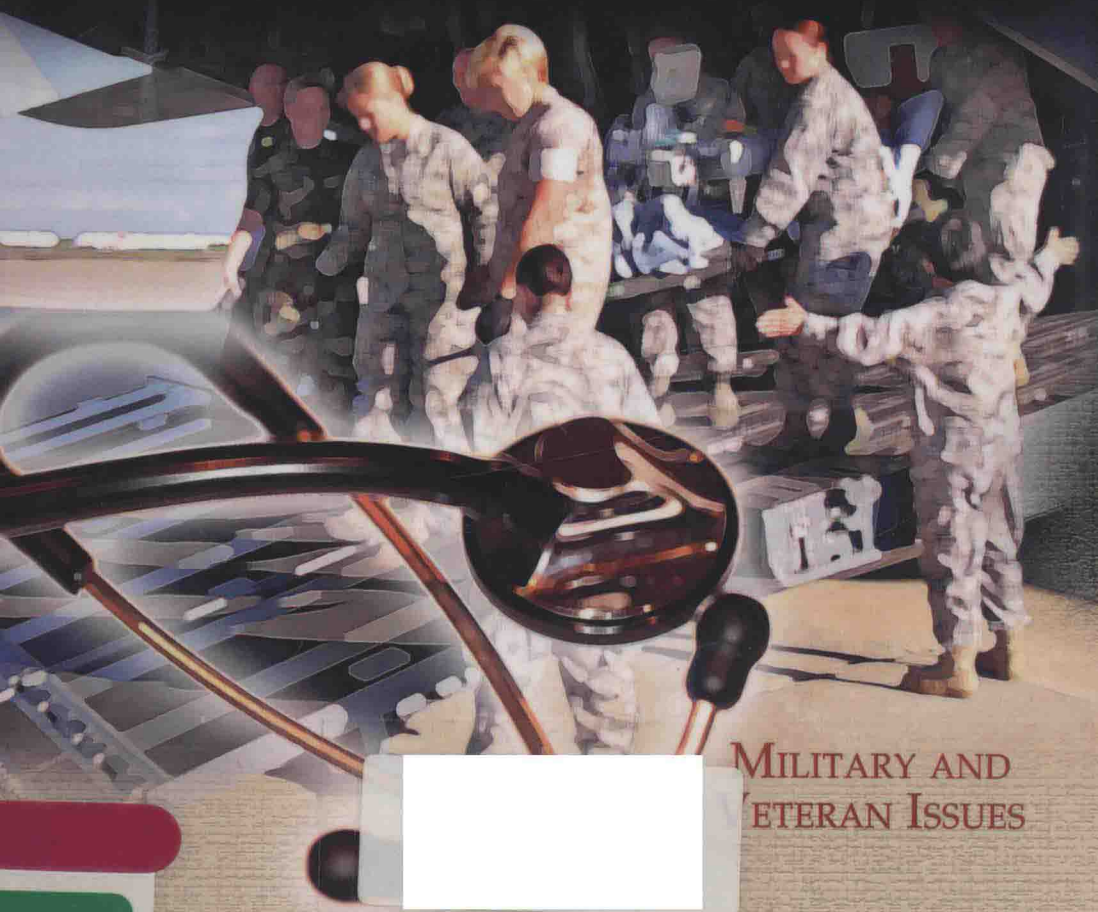


# Health Care for Military Servicewomen

## Select Assessments



MILITARY AND  
VETERAN ISSUES

HERINE O. POWE ♦ KIMBERLY C. WAITS  
EDITORS

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MILITARY AND VETERAN ISSUES

**HEALTH CARE FOR  
MILITARY SERVICEWOMEN  
SELECT ASSESSMENTS**

**CATHERINE O. POWE**

**AND**

**KIMBERLY C. WAITS**

**EDITORS**



*New York*

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**HEALTH CARE FOR  
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SELECT ASSESSMENTS**

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## PREFACE

Female servicemembers are serving in more complex occupational specialties and are being deployed to combat operations, potentially leading to increased health risks. Similar to their male counterparts, female servicemembers must maintain their medical readiness; however, they have unique health care needs that require access to gender-specific services. This book examines the extent that the Department of Defense's (DoDs) policies for assessing individual medical readiness include the unique health care issues of female servicemembers; the availability of health care services for female servicemembers on domestic Army installations; and the extent to which the DoD's research organizations have identified a need for research on the specific health care needs of female servicemembers who have served in combat.

