Good afternoon. My name is Carol Haig. I am a Retired Army Colonel and dually certified as a Women's Health Nurse Practitioner and a Nurse Midwife and work at the Office of the Surgeon General. I provided care to patients for over thirty years and served specifically as a sexual assault clinical provider. I have been serving as the Deputy for the Office of the Surgeon General and Medical Command Sexual Harassment and Assault Response and Prevention Work Group since May. This work group was established by The Surgeon General, LTG Patricia D. Horoho, in order to review policies and procedures to determine if changes are needed in the treatment of patients following sexual assault, and to assist the SHARP Medical Command team in compliance with the most recent directives, initiatives, and policy changes. I have provided the committee with my bio for further details regarding my credentials and education. I would like to thank this committee for the opportunity to share the role that Army Medicine plays in the provision of care to sexual assault patients.

The Army Chief of Staff has outlined the prevention of sexual assault and Soldier resiliency as top priorities for the Army. This enforces a strong climate of zero tolerance for sexual assault in the Army and reduces barriers to Soldiers requesting services. Sexual assault is a crime, an unacceptable problem for our Army and for our society, and a betrayal of Army values.

Army Medicine has a dual mission of command-wide prevention and response victim advocacy services and medical management of sexual assault patients. Sexual harassment and assault have no place in Army Medicine. As a command, Army Medicine is fully committed to stamping sexual assault out of our ranks. As medical providers, our mission is to provide comprehensive and compassionate care in a safe and trusting environment.

Commanders are held accountable for fostering an environment of mutual respect, dignity and trust at every level. All leaders are responsible for providing a safe and healthy environment throughout the Army Medical Command. Medical Commanders hold offenders accountable through judicial and administrative actions, using facts and circumstances to assess each case individually. The Army Medical Command is committed to achieving cultural change and encouraging all members of our command to take an active role in caring for others.

When sexual assault does occur, Army Medicine is committed to providing the full spectrum of care to all victims in an expedient, dignified, respectful, and compassionate way. This care crosses all ages and beneficiary categories. Our health care providers play a vital role as part of the Army's sexual assault response team for immediate and long term healthcare. We strive to be caring patient advocates who are trained in accordance with national protocols and guidelines in the evaluation and treatment of sexual assault, sensitive to both the physical and psychological needs following sexual trauma.

I would like to take some time to outline the Army Surgeon General's team's provision of services for patients presenting as victims of sexual assault and the current model of care. I will then also describe the current initiatives Army Medicine is doing to enhance and improve this model and team approach. Army Medicine has a robust sexual assault medical management team to support patients. Every Medical Treatment Facility has a sexual assault medical management program overseen by the Deputy Commander for Clinical Services, a sexual assault care coordinator (SACC) and sexual assault clinical provider (SACP). This team works with all unit Sexual Assault Response Coordinators (SARCs) and Victim Advocates (VAs) to insure comprehensive, coordinated and compassionate care to all patients following sexual assault.

The Sexual assault response coordinator (SARC) is the Commander's liaison, who manages the Sexual Harassment/Assault Response and Prevention (SHARP) Program for the Brigade Commander in support of Soldiers, family members, Department of Army civilians (OCONUS), and contractor personnel authorized to accompany US Forces OCONUS in contingency operations. The SARC emphasizes commitment to maintain a workplace environment that rejects sexual harassment, sexual assault, and attitudes that promote such behaviors. They provide policy, guidance and other information for victims of sexual harassment and sexual assault, subordinate unit commanders, first responders, and those who seek to prevent or respond to sexual harassment and sexual assault. In addition, they provide information to Soldiers, employees, managers, and family members at all levels, concentrating on systemic problems as well as individual problems. They provide program direction and guidance to all concerning reporting procedures, confidentiality, training, safety tips and resources.

The Sexual assault victim advocate provides comprehensive assistance and liaison to victims of sexual assault and sexual harassment. They provide advocacy and educational services primarily to Army personnel, family members, DoD civilians OCONUS, and contractor personnel in a deployed environment outside the Brigade.

When victims report their sexual assault within the MTF, the SARC is called first. The SARC or the VA is responsible for working with the victim to determine restricted versus unrestricted reporting options, and knitting together all of the support for victim until the case is closed. The SARC and the VA work with the healthcare team to protect the integrity of the report, regardless of option, patient privacy, and if a restricted report, patient identity.

UNRESTRICTED REPORTING allows a sexually assaulted adult family member or Soldier to obtain medical treatment, sexual assault forensic exam, counseling, and official investigation of an allegation through current reporting channels.

RESTRICTED REPORTING allows a sexually assaulted adult family member or Soldier, on a confidential basis, to disclose the details of an assault to specifically identified individuals (the SARC, Victim Advocate or Healthcare Provider) and receive medical treatment/sexual assault forensic exam and counseling without triggering the official investigative process. Patients will not be victimized again through loss of privacy and dignity. Whether the patient elects restricted or unrestricted reporting, confidentiality of medical information will be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

The Sexual assault care coordinator is currently a social worker (Bachelor's or Master's trained) or nurse (licensed vocational or registered nurse) trained in sexual assault victim dynamics, Medical Treatment Facility procedures, and knowledgeable on community resources for victims and their families.

