OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT - 7 2010

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to House Report 111-166, page 336, and Section 567(b) of the National Defense Authorization Act for Fiscal Year 2010. It provides information on the availability of comprehensive and proper medical care for victims of sexual assault in combat zones and the availability and adequacy of post-mobilization medical and mental health care for victims of sexual assault in the Reserve Components. It addresses current availability of sexual assault medical forensic examination protocols, trained personnel, and requisite equipment in combat zones. It also identifies barriers to providing timely care and provides recommendations to improve capability to conduct timely and effective sexual assault medical forensic examinations. We apologize that this report was delayed by our extensive coordination process.

We will continue to move forward to ensure that victims of sexual assault—in combat zones or elsewhere, Active Duty or Reserve Components—receive timely, comprehensive, respectful medical and mental health care. Thank you for your continued support of the Military Health System.

Sincerely,

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable Lindsey O. Graham
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT - 7 2010

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

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cc:
The Honorable John McCain
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT - 7 2010

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

OCT - 7 2010

Dear Madam Chairwoman:

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As stated

cc:
The Honorable Joe Wilson
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

OCT 7 2010

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Enclosure:
As stated

cc:
The Honorable Thad Cochran
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

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Committee on Appropriations
United States Senate
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The Honorable Thad Cochran
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OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

OCT - 7 2010

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Enclosure:
As stated

cc:
The Honorable Jerry Lewis
Ranking Member

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

OCT 7 2010

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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(Health Affairs)

Enclosure:
As stated

cc:
The Honorable C. W. Bill Young
Ranking Member

Improved Prevention and Response to Allegations of Sexual Assault Involving Members of the Armed Forces and Availability of Care for Victims of Sexual Assault

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REPORT TO CONGRESS

PREPARED BY:

ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

JULY 2010

Availability of Proper and Comprehensive Medical Care for Victims of Sexual Assault

JULY 2010

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REPORT REQUIREMENTS

Section 567(b) of the National Defense Authorization Act for Fiscal Year (FY) 2010 requires a report on Improved Prevention and Response to Allegations of Sexual Assault Involving Members of the Armed Forces and House Report 111-166 requests the Secretary of Defense to report to Congress on the availability and adequacy of proper medical care, including mental health care, for victims of sexual assault in combat zones. The committee further directs the Secretary of Defense to report on the availability and adequacy of post-mobilization medical and mental health care for victims of sexual assault in the Reserve Components.

EXECUTIVE SUMMARY

This report responds to the requirements set forth in Section 567 of NDAA 2010, Improved Prevention and Response to Allegations of Sexual Assault Involving Members of the Armed Forces, particularly in regards to sexual assault medical forensic examinations and also provides an overview on the status of the availability and adequacy of medical care for victims of sexual assault in the Combat Areas of Interest (CAIs). It briefly describes the methodology used to gather pertinent information and follows with specific Service-level data on medical services provided to victims. The report also lists relevant information pertaining to the execution of Service-level policies for the prevention and response to sexual assault in combat zones. Policies and initiatives specifically addressing post-mobilization care for members of the Reserve Components (RC) are identified. Lastly, the report briefly outlines actions that are currently in progress—vis-à-vis continuing coordination and collaboration of key stakeholders—to ensure improvement in the care of sexual assault victims in combat zones.

INTRODUCTION AND BACKGROUND

In 2005, the Department of Defense (DoD) adopted the Sexual Assault Prevention and Response (SAPR) policy by utilizing existing promising practices from the civilian community as a framework to shape the military's response system. The system is comprised of professionals who work as a team to provide expert care for victims worldwide 24 hours a day, 7 days a week. Immediately following a victim's report, care begins. The heart of the sexual assault response system is the Sexual Assault Response Coordinator (SARC) and Victim Advocate (VA). Every military installation in the world, *both in garrison and deployed*, has SARCs and VAs.

The response to sexual assault victims is delivered through three program functions: First, the SARC or VA explain reporting options, services available, how services are accessed, and the resources that are available to assist navigation with the military criminal justice process to the victim. Second, Service member victims have two reporting options: Restricted or Unrestricted. This is a personal choice based on their wish for privacy and desired level of participation in the military criminal justice process. Restricted Reporting is a confidential reporting method that allows a Service member to report or disclose to specified officials that he or she has been the victim of a sexual assault. This option is significant to the Department's medical community as it gives the member access to medical care, counseling, and victim advocacy, without requiring those specific officials to automatically report the matter to law enforcement or initiate an official investigation. In addition, Restricted Reporting preserves the possibility of future prosecution by allowing victims to receive sexual assault forensic

examinations (SAFEs) anonymously. Third, a team of highly trained professionals is available to assist with medical care, counseling, spiritual support, and legal resources.

