

Statement for the Record
Eating Disorders Coalition for Research, Policy & Action (EDC)
Consortium Representing Eating Disorders Care (REDC)

On

“Veteran Suicide Prevention: Capitalizing on What Works and Increasing Innovative Approaches”
Before the House Committee on Veterans’ Affairs
September 29, 2022

We are pleased to submit this statement on behalf of the Eating Disorders Coalition for Research, Policy & Action (EDC) and the Consortium Representing Eating Disorders Care (REDC). The EDC is a national advocacy organization representing patients, families, providers, and survivors working to elevate eating disorders as a national public health issue. The REDC is a professional association representing 80% of higher levels of eating disorders care treatment providers (including Inpatient, Residential, Partial Hospital Program or Day Treatment, and/or Intensive Outpatient Program). The EDC and REDC are well suited to provide expertise on veteran suicide prevention given the high rates of eating disorders among veterans and the relationship between eating disorders and suicidality. In the past three years, rates of eating disorders have skyrocketed as Americans have faced isolation, grief/trauma, lack of access to care, food insecurity, and interruptions in routine. Veterans have been particularly vulnerable to these factors, leading to spikes in disordered eating during the COVID pandemic and a resulting rise in veteran suicidality. Eating disorders prevention and early intervention is therefore necessary to avert suicides among the veteran population, and the EDC and REDC have assembled recommendations for processes to that end.

EATING DISORDERS AMONG U.S. VETERANS

Eating disorders are more common in the military versus the civilian population, with up to 7% of servicemen and 30% of servicewomen reporting disordered eating behaviors.¹ In particular, binge eating, vomiting, fasting, excessive exercise, and diuretic/laxative misuse are more commonly reported among military personnel and veterans than the general population.² The Connecticut VA recently found that veterans suffer bulimia at roughly triple the rate of civilians.³ Many attribute this disparity to active duty-specific factors like regimented lifestyles, strict fitness and weight standards, specific mandatory meals, and rigorous exercise.⁴ However, despite no longer facing these factors after service, female veterans report the influence of military experience on disordered eating behaviors – including binge-like eating, rapidly

¹ Rachael E. Flatt, Elliott Norman, Laura M. Thornton, Ellen E. Fitzsimmons-Craft, Katherine N. Balantekin, Lauren Smolar, Claire Mysko, Denise E. Wilfley, C. Barr Taylor, Cynthia M. Bulik, Eating disorder behaviors and treatment seeking in self-identified military personnel and veterans: Results of the National Eating Disorders Association online screening, *Eating Behaviors*, Volume 43, 2021, 101562, ISSN 1471-0153, <https://doi.org/10.1016/j.eatbeh.2021.101562>.

² *Ibid.*

³ Masheb, R. M., Ramsey, C. M., Marsh, A. G., Snow, J. L., Brandt, C. A., & Haskell, S. G. (2021). Atypical Anorexia Nervosa, not so atypical after all: Prevalence, correlates, and clinical severity among United States military Veterans. *Eating behaviors*, 41, 101496. <https://doi.org/10.1016/j.eatbeh.2021.101496>

⁴ *Ibid.*

meeting weight requirements after pregnancy, and poor eating habit socialization – and 16% of female veterans suffer an eating disorder.^{5,6}

Traumatic experiences related to military service like sexual assault, combat trauma, and Post-Traumatic Stress Disorder (PTSD) additionally contribute to eating disorders. Veterans who experienced military sexual trauma, especially men, had a nearly two-fold increased likelihood of being diagnosed with an eating disorder,⁷ and up to 10% and 14% of individuals with anorexia and bulimia, respectively, experience concurrent PTSD.^{8,9} Among Iraq and Afghanistan veterans, individuals diagnosed with mental health conditions were significantly more likely to have a co-occurring eating disorder – in particular, eating disorders were much more common among veterans with depression, PTSD, and substance use disorders.¹⁰ In addition, food insecurity – experienced by 22% of Iraq and Afghanistan veterans¹¹ – is associated with elevated eating disorder pathology.¹² Finally, given the overrepresentation of veterans in the U.S. homeless population, it's critical to note that homeless veterans were 59% more likely to be diagnosed with an eating disorder compared to housed veterans – pointing to the causal relationship between housing insecurity, food insecurity, co-occurring mental illness, and disordered eating.¹³

EATING DISORDERS AND SUICIDALITY

Eating disorders have among the highest case fatality rate of any mental health condition, in large part due to the high suicide rate.¹⁴ Nationally, 10,200 Americans die as a direct result of their eating disorder, equating to one death every 52 minutes.¹⁵ Individuals with eating disorders are 11 times more likely to attempt suicide than their peers, with one-fifth of individuals with anorexia dying by suicide.¹⁶ Among adolescents, studies have found suicidal ideation in 53% of individuals with bulimia and over one-third of

⁵ Ibid.

