

March 26, 2021

The Honorable Jack Reed
Chairman
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Roger Wicker
Ranking Member
Armed Services Committee
United States Senate
Washington, DC 20510

The Honorable Adam Smith
Chairman
Armed Services Committee
United States House of Representatives
Washington, DC 20515

The Honorable Mike Rogers
Ranking Member
Armed Services Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Reed and Ranking Member Wicker, and Chairman Smith and Ranking Member Rogers:

The MHLG is pleased to express its strong support for the bipartisan Supporting Eating Disorders Recovery Through Vital Expansion (SERVE) Act (H.R. 1309/S. 194), led by Sens. Shaheen (D-NH) and Tillis (R-NC) in the Senate, and Representatives Moulton (D-MA), Katko (R-NY), and Escobar (D-TX) in the House. This bill would improve access to care, early identification, and quality of care for servicemembers and military family members affected by eating disorders.

Eating disorders are serious mental illnesses that affect 28.8 million Americans over the course of their lifetimes,¹ including people of all backgrounds, races, ethnicities, body sizes, gender and sexual identities, and socioeconomic statuses. Eating disorders have the second highest mortality rate of any psychiatric condition,² second only to opioid use disorder, due to an elevated risk of suicide and serious medical comorbidities caused by eating disorders. When left untreated, eating disorders cost the American economy \$64.7 billion every year, with \$23.5 billion of that cost shouldered by families and individuals.³

Servicemembers are affected by eating disorders at higher rates than the general public due to risk factors unique to their military experience, including strict weight and body size requirements, combat exposure, Post-Traumatic Stress Disorder (PTSD), and military sexual trauma.⁴ The problem is only accelerating, as studies have shown that diagnoses of eating disorders among military personnel rose 26% from 2013-2016,⁵ and another study found 16% of female veterans had an eating disorder.⁶ Additionally, a recent report by the Defense Health Board unveiled that active-duty servicewomen are disproportionately affected by eating disorders, impacting their readiness and health.⁷

The spouses and children of servicemembers are also affected at higher rates than the general population; 21% of children of servicemembers and 26% of spouses of servicemembers are symptomatic for an eating disorder,⁸ rates 3 times higher than their civilian peers.⁹ The Defense Health Board, the Eating Disorders Coalition, and researchers recommend filling gaps in eating disorders coverage under TRICARE and implementing protocols and guidance to better screen, identify, refer, and treat servicemembers and their family members affected by eating disorders.

The bipartisan SERVE Act would take two steps to ensure servicemembers and their family members can access care and be identified early. First, the SERVE Act would extend the age limit for military family members to access 24/7 residential eating disorders care from up to 21 years old to the Medicare-eligibility age, so beneficiaries can access needed care regardless of age. Approximately 5-10% of people affected by eating disorders will need this higher level of care, and such care would be available to military family members of all ages if they had substance use disorder. The SERVE Act would

¹ Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

² 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.

³ Ibid (1)

⁴ 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.

⁵ Williams, Valerie AU., Stahlman, Shauna AU., Taubman, Stephen. (2018). Diagnoses of eating disorders, active component service members, U.S. Armed Forces, 2013-2017. VL-25.

⁶ Slane, J., Levine, M., Borrero, S., Mattocks, K., Ozier, A., Silliker, N., Bathulapalli, H., Brandt, C. and Haskell, S., 2016. Eating Behaviors: Prevalence, Psychiatric Comorbidity, and Associations With Body Mass Index Among Male and Female Iraq and Afghanistan Veterans. *Military Medicine*, 181(11), pp.e1650-e1656.

⁷ 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>>

⁸ 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. doi:10.7205/milmed.172.9.962

⁹ 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>.

also require the Secretary of Defense to take measures to identify, treat, and rehabilitate servicemembers battling eating disorders, as was done previously for substance use disorder, as well as require the DoD and VA to create clinical practice guidelines for eating disorders treatment to ensure high-quality care, which already has been done for a wide range of other medical and mental health conditions.

We urge the Committee to either pass the SERVE Act as a standalone bill or include it within the FY22 National Defense Authorization Act.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical
Social Work

American Association of Child & Adolescent Psychiatry

American Association of Suicidology

American Dance Therapy Association

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Psychiatric Association

American Psychoanalytic Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Association for Behavioral Health and Wellness

Children and Adults with Attention-
Deficit/Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Global Alliance for Behavioral Health and Social Justice

International OCD Foundation

International Society for Psychiatric Mental Health
Nurses

Maternal Mental Health Leadership Alliance

Mental Health America

NAADAC, the Association for Addiction Professionals

National Alliance on Mental Illness

National Association for Behavioral Healthcare

National Association for Children's Behavioral Health

National Association for Rural Mental Health

National Association of County Behavioral Health &
Developmental Disability Directors

National Association of Social Workers

National Association of State Mental Health Program
Directors

National Eating Disorders Association

National Federation of Families

National Register of Health Service Psychologists

REDC Consortium

RI International, Inc.

SMART Recovery

The Kennedy Forum

The National Alliance to Advance Adolescent Health

Treatment Communities of America

