

DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes

20–21 March 2018

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting on March 20 and 21, 2018. The meeting took place at the Hilton Mark Center Hotel, 5000 Seminary Road, Alexandria, VA 22311.

20 March 2018

Welcome and Opening Remarks

COL Toya Davis, DACOWITS Military Director and Designated Federal Officer, opened the March quarterly business meeting by reviewing the Committee's establishment and charter. She mentioned there were no submissions for the public comment period for this meeting. COL Davis then turned the meeting over to Gen (Ret.) Janet Wolfenbarger, DACOWITS Chair.

Gen (Ret.) Wolfenbarger welcomed everyone to the meeting and acknowledged Women's History Month. Gen (Ret.) Wolfenbarger stated that women have been serving since the Revolutionary War, but it was not until 1948 that the Women's Armed Services Integration Act was passed and women were officially able to serve in the armed forces. She added that DACOWITS was established shortly thereafter, focusing initially on female recruitment; the role of the Committee has evolved and expanded since then and played an important role in the advancement of women in the Services. In 1974, the Service Academies were opened to women, and three of the members of the first class of women currently serve on the Committee. Since then, the Committee has made multiple recommendations for women across the Services. In 2013, the Direct Ground Combat and Assignment Rule was rescinded, and as of 2016 all military positions were opened to women. The Chair stated she believes the work the Committee does will continue to have a positive impact on both the women who serve now and those who will serve in the future and that she is proud to be a part of the DACOWITS legacy.

Gen (Ret.) Wolfenbarger then asked all Committee members and meeting attendees to introduce themselves.

Status of Requests for Information

COL Davis reviewed the status of the Committee's requests for information (RFIs). The Committee received responses to six of seven of its requests. All written responses to RFIs have been published to the DACOWITS website.

Panel Discussion: Healthy Unit Climate (RFI 5)

The Committee requested briefings from the Military Services on how they address sexual harassment and mistreatment. The Committee asked the Services to provide the following information: (1) what elements the Services consider when assessing whether they have a healthy unit climate; (2) what policies/procedures are in place to promote healthy relationships, respect and dignity, and bystander expectations and accountability; (3) how effective the Services' current policies/procedures are, and, if none exist, the Services' future plan(s) to develop them; and (4) how women in the Services are encouraged or trained to respond to inappropriate behavior, language, or a perceived hostile environment.

Army: CPT Kristin Saboe, Deputy Branch Chief for Science and Research Integration, Army Resiliency Directorate, and SGM Caprecia Miller, Senior Enlisted Advisor, Army Sexual Harassment/Assault Response and Prevention (SHARP) Program Office

CPT Saboe began her briefing by describing her background in psychology research, and SGM Miller described her role in the SHARP program office. CPT Saboe stated that the Army has shifted its focus from an intervention model to a prevention model, which includes building a culture of trust and a group of trusted professionals. She explained that the Army is utilizing a time-based approach to training and is working to determine the common core of behaviors that put people at higher risk and to build a better unit climate.

CPT Saboe described the ways the Army assesses whether it has a healthy unit climate. Army Regulation (AR) 600-20, an Army Command Policy, requires company commanders to administer a "Command Climate Survey" within 30 days of assuming command, again after 6 months, and on an annual basis thereafter. CPT Saboe said that ideally, these surveys will drive change in the unit. The Sample Survey of Military Personnel collects information on Soldiers' experiences and opinions on a wide range of issues identified as important by senior Army leaders. The findings of this survey indicate trends across the Army and are used to assess Soldier well-being, develop plans, and assess and guide policies. The Behavioral Health Risk Assessment Data Report uses health assessment data to characterize Soldiers who reported posttraumatic stress symptoms, depression symptoms, and hazardous drinking behavior. This assessment helps the clinician select a course of treatment for the Soldier. The Army Substance Abuse Program (ASAP) consists of random drug testing of both Army members and Army civilians in specific jobs. The testing is performed on 10 percent of the force monthly plus one entire unit within a command annually.

The Unit Risk Inventory (URI) is administered annually and upon returning from a deployment. It screens for high-risk behavior and attitudes that may compromise unit readiness. The Reintegration Unit Risk Inventory (R-URI) measures high-risk behaviors that occurred during deployment and those that have occurred since returning. The URI and R-URI results are shared with commanders and used to develop interventions to lessen risky behaviors developed postdeployment.

CPT Saboe then explained the policies and procedures the Army has in place to promote healthy relationships, respect and dignity, and bystander expectations and accountability. AR 600-20 prescribes the policies and responsibilities of command, which include the Army's Ready and Resilient Campaign Plan, military discipline and conduct, the Army Equal Opportunity (EO) Program, and SHARP (formerly the Army Sexual Assault Victim Program). AR 600-85 describes Army policy on alcohol and other drug abuse and details assigned responsibilities for

implementing ASAP. The “Organizational Climate Survey” (DEOCS) is a confidential, command-requested organization development survey focusing on issues of organizational effectiveness, EO, and SHARP. The Defense Equal Opportunity Management Institute (DEOMI) manages and administers the DEOCS. The “Global Assessment Tool” (GAT) is a secure, web-based instrument that allows Soldiers to assess their inner strengths across all areas of health: emotional, social, spiritual, and family. CPT Saboe noted that GAT results can be aggregated up to the total force level.

CPT Saboe then described how the Army evaluated the effectiveness of its current policies and procedures aimed at creating a healthy unit climate. ASAP currently maintains a success rate higher than 90 percent, and those Soldiers who are not in compliance are able to undergo drug treatment programs. In 2012, the Army Resiliency Directorate began using a Centers for Disease Control and Prevention (CDC) public health model to assess programs within the Army’s Health Promotion Risk Reduction portfolio to determine the effectiveness of all the current Resiliency Programs and to advocate for and make decisions regarding effective health promotion and risk reduction programs.

The Army SHARP Academy trains and educates sexual assault response coordinators (SARCs), victim advocates, SHARP trainers, and program managers and is responsible for Army-wide SHARP leader development, education, and training. SGM Miller stated that SHARP is intended to create a value-based organization of Army professionals and enhance Army readiness by reducing sexual harassment and sexual assault in the ranks. CPT Saboe said the Army recently hired a highly qualified expert from academia to address this issue because the Army did not have prior expertise in this area. She then described a digital sexual assault hologram program the Army brought into the SHARP Academy to interact with Soldiers. The hologram program has been piloted at several installations and found to be very beneficial, with positive feedback from both Soldiers and research psychologists. CPT Saboe described the program as a prevention method to be completed by the end of the calendar year.

