

COMMITTEE ON ARMED SERVICES  
SUBCOMMITTEE ON MILITARY PERSONNEL

“Feres Doctrine – A Policy in Need of Reform?”

U.S. House of Representatives

Tuesday, April 26, 2019

Written Testimony

Madam Chairwoman, Ranking Member, honorable members of the Subcommittee, my name is Rebecca Lipe and today I have the unique opportunity to speak to you as a Disabled Air Force Veteran and representative of the Service Women’s Action Network. I appreciate your time and consideration of the current application of the Feres Doctrine, and I hope that in the end you will agree that the Feres Doctrine is an outdated exception to the Federal Tort Claims Act that deprives thousands of service member’s recourse should they experience malpractice at the hands of a military medical practitioners.

First, let’s be clear: The Feres Doctrine as intended should protect battlefield injury and battlefield medical care. But today we are here to discuss care beyond the battlefield.

My story begins in 2011 when I deployed to the Combined Joint Special Operations Task Force in Balad, Iraq. In my role as the Deputy Staff Judge Advocate I was responsible for overseeing 6 subordinate commands and their respective JAGs. These responsibilities required me to travel around the country in full gear to include the issued body armor. Now the unique issue with the body armor is that it was not designed to fit a woman’s body. In order for the gear to protect vital organs I had to modify it by removing the side plates and placing foam inserts on the shoulder straps to get rid of the slack created by the size and fit of the gear. I was also required to overtighten the gear around my waist to ensure it remained in place.

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Please know that it is devastating to see that service women are still being issued ill-fitting gear when the technology is available to outfit every service woman with the appropriate gear for training and deployment if only Congress provided the appropriations for the gear.

Five and a half months into my deployment my life was profoundly changed when I began having immediate and debilitating pain in my abdomen. This occurred at the same time that we were withdrawing from Iraq and there were limited resources available to address women's health issues at the medical facility in Balad. However, instead of conducting a thorough examination with the resources available, the doctors first insisted that I must have had an extramarital affair in which I contracted an STD which was completely false, and then chalked my pain up to "normal women problems." From there I was medically evacuated to Landstuhl, Germany for further evaluation and treatment. Even with the extensive resources available in Landstuhl, the doctors determined without any objective evidence that I had pelvic inflammatory disease, a typical "women's issue," treated me on an antibiotic for malaria, and further evacuated me to my home base, Hurlburt Field.

Thus began a year's long journey of figuring out the source of my pain. The medical providers at Eglin Air Force Base were certain it was a female reproductive issue so they put me through two unnecessary surgeries, and treated me on medicine that placed me in a temporary menopause, at 27 years old, whose only affect was to cause catastrophic hormonal depletions that prevented my body from functioning correctly as a female, caused organ and vaginal tissue atrophy preventing sexual intimacy of any kind, and caused severe levels of depression to the point I was experiencing suicidal ideations. Throughout this time I was also accused of malingering and making up the debilitating symptoms by medical professionals.

It was only through the diligent review of my medical record by one doctor at Moody Air Force Base almost a year later that I had any change in my care. Appalled at the previous treatment I received at the hands of the military, he referred me to a civilian reproductive endocrinologist and general surgeon. These two doctors immediately diagnosed me with sports herniation as a result of wearing the ballistic vests in two-one hour appointments. They subsequently corrected eight areas of my abdominal wall and attempted to reverse the effects of the unnecessary medical treatment I experienced prior to their diagnosis, but the damage was already done. I now deal with chronic abdominal pain and complications due to that medical treatment. Further, I was completely unable to have children except through in-vitro fertilization.

I have since undergone 7 rounds of in-vitro fertilization at the personal cost of over \$60,000. I would like to say that this is where the medical malpractice ends, but sadly I continued to receive substandard care at the hands of the military. During my first pregnancy,

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the doctor at Andrews Air Force Base misdiagnosed my ectopic pregnancy that resulted in emergency surgery and the loss of my fallopian tube. During our fifth round of IVF I suffered a miscarriage and had to wait four days for Walter Reed to fit in my dilation and curettage, and then the hospital subsequently lost the remains of our baby following surgery. I was finally able to deliver a healthy baby girl through an emergency C-section in July of 2017. This fall I attempted one more round of IVF in order to have another child but the cycle resulted in potentially fatal complications due to all my previous medical issues that prevent me from

having more children. The compound effect of this revelation along with the years of medical maltreatment and physical pain took its toll causing me to seek hospitalization for suicidal ideations, depression, and anxiety.

Now I sit before you 10 abdominal surgeries later as a broken, but not defeated advocate for service members. For years I had to be my own advocate to receive any sort of care in the military medical system, but I was uniquely placed as a JAG to be an advocate. The majority of other service members, especially our enlisted members, do not have that benefit.

Madam Chairwoman, you and your colleagues on this Committee now have the opportunity to be our champion and advocate. First and foremost, you can ensure that service members are provided appropriately trained health care professionals utilizing the most up-to-date practices to include women's health services especially in light of the growing number of female service members. However, in situations where inadequate healthcare is provided and, worse, where there is malpractice, service members need to have a path to (a) obtain necessary healthcare, and (b) there must be accountability for poor or inadequate medical service. You can ensure that military medical providers are held responsible for their incompetent actions. Most importantly, you can ensure that service members who have suffered from medical malpractice have the opportunity to get the care they need and be appropriately compensated for injuries caused by the malpractice.

Thank you for the opportunity to offer my testimony.