

**Statement by Victoria Sanders Before The House Committee on Veteran Affairs  
Subcommittee on Health: Oversight Hearing Regarding the Care and Treatment  
Available to Survivors of Military Sexual Trauma (MST).  
July 19, 2013**

I paid a big price to be asked to be here today. I belong to an exclusive club. The kind no one wants to be a lifetime member of, vacations are permitted but PTSD will always be there. Each step along the way we have lost good people. Some have died at the hands of their rapist before they could ever report anything. Sophie Champoux died while on active duty of a gunshot wound to the head. She was raped two times by the same man. He confessed went to Leavenworth was to be released very near the time that Sophie's headstone was delivered. Carri Goodwin died 5 days after being discharged. A combination of medication, given to her by the military before discharge, and alcohol killed her. I attempted suicide in 1985 just 10 years after my rape. I was lucky that attempt failed.

It took almost 20 more years of slowly increasing symptoms until a woman was raped 15 feet from my front door and my life came close to ending again. In 2004 I talked to my mother and told her for the first time about the rape in 1975. I had never told anyone. If they would have given me the survey about sexual assaults in the military I would have said I was not sexually assaulted. The guilt, shame, and self-blame would not allow me to see what I now understand more clearly. My symptoms are still bad. The nurse training I got with my G.I. Bill helped me to be able to put on a brave face and go out to the world. The woman who inspired me to become a nurse worked at the VA and on bad days she might say "I could make a lot more money someplace else but those boys need me." This was in the late 60's early 70's the height of the Vietnam War. I expect the same from my care givers.

I was lucky at Palo Alto I had people who did things for me to keep me going. The first appointment I got was with a PhD who stayed after hours to see me. The woman at the vet center did me the favor to call the PhD. I was lucky. No matter how hard it is for me I know how lucky I am. I can ask for what I need. I know how to handle the symptoms but can't always keep them under control. I was raised by a single mother with no high school diploma. As I tell people I was born in Georgia and we were dirt poor. We moved to Kansas and we could not even afford dirt. I am lucky that my mother told me to go to the VA, lucky that the first person I saw asked the right question. Tell me about your time in service. Everything fell out of my mouth. The rape, the harassment, the custody battle, years of denial all came to an end that day.

Again I was lucky after my fiancé Alan Seidler died his family cared enough about me to give me money every month. Homelessness was not an issue. At a certain point I was afraid to be alone so I moved in with family friend. Dr Betty Mudock was an 80 year old woman who had Alzheimer's. I needed her she needed me.

When Dr Irene Trowell Harris came to Palo Alto with a large group of Washington people I told her I was lucky that I got the care I needed when I needed. That I was able to verbalize what other can't. That a part of me can, as I am doing today, put on the suit of armor and go on through the battle. Later I will lick my battle wounds and revert to

isolation, fear, anxiety, flashbacks, anger, not being able to open my mail. Not being able to be the mother I want to be the grandmother I want to be, the sister I want to be, the daughter I want to be.

When Samantha Gonzalez said to me, tell me about your VA care. Out poured the frustration of the gaps in care I outlined.

My medical care San Francisco VA:

2011

May 26 - SFVA ER intake

Jun 1 - SFVA intake

Jun 27 - SFVA women's clinic

July 11 - Zwelling They looked up appointment and said appointment was in the computer for the 12th 9am. I became very upset a social worker saw me and took me into an office he contacted Zwelling who said "it says in my notes I made appointment for 11th" had about 15 minutes to talk with her about finding someone to use the two fee basis appointment. Made appointment for the 25th of July then she called and change appointment to Aug 1 so I could attend a group meeting that day and see her.

Aug 1 - Zwelling called me to say she was going home ill rescheduled for Aug 4 at 2pm. At this point I felt I could not continue to try to see this provider in one month she missed appointment, failed to tell me where her office was, then changed appointment to Aug 4 (what I was wanting her to do is help me find a provider for the fee basis I was given). I felt that after the 20 days of changes missed opportunity and confusion I could not trust her with my mental health care. I communicated this to my primary provider. The next thing that happened was not a missed appointment but a combination of county budget cuts and lack of services for women in the area.