Chapter 1 – Female servicemembers are serving in more complex occupational specialties and are being deployed to combat operations, potentially leading to increased health risks. Similar to their male counterparts, female servicemembers must maintain their medical readiness; however, they have unique health care needs that require access to gender-specific services.

The National Defense Authorization Act for Fiscal Year 2012 directed GAO to review a variety of issues related to health care for female servicemembers.

This report describes (1) the extent that DOD's policies for assessing individual medical readiness include unique health care issues of female servicemembers; (2) the availability of health care services to meet the unique needs of female servicemembers at domestic Army installations; and (3) the extent that DOD's research organizations have identified a need for research

on the specific health care needs of female servicemembers who have served in combat.

GAO reviewed DOD and military-service policies on individual medical readiness and surveyed senior health care officials about the availability of specific health services at the 27 domestic Army installations with MTFs that report directly to the domestic regional medical commands. GAO focused on the Army because it has more female servicemembers than the other military services.

GAO also visited six Army installations—two from each of the Army’s three domestic regional medical commands—and interviewed DOD officials who conduct research on health issues for servicemembers.

Chapter 2 – The roles for women in the military have been expanding and evolving. Servicewomen today are integral to combat, combat support, and counterinsurgency operations, and serve in many roles they previously did not hold. Pub. L. No. 112-81, § 725 (2011) mandated that GAO conduct a review of the female-specific health care services provided by DOD to female servicemembers, including the treatment of servicewomen who are victims of sexual assault.

In this report, GAO evaluates the extent to which

1. DOD is addressing the health care needs of deployed servicewomen;
2. female-specific health care services are available to deployed servicewomen; and (3) medical and mental health care are available to servicewomen who are victims of sexual assault. GAO reviewed pertinent DOD policies, guidance, and data. GAO also met with health care providers, servicewomen, and others during site visits to 18 locations where servicewomen are currently serving or deployed, including 15 installations in Afghanistan and Navy vessels.

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Chapter 1

DOD HEALTH CARE: DOMESTIC HEALTH CARE FOR FEMALE SERVICEMEMBERS\*

United States Government Accountability Office

ABBREVIATIONS

DOD	Department of Defense
IMR	individual medical readiness
MEDCOM	Army Medical Command
MEDPROS	Medical Protection System
MTF	military treatment facility
NIH	National Institutes of Health
PHA	periodic health assessment
PTSD	post-traumatic stress disorder

WHY GAO DID THIS STUDY

Female servicemembers are serving in more complex occupational specialties and are being deployed to combat operations, potentially leading to increased health risks. Similar to their male counterparts, female

\* This is an edited, reformatted and augmented version of The United States Government Accountability Office publication, Report to Congressional Addressees, GAO-13-205, dated January 2013.

servicemembers must maintain their medical readiness; however, they have unique health care needs that require access to gender-specific services.

The National Defense Authorization Act for Fiscal Year 2012 directed GAO to review a variety of issues related to health care for female servicemembers.

This report describes (1) the extent that DOD's policies for assessing individual medical readiness include unique health care issues of female servicemembers; (2) the availability of health care services to meet the unique needs of female servicemembers at domestic Army installations; and (3) the extent that DOD's research organizations have identified a need for research on the specific health care needs of female servicemembers who have served in combat.

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GAO also visited six Army installations—two from each of the Army's three domestic regional medical commands—and interviewed DOD officials who conduct research on health issues for servicemembers.

## WHAT GAO FOUND

The Department of Defense's (DOD) policy for assessing the individual medical readiness of a servicemember to deploy establishes six elements to review, most of which are gender-neutral. Four of the six elements—immunization status, medical readiness laboratory tests, individual medical equipment, and dental readiness—apply equally to female and male servicemembers.

The remaining elements of individual medical readiness—deployment-limiting conditions and periodic health assessments—include aspects that are specific to female servicemembers. For example, the Army, Navy, Air Force, and Marine Corps have policies that define pregnancy as a deployment-limiting condition.

