

Defense Advisory Committee on Women in the Services (DACOWITS)

June 2024 – Requests for Information

RECRUITMENT BARRIERS

In accordance with DACOWITS' Terms of Reference, the Recruitment and Retention (R&R) Subcommittee will assess potential recruitment barriers which inhibit the accession of women into the Military Services. In addition, the R&R Subcommittee will examine existing policies and procedures to determine whether current practices inhibit the recruitment of women, specifically assessing medical accession standards and the application of these standards.

1 The Committee continues to be interested in the recruitment of servicewomen, including barriers and facilitators that impact the pool of women qualified to join the Armed Forces as compared to men. The Committee seeks to understand potential recruitment barriers that continue to inhibit the accession of women into the Armed Forces. More specifically, DACOWITS is interested in the timeliness of Military Entrance Processing Stations (MEPS) appointments, any preliminary data pertaining to female recruits admitted through the Military Accession Record Pilot (MARF) program, the medical waiver process, and both the challenges and facilitators reported by recruiting commands. Additionally, by March 2022 all MEPS fully deployed a new congressionally mandated electronic health information system called [Military Health System \(MHS\) Genesis](#). This marked a major change to medical record processing for accessions. The Committee understands that the Defense Department is now using medical data collected from MHS Genesis via the MARF program to review the recentness of 49 medical conditions for which the lifetime disqualification in *Medical Standards for Military Service: Appointment, Enlistment, or Induction (DoDI 6130.03)* was changed to 0.5, 3, 5, or 7 years. The Committee is also aware that in March 2024, a DoD report titled, "[Military Medical Standards for Accession](#)," was delivered to the Committee on Armed Services of the Senate and House of Representatives and that this report noted a need for increased MEPS personnel, including medical providers, technicians, and onboarding specialists. Last, the Committee received briefings from Military Services' recruiting Chiefs (senior enlisted personnel) in [March 2023](#) (via RFI 1). Given the rapidly changing landscape of today's recruiting environment, the Committee would like an update on what recruiters are currently experiencing regarding the recruitment of women into the Armed Forces.

The Committee requests a **briefing** from the **United States Military Entrance Processing Command (USMEPCOM)** and the **Military Services' Medical Waiver Review Authorities (SMWRAs)** on the following:

1.1 – USMEPCOM – MEPS:

- a. Once scheduled, what is the range (low and high) in number of days from when a MEPS appointment is scheduled to when the potential applicant goes to MEPS for the first time? Please provide figures for FY22 compared to FY23.
- b. What is the range (low and high) in number of days from the time a recruiter submits an applicant for evaluation to the time that the applicant signs a contract? Please provide figures for FY22 compared to FY23.
- c. What steps are being taking to evaluate potential revisions to medical disqualifications for female applicants who experience: pregnancy; abnormal uterine or vaginal bleeding; abnormal Papanicolaou (Pap) test; endometriosis; and polycystic ovarian syndrome.
 - i. How many female applicants were disqualified for pregnancy during their MEPS screening?
 - ii. If a woman miscarries or decides to terminate their pregnancy, are they still required to wait 6 months before rescreening? If yes, are female applicants able to request a waiver to this preset time frame based on the trimester of when the pregnancy occurred (e.g., before 12 weeks)?
- d. Are there any other potential barriers, medical or otherwise, for female processing at MEPS?
- e. What are the Pap test requirements for women? Are Pap tests required for all female applications, or is there differentiation between officer and enlisted female applicants?
- f. Is there a limit on the number of dependents a married female applicant can have to enlist (e.g., no more than 3)? How does this policy compare to married male applicants? Does this policy differ by Service? If so, how? Can both married male and female applicants with dependents seek a waiver? Does the policy different based on whether the spouse is in the military (e.g., Active, Reserves, or Guard)?

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RFI 1 Continued:

- g. What activities is USMEPCOM currently pursuing to ensure the MEPS process is as efficient as possible for applicants?
- h. The peak season for MEPS is summer, often referred to as the “summer surge.” What is the plan of action for “Summer Surge 2024” and moving forward, so there are no delays in processing new applicants?
- i. What are the strengths, challenges, and lessons learned thus far from the conversion to the MHS Genesis electronic health record and its interaction with the Health Information Exchange (HIE) at MEPS?
- j. What is the status of increasing MEPS personnel, including medical providers, technicians, and onboarding specialists? Please provide supporting data and a phasing plan for increasing personnel at the 65 MEPS, plus the one remote processing station.
- k. How long are prior Service discharge physicals valid? If an applicant is prior Service, under what circumstances must they obtain another MEPS physical?
- l. Does MEPS have a process for scheduling and paying for consultations with outside medical providers when an applicant is required to get further information on potentially disqualifying conditions (ear wax removal; TB screening; etc.)? If so, does this process vary by MEPS or region?

