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Injuries among Women following U.S. Army Gender Integration

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Background: Gender Integration in the U.S. Army

- January 2013: U.S. Secretary of Defense (SECDEF) rescinded 1994 Direct Ground Combat Definition and Assignment Rule
 - Directed integration of women into previously closed combat occupations and units.
 - Directed services to develop and implement gender-neutral performance standards
- April 2013: U.S. Army directed actions to integrate women into all occupations while maintaining combat effectiveness.
 - Physical Demands Study
 - Occupational Physical Assessment Test (OPAT) Study
 - Soldier 2020 Injury/Attrition Rates Working Group (Lead: U.S. Army Surgeon General's Office)
 - \checkmark Appropriate use of physical standards should reduce injuries and medical attrition
 - \checkmark No medical basis to prohibit opening any occupational field to women





Background: Gender Integration in the U.S. Army (cont.)

- December 2015: SECDEF directed full integration of women in combat occupations and units
 - Seven areas of concern:
 - Transparent standards
 - Population size
 - Physical demands and physiologic differences
 - Conduct and culture
 - Talent management
 - Operating abroad
 - Assessment and adjustment: Critical that the Services "embark on integration with a commitment to monitoring, assessment, and in-stride adjustment that enables sustainable success."
- March 2016: U.S. Department of the Army Headquarters Publication of Execution Order (EXORD) 097-16 to the U.S. Army Implementation Plan 2016-01 (Army Gender Integration)





Background: Gender Integration in the U.S. Army (cont.)

Phase 1: Set Conditions for the Army	Phase 2: Initiate Gender Neutral Training	Phase 3: (IOC) Assignment to	Phase 4: (FOC)	
 Train and educate leaders Update policies Set recruiters and cadre Finalize unit fill plans 	Train women IAW Implementation Plan Initiate longitudinal studies Implement OPAT	Operational Units Assign women IAW unit fill plans Continue longitudinal studies Intensively manage	Sustain and Optimize • Continue to access and train • Achieve steady state operations	
 Develop longitudinal study plans Access Establish OPAT scoring Implement validated occupational standards 	Continuous Asse	ssment and Coordin Services	ation with Sister	Injury Surveillance

Source: Headquarters Department of Army EXORD 097-16 to the Army Implementation Plan 2016-01 (Army Gender Integration) Abbreviations: **OPAT** = Occupational Physical Assessment Test; **IOC =** Initial Operating Capability; **FOC** = Full Operating Capability; **IAW** = In Accordance With





U.S. Army Occupational Specialties Opened to Women

	Military Occupational Specialty Code (MOS)	Title	FY Began Training Women	Physical Demand Category
	11B	Infantry	FY 2017	Heavy
	12B	Combat Engineer	FY 2015	Heavy
nor	19D	Calvary Scout	FY 2017	Heavy
Arn	19K	Armor Crewmember	FY 2017	Heavy
کر ا	13B	Cannon Crewmember	FY 2016	Heavy
iller	13F	Joint Fire Control Specialist	FY 2017	Heavy
Art	13J	Fire Control Specialist	FY 2017	Heavy
eld	13M	Multiple Launch Rocket System Crew	FY 2013	Heavy
ιĒ	13R	Field Artillery Firefinder Radar Operator	FY 2013	Heavy
Jce	91A	M1 Abrams Tank System Maintainer	FY 2013	Moderate
nar	91M	Bradley Fighting Vehicle System Maintainer	FY 2013	Moderate
Ord	91P	Artillery Mechanic	FY 2013	Moderate

*Blue = One Station Unit Training (OSUT) courses that began training women in 2017. Injury metrics for these OSUTs presented later in this presentation.





Relative Burden of Illnesses and Injuries Army Active Component, Women, 2021





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Relative Burden of Illnesses and Injuries Army Active Component, Men, 2021



Medical Encounters / Soldiers Affected / Hospital Bed Days





Prior Studies: Sex and Injury Risk during U.S. Army Basic Training

Study	Year	Women (%)	Men (%)	RR*
Kowal ¹	1980	54	26	2.1
Bensel ²	1982	41	21	2.0
Jones ³	1984	50	28	1.8
Bell ⁴	1988	62	29	2.1
Canham ⁵	1995	64	42	1.6
Knapik ⁶	2000	47	17	2.8
Knapik ⁷	2003	48	28	1.7

1. Kowal D. 1980. Am J Sports Med; 8(4):265-9.

- 2. Bensel C. Army Tech Report, Natick
- 3. Jones BH, et al. 1992. National Academy Press.
- 4. Bell N, et al. 2000. Am J Prev Med 18(Suppl 3):141-6
- 5. Canham ML, et al. 1998. Advances in Occ Erg & Safety.
- 6. Knapik JJ, et al. 2003. Int J Sports Med 24(5):372-81.
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*RR = rate ratio



UNCLASSIFIED - Approved for public release; distribution unlimited. Injury Rates During Enlisted Initial Entry Training (IET) Men vs. Women, FY 2017



- During IET, women and men train together and are exposed to similar injury risks and exposures.
- Historically (>30 years), women in BCT have had 2 times higher injury rates than men.
- In FY 2017, injury rates for women were 1.7 to 1.9 times higher than rates for men.

