

# DACOWITS

Defense Advisory Committee on Women in the Services



1951-2012: 61 Years of DACOWITS



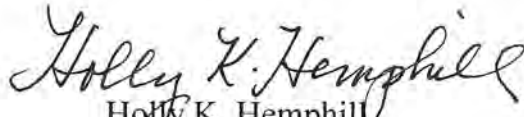
2012  
REPORT





**Defense Advisory Committee on  
Women in the Services (DACOWITS)**  
4000 Defense Pentagon, Room 2C548A  
Washington, District of Columbia 20301-4000

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

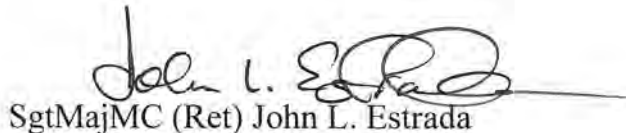
  
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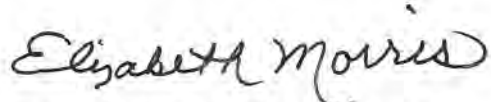
  
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## Defense Advisory Committee on Women in the Services

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## Defense Advisory Committee on Women in the Services



# Executive Summary

The Defense Advisory Committee on Women in the Services (DACOWITS - hereafter referred to as “the Committee” and “DACOWITS”) was established in 1951 with a mandate to provide the Secretary of Defense with advice and recommendations on matters and policies relating to the women in the Armed Forces of the United States. Individual members of the Committee are appointed by the Secretary of Defense and serve in a voluntary capacity for one- to four-year terms.

As in the previous two years, in 2012 DACOWITS divided its work into two general areas, Wellness and Assignments, with working groups formed for each. The Committee selected specific topics for study, described below, and gathered both primary and secondary sources of information on these topics, including briefings from military representatives and subject matter experts; data and other information collected during installation visits from focus groups and interactions with Service members; and literature reviews, other survey data and available research and resources. These sources of information formed the basis for the Committee’s recommendations and reasoning.

The Committee agreed on recommendations at its September 2012 meeting and approved this report at its December 2012 meeting.

## Wellness Recommendations and Continuing Concerns

The Committee studied three Wellness topics – the health of deployed Service women, the prevention of sexual harassment and sexual assault in the military, and reproductive health care coverage for military women.

### Health of Deployed Service Women

The Committee’s 2012 study of the health of deployed women was prompted by the increasing numbers of women who have deployed to field environments since the Committee last examined this issue in 2007. The Committee’s 2012 focus was on whether particular

health issues arise for women in deployment and the ways in which such issues have been addressed.

As explained in more detail in the full 2012 report, DACOWITS made the following recommendations, based on the reasoning below, to address the health issues of deployed Service women:

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**Recommendation 1:** DoD should establish a means for oversight, collection and dissemination of research, lessons learned and best practices for the health of women.

### Reasoning

DACOWITS was concerned to learn that DoD does not have a central repository, oversight, or method of dissemination within DoD of research on women’s health issues undertaken by the Services or DoD. As a consequence, lessons learned and best practices in one Service are not adequately shared with the other Services and women’s health issues are addressed inconsistently and not as effectively as they should be. The Office of the Assistant Secretary for Health Affairs has recognized this, stating that a next step is to establish an interagency working group of key stakeholders from the DoD and Veterans Affairs (VA) research, clinical and educational domains to focus on the health care issues of Service women and veterans. The focus should go beyond research to provide guidance on best practices as well.

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**Recommendation 2:** The pre-deployment health assessment for women should provide information on effective urogenital hygiene practices, use of female urinary diversion devices, symptoms and treatment of vaginitis and urinary tract infections, options for birth control and menstrual cycle control, and ways to manage stress. This information should also be part of continuing health education for deployed women.

### Reasoning

As women increasingly deploy into operational field environments and take on expanded roles, including ground combat, their ability to perform the duties of the job are, in part, dependent on their ability to maintain good health. DACOWITS was encouraged to learn from participants in its 2012 focus groups that there have been some recent improvements in addressing the health issues of deployed Service women. However, there are continuing issues, including some previously identified by earlier research. In particular, there is a continuing need for education on the specific health issues women are likely to face during deployment.

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**Recommendation 3:** All health care providers should be trained to diagnose and treat women's health issues in a deployed setting in a competent and professional manner, respecting the privacy of the women treated.

### Reasoning

There is too often unwillingness on the part of deployed women to seek medical care because of fear that it will be seen as a weakness, lack of confidence in the training of medical staff to address health issues particular to women or a belief that medical personnel do not protect privacy or take women's health concerns seriously. Better training of all health care providers should make medical personnel more competent and comfortable in treating women's health issues, ensure the privacy of all military members, and encourage women to seek necessary treatment.

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**Recommendation 4:** Inventory and ready availability of equipment and supplies for women's health should be assured in deployed environments, including birth control, emergency contraception, medications for vaginitis and urinary tract infections, tampons and sanitary napkins, and female urinary diversion devices.

### Reasoning

Despite the increased number of women deployed in the last several years, there continue to be reports that medical supplies to address women's health needs are, in some instances, inadequate. Providing these supplies in the deployed environment is crucial to ensuring women's health and performance in the field.

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**Recommendation 5:** The Services should ensure that properly designed and fitted individual combat equipment is provided to women on an expedited basis and the Services should collaborate on product development, testing, and procurement to facilitate the development and prompt distribution of appropriate individual combat equipment.

### Reasoning

Women continue to suffer hip, back, knee and other pain and injuries as a result of wearing equipment and other combat gear designed for men's, not women's, bodies. Although there has been welcome progress in this area, this issue has yet to fully be addressed across all Services, particularly on a timely basis. In addition, there is an apparent lack of communication and collaboration among the Services in sharing testing results and developing this much-needed equipment. Providing Service women with properly designed and fitted combat equipment is essential to women's unhindered performance of their military duties and to overall military readiness.

### Prevention of Sexual Harassment and Sexual Assault in The Military

The Committee's 2012 study on the prevention of sexual harassment and sexual assault in the military drew upon its past work on this issue, including most recently in 2011 when it conducted focus groups, received briefings and examined other research and sources of information in support of its 2011 recommendations.



The prevention of sexual harassment and sexual assault in the military continues to demand immediate and concentrated action. DoD reports that in fiscal year (FY) 2011 there were over 3,000 reports of sexual assaults involving Service members, but estimates there were actually as many as 19,000 such attacks, because sexual assault is such an unreported crime. There have also been serious and widespread allegations of sexual assault in the Air Force training program at Lackland Air Force Base in 2012. DoD reports that in FY 2010, the most recent year for which data are available, 21% of Service women and 3% of Service men reported being sexually harassed in the previous year.

As in 2011, the Committee's 2012 focus was principally on improving the accountability of military leaders in preventing and responding to sexual harassment and sexual assault.

As explained in more detail in the full 2012 report, DACOWITS made the following recommendations, based on the reasoning below, on the prevention of sexual harassment and sexual assault in the military, and also articulated some continuing concerns.

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**Recommendation 1:** The Secretary of Defense should assign responsibility for the initiatives on sexual assault prevention and response announced by DoD in April and May of 2012 to an official with sufficient authority to oversee and evaluate the implementation of the initiatives by both DoD and the Services.

### Reasoning

The initiatives announced by DoD in April and May of 2012, if implemented effectively, are a step forward in ensuring accountability of military leaders and the military justice system. In fact, accountability is expressly one of the initiatives' five Lines of Effort. However, beyond calling on commanders and leaders (at every level) to personally read, understand and implement the Lines of Effort, the initiatives do not assign responsibility for their implementation, nor has there been any supplemental DoD directive or other guidance to do so. Without such responsibility, there is no way of ensuring accountability for and consistency of the implementation of the initiatives.

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**Recommendation 2:** DoD should include measures of sexual harassment and sexual assault in command climate assessments, and the results of command climate assessments should be provided both to the relevant individual commander and to the next higher level of command.

### Reasoning

The initiatives announced by DoD in April and May of 2012, as part of the prevention Line of Effort, require that a command climate assessment be conducted within the first 120 days of assuming command and annually as appropriate. The initiatives are unclear as to whether this command climate assessment must include express measures related to sexual harassment and sexual assault. Such assessment is an important way of receiving an early warning of problems in a command and otherwise ensuring a climate free of sexual harassment and sexual assault. In addition, current command climate assessments, except in the Navy, are provided only to individual commanders, not shared with their superiors, and the initiatives do not require a change in this process. It is important that superiors receive these assessments in order to fulfill their own command responsibility. Command climate assessments, especially if provided to both individual commanders and their superiors, can help ensure that sexual harassment and sexual assault prevention and response are a command priority.

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**Recommendation 3:** Effectiveness in combating sexual harassment and sexual assault should be a part of individual performance evaluations of all Service members.

### Reasoning

Command climate assessments can help ensure that combatting sexual harassment and sexual assault is a command priority. An even more important tool, however, is to include effectiveness in combatting sexual harassment and sexual assault in individual performance evaluations of all Service members. Fair measures would need to be developed, since it would not be appropriate to base evaluations solely on whether there were complaints of sexual harassment or sexual assault in a unit. But a Service

member who knows he or she will be evaluated in part on his or her sexual harassment and sexual assault prevention and response efforts is more likely to take such efforts seriously. This recommendation is consistent with the Government Accountability Office's 2012 recommendation that DoD develop a strategy for holding individuals accountable for promoting, supporting and enforcing DoD's sexual harassment policies and programs and with the April/May 2012 DoD sexual assault prevention and response initiatives' first, second and fifth Lines of Effort – prevention, accountability and assessment.

### Continuing Concerns

In the course of examining sexual harassment and sexual assault prevention and response, the Committee identified several continuing concerns for possible further consideration:

- Why the DoD change in disposition authority that took effect in June 2012 is limited to certain sexual offenses in Article 120 and 125 of the Uniform Code of Military Justice (UCMJ), and whether it should be so limited.
- The effectiveness of the April and May 2012 DoD initiatives in preventing sexual assault and sexual harassment.
- Whether there are systemic problems in military training programs that increase the likelihood of sexual harassment and sexual assault, and if so, the ways in which they might be addressed.

### Reproductive Health Care Coverage for Military Women

The Committee's 2012 examination of the reproductive health care coverage for military women focused on the limitations on abortion coverage for military women and the female dependents of military men and women. As explained in more detail in the full 2012 report, DACOWITS made the following recommendation, based on the reasoning below, and also articulated a continuing concern.

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**Recommendation 1:** DoD should affirmatively, strongly and immediately press for passage of legislation, such as the provision offered by Senator Jeanne Shaheen, to provide for DoD funding of abortion coverage in the case of rape or incest.

### Reasoning

It is unjust and inequitable that women in uniform who sacrifice for our country every day have less health care coverage than other federal employees. At a time when the number of rapes and other sexual assaults in the military is raising widespread alarm and it is critically important to help survivors, it is incomprehensible that Service women who are survivors of rape do not receive health care that covers abortion. Current law prohibiting abortion coverage in cases of rape and incest negatively affects the readiness of our forces and undermines the principle that U.S. troops deserve the best care. As a matter of the health and well-being of American Service women and female military dependents, DoD should actively and strongly champion the change in law necessary to ensure abortion coverage for military women and female military dependents whose pregnancies are the result of rape or incest.

### Continuing Concern

In the course of examining reproductive health care coverage issues for women in the military and military dependents, the Committee identified the following continuing concern for possible future consideration:

- Expanding the availability of reproductive health care in the military.

## Assignments Recommendations and Continuing Concerns

The Committee studied two Assignments topics – the retention gap between Service women and Service men in a drawdown environment and the effective and full integration of women into ground combat units, including through the development of gender-neutral physical standards.

## Retention Gap Between Military Men and Women in a Drawdown Environment

The Committee's 2012 study of the gender gap in military retention in a drawdown environment was prompted in part by a recommendation of the Military Leadership Diversity Commission (MLDC) in its March 2011 report, *From Representation to Inclusion: Diversity Leadership for the 21st Century Military*. The MLDC found that women Service members are less likely to remain in the military and are less likely to view the military as a career than are male Service members, and recommended that DACOWITS further investigate the reasons for this gap in retention and ways to address it. The Committee was additionally concerned about the effect that the force drawdown – prompted in part by the withdrawal of troops from Iraq in 2011 and Afghanistan beginning in 2012 – might have on the retention of highly qualified Service women. Accordingly, the Committee's 2012 focus was on ways to address the gender gap in retention, including strategies for retaining highly qualified women.

As explained in more detail in the full 2012 report, DACOWITS made the following recommendation, based on the reasoning below, on the retention of qualified Service women in a drawdown environment, and also articulated a continuing concern.

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**Recommendation 1:** All Services should continue to develop and implement innovative strategies for successful retention of highly qualified women and men.

### Reasoning

While the retention gap between women and men in the military and the reasons for such a gap are complicated issues, it is important that the Services address the need to keep and develop top personnel, both women and men. Some of the Services are beginning to explore innovative ways to retain highly qualified Service members, but these programs (such as leave programs for family reasons) are in preliminary stages or underutilized. Greater attention to the development and implementation of such programs could yield improved retention results. The issue of talent management should not be

ignored, especially at a time when forces are drawing down. To ensure a high-performing military force, the best and brightest women and men should be retained and have opportunities for advancement.

### Continuing Concern

The Committee identified the following issue on retention for possible further consideration.

- The ways in which the Services are downsizing so as not to lose the diversity and talent that make and keep our forces strong.

## Full Integration of Women into Ground Combat Units, including Through the Development of Gender-Neutral Physical Standards

The Committee's study of the integration of women into ground combat units in 2012 drew upon its work in 2010 and 2011, including focus group and other research in support of the Committee's 2010 and 2011 recommendations that DoD eliminate its 1994 ground combat exclusion policy. As in 2011, the Committee in 2012 focused on ways to effectively and fully integrate women into ground combat units, including through the development of gender-neutral physical standards.

As explained in more detail in the full 2012 report, DACOWITS made the following recommendations, based on the reasoning below, on the full integration of women into ground combat units, including the development of gender-neutral physical standards:

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**Recommendation 1:** DoD should eliminate the 1994 ground combat exclusion policy and direct the Services to eliminate their respective assignment rules, thereby ending the gender-based restrictions on military assignments. Concurrently, DoD and the Services should open all related career fields, specialties, schooling and training opportunities that have been closed to women as a result of the DoD ground combat exclusion policy and Service assignment policies.

### Reasoning

This recommendation repeats the recommendation made by DACOWITS in 2010 and 2011. As described in the Committee's 2010 and 2011 reports,

this recommendation was grounded in research undertaken by the Committee in 2009, 2010 and 2011. DACOWITS welcomes the 2012 DoD announcement, after the Women in the Services Restrictions review, that additional assignments would be opened to women. However, the Committee continues to strongly support ending all restrictions on the assignment of women. Moreover, the Committee's work in 2012, including its study of the full integration of women into the Canadian Forces and the Australian Defence Force, continues to show no insurmountable obstacles to integrating women into currently closed positions in the U.S. military, and that such integration can be done smoothly and effectively.

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**Recommendation 2:** Any physical standards should be validated to accurately predict performance of actual regular and recurring duties of a military job and applied equitably to measure individual capabilities. Women as a class should not be restricted from military assignments because to do so would exclude available, capable personnel based on gender and not on the requirements of the job, at a sacrifice to military readiness.

### Reasoning

In its 2011 Report, DACOWITS recommended that the Services develop appropriate physical standards by Military Occupational Specialty (MOS) – standards that are validated to accurately predict performance of the actual duties of that MOS. The Services were charged by Secretary Panetta in February 2012, in connection with the Women in the Services Restrictions review, to report back to him in six months on the progress in developing job-related, gender-neutral physical standards. However, the Services were not given specific guidance on the way in which such standards should be developed. The Committee is concerned, as it was last year, about the process being used by the Services, specifically, that the Services may be evaluating women on an “average” rather than an individual basis and may be using or establishing standards that have not been validated, even for men. The Committee's work in 2012, including its study of the full integration of women into the Canadian Forces and the Australian Defence Force, shows that the process for development of validated, job-related, gender-neutral physical standards is a manageable one. The Committee believes strongly that any physical standards should be based on a scientifically rigorous process, validated as job-related (based on the actual regular, recurring duties performed) and determined to accurately measure individual, not average, performance.



# Chapter 1

## Introduction

The Defense Advisory Committee on Women in the Services (DACOWITS – hereafter referred to as “the Committee” or “DACOWITS”) was established in 1951 with a mandate to provide the Secretary of Defense with advice and recommendations on matters and policies relating to the women in the Armed Forces of the United States. (See *Appendix A* for the current DACOWITS charter.) Individual members of the Committee are appointed by the Secretary of Defense and serve in a voluntary capacity for one- to four-year terms. The 2012 Committee has 11 members, 4 of whom joined in June. (See *Appendix B* for biographies of the 2012 DACOWITS members.)

As in the previous two years, in 2012 DACOWITS divided its work into two general areas, Wellness and Assignments, with working groups formed for each. For Wellness, the Committee examined the health of military women during deployments, the prevention of sexual assault and sexual harassment in the military, and reproductive health care coverage for military women. For Assignments, the Committee examined the retention gap between Service men and Service women in a drawdown environment and the effective and full integration of women into ground combat units, including through the development of gender-neutral physical standards.

To undertake these examinations, the Committee gathered both primary and secondary sources of information, including briefings from military representatives and subject matter experts; data and other information collected during installation visits from focus groups and interactions with Service members; and literature reviews, including other survey data and available research and resources.

As a primary source of information, DACOWITS collected qualitative data from site visits to eight military installations during April and May 2012. (See *Appendix C* for installations visited.)

In partnership with social scientists from the Committee’s research contractor, ICF International (ICF), the Committee developed three focus group instruments – one to address each of two primary research questions of interest to DACOWITS (one 2012 Wellness topic and one 2012 Assignments topic) and one specifically designed for use with senior-level leadership that addressed both topics of interest. Committee members facilitated focus group discussions at each site to assess the views, attitudes and experiences of Service members on the primary study topics. The Committee also distributed mini-surveys to participants to determine the demographic composition of the groups and to assess their basic attitudes and experiences towards the topics. All focus group protocols and mini-surveys were approved by ICF’s Institutional Review Board (IRB) to ensure the protection of human subjects.

DACOWITS conducted 42 focus groups in 2012 – 16 on Wellness topics, 23 on Assignments topics, and three on a mixture of both Wellness and Assignments topics. During these focus groups, Committee members spoke with 397 participants. Staff from ICF recorded written transcripts of the discussions and compiled and analyzed the resulting data in collaboration with the Committee. (See *Appendix D-1* for the focus group protocol and *Appendices F-G* for a complete presentation of the focus group findings). Focus group composition and results are described further in relevant parts of Chapters II and III.

Chapter II covers the Committee’s research and recommendations on the Wellness topics. Chapter III covers the Committee’s research and recommendations on the Assignments topics. Other Appendices, not previously mentioned, are also provided, including briefings and other information provided to DACOWITS, and acronyms used in the report.

## Defense Advisory Committee on Women in the Services



# Chapter 2

## Wellness Research and Recommendations

The Committee identified the health of deployed women, the prevention of sexual assault and sexual harassment in the military, and reproductive health care coverage for military women as Wellness study topics in 2012. To address these issues, the Committee received briefings from knowledgeable DoD and Services personnel and outside experts, gathered data and other information from Service members through focus groups and other interactions, and researched recent literature and other resources. This chapter is divided into two parts for the two study topics, with the Committee's findings, recommendations, and reasoning behind these recommendations provided in each part.

### Health of Deployed Service Women

The Committee's 2012 study of the health issues that have arisen for women during deployment was prompted by the increasing numbers of women who have deployed to field environments since the Committee last examined this issue in 2007. As of September 2011, about one-half (50.6%) of active duty Service women had deployed at least once to operations in Iraq or Afghanistan.<sup>1</sup> The Committee's 2012 focus was on whether particular health issues arise for women in deployment and the ways in which such issues have been addressed. This part of Chapter II is organized into the following sections:

- Summary of Select Briefings and Information Presented to DACOWITS
- Summary of Focus Group Findings
- Relevant Literature and Other Resources
- Recommendations

### Summary of Select Briefings and Information Presented to DACOWITS

The Committee's research on the health of deployed Service women included briefings from the Armed Forces Health Surveillance Center (AFHSC) on the illness and injury rates of deployed women as measured within two years of their deployment; from the Army Women's Health Task Force (WHTF) on the health issues of women recently deployed to Afghanistan; from Tri-Service Nursing Research Program's Military Women's Health Research Interest Group (MWHRIG) on selected deployed women's health issues; and from the Army on work to improve the fit of the body armor issued to women Soldiers. This section presents highlights from these briefings. For a full list of briefings presented to DACOWITS in 2012, see *Appendix H*.

### Health Issues of Deployed Military Women, March 2012

Dr. Lucinda Frost, Health Affairs, and Dr. Sharon Ludwig, Armed Forces Health Surveillance Center

Dr. Lucinda Frost and Dr. Sharon Ludwig briefed the Committee on a 2009 study conducted by the AFHSC on the health issues of women reported in the two years following deployment. The study compared illness and injury incidence rates among women who had deployed to Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) against three different control populations – women who had not yet deployed, women who had deployed to Korea but not to OIF/OEF and men who had deployed to OIF/OEF.<sup>2</sup> All of the deployments were between January 1, 2002, and June 30, 2007. Compared to the control populations, the women who had deployed to OIF/OEF experienced higher incidence rates of the following health conditions: migraines; disorders of the back and neck; anxiety, depression, mood and other mental disorders; upper respiratory illness; pregnancy, labor, delivery and fertility-related conditions; and

medical treatments related to routine care that had likely been deferred during deployment. Dr. Ludwig stated that, because the study gathered information on health issues reported in the two years following deployment, it is virtually impossible to know if the reported conditions occurred in these women during or as a result of deployment.

Remarking on what remains to be done to study and address these issues, Dr. Ludwig said that AFHSC is requesting the establishment of an interagency workgroup of key stakeholders from Veterans Affairs (VA) and DoD that would focus on the health care issues of Service women and veterans.

### **Results from a Study on Deployed Women's Health, June 2012**

COL Anne Naclerio, Chair, WHTF, Office of the Surgeon General, Army

COL Anne Naclerio briefed the Committee on a White Paper on deployed women's health issues that was issued by the Army WHTF. The Task Force was formed in July 2011 and brings together several subject matter experts to focus on women's health in deployed settings. The White Paper, *The Concerns of Women Currently Serving in the Afghanistan Theater of Operations*, dated 10 October, 2011, was published in May 2012.<sup>3</sup>

The WHTF identified the health issues of deployed women and surveyed women as to how these issues were being addressed. The WHTF held focus groups, interviews, town hall meetings, and conducted surveys of 150 women from all Services in deployed environments in Afghanistan in the summer of 2011. In addition, WHTF conducted extensive literature reviews to compare its findings to existing empirical research. The White Paper addressed six primary issue areas and made recommendations for improvement in all six. The issue areas were women's health education, barriers to seeking care, fit of uniforms/protective gear, psychosocial effects of deployment, effects of deployment on children and families, and sexual assault. The resulting recommendations included standardized training in women's hygiene, including preventing urinary tract infections (UTIs) and vaginitis; contraception management and menstrual cycle control; broader distribution of self-diagnosis kits for

UTIs and vaginitis and feminine urinary diversion devices (FUDDs); standardized medical care regardless of location or level of provider; research and development of uniforms and personal protective gear that fit women's bodies, and adoption of several measures to improve the confidence of women in the reporting, investigation and legal processing of sexual assault complaints.

### **Research on Deployed Women's Health Issues, June 2012**

Lt Col Candy Wilson, Ph.D., Air Force Nurse Corps

Lt Col Candy Wilson briefed the Committee on the Tri-Service Nursing Research Program (TSNRP). TSNRP was established in 1996 with funding from Congress to engage in research by nurses; at the time of the briefing, it was developing a literature repository to summarize the state of health research for active duty women, modeled after a VA database focused on health issues for women veterans. The briefing focused specifically on the research efforts of the MWHRIG, a subgroup of TSNRP. MWHRIG was created in 2009 by a group of military health care providers to improve the health care of women in the military.

Lt Col Wilson described a study published in 2012 in which MWHRIG collaborated with researchers seeking a better understanding of the genitourinary health issues of deployed military women, noting that DACOWITS' 2012 focus group findings mirror many of this study's earlier findings. The researchers interviewed 43 women who experienced symptoms of UTIs while they were deployed and were not working in medical fields. The study identified several factors that contributed to women's health problems and hindered their treatment. These include difficulty in practicing good hygiene in a deployed environment; insufficient supplies of birth control pills and hygiene supplies; and a lack of trust in health care providers and the chain of command in addressing women's health needs or approving treatment when it would take women away from their unit for an extended period of time. Lt Col Wilson also described research in progress by her colleagues at MWHRIG. One study is examining education intervention through the use of self-diagnosis kits for common genitourinary symptoms. Another is interviewing enlisted medical



health care providers about caring for women in deployed settings.

## Body Armor Demonstration, September 2012

MAJ Joel Dillon, Army, Assistant Product Manager, Soldier Protective Equipment

MAJ Joel Dillon briefed the Committee on the Army's development of a female version of the improved outer tactical vest (IOTV), noting at the outset that the Army is also working on a women's Army Combat Uniform (ACU) and a female variant of the pelvic protection male Soldiers are issued. The previous IOTVs caused several problems for women, including bruising on the hips and areas of the chest. The vests often created added weight on women's shoulders and poor protection around the bust area. Women reported the vests significantly hindered their ability to perform their duties.

MAJ Dillon asserted that the sizing for the new IOTV will accommodate approximately 90% of women Soldiers with no sacrifice in ballistic protection. The vest has been designed specifically for the anatomy of a woman Soldier and has several improvements, including shorter torso length, expanded chest room, the ability to be cinched completely at the waist so weight is distributed across the torso instead of the shoulders, yoke and collar assembly designed to provide for a hair bun, narrower shoulders for better placement of the rifle butt, cummerbund adjustability to allow for better cinching and more intuitive adjustments, darting for better form fit, an improved quick-release system that accommodates quicker reassembly in combat situations, and front ballistic plates that can be moved to accommodate different bust sizes.

Designing the vest has taken three years and involved several rounds of fit studies. At the time of the briefing, women were being fitted for the new vests and were scheduled to have them for deployment to Afghanistan in October 2012. Once the final design is approved, the Army will be producing around 3,000 vests, with the goal of outfitting one or two combat brigades in 2013.

In response to a question about parallel efforts in the other Services, MAJ Dillon stated that he has been in communication with other Services to share this technology. The Air Force will receive the new vests. The Marine Corps will receive the specifications for the new vest. MAJ Dillon acknowledged that this has been a long process

because a number of fit tests were necessary to ensure that modifications to the design did not result in reduced ballistic protection.

## Summary of Focus Group Findings

During the spring of 2012, DACOWITS conducted 16 focus groups at eight locations to inform its work on the health concerns of deployed Service women. There were 142 participants – women – in these groups from all branches of the Service, including Reserve components. Nearly one-third of participants were in the Air Force and Army (32% and 31%, respectively), 16% were in the Navy and 10% were in the Marine Corps. The Coast Guard, Army National Guard, and Reserves were also represented, each with fewer than 10% of the participants. Officers (47%) and enlisted members (53%) were both represented. Over half of the participants were non-Hispanic White (64%), with non-Hispanic Black and Hispanic participants each accounting for over 10% (14% and 13%, respectively), and other races/ethnicities (9%) accounting for the remainder of participants. Over half of the participants had served 10 or more years in the military (54%). The vast majority of participants had deployed at least once to OIF/OEF (81%) and over half of the participants who had deployed had done so two or more times (54% of previously deployed participants). Approximately one-third of the previously deployed participants reported returning from their most recent deployment within the past year (36%); another one-quarter reported returning within the past one to two years (28%). For a complete summary of the demographic characteristics of the 2012 focus group participants, see *Appendix F*.

## Health Issues of Women Service Members During Deployment

Several participants said the health care and treatment of deployed women is improving. Participants specifically mentioned improvements in the gear worn while deployed; increased availability of supplies and medication, as well as women medical personnel; and improvements in the mental health treatment of deployed Service members. Despite these improvements, Service women reported that health issues persist, several of which could be prevented by better pre-deployment information, better gear and more supplies, and better-trained medical personnel.

The most frequently reported health issue was UTIs, which were sometimes caused by women's difficulty urinating in the field. The FUDD is the military's solution, but it got mixed reviews from women who had used it and supplies of the device were sometimes inadequate.

The ability to obtain enough birth control for the entire deployment was a primary concern across installations and Services. In addition, participants reported problems getting the desired type of birth control, particularly for those using non-pill methods (e.g., intrauterine device, Depo-Provera shot). When asked about the availability of Plan B or similar emergency contraception, participants reported that it was often not available while deployed. When it was available, women reported they were hesitant to seek it out because Plan B is tracked in the medical system and requires women to self-identify as being in violation of a perceived order not to engage in sexual activity while deployed, although condoms are widely available. Stress and mental health concerns during deployment and upon returning home were also mentioned by several participants.

In addition, several participants reported a lack of products such as tampons and sanitary napkins while deployed, or supplies of such products were available but not always of the desired type. Disposal of such products was a particular concern on ships and aircraft. Many participants reported not having appropriate methods of disposal for these products, despite the hazards of blood contamination.

Problems related to military gear were also raised. Several participants reported hip, back and knee pain from wearing ill-fitting gear during deployments, pain that often continued when they returned home.

### Need for Women-Specific Health Information

Several participants expressed concern over the lack of women-specific instructions prior to deployment, especially relating to women's hygiene. Participants reported that many women do not know the health issues to expect during deployment and ways to prevent problems, and there is currently no formalized method for getting this information to women who

need it before deployment. This need for information continues during deployment. Currently, most women get the needed information only informally from other women in their unit.