1.2 – USMEPCOM – MARP Program Preliminary Data:

- a. Has MARP reduced time limitations on disqualifying medical conditions? If so, by how many days?
- b. Are there differences for the number of days women and men were assessed under MARP? Please provide supporting data including averages and the range (low and high) number of days for FY22 compared to FY23.
- c. What are the major lessons learned from MARP thus far?

1.3 – Military Services’ Medical Waiver Review Authorities (SMWRAs):

- a. What is the average length of time to process each medical waiver?
- b. What is the average length of time to obtain a medical recommendation from the branch’s waiver authority?
- c. What is the average length of time for the recruiting command to make a decision whether to approve the waiver based on the recommendation from the branch’s waiver authority or medical staff at the recruiting command?
- d. What is the current backlog in each of the Military Services medical waivers for applicants?
- e. Which of these top female-specific disqualifying conditions is your Service currently providing waivers for? Please provide criteria for these waivers: pregnancy; abnormal uterine or vaginal bleeding; abnormal pap smear/test; endometriosis; and polycystic ovarian syndrome.

The Committee requests a **briefing** from the **Chief Recruiters (senior enlisted personnel) from the Army, Navy, Marine Corps, Department of the Air Force (Air & Space), Coast Guard, and National Guard** on the following:

1.4 – Military Services’ Chief Recruiters:

- a. How do delays or disqualifications at MEPS impact the recruitment process? Please provide figures for FY22 compared to FY23, so we have context to see if things are better, worse, or the same.
- b. To date for FY24, what percentage of your fiscal year recruiting goal have you met? How does this compare to the same point in time for FY23?
- c. To date, what percent of your FY24 recruits are women and men? How does this compare to the same point in time for FY23?
- d. What barriers/inhibitors/challenges, and/or concerns are recruiters encountering when engaging with potential female applicants?
- e. What specific strategies are or could be used to address/mitigate these barriers/challenges?
- f. Are there any additional challenges not already annotated that are impacting your Service’s ability to recruit women?
- g. What are the facilitators that impact your Service’s ability to recruit women?

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RETENTION INITIATIVES

In accordance with DACOWITS' Terms of Reference, the R&R Subcommittee will identify opportunities and innovative initiatives to more effectively retain servicewomen, utilizing retention incentives such as bonuses, special schools, retraining, and choice duty assignments.

2 The Committee continues to be interested in the retention of servicewomen and whether geographic stability and co-location policies for dual military couples and non-married Service members with shared parental custody of a child could encourage men and women to stay in the military. In [March 2024](#) (via RFI 1), the Committee received briefings from the Military Services on the status of their geographic stability and co-location policies.

The Committee requests a **written response** from the **Army, Navy, Marine Corps, Department of the Air Force (Air & Space), and Coast Guard** on the following:

- a. Provide the number of requests for geographic stability and co-location that were made by dual active-duty military couples for FY21, FY22, and FY23. In addition, for each fiscal year, provide how many couples were married and how many couples were divorced or separated with dependent children.
- b. Provide the number of dual active-duty military couples whose geographic stability requests were accommodated for FY21, FY22, and FY23.
- c. Provide the number of dual active-duty military couples whose geographic stability requests were not accommodated for FY21, FY22 and FY23. In addition, for requests that were not able to be accommodated, please provide the top 5 most common reasons requests were not accommodated.
- d. **Department of the Air Force Only:**
 - i. Describe the Court-Ordered Child Custody Assignment/Deferment Program (CCCA/D). Please also include the source of authority for the program, how long it has been in effect, and whether or not it is having a positive, neutral, or negative effect on retaining Service members, especially servicewomen.
 - ii. Provide an update on the status of the Air Force's efforts to enhance the CCCA/D program. Please include what prompted this effort and what the goal is.
 - iii. Provide any data (raw numbers and percentages) on how many active-duty Service members have benefited from the CCCA/D program, including how many have applied and been unsuccessful co-locating.