Aug 10 - signed up for Marin Services for Women

Aug 12 - attended first session of MSW

Aug 15 - attended second session of MSW around 11 am leaders come into the room and say we have announcement the MSW outpatient service is closing in 3 weeks. I was outraged that this group claimed they had no idea until that morning this facility was closing. So then I was left with no fee basis not even the two they had given me and no mental health help. [Exhibit A]

Sep 12 - Dr Hasser (when arrived clerk did not know I had appointment it took about 15 minutes to contact Dr to find out I did have appointment)

Sep 19 - Pain Clinic 4 hr appointment-these 4hour long appointments are very difficult for a person with chronic pain.

Oct 24 - Dr Chin

The following list are appointments with Christine Celio (Post Doctorate Fellow) appointments made in person weekly on Fridays for either 10 or 11 am. She worked in pain clinic. When she asked me what I was trying to gain from sessions my answer was I want to feel safe when I come here. It is a very scary place, many men, early failures, no groups available at a time that would work for me.

Dec 9, Dec 16, Dec 30

2012

Jan 27, Feb 10, Feb 24, Mar 9, Mar 23, Mar 30, Apr 6, Apr 13, Apr 20, May 4, Jun 1, Jun 8, Jun 15.

Jan 23 - Dr at women's clinic the clerk was a not aware had appointment again had to check with Dr, then said oh you do have appointment

May 14 - women's clinic asked for mammogram was told not done every year but every other year. I had a notice from Stanford where I had mammograms since 2004 telling me it was time to do my test. Dr said no, new thing done every other year.

July 25 - VASF Dr Hasser. This appointment was made by phone message left for me by Dr Hasser. When I arrived I was told I did not have appointment Dr with another patient. Showed my notes to clerk about phone messages left for me by Dr Hasser. She said maybe it was not with Dr Hasser and told me there were no appointment for me in system. Left clinic 7 out of 10 angry. I was called back to the clinic saying they would see me.

Aug 8 - VASF Dr Mesa

Aug 22 - VASF Gynecology (resident) was told by Dr only have 15 minutes

Aug 27 - VASF women's clinic

I had shoulder surgery Sept 19 outside of VA care this prevented me from being able to access help. I had learned the year before that fee basis was not going to happen. There are still no services in Marin and choices are gotten slimmer. A few calls to local programs all would require fee on sliding scale basis would not even accept fee basis if available. My mental health was declining more isolation, unable to open mail or answer phone.

Oct 18 - Called for medication refill I left message for Dr Kerlikowske that I was running short and needed her to reorder it so I would get what I needed.

The source of this problem come because the pharmacy will say "we sent you a month's supply the 1st of October so the next should not be sent out until November 1st." The problem with this thinking is if you send me a 30 day supply and there are 31 days in the month I will run out. I was told the only way to get the drug sooner was to call the clinic and ask the doctor for an RX. I told them that is what I had done and they told me she order it to be shipped on Nov 2. I asked that a pharmacist call me to discuss.

Oct 22 - I got a call from the pharmacist my frustration was growing. I was told the Dr had written for me to get the next shipment sent out on November 2nd, now leaving me with 3 days without medication. I was told it was written by the doctor that way and I would have to contact them again. I asked for a face to face meeting with a pharmacist. Told that could not happen for a couple of weeks. So I asked what would happen if it was a new drug for me and I needed information, it would still be a couple of weeks. I got a call back later saying I could not have appointment "it does not meet the requirements" for a face to face meeting. It was the way the doctor ordered it. Also told that if I needed a change I would have to call clinic back. That the doctor had made an error by not ordering it for October 31st. Then I asked if the doctor had ordered 8000mg and it should have been 800mg would you call me and tell me to call the clinic or would the pharmacy take care of the problem before it got to the patient. That ordering the wrong date is just

as wrong as ordering the wrong dose.

Oct 23 - got call back from pharmacy (I think Susan) said she would give this to a supervisor.

Oct 23 - I called Patient Advocates office and never got a call back.

Oct 30 - When I received the medication the dosage was changed from 200 mg three times a day to 300 mg two times a day. I called the pharmacy again spoke to Debbie she said "it was reviewed and changed". "It was a dosing adjustment". When I asked why the answer was shocking. They don't want to have so many pills in the pharmacy. I asked if the 200 mg was being taken out of the stock, the answer was no we sent you a letter to explain. [Exhibit B] At this point I made appointment to see Dr at women's clinic the first available appointment December 3.