### Hesitancy to Seek Medical Care and Confidence in Medical Personnel

Some participants were reluctant to seek medical care during deployment because they do not want to be seen as weak by their co-workers or leaders. Some participants thought their medical issues were not taken seriously because they are women. Finally, several participants reported a lack of professionalism among some medical personnel, specifically noting that medical personnel often display a lack of respect for patient privacy and an unwillingness to take women's health issues seriously. Most participants reported being more comfortable seeking medical treatment from women than men, particularly for women's health concerns. In addition, several participants expressed concern over the training of medical personnel, especially in women's health issues. Some reported that even when medical personnel have the appropriate training, they frequently do not have the equipment and supplies necessary to address women's health issues in deployed environments.

### Relevant Literature and Other Resources

This section presents some of the relevant literature and other resources on the health issues of deployed women, beyond the research referenced in the briefings and information provided to the Committee as described above.

### Education for Deploying Service Women

Research confirms a need for more information on the health issues women face in deployment. For example, a 2009 survey of 399 deployed Service women treated at outpatient facilities in Iraq revealed that only one-third (33%) of the women reported receiving pre-deployment counseling on menstrual regulation.<sup>4</sup> A 2011 study that surveyed 500 women who had deployed primarily to Iraq and Afghanistan reported that 86% of the Service women said that education about menstrual suppression should be mandatory for all women entering the Service.<sup>5</sup>

A 2012 review of the literature on the gynecologic health of deployed Service women recommended that Service women be provided pre-deployment education on women's health issues and made several recommendations for best practices in doing so.<sup>6</sup> It suggested that the education include "environmentally specific guidance on feminine hygiene in austere environments, behaviors that increase risks for UTI, and knowledge of gynecologic symptoms."<sup>7</sup> It suggested the education be included as part of the pre-deployment women's health assessment and be provided by a nurse practitioner. In addition, it highlighted the importance of having command support for the educational program.

At least one study has found that such pre-deployment educational efforts are effective.<sup>8</sup> In this 2010 study of 42 female Soldiers, half of the women attended a class on women's hygiene and strategies for preventing genitourinary problems that are common during deployment prior to deploying to Iraq, led by a nurse practitioner. In addition to the class, the women also received feminine hygiene deployment toolkits and a FUDD. All 42 women then completed pre- and post-deployment questionnaires designed to gauge the effectiveness of the program. The study concluded that the class was effective in increasing women's knowledge of women's health issues and menstrual control. It also increased the number of women taking birth control pills continuously as a method of controlling menstruation. The authors of the study noted that the need for education on women's health care during deployment was "identified over a decade ago and has yet to be addressed."<sup>9</sup>

### Education for Medical Personnel

Literature confirms a lack of confidence on the part of deployed Service women in the ability of medical personnel to properly address women's health issues and to maintain women's privacy and confidentiality. The Army White Paper, described above, found that women who had been deployed reported a lack of confidence in medical personnel to properly address women's health issues and a concern about the lack of confidentiality among health care providers in treating women's health issues.<sup>10</sup> The authors recommended that the Services provide better pre-deployment and in-theater education for medics on women's health issues. A separate ongoing study funded by

TSNRP preliminarily found that military medics themselves reported feeling unprepared and uncomfortable providing treatment for health concerns specific to women.<sup>11</sup> This study was based on interviews with 54 military medics who provided women's health care in a deployed or ship setting within the past three years. In the study's focus groups, the medics recommended pre-deployment training on diagnosing and treating genitourinary symptoms in deployed environments.

### Inventory and Availability of Supplies and Equipment for Women's Health Needs

Literature confirms a lack of supplies for addressing and treating deployed women's health concerns. Military medics in the ongoing study described above reported that the lack of genitourinary diagnostic and treatment supplies in deployed settings was a source of frustration and was compounded by their lack of sufficient training in women's health care issues.<sup>12</sup> On a more positive note, Army Medical Command officials in an October 14, 2012 article in *Stars and Stripes* stated that self-diagnosis kits for urinary tract and vaginal infections should be available to Service women during deployment through pharmacies located downrange, by the end of 2013, although test results will still need to be taken to a health care provider for treatment.<sup>13</sup>

### Combat Gear and Equipment Tailored to Women's Bodies

Literature confirms the pain and related issues women have had because of improperly sized and poorly designed gear and equipment tailored to men's bodies. For example, a 2011 article on the genitourinary problems of women in deployed settings discusses problems arising from gear and equipment that is not tailored to women's bodies, including research showing that poorly fitting gear can both restrict women's performance and compromise their safety.<sup>14</sup>

### Recommendations

This section provides DACOWITS' 2012 recommendations on the health of deployed Service women and summarizes the reasoning in support of these recommendations. The recommendations and reasoning are based on the research and

resources summarized in the previous sections of this part of Chapter II.

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**Recommendation 1:** DoD should establish a means for oversight, collection and dissemination of research, lessons learned and best practices for the health of women.

### Reasoning

DACOWITS was concerned to learn that DoD does not have a central repository, oversight, or method of dissemination within DoD of research on women's health issues undertaken by the Services or DoD. As a consequence, lessons learned and best practices in one Service are not adequately shared with the other Services and women's health issues are addressed inconsistently and not as effectively as they should be. The Office of the Assistant Secretary for Health Affairs has recognized this, stating that a next step is to establish an interagency working group of key stakeholders from the DoD and VA research, clinical and educational domains to focus on the health care issues of Service women and veterans. The focus should go beyond research to provide guidance on best practices as well.

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**Recommendation 2:** The pre-deployment health assessment for women should provide information on effective urogenital hygiene practices, use of female urinary diversion devices, symptoms and treatment of vaginitis and urinary tract infections, options for birth control and menstrual cycle control, and ways to manage stress. This information should also be part of continuing health education for deployed women.

### Reasoning

As women increasingly deploy into operational field environments and take on expanded roles, including ground combat, their ability to perform the duties of the job are, in part, dependent on their ability to maintain good health. DACOWITS was encouraged to learn from participants in its 2012 focus groups

that there have been some recent improvements in addressing the health issues of deployed Service women. However, there are continuing issues, including some previously identified by earlier research. In particular, there is a continuing need for education on the specific health issues women are likely to face during deployment.

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**Recommendation 3:** All health care providers should be trained to diagnose and treat women's health issues in a deployed setting in a competent and professional manner, respecting the privacy of the women treated.

### Reasoning

There is too often unwillingness on the part of deployed women to seek medical care because of fear that it will be seen as a weakness, lack of confidence in the training of medical staff to address health issues particular to women or a belief that medical personnel do not protect privacy or take women's health concerns seriously. Better training of all health care providers should make medical personnel more competent and comfortable in treating women's health issues, ensure the privacy of all military members, and encourage women to seek necessary treatment.

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**Recommendation 4:** Inventory and ready availability of equipment and supplies for women's health should be assured in deployed environments, including birth control, emergency contraception, medications for vaginitis and urinary tract infections, tampons and sanitary napkins, and female urinary diversion devices.

### Reasoning

Despite the increased number of women deployed in the last several years, there continue to be reports that medical supplies to address women's health needs are, in some instances, inadequate. Providing these supplies in the deployed environment is crucial to ensuring women's health and performance in the field.



**Recommendation 5:** The Services should ensure that properly designed and fitted individual combat equipment is provided to women on an expedited basis and the Services should collaborate on product development, testing, and procurement to facilitate the development and prompt distribution of appropriate individual combat equipment.

### Reasoning

Women continue to suffer hip, back, knee and other pain and injuries as a result of wearing equipment and other combat gear designed for men's, not women's, bodies. Although there has been welcome progress in this area, this issue has yet to fully be addressed across all Services, particularly on a timely basis. In addition, there is an apparent lack of communication and collaboration among the Services in sharing testing results and developing this much-needed equipment. Providing Service women with properly designed and fitted combat equipment is essential to women's unhindered performance of their military duties and to overall military readiness.

## Prevention of Sexual Harassment and Sexual Assault in The Military

The Committee's 2012 study on the prevention of sexual harassment and sexual assault in the military drew upon its past work on this issue, including most recently in 2011 when it conducted focus groups, received briefings and examined other research and sources of information in support of its 2011 recommendations.

The prevention of sexual harassment and sexual assault in the military continues to demand immediate and concentrated action. DoD reports that in fiscal year (FY) 2011 there were over 3,000 reports of sexual assaults involving Service members, but estimates there were actually as many as 19,000 such attacks, because sexual assault is such an unreported crime.<sup>15</sup> There have also been serious and widespread allegations of sexual misconduct in the Air Force training program at Lackland Air Force Base in 2012, involving at least 23 training instructors and 48 trainees.<sup>16</sup> DoD reports that

in FY 2010, the most recent year for which data are available, 21% of Service women and 3% of Service men reported being sexually harassed in the previous year.<sup>17</sup>

As in 2011, the Committee's 2012 focus was principally on improving the accountability of military leaders in preventing and responding to sexual harassment and sexual assault. This part of Chapter II is organized into the following sections:

- Summary of Select Briefings and Information Presented to DACOWITS
- Recommendations

### Summary of Select Briefings and Information Presented to DACOWITS

DACOWITS' research on sexual harassment and sexual assault included a meeting of the Wellness working group with the Director of the Sexual Assault Prevention and Response Office (SAPRO) and commanders from each of the four DoD Services to discuss leadership accountability on the issue of sexual assault, a briefing by the chair of the Wellness working group on this meeting, a briefing from the Office of Diversity Management and Equal Opportunity on the DoD response to the September 2012 Government Accountability Office (GAO) report on preventing sexual harassment in the military, and two briefings from SAPRO on the DoD initiatives to address sexual assault in the military announced in April and May of 2012. Although the Committee also requested a briefing by the Air Force on the status of the sexual assault allegations at Lackland Air Force Base and the resulting investigation of whether there are systemic problems in Air Force training that need to be addressed, Air Force declined to provide this brief at the time requested because the report, and changes that may result from it, have not yet been made public.<sup>18</sup> This section presents highlights from the briefings the Committee received. For a full list of briefings and information presented to DACOWITS in 2011, see *Appendix H*.

**DoD Response to the Government Accountability Office Review of Sexual Harassment, March 2012**

Jimmy Love, Office of Diversity Management and Equal Opportunity, Defense Equal Opportunity Management Institute (DEOMI) Liaison

Mr. Jimmy Love briefed the Committee on the DoD response to the September 2012 GAO report, *Preventing Sexual Harassment: DOD Needs Better Leadership Commitment and an Oversight Framework*, in which GAO found much room for improvement in DoD's efforts to address sexual harassment in the military. GAO recommended that DoD take the following actions: (1) develop a strategy for holding leaders accountable for enforcing DoD's sexual harassment policies; (2) track compliance with requirements for conducting command climate assessments; (3) provide guidance on how sexual harassment incidents are to be handled in Joint Service environments; (4) establish uniform data elements for collecting and reporting for all sexual harassment complaints; and (5) implement an oversight framework to help guide DoD's efforts.

Mr. Love stated that DoD concurred with all of GAO's recommendations and is developing a plan to address all five recommendations. He provided specific examples of the steps DoD is taking with respect to each of the recommendations.

Mr. Love also addressed the way in which DoD is handling complaints of discrimination on the basis of sexual orientation. Consistent with federal law generally, DoD decided as part of the policy implementing the repeal of Don't Ask, Don't Tell not to expand the protected military equal opportunity classes to include sexual orientation. Thus, complaints of discrimination on the basis of sexual orientation are referred to the chain of command and ultimately resolved, if necessary, by the Inspector General. However, complaints of sexual harassment based on sexual orientation are within the purview of the military equal opportunity policy and are handled by the military equal opportunity office.

**Leadership Accountability in the Prevention of Sexual Assault and Sexual Harassment: DACOWITS Wellness Working Group Report, March 2012**

COL (Ret.) Margarethe Cammermeyer, Chair of the Wellness Working Group

COL (Ret.) Margarethe Cammermeyer, Chair of the DACOWITS Wellness working group, reported on a February 29, 2012, meeting of working group members with Maj Gen Mary Kay Hertog, SAPRO Director, and four officers who have served or are currently serving in command positions (one from each DoD Service). The purpose of the meeting was to discuss whether measures of a commander's effectiveness in combatting sexual assault and sexual harassment should be included in individual commander's performance evaluations. Currently, commanders are expected to conduct command climate assessments within 90 (Air Force, Army, Navy) to 120 (Marine Corps, Coast Guard) days of taking over a command and periodically thereafter. However, except in the Navy, only the commander, and not the commander's supervisor, sees the assessments.

The commanders in the meeting agreed that leadership accountability is important in preventing and responding to sexual harassment and sexual assault. However, they were generally opposed to the working group's suggestions that accountability would be enhanced by requiring that the results of climate assessments be reported to a higher level and that measures of the commander's handling of sexual harassment and sexual assault issues should be included in performance evaluations. With respect to command climate assessments, they had several concerns. Because command climate assessments are supposed to be a tool for commanders themselves to use in evaluating command climate, not as a tool for assessing commanders' performance, they should not be provided to their superiors. In addition, because the initial climate assessment is conducted when the commander is first in the job, it may reflect the climate established under the previous command, not the current command. Finally, a command climate assessment might show increased reporting of sexual harassment and sexual assault complaints because the commander has fostered a more open environment or made clear his

or her intention to take such complaints seriously, yet the increased number of complaints could be held against the commander.

Similar concerns were raised by the commanders about including specific measures of commanders' leadership in combatting sexual harassment and sexual assault in performance evaluations. In addition, the commanders thought that it is hard to rate "good leadership," which has several qualitative aspects to it.

Working group members discussed with the commanders ways in which the commanders' concerns could be overcome. The commanders were unable to provide alternatives to the working group's suggestions that would help ensure leadership accountability in combatting sexual harassment and sexual assault.

### SAPRO DACOWITS Update, June 2012

Maj Gen Mary Kay Hertog, Director, SAPRO

Maj Gen Hertog, SAPRO Director, briefed the Committee on the sexual assault initiatives announced by Secretary Panetta and Chairman of the Joint Chiefs of Staff Dempsey on April 16, 2012. These initiatives have been operationalized in two primary documents. The first, an April 20, 2012 memorandum from the Secretary of Defense on *Withholding Initial Disposition Authority Under the Uniform Code of Military Justice in Certain Sexual Assault Cases*, provided that, effective June 28, 2012, initial disposition authority be withheld from commanders who do not possess at least special court-martial convening authority and who are not in the grade of O6 or higher, with respect to certain sexual assault allegations.<sup>19</sup> The second, a May 7, 2012 *Strategic Direction to the Joint Force on Sexual Assault Prevention and Response* from Chairman Dempsey (and signed as well by the Vice Chairman of the Joint Chiefs, the Service Chiefs, and the Commandants of the Marine Corps and the Coast Guard) provided further details on the announced initiatives.<sup>20</sup> The Strategic Direction, which is addressed to "Commanders and Leaders of the Armed Forces," requires commanders to "operationalize sexual assault prevention and response along five 'Lines of Effort' – prevention, investigation, accountability, advocacy and assessment – "supported by five Overarching Tenets" of leadership, communication, culture/environment, integration and resourcing.<sup>21</sup> The Strategic

Direction provides several specific actions to be taken and metrics to be developed under each of the "Lines of Effort." The Strategic Direction does not assign responsibilities for the implementation of its provisions beyond "call[ing] on ... commanders and leaders (at every level) to personally read, understand and implement this strategy."<sup>22</sup>

Maj Gen Hertog began her briefing by confirming that the change in disposition authority takes effect on June 28. With respect to the other initiatives, although legislation is not necessary for their implementation, DoD is discussing with Congressional leaders the extent to which they might be incorporated into legislation. However, as the initiatives had just been announced at the time of her briefing, she was able to provide few details on their implementation.

Maj Gen Hertog also briefed the Committee generally on DoD's legislative package on sexual assault issues, including the extent to which DoD's proposals have been incorporated into proposed legislation, including the pending FY 2013 National Defense Authorization Act (NDAA). She reviewed DoD's progress in meeting the FY 2012 NDAA requirement to establish a credentialing program for Victim Advocates and Sexual Assault Coordinators, expected to be completed by October 2013, and the FY 2009 NDAA requirement that DoD establish a Defense Sexual Assault Incident Database (DSAID), expected to be fully functional by August 31, 2012. She concluded her presentation by reporting that questions to evaluate the Sexual Assault Prevention and Response (SAPR) program have been added to the Defense Equal Opportunity Climate Survey conducted annually by DEOMI. These questions survey Service members on their general perceptions of leadership support for sexual assault prevention and response, their willingness as a bystander to take on intervening action to prevent sexual assault, their perceived barriers to reporting sexual assault, and their knowledge of sexual assault reporting options.

### Strategic Direction on Sexual Assault and Response Update, September 2012

Col Mary Reinwald, Marine Corps, SAPRO Deputy Director of Victim Assistance and Prevention

As a follow up to Maj Gen Hertog's briefing, the Committee posed written questions on the April/

May 2012 sexual assault prevention and response initiatives to DoD and requested a briefing from a knowledgeable official on the answers to these questions. The Committee saw the initiatives, if implemented effectively, as a step forward, but had concerns that some of the provisions' effectiveness might be limited. In response to this request, Col Mary Reinwald provided a general overview of the initiatives. She responded as follows when asked about the Committee's specific written questions:

Regarding the timeline for implementing the initiatives and the individual or other authority specifically charged with their implementation, Col Reinwald stated that the responsibility for implementing the initiatives rests with each of the Services, and she does not know their timelines. She added that SAPRO will monitor these efforts.

Regarding why the change in initial disposition authority applies only to certain sexual assault offenses contained in Article 120 and Article 125 of the Uniform Code of Military Justice (UCMJ), and specifically why the offenses of "aggravated sexual contact" and "abusive sexual contact" in Article 120 were omitted, Col Reinwald said the General Counsel's office could perhaps provide an answer.<sup>23</sup>

Regarding whether an individual could report an allegation of sexual assault directly to an officer at the O6 level or higher or must report through her or his more immediate commander, Col Reinwald confirmed that the report must be made through the lower-level commander.

Regarding whether the results of the command climate surveys that the initiatives require be done within 120 days of assuming command (and annually as appropriate) would be seen by anyone other than the commander, Col Reinwald said that it is up to the Services to decide how to implement this provision. There is no requirement by DoD that command climate surveys be provided to anyone up the chain of command.

Col Reinwald suggested that the Committee ask the individual Services for answers to other questions about the initiatives.

### Recommendations and Continuing Concerns

This section provides DACOWITS' 2012 recommendations on the prevention of sexual harassment and sexual assault and summarizes the reasoning in support of these recommendations. It also sets forth some continuing concerns. The recommendations, reasoning and continuing concerns are based on the research and resources summarized in the previous sections of this part of Chapter II.

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**Recommendation 1:** The Secretary of Defense should assign responsibility for the initiatives on sexual assault prevention and response announced by DoD in April and May of 2012 to an official with sufficient authority to oversee and evaluate the implementation of the initiatives by both DoD and the Services.

#### Reasoning

The initiatives announced by DoD in April and May of 2012, if implemented effectively, are a step forward in ensuring accountability of military leaders and the military justice system. In fact, accountability is expressly one of the initiatives' five Lines of Effort. However, beyond calling on commanders and leaders (at every level) to personally read, understand and implement the Lines of Effort, the initiatives do not assign responsibility for their implementation, nor has there been any supplemental DoD directive or other guidance to do so. Without such responsibility, there is no way of ensuring accountability for and consistency of the implementation of the initiatives.

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**Recommendation 2:** DoD should include measures of sexual harassment and sexual assault in command climate assessments, and the results of command climate assessments should be provided both to the relevant individual commander and to the next higher level of command.



## Reasoning

The initiatives announced by DoD in April and May of 2012, as part of the prevention Line of Effort, require that a command climate assessment be conducted within the first 120 days of assuming command and annually as appropriate. The initiatives are unclear as to whether this command climate assessment must include express measures related to sexual harassment and sexual assault. Such assessment is an important way of receiving an early warning of problems in a command and otherwise ensuring a climate free of sexual harassment and sexual assault. In addition, current command climate assessments, except in the Navy, are provided only to individual commanders, not shared with their superiors, and the initiatives do not require a change in this process. It is important that superiors receive these assessments in order to fulfill their own command responsibility. Command climate assessments, especially if provided to both individual commanders and their superiors, can help ensure that sexual harassment and sexual assault prevention and response are a command priority.

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**Recommendation 3:** Effectiveness in combating sexual harassment and sexual assault should be a part of individual performance evaluations of all Service members.

## Reasoning

Command climate assessments can help ensure that combatting sexual harassment and sexual assault is a command priority. An even more important tool, however, is to include effectiveness in combatting sexual harassment and sexual assault in individual performance evaluations of all Service members. Fair measures would need to be developed, since it would not be appropriate to base evaluations solely on whether there were complaints of sexual harassment or sexual assault in a unit. But a Service member who knows he or she will be evaluated in part on his or her sexual harassment and sexual assault prevention and response efforts is more likely to take such efforts seriously. This recommendation is consistent with the Government Accountability Office's 2012 recommendation that DoD develop a strategy for holding individuals accountable for promoting,

supporting and enforcing DoD's sexual harassment policies and programs and with the April/May 2012 DoD sexual assault prevention and response initiatives' first, second and fifth Lines of Effort – prevention, accountability and assessment.

## Continuing Concerns

In the course of examining sexual harassment and sexual assault prevention and response, the Committee identified several continuing concerns for possible further consideration:

- Why the DoD change in disposition authority that took effect in June 2012 is limited to certain sexual offenses in Article 120 and 125 of the UCMJ, and whether it should be so limited.
- The effectiveness of the April and May 2012 DoD initiatives in preventing sexual assault and sexual harassment.
- Whether there are systemic problems in military training programs that increase the likelihood of sexual harassment and sexual assault, and if so, the ways in which they might be addressed.

## Reproductive Health Care Coverage for Military Women

The Committee's 2012 examination of the reproductive health care coverage for military women focused on the limitations on abortion coverage for military women and female dependents of military men and women. This part of Chapter II is organized as follows:

- Summary of Briefing Presented to DACOWITS
- Recommendation and Continuing Concern

### Summary of Briefing Presented to DACOWITS

The Committee requested and received a briefing at the December 2012 meeting from Committee member MG (Ret) Gale Pollock on the restrictions in current law on abortion coverage for military women and female dependents of military men and women. MG (Ret) Gale Pollock, who has studied this issue in depth, retired from the Army as Chief of the Army Nurse Corps and previously served as Acting Surgeon General of the Army and Commander of the Army Medical Command.

MG (Ret) Gale Pollock explained that under federal law, health care coverage for abortions for military women and female military dependents is available only if the life of the pregnant woman is endangered. Section 1093(a), title 10 of the United States Code provides: “Restriction on Use of Funds. – Funds available to the Department of Defense may not be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.” This means that military women and female military dependents do not have health care coverage for abortion care in any other circumstances, including in the case of rape or incest.

There are legal limitations on abortion coverage in other federal health insurance programs as well. However, in contrast to the coverage provided for military women and female military dependents, these programs cover abortions in the case of rape or incest as well as when the life of the woman is endangered. Examples of federal programs with rape and incest abortion coverage include the Federal Employees Health Benefits Program, Medicaid, Medicare, Indian Health Service, and District of Columbia-funded health insurance programs. MG (Ret) Gale Pollock said that the result of this disparate treatment is that military women and female military dependents receive less health care coverage than other federal health insurance program beneficiaries whose pregnancies are the result of rape or incest; military women and female military dependents must pay personally, out-of-pocket, for their abortions when pregnancy results from rape or incest; junior enlisted women may be especially affected because they have some of the highest incidence rates of rape and are less likely to be able to pay for their own abortion care; and there is a negative impact on military readiness and an undermining of the fundamental principle that the United States takes care of its troops. In addition, a recent poll shows that a vast majority of Americans (68% of respondents) oppose DoD’s failure to cover abortions in the case or rape or incest.

Pending legislation offered by Senator Jeanne Shaheen as part of the National Defense Authorization Act for FY 2013 (FY2013 NDAA) authorizes DoD to pay for abortion coverage in the case of rape or incest, in addition to life endangerment. At the time of this

writing, the Senate Armed Services Committee had adopted the Shaheen amendment by a bi-partisan vote (16-10) as part of its version of FY 2013 NDAA and the full Senate passed the bill, S.3254, by a vote of 98-0. However, the House-passed version of FY 2013 NDAA did not include any change in abortion coverage. The Senate and House of Representatives must reconcile the differences in their two bills.

The Department of Defense has previously supported adding coverage for abortion in the case of rape or incest<sup>24</sup> and the Administration has expressed its support for the Senate’s NDAA provision.<sup>25</sup> But because this is a critical time for securing passage of this important provision, MG (Ret) Gale Pollock advocated strong, concerted action on the part of DoD to secure the necessary legislative changes. Accordingly, she recommended that DACOWITS urge DoD to affirmatively, strongly and immediately press for passage of legislation to provide DoD funding of abortion coverage for pregnancies that are the result of rape or incest.

### Recommendation and Continuing Concern

This section provides DACOWITS’ 2012 recommendation on expanding reproductive health care coverage for military women and female military dependents. The recommendation, reasoning and continuing concern are based on the research and resources summarized in the previous section of this part of Chapter II.

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**Recommendation 1:** DoD should affirmatively, strongly and immediately press for passage of legislation, such as the provision offered by Senator Jeanne Shaheen, to provide for DoD funding of abortion coverage in the case of rape or incest.

### Reasoning

It is unjust and inequitable that women in uniform who sacrifice for our country every day have less health care coverage than other federal employees. At a time when the number of rapes and other sexual assaults in the military is raising widespread alarm and

it is critically important to help survivors, it is incomprehensible that Service women who are survivors of rape do not receive health care that covers abortion. Current law prohibiting abortion coverage in cases of rape and incest negatively affects the readiness of our forces and undermines the principle that U.S. troops deserve the best care. As a matter of the health and well-being of American Service women and female military dependents, DoD should actively and strongly champion the change in law necessary to ensure abortion coverage for military women and female military dependents whose pregnancies are the result of rape or incest.

### Continuing Concern

In the course of examining reproductive health care coverage issues for women in the military and military dependents, the Committee identified the following continuing concern for possible future consideration:

- Expanding the availability of reproductive health care in the military.

## Defense Advisory Committee on Women in the Services





# Chapter 3

## Assignments Research and Recommendations

The Committee identified as its 2012 Assignments topics the retention gap between military men and women in a drawdown environment and the effective and full integration of women into ground combat units, including through the development of gender-neutral physical standards. To undertake this effort, the Committee received briefings from knowledgeable DoD and Services personnel and outside experts, gathered data and other information directly from Service members in focus groups and other interactions during installation visits, and researched relevant literature and other resources. This chapter is divided into two parts for the two study topics, with the Committee's findings, recommendations, and the reasoning behind these recommendations provided in each part.

### Retention Gap Between Military Women and Men in a Drawdown Environment

The Committee's 2012 study of the gender gap in military retention in a drawdown environment was prompted in part by a recommendation of the Military Leadership Diversity Commission (MLDC) in its March 2011 report, *From Representation to Inclusion: Diversity Leadership for the 21st Century Military*.<sup>26</sup> The MLDC found that women Service members are less likely to remain in the military and are less likely to view the military as a career than are male Service members, and recommended that DACOWITS further investigate the reasons for this gap in retention and ways to address it. The Committee was additionally concerned about the effect that the force drawdown – prompted in part by the withdrawal of troops from Iraq in 2011 and Afghanistan beginning in 2012 – might have on the retention of highly qualified Service women. The Army and the Marine Corps, for example, have announced plans to reduce their numbers of active duty personnel between FY 2012 and FY 2017 by approximately 80,000 and 25,000, respectively.<sup>27,28</sup>

Accordingly, the Committee's 2012 focus was on ways to address the gender gap in retention in a drawdown environment, including strategies for retaining highly qualified women. This part of Chapter III is organized into the following sections:

- Summary of Select Briefings and Information Presented to DACOWITS
- Summary of Focus Group Findings
- Relevant Literature and Other Resources
- Recommendation and Continuing Concern

### Summary of Select Briefings and Information Presented to DACOWITS

The Committee's research on the retention gap and ways to retain highly qualified women included briefings on retention programs from each of the Services and from the Australian Defence Force (ADF), and a written submission from the National Guard Bureau (NGB). For a full list of briefings presented to DACOWITS, see *Appendix H*.

### Service Retention Programs

MG Marcia Anderson, Army; LT Elizabeth Huntoon, Navy; Brig Gen Gina Grosso, Air Force; Col Jon Aytes, Marine Corps; CDR Tanya Schneider, Coast Guard, September 2012; NGB (written submission), November 2012

Each of the Services briefed the Committee on its plans and programs to retain highly qualified women.

MG Marcia Anderson stated that the Army's intent is to retain the best qualified Soldiers and leaders. The reasons Soldiers stay in or leave the Army are generally the same for men and women. The Army is working to increase the likelihood that women will view the Army as a career and to ensure the force structure is conducive to women Soldiers' advancement. It is trying to increase career opportunities for women, including expanding women's access to previously closed Military Occupational Specialties (MOSs). Because women

Soldiers have a higher attrition rate than men, from basic training forward, the Army is also investigating the effect of injuries, such as stress fractures, on the attrition of women and how to prevent such injuries.

LT Elizabeth Huntoon briefed the Committee on the Navy's efforts to retain women, particularly the Career Intermission Pilot Program (CIPP), which is designed to meet some of the work-life challenges Sailors face. The program allows Sailors to temporarily separate from service for up to three years for a variety of reasons by transferring out of the Active Component into the Individual Ready Reserve. Sailors in CIPP maintain medical/dental insurance and Navy exchange/commisary benefits during their separation from active duty service. For every month in CIPP, participants incur a two-month service obligation, to be fulfilled when they return to active duty. The program has been in existence for three years and currently offers 20 slots to officers and 20 slots to enlisted personnel each year, though thus far only a total of approximately 20 Service members have used the program annually. Participants have used the program for various reasons, including to pursue higher education, care for an ill family member, start a family, and travel the world. Although the Navy has not yet evaluated whether the program affects retention, results from its annual *Pregnancy and Parenthood* survey give some positive indications. The survey shows Service members believe CIPP is a positive sign that the Navy values work-life balance.

