

Ruth Moore, MSed

Public Testimony on “Invisible Wounds: Examining the Disability Compensation Benefits process for Victims of Military Sexual Trauma”

Good Afternoon Ladies and Gentlemen of the House. My name is Ruth Moore and it is an honor to be among you today. As you know, I am a Military Sexual Trauma survivor who lives with PTSD and Depression. I am here today to share my 23-year struggle to get help from the Veterans Health Administration and disability compensation from the Veterans Benefits Administration.

In 1987, I was a bright, vivacious 18-year-old, serving in the United States Navy. After my training school, my first assignment was to an overseas duty station in Europe. 2 ½ months after I arrived, I was raped by my supervisor outside of the local club. Not once, but twice. I sought help from the Chaplain, but did not receive any. I tried to move beyond this nightmare, but had contracted a STD. At this point, my life spiraled downward and I attempted suicide. Shortly thereafter, I was medivac'd to Bethesda Naval Hospital, and ultimately discharged from the Navy. No prosecution was ever made against the perpetrator. In hindsight, it was easier for the military to get rid of me, than admit to a rape.

My problems began at the point of separation, as the psychiatrist diagnosed me with a Borderline Personality Disorder. I did not have a personality disorder; this was the standard diagnosis that was given to all victims of MST at that time, to separate them from active duty and protect the military from any and all liability. This travesty continued when I was counseled by “Outprocessing” to waive all claims to the VA, as I “would get healthcare” through my former spouse who was on active duty.

From 1987 to 1993, I struggled with interpersonal relationships, could not trust male supervisors, and could not maintain employment. I filed my first VA claim in Jacksonville which was denied, despite having several markers for PTSD and gynecological problems. My life continued to spiral downward, and I was not able to maintain my marriage. In 1997, I fled from my house and lived out of my van for two weeks before I was able to start rebuilding my life with my present spouse. Things were very difficult, and I developed additional markers of PTSD including night terrors, panic attacks, severe migraine headaches, and insomnia.

In 2003, I refiled for disability and was denied again; however, I enlisted the aid of the Disabled American Veterans. With their help, I was awarded 30% compensation for depression. I was denied PTSD and was told that I did not submit enough evidence to prove that I was raped, despite having submitted a letter from my former spouse who remembered the rape and when I was treated for Chlamydia. Given this eyewitness testimony, the VA still denied this as credible proof. There was no record of my medical treatment for STD from that duty station as

my medical records had been partially expunged. Additionally, I was coded by the Togus VA as having a Traumatic Brain Injury or Brain Syndrome.

In 2009, I entered into my first comprehensive treatment at the VA hospital in White River Junction, Vermont. I met a MST Coordinator who truly listened to me. She began a systemic review of all my records, and determined that they had been expunged by noting the glaring inconsistencies between my lab work, treatment notes, and service record. My psychiatrist and counselor determined that I did not have Borderline Personality Disorder, and the later diagnosis of Traumatic Brain Syndrome was inaccurate. My MST coordinator and I refiled for an increase in disability, and my clinicians wrote supportive records for the VBA to make an accurate determination. They readjudicated my claim to 70% but denied my status as individually unemployable, citing that I did not complete the necessary paperwork.

At this point, I was very frustrated and suicidal with the stresses of the VBA system and claims process. In my final effort, I called the Honorable Bernie Sanders and his staff agreed to investigate why the VA was taking so long and denying part of my claim. I took Mr. Sanders copies of all the paperwork I had filed, including the VBA time and date stamped “missing information” to prove that they had originally received it. Within two weeks, my claim was finally adjudicated to 70% with IU and it was a total and permanent decision. My rating should have been 100% by the VBA criteria, but I was so grateful for a favorable determination that I have not pursued it further.

Ladies and Gentleman, this process took me 23 years to resolve, and I am one of the fortunate ones. It should not be this way. If I had been treated promptly and received benefits in a timely manner, back at the time of my discharge, my life would have been much different. I do not believe that I would have been totally and permanently disabled in my 40's. I would not have had to endure homelessness and increased symptomology to the point where I was suicidal, I would not have miscarried 9 children, and I firmly believe that I would have been able to develop better coping and social skills. Instead, my quality of life has been degraded to the point where I am considering the possibility of getting a service animal to relieve the stress that my husband endures, as my unpaid caretaker.

I am asking you, no – pleading with you, to please consider favorably the legislation that would prevent this from happening to others. Congresswoman Pingree’s legislation is one way to change the burden of proof that is required to enable MST survivors to receive proper adjudication for MST and PTSD.

Please, do what is right. Support this legislation, as it is urgently needed. Thank you for your time and audience today.