Officials surveyed by GAO reported that female-specific health care services and behavioral health services were generally available through domestic Army installations. Specifically, according to GAO's survey results:

- Most routine female-specific health care services—pelvic examinations, clinical breast examinations, pap smears, prescription of contraceptives, and pregnancy tests—were available at the 27 surveyed domestic Army installations.
- The availability of specialized health care services—treatment of abnormal pap smears, prenatal care, labor and delivery, benign gynecological disorders, postpartum care, and surgical, medical, and radiation treatment of breast, ovarian, cervical, and uterine cancers—at the 27 surveyed domestic Army installations varied. However, when these services were not available at the installation, they could be obtained through either another military treatment facility (MTF) or from a civilian network provider.
- The availability of behavioral health services, such as psychotherapy or substance abuse treatment, which were not gender-specific, varied across the 27 domestic Army installations; however, similar to specialty care, these services could be obtained from other MTFs or civilian network providers. In addition, 18 of the 27 surveyed Army installations reported offering female-specific programs or activities, such as a post-deployment group for female servicemembers or a postpartum group.

One DOD organization, the Women's Health Research Interest Group, is currently in the process of identifying research gaps on health issues affecting female servicemembers.

Interest group officials said that the goal is to develop a repository for peer-reviewed research articles related to health issues for female servicemembers, including those who served in combat, and to use this repository to identify research that could enhance the health care of female servicemembers, including those who have served in a combat zone. To ensure that researchers will have access to the results of their work, officials have plans to distribute their results in presentations at local and national conferences.

In addition, officials told GAO that they will disseminate their findings through peer-reviewed publications and post this information on the Internet to make it available to the public.

GAO provided a draft of this report to DOD for comment. DOD responded that it did not have any comments on the draft report.

January 29, 2013

### Congressional Addressees

The role of women in the military is changing. Over the last four decades, the percentage of female servicemembers among enlisted ranks has increased seven-fold (from 2 to 14 percent) and the percentage of female servicemembers among commissioned officers has increased four-fold (from 4 to 16 percent). Currently, the largest total number of female servicemembers resides in the Army. Female servicemembers also are serving in more complex occupational specialties and are being deployed to combat operations, potentially leading to increased health risks.

Similar to their male counterparts, female servicemembers must maintain their medical readiness by ensuring that they are free of health-related conditions that would limit their ability to actively fulfill an assigned mission. Female servicemembers also have unique health care needs that require access to gender-specific services, including routine gynecological care, such as breast and cervical examinations, as well as specialized services, such as obstetric care (which includes prenatal, labor and delivery, and postpartum care) and the treatment of reproductive cancers. Additionally, while all servicemembers need access to a range of behavioral health services, such as individual or group therapy sessions, men and women may be affected by behavioral health conditions differently.<sup>1</sup> Servicemembers receive health care services through the Department of Defense's (DOD) Military Health System, which has a dual health care mission of supporting wartime and other deployments, known as the readiness mission, and providing peacetime care, known as the benefits mission.

The National Defense Authorization Act for Fiscal Year 2012 directed us to review a variety of issues related to health care for female servicemembers, including the availability of female-specific health care and behavioral health services, as well as the need for further clinical research on the health care needs of female servicemembers who have served in a combat zone, among other issues.<sup>2</sup> In this report, we describe (1) the extent that DOD's policies for assessing individual medical readiness (IMR) include unique health care issues of female servicemembers; (2) the availability of health care services to meet the unique needs of female servicemembers at domestic Army installations; and (3) the extent that DOD's research organizations have identified a need for research on the specific health care needs of female servicemembers who have served in combat. While this report focuses on domestic installations, a

separate report will provide information on the availability of health care for female servicemembers in deployed environments and for servicemembers who are victims of sexual assault.<sup>3</sup>

To describe the extent to which DOD's policies for assessing IMR include unique health care issues of female servicemembers, we reviewed IMR policies for DOD and each of the military services—Army, Navy, Air Force, and Marine Corps—to determine whether these assessments include female-specific information and to identify any potential variations among the military services.<sup>4</sup> We also interviewed DOD and military service officials about the IMR assessments that are conducted prior to deployment to identify any specific health care issues related to female servicemembers.

