

## December 2018 QBM – Army Follow-Up Responses

### RFI 7 – Gender Representation Among Instructors/Trainers

Response provided by TRADOC to question asked during the panel session: See attached spreadsheet for full details. Gender breakdown of Cadre/Instructors in IET and PMEs (including military, DA civilian, and contractors); the data indicates how the Army prioritizes women instructors and cadre in BCT/OSUT; representation varies by course, by School House; on balance the representation of women as instructors across the board average out to the female representation in the Army.

### RFI 8 – Military Services’ Physical Fitness Tests

i. **Military Services:** Current policies for iron or other supplements provided to female recruits.

Both HQDA EXORD 172-16 and TRADOC Regulation 350-6 (Enlisted Initial Entry Training Policies and Administration), paragraph 5-11, Fueling for Performance, paragraph c, establish a multi-vitamin policy for female Trainees.

**Excerpt:** All female trainees will be provided a Multi-vitamin with Iron (MVI) prescription on a voluntary basis within the first 72 hours of arrival to Reception Battalion IAW HQDA EXORD 172-16, Program in Initial Military Training (IMT). Education and informational materials on the MVI program must also be available to female trainees.

And, it is included in TRADOC Regulation 350-36 (Basic Officer Leader Training Policies and Administration): "All female trainees shall be provided a Multivitamin with Iron (MVI) prescription on a voluntary basis within the first 72 hours of arrival to BOLC-A/B. Education and informational materials on the MVI program must also be available to female trainees."

ii. **Military Services:** The percentage of servicewomen who failed their official fitness test after the expiration of their postpartum exemption, over the last five years (e.g., 1 Jan 2013 – 31 Dec 2017).

The Army does not track this data.

iii. **Army:** Provide information on your Post-Partum Physical Training (P3T) program.

Info paper on P3T attached.

### RFI 10 – Breastfeeding and Lactation Support

i. **Military Services:** Describe how your Service-branch, to include the Reserve and Guard components, are tracking the effectiveness of the Breastfeeding and Lactation Support Policies. Please describe methods of tracking policy and program compliance; how feedback is solicited from affected servicewomen; and what trends and constraints are noted from those who elect/don't elect to breastfeed their newborns.

Commanders are responsible for counseling Soldiers on the lactation policy, designating appropriate lactation facilities, and ensuring that Soldiers have adequate time and flexible work patterns for lactation activities during the duty day for the duration of the Soldier's lactation activities, up to a year after the birth of a child. Army leaders are required to provide the necessary time and support to female Soldiers who decide to breastfeed their babies or express breast milk following maternity leave. The Army recognizes breastfeeding is beneficial to mother and baby as both experience the positive health benefits and may result in Soldiers' decreased absenteeism from duty. Breastfeeding may also support Soldier readiness by burning as many as 500 extra calories each day which may assist with weight loss goals to return to pre-pregnancy weight.

ii. **Army, Marine Corps, Air Force, and Coast Guard:** During the Navy presentation on this topic, they highlighted having a "Command Advisor on Pregnancy and Parenthood (CAPP)." This is a voluntary command role to ensure Sailors receive proper counseling and support to fully understand their rights, responsibilities and resources regarding pregnancy and as new parents. This is an impressive best practice. DACOWITS is interested in knowing what similar best practices for pregnancy and post-partum are in place by the other Military Services.

Per Army Regulation 600-20, Command Policy, Army commanders are required to counsel all pregnant Soldiers on their options for maternity care, including duty limitations and physical fitness training; retention or separation; family care plans; convalescent (maternity) and primary/secondary caregiver leave; maternity uniforms; housing with dependents; assignments and TDY; and the lactation policy.