CPT Saboe then described how women in the Army are encouraged or trained to respond to inappropriate behavior, language, or a perceived hostile environment. She explained that it is every Soldier’s duty and obligation to respond to these situations and that they are taught this principle in resilience training. This annual, mandatory training teaches Soldiers 16 skills to help them better deal with life’s stressors, interact with one another, and develop and know themselves. This training is intended to prevent minor issues from becoming major ones. CPT Saboe said a healthy unit climate requires having the resources that make Soldiers more capable of speaking, acting, and assisting others when they are in need.

CPT Saboe then described the Army’s bystander intervention technique, the Engage Skill, which is designed to systematically change how Soldiers view what happens around them, challenge biases, and build situational and self-awareness to be able to respond when necessary. The technique teaches Soldiers to identify alerts, understand they have a duty and obligation to act, practice a plan to engage in professional confrontation, and promote good behaviors in small conversations. CPT Saboe described the Sergeant Major of the Army’s “Not in My Squad” (NIMS) initiative, which is designed to drive climate change in the Army. NIMS teaches squad leaders how to effectively drive change within their squads and works in concert with other Army interventions.

CPT Saboe concluded her briefing by reiterating that the Army is switching to a prevention model to deal with sexual harassment and sexual assault and that the new approach is more proactive and comprehensive than the former one and is supported by research.

Marine Corps: Col Mark Hollahan, Branch Head, Equal Opportunity and Diversity Management, Manpower and Reserve Affairs (M&RA)

Col Hollahan began his briefing by stating that the Committee has been briefed on this topic by the Marine Corps in the past. He discussed the Marine Corps' top-down, holistic approach to examine organizational culture, including who Marines are and how they treat both Marines and others. The Service fosters Marines to be better people and teaches them how to gain more from their service both personally and professionally. As part of this ongoing effort, a talent management panel composed of three- and four-star generals was recently established. Every career field has a representative and an advocate on the panel, which meets monthly to receive briefings on various issues related to unit climate.

Col Hollahan then described how the Marine Corps assesses the health of a unit's climate. He stated the Corps has taken a holistic approach to this assessment. The two main tools utilized by the Marine Corps are the DEOCS and the "Command Climate Survey" (CCS). The DEOCS proactively evaluates critical organizational climate dimensions that can affect the organization's mission through 21 factors that assess shared perceptions on formal and informal policies and practices and collect information about how the commander can lead and influence unit climate. The DEOCS is mandated for all O5- and O6-grade commanding officers within 90 days of assuming command and annually thereafter. The CCS assesses the overall health and readiness of commands. The CCS is mandated for all O5- and O6-grade commanding officers within 30 days of assuming command and at least annually thereafter. Col Hollahan explained the Equal Opportunity Advisor Network consists of senior staff noncommissioned officers (NCOs) who help commanders review the results of the climate surveys and develop corrective action plans to address the issues identified by the surveys. He also noted the Marine Corps is trying to build cultural awareness among its Service members. Marines are already trained to assess foreign cultures while in theater, so the Marine Corps is now asking its members to use this skill to turn inward and assess and change the internal culture of the Corps. Col Hollahan then described a focus group initiative designed to gather information about organizational culture from Marines and assess the Marine Corps climate. This initiative is still ongoing, so there were no results to share with the Committee. Col Hollahan added that the Marine Corps is aggressively pursuing a top-down approach to changing the way Marines treat their fellow Marines. The Commandant of the Marine Corps challenged the Corps while in front of Congress to evolve its culture and treat all Marines with dignity and respect. Col Hollahan then gave an overview of several initiatives led by Ms. Melissa Cohen at the Corps' Personnel Studies and Oversight Office, including initiatives related to talent management within the Marine Corps, barriers to advancement, and other topics that address how Marines treat Marines.

Col Hollahan then described the policies and procedures that the Marine Corps has in place to promote healthy relationships, dignity and respect, and bystander expectations and accountability. The Service's proactive approach develops leaders at every rank that can mentor junior Marines, help them achieve their full potential, and prepare them for personal and professional success. These leaders also facilitate a better culture and model how to treat others.

He noted how the Marine Corps has informal mentorship programs because such programs do not usually work well when formalized and because mentorship is personal and informal by nature. Col Hollahan said Marine Corps leaders focus on six areas of professional and personal development known as the six “Fs”: fidelity, fighter, fitness, family, finances, and future. These areas shape and develop Marines to win battles and then return to society as quality citizens.

Col Hollahan then stated that M&RA has several programs that underscore the importance of dignity and respect as well as bystander intervention. These programs include Sexual Assault Prevention and Response (SAPR); Behavior Health; EO; and Equal Employment Opportunity. Col Hollahan said the Marine Corps orders on EO, hazing, and discrimination are being reviewed and will be updated and issued as a comprehensive Marine Corps Prohibited Activities and Conduct Prevention and Response Policy to include social media training. This punitive order will increase accountability for Marines, including commanders; ensure care for Marines who are victimized; and hold offenders accountable. He added that an Assistant Commandant of the Marine Corps Task Force has been appointed to examine the conditions that enable discrimination, harassment, and disrespect and to recommend paths forward to evolve the Corps’ culture to higher levels of proficiency and professionalism.

Col Hollahan then discussed the effectiveness of the Marine Corps’ current policies and procedures related to a healthy unit climate and the Service’s future plans to address the issue. He noted that Marine Corps policy did not address the issue of bullying until the issuance of Department of Defense Initiative 1020.03 in February 2018. He stated the Corps will not tolerate harassment (including sexual harassment); unlawful discrimination; abuse (i.e., hazing, bullying, ostracism, and retaliation); wrongful distribution or broadcasting of intimate images; and certain dissident and protest activity (to include supremacist activity). The Marine Corps aspires to foster a professional fighting force, and, in keeping with its core values, treat and view everyone with dignity and respect; become a more cohesive and effective fighting force by investing in and leveraging Marines’ collective and individual skills, strengths, knowledge, abilities, education, aptitudes, and professional development; and optimize its capabilities across the force and foster the profession of arms by establishing a culture that values the unique contributions of every Marine, both uniformed and civilian, in the Corps.