*Initial entry training types: BCT = basic combat training; OSUT = one station unit training; AIT = advanced individual training



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Annual Musculoskeletal Injury Rates^a Army Active Component, CYs 2016 to 2021



MSK Injury Rate Ratio (W/M)^b 2016: 1.36 (1.35–1.37)* 2017: 1.39 (1.38–1.40)* 2018: 1.38 (1.37–1.39)* 2019: 1.43 (1.43–1.44)* 2020: 1.42 (1.30–1.54)* 2021: 1.40 (1.40–1.41)*

Data Source: Defense Medical Surveillance System, 2022; prepared by DCPH-A Injury Prevention Branch Notes: Soldiers in the Army active component in CY 2021: M=399,218; W=73,560

^aInjury Rate: Number of injuries per 1,000 Soldiers per year

 $^{\mathrm{b}}$ Injury rate ratio (RR) (W/M): injury rate among women / injury rate among men

* Indicates statistically significant injury RR (W/M)





UNCLASSIFIED – Approved for public release; distribution unlimited. Annual Musculoskeletal Injury Rates^a Army Active Component Enlisted and Officers, CYs 2017 to 2021





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MSK Injury Rates by MOS or AOC Functional Category Enlisted & Officers, Army Active Component, CY 2021

Enlisted MOS	Won	nen	Μ	en	Injury Rate Ratio	
Functional Category ^a	Person-yrs.	Injury Rate ^b	Person-yrs.	Injury Rate ^b	(W/M)°	
Operations	5,011	2,071	134,657	1,272	1.63 (1.60–1.66)*	
Operations Support	14,389	1,951	75,868	1,352	1.44 (1.42–1.46)*	
Force Sustainment	37,106	2,062	112,788	1,539	1.34 (1.33–1.35)*	
Overall	56,506	2,034	323,313	1,384	1.47 (1.46–1.48)*	
Officer AOC	Won	nen	M	en	Injury Rate Ratio	
Functional Category ^a	Person-yrs.	Injury Rate ^b	Person-yrs.	Injury Rate ^b	(W/M)°	
Army Special Operations	128	2,382	2,446	1,970	1.21 (1.08–1.36)*	
Operations	3,220	1,306	26,090	1,094	1.19 (1.16–1.23)*	
Operations Support	1,949	1,699	9,857	1,497	1.13 (1.09–1.18)*	
Force Sustainment	4,162	1,630	12,980	1,432	1.14 (1.11–1.17)*	
Health Services	5,702	1,403	9,084	1,141	1.23 (1.19–1.27)*	
Overall	15,162	1,424	60,457	1,275	1.17 (1.15–1.19)*	

Source: Defense Medical Surveillance System: 2022; prepared by DCPH-A Injury Prevention Branch

Abbreviations: MOS = military occupational specialty; AOC = area of concentration; yrs = years

^a Functional Categories (as defined by Human Resource Command)

^b Injury Rate: Number of MSK injuries per 1,000 Soldiers per year

 $^{\rm c}$ Injury rate ratio (W/M): injury rate among women / injury rate among men

* Rate Ratio (W:M) is statistically significant (p<0.05) for the functional category





Injury Rate Trends for Operations Functional Category

Annual MSK Injury Rates Operations Enlisted Soldiers by Sex, 2017-2021

Annual MSK Injury Rates Operations Officers by Sex, 2017-2021





UNCLASSIFIED - Approved for public release; distribution unlimited. MSK Injury Rates in Combat Arms MOS/AOC Enlisted & Officers, Army Active Component, CY 2021

Enlisted MOS	Wor	nen	Μ	en	Injury Rate Ratio
Enlisted MOS	Person-yrs.	Injury Rate ^a	Person-yrs.	Injury Rate ^a	(W:M)°
Infantry (11)	421	2,020	58,439	1,175	1.72 (1.61, 1.84)
Engineer (12)	1721	2,245	14,728	1,447	1.55 (1.50, 1.61)
Field Artillery (13)	1261	2,116	18,965	1,298	1.63 (1.57, 1.70)
Special Forces (18) ^b	4		7,729	1,687	
Armor (19)	412	2,324	17,382	1,266	1.84 (1.72, 1.96)
	Won	nen	М	en	Injury Rate Ratio
Officer AOC	Won Person-yrs.	nen Injury Rateª	M Person-yrs.	en Injury Rateª	Injury Rate Ratio (W:M)°
Officer AOC Infantry (11)	Won Person-yrs. 109	nen Injury Rateª 1,760	M Person-yrs. 7,955	en Injury Rateª 1,140	Injury Rate Ratio (W:M)° 1.54 (1.34, 1.78)
Officer AOC Infantry (11) Engineer (12)	Wor Person-yrs. 109 586	nen Injury Rateª 1,760 1,293	M Person-yrs. 7,955 3,317	en Injury Rateª 1,140 1,132	Injury Rate Ratio (W:M)° 1.54 (1.34, 1.78) 1.14 (1.06, 1.24)
Officer AOC Infantry (11) Engineer (12) Field Artillery (13)	Won Person-yrs. 109 586 696	nen Injury Rate ^a 1,760 1,293 1,283	M Person-yrs. 7,955 3,317 4,406	en Injury Rate ^a 1,140 1,132 1,017	Injury Rate Ratio (W:M)° 1.54 (1.34, 1.78) 1.14 (1.06, 1.24) 1.26 (1.11, 1.29)
Officer AOC Infantry (11) Engineer (12) Field Artillery (13) Special Forces (18) ^b	Won Person-yrs. 109 586 696 2	nen Injury Rate ^a 1,760 1,293 1,283	M Person-yrs. 7,955 3,317 4,406 1,527	en Injury Rate ^a 1,140 1,132 1,017 1,843	Injury Rate Ratio (W:M) ^c 1.54 (1.34, 1.78) 1.14 (1.06, 1.24) 1.26 (1.11, 1.29)