Defense Advisory Committee on Women in the Services (DACOWITS) June 2024 – Requests for Information

IMPLEMENTATION OF WOMEN, PEACE, AND SECURITY REQUIREMENTS

In accordance with DACOWITS' Terms of Reference, the Employment and Integration (E&I) Subcommittee will examine the Military Services' efforts to fulfill requirements of the U.S. Strategy on Women, Peace, and Security (WPS), specifically related to the WPS Strategic Framework and Implementation Plan. In addition, the E&I Subcommittee will examine WPS long-term defense objectives to assess women's meaningful participation within the Joint Force, as well as women's representation across all ranks and all occupations.

3 In [December 2023](#) (via RFI 3), the Committee received a briefing from Office of the Under Secretary of Defense for Policy (OUSD(P)) and the Joint Staff (JS) on the Defense Department's work on WPS and Defense objectives. During that briefing, mention was made to the Department's gender analysis requirements as defined in FY21 National Defense Authorization Act (NDAA) as well as the Independent Review Commission (IRC) on sexual assault in the military. Post 2017, NDAA's have sought to institutionalize WPS objectives by requiring the integration of a "gender perspective" in security cooperation activities to include the integration of Gender Advisors into geographic combatant commands and the hiring of other WPS personnel among the Joint Staff.

3.1 – The Committee requests a **written response** from the **OUSD(P) and the Joint Staff** on the following:

- a. Provide the actual DoD gender analysis framework/model and associated DoD Instruction or Chairman of the Joint Chiefs of Staff (CJCS) Instruction used for execution of the gender analysis required by NDAA.
- b. Provide reports from OSD/JS/Combatant Command/Military Services which demonstrate the utilization of the gender analysis framework/model following the NDAA requirement, specifically any use of the framework to analyze and assess internal areas of the Defense Department.
- c. Provide the position description (PD) for a Gender Advisor (include required and desired qualification requirements, rank/paygrade, full time/part time, funded/unfunded billets, expected role/responsibilities, etc.). Ensure the provided information also codifies whether the position is primarily/solely a gender advisor or if this is an additional collateral responsibility.
- d. Provide the PD for a Gender Focal Point (include required and desired qualification requirements, rank/paygrade, full time/part time, funded/unfunded billets, location, expected role/responsibilities, etc.). Ensure the provided information also codifies whether the position is primarily/solely a gender focal point or if this is an additional collateral responsibility.

3.2 – The Committee requests the **Army, Navy, and Marines** provide a copy of their WPS Strategic Action Plans, similar to the [Department of the Air Force 2023 WPS Strategic Action Plan](#).

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- 4 In [December 2023](#), the Committee asked OUSD(P) and the JS if it had used the DoD gender analysis framework on itself--the Defense Department as a whole, the Joint Staff, the Combatant Commands, and/or Military Services—so DoD can assess itself by the same method/metric/framework utilized by the COCOMs for partner/allied nations. The 2023 WPS Strategy and National Action Plan (NAP) defines women's "meaningful participation in WPS" as ensuring women have "access and ability to influence decision-making on issues impacting their lives, their communities and environments..." as well as addresses the need for the United States to "strive better [to] integrate WPS principles within our own institutions and policies in order to be a stronger partner and maintain our international leadership and credibility," and that DoD "WPS implementation takes place in two primary ways: (1) within DoD's internal talent management to strengthen women's meaningful participation in the U.S. military and to diversify U.S. forces..." **RFI deferred to September 2024, pending the release of the DoDI.**

4.1 – The Committee requests a **briefing** from **Office of the Under Secretary of Defense for Personnel and Readiness via Military Personnel Policy (MPP) and the Military Services** on the following:

- a. Present in detail how DoD and the Joint Staff use "DoD's internal talent management to strengthen women" in the U.S. military and to diversify U.S. forces, as reported in the October 2023 U.S. Strategy and NAP on WPS (page 31). Provide associated data, metrics, and measures of performance/effectiveness associated with these talent management activities to measure success for women's meaningful participation in the U.S. military. Request specific talent management processes for O-4 through O-7 from service assignment to Joint Staff/OSD assignment selection and associated career progression/talent management to promote gender diversity at these levels within DoD (can include positions/metrics/talent development within Combatant Commands also). Provide same specific talent management processes for E-6 through E-9s.
- b. **MPP:** Present impact/results/outcomes from "DoD's internal talent management" actions on women's promotion, retention, career progression to educate how these actions directly impact DoD better integrating WPS principles within its own institution to exemplify DoD's commitment, action and exemplification for USG, UN Security Council, and other international allies and partners (as reported in the October 2023 U.S. Strategy and NAP on WPS (page 33)).
- c. **MPP:** Provide a detailed brief on how OSD and the Joint Staff conducted gender analysis internally to become aware of issues facing the U.S. military to exemplify WPS for international partners, allies, nations.

