DEPARTMENT OF THE ARMY
ASSISTANT SECRETARY OF THE ARMY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON, DC 20310-0111

SAMR (600A)

MEMORANDUM FOR Chairman, Defense Advisory Committee on Women in the Services (DACOWITS), ATTN: DACOWITS Members, Washington, DC 20310-0111

SUBJECT: Army Written Responses to DACOWITS's Requests for Information June 2024 RFI 7

1. The Committee requests a written response from the Army the following:

a. 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.

Response: The Army does not track the number of service members experiencing infertility.

ii. Provide the annual number and percentage of servicewomen requesting fertility treatment in FY 18-23 by Service, age, pay grade, and race/ethnicity.

Response: The Army does not track the number of servicewomen requesting fertility treatment.

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?

Response: Under federal law (CFR 17.380 & 17.412 FR), the Veteran Administration may provide IVF/ART services to veterans with a Veterans Benefits Administration (VBA)- adjudicated service-connected condition (SCC) that causes infertility, or whose treatment for an SCC result in infertility. Veterans enrolled in the VA healthcare system and diagnosed with infertility due to a VBA-adjudicated SCC or its treatment are eligible for VA ART/IVF benefits, as detailed in VHA Directive 1334: In Vitro Fertilization Counseling and Services Available to Certain Eligible Veterans and Their Spouses. The infertility diagnosis is determined by the veteran's healthcare provider, which may include a primary care provider, urologist, gynecologist, or fertility specialist such as a reproductive endocrinologist or andrologist. The determination of whether the infertility is causally linked to the service-connected condition, or its treatment is made by the appropriate provider, usually a fertility specialist, and reviewed by the local VA fertility

interdisciplinary team. These decisions are made on a case-by-case basis with a focus on the individual veteran's circumstances.

iv. How many servicewomen in FY 18-23 were eligible for Service-covered fertility services care, by age, pay/grade, and race/ethnicity?

Response: The Army does not track the number of servicewomen eligible for Service-covered fertility services.

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?

	DEC 23		JAN 24		FEB 24		MAR 24		Total # of	Total Avg Days
Treatment Facility	# of Appts	Avg Days to	# of Appts	Avg Days to	# of Appts	Avg Days to	# of Appts	Avg Days to	Appts	to Care
SPEC - Initial Appointment	**830**	**19.5**	**1128**	**22.7**	**912**	**20.5**	**985**	**22.5**	**3855**	**21.4**
0029 - NMC SAN DIEGO	144	21.8	219	22.6	194	20.5	178	24.9	735	22.5
0052 - AMC TRIPLER-SHAFTER	96	21.0	173	22.3	154	19.5	138	19.4	561	20.6
0067 - WALTER REED NATL MIL MED CNTR	12	10.5	19	11.8	21	14.0	23	17.7	75	14.0
0089 - AMC WOMACK-FT LIBERTY	96	19.5	128	22.4	99	21.8	143	21.3	466	21.3
0095 - 88th MEDGRP-WRIGHT-PAT	50	19.0	50	23.6	50	21.1	50	22.5	200	21.6
0109 - AMC BAMC-FSH	292	19.2	321	24.5	246	22.4	284	23.9	1143	22.5
0124 - NMC PORTSMOUTH	25	7.5	31	6.5	26	8.8	21	14.1	103	8.9
0125 - AMC MADIGAN-FT LEWIS	115	19.7	187	24.0	122	19.9	148	22.7	572	21.9
FTR - Follow On Appointment	**1767**	**20.5**	**2286**	**23.9**	**2153**	**22.2**	**2116**	**23.7**	**8322**	**22.7**
0029 - NMC SAN DIEGO	326	21.6	484	24.0	478	22.4	431	23.3	1719	22.9
0052 - AMC TRIPLER-SHAFTER	228	18.0	295	21.1	251	21.3	199	20.5	973	20.3
0067 - WALTER REED NATL MIL MED CNTR	36	16.6	28	15.6	38	13.9	38	15.0	140	15.3
0089 - AMC WOMACK-FT LIBERTY	229	26.9	278	28.8	244	30.1	263	30.1	1014	29.0
0095 - 88th MEDGRP-WRIGHT-PAT	101	23.5	112	24.1	144	23.8	126	24.6	483	24.0
0109 - AMC BAMC-FSH	484	20.9	555	27.0	515	24.2	539	27.7	2093	25.1
0124 - NMC PORTSMOUTH	117	7.5	129	10.2	146	9.6	136	11.9	528	9.9
0125 - AMC MADIGAN-FT LEWIS	246	20.1	405	23.0	337	19.4	384	20.4	1372	20.9
Grand Total	**2597**	**20.2**	**3414**	**23.5**	**3065**	**21.7**	**3101**	**23.3**	**12177**	**22.3**

