



DEPARTMENT OF DEFENSE
DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES
WASHINGTON, D.C. 20301-3030



MEMORANDUM FOR SECRETARY OF DEFENSE

THROUGH: USD (PERSONNEL AND READINESS)
PDUSD (PERSONNEL AND READINESS)

SUBJECT: DACOWITS 2003 Report

I am forwarding for your information the Defense Department Advisory Committee on Women in the Services (DACOWITS) 2003 Report. The report outlines family member and Service member concerns on deployment, retention, and health care.

The Committee conducted 61 focus group sessions at 15 installations in both the U.S. and Europe. Out-briefs were conducted with the leadership of each location. Additionally, I met with each of the military Academy Superintendents. The attached report summarizes comments, concerns, issues, and suggestions raised by military members and military family members during their conversations with the Committee. This information was compared with current research and a literature review done with contractor assistance. Based on this combined effort, the Committee hereby provides findings and recommendations to the Secretary of Defense.

Although the Committee does not presume to generalize focus group perceptions into Service-wide opinions, we found in many cases that what we heard was very close to the published data of much larger surveys. The report provides insights from Service members that may help explain the "why" behind the survey data and provides quotes that will illuminate their perspectives.

All DACOWITS members try to establish an open forum in the focus groups that promotes frank discussion by participants without fear of retaliation. Some comments covered in the report reflect military and family members' incomplete knowledge of current programs or misinterpretations of policy; the existence of these misperceptions is, in itself, instructive.

Since this is the first annual report provided under the revised DACOWITS charter and using new Committee procedures, I recommend that the distribution of this report be revised from past practices. In addition to internal DoD distribution (to include installations visited), others outside the Department (e.g. Members of Congress, Center for Strategic Studies, etc.) have expressed an interest in DACOWITS' efforts. I recommend they be provided a copy of this report. Members of the Committee are available to discuss our results with those in offices with a special interest in the report.

Thank you for your support during the past year. Every member of the Committee has expressed how honored he/she feels to have been able to talk to and work with the very professional men and women of the Department of Defense and Coast Guard and their families. We appreciate the sacrifices they make for this country and our way of life.

It is my sincere desire that this report will prove useful in your ongoing efforts to provide for the National Defense.

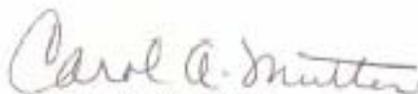
Carol A. Mutter
Chair, DACOWITS

**Defense Department Advisory Committee on
Women in the Services (DACOWITS)**

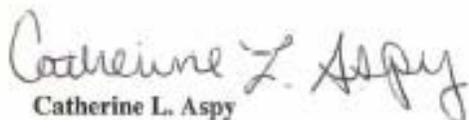
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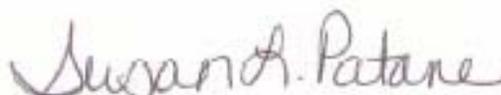
We, the appointed members of the Defense Department Advisory Committee on Women in the Services (DACOWITS), do hereby submit the results of our findings and offer our best recommendations to improve the policies, procedures, and climate within the United States Military Services.



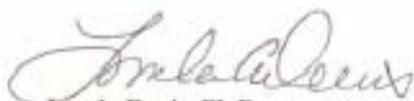
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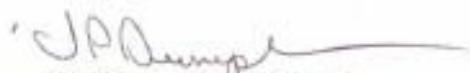
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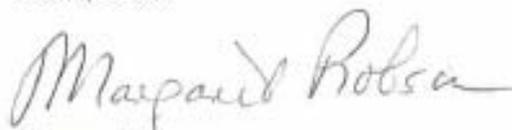
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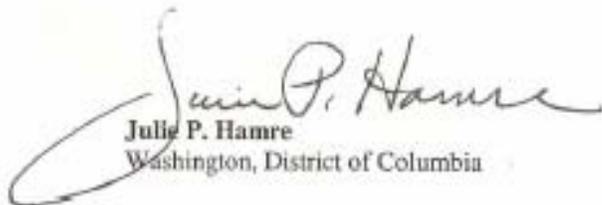
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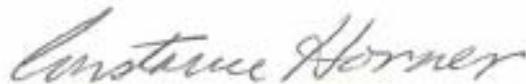
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EXECUTIVE SUMMARY

INTRODUCTION

During 2003, under a newly expanded charter, the Defense Department Advisory Committee on Women in the Services (DACOWITS) undertook a review of policies and matters, including family issues, which affect the recruitment and retention of highly qualified military Service members. The Committee focused on three issue areas identified as priorities by the Department of Defense (DoD): retention (particularly female officers); support during deployment; and health care (particularly OB/GYN).

DACOWITS members visited fifteen installations in the United States and Europe where they conducted 61 focus groups, interviewing more than 530 Service members and their families. These groups were designed to ascertain, first hand, attitudes across the whole spectrum of the military community and to provide a direct conduit to express the concerns of the Service members and their families to DoD senior leadership. DACOWITS also reviewed and analyzed current research in the issue areas. The Committee findings and recommendations are found beginning at page 43 of this report. The Chair, Lieutenant General Carol Mutter, USMC (Retired), also visited all of the Service academies. Her summary of these visits begins on page 57.

PERSONNEL RETENTION

Because retention of a highly qualified and trained workforce is essential to the DoD mission, focus group questions were designed to provide a better understanding of the factors that affect retention. Of particular interest was information illuminating the Defense Manpower Data Center (DMDC) finding that female officer retention rates are somewhat lower than males', and the OSD (P&R) finding that the continuation rate for female officers are lower than that of males until the 10th year of service and from the 20th year until the 26th year of service.

All ranks of active duty members identified benefits (such as health care, retirement pay, and commissary/exchange privileges) as the key factor for remaining in the military. This was true for family members as well as Guard and Reserve. Career development opportunities, job security, job characteristics, and pay were cited (in order of frequency) as the next most important factors in the decision to remain.

Family and personal issues were the most frequently cited reasons for leaving the military. Both male and female focus groups commented on the lack of time available to spend with family. This focus group finding is similar to the Active Duty Survey of 1999, in which female and male officers cited lack of personal/family time as the first and second reason, respectively, to consider leaving active duty. Echoing further research, both senior male and female officer focus group participants recommended more flexibility in career paths. Long-term leave programs instituted by the Coast Guard and contemplated by the Navy should be studied as incentives for retention.

Although there is a general consensus that the work climate for women is greatly improved, both male and female officers cited differential treatment as contributing to a lower retention rate among female officers. Effective efforts should continue to improve the work environment to ensure standard treatment for all.

The focus group responses with respect to career intentions closely tracked previous research. However, on closer analysis, the Committee concluded that factors other than gender could be as relevant in determining retention rates. Therefore, DACOWITS recommends further study of this topic before making final conclusions.

SUPPORT DURING DEPLOYMENT

Increased OPTEMPO and the inevitability of long-term commitments around the world have magnified the challenges of providing support to Service members and their families during deployment. Focus group responses tracked recent research, which indicates that while most family members of deployed personnel are able to adapt to the stresses of deployment, many Service members believe that more needs to be done in the area of family support, particularly with respect to dissemination of information.

Each of the Services has deployment support programs in place. However, increasing reliance on the Reserve and Guard and the deployment of personnel in joint-force environments suggest the need for joint-Service cooperation, and adaptability and flexibility in the methods used to deliver support for families of deployed personnel. Moreover, far too many families are either unaware of available programs or choose not to use them, often due to lack of accessibility. One of the most common concerns was the challenge of communicating information, particularly with respect to hard-to-reach populations. Those living off base, junior enlisted families, and Reserve and Guard need more timely information about support briefings and services available to them. An effective communications network linking military families with needed resources, with each other, and with the unit in which their loved one serves would improve family support during deployment. This infrastructure should be established and maintained prior to notification of pending deployment. Findings also included the importance of pre-deployment briefings and getting information through official channels. Commands must make every effort to get military members and spouses to those briefings.

WOMEN'S HEALTH CARE ISSUES

Male and female participants expressed some dissatisfaction with continuity of care, the quality of provider contact, and communication in Military Treatment Facilities (MTFs). There is a low level of satisfaction with OB/GYN care in MTFs among Service personnel and family members. Females expressed the lack of continuity of care as a major drawback to OB/GYN care in MTFs. Accessibility to prompt appointments, time for provider dialogue, customer service, and patient privacy were cited as concerns from the female participants. The lack of privacy and fear of a negative impact on their work environment may contribute to the late prenatal care of junior Service women. An improvement in continuity of care, adherence to Health Insurance Portability and Accountability Act (HIPAA) standards, and an emphasis on customer service are necessary to help generate a positive view of MTFs. Training is necessary for Service members and health care providers on the importance and availability of early prenatal care as well as the professional duties during pregnancy. A marketing effort may serve to enhance awareness and increase treatment of first trimester pregnant Service women. Prompt availability of appointments is critical to improved service and customer satisfaction in OB/GYN, or outsourcing the care may be preferable.

CONCLUSIONS

The Committee concludes that although improvements have been made in all three areas of study, continued effort is essential to achieve the level of satisfaction necessary to retain a quality force. Family considerations remain key to retention for both men and women. Better methods of communication are needed for effective deployment support. Customer service, continuity, and accessibility of care are instrumental in closing the gap of satisfaction with MTFs. The installation visits helped DACOWITS members attain first-hand information and a genuine sense of the force. Comparison of the information gained in focus groups with the review of research data is evidence that current efforts are generally on the right track. However, the Committee found that in significant areas, such as deployment, information was either not being tracked or was not made available.

The recommendations of the Committee are made with the deepest respect for the mission of the Services and recognition of the complexity of their tasks. DACOWITS members feel privileged and grateful to have met so many extraordinary Service members and their families, toured so many excellent installations, and benefited from so many fine briefings. We have a sincere appreciation for the superb DACOWITS staff, knowledgeable briefers, and our gracious host installations. They contributed significantly to the success of our endeavor.

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I. INTRODUCTION

On March 6, 2002, fifty-one years after the establishment of the Defense Department Advisory Committee on Women in the Services (DACOWITS), the Department of Defense (DoD) announced a new charter for DACOWITS. The charter authorizes the Committee to advise the Department, through the Principal Deputy Under Secretary of Defense (Personnel and Readiness), on policies and matters, including family issues, which affect the recruitment and retention of highly qualified military Service members. (See Appendix A for the current charter.)

The charter recognizes the changing demographics of today's armed forces, the important role played by women in today's military, as well as the challenges the Department and the nation face in planning and preparing for the military of tomorrow. The events of September 11, 2001 and the resulting Global War on Terrorism (GWOT) brought home the urgent need for transformation in order to recruit and maintain a highly qualified professional military capable of ensuring the nation's defense. Operation Noble Eagle, Operation Enduring Freedom, and Operation Iraqi Freedom demonstrated the changing nature of warfare in which our forces must be ready to deploy to distant places, on short notice, for indefinite durations, with rapidly changing missions and objectives. Secretary of Defense Donald Rumsfeld has stated, our forces must be "lighter, more agile, more easily deployable" within a culture that "rewards innovation and risk taking."

It is in this context that the newly constituted Committee took up its work. The thirteen DACOWITS members (see Appendix B) were asked to determine the views of Service members and their families to the changed military environment and the transformation now underway. Committee members gathered this information in installation visits and focus groups conducted throughout the country and in Europe. These visits were designed to ascertain, first hand, attitudes across the whole spectrum of the military community as well as to provide a direct conduit, expressing the concerns of Service members and their families, to senior DoD leadership. Additionally, the Committee was tasked to review and analyze current research in the areas of recruitment and retention, surveying data from both within and without the Department, and to look at that data in light of the information gained in installation visits and focus groups.

In its first meeting on December 3, 2002, the Committee was briefed on several areas of immediate concern to policy makers, both general and specific. Based on its charter and within the context of the GWOT and the imperative of transformation, the Committee then concentrated its attention on issues, including those relating to family, which affect the recruitment and retention of a highly qualified professional military ready to fulfill its essential mission, the defense of the United States. Policies and programs were to be assessed in terms of their effect on readiness.

From among the issues identified as priorities by the Under Secretary of Defense (Personnel and Readiness) and his Principal Deputy (with initial input from the Services), the Committee focused on the following areas for specific, in-depth consideration:

- Personnel retention
- Support during deployment
- Women's health care

Installation visits and focus groups were designed to gather information on the views, attitudes, and experiences of Service members and their families on the identified topics. From the list that the Services provided as potential sites, fifteen were selected, encompassing a geographic and Service mix of installations and one Reserve site. (See Appendix C.) The Chair, Lieutenant General Carol Mutter, USMC (Retired), also visited all of the Service academies. (See Appendix D for a summary of these visits.) The first installation visit combined a Service orientation and a test of focus group protocol in the Hampton Roads, Virginia area in February. The members visited Fort Eustis, Langley Air Force Base, Naval Station Norfolk, Joint Forces Command, Marine Corps Security Forces Battalion, and US Coast Guard Base, Portsmouth. While in Norfolk, the members also tested the protocol developed by Drs. Armando Estrada and Janice Laurence of the Industrial College of the Armed Forces and the DACOWITS staff (with initial input by the DACOWITS Points of Contact). (See Appendices E and F for protocols.) Starting in March, the Committee organized in teams of two, visited fourteen more installations in the

United States and Europe over a period of five months, and normally conducted five focus groups in each location. Both men and women, all pay grades, all Services (including Guard and Reserve), and family members were represented. (See Appendix G for a list of documented focus groups.) The focus group leaders made clear to all participants that the purpose of the sessions was to elicit the Service members' and their families' views, attitudes, and experiences on a strictly confidential basis. The data from all fifteen sites (including Norfolk) was then compiled by Caliber Associates, an independent contractor, and compared to currently available data on these issues gathered from sources both within the Department and without. The input of current Service members and families was particularly valuable in light of the fact that Operation Iraqi Freedom was underway; all involved were not dealing in hypotheticals, but in real life, real-time situations and problems, particularly in terms of deployment. Caliber was also asked to include analysis of existing research in areas the Committee was studying.

In addition to the installation visits and focus groups, the Committee received comprehensive briefings in three meetings held in December 2002, January 2003, and May 2003. Those briefings by senior officials of DoD and the Services covered departmental policy and program priorities, most notably in the areas of current transformation actions, such as rebalancing the force and 21st century human resources strategy, and readiness issues as they relate to military families. Additionally, the Committee received briefings on current and future efforts of the Department and the Services, including the Reserve and National Guard, in the areas of human resources and quality of life programs, the GWOT, status of forces reports, as well as the assessments of researchers such as the Center for Naval Analysis, the Army Research Institute, RAND, and the Defense Manpower Data Center. (See Appendix H for a complete list of briefings presented at DACOWITS meetings.) These briefings provided an overview and common knowledge base to Committee members.

These briefings, as well as the information gleaned from the focus groups and research analysis, prompted the Committee to focus on questions such as: What is the effect of OPTEMPO on the morale of Service members and their families and on recruitment and retention of personnel? What are the factors in recruiting and, perhaps more importantly, retaining personnel with the requisite skills and commitment in order to meet future needs? What is the perception of how well current family policies and practices are meeting the needs of military families? What are the perceptions of the efficacy of and satisfaction with Service-provided health care in general and specifically with women's health care? Do those perceptions affect recruitment and retention? What are the strains on the Reserve and National Guard personnel who are being called upon to serve on active duty for extended periods of time and on their families?

The Committee would like to thank the DACOWITS staff and Caliber Associates (particularly Dr. Bradford Booth) for their valuable assistance in preparing this report. Senior officials of DoD and the Services as well as several civilian organizational speakers gave unstintingly of their time and expertise to provide the requested information. Dr. Janice Laurence and Dr. Armando Estrada of the Industrial College of the Armed Forces also provided excellent focus group training and assistance in protocol development. DACOWITS further appreciates the commanders and their staffs of the bases visited for their help and hospitality. Most of all, the Committee wishes to thank the men and women of the Armed Services and their families who participated in the focus groups for their time, contributions, and most importantly, for their candor and trust. Their views are the foundation for the Committee's conclusions.

II. PERSONNEL RETENTION

A. INTRODUCTION

During site visits to fifteen military installations in 2003, members of DACOWITS conducted 61 focus groups with enlisted and officer personnel as well as with military family members.¹ One third of the questions posed to the groups addressed retention. A major objective was to investigate the different retention rates among male officers and female officers, with a particular focus on the female officers' lower retention rate in certain years of service compared to the overall officer retention rate of the Department of Defense. Additionally, DACOWITS members asked focus groups about career flexibility and the utilization of leave programs. The results of these focus group questions are presented in this Personnel Retention section. These results are compared to data gathered from the 1999 Active Duty Member Survey and the U.S. Navy's Argus database.² Influences on career decisions are discussed in the following sections:

- B. Factors influencing the decision to remain in the Service
- C. Factors influencing the decision to leave the Service
- D. Female officer retention rates
- E. Leave programs
- F. Other factors influencing retention rates

B. FACTORS INFLUENCING THE DECISION TO REMAIN IN THE SERVICE

During their focus groups, DACOWITS asked Service members and their families to discuss the main factors that would influence their decision to stay in or leave the military. While a major objective of DACOWITS in 2003 was to identify differences in career intentions by gender, overall, the responses of male-attended and female-attended focus groups tended to be very similar. Both tangible and intangible factors were mentioned as reasons to stay. Senior Service members—particularly senior enlisted personnel—were most likely to report intentions to stay.

1. Tangible Factors

The main tangible factors cited by focus group participants as reasons to stay in the military were, in order of frequency:

- a. Benefits
- b. Career development opportunities
- c. Job stability and security
- d. Job characteristics
- e. Pay.

The influence of these tangible factors on the decision to remain in the military is discussed below.

a. Benefits

Military benefits—such as health care, retirement pay, and use of the commissary and exchange—were mentioned in approximately two-thirds of focus groups as key reasons to stay in the military. Many participants felt that benefits in the military were better than those that could be obtained in the civilian labor market. Both male- and female-attended focus groups cited benefits as the primary factor contributing to their decision to remain in the Service. Results from the Navy's Argus database³ support the role benefits play in the retention decisions of female officers: "your medical benefits" was selected most frequently by female Naval officers as a tangible in deciding to stay. In comparison, male Naval officers most frequently cited "current job satisfaction," an intangible, as the most important influence to stay in the Navy.

b. Career development opportunities

The abundance of educational and/or training opportunities in the Services was recorded in roughly one-half of the focus groups as a reason to stay in the military. While a number of other career development opportunities were mentioned as influential—including mentorship and challenging assignments that provided a stepping-stone for advancement—the most frequently reported career development opportunity was education.

Senior enlisted Service members, more so than any other rank group, were pleased by the career development opportunities offered in the military. One senior enlisted female explained:

“I’m not going to leave [the military]. I got an Associate degree and want to get a Bachelor’s degree.”

Education and career development themes were recorded within both male-attended and female-attended focus groups. Similar results were captured by the Navy’s Argus database: among Naval officers reporting an intention to remain in the military, “Advancement/Promotion opportunities” were mentioned third and fourth most frequently by males and females, respectively, as reasons to stay.

c. Job stability and security

The theme of job stability and security was recorded in approximately half of the focus groups; it surfaced more frequently as a reason to stay in groups composed of male Service members than in groups composed of female Service members. Among family member focus groups, this theme was recorded more often within officer family member groups than enlisted family member groups.

Both male and female Service members who completed the 1999 Active Duty Survey administered by Defense Manpower Data Center (DMDC) reported job security was a strong influence for staying or considering staying on active duty. Job security was cited as the most influential factor by 14% of both male and female Service members on the 1999 Active Duty Survey, second in influence only to basic pay. These findings applied to all active duty grades and were primarily driven by the responses of enlisted personnel. Among officers, who are college educated and who have relatively greater alternatives and opportunities in the civilian labor force, job security was less influential in the decision to stay on active duty, for both men and women (7% and 8% respectively). Similarly, the Navy’s Argus database did not find that job security or basic pay were major factors contributing to retention among Naval officers.

d. Job characteristics

Characteristics of the military job that Service members find rewarding was a theme recorded in approximately one-third (33%) of DACOWITS focus groups. Job characteristics mentioned as influencing the desire to remain in the military included opportunities to travel and see the world, job responsibility, and challenging assignments. Service members, both officer and enlisted, also mentioned flexibility and diversity (i.e., the ability to work outside of their specialty) as reasons to stay.

e. Pay

The theme of pay was recorded in about one-third of the groups as a factor contributing to the decision to remain in the Service. Comments from focus groups suggest that financial security, resulting from steady military income, is a significant factor in the retention decision. Senior enlisted Service member groups were the most likely to report pay and/or financial security as a factor that influenced their decision. Among family members, those groups composed of spouses of officers were most likely to report pay as a contributing factor in their decision to remain part of the military community.

Among both male and female Service members who answered the 1999 Active Duty Survey, “basic pay” was the tangible factor most frequently mentioned as important in the decision to stay in the military. Nearly 20% of male Service members and 15% of female Service members in the 1999 Survey cited pay as the dominant influence to stay. As was true for job security, basic pay is relatively less influential among officers: 14% of male officers and 12% of female officers on the 1999 Active Duty Survey cited basic pay as most influential in the decision to stay.

2. Intangible Factors

Focus group participants mentioned the following as influential in the decision to stay, although not as often, presented in order of frequency:

- a. Love for the job
- b. Time invested
- c. Pride in service
- d. Military culture/lifestyle

These areas are discussed below.

a. Love for the job

A general love for the military job was the most frequently cited intangible influence to stay in the military, appearing in about one-fourth of the focus groups. This influence was recorded most frequently in groups composed of senior personnel. Data from the 1999 Active Duty Survey suggest that this intangible is also important in the retention decisions of both male and female officers: “job enjoyment” was the most frequently cited influence to stay among both officer groups (18% and 19%, respectively). Similarly, data from the Navy’s Argus system suggest that “current job satisfaction” is the most important influence to stay among male officers. Female Naval officers cited this intangible less frequently than their male counterparts, however.

b. Time invested

Many individuals who cited time invested as an influence had spent ten years or more on active duty. This influence was recorded in about one-fourth of the focus groups. One family member summed this up succinctly:

“When you reach ten years you might as well stay for twenty.”

c. Pride in service

Roughly one-fourth of focus groups contained individuals who reported that they plan to stay in the Service in part because of patriotism and the pride they feel in serving their country. This was also noted in the National Research Council of the National Academies’ study on attitudes of American youth.⁴ Though sociologist Brenda Moore has demonstrated that pride in service is a powerful predictor of the retention intentions of military personnel,⁵ it was not included as a response category on either the 1999 Active Duty Survey or in the survey data used in the Navy’s Argus system.

d. Military culture/lifestyle

Service members in about one-fifth of the DACOWITS focus groups (19% of the groups, primarily male-attended groups) expressed that their intentions to remain are, in part, influenced by their love for the military culture and lifestyle. Some of the elements of the military lifestyle cited by group participants included structure, professionalism, a sense of family, and the overall organization of the military. The 1999 Active Duty Survey results also suggest that these elements are more influential among male officers than female officers, but when compared to the influence of job enjoyment, retirement pay, and basic pay, the overall influence of “military values, lifestyle and tradition” for officers of both genders is marginal: only 7% of male officers and 4% of female officers on the 1999 Active Duty Survey cited this intangible as most influential in their decision to stay.

C. FACTORS INFLUENCING THE DECISION TO LEAVE THE SERVICE

Overall, male-attended and female-attended focus groups provided similar responses to questions about why they would leave the military. There were some notable gender differences, however, in the extent to which work-climate factors were mentioned within DACOWITS focus groups and within the survey data reviewed for this report. Focus group responses were of two types: tangible and intangible.

1. Tangible Factors

The main tangible factors cited by focus group participants as reasons to leave the military were, in order of frequency:

- a. Family and personal life
- b. Job characteristics and career issues
- c. Career options in the civilian sector

a. Family and personal life

Approximately one half of DACOWITS focus groups recorded that the decision to leave the military was based on family and/or personal reasons. Among those participants who expressed an intention to leave the military, the most frequently mentioned reason was that their service interfered too often with the time they have available to spend with their families. This response was recorded in both male- and female-attended focus groups, but was more common among groups composed of active duty women. One senior female officer expressed:

“[It] usually comes down to the family choice. It’s very hard to find balance.”

Participants within several groups expressed that their military careers hindered family stability and were not conducive to raising a family. A number of active duty male and female participants explained that they were leaving specifically to start a family. Within family member focus groups, several participants expressed their dissatisfaction with military life.

