

United States Senate

WASHINGTON, DC 20510

March 23, 2023

Dr. Lester Martinez-Lopez
Assistant Secretary of Defense for Health Affairs
Department of Defense
4000 Defense Pentagon
Washington, DC 20301

LTG Telita Crosland
Director, Defense Health Agency
Department of Defense
4000 Defense Pentagon
Washington, DC 20301

Dear Dr. Martinez and LTG Crosland:

As part of the Fiscal Year (FY) 2022 National Defense Authorization Act (NDAA), Congress passed Section 701 based on S.194/H.R.2767, the bipartisan SERVE Act, to expand access to eating disorders care for military family members over 20 years old and improve eating disorders identification and treatment for service members. These provisions were to be implemented by October 1, 2022, as specified by the FY22 NDAA. However, we understand that the Department of Defense (DOD) has yet to implement the provisions thus far.

Service members and their families are disproportionately affected by eating disorders,¹ with the Defense Health Board revealing significant impacts on active-duty servicewomen's readiness and health.² Military spouses and children also suffer eating disorder symptoms at rates three times their civilian counterparts.³ According to the DOD, 19,468 dependents were diagnosed with an eating disorder from FY 2014 through FY 2018.⁴ Meanwhile, eating disorders carry the second highest mortality rate of any psychiatric condition, with suicide occurring 23 times more often than in the general population.⁵

Despite these disturbing rates – which have only worsened during the pandemic,⁶ we understand that the DOD has still not implemented Sec. 701 to provide residential eating disorders care for adult active-duty dependents between the ages of 21 and 64 years old. It is our understanding that residential treatment for eating disorders is a generally accepted medical standard of evidence-based care effective in weight restoration and reduction of disordered behaviors for adult patients.⁷ Thus, congressional intent with the SERVE Act was to address this gap in coverage and to provide comprehensive care equivalent to what is provided for civilians. We would appreciate the DOD providing its clinical justification or further information on why the DOD has made the decision to not cover services provided at residential

¹ Bartlett, B. and Mitchell, K., 2015. Eating disorders in military and veteran men and women: A systematic review. *International Journal of Eating Disorders*, 48(8), pp.1057-1069. Waasdorp, C. E., Caboot, J. B., Robinson, C. A., Abraham, A. A., & Adelman, W. P. (2007). Screening Military Dependent Adolescent Females for Disordered Eating. *Military Medicine*, 172(9), 962-967.

² Parkinson, M., 2021. Decision Brief: Active Duty Women's Health Care Services. [online] Health.mil. Available at: <https://health.mil/Reference-Center/Presentations/2020/11/05/ADWHDDecision-Brief>.

³ Higgins Neyland MK, Shank LM, Burke NL, et al. Parental deployment and distress, and adolescent disordered eating in prevention-seeking military dependents. *Int J Eat Disord*. 2019;1-9. <https://doi.org/10.1002/eat.231806>.

⁴ Armed Forces Health Surveillance Branch, Diagnoses of Eating Disorders, Active Component Service Members, U.S. Armed Forces, 2013-2017, Medical Surveillance Monthly Report, (Silver Spring, MD: June 2018), p. 18.

⁵ Arcelus, J., Mitchell, A.J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7),724-731. Harris, E.C. & Barraclough, B. (1997). Suicide as an outcome for mental disorders: a meta-analysis. *British Journal of Psychiatry*, 170(3), 205-228.

⁶ Dave Little, MD, Adrianna Teriakidis, PhD, Eric Lindgren, JD, Steven Allen, MD, Eric Barkley, Lily Rubin-Miller, MPH, April 2021, <https://epicresearch.org/articles/increase-in-adolescent-hospitalizations-related-to-eating-disorders>.

⁷ Fisher, M., Henretty, J. R., Cox, S. A., Feinstein, R., Fornari, V., Moskowitz, L., Schneider, M., Levine, S., Malizio, J., & Fishbein, J. (2019). Demographics and outcomes of patients with eating disorders treated in residential care. *Frontiers in Psychology*, 10, 2985. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02985/full>. Twohig, M. P., Bluett, E. J., Cullum, J. L., Mitchell, P. R., Powers, P. S., Lensegrav-Benson, T., & Quakenbush-Roberts, B. (2016). Effectiveness and clinical response rates of a residential eating disorders facility. *Eating Disorders*, 24(3), 224-239. http://www.avalonhills.org/wp-content/uploads/2019/10/Effectiveness_and_clinical_response_rates.pdf

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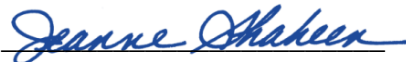
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treatment centers. We respectfully request you provide us a response that includes such justification no later than April 21, 2023.

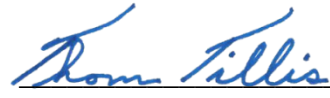
As our nation recently observed Eating Disorders Awareness Week, we urge the DOD to take immediate action to implement the provisions passed by Congress and signed by the President as part of the FY 2022 NDAA and provide active-duty dependents with access to care at residential treatment centers.

Thank you for your attention to this request and your continued service in support of the well-being of our service members and military families.

Sincerely,



Jeanne Shaheen
United States Senator



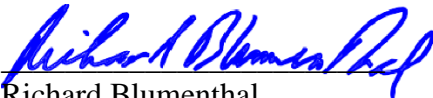
Thom Tillis
United States Senator



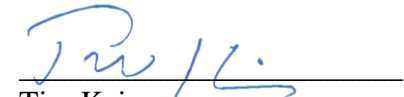
Tammy Baldwin
United States Senator



Shelley Moore Capito
United States Senator



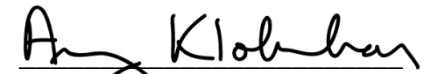
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United States Senator



Tim Kaine
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