DACOWITS RFIs for September 2015

ASSIGNMENTS	
A1	**Women were assigned to combatant ships in the Coast Guard in the 1970s and in the Navy in the 1990s. With the recent opening of submarines to women and the projected integration of all seagoing billets/ratings to servicewomen in the near future, the Committee is interested in the specific detailing/assignment process for women in the cutter/ship fleets.** ➢ The Committee requests a **briefing** from the **Coast Guard and Navy** on the following: ▪ The methodology behind how cutters/ships are selected to accommodate servicewomen (habitability modifications). ▪ What criteria are used to billet women to sea? Who provides oversight for this process? ▪ Who manages the berthing/racks available to women at sea, for each cutter/ship in the Service's inventory? ▪ How do these decisions effect the career development of servicewomen (both officer and enlisted)?
A2	**In accordance with SECDEF's February 2013 memo, DACOWITS continues to monitor the Services implementation plans to further integrate women into previously closed positions and units. Specifically, the Committee is interested in the Army's Ranger Assessment that is currently being conducted with three gender integrated classes (6-15, 7-15, and 8-15).** ➢ The Committee requests a **briefing** from the **Army** on the following: ▪ How many women applied to RTAC that resulted in 19 women being selected to attend Ranger School? ▪ Provide a demographic comparison of the 19 women and 381 men who entered the class by rank, branch/MOS, years in military, status, and age. ▪ What is the 5-year historical pass rate for non-combat arms Ranger candidates? ▪ What was the fail rate for the last 15 classes, including the June class (6-15)? ▪ Provide an understanding of patrolling and how patrols are evaluated and graded.
A3	**DACOWITS continues to be interested in the career progression of women.** ➢ The Committee requests a **written response** from the **Air Force, Army, and Navy** on the following: ▪ Which denominations do not ordain women? ▪ Of the denominations that do ordain women, provide data on rank representation by gender. ▪ Additionally, provide data on the rank representation of men who serve in denominations that do not ordain women.
A4	**DACOWITS continues to be interested in the propensity of women to serve in the military.** ➢ The Committee requests a literature review in the form of a **written response** from **Insight** on studies and research associated with the following: ▪ Reasons why people join groups; visible evidence of being a part of a group; what attributes are commonly associated with success in a group context; the need for visible representation to associate oneself with a group; female athletics and sports teams; etc.

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WELLNESS	
W1	**FY 14 legislation supported by FY 15 legislation required the Department of Defense to report on the role of the Office of Diversity Management and Equal Opportunity (ODMEO) in sexual harassment cases, due to Congress on June 1, 2015. The law specified the following four tasks:** ✓ Determine if ODMEO should evaluate/address sexual harassment cases ✓ Evaluate working relationship between ODMEO and DoD SAPRO ✓ Identify ODMEO resource and personnel gaps, if any ✓ Identify of ODMEO capacity to track sexual harassment cases currently ➢ The Committee requests a **briefing** on the results of this review from the **OUSD (P&R)**.
W2	**The Committee remains interested in sexual harassment and sexual assault training provided to Service members.** ➢ The Committee requests a **written response** from the **Services** on the following: ▪ Sexual Assault 'Bystander Intervention Training' programs and/or policies (e.g., *Take A Stand, Peer-to-Peer Mentorship*, etc.). ▪ If data is available, any documentation that indicates an increase in reporting of and/or the reduction of sexual harassment and/or sexual assault cases, which are directly attributed to these training programs.
W3	**The Committee remains interested in proactive programs that educate Service members on ways to prevent a sexual assault from occurring.** ➢ The Committee requests a literature review in the form of a **written response** from **Insight** on studies and research associated with a decrease in the occurrence of sexual assault or attempted sexual assault related to programs, such as: ▪ Prevention training; socialization of women (potential victims); training on behaviors (e.g., warning signs, environmental awareness); resistance programs; self-defense training; etc.
W4	**The Committee remains interested in quality of life and family issues impacting servicewomen, specifically regarding sufficient access to child care.** ➢ The Committee requests a **briefing** from the **Services** on the following: ▪ Explain the process to become an in-home child care provider for the military via the In-Home Child Care Provider Accreditation System/Program? ▪ What is the average length of time it takes to initially become a provider? ▪ Are the certifications reciprocal across state lines and between Services/installations? ▪ Are there differences between CONUS and OCONUS providers' certification, if any? ▪ What are the different levels of certification? How long does it take to achieve each level? [Especially the extended day child care providers.] ▪ How many in-home military spouse providers are there currently? ▪ What percentage of in-home providers currently have an extended stay qualification? ▪ What training and resources are provided? Are they the same across the Services/installations? ▪ Any recommendations the Services have regarding encouraging and/or enabling military spouses to become in-home child care providers?

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WELLNESS	**** Repeat Request***
W5	**The Committee remains interested in reviewing the Services Pregnancy, Postpartum, and Breastfeeding policies.** ➢ The Committee requests a **briefing*** from the **OSD Health Affairs** on the following: ▪ What does the medical community recommend regarding postpartum operational deferment? ▪ How do the pregnancy, postpartum, and breastfeeding policies in the military differ from those of the civilian sector? ▪ Does the medical community's current research and recommendations align with the DoD and the Services policies? ▪ What policy and/or programs exist to ensure servicewomen are not exposed to reproductive or lactation hazards? ▪ What specific forms are used to document pregnancy for servicewomen? - What specific terminology is used to indicate pregnancy? - Who are these forms sent to? Who has access to these forms? - How are miscarriages or abortions documented on these forms (terminology)? Who has access to this information? ▪ DoD Instruction 1342.19 states, "*Military mothers of newborns shall receive a 4-month deferment from duty away from the home station for the period immediately following the birth of a child*;" whereas, DoD Directive 1308.1 states, "*Pregnant Service members shall not be held to the standards of fitness and body fat testing until at least six months after pregnancy termination.*" - Why are postpartum servicewomen eligible to serve in a deployable operational unit/command prior to completing a fitness test? - What is the methodology preventing these two polices from being aligned?
W6	**The Committee is interested in reviewing medical research and laws which support the health and welfare of pregnant and postpartum women.** ➢ The Committee requests a literature review in the form of a **written response** from **Insight** on medical studies and research related to pregnancy, postpartum and breastfeeding policies and/or regulations, and federal and/or state laws which delineate the rights of pregnant and postpartum mothers. Examples may include: ▪ Pregnancy, postpartum, and breastfeeding policies in the civilian sector; ▪ Current Federal Government policy on pregnancy, postpartum, and breastfeeding for federal workers; ▪ Laws which protect the rights of nursing mothers in the workplace, time provided, and outline the type of space which must be provided; ▪ Standard or average length of civilian sector pregnancy/maternity leave policies (e.g., Family and Medical Leave Act); ▪ Medical correlations between postpartum depression and military deployments; and ▪ Medical reasoning in regards to the health of the mother and the infant, which support the need for postpartum operational deferment.