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May 20, 2010

**House Committee on Veterans Affairs Joint Hearing with Subcommittee on Health  
“Healing the Wounds: Evaluating Military Sexual Trauma Issues”**

Good morning, Mr Chairman, and members of the Committee. My name is Anuradha Bhagwati. I am a former Marine Corps Captain and Executive Director of Service Women’s Action Network (SWAN), an advocacy and direct services organization for service women and women veterans.

SWAN’s policy work this year focuses largely on reforming DOD and VA Sexual Assault and Harassment policy and educating the public about the epidemic known as Military Sexual Trauma (MST).

MST is an intensely personal issue for us and for the veterans we represent. This testimony is based on the collective input of over 120 MST survivors, MST crisis intervention caseworkers and VA health providers. My own experience filing an Equal Opportunity investigation for sexual harassment and discrimination in the military and the unfortunate follow-on experiences I’ve had with both VHA and VBA regarding treatment and benefits corroborate the experiences of my colleagues and fellow veterans below.

**I. Department of Defense (DOD):**

Sexual trauma in a military setting is unique and must be recognized as such before suggesting appropriate policy remedies. We must first understand why a service member would choose to stay silent after being sexually assaulted or harassed.

DOD puts MST survivors in an awful predicament in which they are likely to be further traumatized if they come forward. Unlike the civilian world, MST survivors don’t have the option of quitting their job; they are often stuck working with, nearby, or under the supervision of their perpetrators. There is simply no guarantee that the chain of command will support survivors if they come forward. Commanders consistently ignore equal opportunity and sexual assault policy in order to maintain the personnel in their unit at full capacity. Additionally, commanders have little incentive to prosecute perpetrators, as documented incidents reflect poorly on their leadership performance and reputation.

MST survivors who report an incident are likely to face isolation, retribution, or accusations of lying, irresponsibility or impropriety; there is no guarantee of anonymity from the chain of command or Victim Advocates, and survivors are likely to face the horror of retribution from perpetrators and the anguish of being a target of public ridicule, scorn and further harassment in their respective units. We cannot honestly expect people to come forward to report—it is irresponsible for DOD to suggest that survivors do so, without guaranteeing protection.

Despite overtures by DOD in recent years to prevent sexual assault and harassment, nothing on the ground has changed for women and men in uniform. DOD’s failure to protect our service members ought to be the subject for a separate set of hearings, as there is far too much to say here. Suffice it to say that without third party oversight of sexual assault and harassment cases, a

culture of impunity and hatred of women within the military makes it almost certain that survivors will be punished, taunted, isolated, or intimidated by their commands for speaking out, and that perpetrators will in most cases go unpunished.

## II. Veterans' Health Administration (VHA):

MST survivors universally describe the horror of using VA Medical Centers nationwide. The climate at VA hospitals is still largely unwelcoming to women, but for MST survivors, the experience of going to an appointment can be life-threatening—triggers of one's assault or harassment are everywhere, from the prospect of running into your perpetrator, to being surrounded by male patients who routinely engage in sexual harassment of female patients, to being improperly treated by staff members who have no knowledge about the unique experience of sexual trauma in a military setting.

One survivor said to SWAN, "I don't want to be fending off advances when I'm raw from dealing with my issues in therapy" while another said, "I have no [private] health care. I have to use the VA. Therefore I have to go through all the embarrassment." Survivors universally say that if they had health insurance, they would definitely use private health care instead of the VA.

Many veterans are ignored, isolated, or misunderstood at VA facilities because their PTSD is not combat-related. The veterans' community still primarily considers PTSD to be a combat-related condition, to the great detriment of MST survivors.

Survivors who have used the VA routinely say they are fed up with being given endless prescription medication—one Iraq veteran described the experience of her VA MST treatment as nothing but "pills and pep talks." Many survivors wish they had access to yoga, massage therapy, acupuncture, and gender-specific MST support groups.

Lots of MST patients echo the comments of other veterans generally—that a lack of privacy, child care and availability of evening or weekend appointments prevents them from accessing care at VA Medical Centers.

I strongly recommend that the Committee give MST survivors the option of fee-based care for all treatment. At the same time, VHA cannot be let off the hook. VA Medical Centers ought to have separate facilities for women patients, and easy, safe, and direct access to MST treatment areas for both male and female MST survivors.

I'd like to say a few words about MST Residential Treatment programs. It appears that most MST patients do not know that these programs exist, and it's apparent that many VA providers also don't know about them. Survivors have mixed reactions to these treatment programs. Most describe agonizing wait lists for the programs, along with a shortage of VA funding to travel to the program. Among those patients who have attended, several have experienced sexual harassment by staff or fellow patients. Another disturbing trend is VA's integration of residential programs with other mixed-gender veterans' programs, in which MST patients are not guaranteed privacy or safety from other patients of the opposite sex. VA needs to invest in separate facilities for MST programs, and guarantee the safety and welfare of all participants.

### III. Veterans' Benefits Administration (VBA):

Filing for disability compensation for MST is universally considered a traumatic, agonizing, and cruel experience. Many survivors describe the process of re-writing one's personal narrative for a VA claim as just as traumatic as the original rape or harassment.

VBA claims officers nationwide have proven themselves entirely inept when dealing with MST claims. Claims are routinely rejected, even with sufficient evidence of a stressor and a corroborating diagnosis from a VA health provider. Many survivors' claims are rejected because of VBA's lack of knowledge about sexual violence. For example, many service members have been denied VBA compensation because their job performance did not decline after the assault or harassment—which in the sexual violence community is a perfectly normal survival reaction to a life-threatening situation. Countless more survivors failed to report through official channels, or cannot fathom the agony of attempting to file a claim when military culture and the VA are so rigged against women.

Current VBA policy is forcing women and men with insufficient evidence of their assault and harassment to suffer in silence and shame, to numb their pain through use of substances, and to take or attempt to take their own lives. This Committee needs to understand that until it is safe to report sexual assault or harassment in the military, the majority of incidents will not be reported. You cannot continue to punish veterans with MST twice. VA must take responsibility for DOD's failure to protect its own by awarding just compensation to survivors.

Another equal protection issue features prominently in the work we do on MST. The "Don't Ask, Don't Tell" policy has allowed gay and lesbian service members, as well as those who are perceived to be gay, to be systematically sexually harassed and assaulted in uniform. Perpetrators have routinely abused gays and lesbians who would otherwise report harassment or assault. Society has yet to measure the mental health impact of this insidious policy on our nation's LGBT veterans. We must guarantee access to quality health care for all veterans, regardless of sexual orientation or gender identity.

I must add a special note for our older MST survivors, our mothers and grandmothers whose sacrifice years ago both on the battlefield and in the barracks forged the way for women like us to join the military—we must not forget them. Many of them suffered at the hands of fellow servicemen decades ago, and their trauma continues to be unrecognized. One Vietnam-era veteran who survived MST told us, "Please help me feel validated before I die." Honor and validate her service and her life by fixing this broken system now.

Thank you.