**TESTIMONY OF**

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**SUBCOMMITTEE ON HEALTH**

**COMMITTEE ON VETERANS AFFAIRS**

**U.S. HOUSE OF REPRESENTATIVES**

**SAFETY FOR SURVIVORS: CARE AND TREATMENT FOR SURVIVORS OF MILITARY SEXUAL TRAUMA**

**JULY 19, 2013**

Chairman Benishek, Ranking Member Brownley, and members of the Subcommittee, I am honored and grateful to have the opportunity to speak to you today regarding my experiences with Military Sexual Trauma and care and treatment from the Department of Veterans Affairs. I proudly served in the United States Marine Corps for ten years and achieved the rank of Major. While no longer in the Marine Corps, I am now employed as an Army Wounded Warrior Advocate, serving severely wounded Army veterans and families. It is not my intent to discredit the Marine Corps and the Department of Veterans Affairs. It is my goal to bring awareness to critical areas that require improvement, in order to better serve our Veteran population.

While in college, I decided I would be honored to serve my country. I decided on the United States Marine Corps because it was, I believed, the most challenging and the best branch of service. I experienced my first incident of Military Sexual Trauma as an Officer Candidate. This incident was a sexual assault by a senior Officer. Throughout my career in the Marine Corps, I endured several more incidents of MST and witnessed other Marines suffer from incidents of MST. These incidents included assaults, attempted assaults, abuse and harassment. I did not disclose my experiences, as I had seen the unfair treatment of those who had disclosed incidents to their commands. Despite these incidents, I excelled in the Marine Corps and lived the motto so familiar to Marines of “suck it up and press on”.

 I spent almost 8 years on Active Duty and returned after my children were born, to serve as a Reservist on Active Duty in 2009 to work with severely wounded Marine Veterans and their families. I again experienced incidents of MST, and began suffering depression, anxiety, panic attacks, increasing self -doubt and disgust with the situation. During this period of Active Duty, I did find the courage to approach my command regarding these incidents. It was not a positive experience for me to say the least. My statements were dismissed by my chain of command. Because I had approached my command, and nothing was done, I endured more harassment and abuse. During this period I was also in the midst of a divorce from another active duty Marine. I endured incidents of harassment and abuse from him as well as his counterparts who shared my work space and some who were in my direct chain of command. I sought and received medical treatment for panic attacks, but was never asked about MST by medical personnel. I was put on daily medication to relieve depression and anxiety. I requested early release from my Active Duty orders because the situation became so difficult, I truly felt I could no longer endure and was discharged from the Marine Corps in August 2010. The request to terminate my orders early, prior to obtaining full time employment and VA Care and Compensation placed me, as well as my children in an extremely fragile financial and emotional state for a significant amount of time, however I could not tolerate the continuous feeling of being belittled and victimized. I felt I had to protect myself, as well as my children, as they deserved a consistent, loving mother who was not afraid to go to work and did not suffer episodes of panic in their presence. I have since been offered opportunities to return to Active-Duty and though I respect the Marine Corps, I am no longer able to return due to these experiences. The complete pride I have felt as a Marine in the past is now riddled with shame, self-doubt, distrust and financial stress and uncertainty.

In October 2010, I sought treatment from the Madison, Wisconsin VA Medical Center. I was able to receive extremely limited treatment for depression, anxiety and panic. Treatment mainly consisted of prescribing medications. I dutifully completed the PTSD questionnaire at each appointment, and while it was evident I suffered from severe symptoms of PTSD, I was never asked by a provider if I had experienced MST. While I truly understand that the VA’s focus is on our OEF/OIF Combat Veterans, and do not want to minimize their need for treatment, I believe someone should have asked me, based on my lack of recent combat deployments and my symptoms. I pride myself in being a very strong woman, and when I was not asked about MST, I did not feel it was appropriate to reveal this information. I was also put on different medications throughout the next few months, some of which actually increased my depression. For the first time in my life I contemplated suicide, but knew I needed to continue to cope for the sake of my children. I did disclose that I had thoughts of suicide to my psychiatrist, but did also assure her that I did not have an actual plan. While this psychiatrist was responsive and helpful, it was extremely difficult for me to receive consistent treatment at this time, as I was not yet service connected, and received little to no medication monitoring.

In December 2010, I had my Compensation and Pension Exam for Mental Health. I entered this exam with hope that someone would ask about MST and I would finally be relieved of the secret I had held for so long, and then receive help. I was “examined” by a male psychologist. The doctor spent twenty minutes with me. He was extremely abrupt and impersonal, and did not once ask me about anything related to MST. Again, I did not feel this was a safe environment to disclose my experiences. He ended our appointment very quickly, stating he was going out of town for the weekend, stating he was “sure I would be fine”. My hope deflated. I recall sitting in my car almost an hour in the parking lot, before I felt I could even drive. This appointment set the precedent for what I felt I could and should say to the VA.

I was not able to receive counseling throughout the next few months, as I was waiting for my service connection. I was informed that I would have to pay for any care I did receive from the VA during this interim period, and I was not yet financially stable and could not afford extra costs. I did finally contact the Transition Patient Advocate at Madison and disclosed my MST experience. He immediately took action, and attempted to contact the Regional Office to have MST added to my claim. The Regional Office directed me to prepare and submit a statement that described the details of my assault and other MST incidents. Though extremely difficult, I completed and submitted this statement to the Milwaukee Regional Office. I became hopeful that I would be able to receive another examination where I could disclose my experiences, but despite fulfilling their request, I was not granted another exam. I continued to struggle with symptoms and memories as well as side effects from medications. Because MST was not addressed in any of my exams, I was not able to utilize the local Vet Center. I even spoke with a local Vet Center provider regarding our military experiences. I did mention that I was enrolled at the VA, but was having a difficult time obtaining appointments. The provider then said “Well, you are not a combat veteran, or a victim of MST so you cannot come to the Vet Center”. I remember feeling very discouraged that she had just assumed I had no experience with MST, and if she said that to me, then how many others had she said this to? I would have entered treatment outside of the VA, but I did not have private health insurance at this time.