The Sexual assault clinical provider is a privileged healthcare provider in the Medical Treatment Facility (physician [MD/DO], advanced practice nurse [APRN] or physician assistant [PA]) who is designated by the Deputy Commander for Clinical Services (DCCS) to manage sexual assault patients' medical treatment related to the incident from initial presentation to completion of all follow-up care.

A critical function within the Army SHARP medical management team is the sexual assault medical forensic examiner or SAMFE. The SAMFE is a healthcare provider (RN, MD/DO, APRN, or PA) specially trained to conduct a sexual assault forensic examination. Providers functioning in this role require specialized education and clinical experience in the collection of forensic evidence and the treatment of sexual assault patients for the victim and suspect. A successful SAMFE is committed to providing compassionate, quality care to patients who disclose sexual assault and must demonstrate the ability to collect evidence competently as well as be willing and available to testify in a court of law.

For sexual assault forensic examinations (SAFEs), the Army adheres to the National Protocols outlined in the most recent version of the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents.

MEDCOM Regulation 40-36, Medical Facility Management of Sexual Assault, last revised in Jan 2009, directs health-care providers in responding to sexual assault patients. The regulation emphasizes the provision of timely, accessible and comprehensive medical management to patients who present at Army Medical Treatment Facilities.

Sexual assault victims are given expert, emergency treatment. Regardless of evidence of physical injury, all patients presenting to a Military Medical Treatment Facility with an allegation of sexual assault are treated as **emergency** cases and

receive comprehensive standard-of-care treatment. They are offered a sexual assault forensic examination completed by caring, trained SAMFE providers at the MTF or at a local facility through a memorandum of agreement. All exams are completed in accordance with Department of Justice protocols and guidelines, even in the case of a restricted report.

Although called a forensic exam, the sexual assault forensic exam includes much more than just evidence collection. We know that effective collection of evidence is of paramount importance to successfully prosecuting sex offenders. However, we know that it is a spectrum of care that includes a team of health care providers who assess patients for acute medical needs and provide stabilization, treatment, and/or consultation. The sexual assault forensic examiners perform the medical forensic exam, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from patients. In addition, they offer information, treatment, and referrals for sexually transmitted infections and other non-acute medical concerns; assess pregnancy risk and discuss treatment options with the patient, including reproductive health services; and testify in court if needed. They coordinate with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the exam process and encourage use of other victim services that include a robust, highly trained behavioral health team.

In our current situation, the MEDCOM SHARP Office is tracking 23 or 47% of Army Medical treatment facilities performing Sexual Assault Forensic Exams or SAFE. 26 or 53% of medical treatment facilities augment this care for patients through memorandums of agreement/memorandum of understanding and contract services with local civilian hospitals and agencies. Most military treatment facilities have mixed support of both in house and MOU/MOA support services to insure that all patients have competent and timely care following assault, regardless of day, time or week.

MEDCOM has 174 designated, SAMFE-trained health care providers and over 500 SARC/Victim Advocate SHARP-trained personnel, and a growing number of SACCs and SACPs beyond the one per MTF mandated in our regulation.

In FY12, Army Medical Treatment Facilities reported caring for 3072 sexual assault patients, a 1.1 % percent increase from FY11according to Patient Administration Systems and Biostatistics Activity. Over 40 percent of encounters associated with sexual assault occurred in the Emergency Department, 27 percent in Mental Health, 11 percent in Primary Care and 3 percent on Obstetrics and Gynecology. Fifty-six percent (56%) of reported patients were active duty. We performed approximately 360 Forensic exams on both victim and subjects although this is difficult to adequately quantify as there is not a specific medical record code for SAFE.

Army SAMFE training educates health care providers (MD, PA, NP, RN) to conduct SAFEs through an 60 hour+ training program which includes 40 hours of didactic and 20+ hours of skills practicums. This course is on hiatus until JAN 14 to allow for review and update as needed of the course content.

While there are Department of Justice protocols, guidelines and recommendations for a proficiently executed and legally sufficient SAFE, there is no nationally enforced standard. That is why Army SHARP is leading a national conversation on a SAMFE Premier Standard by facilitating conversations between Department of Defense and Civilian entities, such as Department of Justice, the International Association of Forensic Nurses, the United States Army Criminal Investigations Lab, Health Affairs, the Navy, Criminal Investigative Division, the Provost Marshall and Army Medicine, to define prerequisites, training, competency verification, and roles of Army SAMFEs.

MEDCOM SAMFE training meets CENTCOM pre-deployment requirements for healthcare providers assigned to Role II or Role III facilities. MEDCOM provides training for SAMFEs to build the deployed capability; however CENTCOM provides theater-specific execution of the forensic examiner capability.
To support pre-deployment and local SAMFE requirements 7 CONUS & OCONUS sites hosted 9 courses in FY13. We have also increased the number of behavioral health personnel in theater to approximately 1 provider for every 700 Soldiers.