Col Jon Aytes briefed the Committee on the Marine Corps' efforts to retain women. According to a Marine Corps FY 2012 officer satisfaction survey and a FY 2011 enlisted retention survey, women and men gave roughly the same reasons for staying in and leaving the Marine Corps. Women and men officers both cite job satisfaction, pay and allowances, and opportunity for promotion and advancement as the top factors influencing them to stay, and cite family, the desire to start a second career, and civilian job opportunities as top factors influencing them to leave. Women and men enlisted members both cite Marine Corps pride, the opportunity to lead and train Marines, and the ability to choose a duty station as top factors influencing them to stay, and cite number of hours worked and civilian job opportunities as top factors influencing them to leave. Col Aytes stated that the female accession goal for the

enlisted-to-officer commissioning program increased from FY 2010 to FY 2012, to encourage more enlisted women to become officers and potentially make the Marine Corps a career. In addition, the Marine Corps offers Service members the opportunity to transfer from active duty to Selected Reserve to retain qualified personnel and currently offers financial incentives for doing so, which may influence women to stay in the Marines. The Marine Corps is also considering implementing a Career Intermission Pilot Program like the Navy's, for use in occupations where retention is a challenge. Col Aytes said that professional organizations, such as the Women Marines Association, also promote retention, career development and mentorship.

CDR Tanya Schneider briefed the Committee on the Coast Guard's efforts to retain women. The Coast Guard has a variety of retention programs, which focus on three populations: women, parents and the entire Coast Guard population. Retention programs with a women-specific focus include various affinity groups and regional and local mentoring groups and symposiums. The Coast Guard also has a full-time Women's Afloat Coordinator whose job is to ensure women receive the same opportunity as men to serve on ships. Retention programs with a parental focus include the Care for Newborn Children (CNC) program, which allows men and women to separate from service for up to 24 months to care for a child less than 12-months old. The Service member is completely separated from the Coast Guard while in the program, but retains the option of returning to active duty at any time during the two-year period. Additionally, the Coast Guard has provisions for breastfeeding and recovery from pregnancy while on active duty, including allowing time for women to pass the physical fitness test (PFT) after giving birth. The Coast Guard has leave policies that allow women to take up to 30 days, and men to take up to 10 days, of leave following the birth of a child. The Coast Guard also has nine child development centers (CDCs) and provides child care subsidies to Service members with family incomes below \$100,000. Retention programs that serve all Coast Guard members include the Temporary Separation Policy. This policy is similar to the CNC program but is available to individuals without children as well. It can be used to temporarily separate from service for any reason, generally up to two

years, and Service members frequently use it to attend school or work in the private sector.

Brig Gen Gina Grosso reviewed the Air Force's efforts to retain women. She stated that the Air Force has several retention programs in place that serve both women and men, such as Special Duty Assignment Pay and the Selective Reenlistment Bonus for enlisted personnel, and the Critical Skills Retention Bonus for both enlisted personnel and officers. The Air Force has also commissioned two studies to better examine its retention and attrition rates. The first is a women's retention study that is being done as part of RAND's Project Air Force, which is designed to gain a better understanding of the retention differences between women and men. This study should be completed in 2013. The second study is a Career Decisions Survey, which is attempting to identify factors that influence members' decisions to stay in or leave the Air Force. The Air Force hopes to use both studies to develop more targeted retention policies.

According to the NGB written submission, the Army National Guard (ARNG), and the Air National Guard (ANG) have both developed strategic plans to assist in the advancement of underrepresented groups of Service members, including women. The promotion pipeline for women in the ARNG and ANG remains an issue, as women are significantly underrepresented in senior officer and enlisted ranks. There have, however, been positive trends in the recruitment, retention, promotion, and overall representation of women in the past several years. Given the upward trends in the number of women recruits and the overall representation of women, the NGB anticipates that women will become better represented in senior levels over the next few years as increasing numbers of junior women join the upper ranks. Additionally, neither ANG nor ARNG believes the drawdown will disproportionately affect the retention of women. The ARNG anticipates that women will gradually see greater promotion opportunities as the Army opens more combat arms positions to women. The ANG, in comparison, believes that the key to increasing the representation of women in its senior ranks is to attract, retain, and develop rated women officers, particularly pilots.

## ADF Update, September 2012

LTCOL Gwenda Caspersonn, Staff Officer,  
Embassy of Australia

LTCOL Gwenda Caspersonn, as part of a larger brief to the Committee on changes in the employment of women in the ADF including a recent report by the Australian Human Rights Commission on treatment of women in the ADF (see Chapter III B, below), reviewed the ADF's programs aimed at retaining women. The ADF grants 52 weeks of maternity leave for women who are pregnant or have given birth (up to 14 weeks paid), and 66 weeks of parental leave to ADF members with newborn or adopted children (2 weeks paid). The ADF also offers flexible work arrangements to ADF members, such as flexible work schedules and telecommuting; these arrangements are available on a position-by-position basis, and some positions are not eligible for them. The Australian Human Rights Commission has recommended, among other things, that the ADF allow even greater flexibility for ADF members to address work-family commitments, such as the ability to work part time and take career breaks.

## Summary of Focus Group Findings

During the spring of 2012, DACOWITS conducted 23 focus groups at eight locations to inform its work on the retention gap between military women and men in a drawdown environment. There were 233 participants in these groups – 146 women and 87 men – from all branches of the Service, including Reserve components. Nearly half of the participants were in the Air Force and Army (26% and 22%, respectively), 14% were in the Coast Guard, 14% were in the Marine Corps, 12% were in the Navy, and 12% were in the Reserve Component. Over half of the participants were non-Hispanic White (59%), and the remainder of the participants were either Hispanic (19%), non-Hispanic Black (13%), or of another race/ethnicity (9%). Enlisted Service members (57%) and officers (43%) were both well represented. Participants had a wide range of military experience; 15% of participants had served fewer than 3 years in the military, 36% had served between 3 and 9 years in the military, and nearly half (49%) had served for 10 or more years. See *Appendix F* (Mini-Survey Results) and *Appendix G* (DACOWITS 2012 Focus Group Findings) for further detail.

### Service Members' Reasons for Planning to Stay in or Leave the Military

Overall, women focus group participants were more likely than men participants to be undecided about their military career plans and women participants were less likely than men participants to plan on staying in the military, at least beyond their current commitment (68% of women versus 81% of men).

Participants who planned to stay in the military for some time or to make the military a career provided various reasons for their decision. These included financial reasons (e.g., pay, bonuses, benefits, retirement benefits, and job stability), personal and family reasons, and positive aspects of their military job (e.g., training and skills learned in the military, sense of duty and pride, enjoyment of the job and its opportunities, structure, camaraderie, and role models and leadership).

Participants who planned to leave the military provided various reasons for leaving, most often concerns about work-life balance. This was an issue for both men and women, but participants generally believed that these issues disproportionately affect women. Participants also raised the particular work-life challenges of dual-military families as factors in the decision to leave or stay in the military. Some participants stated that in those instances in which a spouse separates from the Service because of the pressures created when both partners have military jobs, the wife is more likely to leave the Service than the husband. Participants also highlighted workplace concerns as factors influencing them to leave the Service, citing dissatisfaction with their job or MOS, lack of promotional opportunities, too high an Operational Tempo (OPTEMPO), lack of role models, and opportunity for better pay in civilian jobs.

Some participants who planned to leave the military at the end of their commitment said nothing could make them stay; others indicated that greater schedule flexibility, a different MOS, or having a mentor might influence them to stay in the military.

### Drawdown and Retention

Most participants thought that the current drawdown would not affect them or their military career plans.

Most participants also thought the drawdown would not have a disproportionate effect on the retention of women Service members, but some participants thought that the drawdown might affect MOSs in which women are more highly concentrated – for example, administration – and therefore lead to higher attrition of women than men. Other participants thought that the drawdown might affect MOSs in which men are more highly concentrated – especially combat MOSs – and therefore lead to higher attrition of men than women.

### Relevant Literature and Other Resources

This section presents some literature and other resources on the retention gap and strategies for retaining highly qualified women, beyond the research referenced in the briefings described above.

#### Gender Gap in Retention

Empirical literature has consistently shown differences in retention and attrition between men and women in the military. When MLDC reported on the gap in the retention rates of men and women Service members in its 2011 report, it found that women's attrition rates (calculated using Defense Manpower Data Center (DMDC) data between FY 2000 and FY 2009) were higher than those of men across the Services and for both the Active and Reserve Components.<sup>29,30</sup> Similarly, more recent FY 2011 DMDC data provided to DACOWITS show higher rates of attrition for women than men across both the Active and Reserve Components, across nearly every Service branch, and every paygrade cluster.<sup>31</sup> For example, in the Active and Reserve Components, 12.3% of women Service members left their Service in FY 2011 compared to 10.4% of men. The FY 2011 DMDC data also show a gender gap in the percentage of separations compared to total strength, with women separating at a rate higher than their total strength, especially at the lower officer levels.<sup>32</sup>

There are some disparities between retention data for officers and enlisted personnel. A 2012 RAND study using longitudinal data on officers from 1988 to 2010 found that women were more strongly represented in the lower-level ranks (O1 to O3 and E1 to E4) and that women generally experienced lower retention rates in the O2 to O5 ranks than non-Hispanic White



males.<sup>33</sup> In contrast, the *Annual Report on the Status of Female Members of the Armed Forces of the United States: FY 2002-06* showed that retention rates for women and men enlisted members were similar.<sup>34</sup> Retention rates for women and men in the Air Force and Navy were similar at nearly all enlisted ranks. Among Army personnel, retention rates were lower among junior enlisted ranks (E1-E3) for women, but the differences leveled out as the ranks progressed. Retention rates in the Marine Corps were less delineated; the only consistent differences were a lower rate of retention among women at the E1 rank and a slightly higher rate of retention for women at the E4 rank.

Academic and military research shows that family reasons play a role in women Service members' decisions to stay in or leave the military. A 2003 survey of women Air Force members who had separated from active duty and transferred to the Reserves allowed respondents to select family-related reasons among other reasons for separating. The survey showed that women were more likely to separate for family-related reasons (e.g., wanting to start a family, wanting to stay home with children) than other reasons, such as wanting to pursue a career in the civilian sector.<sup>35</sup> The DMDC military personnel data from FY 2011, described above, provided for each separating military member a single reason for that member's separation. "Family," "work-life balance," or similar choices were not included among these Inter-Service Separation codes, but 6% of women who separated did so because of "parenthood" (not counting pregnancy, which had its own code), while only 1% of men separated for this reason. An additional 5% of women separated from Service because of pregnancy.<sup>36</sup> These data show, however, that the reasons for separation with the largest gender gaps were retirement (other than medical)—18% of women and 29% of men; behavior or performance – 20% of women and 29% of men; and medical disqualification – 28% of women and 21% of men.<sup>37</sup>

## Military Retention Programs

A 2003 RAND report recommended that the Services implement a range of leave programs to help retain highly skilled personnel at greater rates. The report suggested that leave programs could serve as incentives for exemplary performance and/or target specific cohort populations. For example, a program could be targeted to junior officers and

available only to those Service members with positive evaluations. The report also recommended more flexibility in leave programs, including that officers have more freedom to study areas of interest of value to their Service and have the ability to return from leave when Service needs make that return desirable.<sup>38</sup>

## Recommendation and Continuing Concern

This section provides DACOWITS' 2012 recommendation on addressing the retention gap between women and men in the military and summarizes the reasoning in support of that recommendation. It also sets forth a continuing concern. The recommendation, reasoning and continuing concern are based on the research and resources summarized in the previous section of this part of Chapter III.

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**Recommendation 1:** All Services should continue to develop and implement innovative strategies for successful retention of highly qualified women and men.

### Reasoning

While the retention gap between women and men in the military and the reasons for such a gap are complicated issues, it is important that the Services address the need to keep and develop top personnel, both women and men. Some of the Services are beginning to explore innovative ways to retain highly qualified Service members, but these programs (such as leave programs for family reasons) are in preliminary stages or underutilized. Greater attention to the development and implementation of such programs could yield improved retention results. The issue of talent management should not be ignored, especially at a time when forces are drawing down. To ensure a high-performing military force, the best and brightest women and men should be retained and have opportunities for advancement.

### Continuing Concern

The Committee identified the following issue on retention for possible further consideration:

- The ways in which the Services are downsizing so as not to lose the diversity and talent that make and keep our forces strong.

## Full Integration of Women into Ground Combat Units, including through the Development of Valid Gender-Neutral Physical Standards

The Committee's study of the integration of women into ground combat units in 2012 drew upon its work in 2010 and 2011, including focus group and other research in support of the Committee's 2010 and 2011 recommendations that DoD eliminate its 1994 ground combat exclusion policy. As in 2011, the Committee in 2012 focused on ways to effectively and fully integrate women into ground combat units, including through the development of gender-neutral physical standards. This section summarizes DACOWITS' 2012 findings, recommendations, and the reasoning behind the recommendations. This part is organized into the following sections:

- Summary of Select Briefings and Information Presented to DACOWITS
- Relevant Literature and Other Resources
- Recommendations

### Summary of Select Briefings and Information Presented to DACOWITS

The Committee's research included briefings on changes to the 1994 DoD ground combat exclusion policy from the DoD Office of Military Personnel Policy, efforts to open assignments to women and develop gender-neutral physical standards from the Army and the Marine Corps, and progress on the integration of women into ground combat units in Canada and Australia from military representatives of those countries. The Committee requested follow-up briefings from the Marine Corps and the Army on their respective efforts to open additional assignments to women and develop gender-neutral physical standards, and from the Marine Corps on the extent to which positions are currently closed because of physical requirements. However, the Army and the Marine Corps asked to postpone such briefs until they completed pending reports to the Secretary of Defense on their progress in addressing the directives that accompanied the Women in the Services Restrictions report, as described further

below. This section presents highlights from the briefings the Committee received. For a full list of briefings, see *Appendix H*.

### Women in the Services Restrictions (WISR) Review, March 2012

Ms. Juliet Beyler, Office of the Under Secretary of Defense (Personnel and Readiness), Office of Military Personnel Policy

Ms. Juliet Beyler briefed the Committee on the results of the DoD WISR review. By way of background, in the FY 2011 National Defense Authorization Act, Congress mandated that DoD review the gender-restrictive assignment policies contained in DoD's 1994 direct ground combat exclusion policy. Under the 1994 policy, women are eligible to be assigned to all positions for which they qualify, except "women shall be excluded from assignments to units below the brigade level whose primary mission is direct combat on the ground."<sup>39</sup> The 1994 policy also permitted (but did not require) the Services to restrict assignments of women in other circumstances, including "where units and positions are doctrinally required to physically collocate and remain with direct ground combat units that are closed to women" and "where job related physical requirements would necessarily exclude the vast majority of women Service members."<sup>40</sup> In addition, the 1994 policy permitted (but did not require) the Services to close positions in units engaged in long-range reconnaissance operations and Special Forces missions and when the costs of providing appropriate berthing and privacy arrangements are prohibitive. The WISR review was undertaken in response to this Congressional mandate to review the 1994 policy and culminated in a report to Congress that was released in February 2012.<sup>41</sup>

Ms. Beyler reported that, based on the WISR review, DoD determined to eliminate the optional collocation assignment restriction, stating that the result would be to open more than 13,000 Army jobs for assignment of women. The review found that restricting positions on the basis of collocation was no longer logical due to the non-linear nature of the current battlefield. In addition, as part of the review, DoD granted the Army, Navy and Marine Corps an exception to the ground combat exclusion policy to allow women in open occupations to be assigned to select direct ground combat units at the

battalion level (the level below brigade). According to DoD, this additionally opened approximately 1,000 assignments to women. Finally, as a result of the review, DoD stated that the Services supported the establishment of gender-neutral physical standards but required “sufficient time to complete a thorough analysis of job-related physical requirements as they pertain to the capabilities expected of Service members.”<sup>42</sup> Secretary Panetta directed the Service Chiefs to update him in six months on implementation of these policy changes, progress in developing gender-neutral physical standards, and identification of any further positions that could be opened to women.<sup>43</sup> Ms. Beyler said that the Secretary sees these steps as the beginning, not the end, of a process to remove barriers for women.

Members of the Committee generally welcomed the opening of new positions but had questions about the reasons given for some of the positions remaining closed, as discussed in more detail in the following section.

### **Listing of Closed Occupations/Open Occupations with Closed Positions, March 2012 and June 2012**

Lt Col Mark Horner, Office of  
Military Personnel Policy

At the briefing by Ms. Beyler on the results of the WISR review in March, Committee members questioned why ending the collocation requirement would open only 13,000 Army positions. This number seemed inconsistent with a 1998 GAO study, which reported that 89,000 positions were closed on the basis of collocation, and a 2006 DoD report to Congress, which showed the Air Force and Navy as well as the Army with positions closed due to collocation.<sup>44,45</sup> Further, the report to Congress on the WISR review suggested that some positions are currently closed to women because of the optional physical requirements restriction. This, too, seemed inconsistent with the 1998 GAO report and the 2006 DoD report to Congress, neither of which showed any positions closed to women because of the physical requirements restriction. Lt Col Mark Horner offered a possible reason for these discrepancies. In past listings of closed jobs, the Services may have provided only one reason for the closure; if there were additional reasons (including the physical requirements restriction), that might explain both the relatively low number of positions opened

by lifting the collocation restriction and that some positions remain closed because of the physical requirements restriction.

The Committee accordingly requested a list of the currently closed positions and all the reasons for their closure. Lt Col Horner provided this list at the Committee’s June meeting. It showed that only the Marine Corps has significant numbers of closed occupations because of physical requirements (e.g., field artillery officer, infantry weapons officer) or open occupations with closed positions because of physical requirements (e.g., certain data systems technicians, food service specialists, legal services specialists, civil affairs officers, religious program personnel). In the latter case, Committee members questioned how a determination could have been made that “job related physical requirements would necessarily exclude the vast majority of women,” since women are, in fact, serving in these occupations now. The Committee asked for a briefing on this matter, but the Marine Corps asked to postpone such a briefing until it completed its pending report to the Secretary of Defense on its progress in addressing the directives that accompanied the WISR report.

### **Army Briefings on Assignments Policy, December 2011 and June 2012**

MAJ Trina Rice, Women in the Army  
Assignments Policy Manager

MAJ Trina Rice briefed the Committee in December 2011 on the Army’s assignment policies. She said that as a result of the Army’s general cyclic review of closed positions and the then-pending WISR review, the Army expected to recommend ending the optional collocation restriction in the 1994 ground combat exclusion policy. Following the release of the WISR report in February 2012, MAJ Rice returned to brief the Committee in June 2012. She stated that the exception to the 1994 DoD ground combat exclusion policy to permit assignment of women in open occupations to select ground combat units at the battalion level would permit the Army to assign over 200 Army women to maneuver battalions in select Brigade Combat Teams. Researchers from the Army Research Institute for the Behavioral and Social Sciences will collect data on the results of these assignments. They will examine duty performance, training and occupational rates, recruiting and retention rates over time, and

impact on cohesion, morale and readiness. They will gather information from both men and women in the affected battalions through surveys, interviews, focus groups, performance counseling and individual performance evaluations completed by the unit commanders.

MAJ Rice also reported on the Army's continued review of its assignment policy generally. Of note, she stated that the positions currently closed to women in the Army are closed either because of the direct ground combat restriction or the optional Special Forces restriction; the Army has no positions closed to women because of the optional physical requirements restriction. She added that the Army believes it has gender-neutral physical standards in place for all MOSs and is working with U.S. Army Training and Doctrine Command (TRADOC) to confirm this.

The Army is also examining whether to recommend further job openings for women. The Army will report to Secretary Panetta on this, as well as on its assessment of the removal of the collocation restriction and the exception to policy, and its progress in developing gender-neutral physical standards, as required by the directives accompanying the WISR report.

### **Marine Corps Assignments Update, June 2012**

Col John Nettles, Marine Corps Manpower and Reserve Affairs, and Mr. Dennis Judge, Marine Corps Development Command/Training and Education Command

In a follow-up briefing to a September 2011 presentation by Col John Nettles to DACOWITS, Col Nettles and Mr. Dennis Judge briefed the Committee in June 2012 on the Marine Corps' review of positions closed to women and plans to develop gender-neutral physical standards.

The Marine Corps, under the exception to policy announced as part of the WISR review described above, is assigning women in open MOSs to select units previously closed to them at the battalion level. The Marine Corps will be evaluating the assignments to these units using evaluation forms completed by the units' commanding officers. The Marine Corps is also conducting a survey of its members on topics such as men's and women's interest in ground combat occupations, attitudes toward voluntary and involuntary

assignments, recruiting, and unit cohesion. The Center for Naval Analysis is researching the impact that opening additional assignments to women might have on the Marine Corps and the best practices that other organizations and countries have used in integrating women more fully.

With regard to physical standards, the Marine Corps will assess the physical standards of its ground combat element (GCE) and the performance of female Marines who volunteer to participate in the infantry officer program of instruction. The GCE physical performance standards include three physical tasks – a grenade launcher lift with a 40-pound combat load, an evacuation of a 165-pound mannequin with a 40-pound combat load, and a 20-kilometer march in under five hours with a 71-pound assault load. These tasks have not been validated by any outside scientific group as job-related but the Marine Corps believes they match tasks necessary in the field. In response to a Committee question, the briefers stated that the Marine Corps has historically tested male Marines on these tasks only once, in its infantry officer program of instruction; the commanding officers of the Marines who complete this program are then responsible for ensuring the Marines continue to meet the program's physical requirements. Thus far insufficient numbers of women have volunteered to participate in the infantry officer program of instruction to meet the statistical threshold for the assessment.

The briefers added that a factor in the Marine Corps' consideration of whether to recommend opening additional MOSs and units for assignment of women is the Marine Corps policy that any Marine may be involuntarily assigned to infantry, and further, that non-infantry GCE units (artillery and armor) may frequently be involuntarily assigned to provisional infantry missions, in both instances requiring that those so assigned meet physical standards beyond those required for non-infantry MOSs or units.

The Committee expressed concerns about testing women on physical requirements that have not been validated as job-related and questioned the extent to which Marines are actually involuntarily assigned to infantry or infantry missions. It requested clarification of the involuntary assignments policy and current



physical requirements, but the Marine Corps asked that a briefing on these issues be postponed until it completes its pending report to the Secretary of Defense on its progress in addressing the directives that accompanied the WISR report.

### Integration of Women into Combat Units, December 2011

Ms. Karen Davis, Canadian National Defence; DACOWITS' Meetings with the Canadian Armed Forces (CF), September 2012 – BG (Ret) Maureen LeBoeuf, DACOWITS Vice Chair

In December 2011, Ms. Karen Davis of the Canadian National Defence briefed the Committee on the history and process of gender integration in the CF. Ms. Davis recounted the lessons learned from the full integration of women and noted there were early challenges that led to course corrections and ultimately successful results. The lessons learned include that gender-neutral physical standards for occupations are essential and must be based on actual job requirements; critical mass – integrating women in sufficient numbers into a unit – helps, but is not effective by itself; women cannot be successfully integrated into units without addressing the behaviors and attitudes of their peers; and perceptions and unit culture matter.

In addition, BG (Ret) Maureen LeBoeuf, the Committee Vice Chair, reported to the full Committee in September 2012 on a visit by a Committee delegation to Canada on September 12-13, 2012, to learn more about the integration of women into the CF. Committee members received briefings on CF assignment policy and conducted three informal meetings with members of the CF, male and female, enlisted and officer, 10-12 members per group. BG LeBoeuf stated that women in the CF are deployed in ground combat roles and have achieved high officer ranks in the combat arms. Women currently comprise 13% of the CF, and of that number, about 4% are in the combat arms. In contrast to the early period of women's integration, attrition rates for women have leveled off and are now about the same for men and women in the CF. Women in the CF who met with Committee members said that women are well-integrated. Nearly everyone, regardless of rank and pay grade, emphasized that support from leadership in both doctrine and action is key to successful integration and many emphasized the importance of having physical standards applicable to everyone to ensure men and

women are able to serve successfully in all positions.

The CF also briefed the DACOWITS delegation on the CF's development of gender-neutral physical standards. The current physical standards have been validated as job-related; they were developed by researchers observing what Service members actually do, including by using GPS devices to track distances marched and weighing packs used in combat operations. The standards are also revalidated and updated periodically. For example, in the Land Forces Physical Test (the standard for ground combat positions), the fireman's carry of a weighted dummy (simulating a rescue) is being replaced by a drag task because rescues are ordinarily effected by dragging the subject – not lifting the subject to a shoulder position and carrying him or her – to a safe location.

### ADF Update, September 2012

LTCOL Gwenda Caspersonn, Staff Officer, Embassy of Australia; DACOWITS Meetings with the ADF, June 2012 – Ms. Nancy Duff Campbell, DACOWITS Member

In October 2011, the Australian government approved a five-year implementation plan that will allow women to serve in all military positions, including in direct ground combat, so long as they are able to meet the occupational requirements of the position. In the early part of 2012, a DACOWITS delegation met with members of the ADF at the Australian Embassy in Washington, D.C., to learn about the ADF's plans for integrating women into previously closed positions. Ms. Nancy Duff Campbell reported on this meeting to the full Committee in June 2012. LTCOL Gwenda Caspersonn of the ADF briefed the Committee in September 2012 on ground combat integration efforts, physical standards development and the results of a study by the Australian Human Rights Commission on the treatment of women in the ADF.

LTCOL Caspersonn stated that the ADF plans to open all positions, including direct combat positions, to women starting in 2013, with a three-year transition period ending in January 2016. As part of a separate Physical Employment Standards (PES) Project, the ADF is developing gender-neutral occupational standards that are also scheduled for implementation in 2013.

The impetus for the PES project was to reduce the high injury rates among men and women in the

military. The PES Project's aims were to determine the tasks necessary to perform occupational duties and develop training to prepare service members for those tasks. Key to the Project's success has been that it is led by a team of scientists from the Defence Science and Technology Organisation (DSTO), who developed an objective and scientifically valid approach. Instead of relying on existing ADF standards as the basis for developing the new standards, DSTO, with ADF's assistance, is going into the field and observing tasks that members in these positions are actually performing on a regular basis. Having determined how to measure the key human performance capacities of aerobic and anaerobic power, muscular strength, and muscular endurance, DSTO is linking these capacities to the demands of each job. The new standards will include both a set of baseline standards for all members of the military and a set of higher, specific standards for different occupational groups, such as specialties within the combat arms. The ADF does not expect men or women to be able to meet all of the new standards immediately. Instead, the force will "train up" to meet the standards.

LTCOL Caspersonn reported on another development – the completion of a review by the Australian Human Rights Commission on the treatment of women in the ADF.<sup>46</sup> This review was done at the request of the ADF and includes 21 recommendations for improvements in the treatment of women centered on increasing the numbers of women in the ADF, providing greater flexibility in jobs, and preventing gender-based harassment and violence.

### Cultural Support Program, December 2011

CPT Adrienne Bryant, Army Cultural Support Team Program Manager

To better understand some of the roles women are currently performing in combat theaters, CPT Adrienne Bryant briefed the Committee on the Army's Cultural Support Teams (CSTs). CSTs are currently all-female volunteer teams that are attached to Special Operations combat units to enable them to accomplish tasks that regional culture deems inappropriate for male Soldiers in Afghanistan, for example, searching, information gathering and other personal interactions with female Afghan civilians. The CST training program covers

Afghan culture, weapons familiarization, battle drills, village stability operations, search techniques, and tactical questioning techniques. At the time of the briefing, 85 women had graduated from two classes and a third class was in progress. The program does not replace the Army's Female Engagement Teams (FETs), which may be part of any deployed unit, because the CST program is specifically designed to support Special Operations forces. Women in CSTs are currently *attached*, rather than *assigned*, to the combat Special Forces units. In the future, CSTs will be assigned to Civil Affairs units, which routinely work with Special Operations units. CPT Bryant said that future CSTs could be male-only or mixed gender, depending on the specific circumstances of the countries in which the Army is deployed.

### Relevant Literature and Other Resources

This section presents some relevant literature regarding the development of valid gender-neutral physical standards.

The Committee's 2011 report reviewed in some detail an article by Maia B. Goodell, an attorney and former Surface Warfare Officer in the Navy, on the problems with use of a "physical strength" rationale to exclude women from positions in the U.S. military.<sup>47</sup> One of the problems identified in that article was the practice of too often measuring women against physical standards that may not have been validated, even for men. In the civilian world, to pass muster under Title VII of the Civil Rights Act, which prohibits sex and other forms of discrimination in employment, an employment standard that has a differential impact on women and men must be shown to validly predict job performance.

Work by Hogan and Quigley shows that the validation of physical standards in civilian fields with stringent physical requirements, such as law enforcement, requires a rigorous scientific protocol. Hogan and Quigley reviewed sex discrimination case law established by court decisions involving the use of physical standards and physical tests for personnel selection, including from the law enforcement and firefighting fields. Common to several cases in which the courts invalidated the selection was that the required tasks measured general physical ability and fitness (e.g., sit-ups, push-ups, pull-ups) instead of actual tasks

performed in the field.<sup>48</sup> To meet the necessary scientific rigor, the tasks must have sufficient content validity, meaning they are representative of actual job behaviors. In *United States v. New York*, one of the cases reviewed, for example, the police department used a test that required applicants to run or walk one mile around a track, simulating the pursuit of a suspect. However, a job analysis found that such foot chases rarely involved lengths of more than a short distance, and the court invalidated the test.<sup>49</sup>

Other academic reports confirm the development of valid physical occupational standards involves a complex and scientifically rigorous process. Observational and other data (e.g., surveys, subject matter expert interviews) are collected to develop specific tasks that predict job performance. A scoring system is devised that can reliably and fairly assess task performance and distinguish between those that pass and those who fail. The process is subjected to intense scientific scrutiny should a legal challenge occur, where the burden of proof is on the defendant to show that the standards are job related.<sup>50</sup>

Bias must also be avoided in the process of actually administering the physical tests. Unstandardized test-taking procedures, such as the lack of a specified order of the series of test events and subjective scoring systems, frequently result in civilian standards being called into question.<sup>51</sup> Establishing a cutoff (i.e., pass/fail) score must also meet standards of scientific scrutiny. Minimum qualifications for the job must be reliably established, and scores below a cutoff must be shown to fail to meet these qualifications.<sup>52</sup>

## Recommendations

This section provides DACOWITS' recommendations on the integration of women into ground combat units, including through the development of gender-neutral physical standards, and summarizes the reasoning in support of the recommendations. The recommendations and reasoning are based on the research and resources summarized in the previous sections of this part of Chapter III.