Col Hollahan then described the three programs designed to encourage and train female Marines to cope with inappropriate behavior, language, or a perceived hostile environment. SAPR equips all Marines with tools to prevent sexual assault and retaliation associated with sexual assault. One of the primary tools used is bystander intervention, which teaches three types of intervention (direct, distract, delegate) and provides courses of action for how to use them in a real-life situation. The EO Program Continuum of Education is a progressive training commensurate with rank that enables supervisors at every level to recognize and resolve possible discriminatory/harassing/hazing practices ranging from cultural bias awareness to EO policy, senior/subordinate relationships, and discrimination. All Marines receive EO training annually that covers policy, effects of discrimination/harassment/hazing on unit effectiveness, and response and reporting procedures. These trainings start at boot camp and occur at every course and academy thereafter. The Marine Corps’ Social Media Conduct Annual Training is a leader-led training that uses the “Leader’s Handbook and Discussion Guide.” This guide serves as a tool for leaders to discuss social media misconduct as it relates to gender discrimination and harassment, safe online conduct, and mandatory reporting requirements for possible social media

misconduct. The handbook also provides leaders with task force information, scenario-based training, and resource links for victims and those who report social media misconduct.

Col Hollahan concluded his briefing by reiterating the Marine Corps is taking a holistic approach to combating these issues and creating a healthy unit climate. He stated that the culture of the Marine Corps is not broken but that it should evolve to ensure people are treated with dignity and respect.

Navy: LT Meagan LaBossiere, Action Officer, 21st Century Sailor Office

LT LaBossiere began her briefing by discussing how the Navy assesses the health of a unit's climate. Much as the other Services do, the Navy employs a "Command Climate Survey" that commanders are required to administer within 90 days of assumption of command and every 9–12 months thereafter. The Navy also conducts focus groups, interviews, and a review of record to ensure a holistic approach to assessing unit climate. The Navy utilizes the DEOCS 21 climate factors in its assessment of climate. There are four types of factors: organizational effectiveness, equal opportunity and fair treatment, retaliation, and SAPR. All the factors are related to a healthy unit climate.

LT LaBossiere then explained the Navy's policies, programs, and trainings designed to promote a culture of excellence, healthy relationships, respect and dignity, and bystander expectations and accountability. The Annual Equal Opportunity/Sexual Harassment and Grievance Procedures General Military Training was last updated in July 2017. The Navy now utilizes command climate specialists, who have an integrated role at every command (114 total) in echelons 2, 3, and 4. LT LaBossiere then explained how the Lifelink program and the One Love healthy relationships pilot training are intended to be used as tools to strengthen bonds with others.

LT LaBossiere then described the Navy's Sexual Harassment Prevention Training, which occurs at all career milestones beginning with basic training. She stated that recruiting new Sailors presents unique challenges and that the Navy strives to ingrain its ideals into new recruits as soon as they join. All incoming Sailors undergo the 4-day Lifeskills course after boot camp. This training is designed to integrate Navy core values into Sailors and covers topics such as healthy relationships, alcohol use, and bullying and hazing. The training incorporates scenario-based situations and anonymous responses to vignettes. LT LaBossiere explained that this training is mandatory for all Sailors and that supplementary training, which includes small-group, facilitation-led discussions, is also available. Another Navy effort designed to promote a healthy unit climate, "Got Your Six," is designed to teach appropriate online social media conduct and ensure that dignity and respect extend into cyberspace.

LT LaBossiere then discussed the effectiveness of the Navy's current policies and procedures that aim to promote a healthy unit climate. Fleet feedback comes from the Navy Military Equal Opportunity Professional Development Training Summit, the Regional Command Managed Equal Opportunity Program Manager and Triad Training Summits, and Resilient Workshop Summits. Subject matter experts (SMEs) attend these summits to discuss policies and current climate. They work to standardize reporting procedures and have monthly teleconferences. LT LaBossiere said the Health of the Force semiannual report to the Chief of Naval Operations is on trend analysis in the areas of command climate assessment, drug and alcohol abuse, hazing and bullying, sexual harassment and sexual assault, and suicide prevention and operational stress

control. A Commander's Risk Mitigation Dashboard is in development and will provide a holistic picture of how certain behaviors are related and how Service members of particular demographics in certain locations may be at higher risk. This information can be sent to commanders so issues can be addressed early.

LT LaBossiere then explained how female Sailors are encouraged and trained to respond to inappropriate behavior, language, or a perceived hostile environment. All Sailors, regardless of sex, are trained to recognize and respond to inappropriate behavior through mandatory completion of small-group, face-to-face, scenario-based training. LT LaBossiere then described the One Love healthy relationships pilot program, which the Navy has adopted with the goal of helping Sailors identify abusive behaviors in relationships. This program has been piloted to 140 Sailors and is designed for Sailors aged 18 through 25.

Air Force: Mr. Cyrus Salazar, Director, Air Force Equal Opportunity

Mr. Salazar began his briefing by describing how the Air Force assesses the health of a unit's climate. The Air Force, along with the other Services, utilizes the DEOCS to assess unit climate and also hosts focus groups with various ranks to validate the data from the climate surveys. Mr. Salazar stated the focus groups allow the Air Force to learn about individual observations to determine the root cause of issues. The Service also reviews climate records and reports to gain feedback from Airmen and uses the standardized Installation Equal Opportunity Assessment Survey on a biannual basis. The results of this survey are presented to installation leadership.

Mr. Salazar then described the Air Force policies and procedures designed to promote healthy relationships, respect, and dignity. Air Force Instruction (AFI) 36-2706 promotes equal opportunity and dignity and respect for all. AFI 36-2707 states there will be no discrimination in the programs and activities assisted or conducted by the Air Force. The Secretary of the Air Force writes an annual Equal Opportunity and Non-Discrimination Policy Memorandum that states every Airman should be able to enjoy a non-hostile work environment free of unlawful discrimination or harassment of any kind and that every individual has the right to dignity and respect. Mr. Salazar stated this memorandum includes a social media initiative for hazing and harassment occurring online.

Mr. Salazar stated the Air Force's policies to promote a healthy unit climate are very effective, but the Air Force is always looking to build upon existing policies and procedures. He then explained women in the Air Force are encouraged to respond to inappropriate behavior, language, or a perceived hostile environment through the Air Force Sexual Harassment Awareness Education Training. This training is administered by trained EO personnel for military members and DoD civilian employees.

Mr. Salazar then described the Air Force's First Duty Station Training, which provides training on all forms of unlawful discrimination to include gender discrimination and sexual harassment. This training is mandatory for Airmen and DoD civilians at the first permanent duty assignment within 60 days of arrival. The Newcomers Human Relations Orientation provides the foundation for EO through the discussion of policies, unlawful discrimination, sexual harassment concepts, inappropriate behavior, complaint processes, and roles and responsibilities to promote a positive human relations climate. The Key Personnel Briefing provides a one-on-one discussion by EO

professionals to incoming unit commanders about EO and a history of the local installation climate.