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 Blais, RK, Brignone, E, Maguen, S, Carter, ME, Fargo, JD, Gundlapalli, AV. Military sexual trauma is associated with post-deployment eating disorders among Afghanistan and Iraq veterans. *Int J Eat Disord*. 2017; 50: 808– 816. <https://doi.org/10.1002/eat.22705>

⁸ Rachael E. Flatt, Elliott Norman, Laura M. Thornton, Ellen E. Fitzsimmons-Craft, Katherine N. Balantekin, Lauren Smolar, Claire Mysko, Denise E. Wilfley, C. Barr Taylor, Cynthia M. Bulik, Eating disorder behaviors and treatment seeking in self-identified military personnel and veterans: Results of the National Eating Disorders Association online screening, *Eating Behaviors*, Volume 43, 2021, 101562, ISSN 1471-0153, <https://doi.org/10.1016/j.eatbeh.2021.101562>.

⁹ Valerie L. Forman-Hoffman, PhD, Michelle Mengeling, PhD, Brenda M. Booth, PhD, James Torner, PhD, Anne G. Sadler, PhD, Eating Disorders, Post-Traumatic Stress, and Sexual Trauma in Women Veterans, *Military Medicine*, Volume 177, Issue 10, October 2012, Pages 1161–1168, <https://doi.org/10.7205/MILMED-D-12-00041>

¹⁰ Shira Maguen, PhD, Beth Cohen, MD, MAS, Erin Madden, MPH, Daniel Bertenthal, MPH, Karen Seal, MD, MPH, Eating disorders and psychiatric comorbidity among Iraq and Afghanistan Veterans, *Women's Health Issues*, Volume 22, Issue 44, July 2012, <https://doi.org/10.1016/j.whi.2012.04.005>

¹¹ United States Veterans Affairs Administration, Nutrition and Food Services, last updated March 2022, https://www.nutrition.va.gov/Food_Insecurity

¹² Christensen, KA, Forbush, KT, Richson, BN, et al. Food insecurity associated with elevated eating disorder symptoms, impairment, and eating disorder diagnoses in an American University student sample before and during the beginning of the COVID-19 pandemic. *Int J Eat Disord*. 2021; 54: 1213– 1223. <https://doi.org/10.1002/eat.23517>

¹³ Whitney S Livingston, Emily Brignone, Jamison D Fargo, Adi V Gundlapalli, Shira Maguen, Rebecca K Blais, VHA-Enrolled Homeless Veterans Are at Increased Risk for Eating Disorder Diagnoses, *Military Medicine*, Volume 184, Issue 1-2, January-February 2019, Pages e71–e75, <https://doi.org/10.1093/milmed/usy175>

¹⁴ April R Smith, Kelly L Zuromski, Dorian R Dodd, Eating disorders and suicidality: what we know, what we don't know, and suggestions for future research, *Current Opinion in Psychology*, Volume 22, 2018, Pages 63-67, ISSN 2352-250X, <https://doi.org/10.1016/j.copsyc.2017.08.023>.

¹⁵ 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/>.

¹⁶ April R Smith, Kelly L Zuromski, Dorian R Dodd, Eating disorders and suicidality: what we know, what we don't know, and suggestions for future research, *Current Opinion in Psychology*, Volume 22, 2018, Pages 63-67, ISSN 2352-250X, <https://doi.org/10.1016/j.copsyc.2017.08.023>

individuals with binge eating disorder.¹⁷ Early screening, intervention, referral to care, and eating disorder treatment is critical to identifying these conditions and preventing suicides among veterans.

RECOMMENDATIONS

The veteran population can be overlooked in eating disorders prevention efforts due to misconceptions that these conditions only impact young women. However, comprehensive interventions can help mitigate these disparities and their impact on veteran suicide. The EDC and REDC provides the following recommendations for the VA and DoD to prevent eating disorders and subsequently suicide.