In [December 2023](#), OUSD(P) briefed the Committee on a priority of the updated WPS Strategy and NAP to remove barriers to recruitment, retention, and promotion of women in the Joint Force. The DoDI is expected to be published in early summer (June 2024).

4.2 – The Committee requests a **briefing** from the **MPP and the Military Services** on the following:

- a. Present and describe the methodology the U.S Armed Forces used to identify barriers for recruitment, retention, and promotion of women in the Joint Force.
- b. Present the action plans and roadmap of OSD and the Joint Staff to mitigate, eradicate these barriers for the recruitment, retention, and promotion of women in the U.S. Armed Forces.
- c. Present the methods, frequency, and reporting that will be used to assess if the actions to eliminate the above barriers are effective (e.g., how will DoD, the Joint Staff, or Military Services determine if the barriers are being mitigated or removed.

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IMPACT OF KEY INFLUENCERS ON SERVICEWOMEN’S CAREER PATHS

In accordance with DACOWITS’ Terms of Reference, the Employment and Integration (E&I) Subcommittee will examine female officer experiences with key influencers while at the Military Service Academies (MSAs), Reserve Officer Training Corps (ROTC), or Officer Candidate School, that impact career selection into previously closed positions, such as special operations forces. In addition, the E&I Subcommittee will examine female enlisted experiences with key influencers that impact career selection into previously closed positions, such as special operations forces.

- 5** The Committee continues to observe modest increases in the percentage of women joining the military and consistently low rates of women entering previously closed positions, such as Special Operations, Special Tactics Officers (STOs), Combat Rescue Officers (CROs), Navy SEALs, etc. The Committee is trying to understand how Reserve Officer Training Corps (ROTC) engages potential future ROTC cadets (students applying to ROTC and currently in High School or in college but not enrolled in ROTC) and current ROTC cadets to educate them, especially females, on all career opportunities, but specifically on the previously closed career fields.
- 5.1** – The Committee requests a **written response** from the **Military Services** how the associated Service ROTC programs on how they educate, inform, encourage cadets and future cadets on all career opportunities, but specifically on previously-closed positions, with understanding the Committee's purpose is to present recommendations to the Secretary of Defense on the assigned topic of key influencers to grow women's participation in previously-closed career fields. Written responses should include the following:
- a. Annual learning plans showing opportunities to educate and inform on previously closed positions to all current ROTC cadets. Request calendar for 2020 and beyond by FY and/or academic year.
 - b. Annual calendar of events showcasing specific topics on previously closed positions (e.g., monthly meetings with different members serving in those positions to educate cadets on the lifestyle, operations tempo of the career field, etc.). Request calendar for 2020 and beyond by FY and/or academic year.
 - c. Metrics for ROTC graduates, by graduation year, for those applying for, being selected for previously closed positions. Provide data by year, gender, name, and specialty code (MOS/AFSC) of the previously closed position. *If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.*
- In [March 2024](#) (via RFI 4), the Committee received briefings from the Military Service Academies on the key influencers and opportunities to educate cadets/midshipmen about prospective career fields. Many of the briefings discussed events but lacked the needed level of specificity.
- 5.2** – The Committee requests a **written response** from the **Military Service Academies (MSA)** the following:
- a. Annual learning plans showing opportunities to educate and inform cadets/midshipmen on previously closed positions and for the year of the cadet/midshipmen (e.g., X event occurs in freshman year, sophomore year, etc.). Request calendars for 2020 and beyond by FY and/or academic year.
 - b. Annual calendar of events showcasing specific topics on previously closed positions (e.g., monthly meetings with different members serving in those positions to educate cadets/midshipmen on the lifestyle, operations tempo of the career field; ad hoc opportunities by visiting members who serve in those career field to the MSAs, formally planned events to educate/inform students on those career fields, etc.). Request calendars for 2020 and beyond by FY and/or academic year. The calendars can and should be the planned events, as well as retroactively include those ad hoc events that occurred by happenstance. Also list the focused audience for the event (e.g., freshman, sophomore, seniors who selected/received that specific career field/specialty).

