September 11, 2001, is a day burned into the consciousness of all Americans old enough to remember that day. For members of the U.S. military, it was also the beginning of what has been more than 13 years of war, marked by various names, including the “Global War on Terror (GWOT),” Operation Enduring Freedom (OEF, Afghanistan), Operation Iraqi Freedom (OIF, Iraq), Operation New Dawn (OND, Iraq) and the “Long War.”

The latter term, the “Long War,” encapsulates the repeated deployments into combat zones in Afghanistan and Iraq. Conflicts in other regions, such as the Horn of Africa and two humanitarian assistance operations during this period, have added to the toll of stressful missions. Although supporting tsunami and earthquake missions are not combat, they have their own costs; they add to the deployment tempo, increase time away from family, and add their own burned in the brain images of death and destruction.

Women have been and increasingly are a critical part of the U.S. military. The last decade plus of war has really cemented their various roles. No longer mainly nurses, as in the Vietnam War, or primarily in support roles, as in the Gulf War, female service members have been in the thick of the conflicts.

Only recently have women officially been allowed into combat roles, occupations that include infantry, engineers, and artillery. However, it is now widely accepted that women have been in combat since September 11. Numerous occupations open to women, such as military police, have been directly involved in firefights. Having said that, overall they have had less direct combat exposure than men.1,2

Military women make up about 15% of the total force, with a higher proportion in medical personnel, who, again, have less overall exposure to combat, but more exposure to the consequences of the casualties of war. These include not just wounded soldiers and Marines, but also enemy combatants and local casualties of bomb blasts and shootings. Especially heart-rending are injured and dead children.

Despite the many years of war since September 11 and the deployment of some 2.6 million service members, there is a relative dearth of recent literature on the health of military women. Some of the seminal studies on pregnancy and abnormal Pap smears date from the first Gulf War. Issues I raised in a 2001 paper, “Issues for Military Women During Deployment,” are still evident today as outlined in a recent Task Force report on Women’s Health Issues in Afghanistan.3,4

In this editorial, we need to clarify a few definitions. First of all, the terms “mental health,” “psychological health,” and “behavioral health” are all used in the literature. “Mental health” and “psychological health” are used interchangeably. “Behavioral health” is sometimes used to describe both mental health and substance abuse (which will not be covered in any detail here).

In common military speak, the terms “theater” and “garrison” are often used. “Theater” means the “theater of war.” “Garrison” refers to being back on the home base, whether in the United States, Germany, or Korea.

Another important distinction is between active-duty service members and veterans. Active-duty service members are generally considered to currently be authorized to wear the military uniform. Most active-duty military go on to become veterans. By “veterans,” we are generally referring to those no longer on active duty. Those in the National Guard and Reserve may go back and forth between active duty and veteran status. The term “combat veteran” may be used for both active-duty and veteran service members who have served in combat.

This distinction is important when reviewing the scientific literature. There is a lot of research on psychological health needs of female veterans. However there are relatively very few recent data on the psychological health of active-duty service women.

The lack of mental health statistics on female service members is in contrast to the extensive scientific lit-
erature on male service members. For example, the Mental Health Advisory Teams have focused on combat troops, who, by past definition, are male. The Walter Reed Army Institute of Research has also concentrated on male combat troops. The Millennium Study does include females, but results are just beginning to emerge.\(^5\)

The Veteran’s Health Administration (VHA) is the health care system of the Veterans Administration (VA). The VA does have data on female veterans who access their services; however, traditionally only a small number of female veterans go to the VA for health care. These veterans normally have a lower socio-economic status and a higher rate of mental and physical illnesses than those who do not go to the VA for health care.

In addition, VA studies on women have focused on military sexual assault. Although this area is very important, there are many other concerns with which active-duty female service members cope, often focused on reproductive and genitourinary concerns. One of the articles in this issue will outline these concerns in more detail, with a focus on what may be relevant for psychiatrists and other behavioral health providers.

Much of the current discussion about women in combat roles focuses on physical strength. Can she carry a 60-pound rucksack? Can she load artillery rounds? In contrast, reproductive and gynecological issues are understudied in the recent literature on female service members. Musculoskeletal injuries are another important area but will not be covered here due to space limitations.

This *Psychiatric Annals* issue seeks to highlight briefly the medical challenges (with a focus on reproductive and gynecological systems) for women in military service and on deployment; focus on mental health issues for military women; and translate these points into actionable information for clinicians.

This first article outlines a broad spectrum of health issues; the next two focus on intimate partner violence and suicide among female service members. A volume, *Woman at War: Female Service Members in the Long War*, to be published by Oxford Press, will cover these and other issues in much more depth.

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**REFERENCES**


**guest editorial**

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**about the guest editor**

![Col. (Ret.) Elspeth Cameron Ritchie, MD, MPH](image)

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