Source: Defense Medical Surveillance System: 2022 prepared by DCPH-A Injury Prevention Branch

alnjury Rate: Number of MSK injuries per 1,000 Soldiers per year

^bInjury rates for women in SF and RR (W/M) are not shown since there were fewer than 10 women in SF

^cInjury rate ratio (W/M): injury rate among women / injury rate among men



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UNCLASSIFIED – Approved for public release; distribution unlimited. Injury Surveillance Quarterly Reporting 16 Integrated Brigades

July – September 2021		Combined Total 16 Brigades		Infantry & Armor Occupational Specialties		All Other Occupational Specialties				
		Total	М	W	Total	М	W	Total	М	W
Assigned Strength (n)		73,235	65,617	7,618	28,638	28,192	446	44,597	37,425	7,172
Mussulaskalatal	Soldiers Injured (%)	17%	17%	22%	16%	16%	16%	18%	17%	22%
	Number of Injuries (n)	18,062	15,560	2,502	6,529	6,410	119	11,533	9,150	2,383
(MSK) Injunes	Injury Rate (injuries per 100/mo)	8.2	7.9	10.9	7.0	7.0	9.0	9.0	8.6	11.0
	Traumatic Injuries (%)	15%	15%	10%	16%	16%	9%	14%	15%	10%
Injury lype	Overuse Injuries (%)	85%	85%	90%	84%	84%	91%	86%	85%	90%
Anotonio	Upper Extremity (%)	20%	21%	15%	20%	20%	21%	20%	21%	15%
Anatomic Location	Lower Extremity (%)	53%	52%	57%	53%	52%	57%	53%	52%	57%
	All Other (%)	27%	27%	28%	27%	28%	22%	27%	27%	28%





Leading Causes of MSK Injury with Limited Duty Profile, 2021

		Army AC	Infantry (11-series)	Armor (19-series)	
Causes of MSK Injury Profiles ^b (CY 2021)	Total (% profiles)	Women (% profiles)	Men (% profiles)	Total (% profiles)	Total (% profiles)
Running	29.7	32.1	28.8	24.1	24.1
MOS work tasks (lifting, mechanical repair, push/pull objects, other work task):	13.9	12.1	14.5	10.8	15.9
Gradual/Insidious Onset	12.6	15.1	11.6	9.8	11.8
Fall/Slip/Trip	8.9	8.4	.1	12.8	12.1
Strength Training	8.6	7.8	8.9	9.2	7.7
Road Marching/Load Carriage	7.8	9.3	7.3	13.2	9.5
Sports	5.4	2.7	6.4	4.5	5.4
Physical Training, Other ^c	4.0	4.3	3.9	3.7	3.2
Other, Specified ^d	9.1	8.0	9.5	11.8	10.2

Data Source: eProfile (Medical Operational Data System), 2022; prepared by DCPH-A Injury Prevention Branch

Notes: "n" in the column headers represents the number of injury-related temporary profiles in eProfile in CY 2021. Green shaded cells: proportion of Infantry or Armor is significantly smaller compared to proportion for the Army Active Component; Pink shaded cells: proportion of Infantry or Armor is significantly larger compared to the proportion for the Army Active Component. ^aArmy Active Component (total and by gender) does not include Infantry (11-series) or Armor (19-series).

^bCauses of MSK injury profile are ordered by frequency (high to low) of causes for the total Army Active Component ^c"Physical Training, Other" does not include running or strength training. ^d"Other, Specified" includes all other specified causes of injury; each individual cause accounted for <5% of column totals.





Summary

- Historically:
 - In initial entry training, women have 2x higher injury rates compared to men.
 - In operational units, women have 1.4x higher injury rates compared to men.
- Among Functional Categories, highest rate ratios among Operations (enlisted) and Special Operations (officer).
- In Operations, among officers and enlisted, women have 1.2 to 1.6x higher injury rates compared to men.
- In integrated brigades, women and men in integrated occupations (infantry and armor) had lower injury rates compared to all other occupations combined. Women's rates remained 1.1 to 1.8 times higher than men.
- Running was the leading cause of injury across occupational specialties and sex; other causes varied by occupation and sex.