With the publication of the Department of Defense Instruction (DoDI) 6495.02[1], it became DoD policy to prevent and eliminate sexual assault within the Department by providing comprehensive procedures to better establish a culture of prevention, and response that enhances the safety and well-being of all DoD members. The Instruction assigned responsibility for ensuring standardized, timely, accessible, and comprehensive healthcare for sexually assaulted beneficiaries to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)).

One of the goals of this report is to provide accurate and consistent information regarding the current availability of sexual assault medical forensic examination protocols, trained personnel, and requisite equipment in combat zones. The process, therefore, used information previously submitted to Congress in March 2010 in the DoD's Sexual Assault Prevention and Response FY 2009 Annual Report on Sexual Assault in the Military (hereafter, referred to as the Annual Report). Specific information on medical care provided in the CAIs was validated, and updated as warranted, by the Military Services.

OVERVIEW OF SEXUAL ASSAULT IN COMBAT ZONES

In FY09, the CAIs included Bahrain, Iraq, Jordan, Lebanon, Syria, Yemen, Egypt, Djibouti, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, Iran, Pakistan, Afghanistan, and Kyrgyzstan. In the Annual Report, the Sexual Assault Prevention and Response Office (SAPRO) reported 279 incidents of sexual assault in all CAIs. Of that number,

[1] Copy may be viewed at http://www.dtic.mil/whs/directives/corres/pdf/124102p.pdf

215 reports (Restricted and Unrestricted Reports combined) were for sexual assault incidents in Iraq and Afghanistan (175 and 40, respectively).[2]

The network of SAPR Program elements with units deployed to the U.S. Central Command (CENTCOM) area of responsibility (AOR) cover a population of approximately 300,000 personnel; over 150,000 Service members plus a comparable number of civilian and DoD contractors. The focus of these elements is prevention, awareness and mitigation of risk factors, and immediate response to victims. The medical community's focus is on the treatment and care of the sexual assault victim.

Care may include the assessment and treatment of injuries; a sexual assault forensic examination (SAFE); pregnancy testing and care; testing and prophylaxis for sexually transmitted infections (STIs); Human Immunodeficiency Virus (HIV) prophylaxis; mental health counseling, etc. It is important to note that while the medical community understands the importance for all victims to seek medical care as quickly as possible—*the decision to seek or refuse care ultimately resides with the victim.* It is the DoD's policy and expectation that care that is needed, or desired, will be available as appropriate.

AVAILABILITY AND ADEQUACY OF MEDICAL CARE IN COMBAT ZONES

DoD provides information on the availability and adequacy of proper medical care in its Annual Report. The Service reports quantify the number of service referrals provided for sexual assault victims. Referrals are categorized as medical; counseling; SAFEs; and instances where supplies to provide the appropriate care were not available. It is important to note that the

[2] Department of Defense Sexual Assault Prevention and Response Fiscal Year 2009 Annual Report on Sexual Assault in the Military, March 2010

medical community recognizes that, ideally, non urgent care for all sexually assaulted victims need to seek care—to address emergent medical and mental health care needs—but that the actual choice to seek care resides with the victim. Additionally, the numbers of service referrals reported by DoD (for all referrals) do not correlate directly to the number of reports or cases since an individual victim may have multiple referrals or none based on victim preference. Information for FY09 service referrals is provided below. This section also reports on the availability of sexual assault medical forensic examination protocols, trained personnel, and requisite equipment in combat zones.

Service-specific policies outline the protocols used to conduct the SAFE. Additionally, through tri-Service collaboration, the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations[3] (hereafter known as the National Protocol) is being adopted as a DoD standardized resource for the SAFE. Actions are currently in-progress to modify the DoD and Service policies to reflect the implementation of the National Protocol. The National Protocol's current version is available via the internet. The Army Medical Command (MEDCOM) also reports that they support and coordinate with the deployed Theater Surgeon on policy and training issues via conference calls. In FY09, MEDCOM provided 100 DVDs of the Sexual Assault Forensic and Clinical Management, a virtual practicum, to facilitate Theater forensic training.

There has been continued coordination between MEDCOM and the Multi-National Corps – Iraq (MNC-I) Surgeon to provide support to sexual assault patients. The MNC-I Surgeon reported caring for 47 sexual assault patients during FY09 (compared to 31 in FY08), with a staff of four Sexual SAFE examiners, 13 Sexual Assault Clinical Providers (SACPs) and six Sexual Assault Care Coordinators (SACCs).