Dec 3 - SFVA women's clinic made appointment to discuss the change in dose for my pregabalin the Pharmacy made from 200mg TID (three times a day) to 300mg BID (two times a day)

Dec 7 - received wrong dose of medication. Dr Kerlikowske ordered 200mg BID (two times a day) Called Dr at women's clinic told them about mistake. Did not receive return phone call. [Exhibit C]

Dec 10 - Called women's clinic again, explained their actions were hurting me, causing me to be more emotionally unbalanced because I cannot be sure that anyone is communicating or listening to me. That I had gone to see the dr because of a change made by pharmacy without discussing with either my doctor or myself.

Was called back later by women's clinic nurse she said she was sorry for error and will send what I needed.

Dec 18 - called Pharmacy spoke to Ed to see when I would get the rest of the medication. Timir from the pharmacy called me later to tell me medication was being sent out today.  
2013

Jan 28 - SFVA women's clinic to discuss the error that was made when she changed the order that the Pharmacy had changed.

Mar 14 - SRVA intake Nicole Randall Phd fellow said no process groups available maybe in July. No individual therapy available possible 6 month waiting list. Offered Anger management group Friday 2 pm (this is a very difficult time to drive north on highway 101) given paper from last year listing groups that are possible at the SRVA. On the list was the was Women's coping skills show to meet on Tuesday at 11:30

Mar 15 - anger management group- Leader Nicole Randall held in large room where the veterans are all sitting next to each other with our backs to windows. Group leader did little more than read the last lesson in the book. Came time for relaxation exercise that is when I realized the chairs were much too large my feet would not touch the floor when I sat back. I pointed this out to the group leader when I was asked how the relaxation was. I looked for a different size chair in the room and there were none. I am not sure who this room is outfitted for but not a good place for me. It felt again like I was not being considered. That an average height woman 5'5" cannot sit in a chair and have her feet hit the floor. This has never happened to me before in any office I have been in, I was very confused about why we were not able to find a nice small room where we could make eye contact with each other and feel like we are not on display for everyone who walks into the clinic.

Mar 22 - Anger management. Was called at the end of session by Dr Hiroto. Met her after she invited me to a new group starting the next week. I agreed to coming noted it on my calendar but somehow failed to get the time written down.

Mar 25 - called SRVA to confirm group time was told 11:30

Mar 26 - Arrived at SRVA checked in at desk asked where and when the group would start. The man at the desk said they would be meeting in an office right off the lobby at 11:30. At 11:40 went to desk to ask about the group since no one had showed up. The lady I spoke to again said it would be 11:30 in the room off the lobby and pointed where I had been waiting. I told her it was past 11:30 and no one showed. She then got on the phone and asked. She then told me the group was at 2 pm. I got very angry and told her I need to talk to someone right now or I was going to be 10 out of 10 angry. At that point the security guard came over and said "we not going to have that in here". I assured him I would leave if I got to a 10. Let me add I made no threat other than I was angry and needed to see a person. A few minutes later Dr Hiroto came out and started to talk to me in the lobby. I asked her to join me in the conference room. I told her about all the mistakes that had been made that are listed here. How frustrated I have been because of the chronic pain from multiple sources. That just driving an hour sitting and hour and then driving an hour would not help me. That I need help in my county within a 10 to 15 minute drive. I am sure I did not make a good impression. I called patient advocate office to ask them to document yet another appointment that was miss-handled.

Mar 27 - received phone call from Megan McCarthy. Explained all of the above briefly told her the problem is I need relevant content. Not basic skills. I need process group and individual therapy. She said these are not available long waiting list. We discussed the idea of me using my Medicare benefits to have someone in my community help me. I am not sure who I spoke to but I was asked if I would take an appointment with a doctor. The person asked me if I would come up to Santa Rosa and have a Skype with a Doctor in San Francisco. I asked why I could not drive to San Francisco to see him there it seemed silly to drive 40 miles to Skype with someone who is working 35 miles from me in the other direction. I was then given an appointment to see Dr Threllfall in Santa Rosa April 10 at 9 am. I asked if that was the only time I could come. I was told that this kind of appointment was always at 9 am.

April 10 - arrived just before 9 am checked in at desk told to go to waiting area. I waited for 45 minutes before I went back to the desk. I was told they would contact the doctor to go back and wait. About 5 minutes later I was called in to the office. Dr Threllfall said he was sorry but he did not know he had an appointment.