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RFI 5 Continued:

- c. Service Academy developmental plans to include policies, instructions, regulations, and annual objectives and/or goals to educate/inform students on previously closed opportunities through summer programs (e.g., Ops Air Force, USNA's Summer Training Program, etc.). The goal of the Committee here is to understand how summer programs educate to influence.
- d. Metrics for graduates, by graduation year for 2017 through 2023, for those applying for (having in their top 5 desired career choices), being selected for previously closed positions. Provide data by year, gender, name of specialty code (MOS/AFSC) of the previously closed position. If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.

5.3 – The Committee requests a **written response** from the **Military Services** the following:

- a. The recruitment/outreach campaigns, activities, information, events, etc. directed toward promoting and growing the inclusion of women into previously closed career fields (e.g., marketing campaigns to include internal Service planning/communications plans to educate/inform the public of women's opportunities into previously closed positions, signing bonuses associated/aligned for women to sign/be assigned to previously closed career fields, etc.).
- b. The opportunities afforded to enlisted personnel (with an emphasis at better information/understanding for women's opportunities) to apply and/or cross-train, after enlisting, to a previously closed career field. Ensure response provides any cross-train bonus, retention bonus, etc. and if specific to men, women, or any Service member.
- c. Any roadmap/action plan designed to increase women into previously closed career fields. Response should include year of planning, milestones for action/implementation, assessment of those previously executed activities to assess measure of effectiveness. Provide response by FY and include future year's information if part of a future roadmap/implementation/action plan. If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.

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INTIMATE PARTNER VIOLENCE AND DOMESTIC ABUSE

In accordance with DACOWITS’ Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will assess updates to the DoD Instruction 6400.06, “*Domestic Abuse Involving DoD Military and Certain Affiliated Personnel*,” dated May 16, 2023, and determine whether the DACOWITS’ 2019 recommendations related to domestic abuse were implemented. In addition, the WB&T Subcommittee will examine the status, increase, or decrease in domestic abuse incidents; the effectiveness of current DoD and Military Services’ policies; and evaluate whether there are additional policy inconsistencies that need to be remedied (e.g., definition of intimate partner).

6 Data available from military reporting systems demonstrate that Domestic Abuse (DA) and Intimate Partner Violence (IPV) are serious and significant military public health concerns. Several congressional research services, Government Accountability Office (GAO), and RAND Corporation reports have over several years identified areas of concern requiring improvement, including victim services/coverage, community coordination, prevention strategies, training, law enforcement response, and offender accountability among others.

The Committee requests a **briefing** from **Office of Military Community and Family Policy (MC&FP) via the Military Community Advocacy (MCA) Directorate, Military Criminal Investigative Organization (MICO), Defense Health Agency (DHA), and Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space), and Coast Guard)** (where indicated) on the following:

- a. **MCA:** Provide findings and analysis of the 2023 RAND [survey](#) on the *Strengths and Challenges of Military Relationships* sent to 200,000 Service members. In addition, provide a link to the final report.
- b. **MCA and Military Services:**
 - i. How do you measure the effectiveness of current DoD and Service policies in identifying and reducing the incidence of DA/IPV?
 - ii. What metrics are used to evaluate programs /policies’ effectiveness? Provide findings and analysis of metrics/measures used from FY18-23.
 - iii. What areas/programs have been identified as needing improvement and what actions are being taken to address identified deficiencies?
- c. **MCA and Military Services:** Regarding the assessment of domestic abuse “reports” as meeting DA/IPV DoD criteria or not:
 - i. Describe the kind of monitoring, oversight, quality control and trainings that are undertaken to assure Family Advocacy Program (FAP) personnel across all Services are evaluating domestic abuse/violence reports in a standardized and consistent manner and that all domestic abuse allegations are screened in accordance with DoD policy. Describe the methods and frequency of such quality monitoring, training and/or quality control reviews.
 - ii. Specify the areas of concern/deficiencies that have been identified in the “met criteria” evaluation processes.
- d. **MCA and Military Services:** Identify the key reasons that domestic and intimate partner “reports” fail to qualify as “met criteria” incidents of domestic abuse/violence, e.g.: was some other kind of abuse reported, do victims recant and withdraw reports, do reports not involve domestic or intimate partners, is there inconsistency across installation Incident Determination Committees (IDCs) and Services in how reports are evaluated and determined to meet or not meet DoD criteria of domestic abuse, etc.
- e. **Army, Navy, and Marine Corps:** DoD and the Military Services developed risk assessment tools in accordance with DoD policy, but according to the Domestic Abuse: Actions Needed to Enhance DOD’s Prevention, Response, and Oversight report (GAO 21-289), the Army, the Navy, and the Marine Corps had not, at that time, ensured their consistent implementation across installations, and may therefore have been limited in their ability to identify and convey the need for any critical safety measures for victims of domestic abuse. Describe what actions have been taken to remedy that identified concern.