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**Recommendation 1:** DoD should eliminate the 1994 ground combat exclusion policy and direct the Services to eliminate their respective assignment rules, thereby ending the gender-based restrictions on military assignments. Concurrently, DoD and the Services should open all related career fields, specialties, schooling and training opportunities that have been closed to women as a result of the DoD ground combat exclusion policy and Service assignment policies.

### Reasoning

This recommendation repeats the recommendation made by DACOWITS in 2010 and 2011. As described in the Committee's 2010 and 2011 reports, this recommendation was grounded in research undertaken by the Committee in 2009, 2010 and 2011. DACOWITS welcomes the 2012 DoD announcement, after the Women in the Services Restrictions review, that additional assignments would be opened to women. However, the Committee continues to strongly support ending all restrictions on the assignment of women. Moreover, the Committee's work in 2012, including its study of the full integration of women into the Canadian Forces and the Australian Defence Force, continues to show no insurmountable obstacles to integrating women into currently closed positions in the U.S. military, and that such integration can be done smoothly and effectively.

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**Recommendation 2:** Any physical standards should be validated to accurately predict performance of actual regular and recurring duties of a military job and applied equitably to measure individual capabilities. Women as a class should not be restricted from military assignments because to do so would exclude available, capable personnel based on gender and not on the requirements of the job, at a sacrifice to military readiness.

### Reasoning

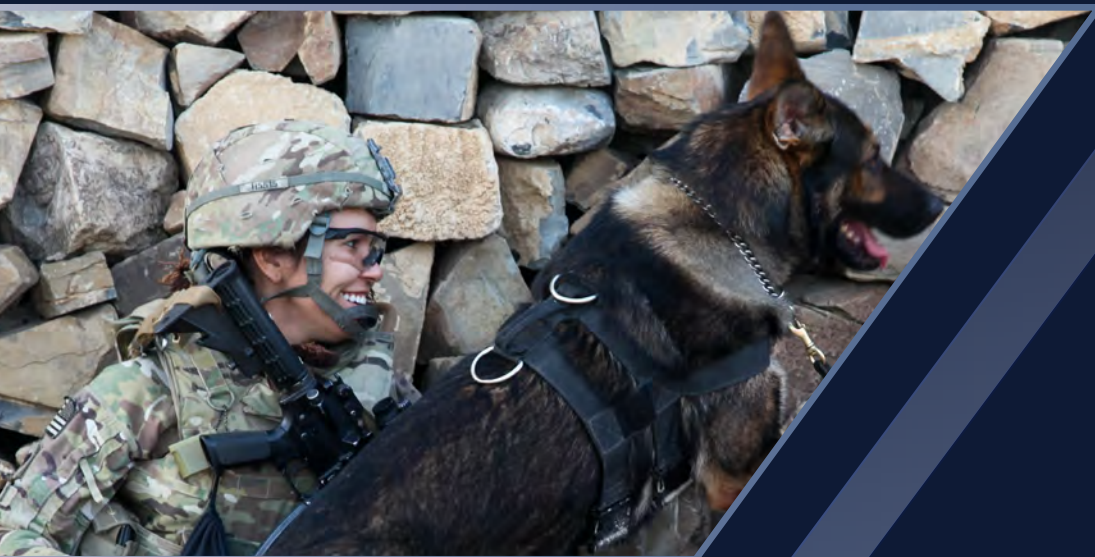
In its 2011 Report, DACOWITS recommended that the Services develop appropriate physical standards by MOS – standards that are validated to accurately predict performance of the actual duties of that MOS. The Services were charged by Secretary Panetta in February 2012, in connection with the Women in the Services Restrictions review, to report back to him in six months on the progress in developing job-related, gender-neutral physical standards. However, the Services were not given specific guidance on the way in which such standards should be developed. The Committee is concerned, as it was last year, about the process being used by the Services,

specifically, that the Services may be evaluating women on an “average” rather than an individual basis and may be using or establishing standards that have not been validated, even for men. The Committee’s work in 2012, including its study of the full integration of women into the Canadian Forces and the Australian Defence Force, shows that the process for development of validated, job-related, gender-neutral physical standards is a manageable one. The Committee believes strongly that any physical standards should be based on a scientifically rigorous process, validated as job-related (based on the actual regular, recurring duties performed) and determined to accurately measure individual, not average, performance.





## Defense Advisory Committee on Women in the Services



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## Defense Advisory Committee on Women in the Services



# Appendix A

## DACOWITS Charter

1. **Committee's Official Designation:** The committee shall be known as the Defense Advisory Committee on Women in the Services (hereafter referred to as "the Committee").
2. **Authority:** The Secretary of Defense, under the provision of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 CFR § 102-3.50(d) (agency authority), established the Committee.
3. **Objectives and Scope of Activities:** The Committee shall examine and advise on matters relating to women in the Armed Forces of the United States, as set out in (4) below.
4. **Description of Duties:** The Committee shall provide the Secretary of Defense, through the Under Secretary of Defense for Personnel and Readiness (hereafter referred to as the "Under Secretary"), independent advice and recommendations on matters and policies relating to women in the Armed Forces of the United States.
5. **Agency or Official to Whom the Committee Reports:** The Committee shall report to the Secretary of Defense through the Under Secretary. The Under Secretary, in accordance with governing Department of Defense (DoD) policies and procedures may act upon the Committee's advice and recommendations.
6. **Support:** The DoD, through the Office of the Under Secretary, shall provide support as deemed necessary for the Committee's performance and functions, and shall ensure compliance with the requirements of the FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b), governing Federal statutes and regulations, and governing DoD policies/procedures.
7. **Estimated Annual Operating Costs and Staff Years:** The estimated annual operating costs to include travel, meeting and contract support, is approximately \$745,000.00 and 4.0 full-time equivalents.
8. **Designated Federal Officer:** The Designated Federal Officer, pursuant to DoD policy, shall be a full-time or permanent part-time DoD employee, and shall be appointed in accordance with governing DoD policies/procedures.  
  
In addition, the Designated Federal Officer is required to be in attendance at all Committee and subcommittee meetings for the entire duration of each and every meeting; however, in the absence of the Designated Federal Officer, a properly approved Alternate Designated Federal Officer shall attend the entire duration of the Committee or subcommittee meeting.  
  
The Designated Federal Officer, or the Alternate Designated Federal Officer, shall call all of the Committee's and subcommittees' meetings; prepare and approve all meeting agendas; adjourn any meeting when the Designated Federal Officer, or the Alternate Designated Federal Officer, determines adjournment to be in the public interest or required by governing regulations or DoD policies/procedures; and chair meetings when directed to do so by the official to whom the Committee reports.

9. **Estimated Number and Frequency of Meetings:** The Committee shall meet at the call of the Committee's Designated Federal Officer, in consultation with the Committee's Chairperson. The estimated number of Committee meetings is four per year.
10. **Duration:** The need for this advisory function is on a continuing basis; however, this charter is subject to renewal every two years.
11. **Termination:** The Committee shall terminate upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless the Secretary of Defense extends it.
12. **Membership and Designation:** The Committee shall be comprised of no more than 20 members appointed by the Secretary of Defense who have experience with the military or with women's workforce issues. The Secretary of Defense shall select and appoint the Board's chairperson from the total membership. All Committee member appointments must be renewed by the Secretary of Defense on an annual basis.

The Secretary of Defense may appoint the Director of the Center for Women Veterans for the Department of Veterans Affairs to serve as a non-voting ex-officio member, who participates in the Committee's deliberations. If appointed, he or she will not count toward the Committee's total membership, or to determine whether a quorum exists.

The Under Secretary may request the appointment of additional experts and consultants to advise the Committee as subject matter experts. If approved by the Secretary of Defense, these experts and consultants, appointed under the authority of 5 U.S.C. § 3109, shall have no voting rights on the Committee or its subcommittees, shall not count toward the Committee's total membership, and shall not engage in Committee deliberations.

Committee members, who are not full-time or permanent part-time Federal officers or employees, shall be appointed to serve as experts and consultants under the authority of 5 U.S.C. § 3109 and shall serve as special government employee members. With the exception of travel and per diem for official Committee related travel, Committee members shall serve without compensation.

The Secretary of Defense may approve the appointment of Committee members for one to four year terms of service; however, no member, unless authorized by the Secretary of Defense, may serve more than two consecutive terms of service. This same term of service limitation also applies to any DoD authorized subcommittees. To the extent possible, approximately one-third of the membership should rotate on an annual basis.

Each Committee member is appointed to provide advice on behalf of the government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

13. **Subcommittees:** The Department, when necessary, and consistent with the Committee's mission and DoD policies and procedures, may establish subcommittees deemed necessary to support the Committee. Establishment of subcommittees will be based upon a written determination, to include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense or the advisory committee's sponsor.

Such subcommittees shall not work independently of the chartered Committee, and shall report all their recommendations and advice to the Committee for full deliberation and discussion. Subcommittees have no authority to make decisions on behalf of the chartered Committee; nor can any subcommittee or its members update or report directly to the DoD or any Federal officers or employees. Subcommittees shall comply with FACA.



All subcommittee members shall be appointed in the same manner as the Committee members; that is, the Secretary of Defense shall appoint subcommittee members even if the member in question is already a Committee member. Subcommittee members, with the approval of the Secretary of Defense, may serve a term of service on the subcommittee of one to four years; however, no member shall serve more than two consecutive terms of service on the subcommittee.

Subcommittee members, if not full-time or part-time government employees, shall be appointed to serve as experts and consultants under the authority of 5 U.S.C. § 3109, and shall serve as special government employees, whose appointments must be renewed by the Secretary of Defense on an annual basis. With the exception of travel and per diem for official Committee related travel, subcommittee members shall serve without compensation.

All subcommittees operate under the provisions of FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b), governing Federal statutes and regulations, and governing DoD policies/procedures.

14. **Recordkeeping:** The records of the Committee and its subcommittees shall be handled according to section 2, General Record Schedule 26 and appropriate Department of Defense policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552).
15. **Filing Date:** 17 April 2012

## Defense Advisory Committee on Women in the Services



# Appendix B

## Biographies of DACOWITS Members

### Holly Hemphill Committee Chair Alexandria, Virginia

Holly Hemphill began her career as a civilian Management Intern with the Department of Army in the Pentagon. She later served in the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs as Staff Assistant for Civilian Personnel Policy and Equal Opportunity and Director of the Office of Employment Policy and Grievance Review. She entered private law practice after working in Paris, France, where she advised an international organization, and after serving as Counsel at the Federal Labor Relations Authority. She was appointed by Secretary of Defense William Perry to the Defense Advisory Committee on Women in the Services and named by him to Chair the Committee in 1996. For her contributions, she was awarded the Defense Medal for Outstanding Public Service. She was appointed by the City Council of Alexandria, Virginia to the City's Budget and Fiscal Affairs Advisory Committee where she served for nine years and held positions of Vice Chair and Co-Chair. She is a member of the National Advisory Council of the Alliance for National Defense. She retired as a tax partner with an international law firm at the end of 2008. She now serves as Senior Counsel at the National Women's Law Center where she advises on tax policy matters and on issues relating to women in the military. She is a member of the District of Columbia Bar, the Virginia State Bar, the California State Bar, and the United States Tax Court Bar. She is a graduate of the Georgetown University Law Center and received her undergraduate degree from University of Oklahoma.

### Brigadier General Maureen K. LeBoeuf, USA, Retired Vice Committee Chair Cary, North Carolina

Brigadier General Maureen LeBoeuf served 28 years in the U.S. Army. She held various staff and leadership positions as well as flying UH-1 helicopters in the continental United States and Europe. She was the Professor and Head of the Department of Physical Education at the United States Military Academy at West Point from 1997 until her retirement in 2004. She was the first woman department head at the United States Military Academy since it was founded in 1802. Maureen graduated from St. Bonaventure University with a Bachelor of Science degree in Education and she holds a Masters and Doctorate of Education, Curriculum and Instruction from the University of Georgia as well as an Executive Diploma in Strategic Leadership, U.S. Army War College and an Executive Diploma in Management and Leadership, U.S. Army Command and General Staff College. Currently she is the Executive Director of the Feagin Leadership Program at Duke Sports Medicine and a consultant engaged in executive leadership.

### Nancy Duff Campbell Washington, D.C.

Nancy Duff Campbell is a founder and Co-President of the National Women's Law Center, where she has participated in the development and implementation of key legislative initiatives and litigation protecting women's rights for over 35 years. She was named one of the top 25 heroines whose actions over the last 25 years have advanced women in the workplace by Working Woman magazine,

the Woman Lawyer of the Year by the District of Columbia Women's Bar Association, and a Woman of Genius by Trinity College. She received the William J. Brennan Award from the District of Columbia Bar and a Lifetime Achievement Award from the U.S. Department of Health and Human Services, and was appointed by Congress to the U.S. Commission on Child and Family Welfare. She is a member of the Princeton University Center for Research on Child Wellbeing Advisory Board, Low-Income Investment Fund Board of Directors, Alliance for National Defense Board of Advisors, among others. She received her A.B. from Barnard College of Columbia University and her J.D. from New York University.

### **Honorable Deborah Lee James Dunn Loring, Virginia**

Deborah Lee James has served in senior homeland and national security management, policy and program positions in government and the private sector for more than 25 years. She worked for a decade as a professional staff member on the House Armed Services Committee. Ms. James was then appointed by the President and confirmed by the U.S. Senate as the Assistant Secretary of Defense for Reserve Affairs, a position she held for five years. Her awards for government service include the Secretary of Defense Medal for Outstanding Public Service (1997 and 1998), Meritorious Civilian Services Medals awarded by Army, Navy, Air Force, and Coast Guard (1998). She earned an A.B. in Comparative Studies at Duke University, and a Masters in International Affairs from Columbia University. She currently serves as SAIC Executive Vice President for Communications and Government Affairs after having previously worked as the SAIC Business Unit General Manager of the C4IT Business Unit, a team of 3000 employees specializing in C4 (command, control, communications and computers) as well as aviation support services for the U.S. Military. She currently is the National Advisory Board Chair of the Pentagon Federal Credit Union Foundation (2009-present) and serves as a Board Member on the Tragedy Assistance Program for Survivors (TAPS).

### **COL Margarethe Cammermeyer USA/USAR/ANG, Retired Langley, Washington**

Colonel Margarethe Cammermeyer earned her BS from the University of Maryland, her Master of Arts and Ph.D. from the University of Washington. She joined the Army Student Nurse program, ultimately serving 31 years in U.S. Army, Reserve/National Guard. She was stationed in Texas, Georgia, Germany, Virginia, Vietnam and Washington. Military awards and honors include the Bronze Star for Meritorious Service during the Vietnam War, the Meritorious Service Medal, "A" proficiency designator by Surgeon General. She was named Woman of the Year by the Woman's Army Corps Veterans, and Nurse of the Year by the Veterans Affairs Department in 1985, and Who's Who (various editions since 1991). Following her challenge of the military antigay policy she was awarded the Woman of Power Award, NOW, 1992, Distinguished Alumni Award University of Washington, School of Nursing 1995, Woman Who Dared Award, National Council of Jewish Women 1999, to name a few. She currently runs an Adult Family Home, is the Hospital Commissioner at Whidbey General Hospital, and guest lectures around the country on issues of gay/lesbian social justice.

### **Brigadier General Julia J. Cleckley, ARNG, Retired Fredericksburg, Virginia**

Julia J. Cleckley began her military career in the Women's Army Corps (WAC). She resumed her military career and spent 28 years in the active Army National Guard (AGR). She was the first African American female to be promoted to a Brigadier General of the line in the Army National Guard and became the first woman to be assigned as the Chief, Human Resources Officer (G-1) for Army National Guard. She served as a Department of Veterans Affairs Advisory Committee member, and was charged with providing advice to the Secretary of Veterans Affairs on administration of benefits and services for minority veterans. She currently serves on the Department of Veterans Affairs Advisory Committee, and is charged with providing advice to the Secretary of Veterans Affairs on Homeless Veterans.



She is the former chair of the Army National Guard Equal Employment Opportunity and Diversity Committee. General Cleckley is the recipient of many honors to include the Distinguished Service Medal and the National Association for the Advancement of Colored People (NAACP) Roy Wilkins Renowned Service Award, identified in Cambridge Who's Who Honors Edition 2007 and is a member of the Hunter College Hall of Fame. She received her BA degree in Psychology and Education from Hunter College and her Masters in Human Resources Management from Golden Gate University. She is currently a motivation and inspirational keynote speaker for Cleckley Enterprises.

### **SgtMajMC John L. Estrada, USMC Retired Orlando, Florida**

SgtMaj John L. Estrada is a highly decorated veteran, having served over 34 years in the United States Marine Corps. SgtMaj Estrada started his career as a recruit at Parris Island, South Carolina in September of 1973. He served in many assignments throughout his career to include serving with all four Marine Aircraft Wings, Drill Instructor duty, Recruiting Duty, Light Armored Reconnaissance Company 1st Sergeant, Infantry Battalion Sergeant Major, Recruit Training Regimental Sergeant Major, and 3rd Marine Aircraft Wing Sergeant Major. His long and distinguished career culminated in the assumption of duties as the 15th Sergeant Major of the Marine Corps from June 2003 to April 2007. His deployments include the Western Pacific and Arabian Gulf, Operation Southern Watch, Operation Enduring Freedom, and Operation Iraqi Freedom. His personal awards include the Distinguished Service Medal (Navy), Bronze Star, the Meritorious Service Medal with three gold stars, Joint Service Commendation Medal, Navy/Marine Corps Achievement Medal, and numerous other awards. He is a Presidential Appointee on the American Battle Monuments Commission, a member on the National Board of Directors for Operation Homefront, a member on the USO National Board of governors executive committee, and Executive Advisory Council member for Mission Readiness.

SgtMaj Estrada is currently the Senior Program Manager for Training Solutions Inc. (TSI), a wholly owned subsidiary company of Lockheed Martin Corporation in Orlando, FL. In this capacity, John

manages 1100 employees employed across the U.S. performing training and logistics missions.

### **FLTCM Jacqueline L. K. DiRosa USN, Retired Burke, Virginia**

(inducted June 2012)

Fleet Master Chief Jacqueline DiRosa is a native of Mt. Olive, Illinois. She entered the Navy in July 1981 attending recruit training at RTC Orlando, Florida with follow-on training at Basic Hospital Corps School, Great Lakes, Illinois, earning her designation as a Hospital Corpsman. Her early shore assignments included: Naval Hospital San Diego with a six month support deployment to Antarctica attached to Naval Support Force Antarctica, Naval Hospital Bremerton, Naval School of Health Sciences for Preventive Medicine Technician "C" School, Naval Medical Center San Diego assigned as the Department Head for Operating Management Department, and Officer Indoctrination School, Newport, Rhode Island assigned as Senior Enlisted Leader, Company Officer, Drill Officer and Instructor. This assignment was highlighted with her selection for Command Master Chief (CMC) in 1999.

Her early sea assignments included: USS ACADIA (AD 42) (1988) assigned as the senior Preventive Medicine Technician. She completed two Western Pacific deployments in support of Operation Desert Shield/Storm and was selected as Senior Sailor of the Year, Chief Petty Officer in 1990; and USS KITTY HAWK (CV 63) (1995) assigned as the Medical Department Leading Chief. She reported onboard with the first permanent female complement assigned to an aircraft carrier, completed one Western Pacific deployment in support of Operation Southern Watch, was selected for Master Chief Petty Officer (1997) and the Navy League's Sea Service Woman of the Year.

Fleet Master Chief DiRosa's CMC assignments include: USS SUPPLY (AOE 6) home-ported in Earle, New Jersey. She completed a Mediterranean/Arabian Gulf deployment and scheduled decommissioning; USS BLUE RIDGE (LCC 19), the U.S. SEVENTH Fleet command ship, forward deployed to Yokosuka, Japan. She completed two South Pacific Forward Presence deployments, participated in ULCHI-FOCUS LENS exercise, and

was selected as the Bureau of Medicine and Surgery (BUMED) Force Master Chief (2002). She led the successful rating merger between Hospital Corpsman and Dental Technicians and was instrumental in the establishment of the Combat Meritorious Advancement Program; OPNAV CNO-Directed Command Master Chief (2006) during which she had the honor to interview for selection for Master Chief Petty Officer of the Navy (MCPON). Though not selected for MCPON, she was selected as the U.S. Fleet Forces, Fleet Master Chief (2006) and follow-on selection as the Director, Command Master Chief Management Office (2007). She completed her 30 year career with a twilight tour assignment as Command Master Chief, Navy Cyber Warfare Development Command (2009) retiring on 31 July 2011.

Fleet Master Chief DiRosa is a graduate of the U.S. Navy Senior Enlisted Academy (Class 80), the KEYSTONE Command Senior Enlisted Leaders Course, and Navy Senior Leaders Business Course. She is qualified as an Enlisted Surface, Aviation, and Information Dominance Warfare Specialist and is certified as a Master Training Specialist. She is the Navy's first enlisted woman to be selected as a Force and Fleet Master Chief and was recognized by the Alliance of National Defense with the "Positive Voice Award" for her example of women in military service. She currently serves on the Board of Directors for Association of the U.S. Navy (AUSN) and served four years on both the Board of Directors for the Sea Services Leadership Association (SSLA) and US Naval Institute's Proceedings Editorial Board. Her personal awards include the Legion of Merit (two awards), Meritorious Service Medal (two awards), the Navy and Marine Corps Commendation Medal (five awards), the Navy and Marine Corps Achievement Medal (three awards) and various unit and campaign awards.

**Lieutenant General Frances Wilson**  
**USMC, Retired**  
**Virginia Beach, Virginia**  
(inducted June 2012)

Dr. Fran Wilson is a past President, National Defense University (NDU). She is a veteran of nearly 37 years in the United States Marine Corps retiring as a Lieutenant

General in Sep 09. She was a Company Officer, Brigade of Midshipmen, U.S. Naval Academy; Commanding Officer, 4th Recruit Training Battalion; Commanding Officer, Headquarters and Service Battalion, Marine Forces Pacific and Commander, Camp H.M. Smith; Commanding General, Marine Corps Base Quantico, VA; and Commanding General, 3d Force Service Support Group in Okinawa. Prior to her assignment as President, NDU, she was the Commandant, Industrial College of the Armed Forces. In March 2009, she was awarded the French Legion of Honour in a ceremony presided by French Defense Minister Hervé Morin at the French Embassy in Washington, DC, for her work with the French Center for Higher Education in Armaments (CHEAr).

In addition to a Bachelor of Science from Michigan State University, she has earned four Master's degrees and a Doctorate of Education from the University of Southern California. She has also completed several military school curricula as well as the Harvard University's JFK School of Government's Senior Executive Course in National and International Security.

Since retirement, she has engaged in various activities with organizations in the Virginia Tidewater area. She is an appointed member of the City of Virginia Beach Mayor's Military Economic Development Advisory Committee, and serves on the Board of Directors of Hampton Roads and Central Virginia USO and Hampton Roads World Affairs Council. She had earlier been elected to and served on the Board of Directors, Navy Federal Credit Union and the Board of Trustees, St. John's College High School. In 2009, she was presented the University of Southern California Alumni Association's Alumni Merit Award.

**RADM Elizabeth M. Morris, USN Retired**  
**Herndon, Virginia**  
(inducted June 2012)

Rear Admiral Betsy Morris was awarded a Navy Nurse Corps collegiate scholarship in 1972 and served 33 years in the U. S. Navy's active and reserve components. She held various clinical, staff and headquarters positions for Navy Medicine including Associate Chief, Human Resources; Deputy Chief for Reserve Affairs; and Deputy Director, Navy Nurse Corps, Reserve Component.

She has served as a member on the National Naval Reserve Policy Board and the Association of Military Surgeons of the United States Board of Managers. In addition to her military awards, she was inducted into the University of Delaware's Alumni Wall of Fame in 2008. Betsy graduated with a Bachelor of Science Degree in Nursing from the University of Delaware, Master of Nursing Degree from the University of Florida and a Post Master Certificate from The Catholic University of America. She is a pediatric nurse practitioner at Capital Area Pediatrics.

**Major General Gale S. Pollock**  
**Army Nurse Corps, Retired**  
**Gettysburg, Pennsylvania**  
 (inducted June 2012)

MG Gale S. Pollock (Ret) served as Commander, US Army Medical Command and Acting Surgeon General of the Army in 2007 (the first woman, non-physician to have this role in any of the military services with a \$9.7B annual budget). Simultaneously, she served as the 22nd Chief of the Army Nurse Corps.

Following her retirement from the Army, she was the founding Executive Director of the Louis J. Fox Center for Vision Restoration at the University of Pittsburgh and associate professor at the University of Pittsburgh School of Medicine and School of Nursing.

In 2011, MG Pollock was a Fellow in Harvard University's Advanced Leadership Initiative. She currently focuses her time on the vision impairment (one of the top ten disabilities in America) and veteran health issues. She remains an adjunct clinical professor of Yonsei University Graduate School of Nursing in Seoul, Korea and serves as an Advisory Board Member for both profit and not for profit organizations. MG Pollock is a Fellow in The American College of Healthcare Executives (FACHE) and the American Academy of Nursing (FAAN).

During her Army career, MG Pollock's military assignments included Deputy Surgeon General for Force Management; Commander, Tripler Army Medical Center, Honolulu, HI; Command Surgeon, US Army Pacific Command; Special Assistant to the Surgeon General for Information Management and Health Policy; Commander, Martin Army Community Hospital, Fort Benning,

GA; Commander, U.S. Army Medical Activity, Fort Drum, NY; Staff Officer, Strategic Initiatives Command Group for the Army Surgeon General; Department of Defense Healthcare Advisor to the Congressional Commission on Service Members and Veterans Transition Assistance; Health Fitness Advisor at the National Defense University; Senior Policy Analyst in Health Affairs, DOD; and Chief, Anesthesia Nursing Service at Walter Reed Army Medical Center, Washington, D.C.

MG Pollock's awards and decorations include the Distinguished Service Medal (with 2 oak leaf clusters), Legion of Merit (with 2 oak leaf clusters), the Defense Meritorious Service Medal, the Meritorious Service Medal (with 4 oak leaf clusters), the Joint Service Commendation Medal, the Army Commendation Medal, and the Army Achievement Medal. She received the Army Staff Identification Badge for her work at the Pentagon and earned the German Armed Forces Military Efficiency Badge "Leistungsabzeichen" in gold. She earned the coveted Expert Field Medical Badge, and was proud to wear the Parachutist Badge.

MG Pollock received the 2008 Agatha Hodgins Achievement Award from the American Association of Nurse Anesthetists; the 2007 "Woman of the Year" of the American Legion Auxiliary; and was a Distinguished Alumna of Baylor University in 2006.

MG Pollock received a Bachelor of Science in Nursing from the University of Maryland. She attended the U.S. Army Nurse Anesthesia Program and is a Certified Registered Nurse Anesthetist (CRNA). She received her Master of Business Administration from Boston University; a Master's in Healthcare Administration from Baylor University, a Master's in National Security and Strategy from the National Defense University, and an honorary Doctorate of Public Service from the University of Maryland. She is a Fellow in The American College of Healthcare Executives (FACHE) and the American Academy of Nursing (FAAN).

Her passion is restoration of sight and when not advancing this cause, she spends time with her "spousal-unit" Doug McAllaster and her ambassador guide dog, Cruiser, enjoying exercise and the beauty of the outdoors.

## Defense Advisory Committee on Women in the Services



# Appendix C

## Installations Visited

Site	Members	Dates
Lackland Air Force Base, San Antonio, Texas	Ms. Holly Hemphill and SgtMajMC (Ret) John L. Estrada	10-11 April 2012
Puget Sound, Washington	COL (Ret) Margarethe Cammermeyer and Ms. Holly Hemphill	24-25 April 2012
Joint Base Lewis-McChord, Washington	BG (Ret) Julia J. Cleckley, COL (Ret) Margarethe Cammermeyer, BG (Ret) Maureen K. LeBoeuf and Ms. Holly Hemphill	26-27 April 2012
Washington National Guard, Washington	COL (Ret) Margarethe Cammermeyer and BG (Ret) Maureen K. LeBoeuf	5 May 2012
Camp Pendleton, California	Ms. Nancy Duff Campbell, SgtMajMC (Ret) John L. Estrada and BG (Ret) Julia J. Cleckley	8-9 May 2012
Naval Base Kitsap, Bangor, Washington	COL (Ret) Margarethe Cammermeyer and BG (Ret) Julia J. Cleckley	9-10 May 2012
Ft. Hood, Texas	BG (Ret) Julia J. Cleckley and Ms. Holly Hemphill	14-15 May 2012



## Defense Advisory Committee on Women in the Services



## Appendix D

# **Focus Group Protocols**



## Defense Advisory Committee on Women in the Services

# Appendix D-1

## DACOWITS 2012

### Wellness Focus Group Protocol

#### Session Information

Location:

Date:

Time:

Facilitator:

Recorder:

# of Participants present for entire session:

# of Participants excused/reasons:

#### Focus Group Kick-Off: Key Points to Cover

- Welcome attendees
  - Thank you for taking the time to join our discussion today.
  - I am \_\_\_\_ (insert name) and I am a member of the Defense Advisory Committee on Women in the Services (DACOWITS), and this is \_\_\_\_ (introduce partner), also a member of DACOWITS.
  - We have \_\_\_\_ (insert name) here with us from the DACOWITS office in the Pentagon.
  - Our scribe, \_\_\_\_ (insert name), is with ICF International, a research firm hired to record these sessions, and s/he is a part of the DACOWITS research team.
- Introduce DACOWITS and its purpose
  - DACOWITS stands for the Defense Advisory Committee on Women in the Services.
  - DACOWITS is responsible for advising the Secretary of Defense on matters and policies relating to the service of women in the Armed Forces.
  - Every year DACOWITS selects specific topics on which to prepare a report for the Secretary of Defense.
  - This year, the Committee is interested in hearing from Service members on particular health issues of deployed women and the retention of women in a drawdown environment.
  - This group is specifically focused on the health of deployed women. We would like to spend some time discussing this specific topic, but we have also set aside about 30 minutes to discuss any general topics related to women in the military that you'd like to talk about.
- Describe how focus group session will work
  - A focus group is basically just a guided discussion. As the facilitator, I have a set of scripted questions that I'd like to cover today, but we would like to encourage open conversation. Our scribe serves as recorder. S/he will generate a transcript of our discussion but will not take down anyone's name.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx).
  - We consider you the experts on this topic; your opinions and attitudes are important to us. While we would like to hear from everyone; feel free to answer as many or as few questions as you prefer.