Mr. Salazar then described the Air Force's Communications Action Team (CAT) that meets quarterly and annually to raise, address, and develop action plans to enhance readiness posture through cross-organizational collaboration. CAT also conducts trend analysis, reviews empirical data, and identifies and resolves installation and community issues that affect Airman readiness or the quality of life of Airmen and their families.

Coast Guard: Ms. Carolyn Hunter, Regional Director, Civil Rights Directorate

Ms. Hunter stated, as did the briefers for the other Services, that the Coast Guard uses the DEOCS to assess unit culture and climate. The Coast Guard conducts this assessment annually and 90 days after the assumption of a new command. The Coast Guard also conducts an EO review to assess commands, identify best practices, and provide feedback to unit leadership. The EO climate factors assessed in the review are harassment and discrimination, racist and/or sexist behavior, and awareness. It assesses unit effectiveness in the areas of trust in command leadership, fair treatment, and unit morale.

Ms. Hunter stated a good leadership environment is conducive to a healthy unit climate. She described the following Coast Guard policies and procedures in place to address unit climate: the Equal Opportunity Policy Statement; the Anti-Discrimination and Anti-Harassment Policy Statement; the Diversity and Inclusion Policy Statement; the Anti-Harassment and Hate Incident Policies and Procedures; the Hazing and Bullying Policy; the Civil Rights Manual, Commandant Instruction (COMDTINST) M5350.4; the SAPR Instruction, COMDTINST M1754.10E; and the SAPR Tactics, Techniques and Procedures. The policies declare the Coast Guard's position against discrimination and harassment and its commitment to EO and diversity, which is enforced by Coast Guard leadership.

Ms. Hunter explained the effectiveness of the Coast Guard's current policies that aim to address inappropriate behavior and sexual harassment. The Service believes its policies are largely effective at informing members how to address issues and concerns. The policies are widely disseminated and consistently enforced to promote pathways to reporting, including outside the chain of command, and to reassure complainants that the Coast Guard will enforce confidentiality. Ms. Hunter then displayed a bar graph that showed the number of Service members who reported they experienced sexual harassment declined between 2010 and 2016. She displayed another graph that showed the number of victims who took action following an incident of sexual harassment increased between 2014 and 2016. Ms. Hunter noted that although this number has increased, there are still many barriers to reporting, including fear of reprisal, lack of support from leadership, and concerns about confidentiality. She added that the Coast Guard is focused on ensuring individuals are comfortable reporting these incidents.

Ms. Hunter then displayed a bar graph that showed the number of observations of high-risk situations slightly increased between 2014 and 2016. She attributed this change to an increase in education. She then displayed a graph that showed an increase in the number of times actions were taken in response to observing a high-risk situation, which she also attributed to education and training.

Ms. Hunter then described the Coast Guard's protocol for dealing with inappropriate behavior: (1) confront the person unless the situation/behavior is so severe that it is dangerous or unreasonable to do so; (2) if the inappropriate behavior continues or is severe enough to warrant immediate command attention, the individual should report the incident to the individual's supervisor or commanding officer/officer in charge (CO/OIC); (3) if the CO/OIC is the harasser, the report should be given to the official at the next higher level in the chain of command; and (4) if the behavior continues despite confronting the harasser and discussing it with the leadership, an individual has the right to file a complaint.

Discussion

Ms. Pat Locke thanked the briefers for their excellent presentations and asked if the other Services could provide data similar to what was provided in the Coast Guard's graphs because they show how effective the policies are. CPT Saboe responded that the Army does maintain these data and can provide the Committee with data through fiscal year (FY) 2016; FY 2017 data has not been submitted to Congress yet. Col Hollahan responded that the Marine Corps can also provide this information to the Committee. He added that the Services all review and analyze the data in different ways because there is no standard data collection system across the Services. He recommended importing the data on sexual harassment and sexual assault into one system for all the Services to use.

Lt Gen (Ret.) Judy Fedder thanked the panelists for their comprehensive briefings. She asked how the Services attain and maintain a healthy unit climate in the deployed environment and whether the same tools and resources were available to Service members who were deployed. Mr. Salazar responded that the Air Force has 10 deployed assets and that an EO advisor is available in theater so complaints can be filed while deployed, and climate assessments are also conducted even while units are deployed. CPT Saboe (Army) stated that there are additional resources available for deployed units. Because the environment is different, other skills and trainings are made available to build up resiliency in deployed units. The Mental Health Advisory team assesses the state of troop affairs while in the deployed setting. SGM Miller added that the unit must take a brigade-level SARC along on deployment so victims can go to them with reports while in theater. Col Hollahan (Marines Corps) stated that EO representatives are generally deployed along with units.

Dr. Jackie Young asked if the Services have seen an increase in reporting since the launch of the #metoo movement. CPT Saboe (Army) responded that although the movement has shed light on serious crimes, the Army has not seen an uptick in reporting.

FLTCM (Ret.) JoAnn Ortloff praised the graphs provided by the Coast Guard and asked if the Services were doing anything in addition to the climate surveys to assess unit climate or prevent an unhealthy unit climate—for example, attending unit social events and promotion and retirement ceremonies and reviewing social media sites. Col Hollahan (Marine Corps) responded that the climate assessment methods FLTCM (Ret.) Ortloff suggested all fall under the six "Fs" that he referenced in the briefing. He added it is important to know when important events are happening in a Marine's life so the unit can recognize the issue and maintain a healthy unit climate. LT LaBossiere agreed with Col Hollahan and stated the Navy promotes the idea that a Sailor is a Sailor 24/7, which includes their behavior on social media and with their roommates and/or any others.

CPT Saboe responded that the Army has several means of promoting healthy unit climate beyond the survey, including by measuring certain indicators—for example, by counting the number of designated drivers that will be available on a given night to decrease the number of DUIs. She added that NIMS also promotes prevention techniques by teaching leaders to lead by example and exhibit healthy behaviors to Soldiers. Ms. Hunter (Coast Guard) stated that the “EO Review” assessment measures unit morale, including attendance at special observances and other morale-building activities. It allows leadership to see attendance and determine what is impeding attendance if it is low. Mr. Salazar responded that beyond the DEOCS, the Air Force is focusing on revitalizing squadrons by employing a leadership-first technique because leaders modeling healthy behaviors is paramount to a healthy unit climate.

