

Monica Ojeda Lynch, Operation Iraqi Freedom veteran

Good Morning, it is an honor to be here today at this important Field Hearing with Senator Akaka and the Senate Veterans Affairs Committee.

My name is Monica Ojeda Lynch. I served as an Army JAG Officer for nearly 6 years and deployed to Iraq from November 2005-November 2006 with the 4th Infantry Division out of Fort Hood, Texas. I also served with U.S. Army South in San Antonio, Texas, and US Army Garrison-Fort Sam Houston, Texas. I am a Military Sexual Trauma survivor, and a disabled veteran. I am the face of the New Veterans. The purpose of this testimony is to describe my VA Healthcare experiences here in Honolulu, highlight some issues I have seen, and put forth some recommendations.

My experiences at the VA are fraught with anxiety, and a feeling that I do not belong there. It was very difficult for me to fill out the claims paperwork, because it was just painful to go through and list my conditions. Clay Park was invaluable in the whole process; he told me his job was to make sure I didn't give up on the process. After waiting 6 months, I got an appointment for my evaluation exam for my physical injuries. The compensation evaluation for my physical injuries was humiliating. I felt like I was on trial. Dr. Lamping, who conducted the exam, told me that if I made a decision to volunteer for something, and then got hurt in the process, well that was an education for me. I was treated with such suspicion and distrust (by someone who had never served) that I left the exam in tears. That was my welcome to the VA.

This alone would have caused me to quit the process if it weren't for the loved ones that supported me. I have a strong support system; many veterans do not. How are they expected to continue having faith in the VA system after this type of treatment?

This incident is not the only incident I've experienced at the VA. One of my primary care doctors (who thankfully was here only on a temporary basis) was so hostile towards me that I left the office in tears. To add insult to injury, he finally gave me a consult I had requested for physical therapy, but when I showed up, it turns out he had put me in for an occupational therapy consult to get a Hoveround electric scooter.

There needs to be a culture shift where we get back to basics. First we need to train personnel to respect the dignity of the veteran, any veteran. Second, we veterans need to remember that this is our house. We do not work for the VA, the VA works for us. We are not a burden on society; we have carried society's burden. This attitude of distrust and suspicion towards veterans making claims needs to stop. Every time a veteran tries to access a service, or file a claim, or make a phone call, he or she is putting her experiences out in the open. And every time the VA loses paperwork, or doesn't answer the phone, or is dismissive towards a patient, it fails in its mission to take care of the veteran, and only confirms that his sacrifices are forgotten.

I've had 4 primary care doctors in the last year. I'd like to see the VA have consistent primary care doctors instead of rotating doctors through every 3 months. Having permanent primary care doctors will be more efficient because patients do not have to constantly "start over" with a doctor at each appointment.

We need additional funding to get manpower to answer the phones. I was once on hold for 40

minutes before finally giving up. People should be answering the phone immediately, or at most have a short wait time. The wait on the phone is difficult, especially since most people can't just go to the VA hospital. The phone is its lifeline.

Outreach is an important tool to reach veterans who may not realize they are eligible for benefits. However, the VA must make sure that its facilities can handle the patient load. With the large number of veterans in the islands, the number of patients will only grow from here. Are we on par with other VA centers for how many veterans are assigned per provider?

We need to adjust to the changing demographics of veterans by recognizing the women who have proudly served in the military. That includes dropping the farce of not having women in combat. Women are in combat. At least half the time we went outside the wire, one of our convoy's gunners was a woman. My experience was not unique. Recognizing the roles in which women have served in the military will go a long way to treating women properly in the VA Healthcare system. Being a woman in the military brings about a unique set of issues that men don't encounter. Women encounter harassment, sexual assault, and a general denial of their military experience by others. We need to expand women services at the VA. The experience here has been great with the women's center, but it needs to grow. Women veterans' input should also be taken into consideration in the planning phases of women-centric health care.

The VA also needs to be available to those veterans that work full time. Expand clinic hours so that veterans can be seen after work or on Saturdays. Provide on-site child care so that women veterans (who are usually primary caregivers) can use VA healthcare services. The VA also needs to be on the cutting edge when it comes to social media. We need additional funding to get a Webmaster here that can keep veterans current on Facebook, Twitter, and other social media outlets.

Change will not happen overnight, but every little improvement has a big impact on a veteran's experience in the VA Healthcare system.