To describe the availability of health care services to meet the unique needs of female servicemembers at domestic Army installations<sup>5</sup>—the military service with the largest number of female servicemembers—we surveyed senior health care officials at the 27 domestic Army installations<sup>6</sup> that had a primary military treatment facility (MTF).<sup>7</sup> (To see a list of the 27 domestic Army installations with a primary MTF, see app. I.) Through this survey, we obtained information about the availability of routine, specialized, and behavioral health services for female servicemembers from all MTFs at these installations, including the primary MTFs and other, smaller MTFs, such as clinics.<sup>8</sup> (For more details about the survey methodology and a copy of the survey, see apps. II and III.) Additionally, we asked the officials to report on services available for these female servicemembers from other sources, including MTFs outside the installation and civilian network providers, and challenges associated with ensuring physical privacy. Through this survey, health care officials at the 27 domestic Army installations reported on the availability of health care services at these installations, to which more than two-thirds of the Army's female servicemembers were attached as of August 1, 2012.<sup>9</sup> To supplement information collected in the survey, we also conducted site visits to six domestic Army installations—two installations in each of the medical regions and two of each type of MTF that serves as the primary MTF<sup>10</sup>—to interview officials in charge of routine, specialized, and behavioral health services. We also spoke with officials about policies related to physical privacy and observed the physical space used for health care delivery for female servicemembers. We visited MTFs at Fort Benning, Georgia; Fort Gordon, Georgia; Fort Huachuca, Arizona; Fort Lee, Virginia; Fort Lewis, Washington; and Fort Meade, Maryland. Additionally, during our site visits, we conducted individual interviews with 39 female servicemembers

about available health care services, including questions about physical privacy. Specifically, we interviewed six to eight women at each location who

- were either an enlisted servicemember or an officer;
- did not work at any of the MTFs on the installation; and
- had previously deployed.

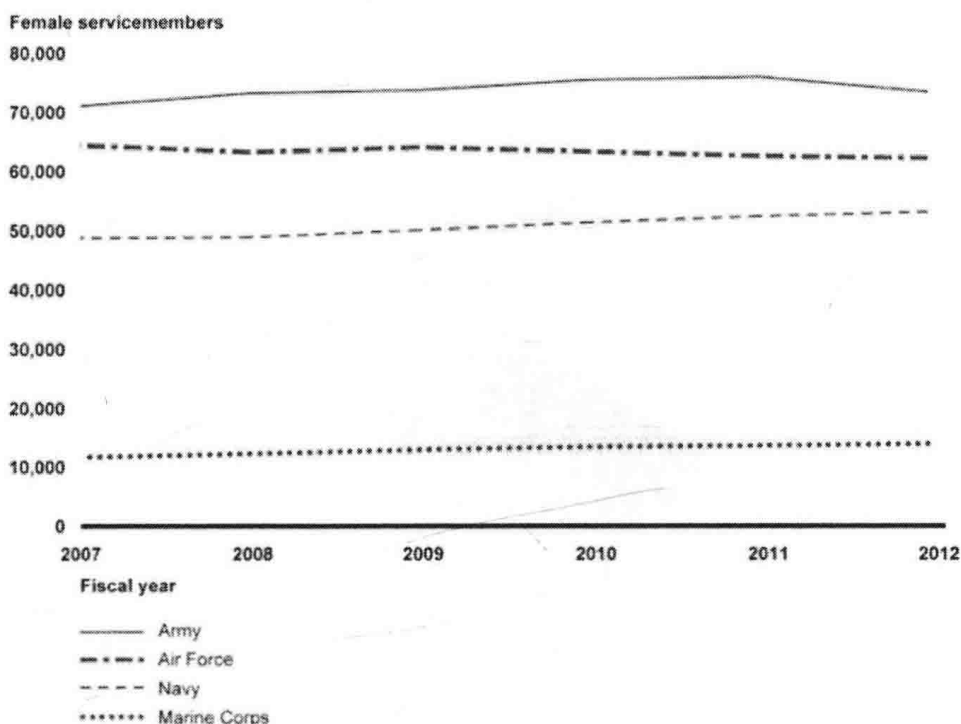
The views expressed by these servicemembers cannot be generalized to all female Army servicemembers.

To describe the extent to which DOD's research organizations identified a need for research on the specific health care needs of female servicemembers who have served in combat, we interviewed officials from specific DOD research organizations that fund or conduct research involving individuals who have served in a combat zone. This includes the Defense Health Program from the Office of the Assistant Secretary of Defense for Health Affairs, as well as organizations for the three military departments, such as the U.S. Army Medical Research and Materiel Command. Additionally, we interviewed officials from other DOD research organizations, including the TriService Nursing Research Program and its Women's Health Research Interest Group. We also reviewed documentation about research currently underway and descriptions on how these organizations determine what research to fund or conduct.

We conducted this performance audit from April 2012 through January 2013 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## **BACKGROUND**

From fiscal year 2007 through 2012, the total number of female servicemembers has grown from 200,941 to 208,905, with female servicemembers comprising about 14 percent of the total active duty force. During this time, the largest number of active-duty female servicemembers resided in the Army.<sup>11</sup> (See fig. 1.)



