

## Roundtable Discussion

### Health Issues Affecting Women in Military Service

Men and women are biologically different. While this statement seems self-evident, much of medical research has not reflected this difference, neglecting to analyze data by sex or even include women as subjects — omissions that have been recognized and now occur less frequently (though they still do).

In the military, especially in the field environment, the special needs of women often are not accommodated, potentially leading to adverse health

consequences such as musculoskeletal problems, urinary tract infections, unreported sexual trauma, sexually transmitted infections and PTSD.

Women currently make up 20 percent of the military and 10 percent of America's deployed troops. Although federal law bans them from combat, they are very much in the fight, taking and returning fire in a war where there is no clear front line.

To consider the special concerns facing women during military service

and after return to civilian life, the nonprofit Institute of Federal Health Care held a roundtable discussion attended by representatives of federal agencies, academia, beneficiary groups, professional organizations and the private sector.

Roundtable participants urged the Veterans Affairs and Defense departments to find way to improve collaboration on research. While both departments collect data on women's health issues, there is limited ability to share these data for research purposes. The National Institutes of Health has official policy to include and track women in research studies and is a willing partner for studies involving women in military service.

The Substance Abuse and Mental Health Services Administration (SAMSHA) has a policy academy designed to bring together individuals from various agencies working on similar issues. Roundtable participants suggested using such a format to put together a strategic plan that "defines who will do what in research" relating to women in military service. "This would allow us to move forward with issues that keep coming up again," it was suggested.

#### Problems Women Face

♦ *PTSD, which research has shown generally to occur twice as often in women as in men.* However, post traumatic stress rates among men and women who serve in the Army are almost identical, and the reasons for this are not well understood. Theories include that women are less exposed to com-

#### From the discussion ...

- **More research papers on women's health have been published in the past five years than were published in the previous 25 years.**
- **There is a need for a bridge from research to policy: Although there is a growing amount of research on women's health issues, there is not a good process to move results into policy and practice.**
- **The National Institutes of Health has a new strategic plan for women's health research that features sexual differences in such areas as neuroscience.**
- **The Armed Forces Health Surveillance Center publishes regular reports on women's health, studying heart disease, incidence of breast mass and medical conditions among women returning from deployment. Its repository of more than 1.5 billion records can be made available for research studies.**
- **The annual suicide rate for women in the Army is currently 4 or 5 per thousand, which is a decrease from a rate of 11 per thousand several years ago. While women represent a small fraction of military suicides, the number using firearms to end their lives is increasing — especially in-theater.**
- **Women who use a patient-centered medical home have improved health outcomes, particularly for cancers. Under debate within the Defense Department is whether embedding mental health providers in the medical home model can help de-stigmatize such care.**
- **The average age of women seen in Veterans Affairs Department is 48, versus 61 for men. VA physicians "have not done women's care for ages." Consequently, VA is offering mini-residencies to physicians to help them "brush up" on women's care issues and is partnering with academic medical centers for fellowships and seminars.**
- **Military commanders should be given more information and training about health issues facing women.**

bat than men, or that military women are highly trained and highly resilient and thus able to avoid post-traumatic stress. Panelists agreed that women who serve in the military are indeed highly resilient and called for further studies of this trait.

Some women veterans fear a focus on mental health problems such as PTSD may affect their employability.

A woman's hormone level can affect her response to trauma — an area that needs further research.

♦ *Sexual assault, which “exponentially” increases the likelihood of PTSD or major depression disorder.* While mechanisms exist for lodging complaints when sexual harassment or assault has occurred, there are problems with this system, including lack of confidentiality in the combat environment.

Women who report an assault fear being ostracized from their units.

If the perpetrator is of higher rank, the woman may feel no one will believe her. “We need to focus on prosecuting the perpetrators.”

While men also can experience sexual assault, women generally are more vulnerable and are more likely to enter military service with a history of childhood sexual abuse, which further complicates their ability to deal with assault in the military environment.

The VA maintains a special program at its Palo Alto medical center that focuses on sexual assault issues facing female veterans.

♦ *Sexually transmitted infections (STIs).* Data on STIs among women in the military generally are sparse, in part because symptoms may not be evident until much later. “Very little” is known about STIs in the deployed environment.

Screening is an effective tool for detecting STIs such as chlamydia —

rates are four times higher in women than in men — and all of the services conduct annual chlamydia screens for women. The Navy, Air Force and Marine Corps also screen recruits as they are brought on duty, but the Army does not — the upshot being that Army recruits exhibit a higher infection rate at 14 months of active duty, when their first screening takes place. Recruit screening has been recommended consistently by such bodies as the Defense Health Board.

Studies have shown that screening men as well as women is cost-effective. “Until we screen the other half of the equation, these men will go out and infect more women.”

Since 2001, the rate of STIs around deployment installations has increased — yet there is no good communication between the defense and civilian public health communities. These kinds of partnership issues need to be addressed.

STIs in women have potential impact on reproductive health.

Unintended pregnancy remains a significant problem among women on active duty. While prevention works, it is not being done on a large scale — “but needs to be.”

♦ *Urinary tract infections (UTIs).* The field environment is a challenge for women, who find it difficult to use portable toilets while wearing heavy body armor. Consequently, they often restrict their fluid intake to minimize the need to urinate, leading to development of UTIs — 30 percent of women experience vaginitis while deployed.

Similarly, some women opt to suppress menstruation while they are deployed, the long-term implications of which remain unknown. “We need more attention to this issue.

♦ *Musculoskeletal problems.* Musculoskeletal injuries are common among women in the military, largely because of poorly designed equipment and armor. For example, women suffer pelvic floor injuries from parachute equipment, which can lead to urinary incontinence.

These differences in equipment size and design were discovered decades ago, yet problems persist.

Roundtable participants agreed that the interest, resources, and opportunities abound for future research and collaboration to improve the health of women military members and veterans.

Participants in this roundtable: Brian Agan of the Uniformed Services University of the Health Sciences, Chandra Banks of Iraq and Afghanistan Veterans of America, Kathy Beasley of MOAA, Lisa Begg of the National Institutes of Health, Anuradha Bhagwati of the Service Women's Action Network, René Campos of MOAA, Victoria Cassano of the Veterans Health Administration, Marge Crowl of Triwest Healthcare Alliance, Dolores Dunn of the House Committee on Veterans Affairs, Joel Gaydos of the Armed Forces Health Surveillance Center, Charlotte Gaydos of Johns Hopkins University, Phyllis Greenberger of the Society for Women's Health Research, Carol Haig of the Army Surgeon General's Office, Laura Herrera of the Veterans Health Administration, Joy Ilem of Disabled American Veterans, Janice Krupnick of Georgetown University Medical Center, Sharon Ludwig of the Armed Forces Health Surveillance Center, Frank Maguire of Triwest Healthcare Alliance, Saralyn Mark of NASA, Kathie McCracken of the Defense Department, Arnauld Nicogossian of George Mason University, Joyce Raezer of the National Military Family Association, Elspeth Ritche of the District of Columbia Health Department, Cecili Sessions of the Armed Forces Health Surveillance Center, Diana Tabler of the Senate Armed Services Committee, Stephanie Weaver of the National Guard, Cathy Wiblemo of the House Committee on Veterans Affairs, Elizabeth Yano of the Veterans Health Administration.

The roundtable was moderated by Rick Erdmann of the Institute of Medicine. IFHC Managing Director is Nancy Tomich ([www.fedhealthinst.org](http://www.fedhealthinst.org)).