Ms. Monica Medina thanked the panelists for their briefings and stated her opinion that although the information they provided was adequate, she was not satisfied at present with the Services’ efforts to address the issue of sexual harassment and mistreatment. She stated that the Marines United Facebook page was still active and that earlier this month users were using a drop box feature to share more than 260 explicit photos of female Marines that include identifying information. She stated that these photos were only taken down after they were brought to the attention of the Not in My Marine Corps organization. She then described a recent Navy Times article about Navy Officer Capt. John Steinberger, who was assigned to work at the Navy Region Southwest SAPR office after having been accused of patronizing prostitutes in the “Fat Leonard” scandal. She then described an Associated Press report about the Air Force Academy’s insufficient response to sexual harassment and sexual assault. She also mentioned a recent report of child-on-child sexual assault occurring on military installations. She asked the Services what they were doing to address this issue beyond conducting the “Command Climate Survey.” She stated this meeting was her final meeting as a Committee member and urged the Committee to continue working on this issue. She explained that she appreciated the Services conducting climate surveys but asserted these surveys are not adequately addressing the issue. She stated that if sexual harassment and sexual assault are the enemy, the Services are losing the war. She then asked the Marine Corps if it could investigate the sharing of explicit photos and if they could take down the websites where they are being shared.

Col. Hollahan (Marine Corps) stated that the situations described by Ms. Medina were terrible and contrary to what the Marine Corps approves. Ms. Medina asked if the Marine Corps had approached Facebook to determine how the social media company can better address the issues associated with the Marines United group. She added that these current issues were not mentioned in the Marine Corps briefing and that it was troubling that the Marine Corps’ failings were not acknowledged in the briefing.

LT LaBossiere (Navy) stated that Ms. Medina made an excellent point and that this behavior cannot be excused. She added that the Chief of Naval Operations recently became passionate about a similar issue and that the Services have separated readiness from destructive behaviors for far too long even though the behaviors and readiness are related. She stated that Navy leadership supports the effort and that the Services are losing the war against sexual harassment and sexual assault any time a Service member is victimized.

CPT Saboe (Army) said it has taken the Services a long time to examine the issue and that high-profile situations such as those Ms. Medina described make all the Services look bad. She stated

that the Services are finally acknowledging that personnel readiness requires that every Service member is personally ready. In concert with the other Services, the Army is utilizing predictive analytics to address these issues to drive change through data. CPT Saboe said it takes time to be able to collect these data and set up the data collection systems. She added that the predictive model will ascertain which individuals are at a higher risk for committing destructive behaviors. She then stated that it was difficult to assess prevalence across the Services because each Service uses a different system to collect the data, which makes them incomparable. She added that it will take several years to be able to review the data on these issues across Services.

Maj Gen (Ret.) Sharon Dunbar asked if each Service could provide the participation rate of its “Command Climate Survey” to determine whether the response rates were statistically significant. LT LaBossiere (Navy) estimated participation was between 25 and 30 percent and said she could provide an accurate participation rate to the Committee at a later time. Maj Gen (Ret.) Dunbar asked if postassessment briefings to discuss the results of the survey were being held across all the Services. CPT Saboe (Army) responded that as stipulated by policy, all the Services participate in the dialogue after the assessments.

Ms. Therese Hughes thanked the panelists for their briefings and said the Services have made many improvements in reporting and disseminating information to Service members. She then stated she agreed with Ms. Medina’s points and added that in her opinion, what is missing from the Services’ narratives is the art of listening. The Services respond to events and are behind the curve instead of in front of it. She stated that the survey data does not include all the necessary information and posited that to train people to listen, the Services need another component that interfaces with their data. She added that the military can set a standard for the civilian sector and enact meaningful changes. She stated that no event in which an individual is victimized should be treated as minor because such incidents can be stopped rather than lead to more serious issues.

CPT Saboe responded that the Army teaches the skill of listening at the Soldier level so Soldiers can have appropriate conversations with one another and provide effective feedback. CPT Saboe added that she could not speak to listening at an organizational level.

Dr. Kyleanne Hunter thanked the panelists for the briefings and noted that although policies and trainings are being integrated more consistently, these methods do not necessarily change behavior. She asked what the Services were doing to address the drivers of culture that may not be related to policy, such as commanders approving overtly misogynistic “entertainment” or similar activities to support men in uniform. LT LaBossiere replied that the Navy’s sole message is to promote dignity and respect. She described vignette-based trainings that allow Sailors to discuss what is appropriate in given situations. She mentioned the “Full Speed Ahead” initiative, which focuses on behavior when using social media. Col Hollahan said the Marine Corps’ approach was similar to the Navy’s. He stated that the Marines United scandal was the catalyst for change and that the Corps is now teaching NCOs to talk with their squads about the vignettes and discuss appropriate behavior. He added that social media has made it difficult to address these issues. SGM Miller agreed and said that the Army uses video-based training as well and that Soldiers prefer this method of training. CPT Saboe stated the Army is conducting a long-term evaluation of its efforts to change behavior and reiterated the Army is using a public health model, based in research, to drive behavior change and the content of its trainings on the topic. Mr. Salazar said that the Air Force has begun noting incidents of bullying and harassment on the

perpetrators' fitness reports and that by next year, the Service will finalize its approach on how to prevent these incidents.

Col (Ret.) John Boggs asked if the Services must note instances of harassment or inappropriate behavior on the perpetrators' fitness reports. CPT Saboe stated that the Army implemented this change in 2012 and that it is now mandatory to note on all Officer Evaluation Reports and Noncommissioned Officer Evaluation Reports whether the individual did or did not adhere to the SHARP program. Col Hollahan (Marine Corps) stated it is mandatory to note on a commander's fitness report if the commander failed to conduct a DEOCS. The Marine Corps is working to formally document substantiated cases of inappropriate behaviors in Marines' performance files, which can be seen by promotion and retention boards. LT LaBossiere stated that because a DoD policy mandates that those incidents be noted on fitness reports, all the Services comply with that policy.

Panel Discussion: Women's Mental Health (Requested by the Office of the Secretary of Defense, Health Affairs, and the U.S. Department of Veterans Affairs [VA])

The Office of the Secretary of Defense, Health Affairs, as well as VA, asked to address DACOWITS to provide a panel briefing on women's mental health. The briefing covered several aspects of servicewomen's mental health research and initiatives, including the background and current work of the Health Executive Committee's VA/DoD Women's Health Work Group, major findings from the Women Veteran Focus Group, outcomes of the Women's Health Workshop for Transitioning Servicewomen, and an overview of the VA/DoD Women's Mental Health Mini-Residency program. This was not in response to an RFI from the Committee.