Source: Defence Manpower Data Center.

Note: The Coast Guard is not included in this figure. Data are as of September 30, 2012.

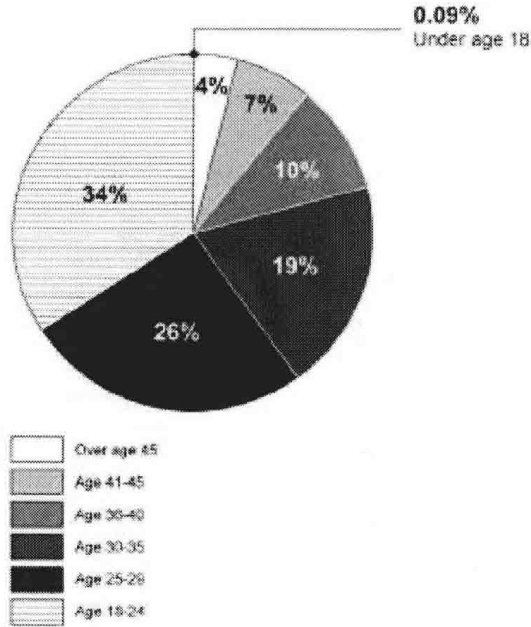
Figure 1. Number of Active-Duty Female Servicemembers, by Military Service, Fiscal Year 2007 through 2012.

In fiscal year 2012, more than three-quarters of the Army's female servicemember population was age 35 and under, with the largest group being between 18 and 24 years old. Recommendations for female-specific preventative health screenings are based on age, such as cervical cancer screening, which would be applicable for female servicemembers from an early age, while others, such as mammograms, are currently not recommended until age 50, absent any personal history of health problems of this nature.<sup>12</sup> (See fig. 2.)

## The Military Health System

DOD operates its own large, complex health system—the Military Health System—that provides health care to approximately 9.7 million beneficiaries

across a range of venues, from MTFs located on military installations to the battlefield.<sup>13</sup>



Source: Defence Manpower Data Center.

Note: Due to rounding, the percentages do not add up to 100. Data are as of September 30, 2012.

Figure 2. Active-Duty Army Female Servicemembers by Age Group.

These beneficiaries include active-duty servicemembers and their dependents, eligible National Guard and Reserve servicemembers and their dependents, and retirees and their dependents or survivors. The Military Health System has a dual health care mission: supporting wartime and other deployments, known as the readiness mission, and providing peacetime care, known as the benefits mission. The readiness mission provides medical services and support to the armed forces during military operations and involves deploying medical personnel and equipment, as needed, around the world to support military forces. The benefits mission provides medical services and support to members of the armed forces, their family members, and others eligible for DOD health care.

The care of the eligible beneficiary population is spread across the military departments—Army, Navy, and Air Force. Each military department delivers



care directly through its own MTFs, which are managed by their medical departments, including

- the Army's Medical Command (MEDCOM);
- the Navy's Bureau of Medicine and Surgery, which is also responsible for providing health care to members of the Marine Corps and their beneficiaries; and
- the Air Force Medical Service.

Servicemembers obtain health care through the military services' system of MTFs, which is supplemented by participating civilian health care providers, institutions, and pharmacies to facilitate access to health care services when necessary. Active-duty servicemembers receive most of their care from MTFs, where they receive priority access over other beneficiaries.

## Army MTFs

Within the continental United States, the Army is organized into three medical regions—Northern, Southern, and Western—each headed by a subordinate regional medical command, which exercises authority over the MTFs in its region. Across the three regions, there are 27 domestic Army installations with a primary MTF, which report directly to the regional medical commands and are responsible for reporting information for other associated MTFs, which may include smaller MTFs, such as clinics, on the same installation, as well as MTFs on different Army installations or at installations operated by other military services. For example, at Fort Benning, there are multiple facilities located on the installation, including Martin Army Community Hospital—the primary MTF—as well as several clinics. In addition to reporting for all of those facilities, Martin Army Community Hospital also reports to the regional medical command for other Army facilities located off the installation, including an Army clinic at Eglin Air Force Base in Florida.

All Army MTFs, both primary and associated, can be classified under one of three categories on the basis of their size:

- Army Health Centers/Clinics are generally the smallest facilities only offering outpatient primary care.<sup>14</sup>