1. Effectively Implement the SERVE Act (P.L. 117-81)

On December 27, 2021 President Biden signed into law the National Defense Authorization Act for Fiscal Year 2022 (FY22 NDAA), which included provisions based on the bipartisan SERVE Act ([S.194/H.R.1309](#)). [Title VII Section 701](#)¹⁸ authorizes the provision of Partial Hospitalization Programming, Intensive Outpatient Programming, and residential treatment to TRICARE active-duty dependents up to the age of 64 years old, and authorizes the Secretary to prescribe regulations, implement procedures, and provide necessary facilities to identify, treat, and rehabilitate service members who have eating disorders. The implementation of these provisions will help bridge gaps in mental health care and identification for service members and their families.

Despite having an implementation deadline of September 30, 2022, and receiving correspondence from Senators Shaheen (D-NH), Tillis (R-NC), Feinstein (D-CA) Capito (R-WV), Murray (D-WA), Klobuchar (D-MN), Smith (D-MN) and Baldwin (D-WI), the DoD has refused to specifically address what steps the agency has taken to ensure TRICARE dependents are able to receive lifesaving eating disorders treatment. Additionally, low reimbursement rates and an inadequate network of providers continue to stymie progress. Only 35% of the nation's 365 eating disorder treatment facilities are authorized by TRICARE, and only 21% are in-network. In August we received an inquiry from a military family in need of eating disorders treatment for their 14-year-old daughter. The closest facility only treats patients 16-years-of-age and older and the next treatment center was in a neighboring state 187 miles away. TRICARE spouses and children – who suffer eating disorders at triple the rate of civilians – continue to be denied life-saving care.

Beyond fully implementing Title VII Section 701 of the FY22 NDAA, the EDC and REDC recommend expanding treatment for eating disorders for retiree dependents. It is estimated that out of the 2.65 million retiree family members eligible for DoD health care benefits, more than 238,000 will suffer from an eating disorder in their lifetime.¹⁹ These active-duty and retiree spouses are often veterans themselves and deserve comprehensive eating disorders treatment.

2. Train VA and DoD Providers on Eating Disorders Screening, Intervention, and Referral to Treatment

Through the SERVE Act, the Secretary of Defense is authorized to build an infrastructure through regulations, procedures, and the provision of facilities within the DoD to identify, treat, and

¹⁷ Crow, S. J., Swanson, S. A., le Grange, D., Feig, E. H., & Merikangas, K. R. (2014). Suicidal behavior in adolescents and adults with bulimia nervosa. *Comprehensive psychiatry*, 55(7), 1534–1539. <https://doi.org/10.1016/j.comppsy.2014.05.021>

¹⁸ See page 237.

¹⁹ Evaluation of the TRICARE Program: Fiscal Year 2021 Report to Congress. <https://www.health.mil/Reference-Center/Reports/2021/07/20/TRICARE-Program-Effectiveness-for-FY-2021>

rehabilitate members of the armed services who have an eating disorder. We recommend the integration of screening, brief intervention, and referral to treatment for eating disorders (SBIRT-ED) be required for all VA providers and direct care military health professionals. Nationally, only 6% of medical schools require training in eating disorders to graduate.²⁰ VA and military health professionals are therefore unlikely to be trained in eating disorders screening, symptoms, warning signs, and presentation across diverse body types, despite the elevated rates of need among veterans, active-duty, retirees, and their families.

In an effort to mitigate crisis-level services and avert suicide, the VA and DoD can partner with SAMHSA's [Center of Excellence for Eating Disorders](#). The Center has developed the SBIRT-ED protocol that equips health care providers with a validated screening tool and tailored technical assistance in the form of scripted prompts for use during a clinical visit and a step-by-step guide designed to facilitate referral to specialty care. The tools are at the disposal of these federal agencies, it is up to them to effectively deploy them.

CONCLUSION

Given the high rate of eating disorders and subsequent suicidality among U.S. active-duty and veteran populations, it is critical that the VA and DoD implement comprehensive mental health care services and supports. The EDC and REDC thank the committee for the opportunity to provide testimony on this critical topic and looks forward to working with members of the committee and federal agencies to provide our nation's heroes with the healthcare they need and deserve.

²⁰ Mahr, Fauzia, Farahmand, Pantea, Bixler, Edward O., et. al (2014). A national survey of eating disorder training