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**STATEMENT OF  
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COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE  
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Chairman Tester, Ranking Member Moran and members of the Committee:

Thank you for holding this important hearing to discuss the claims process for military sexual trauma (MST), and inviting me to share my experience both as an advocate for veterans through DAV—Disabled American Veterans—and as an MST survivor myself.

I am a veteran of the United States Marine Corps. I enlisted on September 11, 2001—happenstance, as I turned 17 the day prior, but the events of that morning did not deter me. I served in Beaufort, South Carolina, with Marine Air Control Squadron-2 with a military occupational specialty of long-range radar repair. I served one tour in Afghanistan in support of Operation Enduring Freedom in 2003/2004. Upon return to the States, I went on to serve in Paris, France, Colombo, Sri Lanka, and Munich, Germany, as a Marine Security Guard protecting classified material, before my honorable discharge in 2008.

I am proud to have served—incredibly proud to be a Marine. But my service was marred by the actions of another. I am before you today because I am an MST survivor.

Like so many others, I will carry that scar for life. But I have also found great purpose and fulfillment in the years that followed. Today, I work for DAV in our National Service Office in Denver and this is now my tenth year as a national service officer, helping ensure my fellow veterans are able to access the care and benefits they have earned.

During this time, I have filed countless claims for MST survivors and fought alongside them on their journey through the daunting claims and appeals process. Before I knew about DAV, I filed my own claim for post-traumatic stress disorder (PTSD) due to MST with the encouragement of my Department of Veterans Affairs (VA) mental health therapist. I have been there myself, and I am glad to be there for others who have had similar experiences. And today I am here to be a voice for those who cannot speak, for those who feel they have no voice, and for those who feel that no one is listening.

I joined the Marines to serve my country. I did not join the military to be raped by a fellow Marine—nor did the thousands of other individuals who report experiencing unwanted sexual assault, contact or harassment each year in the armed forces.

I know this statement may make some people uncomfortable, but it is important to talk about this issue, and the myriad problems that stem from it. I share my story and use my voice because I can. I am fortunate because my assault was reported and well-documented and I had very little burden in proving my claim. Sadly, many other veterans are not in my situation, and those survivors are who I want to speak about today.

Specifically, I would like to address three areas that would make the claims process for MST survivors more compassionate, more respectful and more in keeping with the best interest of the veteran. These areas are:

- Changing the evidentiary burden placed on veterans to prove incidents of MST
- Improved coordination between the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA) in handling MST cases and communications with veterans
- Policy changes to improve VBA's approach to handling MST casework

### **Evidentiary Burden of MST Claims**

When it comes to MST, the disconnect between VBA and VHA could not be more apparent and often adds to the confusion veterans experience during the process of filing a claim or accessing care. VA's website clearly states: "You don't need documentation of MST experiences or a VA disability compensation rating to get care."<sup>1</sup>

While we applaud this veteran-first approach to ensuring adequate care is being offered to MST survivors, it calls into sharp contrast the lack of support these claimants are receiving from VBA for the exact same traumatic experiences. How can one arm of VA essentially validate and believe their claim of sexual assault, but not the other?

There were 6,888 reports of sexual assault made by military members in 2019.<sup>2</sup> We know that despite the prevalence of MST and an increase in reporting in the military over the past few years, many assaults still go unreported and have for decades. Yet, the VA continues to focus efforts on identifying official records to prove an assault when rating a veteran's claim. Records may be scant, if any exist at all. I have witnessed many veterans cry and express a feeling of defeat as they realize that despite the

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<sup>1</sup> <https://www.va.gov/health-care/health-needs-conditions/military-sexual-trauma/>

<sup>2</sup> [https://media.defense.gov/2020/Apr/30/2002291671/-1/-1/1/3\\_APPENDIX\\_B\\_STATISTICAL\\_DATA\\_ON\\_SEXUAL\\_ASSAULT.PDF](https://media.defense.gov/2020/Apr/30/2002291671/-1/-1/1/3_APPENDIX_B_STATISTICAL_DATA_ON_SEXUAL_ASSAULT.PDF)

trauma they endured and the life-long impacts it has had, they simply could not provide the proof required for VA to acknowledge they were sexually assaulted.

