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HEARING ON WAR-RELATED ILLNESSES AND ON THE VA'S SEXUAL TRAUMA COUNSELING PROGRAM

THURSDAY, APRIL 23, 1998 House of Representatives, Subcommittee on Health, Committee on Veterans' Affairs, Washington, DC.

The subcommittee met, pursuant to notice, at 9:38 a.m., in room 334, Cannon House Office Building, Hon. Cliff Stearns (chairman of the subcommittee) presiding.

Present: Representatives Stearns, Smith, Bilirakis, Cooksey, Hutchinson, Gutierrez, Kennedy, Peterson, and Evans (ex officio).

OPENING STATEMENT OF CHAIRMAN STEARNS

Mr. **STEARNS** (presiding). The committee will come to order.

Our subcommittee meets this morning to continue our review of issues raised by the U.S. troops' participation in the Persian Gulf War and to examine VA's sexual trauma counseling program.

In the Veterans' Health Care Act of 1992, Congress enacted the first of several measures to address the health problems of Persian Gulf War veterans. In that law, Congress also established a specific authority for VA to provide counseling to women veterans to overcome sexual trauma in service. The specific statutory authorities under which VA provides trauma counseling and treatment for Persian Gulf War veterans will expire on December 31. This hearing can help guide us as we consider the need for further legislation.

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Certainly the Veterans' Affairs Committee and this subcommittee have a long record of oversight on the health status of Persian Gulf veterans. As we've learned, scientists have not identified any single Gulf War illness or any single cause for the illness seen in these veterans. There remains large, unanswered questions about the nature and prevalence of their illnesses.

This hearing, however, provides us an opportunity to provide the Persian Gulf veterans' experience in the broader context of the military combat experience generally. A recent study on a group of World War II veterans, for example, found that overseas combat was a significant predictor of a physical decline or death in the 15 years after the war. Another important study concluded that unexplained war-related illnesses with symptoms similar to those reported in Persian Gulf veterans have been documented after wars from the Civil War on.

These and other studies led me to develop legislation which I believe can help us apply lessons painfully learned from our Persian Gulf experience, our hearings record on Gulf war illnesses, and the medical literature highlighting the importance of early treatment in overcoming health problems thought to be linked to wartime service.

Conversely, the failure to address war-related health problems early and effectively can lead to chronic illness. At the same time, it has become very clear that medicine lacks a full understanding of how some of these war-related diseases develop and how to best treat them.

In my view, the Department of Veterans Affairs, working closely with the Defense Department, can and should be a leader in fostering research on war-related illnesses, in developing improved treatment techniques, and in disseminating its findings.

The legislation I've developed would call for VA to establish a national center for war-related illnesses to carry out needed research, treatment, and training.

The bill would also create a broad new authority for VA to provide needed care for veterans of future combat missions and would extend and expand VA's special authority to treat Persian Gulf veterans.

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I particularly appreciate the enthusiastic support expressed for the bill by our largest national veterans' organization, the American Legion, and by others. I welcome the opportunity to obtain testimony on this legislation as well as to hear testimony on VA's sexual trauma counseling program.

Before calling on my first panel of witnesses, let me turn to my good friend and ranking member of the subcommittee, Mr. Gutierrez, for an opening statement.

OPENING STATEMENT OF HON. LUIS V. GUTIERREZ

Mr. **GUTIERREZ.** Thank you, Chairman Stearns, and allow me commend you on your work as chairman of the subcommittee. Your commitment to ensuring that this subcommittee addresses the most important issues affecting the health care provided to our Nation's veterans should be duly noted by all those who follow these matters.

Today, in reviewing the research and treatment of war-related illnesses and Department of Veterans Affairs sexual trauma counseling program, this committee is once again demonstrating its dedication to improving veterans' medical care.

Mr. Chairman, our country has been compelled to restore peace to the world and protect the interest of our people many times during the past half century. We are living in a time of relative peace today, but we cannot be sure that threats to our freedom and national security will not arise again. Thus, we must be prepared as a nation for this unfortunate possibility. When I say prepared, I do not just mean with new weapons and technology. I also mean we must be prepared to deal with the possibility that thousands of brave men and women who serve in future conflicts may come home from war sicker than when they left. These veterans may also suffer from complex illnesses that we cannot readily diagnose. We must be prepared for this event, so that we do not repeat the failures of the past. We must be prepared, so that we do not treat future veterans as we have those who have served in Vietnam and the Persian Gulf. We must be able to provide answers and sound treatments for future veterans, and we must develop these procedures now for those who served in Operation Desert Storm and Southeast Asia.

