HEALTH CARE DELIVERY
Preliminary Remarks

Joint Medical Service (20,000)

- 183,667 Service Members
  - 22,594 Women ~12%

- 141 Medical Clinics
- 5 Military Hospitals
- Medical Support Deployments

Civilian Standards

Active Duty only
The guiding principle of the Bundeswehr Medical Service is to provide sick, injured or wounded personnel medical care, the outcome of which corresponds to standards in Germany.
Civil Service Act (SGB V):
- Basis for health care delivery in Germany
- System of solidarity and self-responsibility
- Sets standards of care (necessary services, efficiency principle)
- Defines compulsory insurance/statutory health insurance system
- Necessity of gender specific services

Federal Civil Service Remuneration Act (BBesG):
- Health Care benefit for service members
- Military health care delivery (MTF)
- Civilian capacities in case of emergency or after referral
- Necessary services and economically adequate
- At least to the standards of the Social Security Act

Health Care benefit for service members (BwHFV):
- Treatment, prevention and rehabilitation, screening, vaccinations and other prophylaxis
- Pregnancy, delivery, and legal abortion
- Includes dental, inpatient/outpatient care, palliative treatment, organ donation, pharmaceuticals/medical aids, sociotherapy, care homes, in-vitro fertilization
HEALTH CARE DELIVERY
WOMEN’S HEALTH CARE
Concept for Women’s Health Care:
- Part of health care benefit of female service members
- German MTFs do not have OB/Gyn departments
- OB/Gyn services mainly through civilian referrals close to duty station or home
- Except hospital in WESTERSTEDE after “German DHB” recommendation in 2011: Civ-mil cooperation, military expertise/assessment, telemedicine
- Annual Screening
- Part of PHA through report of civ gynecologist
- Health promotion programs are ‘gender neutral’
- In case of military relevance services can be augmented
- MTF can provide additional services free of cost (e.g. cosmetic surgery in MTF)
- No contraceptives

Screening:
- Cervix carcinoma screening (age 20+)
- Breast cancer screening (age 30+)
- Additionally: Mammography (age 50+)
- HPV vaccination (girls & boys; age 9-14+; STIKO RKI recommendation)

Readiness:
- Pregnancy leads to immediate removal from deployment
- OB/Gyn assessment before deployment obligatory
- Contraceptives after live vaccine and during malaria prophylaxis
**Women’s Health Care related mental care:**
- Part of regular mental care in MTF or
- Civilian expertise if gender specific (e.g. pregnancy depression)

**Reproductive Health Services:**
- Follows civilian regulations (medically necessary, age 25-40/50, married, only own eggs/sperm)
- 100% of costs for diagnostics and 50% costs of IVF (includes cryopreservation if medically necessary)
- No ‘social freezing’

**Women specific occupational aspects:**
- Gender specific sport and Basic Fitness Test requirements
- Institute for Preventive Medicine
- Strength-load disbalance and trainability
- Osteoporosis prophylaxis: Following S3 guidelines of German osteological society

**Research:**
- Big Social study on integration of women in military (Truppenbild ohne Dame?)
- Diss.: Prevalence and risk factors for mental health of female service members
- PrevMed Institute Research examples:
  - Index finger muscle fatigue and pistol firing failure
  - Strength training for women
  - Physical fitness registry
  - Physical performance and resilience of female soldiers
MENTAL HEALTH
MENTAL HEALTH ACCESSION SCREENING

Situation:
- 12-month prevalence of affective disorders in the German Armed Forces is 11-15% and thus comparable to a gender-matched general population\(^1\)
- Suicide is the most frequent specific cause of death of active soldiers of the German armed forces\(^2\)
- Mental health conditions, mostly depression or anxiety disorders, were found in over 20% of deployed soldiers
- Stigmatization, shame and fear play a role in seeking therapy (desire to solve the problem by oneself (73.7%), insufficient knowledge about effective treatments (31.6%), fear of military career consequences (26.3%), and worries about what comrades might think (26.3%))\(^3\)
- Predictors are psychiatric anamnesis, amount of stressors, insufficient social support, difficulties in emotion regulation, value/moral orientation

Concept:
- Supervision and advice through line psychologists
- Concept for mental casualties (Prevention, enhancement of mental fitness, training, therapy, rehabilitation)
- Concept mental fitness (currently under review)
- Communication of risk profiles to commanders to raise attention and preventive measures before, while, after deployment
- After deployment voluntary mental fitness screening to sensitize and motivate, not to select or exclude
- Resilience enhancement through training and CHARLY (blended learning, coping strategies) pre-/post deployment

Research:
- Psychotrauma Center, Berlin
- Planned study: Alliance for Mental Health in the German Armed Forces (Mental health and spectrum of disorders/depression/suicide/anxiety; adapting the European Alliance Against Depression to Mil)