward to working with the Committee, as well as DOD and VA, to find solutions. For additional information regarding this testimony, please contact Mr. Shaun Rieley at The American Legion’s Legislative Division, (202) 861-2700 or srieley@legion.org.

**NINETY-FOURTH NATIONAL CONVENTION
OF
THE AMERICAN LEGION
Indianapolis, Indiana
August 28, 29, 30, 2012**

Resolution No. 295: Military Sexual Trauma (MST)

Origin: Convention Committee on Veterans Affairs and Rehabilitation

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Military Sexual Trauma (MST) impacts thousands of brave men and women in the Armed Forces; and

WHEREAS, In FY2010, Department of Defense (DOD) estimated that only 13.5 percent of MST incidents were reported; and

WHEREAS, In addition, reporting of MST is frequently followed by lackluster investigation and prosecution, with many resulting in administrative or dishonorable discharge rather than Uniform Code of Military Justice prosecution; and

WHEREAS, DOD does not have a policy of permanently maintaining files of reported incidents of MST, creating evidentiary roadblocks for future Department of Veterans Affairs (VA) claims; and

WHEREAS, A history of MST has correlations to many health and economic consequences, including PTSD, sexually transmitted infections, homelessness, and substance abuse; and

WHEREAS, According to a 2010 report published by the VA Office of Inspector General, entitled "Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits," Women Veterans Coordinators (WVCs) are frequently underutilized due to lack of public awareness of the services and assistance provided by WVCs; and

WHEREAS, According to the same OIG report, women veterans are disproportionately granted Post Traumatic Stress Disorder (PTSD) claims based on MST; for instance, 9 percent of PTSD claims granted to women veterans by Veterans Benefits Administration (VBA) were on the basis of MST, compared to only 0.1 percent of male veterans; and

WHEREAS, MST claims and treatment involve delicate, sensitive emotional issues; and

WHEREAS, VBA lacks a complete assessment of its system-wide MST-related workload and outcomes, without which it cannot determine if additional MST-specific training and testing is necessary; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Indianapolis, Indiana, August 28, 29, 30, 2012, That The American Legion urge the Department of Defense (DOD) to improve its investigation and prosecution of reported cases of Military Sexual Trauma (MST) to be on par with the civilian system; and, be it further

RESOLVED, That The American Legion urge the DOD to examine the underreporting of MST and to permanently maintain records of reported MST allegations, thereby expanding victims' access to documented evidence which is necessary for future Department of Veterans Affairs (VA) claims; and, be it further

RESOLVED, That The American Legion urge the VA to ensure that all VA medical centers, vet centers, and community-based outpatient clinics employ a MST counselor to oversee the screening and treatment referral process, and to continue universal screening of all veterans for a history of MST; and, be it further

RESOLVED, That The American Legion urge the VA to review military personnel files in all MST claims and apply reduced criteria to MST-related PTSD to match that of combat-related PTSD; and, be it further

RESOLVED, That The American Legion urge the VA to employ additional Women Veterans Coordinators (WVCs) and to provide MST sensitivity training to claims processors and WVCs; and, be it finally

RESOLVED, That The American Legion urge the VA to conduct an analysis of MST claims volume, assess the consistency of how these claims are adjudicated, and determine the need, if any, for additional training and testing on processing of these claims.

**NATIONAL EXECUTIVE COMMITTEE
OF
THE AMERICAN LEGION
INDIANAPOLIS, INDIANA
MAY 8 – 9, 2013**

**Resolution No. 26: Mischaracterization of Discharges for Servicemembers with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST)
Origin: Veterans Affairs and Rehabilitation Commission
Submitted by: Veterans Affairs and Rehabilitation Commission**

WHEREAS, In 1916, the military began using “blue discharges” which was a form of administrative and less than honorable military discharge whereby servicemembers were subsequently denied the benefits of the G.I. Bill by the Veterans Administration and had difficulty finding work because employers were aware of the negative connotations of their blue discharge; and
WHEREAS, The American Legion lobbied the military and Congress in the original GI Bill legislation that led to the creation of an independent military discharge review board as well as ensured servicemembers with “blue discharges” or other than dishonorable discharges were entitled to their earned veterans benefits; and
WHEREAS, Later during the 1940s to early 1970s, the United States military used Separation Personnel Codes (SPN) or “spin codes” to categorize servicemembers based on discriminatory ailments or behavioral issues that had occurred during their military service; and
WHEREAS, These controversial SPN codes were later overturned through the work of The American Legion and Congress as it unjustly prevented employers from hiring veterans after their military service; and
WHEREAS, Today with the current conflicts in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND), the military has again come under intense scrutiny by Congress, veteran service organizations and the media for their discharge policies and reclassification of discharges as either personality disorder, pre-existing and/or adjustment disorders, when these medical conditions did not exist prior to a member’s service; and
WHEREAS, In February 2012, Madigan Army Medical Center servicemembers were subjected to a forensic psychiatry team for several years to prevent them from being discharged with a medical retirement due to post traumatic stress disorder (PTSD) or other mental health illnesses incurred in service; and
WHEREAS, Then Senate Veterans Affairs Committee Chairman Patty Murray directed these 1,500 Madigan servicemembers to be reevaluated for their symptoms and 285 of these cases were reversed to ensure they received the proper care and benefits for their injuries and illnesses; and
WHEREAS, In October 2008, the Government Accountability Office (GAO) published a report, “Additional Efforts Needed to Ensure Compliance with Personality Disorder Separation Requirements,” as well as a follow up study in September 2010 which found that DOD does not have reasonable assurance that its key personality disorder separation have been followed by the military service branches; and
WHEREAS, It continues to remain unclear what each of the military service branch’s directives, policies and protocols are in place for administering personality and adjustment disorders, particularly for servicemembers that are diagnosed with traumatic brain injury, PTSD, and/or who are victims of military sexual trauma; now, therefore, be it

RESOLVED, By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on May 8-9, 2013, That the Veterans Affairs and Rehabilitation Commission and National Security Commission staff conduct a study of existing Department of Defense policies and procedures for character of discharge for servicemembers that served during time of war and were susceptible or diagnosed with traumatic brain injury, post traumatic stress disorder, are victims of military sexual trauma, and/or any other personality related disorders.