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I am pleased that this subcommittee will look at ways to address this issue today. Anticipating our future obligations and improving our current programs that help the veterans of America heal from war-related illnesses are wise steps for us to take.

I'm also encouraged that this morning we will address another issue of the utmost importance to the future of veterans' health care. In July of last year, I introduced the Veterans' Sexual Trauma Treatment Act. I did so because I believe that Congress must improve the current law governing the provision of sexual trauma counseling at the VA. In conversations with women veterans and VA medical practitioners, I've also learned about significant gaps in the law that have prevented some veterans from receiving this needed care for sexual trauma. Sixty-seven Members of Congress, including thirteen members of the House of Veterans' Affairs Committee, co-sponsored my legislation to eliminate these discrepancies and improve health care for our veterans.

I want to briefly summarize the important highlights of this bill. Current law does not govern, Mr. Chairman, for veterans who have served less than 24 months in the military. Yet we know, from Aberdeen and other high-profile incidents of sexual violence in the military, that often the victims of these crimes suffer these incidents in the early months of their service. Often, these crimes go unreported. Because of the drama caused by these actions and the stress of working with offenders, these women are often discharged prior to the 24-month period. Upon discharge, our laws do not enable those veterans to receive the care they need and deserve to overcome the varied physiological and psychological effects of sexual trauma. This is wrong. The VA is wrong and is taking steps to address the problem. The VA General Counsel has stated that

the 2-year service requirement no longer applies to the VA sexual trauma program. I strongly commend this interpretation of the law.

By caring for veterans who have no choice but to leave the military because they have served 2 years because of sexual harassment or abuse should not be a matter of interpretation. It should be a matter of law. My bill will achieve this goal.

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In addition, Reservists and National Guard personnel who have been the victims of these terrible crimes while on duty should also be eligible to receive sexual trauma counseling. My bill would qualify them to do so.

Ensuring that all veterans in need receive sexual trauma counseling and treatment also demands that we make the VA program required. Currently, the VA has the authority to provide this care for veterans, but the law does not mandate that the VA do so. Under its current leadership, the VA has done a commendable job in establishing a sexual trauma program throughout our Nation. However, cases have been documented where VA officials have denied trauma counseling to veterans who need and qualify for these services. In addition, many VA medical facilities in regions of our Nation are not adequately served by this program.

Revising the law to mandate the continuation of VA's sexual trauma program to take care of veterans who were the victims of abuse and harassment during their military service a priority is a goal this committee, this Congress, and the VA should work to achieve. I strongly believe that our Government has a responsibility, that it should be required to ensure treatment for women of sexual abuse and harassment. These women made the highest commitment to our freedom. They pledged to serve and protect our people and, sadly, their own safety and honor were compromised. We must do more to protect women in the military from future incidents, just as important as to acknowledge our responsibility to aid veterans already suffering the consequences of sexual trauma. Failure to accept this challenge is an affront to all veterans who have defended America.

Mr. Chairman, thank you again for your interest in this matter. I look forward to working with you to reauthorize and make the improvement necessary.

I also want to applaud the work of the VA employees and women veterans such as Joan Furey and Andrea Van Horn. You are absolutely critical to providing all our veterans with the quality care they deserve and require. I also want to thank the veterans' community and service organizations who have contributed so much to our knowledge and understanding of these issues. I truly appreciate their assistance.

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Thank you once again, Mr. Chairman.

Mr. STEARNS. Thank you. Mr. Evans, the ranking member of the full committee.

OPENING STATEMENT OF HON. LANE EVANS, RANKING DEMOCRATIC MEMBER, FULL COMMITTEE ON VETERANS' AFFAIRS

Mr. **EVANS.** Thank you, Mr. Chairman. I will try to keep my remarks very brief since we have a full agenda. I do want to compliment you for the work you're doing in this area. I think it's bipartisan concern that we've seen on this committee, and I'm very pleased to see that the draft legislation we'll be discussing today offers another approach to addressing the problems that veterans of the Persian Gulf continue to experience 7 years after their service to our country. But I would add, it's just one of the approaches that has been offered to the House Committee of Veterans' Affairs for review.

While I'm eager to hear the experts from the scientific and Government agencies discuss this proposal, I am equally anxious for other bills, including my own comprehensive Persian Gulf bill and Mr. Kennedy's legislation, to have a fair hearing on those pieces of legislation. I hope that the chairman of the full committee will work with me to ensure that our committee consider more of these measures before it chooses which course is most appropriate for action.

And I ask that my entire statement be added into the record at this time.