

**STATEMENT OF
THE HONORABLE JACKIE WALORSKI
INDIANA'S SECOND DISTRICT
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

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Good morning, Chairman Benishek, Ranking Member Brownley, and members of the Committee. Thank you for the opportunity to discuss H.R. 2974, a bill making victims of military sexual trauma (MST) eligible for Department of Veterans Affairs (VA) beneficiary travel benefits.

According to the Department of Veterans Affairs, 1 in 5 women, and 1 in 100 men screen positive for military sexual trauma (MST).¹ The VA provides counseling, care, and services to veterans and certain other servicemembers who may not have veteran status, but who experienced MST while serving on active duty or active duty for training.² VHA policy³ states that “veterans and eligible individuals who report experiences of MST, but who are deemed ineligible for other VA health care benefits or enrollment, may be provided MST-related care only. This benefit extends to Reservists and members of the National Guard who were activated to full-time duty status in the Armed Forces. Veterans and eligible individuals who received an ‘other than honorable’ discharge may be able to receive free MST-related care with the Veterans Benefits Administration Regional Office approval”.

¹ Department of Veterans Affairs, National Center for PTSD, Military Sexual Trauma Fact Sheet, September 2013 http://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf

² U.S. Code, Title 38, Section 1720D, 1992.

³ VHA Directive 2010-033, *Military Sexual Trauma (MST) Programming*, July 14, 2010.

Every VA Medical Center (VAMC) offers evidence-based therapy for conditions related to MST, and has providers knowledgeable about treatment for the aftereffects of MST.⁴

Nationwide there are almost two dozen programs that offer specialized treatment in residential or inpatient settings. All health care for treatment of mental and physical health conditions related to MST, including medications, is provided free of charge. Fee basis is available when it is clinically inadvisable to provide counseling in a VA facility, when VA facilities are geographically inaccessible, or when VA facilities are unable to provide care in a timely manner.⁵ Overall, while VA has taken the appropriate steps to provide counseling services for victims of MST, these services need to be more accessible.

MST-related care must be provided in a setting that is therapeutically appropriate, taking into account the circumstances that resulted in the need for such care. A supportive environment is essential for recovery. Thus, VA policy states that any veteran with MST must receive clinically appropriate care regardless of location. Veterans being treated for conditions associated with MST are often admitted to programs outside their Veterans Integrated Service Network. VA healthcare in general, especially for women, has been characterized as fragmented.^{6,7} Patients with special needs who are unable to access the services they need from their local providers are referred elsewhere, and oftentimes have to travel long distances to receive such services. According to a 2012 VA Inspector General report, obtaining authorization

⁴ McCutcheon, SJ and Pavao, J; Military Sexual Trauma Support Team, VA Office of Mental Health Services, National Training Summit on Women Veterans; "Resources for Military Sexual Trauma (MST) Survivors," PowerPoint, 2011.

⁵ Department of Veterans Affairs Office of Inspector General. Healthcare Inspection Report No. 12-03399-54, *Inpatient and Residential Programs For Female Veterans with Mental Health Conditions Related to Military Sexual Trauma*, December 5, 2012. Retrieved from <http://www.va.gov/oig/pubs/VAOIG-12-03399-54.pdf>.

⁶ Washington DL, Yano, EM, Simon B, and Sun S. 2006. To Use or Not to Use: What Influences Why Women Veterans Choose VA Health Care. *J Gen Intern Med*, 21(Suppl 3): S11–S18.

⁷ Bean-Mayberry B, Chang CC, McNeil M, Hayes P, Scholle SH. 2004. Comprehensive care for women veterans: indicators of dual use of VA and non-VA providers. *J Am Med Womens Assoc*, 59(3): 192-7.

for travel funding was frequently cited as a major problem for both patients and staff.⁸ The beneficiary travel policy indicates that only certain categories of veterans are eligible for travel benefits, and payment is only authorized to the closest facility providing a comparable service.⁹

The current beneficiary travel policy contradicts VA's MST policy, which states that patients with MST should be referred to programs that are clinically indicated regardless of geographic location. A veteran should never have to choose to skip treatment for conditions related to MST due to distance or a lack of transportation.

I applaud VA's commitment to an effective program that provides counseling and treatment to men and women in need of help in overcoming the physical and psychological stress associated with MST. However, VA is not doing enough to help veterans access these important resources and services. Survivors of MST should not feel re-traumatized and helpless because of geographic barriers to treatment.

Representative Kuster and I introduced H.R. 2974 to make victims of MST eligible for VA beneficiary travel benefits. By better aligning the beneficiary travel policy with VA's current policy for responding to veterans who have experienced MST, H.R. 2974 ensures appropriate services are more readily available to meet the treatment needs of our nation's veterans. I am grateful to work with Representative Kuster and the committee in addressing this critical issue for the survivors of military sexual trauma. I thank you again for this opportunity to speak today.

⁸ Department of Veterans Affairs Office of Inspector General. Healthcare Inspection Report No. 12-03399-54, *Inpatient and Residential Programs For Female Veterans with Mental Health Conditions Related to Military Sexual Trauma*, December 5, 2012. Retrieved from <http://www.va.gov/oig/pubs/VAOIG-12-03399-54.pdf>.

⁹ VHA Handbook 1601B.05, *Beneficiary Travel*, July 23, 2010.