- Explain ground rules
  - Please speak clearly and one at a time.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - I want to make sure we cover all our questions today. If I feel we've covered a topic, I'll move us along.
  - Our scribe [\_\_\_\_\_] will also make sure we are sticking to the schedule and will remind me if we need to move on to the next question.
- Emphasize that participation is voluntary and that privacy and confidentiality will be maintained
  - Your participation in this session is voluntary.
  - If you would prefer to excuse yourself from the focus group at any time, you are free to do so.
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family. In fact, all members of the DACOWITS research team (members and staff) have signed confidentiality agreements pledging to safeguard the confidentiality of the information we gather in these sessions.
  - Your name will not be linked to your answers or to any comments you make during the discussion.
  - Also, because this is a group meeting, it is important that each of you agree to respect and protect each other's privacy. We expect you to keep any information you hear today in the strictest of confidence, and not discuss it with anyone outside of this group.
  - We will begin by passing out a couple of short forms.
    - » The first is a participant rights form for you to read. If you do not agree to the terms in the form, we will not be able to include you in the group today. If you stay in the group, this will indicate your consent.
    - » The second is a short mini-survey which we ask you to complete anonymously. Please do not include your name. This mini-survey allows us to compile data on the number and kinds of participants who we spoke to during our site visits.
  - We will be visiting other installations and we will use what we learn in writing our report to the Secretary of Defense. (Show copy of 2011 report.) Copies of our reports are available on the web at [dacowits.defense.gov](http://dacowits.defense.gov).

## Warm-Up/Introductions

1. Before we get started with our discussion about the health of women during deployment, let us tell you a bit about ourselves (short introduction from DACOWITS members).
  - Now, let's go around the room and please tell us (note: ask all these at once):
    - Your unit (FOR MIXED SERVICE GROUPS: Also ask for Service branch)
    - How many years you've served in the military
    - Your job in the military
    - How many times you have been deployed since September 11, 2001
    - How long it has been since you've been deployed



## Health of Military Women in the Field

2. In your experience, what, if any, are the health issues or concerns that affect women Service members during deployment?

### Probes:

- Can you tell me more about how these issues affect women during deployment?
  - Do any of these health issues continue to have an impact post-deployment?
  - Are there any deployment-related health issues that do not show up until after you have come home?
  - Can you tell me about how these issues compare to the health issues men face during deployment?
  - Do you think any of these issues might impact a woman's military career plans?
    - If yes, how so?
3. During deployment, what health concerns, if any, did you observe where women were hesitant to seek medical treatment?

### Probes:

- Why do you think women Service members are hesitant to get treatment for these issues?
  - Do you think this is more of a problem during deployment?
4. How do you believe the military has addressed health concerns for women during deployment? What, if anything, do you think the military could do differently in this area?

### Probes:

- For example:
  - Education?
  - Equipment?
  - Access to care?
  - Other ways?

## General Questions

5. We're also interested in hearing about other issues that may affect women in the military that we haven't yet discussed. Is there anything else you'd like to talk about with us? We may use your ideas as future topics of DACOWITS research.

### Probes:

- What do you feel is the biggest challenge for women in the military today?
- What is your view about opening more military occupations and positions to women, including positions in direct ground combat?

**Moderator:** Reinforce confidentiality.

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

**Once again, thank you very much.**



## Defense Advisory Committee on Women in the Services

# Appendix D-2

## DACOWITS 2012

### Assignments Focus Group Protocol

#### Session Information

Location:

Date:

Time:

Facilitator:

Recorder:

# of Participants present for entire session:

# of Participants excused/reasons:

#### Focus Group Kick-Off: Key Points to Cover

- Welcome attendees
  - Thank you for taking the time to join our discussion today.
  - I am \_\_\_\_ (insert name) and I am a member of the Defense Advisory Committee on Women in the Services (DACOWITS), and this is \_\_\_\_ (introduce partner), also a member of DACOWITS.
  - We have \_\_\_\_ (insert name) here with us from the DACOWITS office in the Pentagon.
  - Our scribe, \_\_\_\_ (insert name), is with ICF International, a research firm hired to record these sessions, and s/he is a part of the DACOWITS research team.
- Introduce DACOWITS and its purpose
  - DACOWITS stands for the Defense Advisory Committee on Women in the Services.
  - DACOWITS is responsible for advising the Secretary of Defense on matters and policies relating to service of women in the Armed Forces.
  - Every year DACOWITS selects specific topics on which to prepare a report for the Secretary of Defense.
  - This year, the Committee is interested in hearing from Service members on particular health issues of deployed women and the retention of women in a drawdown environment.
  - This group is specifically focused on *retention of women in our military, especially in a drawdown environment* (FOR MEN GROUPS: *retention; we are also meeting with groups of women*). We would like to spend some time discussing this specific topic, but we have also set aside about 30 minutes to discuss any general topics related to women in the military that you'd like to talk about.
- Describe how focus group session will work
  - A focus group is basically just a guided discussion. As the facilitator, I have a set of scripted questions that I'd like to cover today, but we would like to encourage open conversation. Our scribe serves as recorder. S/he will generate a transcript of our discussion but will not take down anyone's name.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx).
  - We consider you the experts on this topic; your opinions and attitudes are important to us. While we would like to hear from everyone; feel free to answer as many or as few questions as you prefer.

- Explain ground rules
  - Please speak clearly and one at a time.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - I want to make sure we cover all our questions today. If I feel we've covered a topic, I'll move us along.
  - Our scribe [\_\_\_\_\_] will also make sure we are sticking to the schedule and will remind me if we need to move on to the next question.
- Emphasize that participation is voluntary and that privacy and confidentiality will be maintained
  - Your participation in this session is voluntary.
  - If you would prefer to excuse yourself from the focus group at any time, you are free to do so.
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family. In fact, all members of the DACOWITS research team (members and staff) have signed confidentiality agreements pledging to safeguard the confidentiality of the information we gather in these sessions.
  - Your name will not be linked to your answers or to any comments you make during the discussion.
  - Also, because this is a group meeting, it is important that each of you agree to respect and protect each other's privacy. We expect you to keep any information you hear today in the strictest of confidence, and not discuss it with anyone outside of this group.
  - We will begin by passing out a couple of short forms.
    - » The first is a participant rights form for you to read. If you do not agree to the terms in the form, we will not be able to include you in the group today. If you stay in the group, this will indicate your consent.
    - » The second is a short mini-survey which we ask you to complete anonymously. Please do not include your name. This mini-survey allows us to compile data on the number and kinds of participants who we spoke to during our site visits.
  - We will be visiting other installations and we will use what we learn in writing our report to the Secretary of Defense. (Show copy of 2011 report.) Copies of our reports are available on the web at [dacowits.defense.gov](http://dacowits.defense.gov).

## Warm-Up/Introductions

1. Before we get started with our discussion about the health of women during deployment, let us tell you a bit about ourselves (short introduction from DACOWITS members).
- Now, let's go around the room and please tell us (note: ask all these at once):
    - Your unit (FOR MIXED SERVICE GROUPS: Also ask for Service branch)
    - How many years you've served in the military
    - Your job in the military
    - How many times you have been deployed since September 11, 2001
    - How long it has been since you've been deployed

## Retention

2. Do you see the military as a career for you? (FOR SENIOR OFFICERS AND SENIOR ENLISTED: For those of you with lots of years of service, why have you stayed in the military?)

- If yes:
  - How long do you intend to stay in the military?
  - What are the main factors that may influence your decision to stay?
  - Do you have any role models that may influence this decision?
- If no:
  - What are the main factors that may influence you to not stay in?
  - What, if anything, could persuade you to stay in longer?

### Probes:

- Have your military career plans (i.e., how long you plan to stay in) changed since you first joined the military?
- How has the current economy impacted your military career plans?
- What other factors have impacted your military career plans? Family? Promotion and advancement opportunities? Spouse's career?
- [FOR WOMEN SERVICE MEMBERS] Have there been health issues during, or as a result of, deployment that have impacted your military career plans?
  - If yes, how so?

3. Will the current drawdown affect your military career plans? If yes, how so?

### Probes:

- What, if any, are your concerns with the drawdown?
  - Stress about future?
  - Job security?
  - Civilian employment opportunities in current economy?
- Would you ever volunteer to separate from the military (e.g., prior to completing your current obligation, early retirement)?
- Do you believe either women or men will be disproportionately affected by a drawdown?
  - If yes, what makes you think so?
  - If yes, how could this be prevented?

## General Questions

4. We're also interested in hearing about other issues that may affect women in the military that we haven't yet discussed. Is there anything else you'd like to talk about with us? We may use your ideas as future topics of DACOWITS research.

### Probes:

- What do you feel is the biggest challenge for women in the military today?
- What is your view about opening more military occupations and positions to women, including positions in direct ground combat?

**Moderator:** Reinforce confidentiality.

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

**Once again, thank you very much.**





## Defense Advisory Committee on Women in the Services

# Appendix D-3

## DACOWITS 2012

### Leadership Focus Group Protocol

#### Session Information

Location:

Date:

Time:

Facilitator:

Recorder:

# of Participants present for entire session:

# of Participants excused/reasons:

#### Focus Group Kick-Off: Key Points to Cover

- Welcome attendees
  - Thank you for taking the time to join our discussion today.
  - I am \_\_\_\_ (insert name) and I am a member of the Defense Advisory Committee on Women in the Services (DACOWITS), and this is \_\_\_\_ (introduce partner), also a member of DACOWITS.
  - We have \_\_\_\_ (insert name) here with us from the DACOWITS office in the Pentagon.
  - Our scribe, \_\_\_\_ (insert name), is with ICF International, a research firm hired to record these sessions, and s/he is a part of the DACOWITS research team.
- Introduce DACOWITS and its purpose
  - DACOWITS stands for the Defense Advisory Committee on Women in the Services.
  - DACOWITS is responsible for advising the Secretary of Defense on matters and policies relating to the service of women in the Armed Forces.
  - Every year DACOWITS selects specific topics on which to prepare a report for the Secretary of Defense.
  - This year, the Committee is interested in hearing from Service members on particular health issues of deployed women and the retention of women in a drawdown environment.
  - We would like to discuss both issues with you today, and then spend about 30 minutes to discuss any general topics related to women in the military that you'd like to talk about.
- Describe how focus group session will work
  - A focus group is basically just a guided discussion. As the facilitator, I have a set of scripted questions that I'd like to cover today, but we would like to encourage open conversation. Our scribe serves as recorder. S/he will generate a transcript of our discussion but will not take down anyone's name.
  - The session will last approximately 90 minutes, and we will not take a formal break. (Restrooms are located xxxxxx).
  - We consider you the experts on this topic; your opinions and attitudes are important to us. While we would like to hear from everyone; feel free to answer as many or as few questions as you prefer.

- Explain ground rules
  - Please speak clearly and one at a time.
  - There are no right or wrong answers.
  - We want to hear the good and the bad.
  - We respect and value differences of opinion.
  - Please avoid sidebar conversations.
  - I want to make sure we cover all our questions today. If I feel we've covered a topic, I'll move us along.
  - Our scribe [\_\_\_\_\_] will also make sure we are sticking to the schedule and will remind me if we need to move on to the next question.
- Emphasize that participation is voluntary and that privacy and confidentiality will be maintained
  - Your participation in this session is voluntary.
  - If you would prefer to excuse yourself from the focus group at any time, you are free to do so.
  - We treat the information you share as confidential. That means we will protect your confidentiality to the extent allowable by law. We will not reveal the names of study participants and no information will be reported that can identify you or your family. In fact, all members of the DACOWITS research team (members and staff) have signed confidentiality agreements pledging to safeguard the confidentiality of the information we gather in these sessions.
  - Your name will not be linked to your answers or to any comments you make during the discussion.
  - Also, because this is a group meeting, it is important that each of you agree to respect and protect each other's privacy. We expect you to keep any information you hear today in the strictest of confidence, and not discuss it with anyone outside of this group.
  - We will begin by passing out a couple of short forms.
    - » The first is a participant rights form for you to read. If you do not agree to the terms in the form, we will not be able to include you in the group today. If you stay in the group, this will indicate your consent.
    - » The second is a short mini-survey which we ask you to complete anonymously. Please do not include your name. This mini-survey allows us to compile data on the number and kinds of participants who we spoke to during our site visits.
  - We will be visiting other installations and we will use what we learn in writing our report to the Secretary of Defense. (Show copy of 2011 report.) Copies of our reports are available on the web at [dacowits.defense.gov](http://dacowits.defense.gov).

## Warm-Up/Introductions

Before we get started with our discussion of sexual assault and sexual harassment in the military, let's go around the room and please tell us:

1. Before we get started with our discussion about the health of women during deployment, let us tell you a bit about ourselves (short introduction from DACOWITS members).
  - Now, let's go around the room and please tell us (note: ask all these at once):
    - Your unit (FOR MIXED SERVICE GROUPS: Also ask for Service branch)
    - How many years you've served in the military
    - Your job in the military
    - How many times you have been deployed since September 11, 2001
    - How long it has been since you've been deployed

## Retention

2. What, if any, differences between men and women in regards to their plans to stay in the military have you observed?
- 

### Probes:

- If the participants note any differences...
    - What do you think may account for this difference?
    - Are you hearing any reasons for why women are deciding to leave the military? What are these reasons?
3. What do you think the effect of the drawdown will be on the retention of women Service members? Do you think the drawdown has impacted, or will impact, women differently than men?
- 

**Probes:** Can you give some examples?

## Health of Military Women in the Field

4. What, if any, are the health issues or concerns that affect women Service members during deployment?
- 

### Probes:

- Can you tell me more about how these issues affect women during deployment?
  - Can you tell me about how these issues compare to the health issues men face during deployment?
  - Do you think any of these issues might impact a woman's military career plans?
5. During deployment, have you noticed whether women seem hesitant to seek medical treatment?
- 

### Probes:

- If yes, are there specific health issues they seem to be hesitant to seek treatment for?
    - Why do you think this is?
  - Do you think this is more of a problem during deployment?
6. How do you believe the military has addressed health concerns for women during deployment? What, if anything, do you think the military could do differently in this area?
- 

### Probes:

- For example:
  - Education?
  - Equipment?
  - Access to care?
  - Other ways?
- Are there any Service-wide or military-wide initiatives that you are aware of that address prevention or treatment of health issues of women Service members?

## General Questions

7. We're also interested in hearing about other issues that may affect women in the military that we haven't yet discussed. Is there anything else you'd like to talk about with us? We may use your ideas as future topics of DACOWITS research.
- 

### Probes:

- What do you feel is the biggest challenge for women in the military today?
  - What is your view about opening more military occupations and positions to women, including positions in direct ground combat?
- 

**Moderator:** Reinforce confidentiality.

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

**Once again, thank you very much!**





## Defense Advisory Committee on Women in the Services



# Appendix E

## DACOWITS 2012 - Mini-Survey

1. What is your branch of Service?
  - ☐ Air Force
  - ☐ Army
  - ☐ Coast Guard
  - ☐ Marine Corps
  - ☐ Navy
  - ☐ Navy Reserve
  - ☐ Army Reserve
  - ☐ Air Force Reserve
  - ☐ Army National Guard
  - ☐ Air Guard
  - ☐ Marine Corps Reserve
2. How long, in total, have you served in the military? PLEASE ROUND TO THE NEAREST YEAR.  
\_\_\_\_\_ Years
3. How many years are remaining in your current Service obligation? PLEASE ROUND TO THE NEAREST YEAR.  
\_\_\_\_\_ Years
4. What is your gender?
  - ☐ Female
  - ☐ Male
5. Are you Spanish/Hispanic/Latino? MARK ALL THAT APPLY.
  - ☐ No, not Spanish/Hispanic/Latino
  - ☐ Yes, Mexican/Mexican-American/Chicano
  - ☐ Yes, Puerto Rican
  - ☐ Yes, Cuban
  - ☐ Yes, other Spanish/Hispanic/Latino
6. What is your race? MARK ALL THAT APPLY.
  - ☐ White
  - ☐ Black or African American
  - ☐ American Indian or Alaska Native
  - ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
  - ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro)
7. What is your relationship status?
  - ☐ Married
  - ☐ In a registered domestic partnership or civil union
  - ☐ Divorced or legally separated
  - ☐ Widowed
  - ☐ Single, but with a partner/significant other (not including domestic partnership/civil union)
  - ☐ Single, with no significant other
8. What is your pay grade?
 

<input type="radio"/> E1	<input type="radio"/> E6	<input type="radio"/> WO1	<input type="radio"/> O1
<input type="radio"/> E2	<input type="radio"/> E7	<input type="radio"/> CW2	<input type="radio"/> O2
<input type="radio"/> E3	<input type="radio"/> E8	<input type="radio"/> CW3	<input type="radio"/> O3
<input type="radio"/> E4	<input type="radio"/> E9	<input type="radio"/> CW4	<input type="radio"/> O4
<input type="radio"/> E5		<input type="radio"/> CW5	<input type="radio"/> O5
			<input type="radio"/> O6
9. How many times have you deployed in support of operations in Iraq or Afghanistan?
  - ☐ Once
  - ☐ Twice
  - ☐ Three times
  - ☐ Four times or more
  - ☐ Does not apply; I have not been deployed in support of operations in Iraq or Afghanistan
10. When did you return from your most recent deployment to Iraq or Afghanistan?  
\_\_\_\_\_/\_\_\_\_\_ (Month/Year)
  - ☐ Does not apply; I have not been deployed in support of operations in Iraq or Afghanistan

11. Assuming you could stay in the military, which of the following best describes your military career intention?

For those of you with less than 20 years of Service:

- ☐ Staying until I am eligible for retirement
- ☐ Staying beyond my present obligation, but not necessarily until retirement
- ☐ Probably leaving after my current obligation
- ☐ Definitely leaving after my current obligation
- ☐ Leaving the active component to join the Guard or Reserve (any Service)
- ☐ Undecided/Not sure

For those with 20 or more years of Service:

- ☐ Staying indefinitely, or as long as possible
- ☐ Retiring as soon as possible
- ☐ Undecided/Not sure





## Defense Advisory Committee on Women in the Services



# Appendix F

## Mini-Survey Results

Demographic Profile of Focus Group Participants (N=397)				
Gender	N		Percent	
Female	293		74%	
Male	104		26%	
<b>Total</b>	<b>397</b>		<b>100%</b>	
Service	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Air Force	79	27%	105	27%
Army	78	27%	96	24%
Marine Corps	38	13%	58	15%
Navy	40	14%	57	14%
Coast Guard	32	11%	42	11%
Army National Guard	16	5%	22	6%
Air Force Reserve	5	2%	11	3%
Army Reserve	1	<1%	1	<1%
Navy Reserve	1	<1%	1	<1%
Marine Corps Reserve	1	<1%	1	<1%
<b>Total</b>	<b>291</b>	<b>100%</b>	<b>394</b>	<b>100%</b>
Pay Grade	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
E1-E4	51	18%	66	17%
E5-E6	61	21%	71	18%
E7-E9	50	17%	79	20%
O1-O3 (including Warrant and Chief Warrant Officers)	87	30%	113	29%
O4-O6	37	13%	59	15%
<b>Total</b>	<b>286</b>	<b>100%</b>	<b>388</b>	<b>100%</b>
Race and Ethnicity	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Non-Hispanic White	169	58%	237	62%
Non-Hispanic Black	41	14%	52	14%
Hispanic	43	15%	62	16%
Other (Non-Hispanic)	31	11%	34	9%
<b>Total</b>	<b>284</b>	<b>100%</b>	<b>385</b>	<b>100%</b>

\*Not every participant answered each question.

\*\* Percentages may not sum to 100% due to rounding.

Demographic Profile of Focus Group Participants (N=397)				
Marital Status	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Married	140	49%	219	57%
Single, with no significant other	66	23%	80	21%
Single, but with a partner/significant other	47	16%	53	14%
Divorced or legally separated	28	10%	31	8%
Widowed	2	1%	2	1%
In a registered domestic partnership	0	0%	0	0%
<b>Total</b>	<b>283*</b>	<b>100%</b>	<b>385*</b>	<b>100%</b>
Length of Military Service	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Under 3 years	36	13%	48	12%
3-5 years	58	20%	75	19%
6-9 years	45	16%	57	15%
10-14 years	58	20%	68	18%
15-19 years	57	20%	79	20%
20 or more years	32	11%	61	16%
<b>Total</b>	<b>286*</b>	<b>100%</b>	<b>388*</b>	<b>100%</b>
Years Remaining in Current Service Obligation	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Under 1 year	38	14%	49	13%
1-2 years	120	44%	176	48%
3-4 years	78	29%	96	26%
5-6 years	15	6%	24	7%
More than 6 years	20	7%	24	7%
<b>Total</b>	<b>271*</b>	<b>100%</b>	<b>369*</b>	<b>100%</b>

\*Not every participant answered each question.

\*\* Percentages may not sum to 100% due to rounding.

Deployment Experiences of Focus Group Participants				
How many times have you deployed in support of OIF/OEF?	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
Never been deployed to OIF/OEF	97	34%	134	35%
Deployed to OIF/OEF	186	66%	251	65%
<b>Total</b>	<b>283</b>	<b>100%</b>	<b>385</b>	<b>100%</b>
<b>Of those who have deployed:</b>				
Deployed once	88	47%	117	47%
Deployed twice	58	31%	70	28%
Deployed three times	26	14%	35	14%
Deployed four times or more	14	8%	29	12%
<b>Total</b>	<b>186</b>	<b>100%</b>	<b>251</b>	<b>100%</b>
Length of time since last deployment	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
More than 6 years	10	5%	16	7%
4-6 years	27	15%	35	14%
3-4 years	16	9%	24	10%
2-3 years	20	11%	31	13%
1-2 years	53	29%	68	28%
6 months to less than 1 year	27	15%	34	14%
Less than 6 months	28	15%	37	15%
<b>Total</b>	<b>181</b>	<b>100%</b>	<b>245</b>	<b>100%</b>

\*Not every participant answered each question.

\*\* Percentages may not sum to 100% due to rounding.

Retention Plans of Focus Group Participants				
Assuming you could stay in the military, which of the following best describes your military career intention?	Women		Total (Women and Men)	
	N*	Percent**	N*	Percent**
<b>Of those with less than 20 years of service:</b>				
Staying until I am eligible for retirement	130	52%	174	54%
Staying beyond my present obligation, but not necessarily until retirement	25	10%	32	10%
Probably leaving after my current obligation	23	9%	29	9%
Definitely leaving after my current obligation	14	6%	20	6%
Leaving the active component to join the Guard or Reserve (any Service)	6	2%	7	2%
Undecided/Not sure	52	21%	59	18%
<b>Total</b>	<b>250</b>	<b>100%</b>	<b>321</b>	<b>100%</b>
<b>Of those with less than 20 years of service:</b>			65	16%
Staying indefinitely, or as long as possible	16	46%	34	52%
Retiring as soon as possible retirement	9	26%	14	22%
Undecided/Not sure	10	29%	17	26%
<b>Total</b>	<b>35</b>	<b>100%</b>	<b>65</b>	<b>100%</b>

\*Not every participant answered each question.

\*\* Percentages may not sum to 100% due to rounding.

## Defense Advisory Committee on Women in the Services





# Appendix G

## DACOWITS 2012 Focus Group Findings

The 2012 Defense Advisory Committee on Women in the Services (DACOWITS) sought to better understand several topics related to the women in the Armed Forces of the United States, through a variety of data gathering methods (e.g., focus groups, briefings). The Committee conducted a series of focus groups on two of these topics: the military's gender gap in retention and the deployment-related health concerns of military women. More specifically:

- **Retention gap between men and women in a drawdown environment.** The Military Leadership Diversity Commission in its 2011 report recommended that DACOWITS explore why women are less likely than men to view the military as a career and identify ways to reduce this retention gap; briefings received by DACOWITS suggest that coming drawdowns may have an effect on the gap. DACOWITS is interested in learning about the extent of the gap and plans to address it, including strategies for retaining qualified women in time of overall reductions.
- **Health of military women in the field.** This topic relates to the Committee's 2010 and 2011 recommendations to end all gender-related assignment restrictions, thereby opening ground combat units to women. DACOWITS is interested in learning, after years of deployments where women have been performing in field environments, what health issues have arisen, how they have been addressed and what issues remain to be addressed.

The Committee gathered data, using focus group protocols and a short demographic survey of focus group participants, on these topics. This document summarizes DACOWITS' focus group findings on these topics in 2012. The qualitative analysis methodology used for the data presented in the report and a summary of the 2012 focus group

participants' demographic characteristics are presented first. The remainder of the document highlights focus group findings and is organized into the following sections:

- Retention of Military Women
- Deployment-Related Health Concerns of Military Women
- General Comments

Where applicable, the Committee's focus group findings are supplemented with results from mini-surveys completed by study participants.

### Assignments Focus Group Findings

Department of Defense (DoD) data show that women leave the military in higher proportions earlier in their careers than their men counterparts. One outcome of this trend is that top military leadership is largely dominated by men.<sup>1</sup> In 2012, DACOWITS studied the retention of women Service members in an effort to gain an understanding of this gender gap in retention. It conducted focus groups to better understand the military career plans of women, including their reasons for staying in or leaving the military. DACOWITS studied this topic, in part, in response to the following Military Leadership Diversity Commission (MLDC) recommendation:

*"Defense Advisory Committee on Women in the Services should expand its focus to include an explanation of the gender gap in retention."*

— MLDC (March 2011)<sup>2</sup>

<sup>1</sup> Asch, B.J., Miller, T. & Malchiodi, A. (2012). *A New Look at Gender and Minority Differences in Officer Career Progression in the Military*. Santa Monica, CA: RAND Corporation; Military Leadership Diversity Commission. (2011). *Branching and Assignments* [Decision Paper #2]. Arlington, VA: Military Leadership Diversity Commission.

<sup>2</sup> MLDC (2011), "From Representation to Inclusion: Diversity Leadership for the 21st-Century Military", Recommendation #12

**Exhibit 1: Summary of DACOWITS 2012 Focus Groups on Retention<sup>3</sup>**

	Women				Men				Total
	E1-E6	E7-E9	O1-O3	O4-O6	E1-E6	E7-E9	O1-O3	O4-O6	
Number of focus groups	5	3	4	2	3	2	2	2	23
Number of participants	58	27	47	14	26	19	25	17	233

To study the retention of women Service members, DACOWITS conducted a series of focus groups, organized by gender and rank group (see Exhibit 1).

The remainder of this chapter provides a summary of the 2012 DACOWITS focus group discussions<sup>4</sup> on the topic of retention of women in the military, and is organized into the following sections:

- Military Career Plans
- Drawdown and Retention

Summaries are provided at the end of each of these sections.

## Military Career Plans

As part of DACOWITS' aim to understand why women are less likely than men to make the military a career, the Committee focused on the career plans of Service members. The purpose of this investigation was to learn about the potential gender gap in retention and attrition, and to identify potential strategies for retaining qualified women in a time of overall reductions. While focus groups included both men and women for comparison purposes, DACOWITS was most interested in the view and opinions of women Service members in order to understand the current environment.

The following section summarizes the career plans of focus group participants and includes the following thematic domains:

- Career Intentions
- Why Service Members are Staying In the Military
- Why Service Members are Leaving the Military
- What Might Influence Service Members to Stay

A summary is included at the end of this section.

## Career Intentions

Foundational to the retention of qualified women Service members is their intent to make the military a career. In its 2012 focus groups, DACOWITS asked participants on a brief mini-survey, "Assuming you could stay in the military, which of the following best describes your military career intention?"<sup>5</sup> Overall, women focus group participants were more likely to be undecided about their military career plans than the men participants (18% of women versus 6% of men) and women were less likely than men participants to plan on staying in (68% of women versus 81% of men; see Exhibit 2). Although the current study's sample is relatively small and not probability based, it reflects the general trend seen in DoD data regarding the career intention of women and men in the military<sup>6</sup> (i.e., men are more likely to stay in the military longer).

<sup>3</sup> In addition to the focus groups on retention and deployment-related health concerns of military women, DACOWITS held four leadership groups combining these two topics. The participants were either E9s or of senior officer rank. The groups were mixed-gender, and included a total of 18 men and 4 women.

<sup>4</sup> In 2012, DACOWITS conducted focus groups with both women and men, to gain insights into the unique experiences of women in the military. Focus group data from both women and men focus groups were included in the analysis, and gender comparisons were made when possible. While results of the analysis of both women and men focus groups are presented in this document, DACOWITS is most interested in the experiences of women in the Services. Therefore, quotes presented are primarily from women focus group participants, supplemented by men participant quotes as appropriate.

<sup>5</sup> Response categories were collapsed for presentation purposes. *Plan on staying in the military* includes all participants who indicated 20 or more years of Service and the following response options for those with less than 20 years of Service: "Staying until I am eligible for retirement"; "Staying beyond my present obligation, but not necessarily until retirement"; and "Leaving the active component to join the Guard or Reserve (any Service)." *Planning on leaving the military* included: "Probably leaving after my current obligation"; and "Definitely leaving after my current obligation." Undecided included: "Undecided/Not sure."