In contrast, combat veterans are not subject to the same rigorous evidentiary standards as those who claim sexual assault. As long as a veteran's record substantiates that they served in a combat zone, VA takes their word as fact. If, for example, they served in a combat zone but did not receive a combat award, it is enough for them to claim that they feared for their life. I expect if asked—many MST survivors would report they feared for their lives. I certainly did. Our trauma is no less significant, and our pain and suffering is just as real.

Some have expressed concerns about lowering the evidentiary standard for MST as an invitation to fraudulent claims. DAV has spoken to numerous clinicians over the years who work with high volumes of MST survivors, and they unequivocally attest to the fact that the frequency of false reporting is likely very minimal, particularly in the face of continued widespread problems substantiating sexual assault and harassment in the military services.

Last month, the DOD appointed a 90-day Independent Review Commission to look at sexual assault in the military, and to review and make recommendations on department policies concerning accountability; prevention; climate and culture; and victim care and support. Defense Secretary Lloyd Austin himself has stated that "Sexual assault and harassment remain persistent and corrosive problems across the total force."<sup>3</sup> For decades, this issue has been highlighted and has received national media attention, groundswells of public support and Congressional action, yet the problem remains.

As we address this long-standing issue, DAV believes it is important to protect the integrity of the claims process. However, the refusal to lessen the burden of proof for these types of claims as means of deterring false claims is incongruent to the reality of the current climate of assault and harassment that are known to exist in today's military—and which has existed for decades prior.

Currently, in cases where documentation of an actual "stressor" is not available, such as a police report, VA will look for other "markers" like weight gain or loss, sudden onset of physical ailments or behavioral incidents corroborating the "stressor" had occurred. However, in many cases, even these "markers" may not exist. Following my assault, I internalized my pain. I rarely ate or slept and pushed myself deeper into my work. Rather than being seen as the victim of a heinous crime, I presented outwardly as a dedicated and overachieving Marine when in reality, I was self-destructing from the inside out. Everyone reacts—and survives—differently.

In the past, DAV has supported legislation to further relax the evidentiary standards for "stressor" requirements in claims for conditions related to MST.

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<sup>3</sup> <https://www.defense.gov/Explore/News/Article/Article/2548632/commission-begins-90-day-look-into-sexual-assault-in-military/>

Specifically including a requirement that the VA Secretary accept as sufficient proof: a diagnosis of a mental health condition by a medical professional along with satisfactory lay or other evidence and an opinion by the mental health provider that the condition is related to MST if consistent with the facts of the veteran's service, notwithstanding the absence of an official record of the event. To that end, VA shall resolve every reasonable doubt in favor of the veteran.

For many MST survivors, establishing service connection for mental and/or physical injuries caused by MST represents personal validation as well as recognition of and gratitude for their honorable service. DAV supports lessening the evidentiary burden for MST cases, more closely in line with what is currently required for combat veterans.

### **VBA/VHA Coordination and Communications with Veterans**

Beginning in 1992 with the enactment of Public Law 102-585 and in the years since, VHA began offering veterans counseling and services to address physical and mental health issues related to MST, without requiring a service-connected rating or proof of the event. However, a lack of coordination between VBA and VHA means that MST survivors filing for claims are often left without any guidance on the immediate health services available to them through VA.

DAV service officers help to ensure veterans are aware of VA's available benefits and services, but especially in cases where veterans are filing directly through VA, they could very well wait through the entire claims—and potentially appeals—process unaware that they could be receiving much-needed treatment to address the complex physical and mental health conditions that frequently stem from their assault. Additionally, veterans who try to access these services or are seeking more information often report that they have explain their situation to multiple VA employees before being connected with the right person which can be demoralizing and re-traumatizing.

As such, we believe a warm handoff approach from VBA to VHA would benefit veterans without overwhelming them. Once an MST-related claim is filed, this should automatically initiate a communication to the veteran providing direct contact information for both a VBA MST coordinator and a VHA MST coordinator, clearly explaining how each can provide assistance. This correspondence should also contain information about the services MST survivors are eligible to receive through VHA. This can help to reduce the need for survivors to continuously recount their experience to strangers when attempting to seek assistance.

