JENNIFER OLDS, U.S. Army Vet on behalf VFW

STATEMENT OF

JENNIFER OLDS

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

WITH RESPECT TO

Women Veterans: Bridging the Gaps in Care

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MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I would like to thank you and the Veterans of Foreign Wars of the United States (VFW) for the opportunity to testify today.

My name is Jennifer Olds, B.S., M.B.A., and I am from Forest Grove, Oregon. When I enlisted at 18 years old, I was voraciously positive about what life could offer and had much to look forward to. I was college oriented in high school taking college prep classes like physics, chemistry, college writing, etc., as well as athletic, engaged to be married and strong in my faith. I served on active duty in the U.S. Army during the first Gulf War, from 1990-1992. While in the Army I was exposed to Military Sexual Assault situations numerous times, either trying to protect myself, or the other female soldiers around me. This was my own "battle field". Once discharged, I became increasingly aware of my new symptoms of PTSD.

Some examples of my PTSD involved the following: 1) While I was driving, I was constantly in belief that someone was out to harm me, constantly watching to see who was following me home, driving out of the way to make sure no one was following me, thus experienced intense fear and anxiety attacks while driving, 2) While at restaurants I needed to sit in the corner, or against the wall and would be on constant guard evaluating who was out to harm me or my family. If one of them needed to run to the bathroom I would be extremely on edge until their return. If anyone asked me what was discussed during dinner at the restaurant, I couldn't tell you since I was so busy paying attention to the potential bad guys around us. 3) I was no longer engaged upon my return from the military and had not dated for over 10-years since my discharge. Finally, When in my home I had to have every curtain closed, window and door locked, and was constantly freaked out about who was driving by or walking by because I truly believed they were scouting me out and would eventually be back to harm me.

After a year of continued daily battles with insomnia, nightmares, flashbacks, anxiety attacks, depression, with situations described in the previous paragraph, it became clear to me that this

way of living was something I no longer wished to deal with. I no longer felt that life would be worth living if that is all I had to look forward to. I became extremely depressed and suicidal, and had no knowledge of how to help myself.

When I became suicidal I met with my family and asked them for help, since I had no idea what needed to be done and frankly was in no position to help myself. They suggested I enter a program at a hospital facility where I was admitted but the insurance coverage ran out within two weeks and I was discharged owing thousands of dollars to them, which my family had to take on. Within a week or so, I was desperate for help, as I knew I was still suicidal and finally was admitted to the Portland VAMC where again I was discharged within two weeks. I was told I didn't belong there and that staying any longer would force them to send me to the Salem "crazy ward," a place I was sure would ruin my future. Again I was sent home with nowhere to go or seemingly any help.

Fortunately I was assigned a psychiatric NP who patiently saw me over the next several years with little improvement from me. You see, our visits went something like this, I would be unable to continue a stream of thought, as the anxiety increased and I would become blank and unable to figure out my thoughts or feelings. This made the process very difficult, but so did making the appointments given the stigma I didn't want others to know about, or me to actually realize about myself.

I met with a representative of Paralyzed Veterans of America (PVA) who asked the right questions and helped me realize and seek help from the VA for the treatment of PTSD. Initially, I was sent to the VET Center that was located over an hour drive away from my home. Eventually that therapist moved on, and I was assigned a new one who wanted to do EMDR. I was in no position to do EMDR and told the new therapist this many times and it seemed an endless conversation so I stopped going altogether. At this point I only maintained a working relationship with my Psychiatric NP who had the strength of a horse with enduring patience with my slow progress.

Over the course of my treatment with the VA, I was given the opportunity to go to college under the VOC REHAB program, which was a turning point for me. This opportunity inspired me to want to live, and to fight the constant suicidal ideations. Getting over this hurdle took time, but college was certainly one of the many steps that have eventually given me some solace on life. By the time I was finishing up my undergraduate degree, a serious life event forced me to begin looking at old trauma wounds and I began to focus efforts with my NP. Eventually, after a few more years in treatment, my fabulous NP suggested I participate in the research study comparing cognitive therapy with exposure-based therapy. I said I would, because I wanted my life back, that is, the voracity and charge to live life and be happy.

I participated in this grueling 10-week program that asked me to repeatedly discuss one of my traumatic events. I had intense anxiety attacks, dizzy spells, nausea, etc. while I was undergoing this therapy. It was not long after the completion of this treatment, that my family and friends became aware of the changes I was making, little known to me at the time. Eventually I came to see that I now could partake in conversations with others and actually hear what they were talking about and know what was going on in their lives. Within a few years I was dating again after quite some time. I have decreased nightmares, no longer watch who's following or walking

by my house, and even enjoy a night full of sleep more often. I am extremely delighted with the caregivers at the Portland VA and think if not for them, I would not be where I am today.

To say I had PTSD should not be summarized by mental capacities only. I made several visits to the doctors for dizzy spells, chest pains, skin issues, nervous ticks, ulcers, stomach /bowel issues and the shingles x2, all while in my 20's. Most of the time these things were "undiagnosable" but I have come to realize over the last 15 years that much of these were stress related. That is, I believe PTSD caused not only mental issues, but numerous physical issues as well. A person, like me, can become overwhelmed with the array of issues one can experience simply from PTSD, and become quite discouraged on how to tackle it all.

I have a few suggestions on how I think we can encourage others to get help and improve their PTSD symptoms: 1) encourage support groups and speakers from others like themselves who have actually improved from PTSD. 2) Provide them with names of providers who have enormous patience. 3) Provide holistic approaches, and specific focused treatment: I truly believe that one size does not fit all. For example, Eye Movement Desensitization and Reprocessing Therapy (EMDR) is a comprehensive, integrative psychotherapy approach often used for MST. Although I did not feel comfortable with this type of treatment, it may work for some and exposure-based therapy may work for others, or perhaps medications in addition or on their own may also be the best way.

Today I am able to do things that I have not been able to do in a long time, and I also find myself void of other previous behaviors, which were not positively affecting my life. All these changes are not only very encouraging, but seem to continue to yield way to yet more and more "platforms" on which to continue with more positive changes. I have seen these abilities and actions of change as extremely exciting and very positive, and so have my family and friends who have known the struggles I have had to deal with since my time in the Army. My life is continuing to improve.

I have watched PVA make significant changes that have improved the care to all veterans and am extremely pleased with my care. This process of dealing with PTSD has been a learning experience for me as well as many at the VA.

Mr. Chairman this concludes my statement, I would be happy to answer any questions you or the other members of the Committee may have.