<sup>6</sup> Asch, B.J. Miller, T. & Malchiodi, A. (2012). *A New Look at Gender and Minority Differences in Officer Career Progression in the Military*. Santa Monica, CA: RAND Corporation; Military Leadership Diversity Commission. (2011). *Branching and Assignments* [Decision Paper #2]. Arlington, VA: Military Leadership Diversity Commission.

**Exhibit 2: Focus Group Participants' Military Career Intentions by Gender**

	Women	Men	Total
Planning on staying in	68%	81%	71%
Planning on leaving	13%	11%	12%
Undecided	18%	6%	15%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

DACOWITS' focus groups allowed an opportunity to explore the reasons for this retention gender gap in more depth.

In the focus group discussions, DACOWITS asked Service members a series of questions and probes related to their military career intentions. In general, participants' views on the military as a career were mixed, for both women and men. In the focus groups with senior-level Service members, commitment to the military as a career was generally assumed and therefore not expressly asked. In the junior-level focus groups, many participants shared that they are constantly on the fence about whether to stay in or leave the military, and some said they reevaluate this decision near the end of each commitment.

### Many Participants are Undecided About Their Military Career Intentions

*"I'm also not sure right now. I'm about a year out from my ETS [Expiration Term of Service—date to officially separate from the military] date, so I'm still deciding."*

— Junior Enlisted Woman

*"I don't know; I take it one assignment at a time. There are days I'm done, and days I'm not. I change my mind quarterly. I've had some crappy assignments, but I haven't given up yet. I've never been able to say yes or no."*

— Junior Officer Woman

*"I change my mind a lot...it changes day-by-day. I'm going to stay in until I stop liking it. I thought I would be in the [military] my whole life."*

— Junior Officer Woman

*"As a career I'm on the fence. I feel there are a lot of opportunities, but having to sacrifice family and loved ones pulls me to the other side."*

— Junior Officer Woman

*"I just take it four years at a time. I'm on my second contract, and I'm not sure if I would do it again. I would definitely weigh my options."*

— Junior Enlisted Woman

### Some Participants View the Military as a Career

*"I'm staying in until they tell me to leave, and I've got 10 years in."*

— Junior Enlisted Woman

*"I'm planning on staying in until I retire, 20 years or past."*

— Junior Enlisted Woman

*"... I love the military...I'll go until they kick me out. I will go till at least 30 years unless they say they don't want me."*

— Junior Enlisted Woman

### Some Participants Do Not View the Military as a Career

*"I'm definitely decided on getting out. I love the [military], but I just want to try something else..."*

— Junior Officer Woman

### A Few Participants Thought Men Were More Likely to Stay Than Women

A few participants thought that, compared to men, women were more likely to separate from the military, mostly due to parenting responsibilities.

*"It's harder for women than men to stay in because most women have primary custody [of kids]. There's more pressure on the women because they have the custody."*

— Junior Enlisted Woman

*"I think a lot of it has to do with, say a mother was a single mother. Many times they can't go forward in their career if they have too many children, and they can't have someone take care of them. The men are then more likely to reenlist."*

— Senior Enlisted Man

*"... in my unit we just had both the husband and the wife in the unit, and we almost chaptered her out...the company commander...just assumed we would chapter out the female... They tend to chapter out the females, and I saw one of those was my [Service member], and she didn't want to leave the Service. I didn't want her to; she was a really good supply specialist... And we ended up chaptering her out, and one of them [husband or wife] had to get sent out."*

— Senior Officer Man

### Why Service Members are Staying In

Those who said that they plan on making the military a career were asked what motivated them to stay in. Participants shared various reasons for staying in, including financial reasons (e.g., job stability, pay, benefits, bonuses, and retirement benefits), personal and family reasons, and reasons related to their military job (e.g., training/skills learned).

#### Financial Reasons

Service members cited several financial reasons for staying in the military, such as job stability, pay, bonuses, benefits, and retirement benefits.

##### Job Stability

*"After the first period of commitment, I liked it. Unless something changes, this is what I want to do. So there never was a point where I needed to make a decision. I have five brothers and sisters, all [of] whom have gone through some major upheaval with employment and I thought I have it pretty good here. Besides the fact that I like it, there are all these other benefits, but just the job security."*

— Senior Officer Woman

*"It seems a matter of stability. You have a paycheck coming at the same time every month. You know when your pay*

*increments are coming...Personally I see the [military] as a career for me. I'd stay in for 20 years."*

— Junior Officer Man

##### Paycheck, Bonuses, and Benefits

*"[I've stayed in for] the benefits for my family and kids."*

— Senior Enlisted Woman

*"The benefits keep me here. With the economy I'm not getting out. I'm not done!"*

— Senior Enlisted Woman

*"Well, I am planning on staying in. My husband is going to school, and my reason for staying in is to provide for my family. And my husband is setting us up for life, and I'm also going to school."*

— Junior Enlisted Woman

*"...It's hard to walk away from the money that I make here."*

— Senior Enlisted Man

*"...What's keeping me in now is the TRICARE benefits. You can't beat them."*

— Senior Officer Man

*"I think the [military] has done a great job with their TRICARE and education benefits...they have the GI Bill that you can give to your kids...That's pretty huge."*

— Senior Officer Man

##### Getting to 20-year Mark for Retirement

*"I want that paycheck after 20 years."*

— Senior Officer Woman

*"I've also put a lot of blood, sweat, and tears, and sacrifice into it, and I want to get something out of it. I want to get the retirement."*

— Senior Enlisted Woman

#### Personal/Family Reasons

Service members also shared personal and family reasons for staying in the military.

*“For single mothers, it’s hard. I have two [kids]...It’s motivating me to stay in because at least they’re [the kids] seeing us. There are lots of single mothers who have multiple jobs just to get by and they don’t get time with their kids. Even though we’re gone a lot, we’re not gone as much as others with multiple jobs.”*

— Junior Enlisted Woman

*“I have a lot of first tour women with me...For the dual military, they are having more success than the one military-one civilian because they are used to the expectations.”*

— Senior Officer Woman

*“I think that the [Service I’m in] does a better job than some of the other Services, such as the temporary separation program – the two-year program. You can put in to get out for two years, two times per career, for men and women. I have friends in DoD Services getting deployed every six months, and they don’t have that option. I’ve never had a kid before, and am having one soon, and I’m very grateful that they have that... There are several options [for how the temporary separation program works]. You can jump back in where you left off, or you can affiliate with the Reserves, or you can choose not to affiliate with the Reserves. If you affiliate with the Reserves, you can have the option of getting back to your spot on the list.”*

— Senior Officer Woman

#### Having a Stay-at-Home Spouse Helps Support Military Career

A few participants discussed the support that having a stay-at-home spouse provides in making the military a career.

*“My kids were raised in a military family. My husband is not a military member. Both of us knew one of us would be home with the kids. He opted to be a stay-at-home dad. That helped us – I was going to get out after my first four years.”*

— Senior Enlisted Woman

*“...So at first it was difficult with the concept of deploying, but my spouse does a great job. Being in the military mindset versus being home, I think he does a better job, because I’m not in the mommy mindset. I know my husband has it taken care of at home and the deployment sealed the deal because my husband does everything – dinner, laundry, kids, everything. The roles are reversed and he has a lot of patience, so if I*

*didn’t have such a strong background with my spouse, I don’t think I could stay in. You need someone on the home front...So I’m in!”*

— Senior Officer Woman

### Aspects of the Job

Service members cited several aspects of their job as reasons for staying in the military, such as training and skills learned in the military, sense of duty and pride, enjoyment of their job and its opportunities, structure, camaraderie, and role models and strong leadership.

#### Training/Skills Learned

*“I like being in the [military] because I learn a lot of stuff. I get to work on different things; I get to do a lot of stuff. I’ve learned a lot.”*

— Senior Enlisted Woman

*“...I love the military but I have a daughter. I’m looking at my peers [in my age group] and they are in their final years of college. I’ve already begun my career...even though my education isn’t where theirs is, I’m more experienced and it’s better for me.*

— Junior Enlisted Woman

*“It is definitely the skill-set [that makes me consider re-enlisting]. What does the [military] provide that is advantageous? The camaraderie and those skill-sets. The Marine Corps is going to take care of me, and corporate America couldn’t care less.”*

— Junior Officer Woman

*“... the Army experience is very valuable. You can learn things you can’t learn elsewhere. Also you get the management perspective and time to get a degree. I’d like to pass my GI bill benefits onto my son—that was a factor. It’s also a stable work environment in a country with some difficulties there.”*

— Junior Enlisted Man

#### Sense of Duty/Pride

*“I’m three years past being retired...the reason I stay is because I take great pride in what I’m doing. I feel very good to contribute to something bigger than me. Doing that balancing act I need to know I’m doing something important. There’s nothing in the civilian world that would make me leave.”*

— Senior Officer Woman



*"... [When I joined] I felt somewhat of an obligation to the country. After I'd been in a while it became a sense of duty and commitment to country..."*

— Senior Officer Man

### Enjoy Job/Opportunities

*"I really enjoyed my jobs and the opportunities I've had, and that's kept me [here], and I've had some really great bosses and leadership."*

— Junior Officer Woman

*"What keeps me in is not just the opportunity for advancement, but just opportunity—the vast subject matters [available to me]."*

— Junior Officer Woman

*"I legitimately like being in the military, more so than being a civilian."*

— Junior Enlisted Woman

*"I really like the [military]. When I had been in for 10 years I reenlisted in Iraq. I did it because I wanted to and I look forward to the next 10 years. I really like it."*

— Senior Enlisted Woman

*"I love what I do, and I was unsure early, but when I had to decide to do another four years, I [stayed because I] love the uniform..."*

— Junior Officer Woman

### Structure

*"When I came in, I thought four years then I'm off, and I really found I liked the structure; I like the orderliness of how things ran. I'm anal-retentive by nature and the lifestyle fits my nature. I decided to try it out longer and as time went on I never really thought of getting out. I just enjoyed the life."*

— Senior Officer Woman

*"For me it was—I find a family in it, structure. I've had troubles with pay and rank before, but none of that is why I joined. I take pride in it and enjoy it."*

— Junior Enlisted Man

### Camaraderie

*"I've stayed in the past four years because I would miss [the camaraderie] too much if I got out. That was the main factor."*

— Junior Officer Woman

*"One thing I considered when I was young, when it came time for reenlistment, [that] it wasn't the paycheck [that mattered] when it came time to reenlist. The paychecks are not comparable. I reenlisted for camaraderie..."*

— Junior Officer Woman

*"What would make me consider reenlisting... The camaraderie... Your peers and friendships along the way really catapult your career and you as a female officer or senior enlisted. What does the [military] have to offer that makes it more appealing than other avenues? That was first and foremost. They give you confidence, and it's a family that will take care of me. They will take care of me regardless of where my husband is."*

— Junior Officer Woman

### Role Models and Strong Leadership

*"A warrant officer I was stationed with in Germany—he was an E5 in 2003. He kept me in until this point..."*

— Senior Enlisted Woman

*"I have a mentor, who's also dual military like myself. He influenced me to stay in... Seeing him and his wife with kids and seeing that it's possible has influenced me..."*

— Junior Officer Woman

*"I do [have a role model that has influenced me to stay in the military]. I haven't experienced any of the child care issues. I have a gunny [Gunnery Sergeant], and he is dual military, and they have kids, and he has been successful with that, so he has motivated me to not get out..."*

— Junior Enlisted Man

## Why Service Members are Leaving the Military

Those members who said that they do not plan on making the military a career were asked what factors contributed to their plans to leave. Participants shared various reasons for leaving, including both personal reasons – most notably work-life balance concerns – and workplace reasons.

### Personal Reasons

The majority of focus group participants who did not plan on making the military a career shared personal reasons for leaving. The most commonly cited reason for not making the military a career was work-life balance, including childcare. Although work-life balance was seen as an issue for both men and women, Service members generally believed that it affects women more than men. Some focus group participants also mentioned challenges associated with dual-military families. These participants expressed that dual-military relationships exaggerate work-life balance issues. A few also shared that, in most dual-military cases where one spouse is going to leave, the wife is more likely than the husband to be the one to separate from the military. Another personal reason mentioned by a few focus group participants for not making the military a career was single Service members who reported difficulty finding a spouse due to military-related factors, such as frequent deployments and relocations.

### Work-Life Balance Concerns

*“I’m not [interested in staying in the military]. I’m a single mom. I can’t make the commitment anymore.”*

— Senior Officer Woman

*“I’ve loved it up until I became a mother. I have three kids under the age of three.”*

— Senior Enlisted Woman

*“...I have two kids and now my focus is my kids. I was on the fast track. I made chief at 8 to 9 years in but now the focus isn’t 20 years.”*

— Senior Enlisted Woman

*“It is not ideal for us to stay in the [military] based on the hours that we work. It doesn’t work well with daycare. [My kids] are five, one, and the next will be*

*born next month. Based on the daycare issues on base, I don’t really have those options.”*

— Junior Enlisted Woman

### Work-Life Balance Concerns Disproportionately Affect Women

*“I don’t think men struggle like we do. It’s part of our society. Mommies are responsible for the health of the family. You don’t hear ‘daddy guilt.’ I don’t think that’s going to change anytime soon. It’s going to take a few more generations, where men and women are [both held] responsible for family life.”*

— Senior Officer Woman

*“...I know those are societal norms in place that probably pull at them more intensely than the male member of that parent couple. I value being a father and being there as much as I can. There is a bond between mother and child and we want to maintain that. The father can be absent more often without adversely affecting the children....”*

— Senior Officer Man

*“...most of the women jump out because if someone wants to have a spouse and a family, they can’t promote. Very few people are willing to make that choice. At the top ranks...very few are married and even less have children.”*

— Senior Officer Woman

*“There seems to be more children in the male officer families than the female officer families.”*

— Senior Officer Woman

*“In my career field, I can name at least half a dozen female officers who all came in around the same time and get out at the same time. They get married and decide to get out. All [of] these women married other military members... To me, from what I’ve seen, female retention is low because women have family pressures.”*

— Senior Officer Man

### Dual-Military Challenges

*“...when you have dual military that’s a compounding issue.”*

— Senior Officer Woman

*"I like the military. The biggest struggle is being in a military-military relationship. My spouse and I never see each other. One year we calculated we saw each other 15 days. I wanted to get out so that our son could have the stability of one parent being home..."*

— Junior Enlisted Woman

*"I go back and forth every day [on whether I plan to stay in or leave]. We're dual military so it depends [on] what career path he decides to follow."*

— Junior Officer Woman

### Single Service Members Have Difficulty Finding a Spouse

*"I've been in for seven years and I'm single but from that perspective, moving all the time you never put down roots. I'm never gonna have a chance of meeting somebody and having a family."*

— Junior Officer Woman

*"My female role model was in 15 years...and got out because she couldn't meet anybody. We deploy every year. She got out because she was never going to meet a guy with the constant moving. When I didn't have a husband or kid, I liked moving and deploying. It changes when you have a family."*

— Junior Officer Woman

### Workplace Reasons

Focus group participants who did not plan on making the military a career also shared several workplace reasons for leaving, including not being happy with their job or MOS, lack of promotional opportunities, high Operating Tempo (OPTEMPO), lack of role models, and better pay in the civilian workplace.

#### Not Happy with Job/MOS

*"I thought it would be a career, I feel like I'm pigeon holed. Almost like I'm punished for having other interests, as if I can only be [in this one job]. If I have any notion of making ranks I have to stay in my career field. And, to me, that's not good – my mind doesn't think like that, so I'm on the fence. Although I was brought in [in this job] there are other things I think I would be good at if given the opportunity...some days I feel stuck."*

— Junior Officer Woman

*"Sometimes I feel ... like if you want to stay in [my career field] you have to do this and that and this, and that sounds awful to do the same package that everyone else has done. And just having it, my track, all laid out it's just not very appealing sometimes...and with the drawdown and the budget constraints I feel like I should look to do something else in case this doesn't last."*

— Junior Officer Woman

*"I made the decision to separate ... [I] don't want to be with an organization that won't let women serve in any organizational [position]."*

— Junior Officer Woman

#### Lack of Promotional Opportunities

*"I don't dislike my MOS [Military Occupational Specialty], but promotion is nearly impossible. I still haven't gotten promoted ..."*

— Junior Enlisted Woman

#### OPTEMPO Too High

*"I made the decision to separate because the [military] doesn't jive with being a mom...I don't want to go on another deployment...I don't want to go on another deployment and leave my child..."*

— Junior Officer Woman

*"I'd like to do 20, but if it's another 10 years of deploying then it's not realistic."*

— Junior Enlisted Man

#### Lack of Role Models

*"...I've been looking for role models. I can't think of a female officer who did it all - family, career, and all..."*

— Junior Officer Woman

#### Better Pay in Civilian Workplace

*"...in my field you can make a lot more money in the civilian sector. The [military] has given me a lot of training, so I appreciate it, but if I had a job paying three times as much..."*

— Junior Enlisted Woman

## What Might Influence Service Members to Stay

Those who said that they do not plan on making the military a career were asked what, if anything, might influence them to stay in the military. Some said that nothing could persuade them to stay, and a few shared some things that may persuade them to stay, including greater schedule flexibility, a different MOS, and having a mentor.

### Nothing Could Persuade Them to Stay

*“There is nothing in this world that will keep me in...”*

— Senior Enlisted Woman

### Greater Schedule Flexibility

*“[What would help me make the decision to stay in the military] would be things that can’t be promised to me – like having regular eight hour days... Unless the Air Force has a program that lets people leave for a few years [and] then come back.”*

— Senior Officer Woman

### Different MOS

*“I’ll probably stay in but not sure I’ll retire. I’m not sure I like my MOS [Military Occupational Specialty]. If I change that, then I’ll stay.”*

— Junior Enlisted Woman

*“I do not know right now [whether I’ll stay in] because I don’t know if I like my MOS [Military Occupational Specialty]. If I change and I like it I will stay in.”*

— Junior Enlisted Woman

*“I would like to be in combat arms. If I could do that, I would stay for the rest of my life. I’d like to be in infantry... It’s restricted to only males.”*

— Junior Enlisted Woman

### Mentor

*“If I had a good mentor [then that could change my mind to stay in]. It could change. I do love the [military] but I’m just too frustrated right now.”*

— Senior Enlisted Woman

## Summary: Military Career Plans

DACOWITS understands that there is a gender gap in the retention of Service members – i.e., a smaller proportion of women Service members are making the military a career compared to men. The 2012 Committee sought to understand why this gap exists, and what can be done to shrink the retention gender gap. In its focus groups, DACOWITS asked both women and men participants about their military career plans on both the mini-survey and in the focus group discussion. Women focus group participants were more likely to indicate on the mini-survey that they are undecided concerning their military career plans than the men participants, and women were less likely to report a plan to stay in. In focus group discussions, generally participants’ views on the military as a career were mixed. Since senior-level focus group participants have presumably already stayed in the military past their initial commitment, viewing the military as a career was generally assumed as their career intention. In the junior-level focus groups, several Service members, both men and women, reported ambivalence about whether to stay in or leave the military. While some plan to stay in the military and make it a career, others had not reached the same decision.

As a follow-up to the military career intention question, the Committee asked members to elaborate on why they planned on making the military a career or what factors contributed to their plans to leave. Those members who said that they plan on making the military a career shared various reasons for staying in, including financial reasons (e.g., job stability, pay, bonuses, benefits, and retirement benefits), personal and family reasons, and reasons related to their military job (e.g., training and skills learned in the military, sense of duty and pride, enjoyment of their job and its opportunities, structure, camaraderie, and role models and leadership).

Those who said that they do not plan on making the military a career were asked what factors may motivate them to leave. Participants shared various reasons for leaving, including both personal reasons – most notably work-life balance concerns – and workplace reasons. Although work-life balance was seen as an issue for both men and women, Service members generally believed that it affects women more than men. Some focus group participants also mentioned challenges associated with dual-military



families. These participants expressed that dual-military relationships exaggerate work-life balance issues and that, in instances where one spouse separates, it is more likely the wife who will leave. Another personal reason mentioned by a few focus group participants for not making the military a career was raised by single Service members having difficulty finding a spouse due to frequent deployments, relocations, and other factors related to the military lifestyle. Service members who expressed that they did not plan on making the military a career also shared several workplace reasons for leaving. These reasons included not being happy with their job or MOS, a lack of promotional opportunities, OPTEMPO being too high, a lack of role models, and opportunities for jobs with better pay in the civilian workplace. When asked what might influence them to stay in the military, some said that nothing could persuade them to stay, while a few shared some things that may persuade them to stay in, including greater schedule flexibility, a different MOS, and having a mentor.

### Drawdown and Retention

As previously mentioned, the 2011 MLDC report recommended that DACOWITS investigate why women may be less likely than men to view the military as a career. During this investigation, DACOWITS received briefings suggesting that drawdowns with individual Services may have an effect on the gap.

This section summarizes participant's views and opinions of the current drawdown of military personnel in the military and is organized into the following sections:

- The Impact of Drawdown on Military Careers
- Drawdown and Gender
- Voluntary Separation as Part of Drawdown

A summary is included at the end of this section.

### The Impact of Drawdown on Military Careers

DACOWITS asked Service members a series of questions and probes related to the current drawdown and its impact on their military careers. The majority of participants who responded to this line of questioning said that they are not concerned about the current drawdown.

*"I think it has an effect on all of us...Previously it was just first come, first serve. This year, everyone put in a package and everyone had to compete, and now you have to try to shoot your best on the range, do the best PT [Physical Training]..."*

— Junior Enlisted Woman

*"I think if you're healthy and passing PT tests, [there's] nothing to worry about. But if you have medical problems I'd be worried about [the drawdown]."*

— Junior Enlisted Woman

*"To get back to the original question about the [disproportionate impact] of the drawdown...we're losing junior enlisted mainly. If anything, it draws out promotion timeframes and makes things more competitive. Knowing you're going to have a paycheck is nice, so people like that may get out. I think gender doesn't matter...if you're going to get out you're going to get out."*

— Senior Officer Man

### Drawdown and Gender

When asked whether women or men will be disproportionately affected by a drawdown, most respondents did not believe so. When prompted, some participants indicated that since the drawdown will likely target MOSs in which women are more highly concentrated, women may be disproportionately impacted by the drawdown. On the other hand, some participants believed that men will be disproportionately affected by the drawdown.

#### Neither Women nor Men Likely to be Disproportionately Impacted by Drawdown

*"No [the drawdown will not affect men and women differently]. With the boards I saw it more as how you are on paper and not your sex."*

— Senior Enlisted Woman

*"I believe they will target us across the MOS, not males or females. And that's what I've seen before."*

— Junior Officer Woman



*"I don't see how this issue is gender-related at all; it's all MOS."*

— Junior Enlisted Man

*"They don't look at names or gender, they just look at data and get that info afterwards."*

— Junior Enlisted Man

## Drawdown Likely to Impact Women More than Men

*"I think a lot of them will be affected by females. The majority being cut will be administrators, and the majority of those are females. So the admin [MOS] is one of the biggest fields that there is, and females happen to occupy that field. It will definitely affect females."*

— Junior Enlisted Woman

*"I think that is one way we were targeted with the drawdown. So you have Staff Sergeants and Gunny Sergeants who have been in for 18 years, and they have to do pull-ups and they can't do that. And that affects reenlistment and affects everything else. That is one way that they are targeting females specifically. Nothing changed on the male end that was equivalent. I know there are females who can do 20 pull-ups, but I don't know 20 females who can do that. After you have a baby, there's a lot of stuff the average female maybe can't do anymore, and that is with training."*

— Junior Enlisted Woman

*"Well, there could be [a gender difference in drawdown impact]. With a lot of our MOSs, a lot of them are being told they can't reenlist in that MOS. They have to go into those open MOSs, and all of those MOSs are combat. From what I've seen, there is always an MOS open to females, but there's not as many choices...I think that it could affect some reenlistment windows for some females..."*

— Senior Officer Man

## Drawdown Likely to Impact Men More Than Women

*"...with the current designation board, it might get really hard for the males with the drawdown. It's hard for the grunt units. For crew designation, they're retaining 50% to 60%..."*

— Junior Officer Woman

*"That's one of the reasons I don't feel as stressed about the drawdown. For me, I'm not under any illusions about how easy it was to get in as a woman compared to a white male. Because of all the competition and the type of people it attracts, if you're a woman officer and you're happy and it shows, chances are you wouldn't be as adversely affected by the drawdown as men are...It's a cheap way of looking at it, and I would never look at it as an excuse, but if it's down to me and a white man, I probably wouldn't [get kicked out]."*

— Junior Officer Woman

*"I think [the drawdown] will affect men more than women..."*

— Junior Officer Woman

## Voluntary Separation as Part of Drawdown

DACOWITS asked focus group participants whether they would voluntarily separate if offered this option as a part of the drawdown. Thoughts on this were mixed, but most who responded said that they would consider separating early.

*"You mean early out? Yes, I would consider it. It is a privilege to take that early out and do what you want to do. I am considering that."*

— Junior Enlisted Woman

*"Probably [I would leave early if it was offered to me]. I've got enough money saved up now. For me I just want to be where I'm happy... If I feel like I'll be happy outside and the [military] will give me money for it, yes I would."*

— Junior Officer Woman

## Summary: Drawdown and Retention

Generally, the 2012 DACOWITS focus group participants felt that the current drawdown does not concern them or influence their military career plans. Most participants did not believe that the drawdown will disproportionately impact women. When prompted, a few participants said that the drawdown may target MOSs in which women are more highly concentrated, and therefore women may be disproportionately impacted by the drawdown, while others believed that men will be disproportionately affected by the drawdown. Participants generally agreed that they would consider separating early if offered the opportunity to do so.

**Exhibit 3: Summary of DACOWITS 2012 Focus Groups on Deployment-Related Health Concerns of Military Women<sup>7</sup>**

	Women				Total
	E1-E6	E7-E9	O1-O3	O4-O6	
Number of focus groups	5	3	5	3	16
Number of participants	54	22	44	22	142

## Deployment-Related Health Concerns of Military Women: Focus Group Findings

In 2007 DACOWITS researched the topic of health concerns of women Service members prior to deployment, during deployment, and following deployment. Related to pre-deployment, the Committee recommended that hygiene briefings be provided to women and that the Services look into mental health care and the adequacy of the supply of medications, including contraception. The Committee found that women, during deployment, reported a lack of medical personnel and supplies available for gynecological care, issues surrounding the views of seeking mental health care, and that the medical personnel do not respect personal privacy of the patients. The Committee recommended improvements to the Post Deployment Health Assessment screening and that the Services address obstacles many women face in getting medical appointments and tests in a timely fashion.

Considering the years of deployments in which women have been performing in environments with a high risk of combat, coupled with the potential increase in the number of women serving in deployed environments (DACOWITS recommended an end to gender restrictions in 2010 and 2011), the Committee is interested in whether particular health issues have arisen for women during deployment, how they were addressed, and what issues continue to be problematic. Using a focus group protocol and mini-survey, the Committee gathered data on the health concerns women face during and after deployment, the potential barriers to their seeking care, their views on how the military

has addressed women's health concerns thus far and suggestions for future steps to be made regarding the health of deployed women.

DACOWITS conducted a total of 16 focus groups specifically designed to discuss deployment-related health concerns of women Service members, although issues pertaining to this topic also came up during some of the focus groups concentrated on the aforementioned retention topic. Where relevant, findings from these groups are included as well. The 16 focus groups consisted of 142 women Service members from all branches of the Service, including Reserve and National Guard components (see Exhibit 3 for an overview of 2012 DACOWITS focus groups on this topic).

As Exhibit 4 shows, of those participants in the wellness-related focus groups, the majority (81%) had deployed at least once in support of OIF (Iraq) and/or OEF (Afghanistan). Approximately one-third of the participants reported returning from their most recent deployment within the past year (36%, N = 39/108), while another third reported returning within the past one to two years (28%, N = 30/108).

<sup>7</sup> In addition to the focus groups on retention and deployment-related health concerns of military women, DACOWITS held four leadership groups combining these two topics. These participants were of either E9 or of senior officer rank. These groups were mixed-gender, and included a total of 18 men and 4 women.

Exhibit 4: Focus Group Participants' Deployment Experiences		
How many times have you deployed in support of OIF/OEF?	Total (Women Only)	
	N*	Percent**
Never been deployed to OIF/OEF	26	19%
Deployed to OIF/OEF	112	81%
<b>Total</b>	<b>138</b>	<b>100%</b>
<b>Of those who have deployed:</b>		
Deployed once	51	46%
Deployed twice	36	32%
Deployed three times	15	13%
Deployed four times or more	10	9%
<b>Total</b>	<b>112</b>	<b>100%</b>
Length of time since last deployment	Total (Women Only)	
Response Options	N*	Percent**
More than 6 years	6	6%
4-6 years	9	8%
3-4 years	13	12%
2-3 years	11	10%
1-2 years	30	28%
6 months to less than 1 year	21	19%
Less than 6 months	18	17%
<b>Total</b>	<b>108</b>	<b>100%</b>

\*Not every participant answered each question.

\*\*Percentages may not sum to 100% due to rounding.

The remainder of this chapter provides a summary of the 2012 DACOWITS focus group discussions<sup>8</sup> on the topic of the deployment-related health concerns of military women, and is organized into the following sections:

- Health Concerns of Women Service Members During and Following Deployment
- Hesitancy to Seek Medical Care
- Recent Improvements in the Medical Treatment for Deployed Women
- Suggestions for Future Health Care Improvements

### Health Concerns of Women Service Members During and Following Deployment

DACOWITS asked participants to describe the health issues or concerns that affect women Service members during deployment and following their return from deployment. Overall, the participants had relatively few concerns to share. First responses to this question typically described either isolated injuries or general health concerns affecting both men and women, although there were a few specific health concerns that came up when probed. This section summarizes the overarching feeling regarding the health concerns of women during deployments, followed by the specific health concerns that were mentioned (or discussed when probed). This section includes the following themes:

- Overarching Feelings Regarding Deployed Women's Health Concerns
- Urinary Tract Infections and Dehydration
- Hip, Back, and Knee Pain
- Pregnancy and Family Planning During Deployment

<sup>8</sup> Wellness focus groups were conducted with women-only groups to isolate the experiences of women during deployment. However, topics of the health of women in deployed environments were also raised in groups with men. While results of the analysis of both women and men focus groups are presented in this document, DACOWITS is most interested in the experiences of women in the Services. Therefore, quotes presented are primarily from women focus group participants, supplemented by men participant quotes, as appropriate.

