March 1, 2021

Delegate Shane E. Pendergrass, Chair
Delegate Joseline A. Pena-Melnyk, Vice Chair
Health and Government Operations Committee
Maryland General Assembly
House Office Building
Room 241
Annapolis, Maryland 21401

Subject: Letter in Support of HB0775

Dear Members of the Health and Government Operations Committee,

I write this statement urging your support of HB 0775 that would develop a Task Force to Study the Establishment of Regional Centers for Women Veterans. I am a retired Staff Sergeant from the United States Army, a woman veteran of Operation Iraqi Freedom and Operation New Dawn, and a resident of Prince George's County, Maryland. I can attest to the need of support of House Bill 0775 from a variety of standpoints. These standpoints stem chiefly from my own experience, and personal knowledge of other women veteran's experiences with access to care at the Department of Veteran Affairs especially as it relates to mental health. It also stems from being a survivor of more than one sexual assault in the military, and experiencing the personal loss of women veterans to suicide. I don't recount my experiences for sympathy, but merely to provide an ariel view of experiences to determine a need.

During my process to establish my Primary Care Doctor at the VA Women's Health Clinic, I was informed to try again within 90 days due to the turnover the clinic was receiving. In my attempts to receive care for one of my medical conditions that I was medically retired for, the radiology equipment that was utilized had malfunctioned. The technician requested I make another appointment in hopes that the equipment would be functioning by then. I complied with the request to do so only for the equipment to malfunction at this appointment as well. During my service, immediately following my sexual assault, I received a forensic exam by a Sexual Assault Nurse Examiner. I was provided hospital scrubs and escorted back to my unit from the hospital by the military police. I was not allowed to eat, rest, or shower

off my attackers' bodily fluids. Instead, I was made to stand in my military unit's battalion sized formation in these hospital scrubs. I was told to follow a Non-Commissioned Officer in my hospital scrubs around the battalion for the remainder of the duty day. Consequently, no empathy or anonymity was given, and I was treated like a disease and often shunned and ridiculed. Trauma like this has the capability to be a life-long sentence, and can stay etched in your memory like a broken record that is stuck. In my attempts to make contact with the Military Sexual Trauma Coordinator at the VA, my request for contact was never acknowledged nor returned.

My experiences are not unique, but it can be used as a means to understand how barriers exist, the quality of care, or the underlying trauma that contributes to post traumatic stress and military sexual trauma. Moreover, my quest for services led me to the Prince George's County Vet Center. However, the washingtondcva.gov website that provides information on PG County Vet Center advertises the center as offering mental health services to combat Veterans and their families. While this might appear to be minor, this type of information can deter women veterans in need of counseling services who have not experienced combat, but have experienced military sexual trauma.

In 2019, the annual budget for the Department of Veteran Affairs was $500 billion in which less than 1% was allocated towards services for women veterans. Women veterans currently represent 10 percent of the identified 20 million American Veterans. In roughly 15 years this is projected to increase to 18 percent. According to the Fiscal Year 2020 Annual Maryland Department of Veterans Affairs Report, 384, 662 veterans currently occupy the state of Maryland. If these statistics are accurate, this number is also expected to increase as 1 in 4 female veterans whom experience military sexual trauma, separate from service in less than 18 months following their sexual assault. Last year alone the most recent data provided by the Department of Defense on sexual assault showed a 50% increase in sexual assaults and rapes against military women. This presents additional challenges to women veterans during the separation from service process. Moreover, this shows how a system that is currently inept at providing adequate services to women veterans can lag behind even further in the future.

In 2002, the Veterans Health Administration initiated a standard screening program that required veterans seen for health care services to be asked if they experienced MST. Since implementation, data shows 4.8 million veterans experienced military sexual trauma. Women Veterans account for 1.2 million of this

statistic. However, this is only derived from veterans who does or can seek health care from the Department of Veteran Affairs. This data alone is not reflective of the post-traumatic stress disorder women veterans developed from combat operations more specifically the wars in Iraq and Afghanistan. Nor is it a reflective women veteran who developed C-PTSD due to both military sexual trauma and experiences in deployed operations. The support of HB 775 is not primarily stemmed from a military sexual trauma standpoint, but in the data that supports women veterans have a higher rate of traditional and non-traditional risks factors for cardiovascular disease. Additionally, women veterans with risk factors like post traumatic stress disorder and traumatic brain injury are 50 percent more likely to develop dementia. Women veterans experience longer wait times for appointments and health care delays as it pertains to managing their overall health and mental wellness needs.

My time as a volunteer advocate with Service Women Action Network, and as a former D-SAACP Victim Advocate, has afforded me that ability to work with women veterans across all branches of service, and era of service. Women veterans of all eras face unique challenges and access to care in a traditionally male-dominated system in which the Veteran Affairs Health Care System is built upon. I would be remised if I didn't acknowledge the recent efforts made based on the data provided on women veterans from the Post 9-11 era and Iraq and Afghanistan Wars. However, there are still Pre 9-11 women veterans with barriers to employment, disability compensation, and adequate assistance to managing their health care needs. There are women veterans who have the same aforementioned barriers due to mischaracterization discharges of personality disorder following reports of a military sexual assault in order to be rapidly separated from service. While the Department of Defense and Congress have acknowledged this error, there is still a cumbersome process to rectify records, rectify discharge characterization, and correct DD 214.

It is important to know that access to care does not mean access to quality care. Women Veterans require gender specific mental wellness, alternative therapies and holistic approaches to managing their health. Women veterans need gender specific transition and demobilization services, improved resource access via a single and cross community resource, social support, and capabilities that address the barriers to healthcare. In consideration of HB 0775 it is important for members of the Health and Government Operations Committee and the Maryland General Assembly as a whole to ask themselves certain questions. These questions should entail but are not limited to, does the state of Maryland know the current state of its women veteran population? Does the state of Maryland know how many of the women

veteran population are affected by the acknowledged unjust practices of the mischaracterization of discharge that presents barriers to employment, disability compensation, and access to health care services? It there is any doubt to being able to definitively answer these questions, it should prompt support of HB 0775.

I ask that members of the committee support HB 0775. In the current state of affairs, and experiencing unprecedented times, it is important to not let that deter from recognizing the key proponent of HB 0775, and what it ultimately does. The key proponent is the study the Task Force will provide as outlined in section (f). It will empower the state of Maryland with the knowledge and capabilities required to care for the women veteran population. More importantly, it will allow for targeted efforts in servicing the women veteran population, as well as save and improve quality of life.

Sincerely,

Merci L. McKinley
USA (Ret.)
MST Survivor and Veteran Advocate
Service Women Action Network
Prince George's County, Maryland