[3] Copy may be view at http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf

In the Annual Report, based on information provided by the Military Services, there was only one incident where necessary supplies to provide the SAFE were unavailable. Service-specific data and other pertinent information follows:

Army:

ARMY COMBAT AREAS OF INTEREST		
	UNRESTRICTED REPORTING	RESTRICTED REPORTING
# Service Member Victims	188	41
# Non-Service Member Victims	7	0
Services Provided to Victims		
Medical	15	10
Counseling	9	11
SAFEs	9	6
Instances where supplies were not available	0	0

Other Relevant Information:

- Recognizing that the DoD framework is a multi-disciplinary construct comprised of professionals who work as a team, the choice to seek medical care may be influenced and/or coordinated by other SAPR team members:
    - Deployable Sexual Assault Response Coordinators (DSARCs) and Unit Victim Advocates (UVA) are soldiers who receive specialized training and assist their commanders (as a collateral duty) in executing their SAPR programs and coordinating sexual assault response efforts including medical.
    - During FY09, Army SAPR Program Managers in the Iraqi Theater of Operations (ITO) reported 90 trained DSARCs and 290 UVAs to oversee and administer the program in deployed units. Additionally, the Army Central (ARCENT) SAPR

Program Office organized and conducted four training certification sessions, training 78 DSARCs and 226 UVAs.

- The U.S. Army Criminal Investigation Laboratory (USACIL) processes SAFE kits for evidence for all U.S. military forces worldwide, *including units deployed to the CENTCOM AOR.* There were no reports of sexual assault cases during FY09 in which processing issues at USACIL hindered an investigation.

Navy:

NAVY COMBAT AREAS OF INTEREST		
	UNRESTRICTED REPORTING	RESTRICTED REPORTING
# Service Member Victims	41	2
# Non-Service Member Victims	2	0
Services Provided to Victims		
Medical	11	5
Counseling	13	5
SAFEs	0	0
Instances where supplies were not available	0	1

Other Relevant Information:

- The locations of sexual assault incidents varied, due most likely to the nature of the Navy's mission. Bahrain had five sexual assault reports, Iraq and the United Arab Emirates (UAE) each had five, Kuwait had three, Jordan had two and Djibouti had one. The Navy did not receive any reports from Afghanistan.
- In-country deployed Navy units must rely on the other military service health clinics for a SAFE to be performed.
- Each command is required to have a trained VA available when deployed.

- Victims are medically evacuated to hospitals for forensic collection and counseling when needed.
- VA's on deployment are instructed to contact the SARC for any assistance needed in the event of an assault while on deployment.

Marine Corps:

MARINE COMBAT AREAS OF INTEREST		
	UNRESTRICTED REPORTING	RESTRICTED REPORTING
# Service Member Victims	8	0
# Non-Service Member Victims	1	0
Services Provided to Victims		
Medical	*No data specific to the CAI on service referrals was collected.	
Counseling		
SAFEs		
Instances where supplies were not available		

Other Relevant Information:

No data specific to the CAI was collected for service referrals.

Air Force:

AIR FORCE COMBAT AREAS OF INTEREST		
	UNRESTRICTED REPORTING	RESTRICTED REPORTING
# Service Member Victims	12	15
# Non-Service Member Victims	0	0
Services Provided to Victims		
Medical	11	2
Counseling	9	2
SAFEs	2	0
Instances where supplies were not available	0	0

Other Relevant Information:

- The Air Force (AF) conducts sexual assault awareness and prevention training prior to members deploying. As part of this training, members are advised of reporting processes, key services (including medical), and unique circumstances for projected place of duty to enable a safer environment.
- Throughout FY09, approximately 60,000 members attended mandatory pre-deployment training.
- The AF maintained seven primary locations in the AOR (CAI) with full-time SARCs, who were responsible for geographically separated units attached to the respective main-operating base.
- All deployable SARCs are pre-designated for rotation and prepared prior to departure by an additional SARC 3-day Course at Air University; SARCs in the AOR (CAI) mirror home station operations as much as possible so all support and activities are similar for the support population.
- The AF reports that units in deployed locations have consistently reported having the needed supplies to conduct sexual offense investigations.
    - A specific improvement fielded in FY09 included a new centralized crime scene supplies and equipment replenishment system. The new system provides a web-based catalog and order process for over 170 supply and equipment items required for processing crime scenes.
    - Supply items include SAFE kits and other essential supplies for handling sexual offenses. The new central ordering and funding process saves time, ensures standardization of field supply and equipment items, and removes funding

challenges from consideration in delivering needed supplies to operational field units.