Response: The table above shows the average days to care for both initial and follow-up appointments across the eight MTFs who provide fertility treatments. Initial appointment: The overall average days to care across all facilities for the initial appointments are 21.4 days. Follow-up appointment: The overall average days to care for follow-up appointments are 22.7 days. These specialty care appointment times comply with the Defense Health Agency's access to care standards. The Army does not track wait times. The Army monitors access to care standards for readiness reasons.

vi. What is the capacity of those MTFs to provide non-covered fertility services (e.g., number of women/years; types of fertility services)?

Response: The Defense Health Agency would need to provide detailed answer to this health care delivery question. Generally, each fertility clinic at every MTF provides varying scopes of care. Smaller clinics tend to offer a more limited range of fertility services compared to Brooke Army Medical Center (BAMC) the largest facility, which handles the highest volume and offers broader support.

vii. Provide the numbers of women who were provided non-covered fertility services by MTFs for the last five years (FY 18-23).

Response: The Army does not track the number of women who were provided non-covered fertility services.

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?

	Female Infertility Associated with Anovulation	Female Infertility, Tubal Origin	Female Infertility, Uterine Origin	Female Infertility, other Origin	Female Infertility, Unspecified	IVF	ART
2022	$64,491	$32,228	$53,932	$41,157	$29,562	$47,011	$16,204
2023	$76,489	$34,419	$56,080	$53,648	$35,314	$50,899	$15,206
2024	$3,534	$3,534	$10,737	$15,895	$7,525	$13,118	$2,233

Response: The table presents a summary of costs for various fertility services at the top 25 military enrollment sites over the past few years. Each MTF runs differently based on location and access to laboratory services for IUI/IVF. Civilian fertility treatment costs vary widely based on location, clinic, and specific procedure. For example, average cost for IVF (In Vito Fertilization) ranges between $12,000 and $15,000 per cycle, often excluding medications and additional procedures. Average cost of IUI (intrauterine Insemination) can range from $500 to $4,000 depending on medication use. Comprehensive fertility testing typically cost a few thousand dollars.

ix. Are there programs within other Services, similar to the Coast Guard, that provide counseling and/or financial assistance for fertility treatment?

Response: The Army Emergency Relief (AER) Fund, like the Coast Guard Mutual Assistance Program, prioritizes support for active-duty members, retirees, and their families, though the AER Fund has its own specific requirements. Both programs offer loans or grants, prioritizing essential health needs, including fertility treatments. Applicants seeking assistance from the AER Fund typically receive financial counseling and must validate their needs before gaining approval. More information can be found on their official website: www.armyemergencyrelief.org.

xi. What is the average age of first pregnancy for servicewomen?

Response: The average age of first pregnancy for Army Active-duty servicewomen is 24 years old.

b. 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?

AMEDD Occupation	AOC	Total AUTHs UAD 2310	Total INV	INV (less THS)	THS INV	% Fill (INV/AUTHS)
Obstetric-Gynecologic Nurse	66G	159	134	125	9	78.6%
Certified Nurse Midwife	66W	39	21	19	2	48.7%
Obstetrician and Gynecologist	60J	169	198	168	30	99.4%
Endocrinologist	61FH2	16	12	12	0	75.0%
Urologist	60K	68	81	65	16	95.6%
Family Nurse Practitioner	66P	207	208	192	16	92.8%
Family Medicine	61H	391	513	392	121	100.3%

ii. What are the accession and retention statistics for OB/GYNs and related specialty care providers?

Response: The Army foresees a potential reduction in OB/GYN capacity due to the number of physicians and likely certified nurse midwives (CNMs) who remain in service beyond their initial commitment. However, the quality and quantity of medical students applying to our residency programs remain stable. Only less than 50% of new staff physicians continue their service past their Health Professions Scholarship Program (HPSP) or Uniformed Services University (USU) obligations. Additionally, an increased number of physicians will retire next year after completing over 20 years of service. The implementation of the Blended Retirement System (BRS), the Military Accessions Program (MAP), and significantly reduce staffing-- due to decreases in civilian federal physician and nursing support, as well as contract support—without adequate replacements has contributed to retention challenges across various specialties in the Department of Defense (DoD). These challenges are not unique to OB/GYN.