I was able to meet with a provider months later in Spring 2011, after I became service connected. My appointment was an intake for the PTSD Program. I was not asked about MST by the provider, but finally disclosed that I believed I had experienced MST. I was extremely detailed and candid with this provider for over an hour, in hopes I would receive treatment. When this appointment concluded, the provider informed me that I did appear to have severe PTSD and would benefit from treatment. As she said that, I felt a weight had been taking off my shoulders, and relief that I would get help. I was then informed the “wait list” for consistent PTSD treatment was four months. I remember feeling completely deflated, that I had opened up and would have to wait for treatment.

I was afforded the opportunity to meet with a part time provider for counseling at this time. This provider was only there twice a week. I was a single parent and worked part time, so it was extremely difficult to schedule consistent appointments. I was not afforded any alternatives by the VA. There were several instances where I would take time off work and arrive at an appointment only to be told it had been cancelled, even though I had not received a cancellation call from VA. I was also made aware that even though the hospital had cancelled these appointments, my Patient Record reflected I had “no-showed” or cancelled myself. This was simply not the truth, and I grew more distrustful and frustrated. I was also told I should engage in Prolonged Exposure Therapy. I explained to the provider that I was afraid to do this type of therapy, as I was concerned it would increase my symptoms and impact my ability as a mother and at my job if I was having increased panic attacks. I was subsequently informed I was “non-compliant”. I stopped seeking treatment at the VA following this experience.

During this period, I had also received limited primary care at the VA, through the Women’s Health program. I was treated for simple medical issues as well as gynecological care. No provider ever asked if I had experienced MST, though several of my conditions have been directly correlated with MST. It was during this period that I was also employed at the VA, in the Women’s Health Program. The primary focus of this program appeared to be the monthly number of women Veterans who had mammograms and pap smears. I was given the mission to ensure we met our numbers for completed mammograms and pap smears as if the survival of this program was dependent upon those statistics. There was no mention of MST, and though there was a MST Program Manager at this hospital I had never spoken with her, nor had I ever seen the Women’s Health Program and the MST Program collaborate in any way. This lack of awareness further proved to me that MST continued to be shameful and was not to be acknowledged. I attempted to speak with the program manager several times regarding the need to address the issue of MST with our woman veterans, but was unsuccessful.

I obtained full time employment in June 2011, serving severely injured Veterans and their families. I began to feel stronger and more confident each day, despite lack of real PTSD/MST Treatment. In spring 2012, I attempted to engage in treatment at the VA once again. I was assigned to a male provider, who was new to this particular VA. During my first appointment, through tears and fear, I disclosed my first experience regarding MST. I informed this provider that I believed I had been sexually assaulted. The provider looked at me, widened his eyes and asked, “Well, do you really think you were raped?” I could not bring myself to return to him or the VA and it was at this time I began to utilize my private insurance to receive therapy. I now pay out of pocket to receive care.

Based on my experiences, and those of other women Veterans I have spoken with, I recommend the VA reconsider their approach to MST screening, acknowledgement and treatment. The VA needs to strive to be a safe environment where MST is acknowledged. If I had been asked about my experiences with MST, I would have been relieved to speak of my experiences, but I was not asked. MST should also be consistently addressed, as PTSD is, so that Veterans who require more time to build trust with VA Providers, have the opportunity to do so, before they disclose their experiences. It is my opinion that VA providers should be experienced and or educated in military culture, especially for women. Veterans should be afforded greater access to care and flexibility in scheduling and receiving care. Veterans deserve the ability to advocate on their own behalf regarding types of therapy, as what may work for some, does not work for all.

 MST needs to be acknowledged and addressed in the primary care setting as well. There are direct correlations between certain medical conditions and MST, such as Fibromyalgia, GYN issues, headaches, fatigue, substance abuse and eating disorders. When a Veteran presents with a specific physical symptom or clusters of symptoms providers must be ready to assess, identify and acknowledge the possibility of MST, and initiate screening.

My experiences with MST were extremely difficult to acknowledge. I was in denial for many years. I witnessed many other women endure various incidents while in the military. It became ‘the way it was’. Experiences such as this have the ability to change the way even a very strong person perceives themselves. It creates self -doubt and distrust not just strangers, but people who say they are “here to help”. When I had appointments at the VA where MST was not addressed and/or acknowledged, I felt victimized and belittled again. MST has lifelong effects, and is truly an invisible wound. Just recently, I had difficulty completing annual Sexual Harassment and Prevention training, required by my employer. During this instruction we were shown a “YouTube” video of a young soldier who had a similar MST experience. For the remainder of that day, I was agitated and anxious which affected my ability to serve other Veterans. As I stated earlier, I am a strong woman and I am still surprised when I am affected like this.

 MST has become part of my life and part of the woman and mother I am today. While I never expected the VA to take care of me completely, that is ultimately my responsibility, I yearned for validation in a safe environment. I did not get this. I am not here today for me. I am here for those who are not ready to tell their stories and those who have not been given the opportunity to tell their stories. I am here for those who have survived MST and those who will experience MST. MST does not just affect individual Veterans; it affects their families, children and our society as a whole. I am not able to get back time I have lost with my children due to severe side effects from medications, panic attacks or traveling to appointments that had been cancelled. It is my hope to prevent another Veteran from losing that precious time. I thank you for your time and I am grateful for the opportunity to tell of my experiences, in hopes it will improve the care that other Veterans receive from the VA.