Our health care system is designed to provide immediate and long term victim care. Sexual assault can have harmful and lasting effects. In addition to immediate medical needs, care includes assessment of risk for pregnancy, options for emergency contraception, risk of sexually transmitted infections, and necessary follow-up care and services. Long-term plans are tailored to the patient's needs and emphasize the provision of timely, accessible, and comprehensive medical management. All sexual assault victims are encouraged to receive psychological care and victim advocacy.

Following a sexual assault, patients are offered Emergency contraception. Levonorgestrel (aka Plan B) is the approved U.S. Food and Drug Administration emergency contraceptive drug for prevention of pregnancy after contraceptive failure, unprotected sex, or sexual assault. It is available at all medical treatment facilities as a prescription or an over the counter (OTC) product.
The National Defense Authorization Act f 2013 authorized DOD to perform abortions in MTFs in the case of rape or incest. The Assistant Secretary of Defense for Health Affairs issued a memorandum on 12 March 2013 which updated The Office of Secretary of Defense policy regarding the provision of abortion services in medical treatment facilities. The Army has provided new policy and guidance that addresses the requirements for substantiation of reported rape or incest, medical and surgical management, defining the maximum gestational age for providing termination, chain of custody issues,

reporting issues for minors, personnel accountability procedures, post treatment timelines for profiles, abortion services provided for women in deployed environments, recommendations for procedures when healthcare team members object to participation, and training guidance for physicians to perform 2nd trimester terminations.

The Army is uniquely positioned to address sexual assault victim behavioral health support. Victims of sexual violence face the potential for immediate and chronic psychological consequences. Behavioral Health care is readily available for all victims of sexual violence. Army Behavioral Health providers are trained on national best practices for treating victims of all types of trauma. Together with the victim, multi-disciplinary treatment teams tailor care options to deliver evidence-based treatment. Soldiers self-refer to Behavioral Health for a wide range of complaints, to include symptoms associated with depression, anxiety, and post traumatic stress disorder. Only when they have established a safe, trusting relationship will they disclose their sexual assault. At that point, Soldiers have an option to speak with a SARC or a SHARP VA and elect a restricted or unrestricted report; reporting option chosen by the Soldier does not affect the relationship with the Behavioral Health provider.

The Army, with the support of Congress, has invested heavily in research related to post traumatic stress disorder. The Army Medical Department is evaluating the need for more gender specific research into Behavioral Health needs and treatments for victims.

In Army Medicine, we constantly strive to do better. When The Army Surgeon General directed the formation of a sexual assault work group to review policies and procedures to determine if changes are needed in the treatment of victims of sexual assault, we took the opportunity over the last 6 months to take on a variety of initiatives and program improvements.

First, the SHARP Program Office and Work Group are updating and revising MEDCOM Regulation 40-36 for full compliance with 2012-2013 regulatory updates to AR 600-20, the Army Command Policy, DoD Instruction 6495.02 (Sexual Assault Prevention and Response Program Procedures), DoD Directive 6495.01 (Sexual Assault Prevention and Response Program), and the Department of Justice (DOJ) Sexual Assault Forensic Exam (SAFE) training guidelines and National Protocol for Medical Forensic Examiners.

Additionally, Army Medicine is analyzing the roles of sexual assault medical providers. We are crafting a national premier standard for the training, competency and role of the sexual assault medical forensic examiner. We are more completely defining the roles and responsibilities of the sexual assault care coordinator (SACC) and sexual assault clinical provider (SACP). We are adding a designated behavioral health provider, SAC-Behavioral Health, to the sexual assault medical management team. In addition, we are maturing the roles and

responsibilities of the new full time Medical Treatment Facility sexual assault response coordinator (SARC). All of these changes will be incorporated into an ongoing review and revision of MEDCOM Regulation 40-36, Medical Facility Management of Sexual Assault.

The Army Medicine Team is working with sister services to modify periodic health assessment, pre and post deployment health reassessment forms to include sexual assault questions to support physical and mental health outreach efforts concerning sexual trauma.

Army Medicine is on point for conducting select behavioral health screenings for uniformed Full time SARC and VAs, which are projected to begin in December 2013 and be completed in early 2014.

The Army Surgeon General has directed all sexual assault medical staff be subjected to the same expanded local and centralized background checks as the Department of the Army directed for Sexual Assault Response Coordinators and Unit Victim Advocates. Those will begin in CY14 following creation of a centralized database and coordination with Army G-1 and local programs.

One additional note, MEDCOM exempted all SHARP related personnel from furlough to include sexual assault response coordinators, sexual assault victim advocates, sexual assault care coordinators, sexual assault clinical providers and sexual assault medical forensic examiners.

This concludes my opening remarks. I look forward to answering your questions and addressing any questions or comments made in my opening remarks.