



Family Planning

10 SEPTEMBER 2024

Readiness & Health Integration Directorate

G-3/5/7 OTSG

Department of the Army

To provide Defense Department Advisory Committee on Women in the Services (DACOWITS) with Army's Responses to Family Planning RFI #6

Please Provide:

- i. The number of women's health clinics and the number of walk-in contraceptive clinics in your Service

33 women's health clinics; 33 WiCS

- ii. Include a list of where these facilities are located

See next slide

- ii. Their operating days and hours.

See next slide

FACILITY NAME	LOC	HOURS OF OPERATION
AHC FOX-REDSTONE ARSENAL	AL	W: 0800-1200
AHC LYSTER-FT NOVOSEL	AL	TH: 1300-1530
ACH BASSETT-WAINWRIGHT	AK	F: 0900-1100
AHC R W BLISS-HUACHUCA	AZ	F: 0700-1100
ACH EVANS-CARSON	CO	M: 0730-1200
AMC EISENHOWER	GA	T: 1300-1530
ACH MARTIN-FT MOORE	GA	W: 0800-1200
ACH WINN-FT STEWART	GA	M: 0730-1200
AMC TRIPLER-SHAFTER	HI	F: 0800-1130
ACH IRWIN-RILEY	KS	T: 0800-1600
AHC MUNSON-LEAVENWORTH	KS	M-F: 0730-1630
ACH BLANCHFIELD-FT CAMPBELL	KY	W: 0800-1200
AHC IRELAND-KNOX	KY	W: 0800-1100
ACH BAYNE-JONES-FT JOHNSON	LA	TH: 0800-1200
FT MEADE MEDDAC	MD	W: 0730-1130
ACH LEONARD WOOD	MO	W: 0800-1600

FACILITY NAME	LOC	HOURS OF OPERATION
ACH KELLER-WEST POINT	NY	T: 1300-166; TH: 0800-1200
AMC WOMACK-FT LIBERTY	NC	W: 0630-1100
AHC REYNOLDS-FT SILL	OK	T: 0800-1500
AHC MONCRIEF-JACKSON	SC	T: 1000-1200
AMC WILLIAM BEAUMONT-FT BLISS	TX	T: 0800-1200
AMC BAMC-FSH	TX	T: 0530-1200; W: 1200-1400
AMC DARNALL-FT CAVAZOS	TX	TH: 0800-1200
AHC MCDONALD-EUSTIS	VA	M-F: 1300-1400
AHC KENNER-FT GREGG-ADAMS	VA	T: 0730-1500
A T AUGUSTA MED CTR-FT BELVOIR	VA	T: 0800-1200; F: 0800-1200
AMC MADIGAN-FT LEWIS	WA	W: 0800-1500
ACH WEED-IRWIN	CA	W: 0800-1100
AHC GUTHRIE-DRUM	NY	T: 0830-1200
LANDSTUHL REGIONAL MEDCEN	GM	W: 0800-1100
BAVARIA MEDDAC-VILSECK	GM	W: 1300-1500
AHC BG CRAWFORD SAMS-CAMP ZAMA	JA	T: 1300-1500
ACH BRIAN D ALLGOOD-PYEONGTAEK	Korea	M,T,W,F: 0800-0900

- i. What kinds of women's health care services/invasive examinations are provided by unit-embedded providers (e.g., Army medics), if any?

Combat Medics (68W) and Practical Nurse Specialist (68C) within units provide some aspect of patient care (vital signs, health screening, and patient education). Physician assistants, nurse practitioners, and physicians embedded with units provide services based on their privileges and the care setting.

When embedded, physicians typically serve in a 62B (Field Surgeon) authorization regardless of their primary area of concentration (AOC) at the Battalion and Brigade levels. The majority of 62B positions are filled by primary care or emergency physicians, but there can be variability in skill set and services provided.

In general, physician assistants and nurse practitioners are trained in primary care and emergency response, but some providers may have additional skill sets they bring to their units.

- ii. What is the extent and the range of services performed by embedded providers in terms of contraception, preventive care, hormonal issues and other reproductive healthcare?

Privileging is determined by the local Military Treatment Facility (MTF) based on licensure, board certification, training, and competency. The vast majority of providers can provide preventative care, contraceptive counseling and prescriptions. Contraceptive requiring procedures are primarily done within MTFs.

- iii. Are servicewomen referred to a medical facility for such care?

Yes, depending on the location of the servicewomen and if the local Military Treatment Facility has those services. If the local MTF does not have those services, then that servicewomen will be referred to another MTF that does have those services or a in-network civilian provider.

- iv. Describe the scope and limitation of care which may be provided by unit-embedded medical providers both at home station and while deployed.

The scope of care varies by provider type. All providers can refer patients for care they cannot personally provide. For example, an OB/GYN is typically privileged to insert subdermal contraception, whereas an internal medicine physician may not be. In this case, the OB/GYN can perform the procedure in an approved troop medical clinic when assigned as the unit surgeon, while the internal medicine physician would refer the patient to another provider within the unit or the MTF. In a deployed environment, care depends on the availability of medications, supplies, and labs. For instance, a family medicine physician who is deployed would be able to provide contraception and hormonal care, though preventive issues like cervical and breast cancer screening are better addressed in garrison.

Do the Military Services plan to open more women's health clinics or contraceptive clinics in the future? If so, where and what is the projected timeline?

The Defense Health Agency (DHA) has the authority to determine the number and location of women's health clinics. The Military Services obtain these services from DHA.