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RFI 6 Continued:

- f. **MCA and Military Services:** In its [2019 report](#), DACOWITS recommended the Services implement a means for Service members suffering from domestic abuse to access immediate and convenient access to resources and assistance, similar to the DoD Sexual Assault Prevention and Response program and the “Safe Helpline” offered to military sexual assault victims. Was this recommendation adopted? Please describe whether it has and how it was adopted or what alternative option may have been developed.
- g. **MCA and Military Services:** Identify the domestic abuse hotlines used by DoD and the Services and their utilization rates for the last five years.
 - i. Are they military specific? Or are they a national non-DoD hotline (such as used on Military OneSource)?
 - ii. Are there translation services available?
 - iii. Are they staffed 24/7?
 - iv. Are they available OCONUS/Deployed/Remote locations? If not, what alternative is available?
- h. **Army/ Marine Corps/Coast Guard:**
 - i. **Army/Marine Corps:** In 2021, the definition of intimate partner was updated in [DoDI 6400.6](#), but the updated definition is not found in the regulations cited in your [December 2023](#) briefings. Please identify the specific Service regulation, interim change, or other document that updated your Service’s definition and provide a link to or copy of that publication.
 - ii. **Coast Guard:** Please provide your most current definition of intimate partner. It could not be found in the regulation cited in your [December 2023](#) slides and the Coast Guard website states that it may not be a current regulation. Please provide a link to/copy of what definition is used.
- i. **MCA and Military Services:** [GAO 21-289](#) identified that installations did not all have sufficiently comprehensive Memorandum of Understanding (MOUs) for victim services with all relevant civilian agencies.
 - i. Is there a sample MOU provided by DoD/Service regulations? If so, please provide links to samples and the dates they were developed/published.
 - ii. What office reviews installation MOUs to assess sufficiency and whether all relevant or necessary civilian agencies have been engaged?
 - iii. How have the Services addressed/remedied the identified deficiency?
- j. **MICO and Military Services:** The 2019, DoD Inspector General ([2019-075](#)) report identified that “military service law enforcement organizations did not consistently comply with DoD policies when responding to adult nonsexual incidents of domestic violence” specifically in the areas of crime scene processing, interview thoroughness, FAP notification failures, and submission of criminal history data to the required databases.
 - i. What actions have been taken to improve law enforcement response to domestic violence reports and to improve the quality and sufficiency of domestic violence investigations.
 - ii. What kind of monitoring and/or quality review is undertaken, and at what Service level, to assess whether law enforcement responses to domestic violence and related investigations are sufficient and proper investigative techniques and processes employed?
- k. **MCA and Military Services:** The written responses provided in [March 2024](#) (fatality reports) provided data in differing forms that the Committee needs to reconcile to ensure accuracy and gain better understanding.
 - i. Provide the number of domestic violence fatalities, by Service, and for the whole Defense Department, from FY12-FY23.
 - ii. From FY12-23, break out the number of fatalities by (1) homicide, suicide and undetermined/accidental, (2) gender, (3) whether the deceased was the offender or victim, (4) Service/civilian status of deceased and offender, and (5) whether it was a DA or IPV incident.
 - iii. What number and percentage of fatalities resulted from the use of a gun?
- l. **DHA:** Recent [research](#) has revealed that “astounding numbers of traumatic brain injuries (TBIs)” occur in domestic violence incidents involving physical force to the head, neck and face and that they often go undetected and untreated.
 - i. Are there existing protocols for medical health providers alerting them to the particular need to assess/examine the potential for TBIs when treating DA/IPV patients? Is this a routine consideration?
 - ii. Is there any data regarding the incidence of TBIs in DA/IPV patients? If so, please provide that information.

