

STATEMENT BY

DR. KAREN GUICE

PRINCIPAL DEPUTY ASSISTANT SECRETARY

OF DEFENSE (HEALTH AFFAIRS)

REGARDING

MEDICAL SERVICE SUPPORT TO VICTIMS OF SEXUAL ASSAULT

BEFORE THE

HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON HEALTH

JULY 19, 2013

**FOR OFFICIAL USE ONLY
UNTIL RELEASED BY
THE HOUSE VETERANS AFFAIRS COMMITTEE**

Mr. Chairman, Members of the Committee, thank you for the opportunity to discuss the Military Health System's roles and responsibilities in serving the medical needs of survivors of military sexual trauma. Together, with our colleagues at the Department of Veterans Affairs (VA), we provide the necessary health care and related services to ensure that appropriate care is timely, sensitive, and coordinated for these individuals.

The Department of Defense is committed to ensuring our Service members, as well as other survivors of sexual assault for whom we have responsibility, receive comprehensive, high quality, and compassionate medical services where and when they are needed worldwide, and this is what we will focus on today.

We have, just this year, issued a new Department of Defense Instruction (DoDI), 6495.02, that establishes clear guidelines, standards and processes, along with training and reporting requirements, to ensure that a structured, competent and coordinated continuum of health care and related services are available to every sexual assault survivor. This continuum of care begins when a survivor seeks health care services in of our military treatment facilities and extends as they transition to VA care. It is the Department's policy that survivors are treated with dignity and respect, and that those that provide their health care are trained, competent and readily available.

We require that health care is provided in a timely and standardized manner across the Services. Sexual assault survivors who seek care at one our military medical treatment facilities will be treated as an emergency. This means that they will be seen and examined immediately regardless of evidence of physical injury. Once any emergency treatment has been provided, trained medical staff members talk to the individual about sexual assault forensic exams and offer to perform the exam, or arrange for the individual to get the exam elsewhere. The health care provider also notifies the Sexual Assault Response Coordinator or Victim Advocate and arranges for any necessary and requested health care treatment. This includes appropriate testing and prophylactic treatment options for human immunodeficiency virus (HIV) and other sexually transmitted diseases; access to emergency contraception; referral to mental health services, as well as any follow on care for physical injuries. When feasible, and with the individual's consent, subsequent medical management and care is referred to the patient's own primary care team to facilitate continuity of care and support.

Procedures for conducting sexual assault forensic exams (SAFE) follow the current U.S. Department of Justice Protocol and all medical providers are trained according to this national standard. We require that all military medical treatment facilities stock standardized SAFE kits and that our health care providers use these kits when conducting an exam. Providers are also required to document their examinations using the most current edition of Department of Defense Form 2911 (DD 291), "DoD SEXUAL ASSAULT FORENSIC EXAMINATION REPORT". If the military medical facility does not have appropriately trained providers available to conduct the forensic exam, they must have an agreement with a local civilian facility. All completed forensic exam specimens are properly labeled and provided to the appropriate Military Service law

enforcement agency or Military Criminal Investigative Organization, depending on the type of reporting requested by the survivor.

Sexual Assault Response Coordinators or SARCs have the primary responsibility for coordinating care and services for survivors of military sexual assault and are available to respond and speak to these individuals at any time. SARCs are also responsible for counseling the individual on the choice between unrestricted and restricted reports, and for coordinating actions following the individual's reporting decision. When the individual elects to restrict reporting, confidentiality of information is protected through the use of a restricted reporting control number for specimen labeling following a forensic exam. This maintains the chain of custody for evidence should the individual chooses to proceed with unrestricted reporting at a later date.

We have recently reviewed the Services' compliance with policies and guidance issued in the March 28, 2013 DoDI. The Services are in full compliance with the provider availability and training standards. Sexual assault medical forensic examiners are available 24 hours a day, either within the MTF or through current signed agreements with local civilian facilities. Each Service has written policies addressing the specific medical response requirements in accordance with the DoDI.

We recognize that the long-term needs of sexual assault survivors often extend beyond the period in which a Service member remains on active duty. Ensuring that these individuals have a successful and sensitive transition to services and care provided by the VA is essential. For those individuals leaving military service through the Integrated Disability Evaluation System, ongoing health care needs are identified and information is provided about access to health care in the VA. Those military members who leave service outside of IDES receive in depth presentations about VA health care and how to access those services through the Transition Assistance Program.

If the individual is still receiving behavioral health care at the time of separation from the Service, s/he will be linked to the DoD *inTransition* Program to help ensure that continuity of care is maintained. This program assigns Service members an *inTransition* support coach to bridge of support between health care systems and providers through coaching assistance services by phone worldwide. The coach does not deliver behavioral health care or perform case management, but is an added resource to health care providers and case managers and supports a seamless transition.

In sum, our DoD health care policies are clear and the Military Departments have been leaning forward and diligent in executing these policies and monitoring compliance. Our approach is structured and aligned with the responsibilities of other stakeholders on military installations and within the community— to include commanders, the personnel community, the legal community, law enforcement, and local civilian authorities.

Mr. Chairman, Members of the Committee, I want to again thank you for the opportunity to appear before you today and discuss this very important issue.