- Mental Health Concerns
- Other Health Issues

A summary is included at the end of this section.

### Overarching Feelings Regarding Deployed Women's Health Concerns

Participants often had difficulty recalling woman-specific health concerns encountered during deployments.

*"I've been deployed four times and I haven't experienced any health care issues from a women's perspective. I don't think there are too many specific to women."*

— Senior Enlisted Woman

*"I saw some with UTIs but I saw more health issues with the men. They didn't take care of themselves out there—they were dirtier."*

— Senior Enlisted Woman

*"I didn't really see many problems. I had a large number of women."*

— Senior Officer Woman

*"I haven't noticed anything female specific."*

— Junior Enlisted Woman

*"I just came back from Afghanistan... We had a team of 41 members, and there were about 4 females. There weren't any female issues whatsoever, no UTIs, no showering issues. They adapted very well... This was 2011."*

— Senior Enlisted Woman

### Urinary Tract Infections and Dehydration

When probed about urinary tract infections (UTIs), several participants indicated they had either had a UTI personally or saw others who had contracted a UTI while deployed. In general, the participants showed little concern for the problems created by this health condition. The general feeling was that UTIs are a common issue but they are easily treated and do not greatly hinder performance in the field. However, participants did report that UTIs may be linked to women intentionally dehydrating themselves to avoid having to use the restroom.

*"A lot of UTIs. Call it lazy or not wanting to go out. A lot of the younger females weren't drinking enough or didn't want to walk out to a porta potty."*

— Senior Enlisted Woman

*"Personally I had none... Well, I got a UTI, so I needed to see a doctor...and it was fine."*

— Senior Officer Woman

*"I know some people with UTIs because the bathroom facilities aren't that great so they would dehydrate themselves to keep from using them...UTI was the result...the doctor gave them something to get them through it but it kept happening because they didn't stop dehydrating themselves."*

— Junior Enlisted Woman

*"I purposely dehydrated myself so I wouldn't have to use the bathroom, one, because it was uncomfortable and, two, I thought it was a perfect time to be attacked."*

— Senior Officer Woman

*"At midnight, you don't want to wake a buddy out there. You have to take your chances. You would not drink a thing."*

— Junior Officer Woman

### Dehydration

Related to women's reports of dehydration, the location of the restrooms, paired with difficulties using the restroom in the field or while on aircraft or ships, was blamed for the willingness to purposely dehydrate. Most participants reported having designated women's restrooms; however, many reported that these were either far away or not of a sufficient number to accommodate the number of women. This was a concern specifically noted by junior enlisted Service members.

*"I noticed that the female heads are so far away. If something hits you have to run or realize you've already gone."*

— Junior Enlisted Woman

*"There aren't as many facilities for women as there are for men. We had one that was kind of close to where we were staying but...yeah, you always have to walk to it and there weren't a lot of female latrines."*

— Junior Enlisted Woman

*"I know where I lived on my birthing. There were six toilets and sinks for 100 females. Our male birthing was 80 males and they had two heads on either side which was five to six of everything."*

— Junior Enlisted Woman

## Hip, Back, and Knee Pain

Issues concerning hip, back, and knee pain or injuries from wearing the gear also came up when probed, although these issues were more common among participants from one Service than among participants from the other Services.<sup>9</sup>

*"The unit that recently got back from deployment, the females in my platoon were all on profile for lower back or hip injuries...All of the females had severe back and hip problems from wearing the gear."*

— Junior Officer Woman

*"I pulled my lower back. I have scoliosis in [my] middle back from wearing the gear."*

— Junior Enlisted Woman

*"We had 15 Soldiers in Basic, and 8 of the 15 had hip problems and couldn't graduate. They had to recuperate and couldn't graduate."*

— Junior Officer Woman

Several participants felt that these types of concerns (hip, back, and knee pain) were simply part of being in the military and affect men and women alike.

*"Everyone experiences lower back pain—male and female."*

— Junior Officer Woman

[Referencing hip, back, and knee pain] *"That's the military."*

— Senior Officer Woman

## Pregnancy and Family Planning during Deployment

Pregnancy was mentioned by several of the participants as a health concern that greatly affected performance in the field. Several participants reported

large numbers of women being sent home from deployment as the result of pregnancy.

*"I identified in and out processing of those coming back from Afghanistan. Every night, and I mean every night, throughout all the services, about 37 pregnant females came up. Every night!"*

— Junior Enlisted Woman

*"Embarrassingly, STDs and pregnancy is what I've seen. It affects the mission in a big way."*

— Senior Officer Woman

*"Everyone had someone go home for pregnancy. We had 150 females in our unit and we sent a good number home."*

— Junior Officer Woman

Others reported women hiding their pregnancies until returning from deployment, either to avoid punishment or to finish the mission.

*"Some women got pregnant, knew it, and toughed out that deployment. If they thought that they could hide that, and didn't want to get in trouble, I have heard of that."*

— Senior Enlisted Woman

*"During my last deployment, people were getting pregnant and having miscarriages and not telling people because they were afraid of consequences... They kept it a secret [until] they got back."*

— Senior Enlisted Woman

## Availability of Plan B or Other Emergency Contraception

Another issue that arose regarding pregnancy is the lack of availability of Plan B or other emergency contraception to women Service members. Participants from some branches of the Service reported not being able to obtain Plan B during deployments, while others reported that it was available but women were hesitant to seek it out because of the self-identifying nature and paper trail involved in obtaining it.

*"...working from the medical angle I see a lot of stuff... there were a lot of instances of handing out Plan B. From a female standpoint if you engage in activities not approved, you took the risk of identifying yourself if you need something. There's always that chance. You can't*

<sup>9</sup> The issue of hip, back, and knee pain was not probed in all focus groups, which calls for a note of caution when interpreting this finding as being specific to only one branch of the Services. Participants from other Services may have encountered these issues as well but not mentioned them since they were not specifically probed.



*just walk into a pharmacy and get Plan B; there's a paper trail that follows you back. I had some young females coming in asking for Plan B and they couldn't get it."*

— Senior Enlisted Woman

*"If you are unfortunately raped or sexually assaulted, you can go through your SARC [Sexual Assault Response Coordinator] and get Plan B, but it's not available down range."*

— Senior Officer Woman

*"Plan B is tracked too. Even if they sign confidentiality agreements or a HIPAA [Health Insurance Portability and Accountability Act]...[medical] tracks it for your own benefit."*

— Junior Enlisted Woman

### Mental Health Concerns

Several participants mentioned stress and mental health concerns during deployment and upon returning home. Some discussed concerns regarding the stress of leaving their family and children at home, noting that this created a distraction from the mission as their attention drifted to issues at home.

*"With female [Service members] with families at home, that is a difficult balance to strike...it's a daily force-multiplier, or a generational thing based on how communications are going back at home. If they have a solid handle on how things are going back at home, that makes them a more valuable member of the team. Their focus on things, their attitude in general, I've seen it with male [Service members] too, but with female [Service members] in particular, if they're mentally not in the right place, they are not in a position to succeed."*

— Senior Enlisted Woman

*"When you deploy you have that little bit of guilt that is social norms coming into physiological play—we're the mother and we are supposed to take care of our babies."*

— Senior Officer Woman

*"I think for me it was mostly stress related being away from children and family. So the ability to cope."*

— Junior Enlisted Woman

For others, there was stress upon return from deployment. Specifically, participants reported difficulty talking to their spouse and/or family members.

*"Going back to the mental health thing, that's one thing that I'd like us to see us focus on...after a while, if things are different, depending on if you have kids or are married or single, not only are you dealing with having to come back, you're now a [Service members], a mentor, and for those who have seen action, they don't have anyone to talk to. They don't want to talk to their husbands. Their husband doesn't want to hear about that."*

— Senior Enlisted Woman

### Other Health Concerns

#### Hair Loss

Hair loss was mentioned by a few participants as a health concern during deployments. Participants attributed this to poor diet and stress.

*"I would say hair loss. I experienced that...About half way through deployment I...ran into another colleague and she complained about hair loss too. At the time of my second deployment I just cut it all off."*

— Junior Officer Woman

*"My hair started falling out."*

— Senior Enlisted Woman

#### Kidney Stones

Kidney stones were also mentioned by a few participants, resulting from either too much calcium in the drinking water or dehydration (see previous section on UTIs and dehydration).

*"I was flown out of Iraq for severe kidney stones. While you're deployed they send bottled water, and it had a lot of calcium."*

— Junior Enlisted Woman

*"I did have a friend who had kidney stones on patrol. It was due to lack of hydration."*

— Junior Officer Woman



## Cigarette Smoking

One group of participants reported they started smoking cigarettes while deployed and have continued the habit upon returning home. For them, smoking was seen as the primary way to socialize and find out important information related to the mission.

*“I picked up smoking. They all have their pow wows outside.”*

— Junior Enlisted Woman

*“You pick it up naturally when you deploy. [It’s the] only way to socialize. That’s where you have your meetings. You have to go to the smoke pit.”*

— Junior Enlisted Woman

## Summary: Health Concerns of Women Service Members During and Following Deployment

Participants reported very few health concerns while on deployment. Several of the women had been deployed multiple times and reported not facing any health concerns. One noted that men were more likely to have health problems during deployments than women.

The issue of urinary tract infections (UTIs) rarely came up without specific probing. When it was mentioned, there was a general feeling that women do get UTIs but that they are easy to treat and do not hinder performance in the field. Within focus groups, UTIs were generally linked to women intentionally dehydrating themselves to avoid having to use the restroom. Participants said that while there were usually designated women’s restrooms, they were often far away or too few to accommodate the number of women.

When probed regarding hip, back, and knee pain, several participants indicated that they experience pain from wearing the gear during deployments. This pain often lingered upon returning home. Some indicated that this type of pain from the gear is simply part of the military lifestyle and affects men as well as women.

Pregnancy was mentioned by several of the participants as a health concern that greatly affected women’s performance in the field. Several participants reported large numbers of women being sent home from deployment as the result of pregnancy.

Others reported women hiding their pregnancies until returning from deployment, either to avoid punishment or to finish the mission. Of a similar note, participants reported that Plan B or similar emergency contraception was often not available while deployed. When it was available, women were hesitant to seek it out. This was overwhelmingly because Plan B is tracked in the medical system and requires women to self-identify during acquisition. Women were concerned in documenting this need, as this would indicate a violation of the order not to engage in sexual activity while deployed.

Several participants mentioned stress and mental health concerns during deployment and upon returning home. Some had concerns regarding the stress of leaving their family and children at home, noting that this created a distraction from the mission goal as their attention drifted to issues at home. For others, the stress came after returning from deployment, with reports that they did not feel as though they were able to talk things through with a spouse or family member.

Hair loss, kidney stones, and cigarette smoking were also mentioned as health concerns during and following deployment. Participants attributed the hair loss to poor diet and stress. Kidney stones were mentioned as resulting from either consuming too much calcium or dehydration. One group of participants reported they started smoking while deployed and have continued the habit upon returning.

## Hesitancy to Seek Medical Care

DACOWITS asked participants for which, if any, health concerns women were hesitant to seek medical treatment during deployment. This section presents the themes that emerged from the discussion surrounding this question. Although the question asked for specific medical conditions for which women were hesitant to seek care, participants often reported general reasons for not seeking care instead. This section includes the following themes:

- Desire To Have Women Medical Personnel
- Distrust of Medical Personnel
- Stigmas Against Women Seeking Treatment

A summary is included at the end of this section.

### Desire to Have Women Medical Personnel

#### Gender of Medical Personnel

Participants placed a high importance on the gender of medical personnel. Several participants indicated they were reluctant to seek medical attention for women's health concerns from male medical personnel.

*"It's nice to have a female corpsman around for female needs. [They are] more approachable. You don't often want to talk to a man about your menstrual cycle, with guys you have to sit in a brief with."*

— Junior Officer Woman

*"Anything that had to do with women's issues. For example, one time I had an infection I would not have gone to see a male for—a UTI. I would never have been able to talk to a man about that."*

— Junior Officer Woman

*"I don't want to deal with a man. I would prefer a female doctor. Have a well-woman place for us to handle all of our personal business."*

— Junior Enlisted Woman

*"I think it's just human nature. If I have to go to a doctor and discuss something male-oriented, I would feel more comfortable going to a man... Certain things we talk to males about and certain things women talk to women about."*

— Senior Enlisted Man

There were a few participants who indicated they had women medical personnel during deployment and the experience was helpful. Having women personnel seemed particularly beneficial for younger Service members.

*"...we had one female corpsman who was great, and the morale of the people of the boat — they were very excited to have a female corpsman on board, and she was very proactive. Having a lead female corpsman really helped."*

— Junior Officer Woman

*"The second time [I was deployed] we had a PA [Physician Assistant] on staff who was female. She was really accessible, trusted for confidentiality. The first time I went we didn't have that. It was a problem for a lot of women."*

— Junior Officer Woman

*"When I had certain things wrong with me, we had a female doctor, and she was easy to talk to. When it comes to my female body parts, I'm more comfortable with a woman."*

— Junior Enlisted Woman

For many, the main complaint regarding men medical personnel was their lack of knowledge of women's issues or their general embarrassment when discussing women's health concerns.

*"Having that corpsman be male won't change, as there just aren't enough women, but having them be more educated and sensitive to everyone [is something that can change]."*

— Junior Officer Woman

*"You just mention the menstrual cycle or a yeast infection, and they panic. And they are like, 'Okay, uh...,' and it's like they give you ibuprofen, and they are clueless, and that's kind of amazing because they go to school, and it seems embarrassing for both ends, so you just kind of wait."*

— Junior Officer Woman

*"Guys don't know how to deal with that stuff anyway. They don't know what to do. It's like a single father with a daughter who just got her period. Sometimes you need a girl in the field."*

— Junior Enlisted Woman

### Distrust of Medical Personnel

There were also concerns raised regarding medical personnel of both genders. Several participants reported they were reluctant to see medical personnel for any concerns, general or woman-specific, because they felt medical staff do not get enough training. Although only women were included in the focus groups concerned with women's health, several participants indicated that both men and women have this concern. Several participants relayed their own experiences regarding misdiagnoses or improper treatment received during deployment.

*“It is four months of training [to become medical personnel]. The main focus is on how to stop the bleeding and get them out of there. In the civilian world, we can’t even start an IV. In the military world, we can start IVs, do chest tubes—anything the PA says we are allowed to do.”*

— Junior Enlisted Woman (medical personnel)

*“I’ve had good interactions overall, but [the corpsmen] just might not have the technical experience to deal with some things. And on our ship, we just have one medical technician.”*

— Junior Officer Woman

*“In the civilian world, people have to work for it because they can get fired. In the military, we have all this freedom. We’re like four year olds running around with this freedom and eating a bunch of candy. You’re in an environment where people don’t keep an eye on you. You get more professional[ism] in the civilian world from more education. A lot of times people don’t come to [the medical center] because of it.”*

— Junior Enlisted Woman (medical personnel)

*“I developed a rash on my inner thigh. The doctor doesn’t know what’s going on with me. I have to work in these conditions and the doctor doesn’t know how to treat me. I had this rash for the whole six months. He’s giving me just random medicine.”*

— Junior Enlisted Woman

## Lack of Equipment and Supplies

Several participants also mentioned a lack of medical equipment and supplies while deployed, leaving the medical personnel unable to deal with women’s issues in theater.

*“I had problems with bleeding a lot...I saw the PA... He was trained, but he didn’t have the equipment needed to do a vaginal exam. He basically said I’m sorry but I can’t do anything for you.”*

— Senior Enlisted Woman

*“I would say the biggest [problem] was gyno issues in general. There was very little gyno service available there. I was in a large area in Iraq, and there were no women’s clinics... We had to start a small women’s clinic. There just weren’t enough supplies.”*

— Senior Officer Woman

*“The medics are really limited on supplies... Going through them to get supplies, my medics weren’t fully equipped.”*

— Junior Enlisted Woman

*“But as far as needing a pap smear, I think it’s definitely a lot more difficult. You have to find a place that can accommodate that. You have to find someone with the equipment... Or if I have a vaginal infection they can’t help you out.”*

— Junior Enlisted Woman

## Lack of Professionalism Among Medical Personnel

Some participants also expressed a lack of professionalism among the medical personnel. Of particular concern was the lack of respect for patient privacy and concerns of confidentiality.

*“Part of why females are more reluctant to get help is that they’re not very professional overseas. Even in [the medical center] you can hear the medics talking about things while you’re sitting there waiting. You worry are they going to talk about me next.”*

— Junior Enlisted Woman

*“All the time! I never went to medical except to confirm my pregnancy. They like to gossip and talk about you.”*

— Junior Enlisted Woman

*“We’re starting to get a bad rap... I’ve seen a lot of people get less and less professional. We need to turn over a new leaf. I think that the medic program—at least education wise, should have an overhaul of professionalism. I get disgusted sometimes.”*

— Junior Enlisted Woman (medical personnel)

*“Oh yeah, they go through your medical record and then try to talk to you.”*

— Junior Enlisted Woman

## Medical Personnel Not Taking Health Concerns Seriously

A few participants also expressed concern over the medical personnel’s first reaction to treat patients as though they are not really in need of treatment, offering up ibuprofen as a cure-all without doing a thorough exam to check for more serious conditions.

*"This isn't just women. It's males and females. They treat you like you're not really sick."*

— Junior Enlisted Woman

*"They're just not doctors and they don't really know what's going on with you. They tell you to take some aspirin, but it just covers it up. They don't take you seriously."*

— Junior Enlisted Woman

*"It wasn't the medic itself, but the PA. They would brush you off. A good example, a male, his knee popped out of place in a game, and the PA told him, 'You're fine,' and his knee has been swollen for a month now. 'It's all in your head.'...I think that at some level, it's the PA's and not really the medics."*

— Junior Enlisted Woman

*"We need to get more into worst case scenarios. If someone comes in with a back ache, check [them] for kidney stones and not just send them off with ibuprofen. Then they wouldn't see it as a joke."*

— Junior Enlisted Woman (medical personnel)

### Stigmas against Women Seeking Medical Treatment

Other barriers to seeking treatment were also discussed, primarily focused around the stigmas regarding treatment-seeking behaviors. Many participants were reluctant to seek medical treatment because they did not want to be seen as weak by their co-workers or leaders.

*"I think a lot are hesitant because you don't want to be that girl that is complaining and slacking off.... A lot of females put their health in danger because they don't want others to look at them that way. You hesitate because you don't want to be that weaker link. We try to be tougher than we are... You have to be up to the male, tough standard."*

— Junior Enlisted Woman

*"When I put my gear on my back really hurts—you have to do it because people are watching you. Some females make it hard for females in [the] military. A lot of us do stuff we shouldn't do because we don't want that person to say something. As women, we tend to harm ourselves to not get judged as being 'that' female."*

— Senior Enlisted Woman

*"There is a bigger stigma for females when they have a health issue... There's a bigger stigma when you're injured—people think you're a female so you get injured easier. There's a bigger general feeling of 'you're broken, go over there.'"*

— Junior Officer Woman

*"The biggest one is mental health issues. You're already competing to make sure you're on an equal level and you don't want to be seen as weak."*

— Senior Officer Woman

*"I did notice that a bit. They didn't want to seem weak to their male counterparts. They would hide issues. They didn't want to go to the doctor. You'd have to urge them to go to the doctor. They didn't want any backlash from their fellow Soldiers. When you go down-range, you don't want a weak link, and they didn't want to be that weak link with things that were minor. With things that were major, you could notice it."*

— Senior Enlisted Man

### Women Injuries Not Taken Seriously Due to Stigma

Others neglect treatment because men tend to think they are just whining or trying to get out of responsibilities. Participants felt as if their injuries weren't taken seriously because they are women.

*"I once smashed my hand pretty bad. My chief asked if I would be a 'whaw whaw chick.' I didn't go to get it checked out. Recently I fell down a ladder. They had to do a scan of my hand. They did a scan and I have a healed fracture in my hand from when I had previously smashed it."*

— Junior Enlisted Woman

*"If you have a female complaining, nobody seems to care. They think you're whining."*

— Senior Enlisted Woman

*"It's just a stereotype... [During a recent event we did] Each team had to have female; senior females were told you will do it anyway—within the limits of your profile. They expect us to whine or complain so you find yourself trying to do it... When you whine it's a stereotype."*

— Senior Enlisted Woman



## Leadership Hesitant to Seek Treatment

Leadership was hesitant to seek treatment because they did not want to be viewed as bad leaders, although they indicated this was true of men leaders as well. There was a feeling that they were bad leaders if they were not with their troops, regardless of their physical condition. This issue was brought up particularly by participants in one of the Services.

*“Overall, the higher you progress and the more you are a role model for, the greater responsibility you feel to always be there at work. You really feel like you can’t let the team down. I’m not going to get a profile because I need to be at PT and set the example. If it hurts, it hurts. It’s ironic because you’re not being a good role model doing that. It is an interesting dichotomy.”*

— Senior Officer Woman

*“It’s more a perception for leadership...If you’re not around to take care of your Soldiers, that makes you a bad leader.”*

— Senior Enlisted Woman

*“I won’t take myself out of something if it’s not that bad when I should be there [with my Soldiers].”*

— Junior Officer Woman

## Medical Personnel Attempt To Care for Themselves

Medical personnel had their own reasons for not seeking treatment. A few of the participants worked in the medical field and indicated they were reluctant to seek treatment because they would be seeking treatment from the individuals they work with on a daily basis, which could create embarrassment and unease if the medical condition was of a personal nature. Others would try to solve their own medical problems, relying on the medical system only when they were unable to care for the issue themselves.

*“I got a bacterial infection—not a UTI. I was too embarrassed to go to [the medical center] because I knew everyone there. When the new group came in, I went there. Women problems are just embarrassing.”*

— Junior Enlisted Woman (medical personnel)

*“On my first deployment...I took a tumble out of the busses they have running around. My knee twisted... I didn’t say too much about it because I’m a medic and can take care of it myself. I understand there should*

*be paperwork done on it but if I can handle it myself, why bother someone else about it? It aches every once in a while.”*

— Junior Enlisted Woman (medical personnel)

## Summary: Hesitancy to Seek Medical Care

Most participants reported being more comfortable seeking medical treatment from women, particularly for women’s health concerns. However, many participants had never had women medical personnel available to them while deployed. Those who were able to receive treatment from women professionals reported the experience to be beneficial, noting that they were more likely to seek care and felt women medical personnel were of a generally higher morale than male medical personnel. Some participants acknowledged that having women medical personnel is not always an option, as there are simply not enough women in those positions. They indicated that the primary concerns with men medical personnel are their lack of knowledge of women’s issues and embarrassment when women’s health concerns are presented. These findings are similar to findings in 2007 when DACOWITS previously examined this issue. At that time, DACOWITS found that there was a lack of women personnel available to address gynecological concerns.

Several participants expressed concern over the training medical personnel receive, indicating that these individuals receive less training than those in the civilian world. Also, the medical personnel often do not receive the specialized training necessary to deal with certain medical concerns. Even when the medical personnel do have the appropriate training, they frequently do not have the equipment and supplies necessary to care for many health concerns of women. The lack of equipment for treating women’s issues was addressed in DACOWITS’ 2007 report on the health of women Service members during deployment, although it is obviously still an issue today. Finally, participants reported concerns regarding the medical personnel and a lack of professionalism. Participants particularly noted that medical personnel often display a lack of respect for patient privacy and an unwillingness to take patients’ concerns seriously.

Many participants indicated they are reluctant to seek medical treatment because they do not want to be seen as weak by their co-workers or leaders.

These members often reported putting their health at risk to avoid being stereotyped as the “whiny female”. Some also indicated they feel their medical issues are not taken seriously because they are women. Interestingly, leadership and medical personnel voiced their own reasons for not seeking medical care. For leadership, they said they often put off treatment because they view it as being a bad leader when they are not with their troops—even when it is for medical reasons. For medical personnel, they are hesitant to seek treatment if they feel they can take care of the issue themselves. Also, some are embarrassed to seek treatment for personal issues because they would be seeking treatment from the individuals with whom they work on a daily basis.

### Recent Improvements in the Medical Treatment for Deployed Women

DACOWITS asked participants how they believed the military has addressed health concerns for women during deployment. Many participants felt that things were improving. Their thoughts on this are presented below.

*“I think they’ve done a lot better job of that. Female providers now have to stay where females are. Females attached to infantry have the option to come back and see a female provider. There is a provider everywhere a female is.”*

— Junior Officer Woman

*“I think the gear situation is improving.”*

— Junior Officer Woman

*“I know there are a lot of suggestions and this isn’t necessarily helpful, but things on the carrier are pretty good. They have a variety of tampons and medicine.”*

— Junior Officer Woman

*“I think it’s gotten better... Like, we used to have co-ed showers on my first deployment.”*

— Junior Enlisted Woman

*“I have to give kudos to our medical [personnel]. What you need, if they don’t have the resources here, they really do try...the mental health piece is there. It’s a full package.”*

*I really think, I don’t know if we can do anything more, other than just sheer numbers...I think they really do a good job.”*

— Senior Enlisted Woman

### Summary: Recent Improvements in the Medical Treatment for Deployed Women

Several participants said the medical treatment of deployed women is improving. Specific improvements mentioned include having more women medical personnel available for deployed women, improvements to the gear worn while deployed, improvements to the supplies and medication available, and improvements in the mental health treatment for deployed Service members.

### Suggestions for Future Health Care Improvements

DACOWITS asked participants what the military could do differently in the area of health concerns for women during deployment. Although several participants felt that things had improved, there were also some issues remaining to be addressed. This section presents the themes that emerged from this discussion. This section includes the following themes:

- Availability of Birth Control for Regulating Menstruation
- Frequent Administration of Pregnancy Tests
- Availability and Disposal of Feminine Products
- Feminine Urinary Device
- Pre-Deployment Training for Women

A summary is included at the end of this section.

### Availability of Birth Control for Regulating Menstruation

Birth control was a primary theme across installations and Services—particularly the inability to get enough birth control for the entire deployment. This topic generally came up when participants were probed about the availability of birth control specifically in relation to regulating menstruation.



*"But they flat out refused to give me more than six months up front. You're always gone for more than six months. I don't know what danger I am for having birth control for nine months rather than six months."*

— Junior Officer Woman

*"I did notice that when you leave they will give you six months [of birth control] and that's it. Extending a month and a half for a month, they won't mail it to you."*

— Junior Officer Woman

The ability to get the desired type of birth control was another issue some participants faced. This seemed to particularly be a problem for individuals using non-pill methods of birth control, primarily due to issues caused by the extreme temperatures at some overseas locations.

*"Trying to renew that at a pharmacy or trying different methods is a problem. A friend had an IUD [intra-uterine device] that came out during deployment and trying to find another one was hard."*

— Junior Officer Woman

*"My issue was Depo [Depo-Provera, a type of birth control]... That was always the biggest issue for me. Getting that out there was always an issue."*

— Senior Enlisted Woman

*"I think in general one of the biggest is birth control for women. Depending on what you're on will determine how much they'll give you... But I have a NuvaRing and they couldn't do it because it may be too hot to refrigerate."*

— Senior Enlisted Woman

Not all participants had problems getting enough birth control, however. Several indicated they were able to receive as much birth control as they needed.

*"Yeah, we had like 10 years' worth. Before we deployed they prescribed them. They give you like a years' worth of pills. They prescribe you six months' worth and sent the other [six month supply] six months into [your deployment]."*

— Junior Enlisted Woman

*"If you're a normal healthy women, they will renew birth control on board."*

— Junior Officer Woman

## Frequent Administration of Pregnancy Tests

Several participants expressed frustration over the constant administration of pregnancy tests. Although not all participants indicated that they had been required to take a test prior to deployment, several reported being given a pregnancy test every time they sought medical treatment. This complaint came up primarily among the younger participants in one branch of the Services.

*"The other weird thing was I got taken to another FOB [Forward Operating Base]... I had chest pain and it was my first and only experience with heart burn. I had to get a pregnancy test! I mean whenever someone gets pain in this area (indicates abdomen) you have to get a pregnancy test. I told the doctor that if I was pregnant he better worship my baby."*

— Junior Officer Woman

*"I think the only time I heard about a woman NOT getting a pregnancy test was when a woman got heat stroke."*

— Junior Officer Woman

*"Anything that involves upper respiratory they won't give you anything until they test you."*

— Junior Officer Woman

*"You had to take a pregnancy test every time you needed something."*

— Junior Enlisted Woman

One group of participants from another Service reported being required to take multiple pregnancy tests prior to deployment.

*"It's the same with pregnancy tests. I took six within eight months."*

— Junior Officer Woman

## Availability and Disposal of Feminine Hygiene Products

Several participants expressed concern over the lack of availability of some feminine hygiene products while deployed. Many relied on family members or online shopping to obtain these supplies because the ones available while deployed were not the desired type.

*“This may seem silly, but I noticed that on deployment I had to go out of my way to order specific items online. In the stores they only had scented items and that can cause problems. Having yeast infections three to four times on deployment is ridiculous.”*

— Junior Enlisted Woman

*“I don’t know if the pharmacy does feminine washes, but where I was the PX [Post Exchange] didn’t have it.”*

— Senior Enlisted Woman

*“They only have one size tampon and pads. The pads are diapers and I don’t really need a huge tampon all the time. You need to order online in time because not all companies mail to the ships.”*

— Junior Enlisted Woman

Disposal of feminine products was also a concern, particularly on ships and planes. Despite the hazard of blood contamination, many participants were not provided appropriate methods of disposal for these products. Several participants indicated that the trash is sorted by lower level personnel on board, so not having any proper method of disposal for these products means that other Service members are being exposed to the blood when they sort the trash.