ASSESSMENT OF BARRIERS TO CARE

The delivery of comprehensive care to sexual assault victims requires that the appropriate trained providers with the right skills and equipment are available at the right time and place where needed. The requirements in all categories are specific and rigorous, and a unique requirement in the management of the sexual assault victim is working within the optimal timeframe to collect forensic evidentiary material. The National Protocol identifies that research and evidence analyses indicate that some evidence may be available beyond 72 hours following a sexual assault. However, the 72 hour-window following sexual assault is a generally accepted guideline for obtaining evidence for the forensic collection kit. To optimize collection of forensic material, victims may need to delay changing clothing, showering or bathing, urinating, eating or drinking until completion of the forensic examination. Compassionate and sensitive care for the victim would require, therefore, that care for the sexual assault victim be prioritized as an emergency. Meeting these requirements in a combat zone means surmounting a number of barriers. The Services identified specific barriers, and they have been grouped as addressing personnel; transportation; supplies and equipment; and policies and processes issues.

- Personnel:
    - Not all otherwise deployment-ready healthcare providers possess the requisite training to conduct SAFEs.

- Training providers to perform these SAFEs is a lengthy process and, especially in the case of the large number of reserve providers in theater, may delay their general deployability.
- In a deployed environment, providers may be unable to employ the required skills with the frequency (and supervision) necessary to develop desired proficiency.
- Healthcare providers with sexual assault expertise may not be assigned to the location where the sexual assault victims are treated. Victim advocate, medical, and law enforcement personnel rotate throughout the battle space.
- Challenges integrating new responders into the program following Transfer of Authority.

- Transportation:
  - Access to timely transport of victim to provider (or vice-versa) is limited and must be balanced against the demand for access to address competing threats to life, limb, or eyesight.
  - Transporting victims to treatment facilities in a hostile environment is always contingent upon safety, operational necessity, environmental conditions, and tasking/sortie rate of platforms.
- Supplies and Equipment:
  - Specialized equipment (colposcopes, cameras, lights, etc.) that may be needed to conduct the examination and preserve evidence of the assault lacks standardization (i.e., different makes, models, etc.) at all echelons of care, especially those in remote areas.
- Policy and Process:

- Protecting the Service member's identity if a SAFE is requested for a Restricted Report.
- Protocols for handling SAFE kits for Restricted Reports varies between the Services. Collaboration among Service SARCs has helped in increasing communication with other military branches in order to effectively manage any victims of sexual assault.
- Challenges exist for Individual Augmentees when they seek support in a new environment with different protocols, SAPR terminology, and positions.

POST MOBILIZATION CARE IN THE RESERVE COMPONENTS

Ensuring that all sexually assaulted members of the armed forces have access to comprehensive care is critical including the specific requirements for the RC post mobilization. Legislation and DoD Directives and Instructions govern the availability and adequacy of post-mobilization medical and mental health care for victims of sexual assault in the RC. DoD policy authorizing medical and dental care for members of the RCs who incur or aggravate an injury, illness, or disease in the line of duty is defined in the DoDI 1241.2, "RC Incapacitation System Management."[4] An RC member presenting for emergency treatment at a military treatment facility after termination of military duty, stating that the emergent condition is related to an injury, illness, or disease incurred or aggravated as a result of a period of duty, will be examined and provided necessary medical care.

[4] Copy may be viewed at http://www.dtic.mil/whs/directives/corres/pdf/124102p.pdf

DoD policy governing the availability and adequacy of medical and mental health care for victims of sexual assault is established in the DoDI 6495.02, Sexual Assault Prevention and Response Program Procedures. Specific requirements for members of the RC are:

- Section 5.7.1 directs that the Secretaries of the Military Departments to establish comprehensive policies, procedures, and programs and ensure implementation, monitoring, and evaluation at all levels of military command.
- Enclosure 3, Section E3.2.16 requires that members of the RC are able to access medical treatment and counseling for injuries and illness incurred from a sexual assault inflicted upon a Service member while in a status where the member is eligible to make a Restricted Report.
- Enclosure 3 Section E3.2.16.1 requires that the Services have processes for making line of duty (LOD) determinations without the victim being identified to law enforcement or command and to enable the victim to access medical care and psychological counseling without identifying injuries from sexual assault as the cause.
- Enclosure 3 Section E3.2.16.2 requires the commander of the Reserve Command in each component and the Directors of the Army and Air National Guard Bureaus to identify appropriate individuals within their respective organizations to process LOD for victims of sexual assault who are eligible to make Restricted Reports. These individuals are specifically authorized to receive covered communications to determine LOD status.
- Enclosure 3, Section E3.2.16.4 specifies that a credentialed medical or mental health provider must recommend a continued treatment plan if medical or mental health care is required beyond initial treatment and follow-up.

