

Veterans' Affairs Committee JOINT FAVORABLE REPORT

Bill No.: SB-284

AN ACT CONCERNING BENEFITS FOR CERTAIN VETERANS WHO HAVE BEEN DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER OR TRAUMATIC BRAIN INJURY OR WHO HAVE HAD AN EXPERIENCE OF

Title: MILITARY SEXUAL TRAUMA.

Vote Date: 3/14/2018

Vote Action: Joint Favorable Substitute

PH Date: 3/6/2018

File No.: 161

***Disclaimer:** The following Joint Favorable Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Veterans' Affairs Committee
Rep. Brian M. Ohler, 64th Dist.
Rep. Sean Scanlon, 98th Dist.
Sen. Eric C. Berthel, 32nd Dist.
Rep. Cristin McCarthy Vahey, 133rd Dist.
Sen. Gary A. Winfield, 10th Dist.
Sen. Kevin D. Witkos, 8th Dist.
Rep. John K. Hampton, 16th Dist.
Rep. Stephen G. Harding, 107th Dist.
Sen. George S. Logan, 17th Dist.
Rep. Dave W. Yaccarino, 87th Dist.
Sen. Anthony Guglielmo, 35th Dist.
Rep. Bill Simanski, 62nd Dist.
Sen. Steve Cassano, 4th Dist.
Rep. Pam Staneski, 119th Dist.
Rep. Tim Ackert, 8th Dist.
Sen. Terry B. Gerratana, 6th Dist.
Rep. Robert W. Siegrist, 36th Dist.
Rep. Brenda L. Kupchick, 132nd Dist.
Rep. Patrick S. Boyd, 50th Dist.
Rep. Charlie L. Stallworth, 126th Dist.
Sen. John A. Kissel, 7th Dist.
Rep. Dorinda Borer, 115th Dist.

REASONS FOR BILL:

To grant all of the benefits that our state provides for veterans with honorable discharges to those that have received an other than honorable discharge if a qualifying condition such as PTSD, TBI or a military sexual trauma diagnosis is determined by a practitioner licensed by the VA.

*****Proposed Substitute Language:**

Retains all content from the underlying bill except the benefit of burial in the state veterans' cemetery in Middletown.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commissioner Saadi, Thomas J., Esq., Connecticut Department of Veterans Affairs:

He writes that the Department supports the concepts of the bill, but has concerns that the DVA and other state agencies do not have the capacity to establish a new administrative program to process requests for a qualifying condition determination. He states that while not in the current text of the bill, it is his understanding that the intent of the proponents is to have a third party licensed medical professional make the qualifying condition determination, to be submitted via standardized form to a state agency when applying for a benefit. He adds that a DVA analysis a few years ago estimated that there are 700-800 CT residents with less than honorable discharges and a percentage of these may have a qualifying condition, and he believes this qualifying number is not likely to increase in the future as the military is taking proactive steps with intervention and treatment.

NATURE AND SOURCES OF SUPPORT:

Rep. McCarthy Vahey, Cristin, 133rd Dist.: She introduces Steve Kennedy of the CT IAVA (see below), lists some of the state benefits which would be extended to qualified veterans under this bill, and cites her experience as the daughter of a Purple Heart and Bronze Star recipient Vietnam Veteran, through which she says she learned about the impact of trauma related to combat and military service. She also refers to her work in the community as a suicide prevention trainer, and the importance of providing potentially life-saving support and services to those at risk.

Kennedy, Stephen, Connecticut Team Leader, Iraq and Afghanistan Veterans of America (IAVA): He writes of service members who receive OTH discharges as having been "left behind" despite walking the same patrol routes and dealing with the same struggles that he and his fellow veterans have, and despite the fact that an OTH is considered non-punitive and administrative, with low odds of receiving due process. He lists symptoms of PTSD, TBI and MST as including self-medication with alcohol and drugs, aggressive and avoidant behavior, and explains anecdotally that even when service members have been diagnosed before administrative action, that diagnosis can actually make the discharge more, not less, likely to occur. He cites a Government Accountability Office report from last year as showing 62% of less-than-honorably discharged veterans diagnosed with PTSD, TBI, or another mental health condition, and a recent report from Protect Our Defenders as showing that there are large racial disparities in the application of administrative discharges. He states that the discharge process is highly subjective and incentivizes rapid resolution over fairness to service members. Kennedy goes on to say that those with OTH discharges die by suicide at three times the rate of honorably-discharged peers, who are themselves already at an

