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August 15, 2023

The Honorable Lloyd J. Austin III Secretary of Defense 1010 Defense Pentagon Washington, DC 20301

The Honorable Denis McDonough Secretary of Veterans Affairs 810 Vermont Ave. NW Washington, DC 20420

Dear Secretaries Austin and McDonough,

I write today to request immediate action to address findings in the recently-released Government Accountability Office (GAO) report entitled "Unwanted Sexual Behavior: Improved Guidance, Access to Care, and Training Needed to Better Address Victims' Behavioral Health Needs." Many of the findings related to the military-to-civilian transition process point to a need for greater cooperation and collaboration between the Departments of Defense (DOD) and Veterans Affairs (VA) in providing resources for transitioning servicemembers who have experienced unwanted sexual behaviors or military sexual trauma (MST).

Transition programs are critical for providing separating servicemembers with information about their eligibility for VA health care. This includes providing servicemembers who may have experienced MST with information on where to seek relevant care after separating from service. Public Law 116-315, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, included my Deborah Sampson Act, which mandated VA expand eligibility for MST care to former members of the Armed Forces with discharge statuses that are not honorable, except for dishonorable discharges or discharges by court-martial. The Deborah Sampson Act also allowed VA to treat physical health conditions arising from MST, not just mental health conditions, for this group of former servicemembers. As such, I was concerned to see the GAO report found transition programs are not consistently providing information or assistance to separating servicemembers regarding their potential eligibility for VA MST care – regardless of their eligibility for VA health care as a whole. This is a missed opportunity to inform transitioning servicemembers about this critical resource. In addition, this report found the Transition Assistance Program provides less information on VA resources for servicemembers who experience unwanted sexual behavior to men than women. Based on these findings, I urge you to ensure all servicemembers, regardless of gender or eligibility for VA health care, receive accurate, comprehensive education throughout their separation regarding VA resources for MST.

As you improve and expand the information and resources provided to separating servicemembers regarding MST and unwanted sexual behavior, I also urge both your Departments to foster coordination between DOD sexual assault prevention and response personnel and VA MST coordinators, who can help servicemembers transition their care to VA. The GAO report found very few DOD sexual assault prevention and response personnel have

experience working with VA MST coordinators in transitioning care for separating servicemembers. I encourage you to work collaboratively to strengthen relationships between DOD sexual assault prevention and response personnel, VA MST coordinators, as well as VA Liaisons for Healthcare, to ensure transitioning servicemembers receive information on all available VA resources for MST and unwanted sexual behavior.

I was also concerned to learn the majority of the military services' annual trainings on unwanted sexual behavior do not contain information on VA resources for servicemembers who have experienced MST. Some servicemembers may not feel comfortable receiving care related to unwanted sexual behavior through DOD, so these annual trainings provide an opportunity for DOD to inform servicemembers of the VA resources available to them. DOD should use these annual trainings as an opportunity to inform servicemembers of their eligibility to receive confidential counseling at VA Vet Centers – without the need for a referral and without having their information shared with DOD – and their potential eligibility to receive MST-related services at VA medical centers and outpatient clinics – though DOD must make clear this requires a referral and will result in record sharing with DOD.

Additionally, I encourage both your Departments to explore opportunities to provide servicemembers with MST-related care at VA facilities without a referral and with the option to opt out of some record-sharing related to their MST care. Public Law 113-146, the Veterans Access, Choice, and Accountability Act of 2014, gave VA the authority to provide MST counseling and care to members of the Armed Forces without a referral. Though DOD and VA established a process to allow servicemembers to receive confidential MST-related counseling at Vet Centers without a referral, servicemembers are currently unable to receive MST-related physical or mental health care at VA medical centers or outpatient clinics without a referral. Allowing access to additional, confidential MST resources at VA, without the need for a referral, could support both your Departments' efforts to better address the needs of servicemembers who have experienced unwanted sexual behaviors during their service.

I look forward to hearing from you both regarding further efforts your Departments will take to inform, assist, and encourage servicemembers to seek out the VA MST resources that work best for them.

Sincerely,

Jon Tester

Chairman

Senate Committee on Veterans' Affairs