The National Research Council of the National Academies’ study also indicates that men are valuing family-friendly policies more and more.⁶

b. Job characteristics and career issues

This theme was recorded in slightly less than half of focus groups. Participants pointed to a lack of opportunities for career advancement as a factor in their decision to leave. Other job characteristics that were affecting retention decisions included intense travel and relocation demands and dissatisfaction with their current specialization. Junior enlisted personnel were more likely than officers to report dissatisfaction with their job characteristics as a factor influencing their decisions. There were few gender differences.

c. Career options in the civilian sector

Personnel within roughly one-third of the focus groups mentioned they were leaving the Service to pursue other professional opportunities. Most of these personnel reported that they were either interested in pursuing a different career path or they were offered a better job in the civilian labor market. Roughly 40% of the female groups mentioned this response, while 20% of the male groups did. 58% of enlisted groups gave this response while 33% of officers did. It is important to note, however, that the total sample size responding to this question was very small.

2. Intangible Factors

Those who had made the decision to leave also raised intangible factors. In general, these intangibles were recorded less frequently than the tangible factors discussed above.

- a. Leadership and work climate
- b. Military culture and lifestyle

The primary intangible factors negatively affecting some participants’ career decisions are discussed below.

a. Leadership and work climate

Critiques of leadership and work climate were recorded in a relatively small number of focus groups (14%). Participants within these groups, especially junior enlisted female personnel, were unhappy with the “status quo” of a work environment when they perceived poor treatment of subordinates, a lack of respect for women, and mishandling of sexual harassment in the workplace.

b. Military culture/lifestyle

Discontent with the military culture and lifestyle as a reason for choosing to leave the military was recorded in a small number of focus groups (15%). Comments like the following, from a junior enlisted male Service member, illustrate that not everyone who joins the armed forces adapts well to military life:

“I like more personal freedom. I want to be able to go do what I want to do
and I can’t do that in this lifestyle.”

D. FEMALE OFFICER RETENTION RATES

Data on the retention of U.S. military personnel indicate that the military career decisions of male and female military officers may differ at certain key career points. For example, data collected by DMDC suggest that active duty female officers tend to separate from the military at higher rates than their male counterparts across all years of service, with few exceptions.⁷ This finding was a concern for the USD (P&R), and the DACOWITS focus group questions addressed this as an area of interest for 2003. The officer focus groups were asked specific questions on female officer retention after being informed that gender differences in retention had been found. The questions and findings are examined below along with recent survey results exploring women officer’s career intentions, the factors that military women report as crucial in their retention decisions, and potential explanations for gender differences in the retention decisions of military officers. Female officer retention information is presented in the following sections:

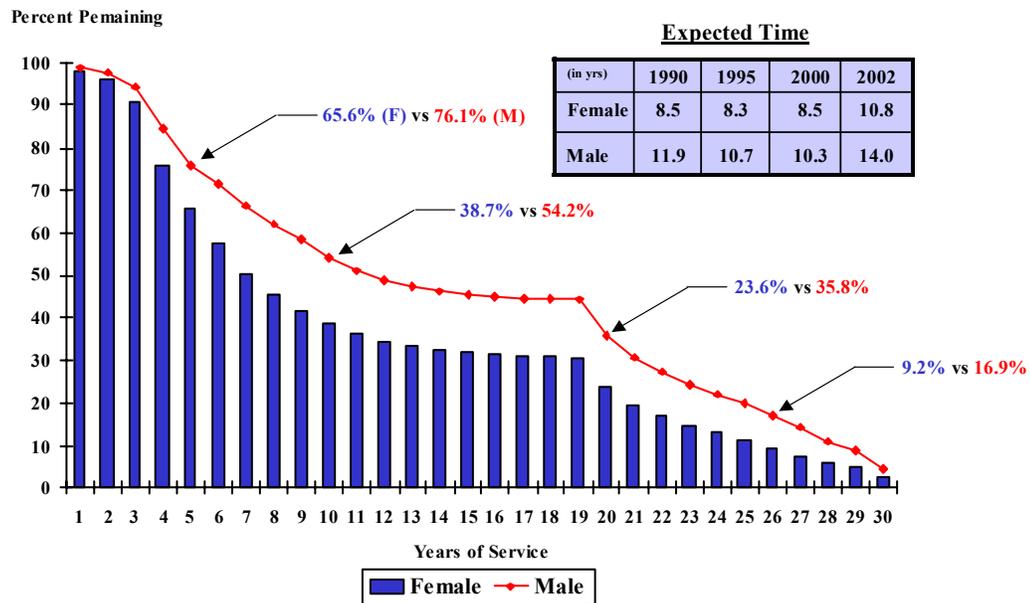
1. Continuation rates and retention among female officers
2. Focus group suggestions as to why female officers have lower retention rates
3. Other research on reasons female officers leave active duty
4. Comparisons of career intentions by gender
5. Focus group suggestions for retaining female officers
6. Other suggestions for retaining female officers

1. Continuation Rates and Retention Among Female Officers

a. Active Duty Continuation Rates and Retention

Exhibit I, below, displays the cumulative continuation rates for male and female commissioned officers in using fiscal year (FY) 2002 continuation rates. The graph shows the percent of officers, who, for a given number of years of service, will have remained on active duty if future continuation behavior is the same as in FY2002.

Exhibit I: Active Duty Officer Career Profile (FY 2002 Continuation Pattern)



GWOT and Stop Loss increased retention => increase expected time in Service

Source: Data provided by the Defense Manpower Data Center (DMDC) and graphed by the Officer and Enlisted Personnel Branch of the Office of the Under Secretary of Defense for Personnel and Readiness.

Data in the exhibit indicate that, based on recent retention statistics, for DoD as a whole, female officer continuation rates are somewhat lower than those of male officers during the early stages of their military career. Normally this is during the 4th and 5th years of service when an officer has met his or her Active Duty Service Obligation (ADSO). Most Service members have met the terms of their initial “contract” at this point, and many voluntarily separate after this obligation has been met.⁸ The 4th year of service also typically coincides with promotion to O-3. The continuation rate for female officers continues to be lower than that of males until the 10th year of service, typically coinciding with the selection to O-4. From this point until the 20th year of service, continuation rates are similar, with the steady decline reflecting the military’s “up or out” system. At the 20th year of service, the year of first eligibility for a regular retirement, female officers leave at a noticeably higher rate than their male counterparts (24% vs. 19% respectively). Women continue to separate at a higher rate until 26 years of service, when most officers in the grade of O-6 retire. After the 26th year of service, continuation rates are again comparable.⁹

b. Propensity to transfer from active duty to Selected Reserve

Further data from DMDC indicate relative propensity, by Service, to transfer from active duty to the Selected Reserve (SELRES). It is interesting to note that though females tend to separate from active duty at a higher rate than males, overall, those separating from active duty transfer to the SELRES at a higher rate.

Total DoD: Women exhibit both higher rates of separation from active duty and higher rates of transferring to the SELRES. (Separation rates: Males – 6.4%, Females – 7.6%. SELRES rates: Males – 15.6%, Females – 16.4%)

Army: Women exhibit both higher rates of separation from active duty and higher rates of joining the SELRES. (Separation rates: Males – 7.0%, Females – 8.5%. SELRES rates: Males – 12.9%, Females – 15.1%)

Navy: Women exhibit higher rates of separation from active duty but lower rates of transition to the SELRES. (Separation rates: Males – 6.6%, Females – 7.8%. SELRES rates: Males – 19.0%, Females – 16.8%)

Marine Corps: Women exhibit much higher rates of separation from active duty and lower rates of transition to the SELRES. (Separation rates: Males – 6.9%, Females – 10.5%. SELRES rates: Males – 14.5%, Females – 13.6%)

Air Force: Women exhibit higher rates of separation from active duty but lower rates of transition to the SELRES. (Separation rates: Males – 5.6%, Females – 6.6%. SELRES rates: Males – 17.7%, Females – 16.9%)

Coast Guard: Women exhibit rates of separation from active duty that are comparable to men, but also show strikingly higher rates of joining the SELRES. (Separation rates: Males – 6.5%, Females – 6.6%. SELRES rates: Males – 9.0%, Females – 30.8%)

2. Focus Group Suggestions as to Why Female Officers Have Lower Retention Rates

DACOWITS members asked the focus groups with military officers and family members of officers to share their insights as to why they believed there were gender differences in retention patterns between the 4th and the 20th year of service. The most frequently recorded responses to this question included the following:

- a. Family reasons
- b. Poor work environment for women
- c. Job characteristics
- d. Incompatibility with the military lifestyle.

a. Family reasons

Nearly all of the officer and officer family member focus groups (95%) raised this theme. Officers of both genders reported that female officers leave the Service during these years in order to devote more time and priority to family commitments and responsibilities. Many participants felt that female officers leave because they are unable to find a reasonable work/life balance, or that the demands of separations from family—particularly for dual-military families—are too taxing. Female officers frequently used the word “incompatible” to describe the military life and family requirements. Almost no other profession requires 24/7 duties and global deployments. This proves particularly difficult when a spouse has similar requirements. Below are the comments of two junior female officers.

“I just had a baby and can’t bear the thought of leaving the child if I am deployed.”

“And of course the child decision is a big one. I am really torn between career and family at this time in my life.”

b. Poor work environment for women

Comments indicating that the climate of the work environment contributes to lower retention among women officers were recorded in approximately two-thirds (71%) of officer focus groups. Both male- and female-attended groups expressed this theme, but it was heard more frequently within senior rather than junior officer focus groups. Comments provided by both male and female officers suggested that women often face differential treatment in the military workplace, that their “token” status (i.e., low representation) contributes to the perception that women must prove themselves every day as equals, and that “old boy” attitudes and networks remain common in the military. Officers suggested that there exists a lack of respect for women in the work environment within some units. One female officer stated:

“I am not listened to as an equal. Male officers get away with aggressive personalities, but if I am aggressive, I’m considered very hard to work with.”

Some participants believed that, although difficulties remain within the gender-integrated force, conditions have improved over the years. One male senior officer explained:

“It was very uncomfortable at first, years ago, as an instructor to have females in tech classes with all male instructors [because] it changed the way we talked. I think [the women] were uncomfortable too ... it is a lot easier now to interact.”

Another female officer stated:

“In my field they have made giant strides and there is an institutional commitment to improving, but they have a way to go yet and are working on it.”

c. Job characteristics

Comments indicating that job characteristics contribute to lower retention among female officers were recorded in one-third of officer and officer family member focus groups (33%). Specific characteristics of military occupations that were raised by participants included lack of geographic stability, OPTEMPO, non-challenging work, lack of job flexibility, and demanding fitness standards. Male officer groups and senior officer groups were most likely to cite job characteristics as causes of lower retention among women during these career stages.

d. Incompatibility with the military lifestyle

This theme was recorded in a small number of officer and officer family member focus groups (19%). Some participants, mostly male officers, suggested that incompatibility with military life may lead a greater percentage of female than male officers to leave the military. For example, a male officer suggested:

“Women are not less appropriate than men, it's just that this is not the lifestyle for everyone.”

3. Other Research on Reasons Female Officers Leave Active Duty

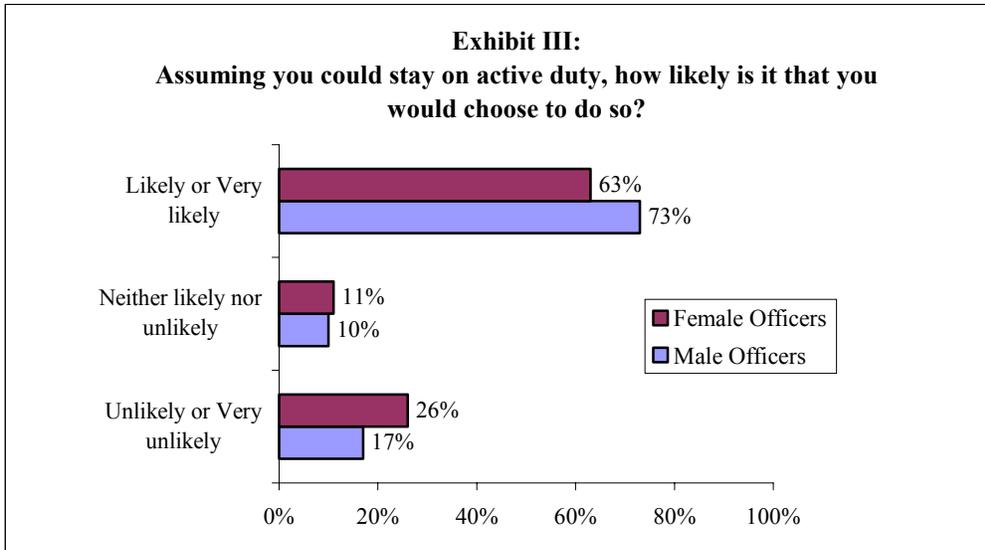
These DACOWITS focus group suggestions as to why female officers leave active duty are very similar to research from the 1999 Active Duty Survey, which found that “amount of personal/family time you have” was the most frequently cited reason for female officers to consider leaving active duty, and the second most frequently cited reason for male officers. Exhibit II shows the similarity between male and female officers in the factors most frequently cited as reasons to leave the military. Though there are slight differences in rank order, the four most influential factors (out of a list of 37 possible choices) were the same for both groups.

| Exhibit II: Most Important Reasons for Considering Leaving the Military Among Male and Female Officers | | |
|---|------------------------------|------------------------------|
| | Male Officers | Female Officers |
| Basic pay | 15% rank: 1 st | 10% rank: 3 rd |
| Amount of personal/family time you have | 13% rank: 2 nd | 13% rank: 1 st |
| Amount of enjoyment from your job | 11% rank: 3 rd | 12% rank: 2 nd |
| Quality of leadership | 9% rank 4 th | 9% rank 4 th |

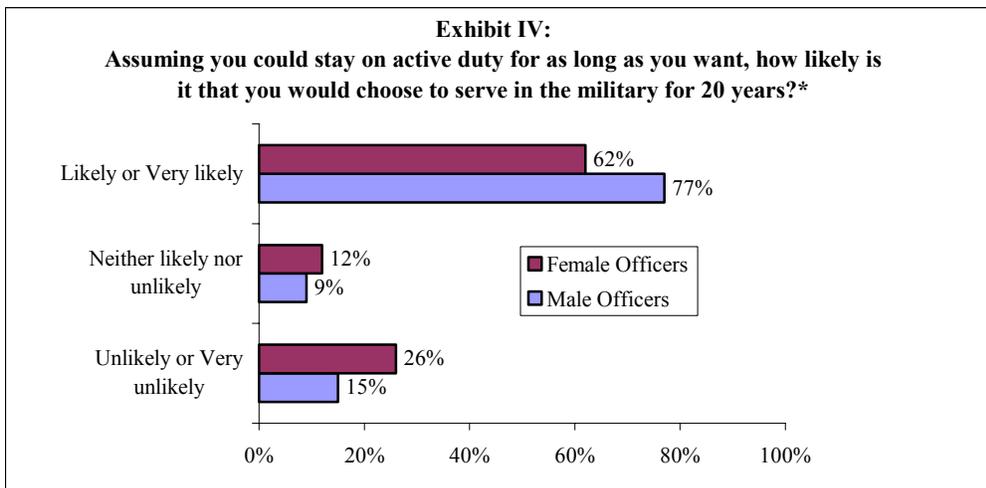
Source: 1999 Active Duty Survey

4. Comparisons of Career Intentions by Gender

Reported career intentions of surveyed military personnel have been shown to be a strong predictor of actual retention behavior.¹⁰ The Committee examined recent data sources that provide insight into Service members’ future career plans. Exhibits III and IV below display the reported career intentions of male and female officers who responded to the 2002 Status of Forces Survey of Active-Duty Members.



Source: 2002 Status of Forces Survey of Active-Duty Members. Totals may not sum to 100% due to rounding.



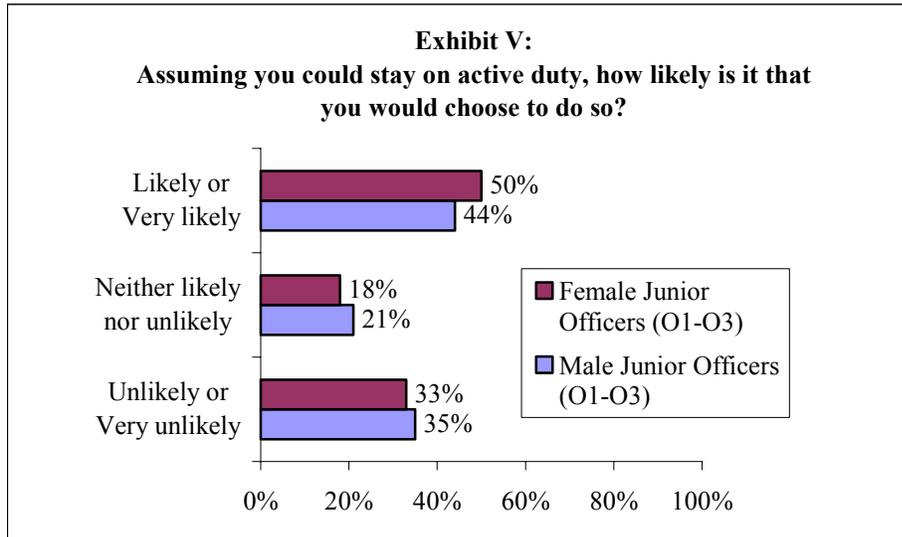
Source: 2002 Status of Forces Survey of Active-Duty Members. Totals may not sum to 100% due to rounding.

Exhibits III and IV show that female officers are less likely than male officers to report they intend to stay in the armed forces and to report they hope to stay in the armed forces for a twenty-year career. Because the estimated sample error in these estimates is +/- 4% for women and +/- 2% for men, the gender differences in retention intentions shown in both exhibits are statistically significant. Exhibits III and IV provide, however, an incomplete and potentially misleading picture of gender-specific career intentions, and offer an important illustration of the need to account for factors other than gender when considering career intentions, and by extension, retention rates.

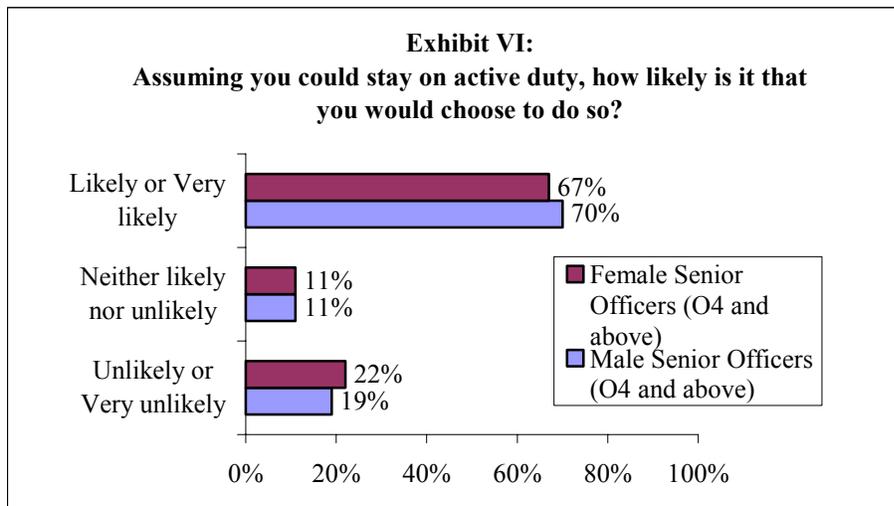
For example, Exhibits III and IV do not control for rank differences between male and female officers. Compared to their male officer counterparts, female officers tend to be disproportionately concentrated in junior (O1-O3) rather than senior (O4 and above) grades.¹¹ Since the likelihood of intending to stay in the military increases with rank (and the proximity of earning full retirement benefits), the gender differences in career intentions documented in the exhibits above should become smaller once rank is controlled.

Exhibits V and VI support this observation, and show that current gender differences in intentions are more likely a function of the rank rather than the gender of the Service member. When ranks groups are held constant, there are

neither significant nor substantive differences between the reported intentions of male and female senior officers to stay on active duty. Among junior officers, women’s intentions to remain on active duty are actually several percentage points higher than male officers, though the sample errors for these smaller groups are probably too large to consider these differences significant. Exhibit V is the chart that is the most at odds with the concern that junior female officers are leaving the Service at a rate significantly higher than men. This chart can be interpreted to mean either that more junior officer women will stay or conversely that they intend to stay but, when confronted with various factors, they end up leaving at a higher rate.

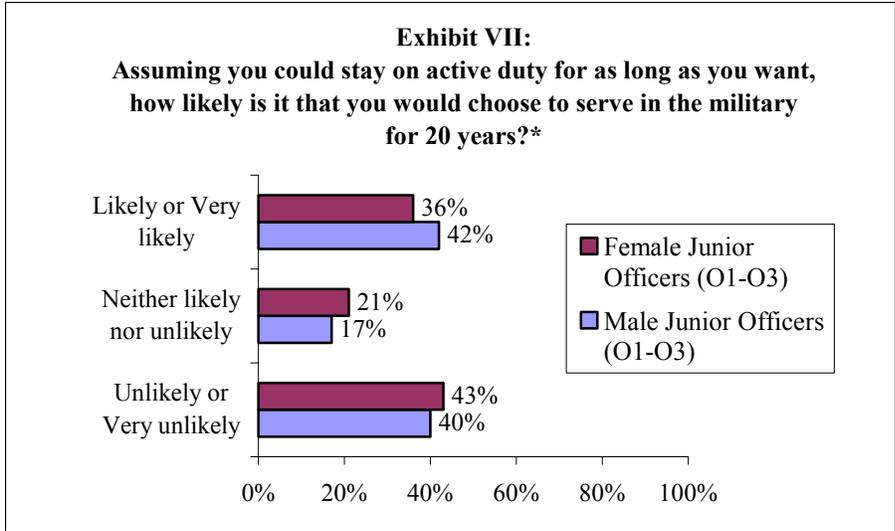


Source: 2002 Status of Forces Survey of Active-Duty Members.

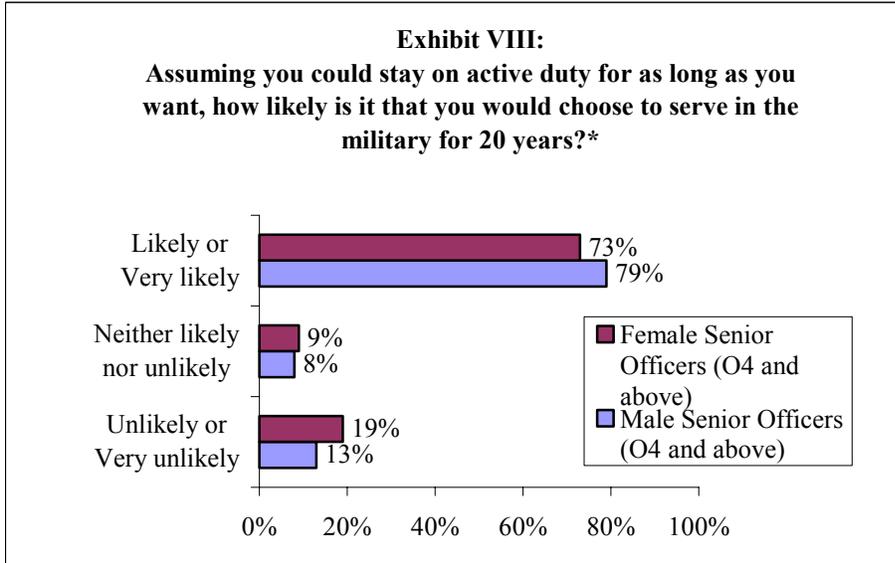


Source: 2002 Status of Forces Survey of Active-Duty Members.

Exhibits VII and VIII show, by gender and rank group, the likelihood that each group reported a desire to stay in the military for a 20-year career. Like Exhibits V and VI, Exhibits VII and VIII show that a substantial proportion of the variation in response by gender is actually explained by rank. However, a small gender gap in intentions to stay in the military for a twenty-year career seems to remain, even when rank is controlled.



Source: 2002 Status of Forces Survey of Active-Duty Members. Totals may not sum to 100% due to rounding.



* Among senior officers with less than 20 years of service.

Source: 2002 Status of Forces Survey of Active-Duty Members. Totals may not sum to 100% due to rounding.

Though these differences are probably not statistically significant considering the larger sample error associated with the estimates for these smaller groups (+/- 4% for women and +/- 2% for men), they may be important substantively. In summary, the intentions data discussed here suggest that, controlling for rank, women appear just as likely as men to want to remain on active duty for the present, but are slightly less likely than male officers to report they intend to stay in the military until retirement eligibility. The focus group questions identified possible options to address some of the disincentives to remain. The answers did not demonstrate that there was a simple solution.