Dr. Kate McGraw, Deputy Division Chief, Psychological Health Center of Excellence, Defense Health Agency

Dr. McGraw began the briefing by detailing the history of joint DoD/VA efforts to address the mental health needs of servicewomen and women veterans. In 2011, the DoD/VA Integrated Mental Health Strategies (MHS) was formed to convene work groups of DoD/VA SMEs and Service members that could deliver recommendations to MHS leadership based on comprehensive research, policy, programs, and service reviews related to women's mental health. This work group is housed in DoD's Psychology Health Center for Excellence. Between its inception in 2011 and its completion in 2016, the work group organized a Consortium for Health and Military Performance, shared recommendations with leadership within DoD, authored an article in an academic journal, and authored a chapter in the book "Military Medicine Special Supplement: Women in Combat." Findings from the work group resulted in the "Women in Combat" symposium in 2014.

In 2016, the VA/DoD Women's Health Work Group convened a Women's Health Policy summit attended by more than 50 SMEs, VA/DoD senior leaders, and other attendees. The DoD Women's Mental Health Work Group was also convened; this group's aim was to research gaps in mental health services and policies across the Services. To date, the work group has found that there is little to no internet presence on women's mental health in the Services. As a result, the work group has created two web pages with information on women's mental health that are part of the Psychological Health Center of Excellence's website. Dr. McGraw ended her presentation by sharing future initiatives and efforts of the work group; these included the upcoming VA/DoD

Women's Mental Health Mini-Residency, the soon-to-be-released RAND Corporation (RAND) study on the mental health needs of military minorities (including servicewomen), a potential research study on the gender differences in deployment-related returns, and continued work on DoD/VA Integrated Mental Health Strategy SA 28 (Gender Differences).

Dr. Wendy Tenhula, Director, Innovation and Collaboration, Office of Mental Health and Suicide Prevention, VA

Dr. Tenhula began her comments by sharing that women are increasingly using VA for healthcare and mental healthcare. Forty-four percent of the women that use VA healthcare access mental health services. VA is working hard to provide a continuum of mental health services that screen women and men for instances of military sexual trauma (MST), sexual harassment, and sexual assault experienced during military service. Dr. Tenhula reported every VA medical center offers an MST coordinator and MST-related healthcare. During a universal screening, 28 percent of women veterans reported MST, and 79 percent of these women veterans reported receiving MST-related care.

Dr. Tenhula discussed several training programs for clinicians and veterans on women's mental health care. VA trains clinical providers through monthly women's mental health teleconference calls that focus on the unique mental health needs of women veterans, such as multidisciplinary treatment, mental health during menopause, and suicide prevention. On average, 300 clinicians attend these meetings each month.

She next addressed the need for additional training of VA clinicians to address the gap in care for women veterans that experience eating disorders. For example, to help its staff gain expertise in eating disorder treatment, VA is developing training on evidence-based treatments; the 24-hour training is administered live and online during an 8-week period. VA administered these interactive, team-based trainings in 10 VA facilities and plans to conduct them through each of the Veterans Integrated Service Networks in FY 2018.

Dr. Tenhula also reported VA is implementing the Skills Training in Affective and Interpersonal Regulation (STAIR) program, which teaches skills for managing strong emotions and building healthy interpersonal relationships. Additionally, the VA offers a Parent STAIR adjunctive training program for veterans.

Dr. Tenhula next discussed the upcoming mini-residency on women's mental health, which will convene in August of this year. The residency will help train providers across departments to provide gender-sensitive, evidence-based care to address the mental health needs of servicewomen and women veterans, including the appropriate use of psychotherapies and psychiatric medications. The curriculum for the residency, the conference structure, and the training objectives were based on the results of the 2016 mini-residency, which 75 VA providers and 75 DoD providers attended. Sample lecture topics for the 2018 residency include suicide prevention, mental health and the menstrual cycle, and complex trauma. During the training sessions, the clinicians will create an action plan and will follow up on it after the training to reinforce the lessons learned during the residency. Dr. Tenhula ended her presentation by expressing her excitement for the upcoming mini-residency.

Dr. Sally Haskell, Director, Comprehensive Women's Health, Veterans Health Administration

Dr. Haskell began her presentation by discussing the background of the Women Veteran Focus Group. Dr. Haskell explained the VA/DoD Women's Health Work Group wished to learn more

about the transition from active duty service to VA care as well as how VA and DoD can better manage this transition for servicewomen and women veterans. A focus group, composed of 20 women veterans from the Air Force, Army, Coast Guard, Navy, and the Reserves convened in the summer of 2017 in Houston, TX. The focus group led to three major findings: women veterans did not know much about VA healthcare services and benefits, wanted more assistance with their transition from DoD healthcare to VA healthcare, and felt the Transition Assistance Program (TAP) should include more information about VA women's health services.

Dr. Haskell explained that as a result of the focus group, VA and the Air Force created a women's health workshop for active duty servicewomen. During the workshop, servicewomen said they wanted to see a place for themselves at VA, wanted women veterans to consider VA as a viable option for healthcare, and wanted better instructions on how to enroll in VA services and more awareness surrounding the types of services VA provides to women veterans. The workshop resulted in several training sessions that will increase awareness of gender-specific services offered at VA facilities to encourage timely enrollment and utilization of VA healthcare among newly transitioned women veterans.

Dr. Haskell described the VA/DoD Women's Health Work Group's goal to increase the rate of servicewomen that enroll in VA healthcare within 6 months of separating from the military by 50 percent. Currently, women often do not enroll in VA services until 2.5 years after separating, in part because they do not prioritize this healthcare or are not allotted protected time to enroll. Dr. Haskell reported that at the time of the DACOWITS meeting, the VA/DoD Women's Health Work Group had made incredible progress towards this goal. The curriculum was developed and presented to SMEs, improvements were made to the curriculum, and it was later presented to servicewomen. The servicewomen responded positively to the improved curriculum, and the work group is awaiting final approval from the TAP Senior Steering Group before further implementation. Dr. Haskell ended the briefing by discussing plans to award a contract for the women's health workshop. The goals of the contract will be to train 500 participants across 5 pilot States, and evaluate the outcomes and quality of the training.