elevated risk over the civilian population, and that they are also more likely to encounter homelessness and substance abuse. He describes Connecticut's tradition of providing veterans' benefits and services beyond what is provided by the federal government, and that these resources could save the lives of the particularly vulnerable portion of the population that is those with PTSD, TBI or MST. He shares a story from a widow of a service member who took had taken his own life, and she describes how her husband had received an OTH discharge after missing a training rotation due to an earlier suicide attempt, and had been denied a discharge upgrade even after being diagnosed with PTSD and major depressive disorder. He points out that those who have received OTH discharges are not counted when we say that we've eliminated veteran homelessness, and anyone with an OTH discharge is not even considered a veteran at all according to Connecticut state law, which can exclude them from the community and cause dignitary harm in addition to the withholding of specific services.

Rep. Ohler, Brian, 64th Dist.: He writes of his experience volunteering to serve in the CT Army National Guard from 2001-2013, including serving in Iraq in 2003-2004, 2006-2007, and Afghanistan in 2011, and says that he and his fellow service members put their lives at home on hold, knowing that there was a chance of never returning to their families. He states that because of these experiences and other harrowing circumstances that some service members can endure, many now struggle to cope with this reality, and he advocates on their behalf.

Sen. Osten, Cathy, 19th Dist.: She believes that granting access to services for certain veterans, who have been diagnosed with PTSD or TBI or who have had an experience of MST, is the right thing to do, and that expanding benefits to any veteran who has received a discharge other than bad conduct or dishonorable is critical to improving the quality of life for our returning service members readjusting to civilian life. She adds that many veterans who go without treatment because they are denied access to services commit suicide, and we can and must do better to help those who served.

Peters, Julie, Executive Director, Brain Injury Alliance of CT (BIAC): She details causes, effects and statistics of TBI and PTSD, which often overlap, with regards to service members and veterans, and describes how difficult everyday life can be rendered by these conditions. She writes that support services and programs are crucial and life-saving.

Middleton, Margaret, Executive Director, Connecticut Veterans Legal Center: She shared experiences of her clients that had received OTH discharges as a result of PTSD or sexual trauma that were barred from VA health benefits and became homeless. The legal process to compel the VA to establish service connection can often take years and in the interim that leads to unnecessary suffering by the veterans.

Lewis, K. Robert, Legislative Director, The American Legion Department of Connecticut: He writes: "This is a timely piece of legislation and continues the efforts across all agencies and administrations to make whole those who suffer from the afflictions identified. The American legion looks forward to passage".

Dumin, Patricia, President, CT State Council - Vietnam Veterans of America: Expressed support for the legislation and reminded that not only our newly returning veterans suffer from PTSD but many Vietnam veterans do as well. A recent study shows that some

271,000 Vietnam veterans nationwide still have unresolved PTSD. She further notes that PTSD was not recognized as a medical diagnosis until 1980 – five years after the Vietnam War ended.

Padilla, Yania, MS-CS, Mental Health Trainings Director, Health360:

As a suicide prevention expert, with experience working with the military, she believes that this bill will help prevent potential suicides among the veterans population. The veterans' population is disproportionately higher in suicides than their civilian counterparts.

The Veterans' Affairs Committee received 9 additional similar pieces of testimony supporting the bill.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Conference of Municipalities: They write that while this proposal is well intended, they have concerns that it will result in the expansion of an unfunded mandate on towns and cities, they have been unable to determine the scope of this expansion, and asked the Committee to obtain a detailed fiscal analysis. They state that it is also unclear how the bill would be implemented, specifically how local officials would determine whether an OTH discharge met the qualifying conditions. Finally they say that CCM is willing to work with the committee and advocates to “ensure the bill is limited in scope to those deserving of post service benefits and does not place more pressure on an already overburdened property tax system that contains more than 77 current mandated tax exemptions”.

Reported by: Edward Waters, Asst. Clerk

Date: 4/3/18