5. Focus Group Suggestions for Retaining Female Officers

DACOWITS members asked officer and officer family member focus group participants to suggest methods that the military Services could implement to maximize the retention of women officers. Most suggestions recorded fell under one of the following two broad themes:

- a. Improve benefits and compensation
- b. Implement policy changes

These themes are discussed below.

a. Improve benefits and compensation

The most common suggestion for improving retention of female officers, recorded in 11 of 23 groups, was to enhance the current benefits and compensation package. A number of sub-themes were mentioned under this broader category, including raising pay, improving access to childcare (e.g., availability, and cost), and instituting a family/personal leave program similar to those found in the civilian sector. One female officer stated:

“Why can’t there be flexibility in the career path? Suppose you could go to the active duty guard/reserve during child-bearing years and come back later?”

b. Implement policy changes

Recommendations for policy changes were recorded in 6 focus groups, and were primarily advanced by senior male officers and female officers. Suggestions included enhancing career flexibility in the military (e.g., having the option to transfer to the Guard or Reserve during child-bearing years and return to active duty status later), extending Service member obligations, improving opportunities for the collocation of partners in a dual-military marriage, and providing more flexibility in work hours.

“I’m losing junior officers left and right because dual military can’t maintain relationships.”

6. Other Suggestions for Retaining Female Officers

In a recent study of factors affecting the retention decisions of sea-going Naval aviators, author Traci Keegan found that a large proportion of the 21 female aviators interviewed for the study had made the decision to leave the Navy.¹² Though the study sample is admittedly small, Keegan’s research findings bear many similarities to those collected during DACOWITS focus groups in 2003.

Through extensive personal interviews, Keegan identified several themes among the study sample of women aviators that were also recorded by DACOWITS in 2003, including the experience of differential treatment in the military, the perception that being a female officer in the military and raising a family are simply not compatible, and the experience of constant scrutiny and having to continually prove oneself as a woman to “fit in” within the female aviation community.

Keegan’s sample of female Naval officers also expressed the desire for, and general lack of, qualified women mentors to help guide female officers through the more challenging phases of their careers. Strong mentorship has been identified as an important mechanism for insuring the success of minority officers in the military.¹³ Mentorship is also a finding frequently identified in previous DACOWITS reports and recommendations to DoD.

Many of the recommendations that emerged from Keegan’s study of female Naval aviation officers were echoed by DACOWITS focus groups participants in 2003, including building more flexibility into career paths and instituting a military leave program to make it easier for military members to balance their desire for both a military career and a family. The perceptions of DACOWITS focus group participants regarding such a leave program, as well as the findings of current studies exploring this option, are addressed below.

E. LEAVE PROGRAMS

One example of a policy change as a way to maximize retention is the implementation of a personal/family leave program similar to those provided by civilian organizations. DACOWITS focus group participants were asked to share their reactions to the availability of such a program. In general, participants were in favor of the idea: most groups in which the question was posed (56%) expressed support for a military leave program for personal or family reasons. Participants that were in favor of the program suggested such a program would afford them the opportunity to explore the civilian sector, pursue educational goals, and spend more time with their families. One person who is planning to get out said if this leave program were an option, she probably would be staying in because she could start her family.

In about one-third of the focus groups, participants expressed opposition to a leave program. A larger percentage of male than female Service members were not in favor of a leave program (44% vs. 29%). Most participants who felt that there should not be a leave program felt participation would be detrimental for the careers of those who chose to take advantage of it. These participants felt a leave program could lead to career impediments, skill loss, attrition of qualified personnel, and longer contractual obligations to the military. Other reasons offered by opponents included its contribution to a hostile work environment for some, and the potential for abuse of the program by some Service members. Senior Service members (enlisted and officers) were among those most likely to say they were not in favor of instituting a leave program.

At least two sources provide insight into the feasibility of instituting a personal/family leave program for the military Services in order to enhance the flexibility of the military career. These include the U.S. Coast Guard leave programs and RAND's Return on Investment (ROI) study for military leave programs.

The US Coast Guard program will be briefly summarized here. The RAND study is not yet published, so it will not be summarized here. However, it should be reviewed closely upon publication.

U.S. Coast Guard Leave Programs

The U.S. Coast Guard currently maintains two leave programs that serve different purposes: the Care for Newborn Children (CNC) program and the Temporary Separation program.¹⁴ The CNC program is designed to help Service members alleviate excessive personal family hardships associated with parental responsibilities for a newborn, and allows both officers and enlisted members a one-time separation for up to two years. The program applies to either parent, and includes legally adopted children. The Temporary Separation program was adopted in May 2000 to provide career-oriented members a chance to pursue opportunities outside the Coast Guard. Similar to CNC, this program allows officers and enlisted members a one-time separation for up to two years after their first period of obligation, and provides a mechanism for their return to duty.

The long-term intent of both programs is to enhance job satisfaction and thus retain valuable experience and training possessed by USCG personnel that might otherwise be lost for good. Participants receive no pay, allowances, or Service benefits such as retirement, medical coverage, or SGLI during separation. At the time of the Coast Guard's briefing to DACOWITS in 2003, 377 participants had taken advantage of the CNC program since 1992, and 177 had taken advantage of the Temporary Separation Program. The Coast Guard has not tracked all participants, but at least 8% have returned. The CG is currently implementing steps to track this data in the future.

The U.S. Coast Guard's experience with leave programs offers preliminary evidence that military leave programs may pay positive dividends over the long term by contributing to the retention of trained and qualified personnel.

F. OTHER FACTORS INFLUENCING RETENTION RATES

The Committee examined the findings on female officer retention and found that the data was not conclusive. Factors, other than gender, need to be controlled before determining that differences in retention rates are based solely or primarily on gender.¹⁵

For example, the projected continuation rates shown in Exhibit I under Continuation Rates and Retention Among Female Officers are based upon retention behavior in 2002, and as such, may not be predictive of future outcomes.

The military environment has changed dramatically with the opening of new career fields to women, increased OPTEMPO and PERSTEMPO, the 9/11 terrorist attacks, Operation Enduring Freedom, and Operation Iraqi Freedom. Likewise, social and economic trends external to the military have undergone profound change. Officers commissioned more recently may, in future years, exhibit different retention behaviors than their senior counterparts commissioned during previous decades.

The continuation projections displayed in Exhibit I are for DoD as a whole, and are not broken down by branch of Service. Factors specific to each branch of Service can influence retention behavior (e.g., the proportion of officer assignments open to women) in that Service. For example, a recent analysis of U.S. Army officer continuations that employed retention data from several recent cohorts found little to no gender differences in retention patterns in the U.S. Army when commissioning source was held constant.¹⁶ Also, Coast Guard data, when broken out over several years, shows no statistically different retention rates for women. More useful information on retention could be collected by disaggregating officer continuation rates by commissioning source and by Service in addition to gender.

The 1999 OSD P&R report *Career Progression of Minority and Women Officers* provides data on both the promotion and retention patterns of minority and female officers compared to their white male counterparts and outlines a host of social and economic factors that affect the retention of particular groups.¹⁷ The study found that, controlling for commissioning source, Service branch, and other factors:

“White women were less likely to complete the initial career stage and had lower rates of promotion to O3 than white men, but that the bulk of the difference (about 9 percentage points) in their attainment of grade O4 was due to their lower retention rates.”

The report also documents that the retention rates of both African American and white female officer women were significantly lower than those of white men at a number of key retention stages, including the initial stage, the O2 stage, and for white women, the O3 stage.

This 1999 report demonstrates gender differences in the retention patterns of white and African American women officers compared with white male officers. It does not provide evidence for gender differences in retention for all officers DoD-wide because non-white male officers—who were also found to be less likely than white male officers to complete their initial stage—were excluded from the comparison group. The methodology in the study explored differences between white male officers and all other groups but did not compare all women officers with all male officers. In summary, the studies and analyses widely cited suggests that more research may be needed to provide a comprehensive picture of current differences in retention patterns between male and female officers.

III. SUPPORT DURING DEPLOYMENT

A. INTRODUCTION

A second topic that DACOWITS reviewed in 2003 was support of military personnel and families during deployment (all phases). Family issues related to recruitment and retention became an official part of the DACOWITS charter in 2003. The information provided here is drawn from a variety of sources, to include academic literature and technical reports by social scientists conducting research on military family issues, recent surveys of military personnel and family members, and results from focus groups of military personnel and family members conducted by DACOWITS at military installations during 2003. Additionally, Appendix I is a listing of some Quality of Life resources provided by DoD and the Services. The information contained in the report is presented in the following six sections:

- B. Impact of deployment on military personnel and families
- C. Single Service member deployment support
- D. Organizational responses to family support needs during deployment
- E. Issues and challenges related to the provision of family support for deployments
- F. Perceived effects of changes in OPTEMPO/PERSTEMPO since 9/11
- G. Summary

Issues and challenges documented in Section D include the unique circumstances and needs of junior enlisted personnel and their families, the geographic dispersion of military families (particularly members of the Reserve and National Guard), and under-awareness and under-utilization of available support services.

The report continues with an overview of DACOWITS focus group participants' perceptions of the impact of increasing OPTEMPO/PERSTEMPO, and concludes with a brief summary of the work of the Joint Family Contingency Work Group under the auspices of the DoD Office of Family Policy, and the need for current and future programs and services to creatively address the support requirements generated by the changing characteristics of modern military missions and deployments.

B. IMPACT OF DEPLOYMENT ON MILITARY PERSONNEL AND FAMILIES

While many civilian occupations share some of the demands that are typical of a career in the armed forces—including geographic mobility, residence in foreign countries, risk of injury or death, frequent separation from family, and role pressures—the military is unique in that all of these demands can be asked of a Service member at the same time.¹⁸ The families of military personnel must also deal with these demands, two of which are particularly relevant to the deployment situation: the risk of injury or death to the Service member, and the separation of the Service member from the family. These two overarching stressors can be viewed as the basic conditions of deployment with which families must cope, and which trigger a host of related outcomes for family members.¹⁹ At the most general level, these include stress, fear, loneliness, a need for information about the Service member, and changes in routines resulting in new tasks and responsibilities.

During their visits to military installations in 2003, members of DACOWITS asked Service members and their families to describe the deployment challenges they faced during pre-deployment, deployment, and post-deployment. Their answers to these questions—recorded within 58 focus groups—strongly reinforce the research findings highlighted in this section. Exhibit IX shows the most common deployment-related challenges recorded within all DACOWITS focus groups in 2003.

| Exhibit IX: Deployment-Related Challenges Recorded in DACOWITS Focus Groups 2003 | |
|---|--|
| Challenge | % of Focus Groups in which Challenge was Raised |
| Administrative preparations (will, power of attorney, etc.) | 69% |
| Making arrangements on short or uncertain notice | 57% |
| Impact on the family | 50% |
| Need for accurate and timely information | 43% |
| Program support and service delivery | 38% |
| Reunion adjustment | 33% |
| Communication between deployed member and family | 31% |
| Difficulty adjusting to new responsibilities | 29% |
| Financial issues | 24% |

While research on military families has demonstrated that families experience all three phases of deployment—pre-deployment, deployment, and post-deployment—as stressful,²⁰ different issues and outcomes tend to surface depending on the particular phase being experienced. The nature, salience and magnitude of each issue or outcome may change depending on the phase of the deployment.²¹ The discussion in this section highlights the most commonly reported issues, drawn from the research literature and DACOWITS focus groups, which military families face during each deployment phase. This section covers the deployment experience in the following order:

1. Pre-deployment
2. Deployment
3. Post-deployment
4. Across deployment phases
5. Moderating factors

1. Pre-Deployment

Military family members' emotional responses to impending deployment can include fear and uncertainty regarding their sponsor's safety, concerns about how the family will cope during the Service member's absence, and worries surrounding the impact of an extended separation on marital and other family relationships.²² Upon the announcement of a deployment, military spouses desire information about the nature of the deployment, safety of their sponsor, options available to communicate with their sponsor (telephone, e-mail, etc.), departure date and deployment timeline, and services and assistance available during deployment.

Participants in the 2003 DACOWITS focus groups identified the need for information as a critical component of support during deployment, including the need that spouses and extended family members be kept informed about the deployment. To the degree that information is not available, stress for military family members increases. For example, during pre-deployment, the lack of reliable information regarding the Service member's departure timeline may contribute to unnecessarily difficult goodbyes (e.g., multiple goodbyes, family gatherings missed unnecessarily, etc.). For Guard and Reserve families, information regarding transition between civilian health care plans and TRICARE is particularly vital, but often difficult to obtain.²³

The pre-deployment phase also brings financial, logistical and administrative challenges due to the impending absence of the Service member. A 2002 survey of spouses of National Guard and Reserve personnel activated for duty found that, while a majority of spouses were able to perform the pre-activation tasks of obtaining an updated will, power of attorney, and a dependent ID card, most did not or could not make immediate changes in child care arrangements or establish emergency funds for the family.²⁴

Pre-deployment challenges expressed by focus group participants included the following broad themes, in order of frequency: administrative preparation, logistical challenges, and time constraints.

Challenges related to administrative preparation were recorded within over two-thirds of all focus groups held; this was the most common of all issues discussed. Administrative challenges were recorded frequently in both family member and Service member focus groups, and included arranging for child care, validating family care plans, insuring that necessary financial arrangements (such as wills and powers of attorney) were in place, arranging for transportation needs, and insuring that household property maintenance, bill payments and other family budget needs could still be met in the Service members' absence.

Logistical challenges—most often related to a short or uncertain window of time available to prepare for the deployment—were recorded in more than half of both family member and Service member groups. Commenting on the logistical challenges, one officer family member noted:

“Our deployments were on such short notice that it was very difficult to get ready for them. In a normal deployment, you have months to prepare not only for legal issues, but emotionally as well. Since Sept. 11, the OPTEMPO has dramatically picked up. Fortunately, since two deployments came close together, we have been able to roll with the punches.”

Other participants expressed frustration in trying to make pre-deployment arrangements based on uncertain timelines. For example, one participant recounted an example of a single parent Service member who made child care arrangements for an impending deployment, only to learn the deployment date was delayed.

2. Deployment

During military deployments, it is typical for family members to experience fear and uncertainty regarding their sponsor's safety, sadness, feelings of loneliness and isolation, and loss of emotional support.²⁵ Additionally, isolation of junior enlisted spouses may be greater than that of more senior spouses because they often live significant distances from the base and its support resources, and because they tend to be less involved with other unit spouses.²⁶

In addition to emotional stress caused by the loss of companionship and intimacy, DACOWITS focus group participants noted the following challenges during the deployment itself, in order of frequency:

- a. Program support
- b. Communication challenges
- c. Role adjustment
- d. Financial issues

a. Program support

Responses concerning deployment support services available were recorded in more than one-third of groups. Many Service members and family members expressed appreciation for the programs and services available, and the many improvements that have been made over time. For example, one sailor expressed:

“They have taken amazing steps for quality of life for people on ships.”

Not all responses in this area were positive, however. Some comments reflected a perception that formal military deployment support programs are not as capable of reaching the families of Reserve and Guard members, are underfunded and/or understaffed, or are more effective in supporting units rather than individuals. An Air Force family member living overseas suggested:

“In the new AEF, the way we are doing deployments is one or two are going and not the whole unit, so you fall between the cracks. You don't get the same treatment as when the whole unit goes.”

b. Communication challenges

Comments reflecting the fact that communication between deployed Service members and families was a challenge were recorded in about one-third of groups. Many participants noted that e-mail technology—when it works correctly—has improved Service members’ ability to stay in touch, and that morale phone calls were also helpful, though lines and wait times to reach home could be significant.

During deployments, inaccurate or unreliable information often fuels rumors, which can be counterproductive and stressful for family members. Rumors are sometimes generated from unofficial communications from deployed sponsors to spouses and tend to focus on departure and return timelines, subjects over which Service members and their families have the least control. Some Service members also expressed that the prevalence of news reports and media coverage of deployments can fuel stress and rumors back home. Official command channels are usually the only reliable source for accurate information on these topics, but verified information from the command may not be timely enough to stop the spread of misinformation about the deployment.²⁷

c. Role adjustment

Many family members experience stress at having to adjust to new tasks and roles. Tasks formerly accomplished by or shared with the sponsor become the sole responsibility of the family member who remains behind.²⁸ These can include household and automobile maintenance, parenting/child care, and handling the family bills. During 2003 DACOWITS focus groups, military personnel at several CONUS installations pointed out that these tasks can be especially challenging for Service members who are deploying for the first time, for those who have relatively new marriages, or for those who have young children—and for their families as well.

Comments highlighting the challenge of adjusting to new roles and responsibilities were recorded in more than half of the family member groups, and within about one-fourth of Service member groups. Role adjustments were seen to be most difficult for the young and inexperienced. For example, a more senior family member noted that, during the first deployment experience,

“... Younger married [spouses] are not prepared to handle financial and legal arrangements alone, and this can interfere with the deployed sailor.”

d. Financial issues

Financial challenges during the deployment were recorded within approximately one-fourth of the focus groups. Financial concerns were raised more frequently by enlisted personnel and family members than by officers and their family members. A senior enlisted female airman highlighted the financial difficulties experienced by those in dual-military marriages who are both deployed:

“[Dual military] couples deploying at the same time lose BAS and BAH and financial benefits. The military to military family is being overlooked today.”

3. Post-deployment

Adjusting to changes that occurred in family members, Service members, and family dynamics during the deployment can be stressful for all involved. Expectations held by military personnel, spouses, and children concerning life after the deployment may prove to be quite different, and may go unfulfilled. Typically, reunion requires a renegotiation of family roles and recognition on the part of the returning Service member that their family members may have acquired a new level of independence in his or her absence.²⁹ In the words of a Navy junior enlisted stationed at Coronado:

“The kids are the hardest part. They don’t know why you keep leaving. You’ve been gone for a few months and you come back into the house, and they don’t know you.”

Despite the myths to the contrary, there is very little evidence that deployments, in themselves, influence divorces rates; most military personnel and spouses readjust to their marriages and other family relationships within a few

months of their reunion. For example, less than one-quarter of Army spouses whose sponsors participated in U.S. peacekeeping efforts in Bosnia in 1996 reported that the deployment had a negative impact on their marital relationship.³⁰ Among spouses of Service members who report failing marriages after a deployment, most also report that their marriage was already weak or strained before the mission.³¹

The most common post-deployment challenge recorded in the focus groups dealt with the topic of reunion adjustment, noted in nearly all of the family member focus groups and within about one-fourth of the Service member groups. Some participants drew a link between deployment and marital dissolution, as illustrated by the following comment:

“A lot of problems come from returning from deployment. A lot of my buddies get divorced after deployment. The Navy’s cure for all problems is counseling.”

The Navy reunion support programs are discussed in the Reunion Support section below (D.4.).

4. Across Deployment Phases

General issues that surfaced during the focus groups that applied to more than one phase of the deployment process included the following:

- a. Information needs
- b. Impacts on the family

a. Information needs

The challenge in getting timely and accurate information about the deployment—also addressed in the literature review—was noted in almost half of all focus groups, and within nearly all groups composed of family members. One Service member noted:

“The ‘hurry up and wait problem’ is huge. This is clearly a bigger problem since OPTEMPO became so stressed.”

Many Service members and family members expressed that fear of the unknown and unpredictability were the most difficult aspects of the deployment cycle.

b. Impacts on the family

Impacts on the family were recorded in half of the focus groups, and within most focus groups of family members. One Service member assigned to an OCONUS installation confided:

“Building trust is hard when you are young and newly married and have to be gone.”

Another suggested:

“The most common hardship I see is having to leave family behind.”

5. Moderating Factors

A number of moderating factors influence the magnitude with which military families experience stressful events related to deployments. These include particular characteristics of the deployment and characteristics of the families themselves, as well as organizational responses. Though not an exhaustive list, some of the most important of these moderating factors are presented in Exhibit X, and are discussed in the paragraphs that follow.³²

| Exhibit X: Factors Moderating Family Adjustment to Deployment | |
|--|---|
| Characteristics of the Deployment | Characteristics of the Family |
| Length of deployment Length of the pre-deployment phase Public support for the mission Communication opportunities available to military personnel during the mission | Spouse maturity/independence Strength of relationship between spouse and Service member Family access to support systems and social resources Family financial resources Family deployment experience and awareness of deployment possibility Participation in Family Support Programs |

Source: D.B. Bell and W.R. Schumm, "Providing Family Support During Military Deployments."

a. Characteristics of the deployment

Among the deployment characteristics that impact how well families adjust (the left column in Exhibit X), both the length of the pre-deployment phase and the duration of the overall deployment can influence the degree of stress experienced by family members and the likelihood that they will perceive the deployment as a negative event for the family.

For example, very short pre-deployment phases offer insufficient time to plan, prepare, and adjust to new circumstances, while excessively long pre-deployment phases may encourage denial and a non-productive, prolonged farewell process.³³ Long deployments are also stressful for families. More than two-thirds (68%) of military spouses whose sponsors participated in Operation Joint Endeavor (a 1-year peacekeeping deployment to Bosnia) reported that the deployment length was a concern or worry for them.³⁴

Another mission-related factor that appears to moderate the effects of deployment is the perceived public support for the mission. The military community is embedded within a larger society and is not insulated from public concerns about the rationale, worth, and legitimacy of particular missions, nor do military family members lack opinions on these issues themselves. Popular support for the deployment impacts community interest and support, as well as families' beliefs that their sacrifice is worthwhile. A greater percentage of military spouses of personnel deployed in 1992 for humanitarian efforts in Somalia were initially supportive of the mission (46%) than during the 1996 peacekeeping deployment to Bosnia (29%).³⁵

The communication options that are available to military personnel on a deployment can also influence families' responses and reactions to the deployment. The technological advances in communications that now facilitate regular communication between deployed personnel and family members back home represent a mixed blessing to commanders, who seek to maintain the morale of their personnel but who also aim to minimize the distraction of their personnel from their mission-related tasks. From the family member's perspective, ease of telephone/e-mail communication between sponsors and families ameliorates loneliness and helps families run the household.

b. Characteristics of the family

Family characteristics that help minimize the negative impact of deployment (the second column in Exhibit X) include those more frequently associated with personnel and families in senior enlisted, warrant officer, and commissioned officer ranks. These include spouse maturity, strong relationships between the spouse and the Service member, access to military support systems, social support, financial resources, previous deployment experience, and participation in military family support programs.

While research indicates that families are more likely to rely on informal support (e.g., friends and relatives) than formal military programs and services, participation in family support programs appears to help family members deal with the stresses of military life.³⁶ Data from the 2002 Survey of Army Families IV (SAF IV) show that spouses who participated in Army Family Team Building (a military family support and education program) and in the unit Family Readiness Group (a unit-based family support network, managed and maintained by volunteers with ties to unit members) were more likely to handle loneliness well (68%) and to report that their family adjusts to Army demands well (86%) than spouses who participated in neither of these two programs (48% and 66%, respectively).³⁷

C. SINGLE SERVICE MEMBER DEPLOYMENT SUPPORT

The "deployment support" literature is almost exclusively oriented towards the support of families. Historically, family support programs in the military (and the research/studies they have spawned) were born from the grass-roots activism carried out by military spouses in the 1970s and 1980s. There was a widespread perception during this time that family member needs were not being recognized or met, particularly within the Army community, and grass-roots political pressure was placed on the military to deal with the issues. This is the context in which both the Army Family Action Plan and the 1983 Army White Paper on the military family were born. In contrast, military personnel themselves-- by regulation and by law-- cannot collectively organize (unionization is prohibited) and present their issues in the same manner as family members have done. In the absence of this "squeaky wheel" factor, much less attention, research, etc., has been given to this issue.³⁸

Below are two statistics of single Service members from recent surveys that do not differ significantly from those of married members.

64% of single Service members without children and 68% of single Service members with children report that "time away from their permanent duty station in the last 12 months" has neither increased nor decreased their desire to stay in the military. (Response patterns are not substantively different from married personnel with or without kids.)³⁹

29% of single members without children and 21% of single members with children say that they "had to work more hours than usual because they were deployed with their unit." This is not really different from married Service members without children (27%) and those married with children (26%).⁴⁰

During DACOWITS focus groups, one single member described his situation as follows:

"It is very hard to have pets in a situation where you may be deployed on a regular basis, especially when you are single or have no immediate family at the base."

Also one officer stated that she sat for hours and paid bills she was going to leave with friends to mail at the proper time the night before she was to deploy. Some single members expressed frustration with being required to attend family pre- and post-deployment sessions.