Discussion

Lt Gen (Ret.) Fedder thanked the panel and said the presentation on women's mental health was a helpful continuation of a discussion at a previous quarterly meeting. Lt Gen (Ret.) Fedder asked if the panelists had identified treatments or preventative measures that could be implemented during a woman's military service that would reduce the need for mental health services after her transition.

Dr. Haskell responded that there are physical therapies and treatments that could be implemented prior to Service members transitioning that could reduce the musculoskeletal injuries, chronic pain, and other injuries experienced during their service. Dr. Haskell noted that although male and female Service members are typically very physically fit while in the military, it does not take long after separation for many veterans to develop cardiovascular risk factors. Receiving preventative interventions during their service, such as education about the risks of cardiovascular disease, could prevent future health problems. Reproductive health issues experienced after service could be reduced or prevented if women received preconception counseling or pregnancy planning services (e.g., information on necessary medication adjustments during future pregnancies, information on maternity benefits available to veterans). Dr. Tenhula responded that, although there is not solid data to speak to its effectiveness, the

Services are working to help servicewomen build resilience skills and show them how these skills apply across their lives and can aid their transition from active duty to veteran status.

CSM (Ret.) Michele Jones commented that throughout the current presentation and in the previous panel, the term “active duty” was used several times. CSM (Ret.) Jones asked if any of the panelists thought the term would discourage some Service members in the Reserves from receiving the information and services they need.

Dr. Haskell noted that this was an excellent point. She clarified that the pilot program was originally piloted by the Air Force. Once the pilot is complete, VA will implement the program more broadly and update the language to be inclusive of reserve duty Service members. CSM (Ret.) Jones said she felt the language should be changed. Dr. Tenhula agreed with CSM (Ret.) Jones’ comment and added that the same language change should apply to mental health services materials.

FLTCM (Ret.) Ortloff commented that physical fitness can be an effective treatment for many cardiovascular, musculoskeletal, and mental health conditions. She asked whether VA provided no-cost assistance for veterans to participate in local gyms and, if not, whether it planned to in the future. Dr. Haskell responded that VA is working to incorporate an initiative similar to FLTCM (Ret.) Ortloff’s suggestion. Currently, there is a patient-centered care program that provides integrated therapies (e.g., yoga, tai chi). The hope is for veterans to be able to access these courses of treatment (e.g., aquatherapy, yoga) outside VA. However, similar to wellness programs provided through insurance companies, a limited number of sessions would be available to veterans.

Ms. Sharlene Hawkes asked about the work group’s S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Time-bound) goal to increase the rate at which servicewomen enroll in mental health services. She asked what has motivated women to enroll. Dr. Haskell responded that although women veterans do not need an incentive to enroll, many of those who join do not utilize the care. She concluded by saying the VA wants them to enroll and be assigned to a primary care physician, receive a physical, and then be referred to the appropriate services.

VADM (Ret.) Carol Pottenger commented that she hoped some of the practices discussed in the presentation will apply to male veterans. She then asked how these initiatives are being funded. Dr. McGraw responded that there is a budget to support these initiatives. Dr. Tenhula noted that there is an advocate at VA who is passionate about women’s healthcare services and helps identify appropriate funding for the initiative. The VA has also made a commitment to evidence-based interventions, so this program fits in well with those standards. Lastly, Dr. Haskell noted that TAP conducted curriculum development using some VA funds remaining at the end of the year. Dr. Haskell indicated that TAP was fortunate that VA’s Office of Patient Care Services perceived this collaborative work as unique and groundbreaking and wanted to support it financially.

Ms. Janie Mines commented that she has utilized VA healthcare for 25 years and that she appreciates the improvements that have been made. Ms. Mines noted that one opportunity for improvement is for VA to better understand who the female Service member is. Ms. Mines asked if any programs have been implemented to enhance the VA’s understanding of servicewomen. Dr. Tenhula responded that the “Make the Connection” campaign, which featured hundreds of veterans sharing their stories and their families’ stories, included many women veterans. Dr. Tenhula noted that by having women veterans tell their stories, it allows VA to share those

stories and perspective with staff and better understand women veterans. Dr. Haskell responded that the goal is to change VA's culture and ensure women veterans feel respected and understood.

Ms. Locke asked if there is awareness or visibility of women veterans who may have transitioned out of service 20 or more years ago. Ms. Locke inquired what concessions, if any, have been made for these older veterans. Dr. Haskell acknowledged that theirs would be a valuable perspective to consider; however, older women veterans were not part of the focus group. However, the initiative included phone conversations with women veterans who were not currently receiving VA health services and pamphlets that were sent to this same population.

Dr. Hunter commented that with respect to the mental health of women veterans, enrollment in mental health services is a hurdle to improvement, and utilization of such services is a facilitator. She asked what efforts are underway to determine why there are some unique challenges to enrollment and whether it was possible to emphasize some of the benefits to motivate women to use the services to address mental health problems. Dr. Haskell noted that the focus for this project was to enroll women and that researchers will need to perform additional focus groups to learn women veterans' perspectives on utilization. Dr. McGraw added that the RAND study would provide some insight into this topic. Dr. Tenhula concluded the conversation by noting that Dr. Hunter made an important point and that VA needs to address additional gaps in the program and determine how to provide better care (e.g., specialized care surrounding eating disorders).

Public Comment Period

COL Davis reiterated that there were no submissions for the public comment period for this meeting.

COL Davis closed the public meeting period for the day.

21 March 2018

Per the U.S. Office of Personnel Management, Federal offices in the Washington, D.C., area were closed as a result of inclement weather. All scheduled briefings will be rescheduled to a later date.

