

July 16, 2021

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

The Honorable James Inhofe
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 Inhofe, and Chairman Smith and Ranking Member Rogers:

The undersigned organizations are pleased to express their 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

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>.

Care would be available to military family members of all ages if they had substance use disorder. The SERVE Act would 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 include the SERVE Act within the FY 2022 National Defense Authorization Act.

Sincerely,

- 2020 Mom American Group Psychotherapy Association
- ACUTE Center for Eating Disorders Colorado – Denver AMVETS (American Veterans)
- Alliance for Eating Disorders Awareness Delaware – Newark Anxiety and Depression Association of America
- Alliance for Eating Disorders Awareness Florida – Miami BE REAL USA
- Alliance for Eating Disorders Awareness Florida – St. Petersburg Center for Discovery California – Beverly Hills
- Alliance for Eating Disorders Awareness Indiana – Fort Wayne Center for Discovery California – Danville
- Alliance for Eating Disorders Awareness Louisiana – Baton Rouge Center for Discovery California – Del Mar
- Alliance for Eating Disorders Awareness Louisiana – New Orleans Center for Discovery California – Fremont
- Alliance for Eating Disorders Awareness Mid-Atlantic Center for Discovery California – Glendale
- Alliance for Eating Disorders Awareness National Center for Discovery California – Granite Bay
- Alliance for Eating Disorders Awareness New Jersey – Pennington Center for Discovery California – La Habra
- Alliance for Eating Disorders Awareness New York – New York City Center for Discovery California – La Jolla
- Alliance for Eating Disorders Awareness Pennsylvania – Philadelphia Center for Discovery California – Lakewood
- Alliance for Eating Disorders Awareness Texas – Austin Center for Discovery California – Los Alamitos
- American Art Therapy Association Center for Discovery California – Menlo Park
- American Association for Psychoanalysis in Clinical Social Work Center for Discovery California – Newport Beach
- American Association of Suicidology Center for Discovery California – Pleasanton
- American Foundation for Suicide Prevention Center for Discovery California – Rancho Palos Verdes
- Center for Discovery California – Sacramento
- Center for Discovery California – San Diego
- Center for Discovery California – Temecula
- Center for Discovery California – Thousand Oaks
- Center for Discovery California – Torrance

Center for Discovery California – Woodland Hills

Center for Discovery Connecticut – Fairfield

Center for Discovery Connecticut – Fairfield/Wellington

Center for Discovery Connecticut – Greenwich

Center for Discovery Connecticut – Southport

Center for Discovery Florida – Maitland

Center for Discovery Florida – Monteverde

Center for Discovery Florida – North Palm Beach

Center for Discovery Florida – Tampa

Center for Discovery Georgia – Atlanta

Center for Discovery Georgia – Dunwoody

Center for Discovery Illinois – Chicago

Center for Discovery Illinois – Des Plaines

Center for Discovery Illinois – Glenview

Center for Discovery Maryland – Columbia

Center for Discovery New Jersey – Bridgewater

Center for Discovery New Jersey – Paramus

Center for Discovery New York – Hamptons

Center for Discovery Oregon – Portland

Center for Discovery Texas – Addison

Center for Discovery Texas – Austin

Center for Discovery Texas – Cypress

Center for Discovery Texas – Houston

Center for Discovery Texas – Plano

Center for Discovery Virginia – Alexandria

Center for Discovery Virginia – Fairfax

Center for Discovery Virginia – McLean

Center for Discovery Washington – Bellevue

Center for Discovery Washington – Edmonds

Center for Discovery Washington – Enumclaw

Center for Discovery Washington – Tacoma

Charleston Area Medical Center Institute of Academic Medicine, West Virginia

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Commissioned Officers Association of the U.S. Public Health Service, Inc.

Depression and Bipolar Support Alliance

Exceptional Families of the Military

F.E.A.S.T. (Families Empowered and Supporting Treatment for Eating Disorders)

Global Alliance for Behavioral Health and Social Justice

International Federation of Eating Disorder Dieticians

International Society for Psychiatric Mental Health Nurses

Living Hope Eating Disorder Treatment Center Arkansas

Living Hope Eating Disorder Treatment Center Oklahoma

Maternal Mental Health Leadership Alliance

McCallum Place Kansas – Overland Park

McCallum Place Missouri – St. Louis

Mental Health America

Military Child Education Coalition® (MCEC®)

Military Special Needs Network

Mirasol, Inc. Arizona – Tucson

National Association for Addiction Professionals (NAADAC)

National Association for Behavioral Healthcare

National Association for Children’s Behavioral Health

National Association for Rural Mental Health (NARMH)

National Association of County Behavioral Health &

Developmental Disability Directors (NACBHDD)	Walden Behavioral Care Connecticut – Guildford
National Center of Excellence for Eating Disorders	Walden Behavioral Care Connecticut – South Windsor
National Federation of Families	Walden Behavioral Care Georgia – Alpharetta
National Military Family Association	Walden Behavioral Care Georgia – Dunwoody
Project HEAL	Walden Behavioral Care Massachusetts – Amherst
RI International, Inc.	Walden Behavioral Care Massachusetts – Braintree
SMART Recovery	Walden Behavioral Care Massachusetts – Dedham
Strategic Training Initiative for the Prevention of Eating Disorders	Walden Behavioral Care Massachusetts – Peabody
SunCloud Illinois – Lincoln Park	Walden Behavioral Care Massachusetts – Waltham
SunCloud Illinois – Naperville	Walden Behavioral Care Massachusetts – Westborough
SunCloud Illinois – Northbrook	West Virginia University School of Medicine – Charleston Division
The Barry Robinson Center	
The Emily Program Minnesota – Duluth	
The Emily Program Minnesota – Minneapolis	
The Emily Program Minnesota – St. Louis Park	
The Emily Program Minnesota – St. Paul	
The Emily Program Ohio – Cleveland	
The Emily Program Ohio – Columbus	
The Emily Program Pennsylvania – Pittsburgh	
The Emily Program Washington – Seattle	
The Emily Program Washington – South Sound	
The Emily Program Washington – Spokane	
The Kennedy Forum	
Treatment Communities of America	
Veritas Collaborative Georgia – Atlanta	
Veritas Collaborative North Carolina – Charlotte	
Veritas Collaborative North Carolina – Durham	
Veritas Collaborative Virginia – Richmond	