Exhibit XI is a chart from the 1999 Active Duty Survey that shows percentages of married and single responses where the listed concerns were considered issues for them during long departures from a home station.

**Exhibit XI:
Member Concerns During the Past 12 Months While Away From
Permanent Duty Station by Marital Status (Married and Not Married) ***

| Question | Description | Total Responding | Not Married | Married |
|------------------------|--|-------------------------|--------------------|----------------|
| 18A | Managing expenses and bills | 48% | 59% | 43% |
| 18B | Household repairs, yard work, car maintenance | 37% | 19% | 47% |
| 18C | Storage or security of personal belongings | 17% | 30% | 10% |
| 18D | Pet care | 12% | 10% | 13% |
| 18E | Interruption of off duty education | 19% | 19% | 19% |
| 18F | Loss of part-time job | 6% | 6% | 6% |
| 18G | Ability to communicate with family | 44% | 37% | 47% |
| 18H | Safety of your family and their community | 18% | 6% | 25% |
| 18I | Spouse's job demands or education demands | 15% | 1% | 22% |
| 18J | Child care arrangements | 17% | 5% | 23% |
| 18K | Eldercare | 1% | 1% | 1% |
| 18L | Child's/children's education | 10% | 3% | 14% |
| 18M | Serious health or emotional problems of spouse, child, parent, sibling, or elderly family member | 15% | 8% | 18% |
| 18N | Divorce or marital problems | 12% | 6% | 15% |
| 18O | Birth or adoption of a child | 3% | 1% | 4% |
| 18P | Your or your spouse's pregnancy | 6% | 1% | 9% |
| 18Q | Death of a family member | 8% | 8% | 7% |
| 18R | Major financial hardship or bankruptcy within your family | 5% | 4% | 6% |
| 18S | Major home repair or replacement due to casualty, theft, fire or severe weather | 4% | 3% | 5% |
| 18T | Other | 5% | 5% | 4% |
| <i>Margin of error</i> | | ± 1 | $\pm 2\%$ | $\pm 1\%$ |

Source: 1999 Survey of Active Duty Personnel

* The "not married" category includes those members who have never married, are divorced, or widowed. The "married" category includes those members who are married or separated.

This chart shows single Service members have significantly greater concerns than their married counterparts in the areas of managing expenses or bills, and storage or security of personal belongings.

D. ORGANIZATIONAL RESPONSES TO FAMILY SUPPORT NEEDS DURING DEPLOYMENT

This section discusses programs, activities, and resources within the military through which family support is provided during deployments, to include the following support functions:

1. Administrative preparation for deployment
2. Communication of critical information
3. Linkage with available programs and services
4. Reunion support
5. Life skills/readiness training

The section concludes with an overview of the opinions of deployment support from the perspective of DACOWITS focus group participants.

6. Focus group perceptions of deployment support

1. Administrative Preparation for Deployment

During the pre-deployment phase, if not before, the Services help families prepare administratively for deployment by identifying practical steps that must be completed and documents that must be obtained or updated. Many of these administrative preparations relate to family finances (e.g., sufficient cash reserves in the bank, access to bank accounts, and transfer of responsibility for paying bills, etc.), while others include updating durable powers of attorney, wills, and family care plans documenting who will take care of children in the event a single parent Service member or dual-military couple is deployed. DACOWITS focus group participants expressed that one of the major challenges for family members was the lack of “hands-on” assistance with administrative items, but also reported pre-deployment services were getting better all the time.

For National Guard and Reserve families to gain regular access to some military resources such as DEERS registration and exchanges and commissaries, ID cards reflecting the Service member’s change in status must be obtained. Each military Service provides avenues (i.e., facilities, information, and necessary paperwork) for the accomplishment of these administrative tasks.

2. Communication of Critical Information

Each of the Services provides channels for communicating information about the deployment to families. For example, command briefings are delivered before, during, and after deployments. Using video teleconferencing technology, commanders may provide briefings live from the deployment site. Telephone trees—a communication resource that assigns family members responsibility for passing along information to a designated number of other family members with ties to the unit—are maintained and periodically updated by many units.

3. Linkage with Available Programs and Services

All of the Services have established methods to connect family members of deployed personnel with available programs, services, and information resources. Often, key personnel are designated to facilitate this linkage, such as the Key Volunteer in the Marine Corps, the Ombudsman in the Navy, or the Family Readiness Group (FRG) leader in the Army. The individual Services, the Office of the Secretary of Defense (OSD), and a number of non-profit groups interested in the well-being of military families, such as the National Military Family Association, also provide information and referral through one-stop call centers and web sites.

4. Reunion Support

The Services disseminate information to families and Service members regarding the challenges associated with reunion during the post-deployment phase. This information may be offered during any of the three phases of deployment and in a variety of formats (e.g., as part of briefings, through mailings and web-based materials, and via workshops and classes). Deployed Service members also receive reunion support from chaplains working directly with deployed units.

For example in the Navy, during the post-deployment return and reunion phase, Return and Reunion teams are formed from Fleet and Family Support Centers’ staff members to join the underway battle group. Team members provide workshops and briefs on topics such as finances, car buying, intimacy, and returning to children and newborns.

The Army is currently executing the Deployment Cycle Support (DCS) contingency plan that prepares Soldiers and Department of the Army civilians for returning to spouses and families. To ensure a smooth transition, Soldiers, Army civilians, and family members will participate in a number of classes, discussions, and assessments. For deployed Soldiers and Army civilians, the DCS process begins in theater and continues at demobilization sites and home stations; for family members, the process occurs at home stations. To assist active component and mobilized Guard and Reserve Soldiers and deployed Army civilians, the Army initiated a 1-800 line, the Army One Source (AOS). This program, operational since August 15, 2003, provides information and referral services 24 hours a day/7 days a week, referrals for six face-to-face counseling sessions, and crisis education materials. Additionally, the Army initiated Post-Deployment Care Management (PDCM) to provide continuous medical screening and assistance to active and Reserve soldiers and assistance for family members. PDCM covers deployment-related

health concerns, embedding deployment health care ombudsmen/advocates into primary healthcare, and other medical-related concerns in support of Soldiers and family members.

In the Air Force, Active Duty Family Support Centers (FSCs) play a critical role in every phase of deployment to include pre-, during and post-deployment. Air Force policy is that early intervention is critical to a smooth family reunion. By educating families on reunion prior to deployment, FSCs are able to monitor a family's coping skills and flag potential at-risk families.

The Marine Corps' Personal and Family Readiness Division developed a standard Return and Reunion package to provide assistance to Marines and their family members following a deployment. The package includes a "Warrior Transition" brief for returning Service members, a Return and Reunion Guide for Marines and families, and a Return and Reunion presentation for spouses.

5. Life Skills/Readiness Training

All of the military Services seek to maintain family readiness during peacetime, in order to ensure that when a deployment is ordered, families are sufficiently prepared to function in the Service member's absence, and to adapt to the new circumstances with a minimum of stress and dysfunction. Depending on the individual Service branch, the proactive promotion of family readiness through ongoing training and education programs may either be targeted to all family members generally or to family members in leadership positions, who then use their skills to promote readiness throughout the community.

6. Focus Group Perceptions of Deployment Support

DACOWITS focus group participants were asked to describe, in general terms, the support that they and their families received throughout the deployment process. Recorded comments centered on the following major themes:

- a. Linkages with available programs and services support
- b. Information dissemination
- c. Informal support

a. Linkages with available programs and services support

The most common responses to this general question dealt with the roles of specific programs, services or individuals responsible for providing support during the deployment process, and the extent to which these support systems were seen as effective. These included Family Readiness Groups, pre-deployment briefings, ombudsmen, key volunteers/spouses, the Hearts Apart program, and others. While there were a number of base-specific complaints, there was a general sense that support has improved significantly over time, and that support can vary depending on factors such as the installation, the size of the community, and its location (i.e., OCONUS vs. CONUS).

Most comments concerning family support programs and services were positive, and many participants drew attention to the fact that individuals need to take some degree of responsibility to insure their support needs are met. Factors mentioned that were conducive to a well-supported community were smaller base size, support groups run by one's social peers, enthusiastic volunteers, command attention and involvement and well-attended pre-deployment briefings.

b. Information dissemination

The topic of information dissemination was raised within about one-third of the focus groups. Family members expressed a need for a greater flow of information from command channels, and more opportunities to stay in contact with their Service member. Participants repeatedly stressed that education and information was key to minimizing problems during deployments, and that while methods for education and communication are in place, not all are able or willing to take advantage of them. Comments such as the following were common:

“The support is usually there. The only problem is that if that support is not taken advantage of, then the support will be bad. It’s all about education -- if they don’t know about the available support, they cannot take advantage of it. If they do, then problems won’t crop up as much.”

c. Informal support

As noted earlier, many military family members heavily rely upon informal support, such as that provided through friends and relatives. DACOWITS focus group participants were no exception. A minority of participants specifically expressed the preference to rely on support outside of formal programs.

“ Family Readiness Groups are too public; some people would like more private ways to address problems.”

E. ISSUES AND CHALLENGES RELATED TO THE PROVISION OF FAMILY SUPPORT FOR DEPLOYMENTS

While recent research indicates that most family members of deployed personnel are able to adapt to the stresses of deployment and cope relatively well,⁴¹ it is clear that many Service members feel the military needs to do more in the area of family support. For example, the most recent Defense Manpower Data Center (DMDC) Status of Forces Survey—a large-scale survey of military personnel from all Department of Defense Service branches—included items to assess the satisfaction of military members with their Service’s family support. With the exception of the Air Force, the percentage of personnel from each Service reporting they were satisfied with family support represented less than half of those surveyed (Air Force 55%; Navy 42%; Army 33%; USMC 33%).⁴²

There is widespread recognition that an effective communications network—linking military family members with needed resources, with each other, and with the unit in which their loved one serves—represents the chief component of a family support “infrastructure” that can serve as the basis for effective support during deployment. This infrastructure should be established and maintained in a peacetime environment, well prior to notification of pending deployment. There are a number of circumstances, some of which are interrelated, that make the development and maintenance of a permanent family support infrastructure challenging. These include but are not limited to:

1. Junior-enlisted spouse population that is at-risk, but hard to reach
2. Geographic dispersion of military families (particularly for the Guard and Reserve)
3. Under-awareness and under-utilization of available family support.

The section concludes with an overview of

4. Focus group suggestions for improving family support.

1. Junior-Enlisted Spouses: At-Risk but Hard to Reach

A consistent finding across all of the research examined here is that the population that tends to report the most difficulty adapting during deployments—families of junior enlisted personnel— is also the most difficult to reach. Many junior enlisted spouses are young and relatively inexperienced with the demands of military life. Because many of these young families live “outside the gate” in civilian communities, many are separated geographically from installation-based support resources.

Young enlisted military spouses also tend to be more separated socially from other members of the military community, compared to military families with greater rank and seniority. Many junior enlisted spouses are unwilling or unable to associate with other unit spouses or to get involved in their sponsors’ military careers. Compared to spouses in older, more experienced military families, young military spouses have fewer social, emotional, and financial resources, and are less likely to participate in organized military or unit-based family support and education programs. For example, in a recent study of spouses of activated National Guard and Reserve members, fewer than half (45%) of junior enlisted spouses reported they coped well, compared with two thirds (67%) of spouses of all other (higher ranking) personnel.⁴³

2. Geographic Dispersion of Military Families

While many important family support resources are located on the military installation, not all families of deployed Service members are able to conveniently access these resources or participate in installation-based programs. Approximately 70% of married active-duty military members and their families live in civilian rather than military housing,⁴⁴ and this is generally true of all families of personnel in the Guard and Reserve. Families of Guard and Reserve members may in fact live across the state, or across several states, from the armory or installation where their Reservist drills.⁴⁵ Regardless of the sponsor's rank or Service branch, living off-base, and particularly living far from base, inhibits awareness and use of base resources and involvement of family members with the sponsor's unit.⁴⁶

3. Under-Awareness and Under-Utilization of Available Programs and Services

Research on military family support programs and services suggests that many family members are not aware of the range and kinds of resources available to them, and in some cases are either unable or unwilling to take advantage of them.

For example, the 2002 Survey of Spouses of Activated National Guard and Reserve members found spouse attendance at pre-activation briefings to be relatively low. Of nearly 4000 military spouses of National Guard and Reserve members called to active duty, more than half (52%) reported they were not aware that such a briefing had taken place, and an additional 13% reported that they were invited but did not attend.⁴⁷ Similarly, while recent research on the awareness and use of the Army Family Team Building (AFTB) program concludes that the program helps foster self-reliance among family member participants, about half of surveyed Army personnel and family members are not aware of the program, and fewer participate in the training.⁴⁸

4. Focus Group Suggestions for Improving Family Support

DACOWITS focus group participants were asked to make suggestions for improvement of deployment support. Their responses fell under the following related themes:

- a. Changes in programs or service delivery
- b. Improvement in education and information dissemination
- c. Policy changes
- d. Command support

These themes are discussed below.

a. Changes in programs or service delivery

Suggestions for changes in existing programs or service delivery were recorded in more than half of the focus groups in which recommendations were provided. Common suggestions including extending the hours of operation of child care centers, taking greater steps to involve members of the extended family in briefings and deployment communication efforts, providing more activities and programs for teenagers, and enhancing existing e-mail and telephone opportunities for deployed personnel.

b. Improvement in education and information dissemination

Suggestions for more effective dissemination of information included delivering support-related information directly to family members rather than relying on the Service members to do so, as well as making pre-deployment activities mandatory for junior spouses and spouses of first-time deployers to attend.

c. Policy changes

Focus group participants suggested policy changes often centered on building more predictability into deployments. Suggestions included shortening the length of deployments and providing more advanced notice so that personnel

and families could better prepare. Some participants believed the military could do more to insure that families are prepared on an ongoing basis.

“Family readiness should not happen in the month before deployment. Readiness should happen year round, especially when you join the unit.”
– Senior enlisted female

Other participants recommended policy changes to enhance joint-Service cooperation that would improve access to services for family members who are in the Guard and Reserve or who live closest to an installation managed by another Service branch.

d. Command support

Command support was mentioned within roughly 20% of the focus groups. Many participants believed that leadership participation in the family readiness process is essential.

“Family support programs are very important and are a big help. The commander’s attitude is all important in establishing a family support program.”

F. PERCEIVED EFFECTS OF CHANGES IN OPTEMPO/PERSTEMPO SINCE 9/11

DACOWITS asked focus group participants to describe the ways that increases in operational tempo and personnel tempo have affected them and their family members. While not all participants acknowledged an impact, the majority felt that measurable changes had occurred in the daily lives of themselves and/or their family members. Most responses centered on one of the following themes:

1. Increased workload
2. Greater anxiety and concerns about security

DACOWITS focus group suggestions are also provided as a follow-up section to address these issues.

3. Suggestions provided by DACOWITS family focus groups concerning OPTEMPO

1. Increased Workload

Comments indicating that the average workload and/or work tempo had increased were recorded in nearly two-thirds of focus groups. Participants indicated that the increase in workload affects both Service members and family members by reducing the amount of time military personnel have available to spend with their families or to pursue non-work activities. As stated by a Service member below:

“Cross decking ... going from one deployment to another and immediately being shipped out again is hard”

2. Greater Anxiety and Concerns about Security

Anxiety levels have also been raised, particularly among family members. There is an increased sense of threat on many installations, made all the more visible by heightened security measures with which personnel and their families must cope when conducting their affairs on base. These themes were mentioned in 39% of the focus groups. They are also evident in this comment made by a senior enlisted Service member stationed in Yuma:

“There is a lot more to do know, more missions to complete, and we’re doing it all with the same amount of personnel. That increases the amount of deployments, the amount of stress on families. One of the biggest worries my wife has is the possibility of terrorist attacks against our bases.”

3. Suggestions Provided by DACOWITS Family Focus Groups Concerning OPTEMPO

When asked to recommend changes for the provision of family support in light of increasing OPTEMPO/PERSTEMPO, DACOWITS focus group participants offered many suggestions reiterating themes reported earlier: predictability and flexibility in assignments, increased resources for family support services, expanded child care hours, and the need for timely and accurate information about upcoming deployments. One senior Navy officer explained:

“We don’t need more programs; we need better notification. One [Navy] wife was told she was going to Norfolk for a month, and the day before she left, she was told that it would be Guam for a year instead.”

A family member stationed overseas states:

“Look at better ways to get information out to the families on a timely basis and educate spouses on what is happening, and work with deployed sailors on the importance of keeping the family up to date on what is happening—before and during deployments.”

G. SUMMARY

During DACOWITS focus groups in 2003, one of the most common themes in the area of recommended improvements in family support during deployments concerned the communication of information. All Services have deployment support programs and are working to improve them based on recent experiences. The fact remains that there are still too many family members who are either unaware of these programs or choose not to use them for undetermined reasons.

While each of the military Services has developed the support services, programs, resources and activities that they perceive best meet the needs of their members and families, several characteristics of contemporary military operations— including increasing reliance on the Guard and Reserve, and the deployment of personnel in joint-force environments— suggest a need for joint-Service cooperation and adaptability and flexibility in the methods used to deliver support for families of deployed personnel.

The DoD Office of Family Policy recently sponsored a mobilization/deployment working group meeting with Total Force representation. Convened for the purposes of identifying current family support issues that require special emphasis and planning, the Joint Family Support Contingency Work Group has been tasked with providing recommendations for a strong personnel and family readiness posture. In order to achieve their goal of insuring that 100% of families are educated and informed about available deployment support resources, recommendations being put forward by the Work Group include establishing Inter-Service Family Assistance Centers (FACs), crafting policy that all FACs will serve Total Force families, and establishing FACs in the civilian community to improve access for family members living off the installation.⁴⁹

A recent memorandum from the Principal Deputy Under Secretary of Defense for Personnel and Readiness acknowledges that, since Operation Desert Storm, the Services have made significant improvements in the provision of family support during each phase of deployment. The memorandum stresses however, that the Services must continue to prepare and plan for unforeseen circumstances, and to develop creative solutions to address them.⁵⁰

IV. WOMEN'S HEALTH CARE ISSUES

A. INTRODUCTION

DACOWITS reviewed contemporary health care issues affecting military women and military family members. They placed particular emphasis on data bearing upon the issue of OB/GYN care in Military Treatment Facilities (MTFs) because, effective 28 December 2003, the National Defense Authorization Act has eliminated the requirement for non-availability statements or pre-authorizations for TRI-CARE Standard OB/GYN patients. Implications of this policy change, which could include a loss of OB/GYN customers from MTFs, require that the military examine its approach to the provision and delivery of care in this area. Also, the Committee was asked by DoD to look at prenatal care rates among military women. (See Appendix J.) These topics were explored in detail in the focus groups conducted by DACOWITS in 2003.

Information provided in this report is drawn from a variety of sources, to include DACOWITS focus group findings, academic literature and technical reports prepared by experts in military medicine and military health care, as well as recent surveys of military personnel and military family members. The Committee considers it important to differentiate between general satisfaction (survey data) and the intense dissatisfaction of some, perhaps a significant portion of participants in focus groups when discussing health care. Each section will present data drawn from the general studies and the focus groups. The Committee's goal was to go beneath the surface, in the relatively small sample taken, to discover more about how people feel about these issues. The information contained in Women's Health Care Issues is presented in the following sections:

- B. Perceptions of health care provided to military women and military families
- C. OB/GYN Care (military women and female family members)
- D. Prenatal care among military women
- E. Summary

Where applicable, recommendations are provided which reflect the opinions of the military and civilian health care professionals and researchers cited throughout the report. It is important to note that, while the instrument employed during DACOWITS focus groups specifically addressed OB/GYN care, in practice, it was not unusual for participants to move from a description of OB/GYN experiences to topics related to military health care more generally. This "dually-focused" data is managed by incorporating findings that clearly pertained to general health care under "Perceptions of Health Care Among Military Women and Military Family Members."

B. PERCEPTIONS OF HEALTH CARE AMONG MILITARY WOMEN AND MILITARY FAMILY MEMBERS

This section highlights survey research findings in the following three areas:

1. Military women's overall perceptions of military health care
2. Military family members' overall perceptions of military health care
3. Satisfaction with military health care compared to civilian sector benchmarks.

1. Military Women's Overall Perceptions of Military Health Care

According to a number of independent data sources, including the 2002 Health Care Survey of DoD Beneficiaries (2002 HCSDB—sponsored by TRICARE) and the 2002 Status of Forces Survey of Active Duty Members (2002 SOF Survey—conducted by the Defense Manpower Data Center), overall, most military women across DoD are satisfied with the health care they receive.

DACOWITS focus group results differed significantly from these published survey findings. Focus group data collected by DACOWITS during its 2003 site visits found that Service member satisfaction with health care differed across rank.⁵¹ Groups of junior enlisted personnel were more likely than those composed of more senior personnel to express dissatisfaction with the quality of care and the service they receive in MTFs. For example, comments

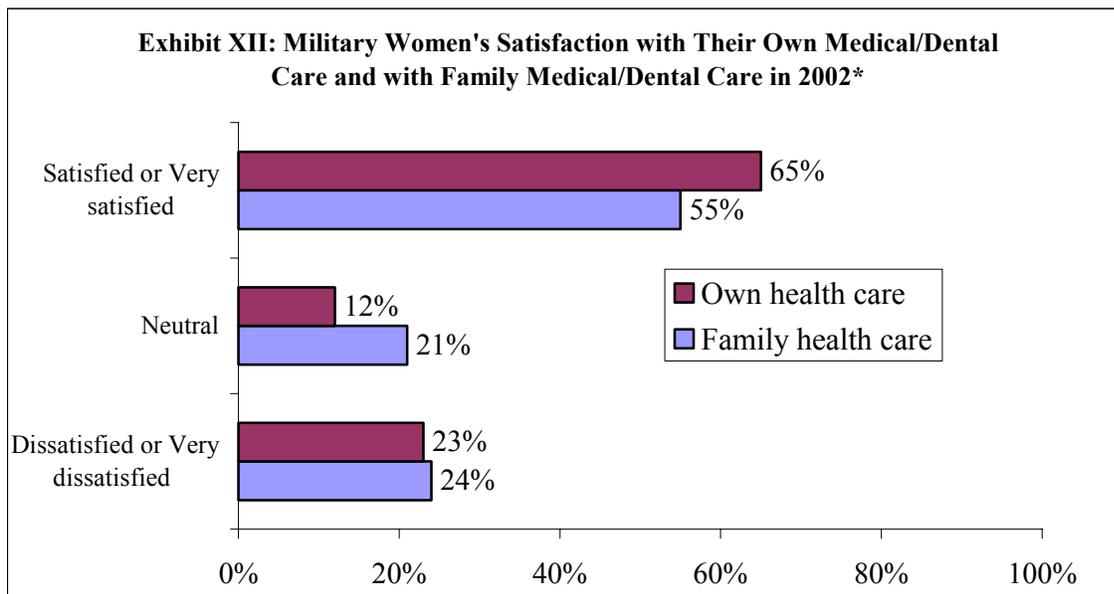
from junior enlisted personnel suggested they were “treated as a guinea pig,” were “herded through like cattle,” and received “assembly-line care.” Junior enlisted personnel were also more likely to attribute the quality of care received in the MTF to patient rank, as illustrated by the following comment from a junior enlisted woman:

“You’re looked down upon by the Navy doctors for being a junior enlisted female. You have to risk your long-term health because the Lieutenant doesn’t want to listen.”

Committee members heard comments from female officers that also contributed to an overall view that many military women consider their care less than satisfactory. Although survey data and many focus group participants acknowledged there have been improvements, health care issues continue to be a significant source of concern for military women.

Results from the 2002 HCSDB indicate that, on a scale of 0-10, active duty TRICARE beneficiaries reported a mean (average) rating of 6.9 for the health care they received in MTFs during the past year, a value on the “satisfied” side of neutral, and that has steadily increased since 1999.⁵² There were no significant differences reported between active duty men and women in their ratings of military health care.

Similarly, data from the 2002 SOF Survey indicate that about two-thirds (65%) of active duty women respondents reported they were either satisfied or very satisfied with their medical/dental care, a percentage not substantially different from that reported by male Service members (61%). As was true for active duty men, active duty women respondents on the 2002 SOF Survey were more positive about their own health care than about family health care. Slightly more than half (55%) of applicable⁵³ military women were satisfied or very satisfied with family medical/dental care. These differences in appraisals of personal vs. family medical/dental care, documented in the 2002 SOF Survey, are shown in Exhibit XII.