Written Responses DACOWITS Received for March 2018

RFI 1	
<p>WOMEN IN OPERATIONAL CAREER FIELDS</p> <p>Data provided by the Military Services in March 2017 indicated that generally women in operational career fields have higher attrition than their male counterparts. The Committee is interested in the actions being taken to define “operational career fields” important to achieve Service mission requirements and grow future leaders, determining the root cause of this disparity in attrition, and what actions the Services are taking to address the discrepancy.</p> <p>The Committee requests a written response from the all the Military Services on the:</p> <ol style="list-style-type: none"> a. Definition of operational career fields (officer and enlisted) for the Service. b. Comparison of: <ol style="list-style-type: none"> i. Retention of women in operational specialties vs. overall retention of women? ii. Retention of women in operational specialties vs. retention of women in support-oriented career disciplines? iii. Retention of women in operational specialties vs. retention of men in the same disciplines? iv. Retention of women in support-oriented career disciplines vs. retention of men in the same disciplines? c. What actions is the Service taking to determine root cause and address any disparities? 	
Organization	Description
Air Force	The Air Force provided the Committee with a list of operational career fields. The Service also provided retention-rate comparisons for specific groups as requested by the Committee. The Air Force noted there is a predecisional Information Paper, which addresses the root causes and disparities in retention rates of women in the Air Force, in coordination for review by the Chief of Staff of the Air Force.
Army	The Army provided the Committee with a list of operational career fields. The Service also provided retention-rate comparisons for specific groups as requested by the Committee and graphs to display the data. The Army does not track retention rates by gender, so it was not able to provide the Committee with information related to the root causes of retention differences.
Coast Guard	The Coast Guard provided the Committee with a list of operational career fields. The Service also provided retention-rate comparisons for specific groups as requested by the Committee and graphs to display the data. The Coast Guard mentioned its Office of Diversity and Inclusion has contracted with RAND to conduct a study and holistic analysis on the retention of women to identify workforce barriers that may influence retention.
Navy	The Navy provided the Committee with a list of operational career fields. The Service also provided retention-rate comparisons for specific groups as requested by the Committee. The Navy also provided information about the ways it attempts to determine the root causes of retention disparities and a list of programs and initiatives designed to address retention disparities.
Marine Corps	The Marine Corps reported to the Committee that it defines all its specialties as operational. The Service also provided retention-rate comparisons for specific groups as requested by the Committee. The Marine Corps reported it does not have any programs or initiatives that focus specifically on reducing attrition and increasing retention of women.

RFI 3

WOMEN IN MILITARY SERVICES FOR AMERICA MEMORIAL FOUNDATION AND EDUCATION CENTER

During the public comment period in December 2017, the Committee received a comment from the [Vice President of Development for the Women in Military Service for America \(WIMSA\) Memorial Foundation and Education Center](#), asking that DACOWITS support and secure funding within the DoD budget, to support the mission of the foundation and ensure an appropriate sponsor is assigned within DoD.

The Committee requests a **written response** from the all the **Military Services** on:

- a. What financial and/or manpower support do the Department/Services provide to various museums/memorials/education centers.
- b. Please specify dollar and full time employee (FTE) support by name of museum/memorial/education center and location.
- c. Please specify how supporting these museums/memorials/education centers contributes to your Department/Service’s mission.

Organization	Description
Air Force	Major Command, Number Air Force, and installation commanders provide appropriate operational and maintenance funding as well as appropriate manpower to Air Force museums. For FY 2016, the total funding appropriated for the 12 listed Air Force museums was \$21,458,534. The stewardship of historical data and artifacts fulfills the Air Force’s statutory responsibilities and informs and educations Air Force personnel and the public on the Service’s mission, roles, and functions.
Army	As of December 2016, the Army organized its museums under the Army Museum Enterprise (AME), a construct for managing Army museums. AME consists of museums, training support facilities, historical collections, heritage displays, and museum support centers. The AME is undergoing a reorganization that will align more than half of the AME’s activities under the direct control of the CMH starting in October 2018. Current total funding for museums within CMH is \$7,490,000, and total funding for the National Museum of the United States Army is still being decided. AME’s mission is to support the training, education, and esprit de corps of Soldiers and Army civilians; to steward the Army’s material culture; to support Army research and development; and to facilitate public education regarding the Army and its heritage.
Navy	The Department of the Navy provides financial support in the form of operating funds and manpower support in the form of military, civilian, and contractor resources to Navy museums. The total funding appropriated for FY 2019 is \$37,670,000. The Navy’s vision is to enhance the war-fighting effectiveness of the Navy by using the power of history and heritage to pass on hard-won lessons, foster unit combat cohesion, and garner the continuing support of the American people.
Marine Corps	The National Museum of the Marine Corps is appropriated funds to support its operation and maintenance. The total funding appropriated for FY 2019 is \$11,386,000. The museum contributes to the recruitment, training, education, and retention of Marines by informing and inspiring visitors through exhibitions and other public programs.

SERVICEWOMEN'S REPRODUCTIVE HEALTH


Servicewomen face unique issues associated with reproductive health in both home and deployed environments. The Committee is examining whether support exists in all areas to ensure servicewomen's health issues are addressed.

The Committee requests a **written response** from the **OSD Health Affairs** to address the following:

- a. Provide details on access to procedures or treatments available to servicewomen, related to the management of menstruation and unplanned pregnancies, particularly in deployed environments, to include (but not limited to):
 - Medical support;
 - Time off allocated to obtain the medical procedure;
 - Recovery time allocated (e.g., convalescent leave);
 - Guidance and counseling provided before/after the medical procedure; and
 - Any other areas of support/resources provided.
- b. What is the extent of the access and how does OSD Health Affairs ensure servicewomen are educated on availability of these resources?

Organization	Description
Office of the Assistant Secretary of Defense, Health Affairs	OASD(HA) provided the Committee with information related to the contraceptive services available to servicewomen and the extent to which OASD(HA) ensures servicewomen are educated on the availability of these resources, including information about the resources available in deployed environments. OASD(HA) also provided attachments with details on emergency contraception, contraceptives, access to contraception, and a contraception briefing.

Report Submitted by:


COL Toya Davis, USA
DACOWITS Military Director

Report Certified by:


Gen (Ret.) Janet Wolfenbarger, USAF
DACOWITS Chair

Members in Attendance:

Gen (Ret.) Janet Wolfenbarger, USAF, Chair
 SMA (Ret.) Kenneth Preston, USA, Vice Chair
 Col (Ret.) John Boggs, USMC
 Maj Gen (Ret.) Sharon Dunbar, USAF
 Lt Gen (Ret.) Judy Fedder, USAF
 Ms. Sharlene Hawkes
 SGM (Ret.) Norma Helsham, USA
 Ms. Therese Hughes
 Dr. Kyleanne Hunter, USMC Veteran

CSM (Ret.) Michele Jones, USA
 Ms. Pat Locke, USA Veteran
 Ms. Monica Medina, USA Veteran
 Ms. Janie Mines, USN Veteran
 FLTCM (Ret.) JoAnn Ortloff, USN
 VADM (Ret.) Carol Pottenger, USN
 RADM (Ret.) Cari Thomas, USCG
 Dr. Jackie Young

Members Who Were Absent:

Dr. Kristy Anderson
 MG (Ret.) John Macdonald, USA
 Mr. Brian Morrison, USN Veteran