I can tell you as someone who has been through the process personally and as someone who has sat with veterans as they muster every ounce of courage to relive the details of these horrific, traumatizing events that the VA claims process for MST can be cold, impersonal and is often carried out with very little compassion for the dignity and

humanity of the survivor. VA has attempted to standardize this process, but let me be clear: no sexual assault is standard.

The language used by VBA in communications to survivors of MST is important. Whether drafting official correspondence or determining requirements for exams, VBA must recognize MST claims are unique and approach them with care.

VA must recognize that MST survivors often experience common feelings of shame, and that the event was somehow their fault and they are not believed. When VA sends a development letter to the veteran who has already presented all the information necessary to concede a stressor, VA is reinforcing these feelings. While VA may see their letter as a simple request for additional information, an MST survivor reads it as, “We don’t believe you.”

When drafting official VBA correspondence for MST-related claims, we recommend consulting with VHA psychologists and experts specializing in sexual assault to ensure language used in letters to veterans is not inflammatory or impersonal. It is important that these letters be viewed from the perspective of the veteran, not just the VA. These communications should include MST coordinators’ contact information as well as information for the Veterans Crisis Line and VHA health care.

Likewise, the standard approach to scheduling contract exams can, in many cases, lead to re-traumatization of MST survivors. We recently heard from a veteran who was asked to undergo multiple Compensation & Pension (C&P) exams when filing for an increase to her existing service-connected rating for a condition related to MST. After numerous calls to determine the cause for the additional exams, she was told it was due to human error and the additional C&P examinations were subsequently canceled. Such unnecessary exams open the veteran up to stress and anxiety they should not have to endure.

### **VBA Handling of MST Casework**

As a service officer, I can appreciate that VBA has made changes over the past several years to how MST cases are processed and recognized for their sensitivity and complexity. In fact, as of May 3rd, VBA has directed all MST claims be consolidated through five designated Regional Offices (RO)—Lincoln, Nebraska; Hartford, Connecticut; Columbia, South Carolina; New York, New York; and Portland, Oregon.

Due to the specialized nature of MST claims, it makes sense for smaller, more specially trained groups to be responsible for processing them. While the National Work Que has proven helpful in improving overall productivity and efficiency for most claims, it is difficult to ensure adequate staff training for these types of claims. Many times when I see a denial, it is because the claim processor failed to recognize signs in the service treatment records that I—and other trained individuals—know to look for. This can include the gaining or loss of weight over a period of time; dental records showing a

gradual deterioration in the teeth due to bingeing and purging; unexplained reports of stomachaches, heartburn or onset of headaches; or even sudden breakouts of acne because of stress. The VA often tends to miss these “markers” as being linked to MST. Historically, we have seen more success when VA processors are able to focus on higher volumes of MST claims, effectively becoming experts in developing these unique cases.

We do, however, believe continued oversight is imperative to successful implementation of this consolidation. VBA should provide information about how many MST cases are currently pending and how many people in each regional office will be handling these cases. The goal is for decisions to be both accurate and timely, and we want to be sure that this approach will be sufficient to meet the caseload. Adequate staffing, along with consistent and continuous training will be critical to success.

Mr. Chairman, just last month, VA published a blog article entitled, “VA believes in survivors of military sexual trauma.” Words matter, but they mean little when not backed by appropriate action. In so many cases, the message to veterans is that because they did not report their assault, it never happened in the eyes of the VA. Many survivors become disheartened and frustrated when they receive a VA letter indicating the types of evidence they will need to provide. Worse yet, some get part of the way through but are so re-traumatized by the process, they abandon their claim all together.

It’s not enough for VA to say they believe survivors, but then subsequently deny their claim for lack of evidence or fail to provide the necessary supports to handle these very specialized cases and veterans who may be particularly vulnerable. VA simply must do better by veterans who have experienced MST and have chronic conditions related to the assault. It is time to unify VA’s belief in survivors across the entire Department, and put the best interest of veterans at the heart of its approach to handling this often complex and painful process.

Mr. Chairman, this concludes my testimony and I am happy to answer any questions you or the members of the Committee may have.