* Source: 2002 Status of Forces Survey

2. Military Family Members’ Overall Perceptions of Military Health Care

While the 2002 SOF Survey did not include family members, two other independent surveys did—the 2001 Survey of Army Families (*SAF IV*) and the 2002 USMC Quality of Life (QoL) Study. They suggest that family member perceptions of their military medical care are not substantially different from those of active duty military women. Slightly less than two-thirds (62%) of respondents on the *SAF IV* (the large majority of whom represent female spouses of military men) reported that they were satisfied or very satisfied with Army medical care.⁵⁴

Similarly, the 2002 USMC QoL Study reports that mean family member satisfaction with their health care in the Marine Corps was 4.66 on a 7-point scale.⁵⁵ In both of these studies of military family members, satisfaction with health care was not related to the rank of the military sponsor.

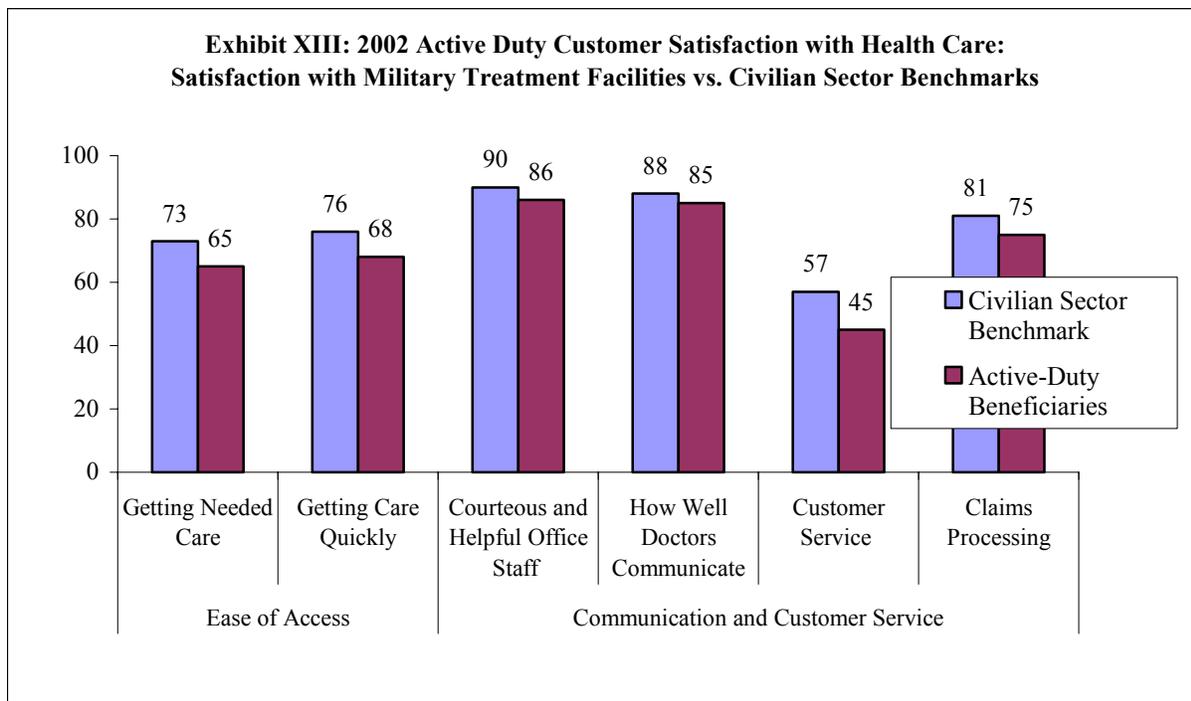
DACOWITS family member focus group results revealed issues centering on the customer service orientation of the MTF and access to care. These issues came up in 50% of the family focus groups. An officer family member’s comment on customer service orientation was revealing:

“Some patients refuse to be seen because they don’t like the treatment they’re getting.”

Again, while seen as improving, family members’ perceptions of care were revealed as a significant issue. Among those who were dissatisfied, some critiqued the quality of the medical care, and some dissatisfaction stemmed from administrative difficulties (appointments, paperwork, confidentiality, and interpersonal skills of physicians).

3. Satisfaction with Military Health Care Compared to Civilian Sector Benchmarks

Survey data collected on the 2002 HCSDB indicate that, when benchmarked against standards established in the civilian health care arena, Service member satisfaction with a number of aspects of military health care falls short of that measured in the civilian sphere. According to TRICARE Consumer Reports (which publishes HCSDB findings), specific areas in which customer evaluations of the military health system lag behind those recorded for civilian health care facilities include ease of access, communication and customer service (Exhibit XIII).⁵⁶



Scores represent the percentage of respondents selecting the most positive response categories (i.e., the percentage reporting that their provider “always” or “usually” handled their claim correctly).

Source: TRICARE Consumer Reports.

DACOWITS focus group findings from 2003 corroborate that, in the view of military beneficiaries, care in MTFs falls short of that provided in the civilian sector. Given the option to choose where they receive care, it was clear that a majority of focus group participants would choose the civilian sector. Though some DACOWITS focus group questions focused on OB/GYN care, participants’ responses also shed light on their perceptions of how MTFs and civilian sector health care compare more generally. At least two areas of general dissatisfaction with military health

care (i.e., themes not germane to OB/GYN care exclusively) emerged from DACOWITS focus groups, and these concerns reinforce information presented in Exhibit XIII.

a. Customer service and provider communication issues

About one-third of focus groups raised concerns about customer service and provider communications issues, specifically, how MTF providers treat patients—in the interpersonal rather than the clinical sense. Also, focus group participants expressed concerns about MTF providers who are inconsiderate, fail to listen to their concerns, leave the patients feeling as though they were not individuals, and have “negative attitudes.”

Other customer service concerns addressed the military health care system in general. Focus group participants described a “get them in, get them out” approach to treating patients, indicating that some providers assumed that “everyone who comes to the clinic is just trying to get out of work.” (Note that not all of the focus group participants who commented about MTF customer service had civilian health care experience on which to base an informed comparison.)

b. TRICARE issues

Military beneficiaries who seek civilian health care generally rely on TRICARE to cover much of the cost, making TRICARE an integral aspect of their civilian health care experience. Comments about TRICARE—including coverage, claims processing issues, and out-of-pocket expenses—were made in roughly 20% of the 42 focus groups containing participants with civilian health care experience. Service members ascribed billing difficulties associated with using civilian health care to MTF and TRICARE personnel, rather than civilian facility personnel. Concerns about the substantial costs incurred for prescription medication and co-payment of medical services were raised in focus groups of family members as well as Service members. Most comments came from male Service members. Some of their comments follow:

“My wife got great care in the civilian [facility]. The problem is TRICARE. I get so many bills because TRICARE doesn’t want to pay for it.”

—Junior enlisted male

“I looked them up on the web and I called TRICARE, and they told me they don’t pay for that. If my wife is going to the [civilian] doctor, she is going to pay for all of it.”

—Junior enlisted male

An additional difficulty associated with TRICARE, although mentioned infrequently in the DACOWITS focus groups, is that not all civilian providers accept TRICARE reimbursement.

C. OB/GYN CARE

The perceptions of female beneficiaries—both military and family members—concerning the OB/GYN care they receive within the military and civilian health care systems was a major topic pursued by DACOWITS during 2003. The instrument employed during DACOWITS focus groups contained specific questions on OB/GYN care. Findings that clearly pertained to general health care were presented earlier under “Perceptions of Health Care Among Military Women and Military Family Members.” DACOWITS focus groups and other research provided insight into aspects of OB/GYN care:

1. Focus group perceptions of military OB/GYN care
2. Research on customer satisfaction with military OB/GYN care
3. Focus group perceptions of military vs. civilian OB/GYN care
4. Focus group suggestions for improving OB/GYN care in MTFs
5. Research suggestions for improving OB/GYN care in MTFs

Each of these topics is discussed in this section.

1. Focus Group Perceptions of Military OB/GYN Care

Though some DACOWITS focus group participants expressed pleasure with their OB/GYN care in military facilities, discontent with military OB/GYN was much more common. Specific aspects of military OB/GYN care that generated dissatisfaction are discussed below.

a. Poor quality of OB/GYN care

Over one-half of the DACOWITS focus groups expressed concerns with quality of care. These concerns centered on perceived provider competence, provider qualifications, and customer service. Concerns about staff qualifications were reflected in statements such as these:

“...our young physicians do not have the experience to deal with [pregnancy]”
—Senior female officer

[I have] “little confidence in the technicians doing the ultrasound”
—Senior enlisted male

One participant recalled an incident in which a physician did not know what to do during a miscarriage. This participant suggested that there are oversights occurring in military treatment facilities (MTFs) that result in misdiagnoses and even miscarriages.

Focus group participants expressed concerns that the role of the MTF as a venue for training military physicians and other health care providers detracts from the quality of care they receive. For instance, a male Service member in a junior enlisted focus group reported that the delivery of his baby was used as a teaching tool, which he and his spouse resented. Similarly, a female family member suggested that, in military OB/GYN, “you are a science project.”

Active duty women and female family members were more likely to express dissatisfaction with the quality and performance of OB/GYN providers than male partners of OB/GYN patients.

b. Lack of access to OB/GYN care, including the appointment system

Approximately one-half of the focus groups expressed concerns about access to care. Issues of access tended to center around the military’s appointment system, the long wait-time required to receive an OB/GYN appointment (e.g., some participants indicated that regular GYN appointments must be booked at least six weeks in advance), and the limited number of available appointments. Some groups mentioned the problem of getting appointments if they were frequently deployed.

Difficulty in getting the type of care patients believe is warranted was also cited as an issue, particularly among female military family members. Individuals at some installations thought that it was military health care policy to restrict the first OB appointment to the end of the third month after the pregnancy was confirmed. The following is a sample of comments related to access to military OB/GYN care:

“...the soonest OB appointment was 3 months away, even after [my wife’s] pregnancy was confirmed.”
— Senior male officer

“ If an OB/GYN is not available in 30 days, it is not good enough.”
—Senior enlisted male

Comparative studies between MTFs and civilian health care facilities of access to OB/GYN care and wait times for appointments is not available.

DACOWITS focus group participants also provided a number of anecdotes highlighting the frustration of female Service members who felt that care they required was not forthcoming. One female Service member shared her account of a military physician who observed that her baby was too large for her frame but failed to take appropriate

action. Another Service member volunteered an account of a provider's refusal to draw blood to confirm a suspected pregnancy.

c. Lack of Continuity of OB/GYN care

Continuity of care, which refers to the ability to consult with the same provider on a return visit, emerged as a concern in approximately one-third of the focus groups. Participants in focus groups of female military personnel and female family members reported that, over the course of medical treatment for a pregnancy, they generally do not see the same provider twice when using the military health care system.

Participants reported discomfort dealing with multiple providers and expressed frustration with having to recount their medical histories for each new provider and the limited amount of useful time they can spend with their provider. Male and female Service members as well as family members were in agreement that continuity of OB/GYN care is a problem within MTFs. Medical personnel training, temporary duties, deployment of medical personnel, and the limited size of many MTFs are obstacles to continuity in care. These facilities have a greater complexity of tasks than civilian HMOs.

d. Lack of privacy and confidentiality regarding OB/GYN health care

Participants within roughly 20% of the focus groups identified privacy and confidentiality of medical issues and medical records as a concern. Focus group participants observed that confidential records are too easily accessed in military treatment facilities. Also, anecdotes were shared in which private medical issues were discussed in inappropriate venues, in one case, a community club, and in another, the barracks. The concerns about privacy and confidentiality were expressed primarily by female Service members, both officer and enlisted, and were fairly evenly distributed among the Services.

2. Research on Customer Satisfaction with Military OB/GYN Care

The above concerns over health care delivery are consistent with and strongly reinforce survey research findings on customer satisfaction with military OB/GYN care. For example, in her review of data from the Picker Survey, individual Service surveys, and the *HCSDB*, COL E. Cameron Ritchie, PhD, Program Director, Mental Health Policy and Women's Health Issues, Office of the Assistant Secretary of Defense (Health Affairs), notes that the following areas were sources of discontent among military OB/GYN patients:⁵⁷

- Access to gynecological care
- Difficulty getting appointments
- Variable continuity of care
- Poor communication between patient and provider

These sources of dissatisfaction with military OB/GYN care were corroborated by the DACOWITS focus groups.

3. Perceptions of Military vs. Civilian OB/GYN Care

Participants in more than two-thirds of the 61 focus groups held by DACOWITS had experience with OB/GYN care in civilian facilities. Focus group participants who could speak to this issue overwhelmingly believed that OB/GYN care provided in civilian treatment facilities is superior to that received in military facilities. Care provided in civilian facilities was described as "all the way around greater" than that provided in MTFs. Few participants reported negative experiences related to the OB/GYN care received in a civilian facility.

Focus group participants' comments regarding the superiority of OB/GYN care in the civilian sector were centered primarily on their appraisal of the quality of care. The following quotes illustrate focus group participants' appraisals of civilian OB/GYN care:

"Greater respect for the patient"
—Senior enlisted female

“[Civilian providers have] more knowledge of treatment for difficult pregnancies”
—Senior enlisted male

“[Civilian facilities have] better facilities with more technology (i.e., ultrasound)”
—Senior enlisted female

4. Focus Group Suggestions for Improving OB/GYN Care in MTFs

DACOWITS focus group participants provided many recommendations for improving the military health care system overall and OB/GYN care in particular. In order of frequency, specific recommendations provided by participants included:

- a. Improve the quality of OB/GYN care
- b. Maximize continuity of OB/GYN care
- c. Improve customer service and provider attitudes towards patients
- d. Improve clinic/hospital/MTF OB/GYN staffing
- e. Revise the OB/GYN appointment system
- f. Enact OB/GYN health care policy changes
- g. Ensure and increase privacy and confidentiality regarding OB/GYN health care

These suggestions are discussed below.

a. Improve the quality of OB/GYN care.

Suggested improvements to enhance overall quality of care were recorded within 40% of groups that made recommendations. Recommendations in this area included standardizing care to ensure that Service members can expect the same support, regardless of base assignment. Service and family members using the OB/GYN services at the Landstuhl, Germany military hospital were very pleased with the standard maternity guide, “Pregnancy and Childbirth – A Goal-Oriented Guide to Prenatal Care,” they were issued. At the same time, Service members expressed that military health care providers should not sacrifice treating patients as individuals in the quest for “cookie cutter” efficiencies. Suggestions were also made to enhance the training and professional qualification of OB/GYN health care providers.

b. Maximize continuity of OB/GYN care.

This recommendation was made in approximately one-third of groups that provided recommendations. Participants emphasized their desire to interact with a physician who is familiar to them and who is aware of their individual needs and medical history.

c. Improve customer service and provider attitudes towards patients.

Service members and family members in about one-fourth of the groups that provided recommendations sought improvements in the customer service orientation and communication skills of providers, to ensure that patients are listened to and not ignored. Less reliance on the “15-minute policy” was suggested as a way to eliminate patients’ perceptions of rushed care.

d. Improve clinic/hospital/MTF OB/GYN staffing.

Improved staffing was recommended in slightly less than one-fourth of the focus groups providing recommendations. Participants’ recommendations included hiring more personnel and contracting with civilian physicians to ensure coverage during large deployments.

e. Revise the OB/GYN appointment system.

Improving the appointment system, so that active duty personnel and family members do not have to wait weeks for an appointment, was recommended in 20% of focus groups that offered recommendations. Focus group participants

also suggested making it easier to obtain referrals and reducing the inconvenience of the appointment process for both providers and beneficiaries. Recommendations regarding the appointment system were made most often by senior enlisted and officer focus group participants, possibly due to the fact that these Service members are more likely than junior personnel to have spouses and children, and thus to make regular use of the military health care system.

f. Enact OB/GYN health care policy changes.

Specific policy changes were suggested in 20% of groups providing recommendations. The kinds of policy changes suggested included allowing the option to choose one's provider, as done under civilian insurance plans, and outsourcing women's healthcare.

g. Ensure and increase privacy and confidentiality regarding OB/GYN health care.

A handful of those groups that offered recommendations, suggested enhancing privacy and confidentiality by placing more emphasis on providers' ethical and professional responsibilities in these areas, particularly in safeguarding information on patients.

5. Research Suggestions for Improving OB/GYN Care in MTFs

The recommendations the DACOWITS focus groups generated for improving MTF OB/GYN care—regarding quality of care, customer service, continuity of care, staffing, the appointment system, policy change, and privacy and confidentiality—are similar to those provided by Ritchie⁵⁸ in her review of the literature and survey research. Some of Ritchie's recommendations, which entail both short-term and long-term solutions, include:

Offering family-centered OB care where fathers and other family members are welcome

Providing well-marketed, state of the art quality care through adherence to well-established professional guidelines (e.g., American College of Obstetrics and Gynecology)

Providing friendly patient and family-centered staff

Improving appointment setting

Enhancing communication between patient and provider by answering questions and tailoring individualized birth plans for customers

Ensuring continuity of prenatal, perinatal and postpartum care by an individual or team that is familiar with the customer's medical needs.

The Department of Defense TRICARE Management Activity announced August 27, 2003 that it has initiated a new program to better serve expectant mothers who receive care in MTFs. The new family-centered care initiative offers expectant mothers and their families standardized services that start with the first obstetric visit, through birth, and follow-on pediatric care. This new family-centered care initiative also encourages MTFs to offer improved access to gynecological care, first-trimester appointments, stork parking, assistance with scheduling future appointments, individualized prenatal education, and to the maximum extent possible, private postpartum rooms and lactation support programs.

D. PRENATAL CARE AMONG MILITARY WOMEN

With an estimated 10% of military women pregnant at any time⁵⁹, pregnancy is a prevalent condition in the military and has significant ramifications for both the military and for the pregnant woman and her child. The 1998 DoD Health Related Behaviors Survey found that military women are less likely to seek prenatal care during their first trimester of pregnancy if they are enlisted, unmarried, no older than twenty, and have less than a college degree. It is important to note that military data is consistent with civilian data. (See rates of Prenatal Care Active Duty vs. Civilian in Appendix J.) One of the objectives of DACOWITS focus groups conducted during 2003 was to identify

Service members' perceptions about the reasons young enlisted pregnant women in the Armed Forces are less likely to pursue or receive prenatal care. This section covers the following information:

1. Focus group explanations for low rates of timely prenatal care among some military women
2. Focus group suggestions for improving prenatal care awareness
3. Research suggestions for improving prenatal care awareness

1. Focus Group Explanations for Low Rates of Timely Prenatal Care Among Some Military Women

DACOWITS members asked focus group participants the question, “Why do you think some active duty Service members do not seek prenatal care in their first three months of pregnancy? Out of the 53 groups that responded, the following themes emerged. They are listed in order of frequency mentioned.

- a. Impact of pregnancy on work climate, job assignment or career/Fear of stigmatization
- b. Denial or unawareness of pregnancy
- c. Lack of education regarding the need for early prenatal care
- d. Unwilling or unable to schedule an appointment
- e. Perception that the medical community waits until the second trimester for prenatal care

These focus group results are discussed in more detail below.

a. Impact of pregnancy on work climate, job assignment, or career/Fear of stigmatization

This was by far the most common explanation for why young female Service members tend not to seek timely prenatal care. Recorded in over one-half of the focus groups, both male and female focus group participants expressed the belief that prenatal care is put off as long as possible because revealing a pregnancy has negative work-related consequences and can impact Service women’s careers. These consequences include differential treatment of pregnant women by supervisors and/or coworkers, resentment from coworkers due to anticipated increases in their own workload, reassignment to less challenging job assignments, and criticism from male workers unable to accept the pregnancy as a natural life event for a woman in the military. Female Service members, in particular, expressed the fear that pregnancy will result in stigmatization and in a devaluation of their competence, ability and career mobility. Additionally, participants recognized that after a pregnancy has been identified and annotated on a woman’s medical profile, pregnancy-related work restrictions could disadvantage her professional development and timely promotion (e.g., missed training opportunities). The following quotes illustrate participants’ concerns regarding revealing pregnancy:

“...men in charge may not understand what’s involved. There’s a stigma for pregnant soldiers.”
—Female family member

“Pregnancy will always affect the mission. You are a body and are not good to them if you are pregnant.”
—Senior enlisted female

b. Denial or unawareness of pregnancy

Participants in approximately one-third of the focus groups believed that young mothers do not seek early prenatal care because they are often in denial about the pregnancy or do not know that they are pregnant. Some participants noted that the young mothers might be undecided about whether to continue with the pregnancy.

c. Lack of education regarding the need for early prenatal care

Participants in slightly less than one-third of focus groups suggested that young Service women lack education and experience regarding prenatal care. This explanation came from focus groups comprised of senior enlisted, junior officer, and senior officer personnel. Notably, it was not typically mentioned by focus groups of junior enlisted women.

d. Unwilling or unable to schedule an appointment

Participants in slightly more than one-fourth of the focus groups identified difficulties with the appointment system as a barrier to timely prenatal care. In addition, several focus groups suggested that Service women are too busy to make time to schedule an appointment, much less set aside time to attend appointments.

e. Perception that the medical community waits until the second trimester for prenatal care

Participants within about ten percent of the focus groups offered this explanation. Participants suggested that the perceived policy of beginning prenatal care in the second trimester might have to do with lack of staff and a higher rate of miscarriage during the first trimester of pregnancy.

2. Focus Group Suggestions for Improving Prenatal Care Awareness

In addition to identifying the barriers that seem to prevent some young Service women from obtaining timely prenatal care, 35 DACOWITS focus groups provided recommendations for overcoming them. In order of frequency, these suggestions included:

- a. Promote pregnancy education
- b. Endorse greater acceptance/tolerance of pregnancy
- c. Market prenatal services

These recommendations are discussed in more detail below.

a. Promote pregnancy education.

By far the most common suggestion for improving the rate of prenatal care within the military, made within about one-half of the focus groups, was to provide education on prenatal care for young mothers-to-be. The maternity guide, “Pregnancy and Childbirth – A Goal-Oriented Guide to Prenatal Care,” (DoD publication) was praised as very effective in this regard. Similar to the recommendation made by Evans and Rosen, participants identified the need for more training on family planning in the Armed Forces. Consistent with junior enlisted women’s beliefs that the causes of lower rates of prenatal care among junior enlisted women are work-related, junior enlisted focus group participants typically did not recommend additional education as a remedy for low rates of prenatal care.

b. Endorse greater acceptance/tolerance of pregnancy.

Participants within slightly more than one-fourth of those groups that provided recommendations suggested that the military adopt a greater level of acceptance or tolerance of pregnancy as a natural life event as a way to improve rates of early prenatal care. Although no concrete recommendations were given, education of all Service members and especially senior leadership is a start.

c. Market prenatal services.

Participants within about 20 percent of the focus groups suggested improved marketing and advertising of prenatal services to increase awareness of what is available.

3. Research Suggestions for Improving Prenatal Care Awareness

Study authors Evans and Rosen offer a number of recommendations based on their research findings. These recommendations, particularly those that call for the education of personnel in the areas of family planning and pregnancy, were similar to recommendations made by DACOWITS focus group participants as potential strategies toward maximizing prenatal care among pregnant military women. Most of these involve mandatory education and training programs for Service members.

Provide education and training on family planning, pregnancy, and existing pregnancy policy.

Eliminate the myths and stereotypes regarding pregnant personnel through information.

Create a supportive work environment for pregnant personnel.

Educate Service members on attrition of women following pregnancy.

Publicize the contribution of women to military readiness.

The Canadian Forces also recommend a standardized education and training on pregnancy. They have produced and utilize a guide entitled “Baby on the Way! Pregnancy in the Canadian Forces: A Survival Booklet.”

E. SUMMARY

This report has provided an overview of health care issues for women in the military community—to include both military women and female family members. Focus group data collected by DACOWITS in 2003—as well as data collected during extensive surveys of the military community—suggest that, while military women and female military family members are relatively satisfied overall with military health care, they tend to have negative perceptions of both quality of care and customer service, to include the area of OB/GYN, and believe OB/GYN care is far superior in the civilian sector. This report has highlighted the major concerns articulated by the military’s chief OB/GYN customers—active duty military women, female military spouses, and their active-duty sponsors.

V. FINDINGS AND RECOMMENDATIONS

Information in this section follows the sequencing of the body of the report. The order does not imply priority.

A. PERSONNEL RETENTION

The DACOWITS focus group questions were designed in part to help provide a more thorough understanding of retention rates. Of particular interest was information that would illuminate the Defense Manpower Data Center (DMDC) finding that female officer retention rates are somewhat lower than for males for the DoD Services, and the OSD (P&R) finding that the continuation rate for female officers continues to be lower than that of males until the 10th year of service and from the 20th year until the 26th year of service. Initial information received indicated other factors, such as source of commissioning, could be at least as relevant as gender. Additional information and work is needed in this area before Findings and Recommendations on this specific issue can be made.