{a side note here after he said that all I could think was, you work for the VA, mental health is overwhelmed to point of no appointments available, this is not just a problem here by VA wide and has been in the news, why would you be here getting a paycheck if you did not have appointments at 9 am on a Wednesday.}

The session was a disaster, he asked why I was there. I told him about the mix up with appointment that the VA is not just not helping me but it is hurting me. He left the room several time and each time returned asked another question that I know I have answered many times and should be well documented. Things like, how was your childhood? Do you have hallucinations? What medication are you on? What is the biggest problem for you today? I told him anxiety due to my lack of care and being forgotten and pushed under the rug again just like when I was raped, not just by him today but by the system.

He gave me a prescriptions. I never took it, why should I need to be medicated when they system is failing me.

Apr 11 - received a call from Chantell asking me to make appointment with Dr Threllfall. I told her that he gave me a pink paper to take to the front desk. I did and they gave me an appointment card for the date and time she was trying to make the appointment for. I told her this is really shaking my confidence if the Dr first "doesn't know he had an appointment then forgets that he made appointment with me in his office.

I refused to see him again.

May 8 - Still in need of care I made contact with the Cheryl Wernell Women Veteran Coordinator. Explained the difficulty I was having both getting to the VA facility and the problems I have had when I go there. She said she would make attempt to get me fee basis again. The fee basis is not useful to me unless there is a person who will take it for payment. I explained that I was not able to call every provider in Marin County to find one who would and I needed help with this. She said she would ask around and call me back.

May 22 - Another call with Cheryl Wernell she gave me the news that the fee basis for 2 visits was approved she did not know how long it would take to get it mailed out. She gave me 2 names. I watched my mail very closely the next few weeks finally on June 18 I had still not received the fee basis papers called Cheryl Wernell again. She told me that the fee basis had expired but she would see if she could get it extended. I finally got a copy in the mail on June 22<sup>nd</sup>. It was postmarked June 19<sup>th</sup> It was extended until July 17<sup>th</sup>. When I called the number I was given one was disconnected the other called back after three phone calls in a week and said I had to pay a fee of \$450 for the 1<sup>st</sup> visit and \$280 for each session and she would not take the fee basis as payment.

Jun 18 - called to get refill on prescriptions had to call women's clinic I cannot just call the pharmacy for a refill of pregabalin

July 1 - had not received medications so called to see why. I was told they were never got the message. I called again on July 8 and was told first that it went out Friday, then after checking the pharmacist said it was filled on Friday but was being mailed on the 8<sup>th</sup>. Received on the 9<sup>th</sup> of July.

I have kept notes both on my calendar and in notebooks. I have copies to back up everything I have said here. I am sure the medical records do not contain the information about the mix ups and my impression of my care at the San Francisco VA. Along the way I tried to contact the patient advocate. Many of my messages were not answered I received a letter from the Chief of Quality Management to apologize for some of these events. [Exhibit D]

Summary: the act of trying to get care that meets me where I am as a patient is not happening. The system is out of touch and things as simple as the pharmacy emailing a doctor about a problem is not the policy. When I am told to come back in three months cannot make appointment in person before I leave the answer is "we will send you a card to remind you to make appointment". When you get the card in three months it takes 6 weeks after that to get an appointment. That makes it really 4 and 1/2 months not 3. This starts the cycle all over. I was told at one point that the Women's Clinic Doctor is only in on Monday and Thursday. The rest of the time she does research. The system is set up

to fail. The failures of the caregivers I have had in the last 2 years is unacceptable. If you look at appointments that I made over the phone or were made for me out of twenty one, seven of them had major problems that triggered me and made my life more difficult. That is 1/3 of my appointments causing problems not making them better. The only successful time was when I was the 17 appointments every Friday in the pain clinic. When I made the appointment face to face for the next week. This was just a temporary help not long term supportive and not a trauma processing time. It was with a doctorate fellow (in training) and her time was done there. Continuity of care cannot be given by student that leave after a few months. In mental health care it takes time to trust both the care giver and people you meet while getting care in a group setting.