In FY09, a Department review was conducted to identify inconsistencies between Military Service SAPR policy and the DoDI 6495.02. The review identified a significant discrepancy in that the LOD determination processes had not been modified to address RC victim privacy and care following a Restricted Report.

An LOD determination is an administrative tool for determining a members' duty status at the time an injury, illness, disability, or death is incurred. On the basis of the LOD determination, the member may be entitled to benefits administered by the Department, or exposed to liabilities. The key is the nexus between the injury, illness, disability, or death and the member's duty status. In the case of sexual assault while mobilized, this determination is often straightforward and allows the member's medical benefits to continue. However, the LOD determination itself is usually made by someone in the command structure who cannot maintain a Restricted Report under the DoD policy.

The Annual Report indicated that the individual Military Services are modifying their policies to address the identified discrepancy. These Service-level policy modifications will allow members of the RC—who elect to make a Restricted Report—to continue with confidential care following release from duty.

The National Defense Authorization Act of 2008, Section 1707, amended Title 38, United States Code (U.S.C.), Section 1710(e)(3). This legislation, signed into law on January 28, 2008, extended the period of eligibility for health care for veterans who served in a theater of combat operations after November 11, 1998, (commonly referred to as combat veterans or OEF/OIF veterans). Under the "Combat Veteran" authority, the Department of Veterans Affairs (VA) provides cost-free health care services for conditions possibly related to military service including Military Sexual Trauma (MST).

The VA has developed a number of initiatives promoting the coordination of care for active duty personnel and personnel recently released from duty. In official testimony to the Subcommittees on Health and Disability and Memorial Affairs[5], the VA states that most coordination of clinical care for active duty personnel seeking sexual assault related care occurs at the local level and is dependent upon the relationships that specific VA facilities have negotiated with local military installations. VA coordinators participate in local outreach events to ensure inclusion of service members.

PLANS TO IMPROVE CARE IN COMBAT ZONES

Despite the multiple barriers for providing care to sexual assault victims in combat zones, the Department is committed to ensuring access to timely, comprehensive quality care.

- Action #1: Establish policy classifying sexual assault as an emergency thereby giving victims the same **priority** as emergency cases.
- Action #2: Develop processes and procedures to survey in-theater Military Treatment Facilities (MTFs) on the availability of appropriate equipment and supplies to facilitate a standardized annual assessment of the capabilities to provide comprehensive, timely, and accessible care.
- Action #3: Continue to enhance and optimize coordination and collaboration efforts among the Military Services, SAPRO, and other key stakeholders. As stated at the beginning of this report, the DoD program is comprised of professionals who work as a *team* to provide expert care for victims worldwide 24 hours a day, 7 days a week. Strong

[5] May be viewed at http://veterans.house.gov/hearings/Testimony.aspx?TID=62195&Newsid=577&Name=%20Bradley%20G.%20Mayes

relationships at the local level between the SARCs, VAs, and members of the medical community are critical to support the needs of sexual assault victims. Initiatives to increase and strengthen were implemented in October 2009 with the implementation of a Health Affairs Sexual Assault Integrated Policy Team (HA-SAIPT). This forum facilitates effective and efficient coordination for the DoD medical community. Work is in-progress and will continue as required.

CONCLUSION

The DoD medical community remains committed to providing the very best care to sexual assault victims including those in combat zones. While the conditions in these settings present unique challenges, it is imperative that measures to ensure and sustain the delivery of timely, comprehensive, compassionate, quality care are identified and implemented. We will continue to strengthen collaboration and coordination with unit leadership, D-SARCs and UVAs, as it is through these channels that victims are often encouraged to seek necessary medical care.

The SAPRO's 2009 *theme that sexual assault "Hurts One . . .Affects All"* resonates with the DoD medical community. We are committed to ensuring the provision—or coordination—of timely, quality, compassionate medical care for our deployed sexually assaulted victims. This will be *achieved* through continued standardization of policies, guidance, processes, supplies and equipment; and continuous and effective training and education. It will be *optimized* through effective collaboration and partnership between the SAPRO, the ASD(HA), the Military Departments, and other relevant Federal partners.