1. Access to Benefits

a. Findings

- i. During focus group discussions, male and female personnel on active duty and in the Guard and Reserve, as well as family members, identified the availability of benefits (such as health care, retirement pay, and use of commissary and exchange) as the primary reason for remaining in the Service. Other tangible factors mentioned (in order of frequency) were career development opportunities, job security, job characteristics, and pay. Intangible factors included (in order of frequency) love for the job, time invested, pride in service, and military lifestyle.
- ii. The DACOWITS finding that the access to benefits was important to all Service personnel and their families as a factor in retention was consistent with earlier studies (e.g., Navy Argus database) in which military personnel had identified the same benefits as having a positive influence on their decision to stay in the Service.

b. Recommendation

DACOWITS recommends that benefit eligibility for Guard and Reserve members and families during activation be consistent with the benefit eligibility of active component members and their families, both CONUS and OCONUS.

2. Availability of Personal/Family Time

a. Findings

- i. The most frequently cited reasons to leave the military were related to family and/or personal issues. Half of the focus groups mentioned these intangible factors, with both male and female groups commenting on the lack of time available to spend with family. Active duty women mentioned the negative effect on family stability as the most important reason to leave the military.
- ii. This DACOWITS focus group finding is similar to the Active Duty Survey of 1999, in which lack of personal/family time was cited as the first reason for female officers and the second reason for male officers to consider leaving active duty.

b. Recommendations

- i. DACOWITS recommends that the Department and Services continue to explore additional options that affect personal/family time, which may include those contained in the forthcoming RAND Return on Investment Study on military leave programs.
- ii. DACOWITS recommends that the personal and family leave programs instituted by the Coast Guard (i.e., Care for Newborn Children and Temporary Separation programs) and contemplated by the Navy be evaluated as soon as

possible for their impact on retention and that this information be disseminated to the other Services and to military personnel and families.

3. Participation in Military Culture/Lifestyle

a. Findings

- i. In more than two-thirds of the officer focus groups, comments were made that differential treatment in the climate of the work environment contributes to a lower retention rate among female officers.
- ii. One-fourth of all focus groups identified “love for the military “ or “patriotism and pride” as reasons to remain in the military. This DACOWITS finding is consistent with those of the 1999 Active Duty Survey and the Moore study.

b. Recommendation

DACOWITS recommends that commanders continue efforts to ensure that the work environment is neither hostile nor discriminatory and is conducive to optimal utilization and retention of highly qualified female officers.

B. SUPPORT DURING DEPLOYMENT

The DACOWITS focus group protocols for 2003 contained questions on support to Service personnel and families pre-, during, and post-deployment that included reference to the increase in PERSTEMPO and OPTEMPO.

1. Delivery of Child Care

a. Finding

Arranging for child care was the most frequently mentioned administrative challenge faced by Service personnel and families during pre-deployment and deployment. This DACOWITS finding is consistent with earlier studies (Guard and Reserve 2002).

b. Recommendations

- i. DACOWITS recommends that DoD increase its efforts to reach its goal of providing the currently estimated need of child care spaces, as identified by the Office of Children and Youth, OSD.
- ii. DACOWITS recommends that the Services address the need for greater child care availability during times of increased OPTEMPO/PERSTEMPO.

2. Availability of Information

a. Findings

- i. Focus group participants identified the delivery of reliable and timely information on deployment timelines through the chain of command as a means to moderate stress during pre-deployment and deployment. Also important was the assurance that support services would be available to family members, especially those living off installation or not in geographic proximity to a unit. Research was consistent with these findings.
- ii. DACOWITS found that Service members deployed for the first time or those in relatively new marriages or with families were identified as experiencing greater stress during pre-deployment and deployment.

b. Recommendations

- i. DACOWITS recommends that the official chain of command be emphasized as the primary source of information on deployment timetables and support services, and that this information be repeatedly disseminated on a timely basis by all available means to military and family members to reduce the opportunity for misinformation.
- ii. DACOWITS recommends that the Department evaluate the effect of enhanced family communication opportunities and short-term rest and recuperation (R&R) programs during extended deployment on Service member morale and family stress levels.

3. Access to Support Services

a. Findings

- i. Formal military support programs were less frequently utilized by junior enlisted families and by family members living off base.
- ii. Formal military support programs were viewed as less available to families of Guard and Reserve members during pre-deployment and deployment.

b. Recommendations

- i. DACOWITS recommends that the Services investigate more effective ways to communicate information about, and encourage the use of, support services, particularly to junior enlisted personnel and families who live off base.
- ii. DACOWITS recommends that activated Guard and Reserve Service members and their families be given immediate access to all services for which they are eligible (e.g., DEERS registration, exchanges, and commissaries).

4. Response to PERSTEMPO/OPTEMPO

a. Findings

- i. DACOWITS found that the stress of pre-deployment and deployment on Service personnel and family members was seen as having increased with the accelerated PERSTEMPO/OPTEMPO.
- ii. Uncertain timelines in pre-deployment were identified as logistical challenges for Service personnel and families in over half of all the focus groups.

b. Recommendation

DACOWITS recommends that, when possible, greater predictability be integrated into the deployment process.

C. WOMEN'S HEALTH CARE ISSUES

The DACOWITS focus group protocols for 2003 contained questions on women's health care issues that specifically addressed the use of military obstetric and gynecological care by women Service members and by women family members.

DACOWITS found a low rate of satisfaction with OB/GYN care in MTFs among Service personnel and family members that is consistent with findings from earlier surveys (Picker, HCSDB).

Male and female Service members and family members in the focus groups also expressed concerns with the quality of overall care in MTFs, especially in the areas of provider contact and communications.

1. Continuity of Care

a. Findings

- i. Male and female Service personnel and family member participants expressed a concern with the lack of continuity of care in the military health care system.
- ii. One-third of all focus groups reported a lack of continuity in OB/GYN care when using MTFs. Female military members and family members expressed dissatisfaction because of the inability to see the same doctor more than once during the pregnancy.

b. Recommendation

DACOWITS recommends that Service personnel and family members be provided with continuity of care in MTFs, particularly for OB/GYN patients.

2. Communication with Health Care Providers

a. Findings

- i. DACOWITS found a general dissatisfaction with military health care among the focus group participants, especially in the areas of customer service, privacy/confidentiality, and provider communications; dissatisfaction in these areas parallels and strongly reinforces research findings.
- ii. Junior enlisted personnel were more likely than senior personnel to express dissatisfaction with the quality of general care received at MTFs.
- iii. A majority of both Service and family members said they would choose to receive care in the civilian sector over care available in MTFs.

b. Recommendations

- i. DACOWITS recommends that additional safeguards ensuring patients' rights to privacy and confidentiality, such as those that currently exist in the private sector (i.e., HIPAA), be included in DoD policy to the extent feasible, widely disseminated, enforced, and included in on-going education for all health care professionals and commanders.
- ii. DACOWITS recommends that all MTF health care providers be trained in a customer service-oriented model of patient service and care which includes sufficient time and opportunity for patient-provider dialogue that conveys the importance of patient needs, especially those of junior enlisted members.

3. Access to OB/GYN Care

a. Findings

- i. A majority of focus groups expressed dissatisfaction with the OB/GYN care received in MTFs, especially in the areas of quality of care, access to care, responsiveness of the appointment system, continuity of care, and privacy and confidentiality of patient information.
- ii. Focus group participants who had experience with OB/GYN care in both a military health care facility and the civilian sector overwhelmingly reported that the care provided in civilian facilities was superior.

iii. A majority of focus groups (63%) believed that some pregnant Service members do not seek prenatal care in the first trimester for fear of a negative impact on their work climate, their job assignment, or career, and/or stigmatization by co-workers. Lack of education, denial, and unawareness were also mentioned as probable reasons for delaying treatment.

b. Recommendations

i. DACOWITS recommends that DoD/Service/installation/MTF policies and practices regarding the importance and availability of care for female military personnel and female family members during the first trimester of pregnancy be consistent with the recommendations of the American Colleges of Obstetrics and Gynecology guidelines.

ii. DACOWITS recommends that information on the above policies and practices, and the benefits of early access to OB/GYN care, be given to all military personnel, especially those in leadership positions, through regular mandatory briefings on family planning, pregnancy, physiological changes, advisable health care regimens, and job performance expectations of pregnant personnel.

iii. DACOWITS recommends that DoD direct the Service Surgeons General to develop and implement a highly visible informational outreach campaign concerning the importance of early pregnancy identification and prenatal care, in addition to the information provided by TRICARE contractors.

iv. DACOWITS recommends the wide dissemination of and education on the policies related to job assignment, duties, and responsibilities of pregnant Service members.

v. DACOWITS recommends that the system of appointment availability and scheduling be improved to increase access to care on a routine and emergency basis for OB/GYN patients.

vi. DACOWITS recommends the printing and distribution of "Pregnancy and Childbirth – A Goal Oriented Guide to Prenatal Care" (published by DoD & VA, December 2002) to all DoD MTFs for all prenatal care patients.

vii. DACOWITS recommends that, in the event of undue delay in access to MTF OB/GYN health care providers, the Services outsource OB/GYN care for female military personnel.

D. DATA

1. Finding

DACOWITS found it difficult to gather needed data affecting Service members and family members during deployment, such as evacuation rates by gender, information on the well-being of children left at station or with caregivers, non-deployable personnel and reasons for non-deployment, and Guard and Reserve multiple mobilization information.

2. Recommendation

DACOWITS recommends that the Department provide guidance to the Services to maintain relevant standardized data for effective personnel policy.

APPENDIX A CHARTER

A. Official Designation: Defense Department Advisory Committee on Women in the Services (DACOWITS).

B. Objectives and Scope of Activities: The Committee shall provide the Department of Defense, through the Principal Deputy Under Secretary of Defense (Personnel and Readiness) (PDUSD (P&R)), with advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. In addition, the Committee shall provide advice and recommendations on family issues related to the recruitment and retention of a highly qualified professional military. To accomplish this mission, the Committee shall be composed of not more than 15 civilian members, representing a distribution of demography, professional career fields, community service, and geography, and selected on the basis of their experience in the military, as a member of a military family, or with women's or family-related workforce issues. Members must be US citizens selected without regard to race, creed, gender, national origin, age, marital status or physically challenging conditions. Members are appointed by the Secretary of Defense, and shall serve as individuals and not as official representatives of any group or organization with which they may be affiliated. While the members serve at the pleasure of the Secretary of Defense, normally the term of membership is three years, with approximately one-third of the membership rotating annually. The members of the Committee shall serve without compensation, but may be allowed transportation and per diem for Government-directed travel.

C. Period of Time Necessary for the Committee to Carry Out Its Purposes: Indefinite.

D. Official to Whom the Committee Reports: The Committee reports to the PDUSD (P&R), with functional responsibilities under the staff cognizance of the Director for DACOWITS and Women's Military Matters. The PDUSD (P&R) shall appoint a Designated Federal Official (normally the Director) to approve or call each meeting, to approve the meeting agenda, to attend all meetings, and to chair meetings when so directed by the agency head. The Designated Federal Official shall have the authority to adjourn any meeting of the Committee which is not considered to be in the public interest.

E. Agency Responsible for Providing Necessary Support: The PDUSD (P&R) provides such personnel, facilities, and other administrative support necessary for the performance of the Committee's functions.

F. Duties: The duties of the Committee include assisting the Department of Defense by advising on specified matters relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Services. In addition, the Committee will advise on family issues related to the recruitment and retention of a highly qualified professional military. In carrying out its duties, the Committee serves as a conduit of information and advice to the Department of Defense on issues relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women and on family issues related to the recruitment and retention of a highly qualified professional military. Through its work, the Committee encourages public acceptance of military service as a citizenship responsibility and as a career field for qualified women in the Services. In addition, the Committee will actively promote family-related issues that will assist the Department in recruiting and retaining a highly qualified professional military.

G. Annual Operating Costs: It is estimated that the annual operating costs to support the Committee will not exceed \$500,000, which includes staff support years, meetings, per diem and travel costs. The annual person-years of Federal staff support for the Committee will not exceed five.

H. Number and Frequency of Committee Meetings: A minimum of two meetings shall be held annually.

I. Termination Date: The Committee shall terminate upon the completion of its mission or two years from the date this Charter is filed with the US Congress.

J. Filing Date: April 17, 2002

K. Date Charter Amended: October 15, 2002 and December 23, 2002

APPENDIX B DACOWITS MEMBERS' BIOGRAPHIES

Catherine L. Aspy

Catherine L. Aspy is currently the Commander of American Legion Pioneer Post 149 in Salem, OR. She served in the United States Army as an enlisted Signals Intelligence Analyst, where she performed top-secret work at a joint Service intelligence center in San Antonio, Texas. Upon separation from active duty, she became a writer and commentator specializing in issues involving women in the military. Mrs. Aspy graduated from Harvard University with a B.A. degree in 1992.

Dr. Lynda Davis

Dr. Lynda Davis is the President and CEO of Davis O'Connell, Inc., specializing in government relations and resource development. Her career has included service at the Office of Management and Budget, the U.S. Senate Budget and Appropriations Committees, the U.S. Department of Education, and the Office of the Governor of the State of Florida. Dr. Davis has a B.A. and M.A. in Clinical Psychology and an M.P.A. and Ph.D. in Public Administration and serves on the Board of the National Council for Adoption and INMED. She was a decorated signal officer in the Florida Army National Guard and the Army Reserve.

Honorable J. P. Duniphan

The Honorable J. P. Duniphan is currently a state senator for South Dakota. She served as a state representative for South Dakota for eight years where she was a committee chairman and a Majority Whip and served on the Executive Board. She is currently Chairman of the State Corrections Commission and Chairman of the Interstate Compact of Prisoners Commission. She is a business owner and a partner in Hospitality Systems Inc., Quad Investments, and the Elks II Theater. Sen. Duniphan is a member of the Employer Support of the Guard and Reserve State Committee of South Dakota and a member of the Rapid City Chamber of Commerce - Military Affairs Committee, Ellsworth Air Force Base, South Dakota. She received a B.A. from Loretto Heights College in Denver, Colorado.

Bonnie Fuller Ford

Bonnie Fuller Ford is currently employed as a registered nurse in a major medical center. She is a member of the Phi Theta Kappa Honor Society and a member of the New Mexico Cultural Heritage Council. Her vast nursing experience ranges from home health and hospice to oncology and Cardiac Rehabilitation Center Co-director. Ms. Ford is currently pursuing a Master's Degree in Nursing from the University of New Mexico.

Julie P. Hamre

Julie P. Hamre currently provides financial management services for eight non-profit organizations in the Washington area. Previously, she was the Deputy Director of the National Association for Law Placement (NALP), an association of law schools and legal employers concerned with legal career development. Former Secretary of Defense William Cohen appointed Ms. Hamre to the DACOWITS, and she was chosen by the Secretary of the Navy to be the Sponsor for the *USS Bridge*. Prior to joining NALP in 1989, she served as a legal assistant manager and recruitment administrator at two major Washington law firms. She is a co-author of *The Legal Assistant's Handbook*, published by the Bureau of National Affairs. She graduated from Muhlenberg College in Allentown, PA (Phi Beta Kappa, magna cum laude) and received a certificate in litigation from the Institute for Paralegal Training in Philadelphia.

Constance Horner

Constance Horner is currently a guest scholar in governance studies at the Brookings Institution in Washington, DC, where she studies public management reform. Previously she has served in a number of positions in the Reagan and first Bush Administrations, including Assistant to the President and Director of Presidential Personnel, Deputy Secretary of the Department of Health and Human Services, Director of the U.S. Office of Personnel Management, Associate Director of the Office of Management and Budget, and Director of VISTA, the anti-poverty volunteer program. She was a Commissioner on the U.S. Commission on Civil Rights, and has taught at Princeton and Johns Hopkins Universities. She has a B.A. from the University of Pennsylvania and an M.A. from the University of Chicago.

Lieutenant General Carol A. Mutter, USMC, Retired

Carol A. Mutter serves as the Chair, Defense Department Advisory Committee on Women in the Services (DACOWITS). She served for over 31 years in the U.S. Marine Corps, attaining the rank of Lieutenant General. Her military experience included leadership positions in logistics, data processing, financial management, and research, development and acquisitions. She ended her Marine Corps career as the Deputy Chief of Staff for Manpower and Reserve Affairs. She currently serves on the National Advisory Council of the Alliance for National Defense, is the National President of the Women Marines Association, and a Senior Fellow at the Joint Forces Staff College. She has a B.A. in Mathematics Education from the University of Northern Colorado, an M.A. in National Security and Strategic Studies from the Naval War College at Newport, RI, and an M.S. from Salve Regina College at Newport, RI.

Susan L. Patane

Susan L. Patane is the owner of SLP Communications, specializing in environmental issues. Prior to her career in public relations, she taught and coached gymnastics for 20 years. She coordinated a six-time award winning USA Weekend and Points of Life "Make A Different Day Project," a national day of volunteerism. Ms. Patane is the current Vice Chair of DACOWITS. In 2002, she served as Interim Chair, and in 2001 she served as Second Vice Chair. She also currently volunteers her expertise as the Director of Public Relations and Marketing for the California Employee Support of the Guard and Reserve. Ms. Patane received a B.A. in Human Resources from Golden Gate University.

Colonel Darryl Ladd Pattillo, USAR, Retired

Darryl Ladd Pattillo is currently President of D. Ladd Pattillo & Associates, Inc., an investment banking firm in Austin, Texas, a member of the Board of Directors of the Rotary Club of Austin, and President of the Military Affairs Council of Austin. He serves as financial advisor to numerous local governments in Texas. He is a retired Infantry Colonel, after thirty-three years in the Army Guard and Reserve. Throughout his military career, he held various leadership and staff positions, culminating in his last assignment as Deputy Legislative Assistant to the Chairman of the Joint Chiefs of Staff. Colonel Pattillo received a B.B.A. in Finance from the University of Texas at Austin. He graduated with a J.D. from South Texas College of Law and served four years as Assistant Attorney General of Texas. He is a graduate of the U.S. Army War College and the Air Force War College. Colonel Pattillo is a member of the Texas Veterans Land Board and is the Treasurer of the Reserve Officers Association of the United States.

Margaret Robson

Margaret Robson serves on the Board of Directors of the American Folk Art Museum, New York, NY, the President's Committee on the Arts and Humanities, the Vice President's Residence Foundation, Washington, DC and is a Regent for the Museums of New Mexico. She has served on the Board of Directors for Northwestern Memorial Hospital, Chicago IL, as a Commissioner for the Georgia Boxing Commission, Atlanta, GA, the Board of Directors of the College of St. Benedict, St. Joseph, MN and the Santa Fe Art Institute, Santa Fe, NM. Former President George H. W. Bush appointed her to the President's Advisory Council on Historic Preservation. Ms. Robson received her B.B.A. from the University of Minnesota.

Virginia Rowell

Virginia Rowell is a Senior Cadillac Sales Director for Mary Kay Cosmetics. She previously served as the Training Instructor for the U.S. Army Community and Family Support Training Center and as an Education Program Specialist at the Vilseck, Germany Child Development Center. She earned numerous awards and recognitions through her community involvement: the Soaring Eagle Award, the highest award for community service presented by the U.S. Army Europe; the St. Joan Medallion, the outstanding Community Service Award from the Vilseck, Germany Military Community; and the Commander's Medal for Outstanding Community Service from Fort Leavenworth, KS. Ms. Rowell earned a B.A. from Marymount College, Tarrytown, NY and attended St. John University Graduate School of Education, NY.

Colonel Vance Shaw, USAFR, Retired

Vance Shaw is a retired U.S. Air Force Reserve Colonel and a Viet Nam veteran with a Bronze Star. He currently works as a Human Resources consultant with John Snow, Inc. in Arlington, Virginia and Nassau University Medical Center in Long Island, NY. He has facilitated over 2,000 workshops on human relations and diversity. He previously served as a Visiting Professor, Urban League's Black Executive Exchange Program/BEEP, and former Secretary of the Board of Trustees, Lake Michigan College, and Member, Board of Directors, McLean, Virginia Symphony. He has a B.A. in Psychology from Texas A&M University, an M.A. in Police Administration from Michigan State University, and an M.S. in Urban Sociology from the University of Northern Colorado.

Rosalie Silberman

Rosalie Silberman was a member of the United States Equal Employment Opportunity Commission from 1984-1995. She served as Vice Chairman from 1986-1995. In 1995 she was appointed as the first executive director of the United States Congress' Office of Compliance, a newly created independent regulatory agency. The agency administers and enforces the eleven anti-discrimination, labor management relations, safety, and employment laws applied to the legislative branch by the Congressional Accountability Act of 1995. She currently serves as Chairman of the Board of the Independent Women's Forum, a national, non-partisan organization that speaks for public policies, which promote a strong military, equal opportunity, and economic growth. She received her B.A. from Smith College.

**APPENDIX C
INSTALLATIONS VISITED 2003
FOR FOCUS GROUPS**

| SITE | MEMBERS | DATES |
|--|--|----------------|
| Commander, Atlantic Fleet Norfolk, VA | Committee | February 25-27 |
| Eglin Air Force Base FL | Dr. Davis, Ms. Patane | March 17-18 |
| Naval Base Coronado CA | Ms. Ford, Mrs. Horner | March 18-19 |
| Fort Sam Houston TX | Sen. Duniphan, Ms. Robson | March 20-21 |
| Integrated Support Command, Boston, MA | Ms. Patane | March 20-21 |
| Maxwell Air Force Base AL | COL Pattillo | April 7-8 |
| New Orleans Naval Air Station Joint Reserve Base and Integrated Support Command New Orleans, LA | Ms. Ford, Mrs. Horner | April 9-11 |
| Camp Pendleton CA | Dr. Davis, Ms. Patane | June 3-4 |
| Fort Lewis WA | Mrs. Aspy, Ms. Hamre | June 10-11 |
| Naval Station & Hospital Bremerton, WA | Mrs. Aspy, Ms. Hamre | June 12-13 |
| Naval Support Activity La Maddalena, Italy | Sen. Duniphan, Ms. Patane, COL Shaw | June 16-17 |
| United States Air Forces in Europe Ramstein, Germany | Sen. Duniphan, Ms. Patane, COL Shaw | June 19-20 |
| United States Army Europe & 7 th Army Heidelberg, Germany | Sen. Duniphan, Ms. Patane, COL Shaw | June 23-24 |
| Marine Corps Air Station Yuma AZ | Ms. Robson, Mrs. Rowell | July 10-11 |

APPENDIX D

SUMMARY OF VISITS TO SERVICE ACADEMIES

The Chair of DACOWITS met with the Superintendents of each of the Service academies, including the U.S. Coast Guard Academy, during spring 2003. These visits followed the news of allegations of sexual misconduct at the Air Force Academy. The Chair met with the academy Superintendents to show interest and possible future involvement. No focus group discussions were held. The primary topic of discussions with the Superintendents was gender issues – especially sexual harassment and sexual assault.

The basic issue for the academies is that they are different from most military installations. The extended educational environment, predominant student population, and staff that is largely (if not a large majority) civilian make them unique. The Superintendents all report to the Service chiefs with limited oversight. In some cases, the academies are not included in the Service Inspector General inspection programs, or checked only infrequently. Also, inspections may include staff only or cadets/midshipmen only without looking at the entire picture. Provisions for adherence to many Service-wide requirements (e.g. command climate surveys) are frequently not implemented because of their unique status.

The academies also have a unique responsibility (and connection) to parents and to those Congressional members who sponsored the students' attendance at the academies, where applicable. They have many additional constituents including alumni, local sponsoring parents, etc.

Each of the academies excels in various processes, especially with regard to gender issues. Each can learn from the others. But, it is important to note that each is different and "one size does not fit all." For example, the Coast Guard has a relatively large percentage of female midshipmen based on their Service population and their mission. Their overall small size and relatively large percentage of women allow them to approach some things differently than the other academies could or should. The Superintendents and key members of the academy staffs have been getting together annually to share information. The meeting this year was cancelled; it was due to be held at the Air Force Academy in the spring, while the Air Force Academy needed to be focused on internal issues.