Everything that has occurred from my first visit when I was told the patients park in the overflow and take a bus from there. (I am not getting on a shuttle bus with a bunch of men). My question why don't the employees park there? To quote the phone message you get when you call "where we put veterans first". If you put them first there would be parking for them and the employees would take a shuttle bus. To the pharmacy policy to have the patient correct doctor/pharmacy miscalculations. No groups No individual therapy. No fee basis. "Where we put veterans first"? It seems the veteran is last, and women veterans don't even make the list. Called Mister, having to wade through a sea of men for every appointment. The first appointment I had at the women's clinic there were only 4 chairs 3 of them taken by men, yes 3 out of 4 chairs filled with men inside the women's clinic. I am not last I am not even on the list

One constant idea that I find unable to rectify is the physician says it is a mental health issue, the psychologist, or psychiatrist say it is in your body. I have to remind them both that I can't take off my head when I walk into the Dr for medical care and leave my body behind when I walk into mental health care. The concept of a whole body thereby a holistic approach is out the window. Everyone has a specialty and you can only talk about the one problem. I went to a specialist, well specialist in training and was told very clearly that I was only allowed 15 minutes for an exam. When the doctors at the VA spend their time supervising students we are paying them to teach not give care. A veteran sees a student the supervising Dr will look at the notes signs off and never looks at the patient. The students do not know how to put appointments into the computer. Student care is not giving the veteran the best. Things like acupuncture and chiropractic care are either offered at the VA or fee basis are given for these things. I have seen Osteopaths for over 20 years on a nearly monthly basis. I know without asking that fee basis would never be considered for that care. It is very helpful to me and calms both the tension in my body and mind. I am lucky I have other insurance that takes care of me. Not all veterans are as lucky as I am.

Another problem is the idea that you must get help for substance abuse before you get help for being raped. The substance abuse is to kill the pain. You want them to give up the pain killer before they get help for the problem which they are killing the pain. It would be like saying. I will fix your broken leg if you walk over here close enough.

The entire VA application process feels like a dance. You have to ask for things a certain

way, on certain forms, asking for certain forms. The military and the VA have access to all those files so it felt like I was playing guess what we have and guess form it is on, guess how you have to ask for it. This is the reason the backlog exists. If a trained professional sat down with the records and the veteran it could be a simpler process. The way that files disappear or pages get taken out of medical records makes the job harder for the Veteran and anyone helping them find ways to prove claims. It should not take an act of a congressperson to get files about criminal actions or medical visits while on active duty. When I saw my file at the C&P I was finally given after over 3 years it was 2 feet high.

The collection of information process can include things like in my case. I was unable to access any of the medical records from the time I was a dependent of active duty. There was no way for me to request these records without his social security number. Almost 10 years of my medical history was lost. The critical years just after my rape. I was lucky that the Criminal Investment report was still available. It took two letters to Congressman Honda to get these files that proved my claim. Even then the 1st C&P gave me a rating of 50%. My counselor wrote a letter as soon as she saw it and said the rater was wrong. That my symptoms were more severe, more often, and unrelenting. Even though I put on a brave face all the symptoms of PTSD plague me. Hyper arousal, depression, fear, avoiding everything even fun things. Flashbacks where I feel trapped in the room again with man who raped me, I can see his face and smell the smell of old tents. Isolation from people I love like my son and daughter, granddaughter, mother, sisters, not being able to maintain an intimate relationship. I have been married three times and find now I don't want anyone to invade the safe space. The emotional roller coaster of feelings never knowing if in an hour something someone says will cause me to become angry. When a system fails it takes me back to the place where the commanders had me in a room telling me they knew what was best.

A suggestion I would like to put forth is the idea of Mental Health days while on active duty. Where a combination of tests and talking to mental health professionals. Most of the people affected by PTSD are young and too proud to ask for help. The stigma of needing mental help would be removed because everyone does it. Early signs of traumatic brain injury, depression, sexual assaults, and battle PTSD are difficult to diagnose without a trained professional. The tests can be made that will show signs of all the problems that plague our active duty military people. The talking can help unit cohesion instead of picking on the ones who seem troubled the unit can get behind the person in need. You do not have to wait until someone is suicidal to help. Just like you don't send someone into battle without body armor and a gun. Sending young people in harm's way without mental health care is reckless. We know better now so we need to do better. Getting to the patient sooner improves the outcomes. There is no disease that I know of that will get better by ignoring the obvious problems. Natural disasters, bombing, mass shooting when these happen trained mental health people are sent in to the patients as soon as possible. It has shown that to improve symptoms of PTSD in all age groups.

Enclosures: Exhibits A-D



