Chairwomen Luria and Brownley, Ranking Members Nehls and Bergman, and distinguished members of the Subcommittees, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to share our views on the Department of Veterans Affairs’ (VA) Military Sexual Trauma (MST) Programs. PVA’s members are veterans with spinal cord injuries or disorders (SCI/D). In order to serve their needs, PVA employs a cadre of service officers. These individuals assist all veterans, not just those with SCI/D, with a wide variety of VA claims, including those for survivors of MST.

Background on MST and Efforts to Improve the Claims Process
MST is a pervasive issue that needs to be examined from diverse perspectives because it touches the lives of everyone who serves. Although not every veteran has experienced MST, statistically, every veteran knows at least one MST survivor. According to a RAND study on sexual assault and harassment in the military published in July 2021, one in 16 women and one in 143 men are likely to have experienced sexual assault. When discussing sexual harassment, those numbers jump to one in four women and one in 16 men.¹ With stigma often hampering a service member’s willingness to report such behavior,² it is not uncommon for veterans to file their MST-related claim years after their separation and the experience occurred.

On February 5, 2020, PVA submitted a statement for a House Veterans’ Affairs, Oversight and Investigations Subcommittee hearing examining how VA supports survivors of MST. We strongly supported the six corrective actions proposed by a 2018 VA Office of Inspector General (OIG) report on improving MST-related claims for survivors. Those recommendations were:


² Appendix B to the Department of Defense Fiscal Year 2018 Annual Report on Sexual Assault, Pg. 10.
• Reviewing all denied MST-related claims since the beginning of fiscal year 2017 to determine if all required procedures were followed, then taking corrective action and rendering new decisions as needed.
• Assigning the processing of MST-related claims to a specialized group of reviewers.
• Requiring an additional review of all denied MST-related claims and holding those conducting the review accountable for accuracy.
• Conducting special focus quality improvement reviews of denied MST-related claims and taking corrective action as needed.
• Updating the current training for processing MST-related claims and monitoring the effectiveness of the training.
• Updating the development checklist for MST-related claims and requiring claims processors to certify that they completed all required actions.

The most recent VA OIG report published in August 2021 determined that the Veterans Benefits Administration (VBA) has failed to implement these recommendations effectively. The OIG also found that incorrect denials had increased since the previous report.

PVA’s Experience in Assisting Veterans with MST-Related Claims
PVA’s service officers are highly trained and are experienced in filing complex claims on behalf of our members and other veterans for a variety of issues, including supporting veterans in filing MST-related claims. According to a PVA service officer, a male veteran with whom he had been working for several years only recently felt comfortable coming forward to file an MST-related claim. With reduced stigma and increased attention on MST in the military and veterans’ communities, this veteran thought it was time to receive the support he needed.

Since VA claims are non-adversarial and our service officers tend to embrace that tenant and focus on the depth and support of the claim, they believe they have seen higher success rates for MST-related claims than the average data for these claims shows. Our service officers make a habit of emphasizing the claim’s development rather than quantity or speed. They also report that proximity to a regional office that processes MST-related claims is beneficial.

Our service officers also stress the importance of access to mental health support for veterans filing MST-related claims. For survivors who struggle to complete their claims packet, we believe VA should provide an advocate to assist them with the claims process. Ideally, this would be the MST coordinators who work for the Veteran Health Administration (VHA); however, the VA OIG report from August of this year, Challenges for Military Sexual Trauma Coordinators and Culture of Safety Considerations, clearly illustrates that VA has yet to implement the MST coordinator program effectively. There is an important line from the OIG report that warrants mention: “MST is an experience, not a mental health condition or diagnosis.” VA needs to do better in supporting experiential injuries the same way they address physical injuries.

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It is also important to remember that PVA members and other veterans with significant disabilities may not experience MST in the same way as other veterans. Compounded traumas may also lead to a higher prevalence of PTSD for many veterans. Because of the lasting psychological and physiological impacts of MST, it is critical that VA train MST coordinators and VA rating officials to the sensitive nature of these claims as well as the range of issues and symptoms experienced with MST, especially for veterans with complex injuries and illnesses.

**Improvements Needed to Assist MST Survivors**

The nature and understanding of what constitutes sexual assault as well as the threshold of what society is willing to accept is constantly changing. Legislation like H.R. 5666, the Servicemembers and Veterans Empowerment and Support Act of 2021, would expand VA’s characterization for what it means to experience MST. Should this legislation be approved, VA would likely see an increase in veterans with MST-related claims that include technological abuse such as sharing pictures without consent, targeted online harassment, and other behaviors meant to intimidate or cause harm. The bill also codifies a lower burden of proof, which would expand eligibility to essential counseling and treatment for survivors of MST, even if they did not feel comfortable reporting the event to their chain of command while in service. We feel this legislation, which includes additional improvements for MST survivors, would help ensure their claims are fairly adjudicated so they can address the life-long physical and emotional impact that sexual trauma can have. PVA supports this legislation and urges VA to begin preparing for how to serve veterans when they seek benefits and care for expanded experiences of trauma.

VA also needs to improve communication with the Department of Defense. It should not be left up to veterans to supply the required corroborating evidence if that evidence is available in their service records. Furthermore, VA raters need to be well trained in detecting markers within veterans’ files. Specifically, they need to understand the complexities of experiences that might indicate trauma.

In May 2021, VBA reestablished MST pipelines to ensure that only highly trained raters handle these sensitive claims. PVA supports this decision but recommends that better data tracking is needed so VA can provide up to date information about MST-related claims, including, but not limited to, approval and denial rates, number on backlog, the time it takes for resolutions to occur, and the potential impacts of processing these claims through centralized offices. In line with the most recent OIG report, PVA also recommends that regional offices reevaluate all denied MST-related claims that house MST-trained raters. Since these MST pipelines have only recently been reestablished, PVA recommends a follow-up report after 6-months to determine if this decision has a positive impact on the outcomes of MST-related claims.

VA must also make changes to its outbound MST-related correspondence to ensure it portrays what should be a veteran-centric focus. Many veterans read their initial outreach letter from VA and feel it is left solely up to them to provide the documented evidence of their assault. This misunderstanding causes re-traumatization of our veterans, and VA should work to avoid this.

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4 H.R.5666 - 117th Congress (2021-2022), the Servicemembers and Veterans Empowerment and Support Act of 2021
Finally, VA should grant more support and resources for its MST coordinator positions. An 0.2 FTE designation is not enough time to ensure consistent and sustainable support for veterans. Per the August 2021 VA OIG report, most coordinators said they do not have sufficient support to execute their jobs in an impactful way. Improved avenues of communication also need to be established so that the coordinators within the Veterans Health Administration are better able to harmonize efforts with VBA. VA owes it to MST survivors to fully staff and fund these critical positions.

MST is a complex matter, and there is no way to capture the nuance of its impact in a purely clinical way. Because of that, VA needs to ensure that it can properly handle these complicated issues while providing the necessary support of our veterans. PVA would once again like to thank the Subcommittees for the opportunity to submit our views on VA’s MST Program. We look forward to working with the Subcommittees on this important issue.

**Information Required by Rule XI 2(g) of the House of Representatives**

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

**Fiscal Year 2022**

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $437,745.

**Fiscal Year 2021**

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $455,700.

**Fiscal Year 2020**

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $253,337.

**Disclosure of Foreign Payments**

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.