CHAIR'S OBSERVATIONS:

- Those women involved with athletics or other team activities appear to be less at risk for sexual assault than those who are not – perhaps because they have additional support groups.
- First level supervisors/leaders (e.g. company/squadron officers/senior non-commissioned officers) are very important; they must be of a high quality and trained for their positions in the academies.
- Academies have to make a special effort to ensure that as they build teams and teamwork among their students, loyalty to the team does not take precedence over the Honor Code and loyalty to the institution. This is a distinction not easily made by 18-22 year olds.
- Training/educating/encouraging young people to make good decisions with regard to their interpersonal activities is very challenging and requires constant emphasis at all levels of leadership.
- Alcohol is frequently an ingredient in sexual assault cases. It not only impairs judgment, but it can call into question the veracity of witnesses and alleged victims, making it almost impossible to prosecute perpetrators. In fact, there is frequently a perception among cadets/midshipmen that "If alcohol is involved, it can't be rape."

CHAIR'S CONCLUSIONS: There are two major areas that require attention.

- Oversight of the Academies is an area each of the Military Departments needs to review.
- Service Inspector General offices should ensure the academies and academy preparatory schools are on their list of periodic visits and inspections.
- Required Service-wide command climate surveys should be conducted at each of the academies with both student and faculty/staff populations and with at least the same frequency as required of active duty. Reports of results should be forwarded to the Service Chief (Inspector).
- DACOWITS should schedule visits (to include focus groups) to each of the academies in 2005 as part of its regular rotation of installation visits. A specific goal of the visit to the Air Force Academy should be to determine the degree to which leadership has implemented changes recommended by the 2003 investigations/

reviews and the success of those implementations. (The last DACOWITS visit to the Air Force Academy was February 1998 (support personnel only), December 1999 for the United States Military Academy (cadets and faculty), October 1999 for the United States Naval Academy (midshipmen and faculty), and April 2001 for the United States Coast Guard Academy.)

- The Honor Code, values, and respect comprise the other major area for review.
 - Academies should explore ways to ensure all members of staff and faculty (vs. only those directly responsible for these specific areas) are required to understand the Honor Code and what values are being taught, as well as to constantly reinforce them during their dealings with cadets/midshipmen, to include seemingly unrelated classes (e.g. integrity in grading papers/tests).
 - The United States Coast Guard Academy's "Think Before You Act" campaign should be evaluated for wider use. The goal of this campaign (which is run by cadets) is to help their peers think ahead and make good decisions, rather than be carried along in the moment and act inappropriately, resulting in dismissal from the Academy.

APPENDIX E
FAMILY MEMBER FOCUS GROUP PROTOCOL

FAMILY MEMBER FOCUS GROUP DEMOGRAPHIC SUMMARY

Installation: _____

Date: _____ Time: _____

Facilitator: _____

Recorder: _____

of Participants Present for Entire Session: _____

of Participants Excused due to Objection to Tape: _____

Objection:

Gender of Participant: Male Female

Info on Sponsor:

Paygrade: E1-E4 E5-E6 E7-E9 W1-O3 O4-O6

For USMC E1-E3 E4-E5 E6-E9

Service: USA USN USAF USMC USCG

Military Status: Active Duty Reserve Guard

General Description of Participants (e.g. tired, non-responsive, peppy, ...):

General Description of Room/Facility:

INTRODUCTION

Good evening and welcome to our session. Thank you for taking the time to join our discussion. My name is (your name) and my colleague is (team member's name). We are civilian volunteers serving on the Defense Department Advisory Committee on Women in the Services—also known as DACOWITS.

DACOWITS was established in 1951 and was re-chartered in 2002 by the Secretary of Defense. The Committee is composed of 13 civilian volunteers who are responsible for providing advice to the Department of Defense on issues relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. We are also tasked to examine family issues related to the recruitment and retention of a highly qualified professional military.

PROCESS

We are visiting installations throughout the country and talking to members of all branches of the military, male and female, to learn about their concerns. We are also speaking to family members to learn about their particular issues.

At the completion of our visits, we will be compiling a report that will communicate your views and concerns to the Office of the Secretary of Defense. Our report will not include particular information about the individuals with whom we speak. Rather, the report will communicate the overall substance of the views and concerns military personnel and their families share with us.

With that in mind, we invite you to participate in tonight's discussions because we are interested in learning about your experiences and your views about military life.

There is no right or wrong answer. Please feel free to share your point of view, even if it differs from what others say during our discussion.

GROUND RULES

Before we begin, let me talk about the ground rules we would like you to observe.

- ***We are very interested in your individual opinions and experiences.*** Keep in mind that we're interested in all of your comments, positive and negative.
- ***You may be assured of confidentiality.*** We want to maintain your confidentiality, and we ask that each of you respect each other's point of view by keeping it confidential. What is shared in the group discussion should not leave the group. We will also honor your confidentiality by removing names or other identifying information about the individuals who participate in the discussion when we write our report.
- ***We would like to tape record the session.*** Your opinions are important to us and we don't want to miss any of your comments. Tape recording your opinions will allow us to prepare an accurate report. An independent research firm will review the tapes in order to perform content analysis. However, the names of participants will not be included in any report. No one in your sponsor's chain of command or any other individual at this installation/base will have access to these records. Unless there are any objections, we will be tape recording today's session. [Pause and wait for any response. If there are objections, try to relieve their discomfort. If this does not work, thank them for their time, explain that it is crucial for research purposes to tape the session, and politely ask them to leave.]
- ***Please speak loud and clear.*** Only one person should talk at a time. If several people are talking, we will not hear all of your comments. Also, let me emphasize the importance of respecting one another's views—all of your individual comments are important to us.

- ***Our session will take about an hour-and-a-half.*** We will not take a formal break. The rest rooms are located (provide directions). Feel free to leave the group if you wish to stretch or use the restrooms, but please do so quietly.
- Please take a moment now to ***write down your name or nickname on the name tent*** in front of you. We will call you by this name during the session.

Note for members: From hereon, the bold items are those that should be stated out loud. All items that are not in bold are for you to select the appropriate wording, are optional, or are further instructions for you.

WARM-UP

1. Let's begin by finding out some more about each other by going around the room one at a time. Please introduce yourself by telling us your name or nickname and how long you have been a/an [Army, Navy, Air Force, Marines, Coast Guard] family member.

Thank you. Now we'd like to begin a series of questions in three areas of concern that arose from recent studies of military personnel. The three areas are Personnel Attrition/Retention, Support During Deployments, and Women's Health Care. We would like to learn more about these issues from you.

PERSONNEL RETENTION

2. By a show of hands, we'd like you to tell us about your spouse's current career intentions in the armed forces. After his/her current obligation, if applicable, does he/she intend to remain in the military, leave the Service, or is this undecided?

- a. **How many of your spouses intend to remain in the military?** Record numbers.
- b. **Leave the Service?**
- c. **Are undecided?**

3. a. For those of you whose spouses plan to stay in the Service, what are the main factors that influenced this decision?

Probes:

- Views of family members, spouse employment, OPTEMPO
- Promotion, career opportunities, service to country, working environment

b. For those of you whose spouses intend to leave the Service after their current obligation, what are the main factors that influenced this decision?

c. For those of you whose spouses are undecided, what are the main factors that will influence this decision?

4 and 5: Officer Focus Groups Only

4. A recent report on retention showed that the retention pattern for female officers differs from that of men. More specifically, female officers leave the military at a significantly higher rate than male officers between years four and twenty. What do you think may be causing this trend?

5. Can you recommend any specific strategies or steps to help retain qualified female officers in the military?

6. For everyone again, if your spouse could have an unpaid leave of absence and become a civilian or transfer to the Reserves for one or two years and then come back on active duty, would that influence the decision to stay or leave?

SUPPORT DURING DEPLOYMENT

7. Now we would like to talk about support during deployments. But before we do, we'd like to ask a preliminary question. By show of hands, how many of you have been through a deployment (i.e. spouse has been deployed)? Record number.

We are going to look at the deployment process and explore the challenges deployment brings, the support received to overcome these challenges, and your recommendations for improving the support.

8. So first, for those of you who have been through a deployment, what were the challenges you and your family members faced, including pre-deployment, the deployment itself, and post-deployment?

Probes:

- Short notice
- Financial and/or legal arrangements
- Child care arrangements/Family Care Plan
- Establishing points of contact w/ unit
- Marital/family difficulties
- Loneliness/isolation
- Communication w/ family or Service member
- Availability of information about the deployment, etc.
- Readjustment /role changes
- Changes in family members
- Difficulties with pay or other administrative problems
- Health care/benefits, etc.

9. How would you describe the support you and your family received throughout this whole process?

10. What improvements can the Services make to better support you and your family during the deployment process?

11. For everyone again, have recent changes in OPTEMPO/PERSTEMPO (operational tempo/personnel tempo) related to the global war on terrorism affected your spouse and/or your family? If so, how?

Probe:

- Since September 11, 2001, have there been changes, either positive or negative, in your spouse's job or on the installation that affected your spouse or your family? Please describe these changes and their impact.

12. What kinds of changes in family support would be most important to you in light of increased OPTEMPO/PERSTEMPO related to the global war on terrorism?

WOMEN'S HEALTH CARE ISSUES

Now, we would like to ask some questions about women's health care.

13. First, by a show of hands, how many of you have experience (either personally or within your family) with obstetrics and gynecological care related to pregnancy while your sponsor was on active duty? Record number. If none, go to question 17.

14. Of those of you who raised your hand, how many of you received ob/gyn care related to pregnancy within military health care facilities? Record number. If none, go to question 15. **What do you think about the care you received in the military facilities?**

Probes:

- Access to care
- Quality of any particular services
- Confidentiality of health care received
- Satisfaction with hygiene facilities (showers, bathrooms, hand-washing, and availability of personal hygiene products)
- Vaccinations – screening for pregnancy

15. Of those who have experience with pregnancy while your sponsor was on active duty, how many of you received some of this care in civilian facilities? Record number. If none, go to question 16. **What do you think about the care you received in the civilian facilities?**

Probes:

- Access to care
- Quality of any particular services
- Confidentiality of health care received
- Satisfaction with hygiene facilities (showers, bathrooms, hand-washing, and availability of personal hygiene products)
- Vaccinations – screening for pregnancy
- Out-of-pocket costs?

16. What recommendations do you have for military facilities to improve their obstetric and gynecological care related to pregnancy?

17. This question is for everyone. Recent data from health care surveys shows that active duty Service women do not begin to receive prenatal care as early as they should. (On average, approximately 84% of active duty members receive their initial care within the first trimester while the Healthy People 2010 goal is 90%.) **Why do you think some active duty Service members do not seek care in their first three months of pregnancy?**

18. What suggestions do you have to encourage active duty Service women to seek prenatal care sooner?

WRAP-UP

19. Are there any other topics that you would like to mention?

END

This concludes our discussion. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Office of the Secretary of Defense on these matters.

We'd like to ask you to do one more thing for us before you leave. We have a short survey that we're passing out. Please take a few minutes to complete the survey. This will help us obtain additional information on items we were not able to discuss. You are free to go after you hand in your survey. We will be available for a few more minutes if you would like to mention anything else to us privately.

Once again, thank you very much.

**APPENDIX F
SERVICE MEMBER FOCUS GROUP PROTOCOL**

FOCUS GROUP DEMOGRAPHIC SUMMARY

Installation: _____

Date: _____ Time: _____

Facilitator: _____

Recorder: _____

of Participants Present for Entire Session: _____

of Participants Excused due to Objection to Tape: _____

Objection:

| | | | | | |
|-----------|-------|-------|-------|-------|-------|
| Paygrade: | E1-E4 | E5-E6 | E7-E9 | W1-O3 | O4-O6 |
| For USMC | E1-E3 | E4-E5 | E6-E9 | | |

Gender: Male Female

Service: USA USN USAF USMC USCG

Military Status: Active Duty Reserve Guard

General Description of Participants (e.g. tired, non-responsive, peppy, ...):

General Description of Room/Facility:

INTRODUCTION

Good morning/afternoon/evening and welcome to our session. Thank you for taking the time to join our discussion. My name is (your name) and my colleague is (team member's name). We are civilian volunteers serving on the Defense Department Advisory Committee on Women in the Services—also known as DACOWITS.

DACOWITS was established in 1951 and was re-chartered in 2002 by the Secretary of Defense. The Committee is composed of 13 civilian volunteers who are responsible for providing advice to the Department of Defense on issues relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. We are also tasked to examine family issues related to the recruitment and retention of a highly qualified professional military.

PROCESS

We are visiting installations throughout the country and talking to members of all branches of the military, male and female, to learn about their concerns. We are also speaking to family members to learn about their particular issues.

At the completion of our visits, we will be compiling a report that will communicate your views and concerns to the Office of the Secretary of Defense. Our report will not include particular information about the individuals with whom we speak. Rather, the report will communicate the overall substance of the views and concerns military personnel and their families share with us.

With that in mind, we invite you to participate in today's discussions because we are interested in learning about your experiences and your views about military life.

There is no right or wrong answer. Please feel free to share your point of view, even if it differs from what others say during our discussion.

GROUND RULES

Before we begin, let me talk about the ground rules we would like you to observe.

- ***We are very interested in your individual opinions and experiences.*** Keep in mind that we're interested in all of your comments, positive and negative.
- ***You may be assured of confidentiality.*** We want to maintain your confidentiality, and we ask that each of you respect each other's point of view by keeping it confidential. What is shared in the group discussion should not leave the group. We will also honor your confidentiality by removing names or other identifying information about the individuals who participate in the discussion when we write our report.
- ***We would like to tape record the session.*** Your opinions are important to us and we don't want to miss any of your comments. Tape recording your opinions will allow us to prepare an accurate report. An independent research firm will review the tapes in order to perform content analysis. However, the names of participants will not be included in any report. No one in your chain of command or any other individual at this installation/base will have access to these records. Unless there are any objections, we will be tape recording today's session. [Pause and wait for any response. If there are objections, try to relieve their discomfort. If this does not work, thank them for their time, explain that it is crucial for research purposes to tape the session, and politely ask them to leave.]
- ***Please speak loud and clear.*** Only one person should talk at a time. If several people are talking, we will not hear all of your comments. Also, let me emphasize the importance of respecting one another's views—all of your individual comments are important to us.

- ***Our session will take about an hour-and-a-half.*** We will not take a formal break. The rest rooms are located (provide directions). Feel free to leave the group if you wish to stretch or use the restrooms, but please do so quietly.
- Please take a moment now to ***write down your name or nickname on the name tent*** in front of you. We will call you by this name during the session.

Note for members: From hereon, the bold items are those that should be stated out loud. All items that are not in bold are for you to select the appropriate wording, are optional, or are further instructions for you.

WARM-UP

1. Let's begin by finding out some more about each other by going around the room one at a time. Please introduce yourself by telling us your name or nickname, how long you have served in the [Army, Navy, Air Force, Marines, Coast Guard], your specialty, and your reasons for joining the military.

Thank you. Now we'd like to begin a series of questions in three areas of concern that arose from recent studies of military personnel. The three areas are Personnel Attrition/Retention, Support During Deployments, and Women's Health Care. We would like to learn more about these issues from you.

PERSONNEL RETENTION

2. By a show of hands, we'd like you to tell us about your current career intentions in the armed forces. After your current obligation, if applicable, do you intend to remain in the military, leave the Service, or are you undecided?

- a. **How many of you intend to remain in the military?** Record numbers.
- b. **Leave the Service?**
- c. **Are undecided?**

3. a. For those of you who plan to stay in the Service, what are the main factors that influenced your decision?

Probes:

- Views of family members, spouse employment, OPTEMPO
- Promotion, career opportunities, service to country, working environment

b. For those of you who intend to leave the Service after your current obligation, what are the main factors that influenced your decision?

c. For those of you who are undecided, what are the main factors that will influence your decision?

4 and 5: Officer Focus Groups Only

4. A recent report on retention showed that the retention pattern for female officers differs from that of men. More specifically, female officers leave the military at a significantly higher rate than male officers between years four and twenty. What do you think may be causing this trend?

5. Can you recommend any specific strategies or steps to help retain qualified female officers in the military?

6. For everyone again, if you could have an unpaid leave of absence and become a civilian or transfer to the Reserves for one or two years and then come back on active duty, would that influence your decision to stay or leave?

SUPPORT DURING DEPLOYMENT

7. Now we would like to talk about support during deployments. But before we do, we'd like to ask a few preliminary questions.

- a. First, by show of hands, how many of you have been deployed? Record number.**
- b. Of those of you who have deployed, how many of you have family members (dependents)?**
- c. Of those of you who have deployed, how many of you do not have family members?**

We are going to look at the deployment process and explore the challenges deployment brings, the support received to overcome these challenges, and your recommendations for improving the support.

8. So first, for those of you who have deployed, what were the challenges you and your family members faced, including pre-deployment, the deployment itself, and post-deployment?

Probes:

- Short notice
- Financial and/or legal arrangements
- Child care arrangements/Family Care Plan
- Establishing points of contact w/ unit
- Marital/family difficulties
- Loneliness/isolation
- Communication w/ family or Service member
- Availability of information about the deployment, etc.
- Readjustment /role changes
- Changes in family members
- Difficulties with pay or other administrative problems
- Health care/benefits, etc.

9. How would you describe the support you and your family received throughout this whole process?

10. What improvements can the Services make to better support you and your family during the deployment process?

11. For everyone again, have recent changes in OPTEMPO/PERSTEMPO (operational tempo/personnel tempo) related to the global war on terrorism affected you and/or your family? If so, how?

Probe:

- Since September 11, 2001, have there been changes, either positive or negative, in your job or on the installation that affected you or your family? Please describe these changes and their impact.

12. What kinds of changes in family support would be most important to you in light of increased OPTEMPO/PERSTEMPO related to the global war on terrorism?

WOMEN'S HEALTH CARE ISSUES

Now, we would like to ask some questions about women's health care.

13. First, by a show of hands, how many of you have experience (either personally or within your family) with obstetrics and gynecological care related to pregnancy while on active duty? Record number. If none, go to question 17.

14. Of those of you who raised your hand, how many of you received ob/gyn care related to pregnancy within military health care facilities? Record number. If none, go to question 15. **What do you think about the care you received in the military facilities?**

Probes:

- Access to care
- Quality of any particular services
- Confidentiality of health care received
- Satisfaction with hygiene facilities (showers, bathrooms, hand-washing, and availability of personal hygiene products)
- Vaccinations – screening for pregnancy

15. Of those who have experience with pregnancy while on active duty, how many of you received some of this care in civilian facilities? Record number. If none, go to question 16. **What do you think about the care you received in the civilian facilities?**

Probes:

- Access to care
- Quality of any particular services
- Confidentiality of health care received
- Satisfaction with hygiene facilities (showers, bathrooms, hand-washing, and availability of personal hygiene products)
- Vaccinations – screening for pregnancy
- Out-of-pocket costs?

16. What recommendations do you have for military facilities to improve their obstetric and gynecological care related to pregnancy?

17. This question is for everyone. Recent data from health care surveys shows that active duty Service women do not begin to receive prenatal care as early as they should. (On average, approximately 84% of active duty members receive their initial care within the first trimester while the Healthy People 2010 goal is 90%.) **Why do you think some active duty Service members do not seek care in their first three months of pregnancy?**

18. What suggestions do you have to encourage active duty Service women to seek prenatal care sooner?

WRAP-UP

19. Are there any other topics that you would like to mention?

END

This concludes our discussion. Thank you for taking the time to share your opinions and experiences with us. Your thoughts are invaluable to our efforts to inform the Office of the Secretary of Defense on these matters.

We'd like to ask you to do one more thing for us before you leave. We have a short survey that we're passing out. Please take a few minutes to complete the survey. This will help us obtain additional information on items we were not able to discuss. You are free to go after you hand in your survey. We will be available for a few more minutes if you would like to mention anything else to us privately.

Once again, thank you very much.

APPENDIX G
COMPOSITION OF DOCUMENTED FOCUS GROUPS

| PAYGRADE | FEMALE | MALE | FAMILY MEMBERS | REMARKS |
|---|--|---|---|--|
| E1 – E4 (except USMC: E1 – E3) | COMLANTFLT Norfolk NS Bremerton MCAS Yuma USAREUR Heidelberg | Ft Lewis NB Coronado Camp Pendleton ISC Boston USAFE Ramstein USAREUR Heidelberg | COMLANTFLT Norfolk Ft Lewis Eglin AFB Camp Pendleton NSA La Maddalena USAREUR Heidelberg | Combined all grades of enlisted family members |
| E5 – E6 (except USMC: E4 – E5) | Ft Sam Houston Maxwell AFB NB Coronado Camp Pendleton ISC Boston NSA La Maddalena | Eglin AFB NH Bremerton MCAS Yuma USAREUR Heidelberg NAS JRB New Orleans – Reserves | | |
| E7 – E9 (except USMC: E6 – E9) | Ft Lewis Eglin AFB NH Bremerton USAFE Ramstein - Reserves MCAS Yuma ISC Boston – Reserves | COMLANTFLT Norfolk Ft Sam Houston Maxwell AFB MCAS Yuma ISC New Orleans NSA La Maddalena ISC Boston | | |
| W1 – O3 | Ft Lewis NH Bremerton Camp Pendleton | COMLANTFLT Norfolk Ft Sam Houston Maxwell AFB ISC Boston | Ft Sam Houston Maxwell AFB MCAS Yuma USAFE Ramstein | Combined all grades of officer family members |
| O4 – O6 | COMLANTFLT Norfolk Ft Sam Houston Maxwell AFB NB Coronado | Ft Lewis Eglin AFB NS Bremerton Camp Pendleton USAFE Ramstein – Reserves NSA La Maddalena | | |

APPENDIX H

BRIEFS PRESENTED TO DACOWITS DURING FY03 BUSINESS MEETINGS

“DACOWITS,” briefed by COL Denise Dailey, Military Director, DACOWITS.

“Military Personnel Management: Human Resource Strategy (Military Personnel), Regular vs. Reserve (Initial Appointments on Active Duty), Recruiting Update, and Compensation,” briefed by Mr. Bradford Loo, Dr. Curtis Gilroy, and CAPT Chris Kopang – all from the Office of the Deputy Under Secretary of Defense (Military Personnel Policy).

“Quality of Life & Transformation: Underwriting Family Support,” presented by Ms. Aggie Byers, Office of Deputy Under Secretary of Defense (Military Community and Family Policy).

Focus Group Training, 1½ days, presented by Dr. Janice Laurence and Dr. Armando Estrada, Naval Postgraduate School.

“Department of Defense Transformation and Human Resources,” presented by Ms. Gail McGinn, Deputy Under Secretary of Defense (Plans).

Army Personnel Issues, presented by Mr. Reginald Brown, Assistant Secretary of the Army (Manpower and Reserve Affairs).

“Department of the Navy Human Resources Transformation,” presented by Mr. William Navas, Jr., Assistant Secretary of the Navy (Manpower and Reserve Affairs).

Air Force Personnel Issues, presented by Lt Col Stephen Jones, Assistant Deputy for Force Management and Services, Office of the Deputy Assistant Secretary of the Air Force (Force Management and Personnel).

"U.S. Coast Guard Orientation," presented by RADM Sally Brice-O'Hara, Director of Personnel Management Directorate, Coast Guard.

"An Overview of the National Guard Bureau: America's State and Federal Military Force," presented by Mr. Christopher Gardner, Director of the Joint Staff, National Guard Bureau.

"Women in the Army: Officer Career Plans, Reasons for Leaving, and Trends in Attitudes," by Dr. Morris Peterson, Chief, Army Personnel Survey Office, U.S. Army Research Institute for the Behavioral and Social Sciences.

"Sea Power 21," the Navy's transformation briefing, presented by CAPT Frank Pandolfe, Special Assistant to the Chief of Naval Operations for Strategic Planning.

Air Force Transformation, presented by COL (s) Raymond Rottman, Acting Director, Executive Action Group, Office of the Secretary of the Air Force.

"U.S. Marine Corps Future Concepts & Capabilities," the Marine Corps Transformation brief, presented by COL Arthur Corbett, Director, Futures Warfighting Division, Marine Corps Combat Development Command.

"Army Well-Being: The Transformation of the Human Dimension," presented by BG Steve Schook, Director, Army Human Resources Policy Directorate.

"Coast Guard Sabbatical Programs," presented by CDR Kevin Harkins, Chief, Policy and Standards Division, Office of Military Personnel, Coast Guard.

Overview of Readiness, presented by Dr. Paul Mayberry, Deputy Under Secretary of Defense (Readiness).

"The Global Security Environment," presented by Mr. William D. O'Hara III, Deputy Defense Intelligence Officer for Global Trends and Projections, Defense Intelligence Agency.

"U.S. Defense Strategy," presented by Mr. Barry Pavel, Principal Director, Office of the Deputy Assistant Secretary for Strategy, Office of the Under Secretary of Defense (Policy).