FY23												
BRANCH	AOC	AOC SPECIALTY	STRENGTH			RECRUIT & RETAIN						
			AUTH UAD 2302	O/H	%FILL	MISSION	ACHIEVED	Δ (Mission-Achieved)	% MISSION (From Gains)	LOSSES (All Types)	Δ (Achieved-Losses)
AN	66G	Womens Health Nursing	159	153	96%	10	2	(8)	20%	-1	0
AN	66W	Womens Health Nursing	39	26	67%	5	1	(4)	20%	0	1
MC	60J	Obstetrics & Gynecology	169	200	118%	-	-	-	-	0	0
MC	61C	Endocrinologist	16	12	75%	-	-	-	-	-1	-1
MC	60K	Urological Surgery	68	83	122%	-	-	-	-	-2	-2
AN	66P	Family Nurse Practitioner	207	221	107%	15	2	(13)	13%	0	2
MC	61H	Family Medicine	391	540	138%	5	0	(5)	0%	0	0

iii. Describe any incentives for initiatives to encourage OB/GYNs to work overseas. What are the numbers of OB/GYNs relative to servicewomen population in overseas locations?

Response: OB/GYN physicians are currently stationed at OCONUS military treatment facilities in Landstuhl, Germany; South Korea; Fort Wainwright, Alaska; and Tripler, Hawaii, to enhance access to women's health care. These OCONUS positions are prioritized for filling due to their critical role in mission readiness. Currently the Special Pay Branch does not offer any incentives to encourage OB/GYNs to serve overseas. All OB/GYNs are offered the same incentives regardless of location. See USA RFI 7.b.iii_ Encl 1_Servicewomen Overseas Population.

c. 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)

Response: Women are encouraged to consult with their military healthcare provider upon receiving deployment notification to discuss menstrual suppression or any other concerns. The pre-deployment (DD2795) and post-deployment (DD2796) assessments simply inquire about possible pregnancy. Typically, a pregnancy test is administered within 15 days of deployment, while the Soldier Readiness Processing (SRP) is usually completed within 30 days prior to deployment, where a pregnancy test is conducted.

ii. Describe policies, procedures, or training initiatives in place to ensure non-specialty medical providers, including primary care physicians and nurses can provide

informed and appropriate care and counseling for servicewomen's reproductive care, particularly in remote or deployed locations.

Response: The quality of available resources largely depends on internet access and the ability to access DoD websites. Nevertheless, there are an abundance of information for providers. The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AFP) offer guidelines on medical management and practice. The Operational Virtual Health Program Administrator at the MHS Virtual Medical Center in San Antonio provides the ADVISOR line for Advanced Virtual Support for Operational Forces. This Service is used for training and real-world scenarios. Specialists in critical care, general surgery, orthopedics, OB/GYN, pediatrics, and burn care are available for consultations with deployed personnel. Learn more at https://info.health.mil/army/VMC/Pages/VMC/ADVISOR.aspx. For military-specific education and curriculum, Health Women, a nonprofit organization, offers resources for Advance Practice Registered Nurses, Physician Assistants, and Physicians. Their educational modules are available online, and they also conduct in-person training at military sites upon request. https://military.healthywomen.org/

d. 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.

Response: The PHA form is a DD Form 3024, dated August 2021, and must be completed annually. This form covers screening for Sexual Transmitted Infections, pregnancy, contraception, Urinary Tract Infection risk, mammograms, and menstrual concerns. If a service member requests further discussion with the PHA reviewer, the request will alert the reviewer, who can then ask additional questions or provide referrals to a GYN or women's health provider.

Encl

RFI 7b.iii: FAMILY PLANNING

- 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?

  7.b.iii (cont). What are the numbers of OB/GYNs relative to the servicewoman population in overseas locations?

AOC	OVERSEAS LOCATION											Overseas Total
	Belgium	Egypt	Germany	Iraq	Italy	Japan	Korea	Kuwait	Poland	Romania	Syria	
60J			6	1			9					16
66G			6				2					8
66W												0
61H	4	2	29	1	2	2	7	1	5	2	1	56
66P	2		12		2	2	4	1				23

OVERSEAS FEMALE POPULATION											Overseas Total
Belgium	Egypt	Germany	Iraq	Italy	Japan	Korea	Kuwait	Poland	Romania	Syria	
6	4	269	21	34	22	124	19	21	2	9	531

***Of note: Data does not reflect the position held by the Service Members**