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FAMILY PLANNING

In accordance with DACOWITS' Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will examine existing Defense Department and Military Services' institutional policies and procedures to identify gaps that potentially inhibit family planning, to include eligibility for fertility services. In addition, the WB&T Subcommittee will assess the demand for expanded fertility access within a constrained supply of resources and identify obstacles and challenges to obtain access to care.

7 In October 2022, Secretary Austin published a [memorandum](#) titled, “*Ensuring Access to Reproductive Health Care*,” which directed that policy be developed to allow for administrative absences for non-covered reproductive health care, to establish travel and transportation allowances to facilitate official travel to access non-covered reproductive health care, and to extend command notifications of pregnancy to 20 weeks unless specific circumstances require earlier reporting. The Committee would like to understand how these policies are being implemented.

The Committee requests a **written response** from the **Defense Health Agency (DHA), the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space)), and the Uniformed Services University** on the following:

- a. **DHA and Military Services:** The Committee is interested in learning more about servicewomen's experiences with infertility and fertility treatment.
 - i. Provide the annual number and percentage of servicewomen experiencing infertility for FY18-23 by Service, age, pay grade, and race/ethnicity.
 - ii. Provide the annual number and percentage of servicewomen requesting fertility treatment in FY18-23 by Service, age, pay grade, and race/ethnicity.
 - iii. What standard is used to define and or ascertain whether fertility issues are ‘injury/illness’ related’ or ‘service-linked’ and therefore eligible for Service-provided fertility services/care?
 - iv. How many servicewomen in FY18-23 were eligible for Service-covered fertility services care, by age, pay/grade and race/ethnicity?
 - v. Regarding military treatment facilities (MTFs) that provide fertility services, how long are average wait times for servicewomen between requesting an appointment and seeing a provider for fertility services?
 - vi. What is the capacity of those MTFs to provide non-covered fertility services (e.g., number of women/year; types of fertility services)?
 - vii. Provide the numbers of women who were provided non-covered fertility services by MTFs for the last five years (FY18-23).
 - viii. What are women charged by the MTFs for non-covered fertility services and how does that compare to the cost for equivalent services in civilian facilities?
 - ix. Are there programs within other Services, similar to the Coast Guard, that provide counseling and/or financial assistance for fertility treatment?
 - x. Has DHA identified any evidence on whether servicewomen experience a greater incidence of infertility/fertility problems (e.g., delaying pregnancies to older ages to accommodate Service/career concerns, job-related stress, or work/combat/deployment-related exposures) as compared to the population of the U.S.?
 - xi. What is the average age of first pregnancy for servicewomen?
- b. **DHA and Military Services:** How do the Services determine the staffing standard for OB/GYNs or other women's specialty care professionals on installations? And what is the total authorization?
 - i. What number and percentage of authorized OB/GYN and other women's specialty care professionals (e.g., Certified Nurse Midwives) positions are actually filled?
 - ii. What are the accession and retention statistics for OB/GYNs and related specialty care providers?
 - iii. Describe any incentives or initiatives to encourage OB/GYNs to work overseas. What are the numbers of OB/GYNs relative to the servicewoman population in overseas locations?

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RFI 7 continued:

- c. **Military Services:** Describe any ongoing efforts to normalize the need for women’s reproductive care and pregnancy care within the Services to assure awareness, care, and routine consideration of women’s unique health care needs, so those needs are not inadvertently overlooked or not accounted for.
 - i. Describe pre-deployment and deployment-related policies or procedures that are specific to women’s reproductive healthcare needs (e.g., contraceptive, and menstrual issues).
 - ii. Describe policies, procedures, or training initiatives in place to ensure non-specialty medical providers, including primary care physicians and nurses, are able to provide informed and appropriate care and counseling for servicewomen’s reproductive care, particularly in remote or deployed locations.
- d. **Military Services:** Does the Periodic Health Assessment (PHA) include questions related to reproductive health topics, such as contraception, sexual activity, fertility, or family planning? If so, describe. Please provide a copy of the PHA questionnaires.
- e. **Uniformed Services University:** Do you anticipate reduced OB/GYN capacity, based on the reduced number of medical students entering OB/GYN specialties? If shortages are forecast, how do DHA/Services plan to address the shortage?