"Transforming Defense," presented by Mr. Terry Pudas, Deputy Director, Force Transformation, Office of the Secretary of Defense.

"Strategic Readiness," presented by RADM David Gove, Deputy Director, Global Operations, Joint Chiefs of Staff.

"Overview of HRSAP [Human Resources Strategic Assessment Program] and July 2002 Active Duty SOFS [Status of Forces Survey] Results," presented by Dr. Timothy Elig, Chief, Survey and Program Evaluation Division, Defense Manpower Data Center.

"Health Issues for Deployed Women" and "The OB Challenge: Family Centered Care," presented by LTC (P) E. Cameron Ritchie, Program Director, Mental Health Policy and Women's Health Issues, Office of the Assistant Secretary of Defense (Health Affairs).

"New Opportunities for Military Women: Effects on Readiness, Cohesion, and Morale," and "The Status of Gender Integration in the Military: Analysis of Selected Occupations," presented by Dr. Margaret Harrell, Senior Social Scientist, RAND.

"Influences on Navy Retention," presented by Dr. Jacqueline Mottern, Acting Director, Selection and Classification, Navy Personnel Research, Studies and Technology Department, Navy Personnel Command.

"Army Transformation: A Human Resources-Focused Overview," presented by LTC David Doane, Chief, Transformation Cell, Army G-1 Plans Division.

"Work/Family Conflict Issues for Soldiers and Families," presented by Dr. Doris Durand, Department of Psychiatry and Behavioral Sciences, Walter Reed Army Institute of Research.

"TRICARE 101," Ms. S. Dian Lawhon, MHR, APR, Director, Communications & Customer Service, TRICARE Management Activity.

"National Guard Family Program," presented by Ms. Dorothy J. Ogilvy-Lee, Chief, Family Program, National Guard Bureau.

"Marine Corps Quality of Life Programs," presented by Maj Pete Baumgarten, Operations Analyst, Personal & Family Readiness Division, Headquarters, Marine Corps.

"Reserve Component Contributions to National Defense." Moderator: Dr. John Winkler, Deputy Assistant Secretary of Defense (Manpower and Personnel, Reserve Affairs). Panel Members: Mr. Wayne Spruell, Principal Director Manpower and Personnel; Mr. Rich Krimmer, Director for Reserve Component Military Personnel Policy; and Mr. Dan Kohner, Director Manpower Requirements and Programs.

"Women's Health and the Armed Services," presented by Dr. Craig Winkel, Professor and Chairman, Department of Obstetrics and Gynecology, Georgetown University Hospital.

"BirthCare and Women's Health," presented by Marsha Jackson, CNM, Co-Director, BirthCare and Women's Health.

"Department of Defense Women's Research on Health and Performance of Military Women," presented by LTC Karl Friedl, Research Area Director, Military Operational Medicine Research Program, U.S. Army Medical Research and Materiel Command.

“Navy Family Team Summit,” presented by RDML (Sel) Marc Purcell, Assistant Commander, Navy Personnel Command, Fleet Support.

“Family Support During Deployment: Overview of Research,” presented by Dr. Bradford Booth, Senior Associate, Caliber Associates, Inc.

APPENDIX I

QUALITY OF LIFE PROGRAMS/RESOURCES

DoD

The Deputy Under Secretary of Defense for Military Community and Family Policy sponsors the Military Family Resource Center's website: <http://www.mfrc-dodqol.org/>. It contains policy information, family resources, and much more.

Additionally, the Department of Defense has contracted for a 24 hour, 7-day a week toll free telephonic, Internet and e-mail family assistance service (MilitaryOneSource) to help families balance the competing demands of work and family/personal life. Military One Source offers telephonic toll-free and on-line access (web page and e-mail) to master's level counselors on a 24/7 basis, 365 days a year. The service is confidential and provides a comprehensive array of pre-paid educational materials (books, CDs, videos, etc) and simultaneous language translation in 140 languages as well as assistive technologies for low vision users.

The service can be accessed from the US at 800-655-4545 and from outside the US at 800-237-42374 (*note five digit number*) or collect at 484-530-5908 or via the Internet at www.militaryonesource.com with the user ID: military and the Password:onesource.

Military OneSource services include:

- Parenting and Child Care Information (Discipline, communication, developmental ages and stages, family relationships, adoption assistance)
- Emotional Well-Being (grief and loss, depression, anxiety, situational stress)
- Education Services (K-12 public, private and DoDDS; special needs, college, continuing education)
- Financial Planning and Counseling (budgeting, debt management, savings, home ownership)
- Legal Information and Referrals (family law, tenant/landlord, consumer)
- Elder Care Information (referrals for care, elder care law, caretaker stress management)
- Everyday Issues (pet care, home, transportation, etc.)
- Relocation Information (neighborhood information, relocation stress, spouse and teen employment)
- Crisis Intervention with 3-way call to military or civilian authorities in emergency situations and victim's assistance (family violence)
- Pre-paid materials (community demographics, sample advocacy letters, CDs, videos, etc.)
- Warm hand-off (3 way call transfer) to TRICARE
- Victim's Advocacy (spouse abuse)

The USMC conducted a highly successful demonstration program of this service for all active duty and reserve members of the US Marine Corps beginning in Dec 02. The US European Command, the US Southern Command and US Special Operations Command conducted other test programs overseas. Due to the success of these demonstration programs, the service will be phased in at DoD installations worldwide in FY04. A strong marketing and advertising plan, that involves both installation command and program staff, is key to successful program implementation.

ARMY

The Army's program is called the Army Well Being Program, of which the Army Family Liaison Office is now a part. Well Being is working on a website. The Family Liaison Office Website is <http://www.aflo.org/>.

NAVY

The term Navy Quality of Life (QOL) is defined by several elements including compensation, medical care, military housing, personnel tempo, and community and family services. It is further defined as QOL services, including medical; Fleet and Family Service Center programs; child care; Morale, Welfare, and Recreation; commissaries; exchanges; legal assistance; religious affairs; single sailor program; voluntary education; and dependents schools. DOD Directive pretty much describes the Navy QOL concept: ". . . an integrated approach across functional areas of responsibility that addresses the overall Quality of Life for military personnel and their dependents, including pay

and compensation, living environments, and community support programs that contribute to their standard of living and satisfaction with life in the military."

Responsibility for many of the services reside with Naval Personnel Command, PERS 6, Fleet Support, whose mission reads: Support operational readiness, morale, and retention by providing customer focused information, services, guidance, and advice that promote the professional, physical, moral, and mental excellence of every Navy member and help meet personal, family, and community needs. However, there is not a single term to define Navy QOL. Useful websites: <http://www.lifelines2000.org/home.htm> and <http://www.persnet.navy.mil/pers6/index.html>

AIR FORCE

The Air Force does use the term Quality of Life (QOL), though they do not have a QOL web site, per se. However, they do have an official community website: <http://www.afcrossroads.com>. The website states in part, "The Air Force believes that one of its most important attributes is a sense of community among its members and their families.... The Air Force is rededicating itself to both maintaining this sense of community and finding new and more efficient ways of providing it." The website has information on many topics, including communications, information resources, employment, medical, education, and much more.

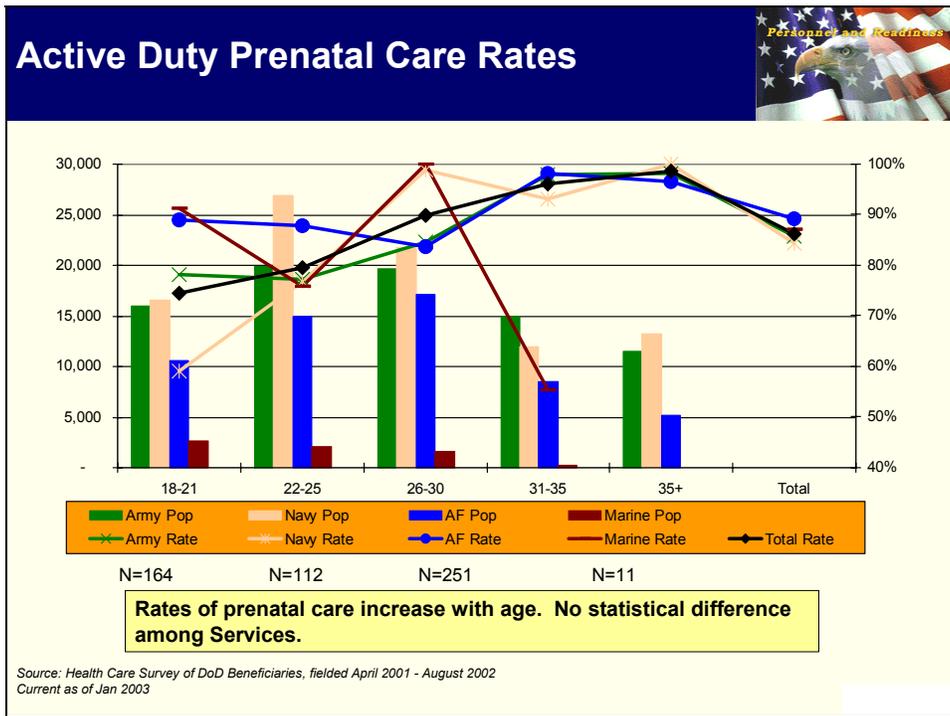
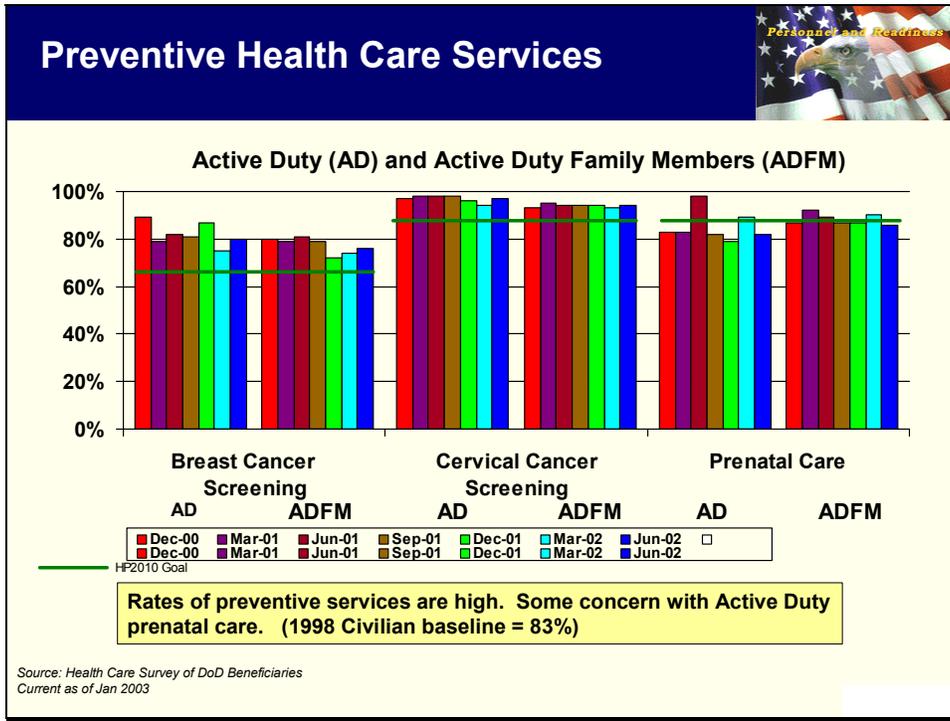
MARINE CORPS

Quality of life is a function of the Personal and Family Readiness Division, CMC (MR). They have numerous programs to support all Marines: Military Personnel Services, Personnel Services, MC Family Team Building and Semper Fi to name a few. Following is a website which provides further information about Marine Corps Community Services:
<http://www.usmc-mccs.org/>

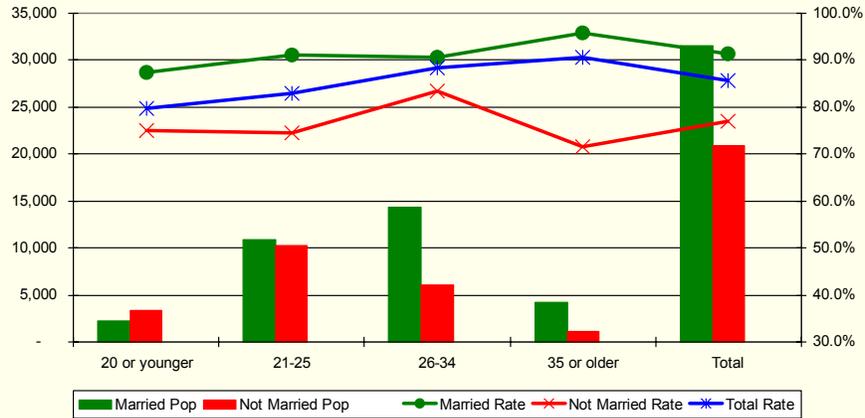
COAST GUARD

The Coast Guard's Quality of Life Program is called WORK LIFE. Here is the link to the website with its information:
<http://www.uscg.mil/hq/g-w/g-wk/g-wkw/worklife/index.htm>

APPENDIX J PRE-NATAL CARE CHARTS



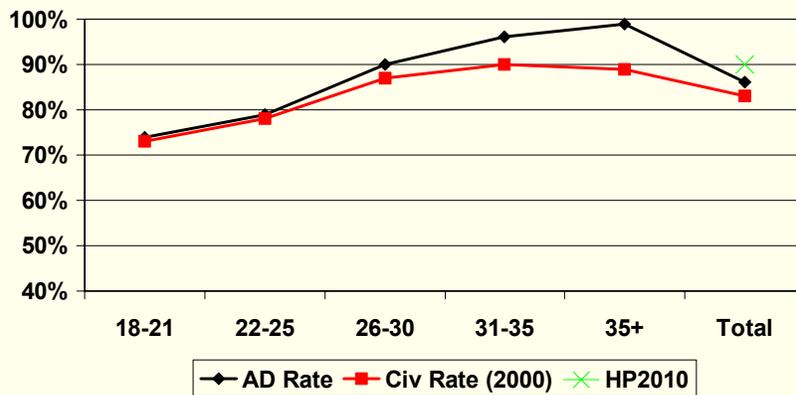
Active Duty Prenatal Care Rates



Rates of prenatal care increase with age. Unmarried personnel were less likely to receive prompt prenatal care. (N=1,299)

Source: 1998 Survey of Health Related Behaviors
Current as of Jan 2003

Active Duty Prenatal Care Rates



Rates of prenatal care increase with age. Consistent with civilian pattern, slightly higher.

Source: Health Care Survey of DoD Beneficiaries, fielded April 2001 - August 2002; National Vital Statistics, February, 2002
Current as of Jan 2003

NOTES

¹ Data were gathered from 61 focus groups conducted by DACOWITS in 2003. About half (33 of the 61) of the groups were composed exclusively or primarily of women, including 16 groups of enlisted personnel, 7 groups of officers, and 10 groups of military family members. Twenty-eight groups were composed exclusively of men, including 18 groups of enlisted personnel and 10 groups of officers. Focus groups were conducted at 3 Army installations, 3 Air Force bases, 5 Navy bases, 2 Coast Guard installations, and 2 Marine Corps bases.

² C. Gaines, M. Deak, C. Helba, and L. Wright, *Tabulations of Responses from the 1999 Survey of Active Duty Personnel: Volumes 1 and 2* (Arlington, VA: Defense Manpower Data Center, 2000). Jacqueline A. Mottern, “Influences on Navy Retention Brief for DACOWITS [Defense Department Advisory Committee on Women in the Services]”, brief, Arlington, VA: 17 January 2003.

³ Mottern.

⁴ National Research Council of the National Academies, *Attitudes, Aptitudes, and Aspirations of American Youth: Implications for Military Recruitment* (Washington, D.C.: The National Academies Press, 2003).

⁵ Brenda Moore, “The Propensity of Junior Enlisted Personnel to Remain in Today’s Military,” *Armed Forces and Society*, Vol. 28, No. 2 (2002): 257-278.

⁶ National Research Council of the National Academies.

⁷ The Defense Manpower Data Center (DMDC) provided continuation rates for commissioned officers in 2002. Bradford Loo, Acting Director, Officer and Enlisted Personnel Management, Office of the Under Secretary of Defense for Personnel and Readiness (OUSD (P&R)) put these data in graph form (shown here as Exhibit I). Mr. Loo also provided interpretive text documenting trends in male and female officer continuation rates to accompany the graph shown in Exhibit I. Much of the analysis provided by Mr. Loo, upon request from DACOWITS, is captured in section D.1. of this report.

⁸ It is important to note that some officers have longer ADSOs, including some of those training-intensive specialties (e.g., pilots), and officers who incur an additional mandatory term of service for education reasons.

⁹ The mathematically calculated expected time members would stay in the military dropped during the draw down and continued on that trend until the GWOT. The current statistics are a bit biased because of the high retention and the stop-loss programs.

¹⁰ R.M. Marsh, “Predicting Retention in the U.S. Navy: Officers and Enlisted,” *Journal of Political and Military Sociology*, 17 (Spring 1989): 1-26.

¹¹ Data from DMDC indicate that, in 2001, there were 2 female junior officers for every one female senior officer. In contrast, for the commissioned officer corps as a whole, there were 1.4 junior officers for each senior officer.

¹² Traci Keegan, “A Study of Factors Affecting the Retention Decisions of Female Sea-Going Naval Aviators and Naval Flight Officers,” (master’s thesis, Naval Postgraduate School, Monterey, CA: 1999).

¹³ R. Butler, “Why Black Officers Fail,” *Parameters* (Autumn 1999): 54-70.

¹⁴ Kevin Harkins, “Coast Guard Sabbatical Programs,” brief to DACOWITS, Arlington, VA: 17 January 2003.

¹⁵ Luke Gallagher of the Office of Economic & Manpower Analysis, Department of Social Sciences, United States Military Academy, provided the bulk of the analysis and commentary in this section.

¹⁶ E. C. Wardynski and Lucas B. Gallagher, *Competitive Category Officer Continuations: A Look at Female Retention*, Office of Economic & Manpower Analysis, Department of Social Sciences, United States Military Academy (West Point, NY: 2003).

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- ¹⁷ Office of the Under Secretary of Defense for Personnel and Readiness, Department of Defense, *Career Progression of Minority and Women Officers* (Washington, DC: 1999).
- ¹⁸ M.W. Segal, "The Military and the Family as Greedy Institutions," in Charles Moskos and F. Wood (eds.), *The Military: More than Just a Job?* (Washington, DC: Pergaman-Brassey's, 1988).
- ¹⁹ D.B. Bell and W.R. Schumm, "Providing Family Support During Military Deployments," in J. A. Martin, L. N. Rosen, and L.R. Sparacino (eds.), *The Military Family: A Practice Guide for Human Service Providers* (Westport, CT: Prager, 2000).
- ²⁰ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings* (Fairfax, VA: Caliber Associates, 2003).
- ²¹ Bell and Schumm.
- ²² D.B. Bell and W.R. Schumm, "Family Adaptation to Deployments," in P. McClure, (Ed.) *Pathways to the Future: A Review of Military Family Research* (Marywood, PA: Military Family Institute, 1999).
- ²³ Caliber Associates, *Assessment of Family Readiness in the Army National Guard* (Fairfax, VA: Caliber Associates, 2003).
- ²⁴ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.
- ²⁵ Bell and Schumm, "Family Adaptation to Deployments." Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Finding*.
- ²⁶ Margaret C. Harrell, *Invisible Women: Junior Enlisted Army Wives* (Santa Monica, CA: RAND, 2000).
- ²⁷ Bell and Schumm, "Providing Family Support During Military Deployments."
- ²⁸ Bell and Schumm, "Family Adaptation to Deployments." Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.
- ²⁹ D.R. Segal and M.W. Segal, eds, *Peacekeepers and Their Wives: American Participation in the Multinational Force and Observers* (Westport, CT: Greenwood Press, 1993).
- ³⁰ D.B. Bell, J. Bartone, P.T. Bartone, W.R. Schumm, and P.A. Gade, *USAREUR Family Support During Operation Joint Endeavor: Summary Report* (Alexandria, VA: Army Research Institute, 1997).
- ³¹ L.N. Rosen and D.B. Durand, "Marital Adjustment Following Deployment," in J. A. Martin, L. N. Rosen, and L.R. Sparacino, eds., *The Military Family: A Practice Guide for Human Service Providers* (Westport, CT: Prager, 2000).
- ³² D.B. Bell and W.R. Schumm, "Providing Family Support During Military Deployments."
- ³³ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*. Bell and Schumm, "Family Adaptation to Deployments."
- ³⁴ Bell et al., *USAREUR Family Support During Operation Joint Endeavor: Summary Report*.
- ³⁵ Ibid.

³⁶ Bell and Schumm, "Providing Family Support During Military Deployments."

³⁷ D. Orthner, *Family Readiness Support and Adjustment among Army Civilian Spouses* (Alexandria, VA: Army Research Institute, 2002).

³⁸ J. Stanley, M. Segal, and C. Laughton, "Grass Roots Family Action and Military Policy Responses," *Marriage and Family Review*, 15 (1990): 207-223.

³⁹ Defense Manpower Data Center, *2002 Active Duty Status of Forces Survey: Overview Briefing* (Washington, DC: DMDC, 2003).

⁴⁰ Ibid.

⁴¹ S.M. MacDermid, T.M. Olson, and H. Weiss, "Supporting Military Families Throughout Deployment," briefing for the Joint Family Support Contingency Work Group, Military Family Research Institute, West Lafayette, IN: 2003. Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.

⁴² Defense Manpower Data Center, *2002 Active Duty Status of Forces Survey: Overview Briefing*.

⁴³ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.

⁴⁴ D.S. Wolpert, J.A. Martin, L.M. Dougherty, B.R. Rudin, and S. Kerner-Hoeg, "The Special Case of the Young Enlisted Family," in J. A. Martin, L. N. Rosen, and L.R. Sparacino, eds., *The Military Family: A Practice Guide for Human Service Providers* (Westport, CT: Prager, 2000).

⁴⁵ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.

⁴⁶ Caliber Associates, *The 2001-2002 Assessment of the Army Family Team Building Program: Final Report*, (Fairfax, VA: Caliber Associates, 2003). Bell and Schumm, "Providing Family Support During Military Deployments."

⁴⁷ Caliber Associates, *2002 Survey of Spouses of Activated National Guard and Reserve Component Members: Preliminary Findings*.

⁴⁸ Orthner. Caliber Associates, *The 2001-2002 Assessment of the Army Family Team Building Program: Final Report*.

⁴⁹ http://www.mfrc.calib.com/Enduring_Freedom/ppt/Workgroup_Results_Goals_Recommendations.ppt

⁵⁰ Charles Abell, Office of the Secretary of Defense, 18 November 2002, Memorandum on Mobilization/Support Planning for Contingencies, Washington, DC.

⁵¹ Though the Service members' comments highlighted in this section clearly bear upon their general perceptions of military health care, it is important to note that they were generated from DACOWITS focus group questions that specifically targeted MTF OB/GYN care.

⁵² TRICARE Management Activity, *2003 TRICARE Stakeholders' Report: Volume V* (Washington, DC: 2003). Also available at www.TRICARE.osd.mil.

⁵³ "Applicable" refers here to those women who did not check "does not apply."

⁵⁴ *Survey of Army Families IV: Highlights*, Alexandria, VA: U.S. Army Community and Family Support Center/U.S. Army Research Institute (Spring 2001).

⁵⁵ Decision Engineering Associates, prepared for the Commanding General USMC (MCCDC) Studies Management Branch, *The 2002 Quality of Life in the Marine Corps Study* (Dumfries, VA: 2002).

⁵⁶ The data in Exhibit XIII, obtained from TRICARE Consumer Reports, represent customer satisfaction survey results from the 2002 Health Care Survey of DoD Beneficiaries (*HCSDB*). Exhibit XIII shows mean customer satisfaction scores of a sample of active-duty military users of the Military Health System (MHS), and represents a composite of all MHS regions in CONUS. No significant differences between male and female Service members were noted. Civilian sector benchmarks are based on results of the 2002 Consumer Assessment of Health Plans Survey (CAHPS), a widely used customer satisfaction instrument in the civilian health care arena from which most of the *HCSDB* questions are drawn.

⁵⁷ Elspeth Cameron Ritchie, "The OB Challenge: Family Centered Care," briefing to DACOWITS, Arlington, VA: 16 January 2003.

⁵⁸ *Ibid.*

⁵⁹ USAMRMC Military Operational Medicine Research Program, *Health and Performance Research for Military Women: The 1994 Defense Women's Health Research Program, Fact Sheet Number 9* (Fort Detrick, MD: 1999).