*“The best product that they give you is a small paper bag. They tell us to use that, and you go up to the supply locker and ask for a small brown paper bag (laughs), and they don’t have anything [else], and a paper bag isn’t going to stop anything from spreading.”*

— Junior Officer Woman

*“And we’re not provided anything separate for that [disposal of feminine products]. We just put it in the trash can.”*

— Junior Officer Woman

*“I think the receptacle for female tampons should probably be addressed. You’re exposing people to hepatitis or anything that can be carried by blood, and it is non-rates or E4s that have to go through the garbage – the people with the least education and lowest income. That should probably be brought up somewhere. Especially on ships, where you’ll shut down the entire plumbing system of the ship if you flush a tampon.”*

— Junior Officer Woman

*[When asked how she would dispose of feminine products on a plane] “Hold onto it in a plastic baggie?”*

— Senior Officer Woman

### Feminine Urinary Diversion Device (FUDD)

During deployment, traditional restrooms may be unavailable. The FUDD was brought up as the military’s solution for assisting women during these times. Although several participants were familiar with the device, it got mixed reviews. Many participants did not find the device as helpful as they would have liked.

*“A friend of mine is a convoy driver, and for her using the restroom isn’t so easy. But I guess they have devices for women to wear, but it’s a bit uncomfortable and you’re in the position [when] you can’t hold it anymore, and it’s dangerous to stop.”*

— Senior Enlisted Woman

*“For us we had FUDDs – It’s a great concept, so you aren’t attacked, but it’s not the most sanitary. When the time of the month comes around, things get messy.”*

— Junior Enlisted Woman

*“Even with [FUDDs]...with the flight suits, you have to take them off.”*

— Senior Officer Woman

*“You have the pocket penises but they don’t work very well. Either drink and pee or don’t drink and don’t pee.”*

— Junior Enlisted Woman

A couple participants had used the FUDD and found it to be an effective device.

*“I was around women while deployed...Before we left they gave us all—I call it a weinus. They were very helpful about it. We got the whole education about taking care of yourself in the field. It was really great that they did that.”*

— Junior Officer Woman

### Pre-Deployment Training for Women

Several participants expressed concern over the lack of woman-specific instructions prior to deployment. Many women do not know what to expect during deployments and there is no formalized method

for getting information to them. Participants disagreed, however, on the best method of doing this. Currently, most women that do get information on what to expect get the information from other women in their unit.

*"I think most of it is word of mouth... When I know there is a new person on patrol, I say that you might want to bring these items. I know that our unit doesn't have an official checklist. [Rather], it's like, 'Find someone who has done this before.'"*

— Junior Officer Woman

*"I think it's mostly other women."*

— Junior Officer Woman

*"We will pull females aside and let them know what they may encounter."*

— Senior Enlisted Woman

Some participants recommended having a woman-specific briefing for women prior to deployment.

*"What about a pre-deployment briefing for females? So they can bring up the women issues...women to women."*

— Junior Enlisted Woman

*"I'd say...briefing on how our bodies are different. Letting us know what we are going to be dealing with depending on where we are going. Or [pulling] us aside and saying based on the last 20 years here are issues you may experience with your health...For females, they should give us kits that have products we need. Something you can carry with you and can help you stay clean, things like that."*

— Junior Enlisted Woman

Others were strongly opposed to the idea of adding another briefing to the pre-deployment itinerary. They felt that there are already too many briefings and they are not an effective method of distributing information.

*"A lot of educational briefings resemble the peanuts teacher... If we could somehow communicate the issues using a better avenue..."*

— Senior Officer Woman

*"I think we're briefed to death."*

— Junior Officer Woman

*"After so many briefings you don't pay attention."*

— Junior Enlisted Woman

Some suggested having all women meet with a female physician prior to deployment, to discuss issues that may come up that are woman-specific.

*"And also speaking with a provider. Let's say after she screens everyone, and then takes you to the side to talk about certain issues. That would make us more comfortable."*

— Junior Enlisted Woman

*"Maybe it's as simple as saying 'you're female and you're required to meet with a female provider.'"*

— Junior Officer Woman

Mentorship was suggested as another method of educating young women Service members on what to expect during deployment and how to prepare.

*"Formalized mentorship. For females on their first deployment, maybe having a sponsor."*

— Junior Officer Woman

*"The importance of mentorship should be emphasized. There are trainings all day long, but the real lasting effect will come from a female mentor – inside or outside of your unit."*

— Junior Officer Woman

## Summary: Suggestions for Future Health Care Improvements

When the topic of birth control for regulating menstruation was brought up, several participants indicated they have experienced difficulty getting enough birth control to last their entire deployment. Others faced problems getting the desired type of birth control, particularly for individuals using non-pill methods. Not all participants had problems getting access to enough birth control, with several indicating they were able to receive as much as they needed. The concern over having enough medication during deployments (to include contraception) was brought up in DACOWITS' 2007 report on the health of deployed women Service members; it would appear that the concern may have been partially addressed, but there are still improvements to be made.

Several participants expressed their dislike for having to take numerous pregnancy tests throughout their deployment. Not all participants had been required to take a pregnancy test prior to deployment, but several reported being given a pregnancy test every time they sought medical treatment. This complaint came up primarily among the younger participants from one Service. Participants from a different Service reported being required to take several pregnancy tests prior to deployment.

Several participants expressed concern over the lack of availability of some feminine products while deployed. Many relied on family members or online shopping to obtain these supplies because they were not always available while deployed. Moreover, the ones that were available were not always the desired type. Disposal of feminine products was another concern, particularly on ships and aircraft. Despite the hazard of blood contamination, many participants were not provided appropriate methods of disposal for these products.

The FUDD was brought up as the military's solution to assist women in using the restroom during times when traditional restrooms are unavailable. Although several participants were familiar with the device, it got mixed reviews. Many did not find the device helpful, although some reported using the device and finding it helpful.

Several participants expressed concern over the lack of woman-specific instructions prior to deployment, especially relating to women's hygiene. Many women do not know what to expect prior to deployment and there is no formalized method for getting information to them. In their 2007 report, DACOWITS recommended including a women's hygiene briefing prior to deployment, but participants indicated this recommendation has not yet been heeded. Most participants agreed that women Service members need women-specific information on what to expect prior to deployment; however, they disagreed about the best method of accomplishing this. Currently, most women that do get information on what to expect during deployment receive the information from other women in their unit. Some participants recommended having a woman-specific briefing for women prior to deployment, while others were strongly opposed to this idea. Other

participants suggested having all women meet with a woman physician prior to deployment to discuss issues that may come up that are specific to women Service members. Finally, members reported a benefit to using mentoring as a way to educate young women Service members on what to expect during deployment and how to prepare.

## General Focus Group Findings

If time allowed after the standard protocol was completed, participants were asked if there were any other issues that they felt may affect women in the military that had not been covered in the focus group. While some themes were echoed across groups, often the exact questions and/or probes asked were specific to one or two groups. These themes, isolated to specific groups, are identified and reviewed though care should be taken to not generalize across Services.

The remainder of this chapter provides a summary of those themes respondents most commonly reported. These themes were often verbalized across installations, Services, and ranks. This chapter is organized into the following sections:

- Overall Themes
- Additional Non-Theme Findings

### Overall Themes

This section reviews some of the overall themes verbalized within the focus groups when asked if participants had anything additional to discuss beyond the topics covered in the group. While these overall themes were mentioned across Services, installations, paygrades, and ranks, many of the individual subthemes may have only been expressed by one or two groups. This is indicated where applicable. This section includes the following themes:

- Family Challenges for Women in the Military
- Military Environment
- Sexual Assault and Sexual Harassment in the Military
- Women in Combat



## Family Challenges for Women in the Military

One of the most widely expressed themes in the general comments concerned how women in the Services manage family responsibilities and whether the military helps or hinders them.

### Work-Life Balance

The vast majority of participants who discussed this topic, both men and women, felt that it was difficult for military women to achieve a balance of family life and military life and that the military was not doing enough to assist women with this struggle.

*“[It’s] almost like they are being penalized. I have a lady who has two kids and she has to deal with the same thing. Right now I can let her go when she needs to go. But can you imagine when she goes back to ships — she has to have a parent plan. Again it’s like [women] are an afterthought.”*

— Senior Enlisted Woman

*“[Challenges are] tremendously different because of the responsibilities that we don’t have. Children, family, traversing a predominately male dominated field... [women in the military] face lots of different challenges.”*

— Senior Enlisted Man

### Childcare

Another theme which was reported across Services and groups was the need for childcare. Both men and women felt that childcare was key to a mother’s military success, but the childcare offered through the military was not adequate in location, cost, or hours.

*“A lot of leadership doesn’t have knowledge that most civilian childcares don’t open till 8AM — but by that time you’re almost two hours late to work. Which may not be good for co-workers who think you’re getting special concessions.”*

— Junior Officer Woman

*“There are some facilities near bases, but the waiting list is ridiculous.”*

— Junior Officer Woman

*“[T]he female’s role is the caregiver to the child. Right, wrong or otherwise, there is societal pressure. I have a Staff Sergeant that is a single parent and is security*

*forces. How do you provide childcare when you work 14 hours a day seven days a week? She’s able to do it and wants to stay the 20 years....”*

— Senior Enlisted Man

*“My daughter has actually been on the waiting list for four years and still doesn’t have a spot. She will be starting preschool, and my husband had to get out of the military because of that.”*

— Junior Enlisted Woman

### Postpartum Concerns

Women members across Services and groups felt the military did not allow adequate time to recover prior to re-instating physical standards, particularly for women who underwent cesarean-sections, which require more extensive recovery. Some felt they were not given enough time after birth before they were considered ready to deploy. Some male members echoed these same concerns for women.

*“I also have a problem with the six months to get back to your PT standards, especially if you have C-section.”*

— Junior Officer Woman

*“We have six months to get back into shape. I’m still breast feeding at 4 months. I’m not going to say I want to be treated like a man—I don’t. I’ll wear the uniform. I’m dual status, and I have a big issue with leaving a five month old child...Let them turn a year. I don’t agree with the standard of giving birth and then after six months [being expected to be] back into shape.”*

— Senior Enlisted Woman

*“For women, returning to PT after pregnancy [is an issue]. She returns to duty after the baby and starts getting back into the full PT. Many of them come back and then they aren’t able to pass the first PT test once back.”*

— Junior Enlisted Man

A couple junior officer women in the Army and Air Force felt that the military, in practice, did not always help to encourage breastfeeding while performing military duties. Consequently, these women felt that if the military was not able to accommodate women pumping until the six-month mark, the military should allow women to take six-months off after the birth of a child. On the other hand, one woman in an Air Force group felt the military allowing six months off postpartum was excessive



even in comparison to civilian professions which often only allow 6 to 12 weeks of maternity leave.

*“One of the issues that has arisen is the fact that Army does not have a breast feeding program... There is the federal regulation that says breast feeding moms are to be provided a separate area—not the bathroom, but not all Commanders know about that. Air Force has a policy, but we do not. I know that there is a little blurb about how if you go to the field the unit is supposed to provide a runner to bring your milk back if you’re pumping, but can you imagine actually doing that?”*

— Junior Officer Woman

*“I don’t see Lieutenant Colonels working less than 10 hours a day, and they have families. If I’m breast feeding I can’t have my child waiting three to four hours while I handle things here [before I feed him/her].”*

— Junior Officer Woman

*“[I]f the American Academy of Pediatrics believes children should be breastfed for a minimum of six months, then we should be allowed six months to breastfeed, meaning our maternity leave should be six months—at a minimum 90 days. I was able to take 45 of my own days in addition to the usually allotted times. I was very lucky to have those 90 days with my child. At six weeks there is no way I could have done that. It changed my perspective. How do you hand him off to a stranger and then focus at work? ...I know not everyone wants to breastfeed, but times have changed.*

— Junior Officer Woman

### Deployments

Some women members across Services and groups discussed deployment issues for those women military members with children and/or for dual military spouses with children. By in large, these women felt that being deployed soon after having a child or deploying both parents in a dual-military household is extremely difficult and potentially detrimental to the child.

*“If you are dual active duty military members, there is nothing that I’ve found in writing that says that the both of you cannot be deployed at the same time. And my husband’s active duty and you think about the potential ramifications, more on his behalf, and if I deploy again, and*

*if we overlap again, what if something happens to both of us? And I know we have the Family Care Plan, but at the same time... But I don’t know if it’s discussed at the higher level, about not deploying both spouses at the same time.”*

— Senior Officer Woman

*“I’m on the fence; six weeks paid maternity leave I think is fair, as long as they don’t penalize you for taking personal leave. But it’s the deployment window, if [you’re] deploying after six months, that should be changed.”*

— Junior Officer Woman

*“I think the rule with deploying mothers is you’re cleared once a child is 4 months old—I’m totally against that. I don’t think that’s right, healthy, or safe for the baby - leaving like that.”*

— Senior Enlisted Woman

### Military Environment

While many participants discussed military life associated with motherhood and parenting, other women discussed general military life for women in the Services.

#### Military treatment of women

One theme that emerged was the need for an emphasis on women as equals. Interestingly, participants in two groups reported that even something as simple as attending the DACOWITS focus groups, which inevitably pulls women from their duties, makes women feel less equal. These participants also encouraged DACOWITS to emphasize families rather than women alone.

*“I don’t have an issue with DACOWITS, nothing personally. But I think it should be more about families now than women. The women that want to stay and make careers out of it can. I have hundreds of females on the ship who want to be treated just like their male counterparts. With focus groups like this, they aren’t equal.”*

— Senior Officer Man

These same participants reported feeling as though women in the military get opportunities men do not have, which further sets them apart. Some other women in the group agreed with this.

*"We've got a mixed message. Verbally we aren't going to treat [women] differently but in the first year we've absolutely treated them differently. In 26 years I've never met the president. The ladies get asked to breakfast for getting a promotion!"*

— Senior Officer Man

*"Maybe there was an issue...because they get training on how they are supposed to treat us no differently and then we get pulled into events that are just for us."*

— Junior Officer Woman

## Stereotypes in the Military

Women across Services and groups reported a constant need to work hard to prove to men that they are good enough despite ongoing stereotypes within the military.

*"I've been at places where I have to prove myself to higher ranking men. They think I'm lazy, [that] I don't know what I'm doing...when I prove myself it's fine but at the beginning, establishing that relationship is tough."*

— Junior Enlisted Woman

*"I think it's equality overall, because yes, some of my Marines are faster than me, but at the same time, I know my job a little better than they do. Just because they can run faster than me, men – that's their mentality."*

— Junior Enlisted Woman

*"There is healthy and unhealthy competition. I've been in units where I've been the first female, and you have stare-downs from the guys. You find a way. I've also been in units where I wasn't the first [woman in the unit], but the female before me didn't leave a good legacy. There's a fair amount of trying to separate yourself for a good legacy..."*

— Senior Officer Woman

*"Physical fitness. I maybe can't run as fast as you can... But I can probably mentor a Soldier better than you can. You're so worked up about being high-speed, but those NCOs [Noncommissioned Officers] are usually not good NCOs."*

— Junior Enlisted Woman

One woman expressed concern over men tending to use arbitrary misconceptions about women which negatively impact the experience of the woman Service member.

*"[I]n January we went to the NBC [Nuclear, Biological, Chemical] chamber for training. The group gets a safety briefing and at the end the Lieutenant tells all males to leave the area and females to stand by. I was furious. He said if you are on your period, raise your hand. All females on their period did—I'm to the point that it's nobody's business, but young females Soldiers raised their hand and he says they can't go into [the] gas chamber. I told him no, that's not right. He said it's considered an open wound and they can't do that. All of a sudden, 90% of the females were on their period so they didn't have to go to the gas chamber. Nobody could show me where it came from—no one took responsibility. Nobody will give me an answer; to this day...I was so mad. They didn't go through the chamber. Soldiers didn't get trained in basic combat skills because of someone's made up rule."*

— Senior Enlisted Woman

## Uniform concerns

A large number of women across groups and Services reported dissatisfaction with the military uniform including dissatisfaction with the size as well as the tailoring/fit. Some women felt like the issue may be a lack of funding for new uniforms that fit women or that the allowance for uniforms is not enough to cover the costs. Regardless, women shared that this impacts their ability to perform their military duties with a couple women reporting issues such as ingrown toenails from boots which were too small.

*"For a woman it's frustrating and you go to pick up your gear and they don't have the right size boots, tops, bottoms, and other things."*

— Senior Enlisted Woman

*"The second chance vest under your jacket does not work for females. It's like a bullet proof vest. If some of my Soldiers have larger chests, it makes the vest ride up and would make it ineffective, depending on anatomy. They make them for females, but the Army budget won't allow for it. Some of mine have bought their own."*

— Junior Officer Woman

*“The problem is funding. You’re looking at \$500-600 for gear per person, and the total budget for the division is \$3,000. I’d like to see a separate budget for women’s equipment”*

— Junior Officer Woman

Conversely, a handful of women in the same groups felt as though there had been some improvements to the uniform over time, even if only slight.

*“The new flat vests, IOTVs [Improved Outer Tactical Vests], fit a little better, with the gear with the high neck. The over the head part I don’t like but they’re trying to do something to make our gear better.”*

— Senior Enlisted Woman

*“Kevlar padding also helps... They are trying.”*

— Senior Enlisted Woman

### Changed Standards for Appearance

Some women across two focus groups expressed concern over the Army’s standards for appearance.<sup>10</sup> It was a particular concern for National Guard Soldiers, as they have jobs outside of the military and do not want to have to conform to military standards in their civilian lives.

*“I can get an Article 15 [military punishment] for not being in military protocol. I’m a bar tender—that’s how I make money. They’re trying to regulate what I can wear to make money.”*

— Junior Enlisted Woman (Guard/Reserve)

*“They are working on a new regulation about not wearing nail polish—no colors or clear, no lipstick, no makeup at all. I already just stopped it but I used to put some lotion on and a little eye liner, maybe a little powder. Now you can’t do anything...”*

— Senior Enlisted Woman

<sup>10</sup> References the changes to Army Regulation 670-1, section 1-7: personal appearance policies. These standards were updated in 11 May 2012. Specific to comments regarding nail polish, regulations in section 1-7 stipulate: “Females will not wear shades of lipstick and nail polish that distinctly contrast with their complexion, that detract from the uniform, or that are extreme. Some examples of extreme colors include, but are not limited to, purple, gold, blue, black, white, bright (fire-engine) red, khaki, camouflage colors, and fluorescent colors. Soldiers will not apply designs to nails or apply two-tone or multi-tone colors to nails.”

*“We still want to be females. Yeah I’m a Soldier but I’m still a girl. I don’t want long fake nails with glitter on them, but clear. Little bit of makeup. Why can’t I have that?”*

— Senior Enlisted Woman

### Concerns with Physical Training (PT)

Some women in the Army and Marine Corps expressed frustration that they often were held to and trained at lower physical levels than men. This, in turn, led to an inability to physically compete with men on PT standards which furthered the gender divide and potentially impacted opportunities for women.

*“We run way too much. When people don’t know what to do for PT, it’s always let’s just run... There are plenty of other things we could be doing. Not enough emphasis on strength training and getting naturally weaker Soldiers, which are generally the females, to be able to lift things—rucksack, gear, able to pick up their buddy. There’s not enough emphasis put on that.”*

— Junior Officer Woman

*“I think that if you did the exact same thing, they wouldn’t think you would be equal. I worked side-by-side [with] the males, but I never had to do a pull-up. It’s a different muscle group. Those guys couldn’t do the flex arm-hangs. You have those very few females that will pass Staff Sergeant, and if you’re asking them to do those pull-ups, you might be forcing them out.”*

— Junior Enlisted Woman

*“The PT standards for male and female—I think it almost hinders the females. If the PT standard would be 100% even, or if their max was my min or something like that. I [fear saying] this, but I think it’s such a gap. The min for 18-21 [males] is the maximum [for females]. I consistently ran marathons for a long time and there were women that were at my level or faster than me. I think having a standard for them that is subpar, it hinders them. The standard is not even. I understand the physical differences, but I think it should be more even.”*

— Junior Enlisted Man

A couple women from one group, within the National Guard/Reserve, held an opposing opinion and felt the standards for men and women should be different.

*"We're not built the same."*

— Junior Enlisted Woman

*"Different body shapes, different abilities."*

— Junior Enlisted Woman

## Body Standards

A few junior enlisted women from two different focus groups reported they felt the standards placed on women were harmful to the overall physical and mental health of women service members.

*"[W]ith the height and weight standards, it took a toll on my self-esteem."*

— Junior Enlisted Woman

*"The last thing I'll say, for females in the military, I have been tearing my body up to make sure that I don't get taped. And I passed, but I don't agree with the standards. And for females, and for African-American females, too, because another woman can weigh more, but look at them image-wise. You look at having hips or whatever. But I passed. I was right on the border. My husband said he saw me beating my body up, talking about trying to make the tape."*

— Junior Enlisted Woman

*"I've seen females develop self-body image issues and eating disorders at a very high rate in the military. That is one thing that is not addressed. It's making females feel like they are not perfect...Anorexia and bulimia is very high."*

— Junior Enlisted Woman

## Sexual Assault and Sexual Harassment in the Military

The issue of sexual assault and sexual harassment is an ongoing concern for DACOWITS. Many women volunteered experiences and opinions about sexual assault and harassment in the military, while other groups were probed for this information. Responses fell in the following categories: 1) sexual harassment; 2) sexual assault; and 3) general themes about both sexual assault and harassment in the military.

### Sexual Harassment

Women within a few groups across Services, ranks, and installations vocalized concerns about sexual

harassment in the military. The general theme was that sexual harassment continues to be a problem. Many women discussed the problem of higher ranking individuals sexually harassing juniors due to the lack of response from the military and offenders not being held accountable.

*"In [training], we're all primarily female. The other squadrons called us the 'med-hoes'...that's how people distinguished us. That was just one of the things I've seen right off the bat."*

— Junior Enlisted Woman

*"My issue is the sexual harassment that goes on on ships. 'You help me out, I'll help you out'. After you make a certain rank, you don't get in trouble for stuff. I know of a lot of chiefs that have done something and nothing happens. If you accuse your chief of something, you get a bad evaluation or a bad whatever. If you don't have proof, you're making it up."*

— Junior Enlisted Woman

One woman discussed her concern about what happens to women when they report incidents and become the "EO" girl.

*"You're either the cool female and they can talk around you or you're the EO girl. I find it hard because I'm not comfortable with certain things they do but I just accept it because you're either one or the other. You give them an inch and they take it a mile...You either take the harassment and comments or you're an outcast. I haven't been able to find a balance, so I take it."*

— Junior Enlisted Woman

Another women in a different group reported that sometimes being the "EO" girl protects members from harassment. However, even this member implied sexual harassment is the "norm" within the military.

*"If a girl puts out a vibe that she would tell someone [then people] would leave her alone; otherwise they would harass you."*

— Junior Enlisted Woman

### Sexual Assault

While there was no one theme across Services and groups, women in specific groups raised interesting issues about sexual assault in the military.



In one senior enlisted group, women felt that the current sexual assault program was not adequate and suggested concerns with the individuals running the program, who were often non-military, as well as logistical concerns with how cases were managed. This opinion was mainly expressed by one woman who was a sexual assault counselor herself, though others in the group agreed.

*"A lot of evidence would get lost, get stuck. It was run by civilians. You would have to depend on them to track it for you. There was a change of custody. My [Service members] would want something done. Now with the re-deployments, command will forget about it. I'm a SHARP [Sexual Assault Prevention and Response Program]... There are three cases I'm just now finding out about. The MP [Military Police] wasn't told, civilians [were] controlling it. They were prior military, so they're supposed to know the process. [Service members] want to know where their case is; [civilians] controlled it all. You had no control. You had to take your [Service members] to them... [One] was an assault last August. The unit told me they need [the paperwork for the case], but now we have nothing. The evidence was lost. It was a [Service member] on [Service member] assault."*

— Senior Enlisted Woman

*"Really look into the SHARP [Sexual Assault Prevention and Response Program] program. In my experience, no one takes care of a [Service member] like a [Service member]. When the female or male is hurt, they wanna know that you care. You throw them off to someone they've never met, they shut down."*

— Senior Enlisted Woman

Two groups within the same Service, but from different installations, had varying opinions on the reporting of sexual assaults to leadership. Those in the senior enlisted group of this Service felt that rapes and sexual assaults were being reported to leadership while some women in the junior enlisted group in the same Service felt there were still significant obstacles to reporting without retaliation.

*"I haven't been on one deployment where rape or assault wasn't reported."*

— Senior Enlisted Woman

*"My career field is predominately male... When I first got there I was the only female. They told me that a girl went to MEO (Military Equal Opportunity) [When they found out] they threatened her and made her life hell. I had no choice; there was no place I could really go."*

— Junior Enlisted Woman

A few women from one group who serve on ships reported concern about putting women on smaller ships and the potential for more assaults.

*"I think [a few women in small ships] would be a very difficult situation [in reference to sexual assault]."*

— Junior Officer Woman

A few women in this same group also commented on how this type of behavior is less likely if the woman outranks the potential offender, raising the importance of women moving up in the ranks.

*"I think that [officers] are just scary [to enlisted members]. I would be less likely to be approached by an enlisted male that works for me. It's more likely to happen from your peers or someone above you."*

— Junior Officer Woman

Two women in two of the focus groups mentioned the role of alcohol in the incidents of sexual assault.

*"It happens not necessarily at work, but afterwards. They are really remote areas; you'll run into and hang out with people after work, when you go out to a bar."*

— Junior Officer Woman

*"The responsible thing is not to get drunk with a group of men you don't know. When you just get to a new unit and you don't know the people yet, don't go out and get drunk with them. Just because they're in your unit doesn't mean you know them. Every instance I've seen has involved alcohol and nine of 10 times it's the female. Be a smart person instead of making dumb choices. Don't put yourself in the situations—you don't know them. Leadership thinks it's wrong to talk about it."*

— Senior Enlisted Woman



## General themes about sexual assault/sexual harassment in the military

Some women commented on general themes surrounding both sexual assault and sexual harassment in the military. One theme that resonated across Services and groups was the need for more trainings and briefings, though participants indicated the military should consider the best way to implement this. Some felt they should be gender-specific.

Male members in one group were split on whether the trainings were adequate with two men feeling they have made progress and two feeling the military had more to do. Others felt that the emphasis should be on how to keep women from making poor decisions (e.g., avoiding alcohol, etc.), despite this being considered “victim blaming.” One man in a leadership position felt more training focusing on how to identify an offender in the beginning would be beneficial.

*“I think the briefings help. I’ve never had problems with the guard or reserve and that’s when I started getting briefings. As active duty, where I had problems, I didn’t have briefings. In my opinion, it does help.”*

— Junior Enlisted Woman

*“[W]e are trained about putting the Band-Aid on after there is a wound... We need to learn how to evaluate people and the psyche of the human that you’re trying to manage, that you’re trying to change, so when he comes on board you can say [nudging participant next to him for effect] ‘he’s got the look.’”*

— Senior Officer Man

*“The training could be better. It seems that it is not geared to underway units.”*

— Junior Officer Man

Men and women across Services also felt that the larger culture makes it difficult for equality within the military and encourages sexual assault/sexual harassment.

*“We still have a cultural problem. We are shipping NFL cheerleaders overseas for entertainment. The entertainment of who?”*

— Senior Officer Man

*“How do we foster a culture of respect? We spend a lot of time talking about sexual assault. We have a lot of programs that deal with symptoms, but not a lot looking at fostering a respectable culture with good command climates. We need to get more into the fundamentals of leadership.”*

— Senior Officer Man

## Women in Combat

In their 2011 Annual Report, DACOWITS recommended DoD eliminate the 1994 ground combat exclusion policy and direct the Services to eliminate their respective assignment rules. On 14 May 2012, DoD implemented changes to its assignment policy, opening up approximately 14,000 additional positions to women Service members. Not surprisingly, one of the most prominent themes across genders, Services, paygrades, and ranks was women serving in ground combat positions. This question was often proactively probed by focus group moderators rather than volunteered, but once probed, Service members had a great deal to offer about this pending change.

### Support for Women in Ground Combat Roles

The vast majority of both men and women, across Services, ranks, paygrades, and installations were in favor of the new regulations opening up some previously closed assignments to women. Many felt that the military should expand to open up all assignments to women.

*“It all goes back to doing those things that people don’t think we can do. It’s too long we’ve said what people can’t do without giving them the opportunity to show or demonstrate what they can do. Everyone should be equal to a task and the standards should be the same. I had a superior Staff Sergeant female who could do the job three times the way anyone else could. Leadership tried to play on her emotional side as a female rather than an [Service member] and she separated. She had all the great attributes that I would want working for me or me working for her.”*

— Senior Enlisted Man

*“They need to open up to combat arms. At least the opportunity. As I am right now I couldn’t make it through selection but I at least want the opportunity—if you can do what a male can.”*

— Junior Enlisted Woman

*“And I think that the FET [Female Engagement Team] is starting to do that, and the men are saying that, ‘Yeah, she did an awesome job.’ So it might not change automatically, but it all starts with a very small change. The Marine Corps is evolving and this is just another step forward. And I do see that mentality, and I understand that it is harder, but this will start changing things. It’s just like when females came into the Marine Corps. We had beauty classes, and now we’re entering combat.”*

— Junior Enlisted Woman

*“I was on a 365. I was there with a female army convoy who was dealing with Afghan women. I would’ve taken her into a fox hole over some of the men that I had with me there.”*

— Senior Enlisted Man

*“And we had a plethora of female Cobra pilots, and they did a wonderful job. They got shot up; you’re in that bird taking rounds. It ain’t no different. Those females worked wonderfully in those billets.”*

— Senior Enlisted Man

During focus group discussions, the most common opinion expressed by both men and women was an emphasis on maintaining standards during implementation of this change. In their 2011 Annual Report, as part of their recommendation to eliminate the 1994 exclusion policy, DACOWITS also recommended the Services develop appropriate physical standards by MOS, relevant to the job to be performed. The Committee emphasized that the selection of military personnel for assignment should be based on individual qualifications as relevant to the actual duties of the specific military job. The Committee’s objective was to maintain standards within the military during this transition, but to ensure that the standards were set using appropriate metrics. Group participants tended to report similar concerns and needs. Both men and women felt that standards should not be lowered at the expense of the mission, but that the standards needed to be specific to the position. For example, some women noted that not all combat positions require physical strength, yet physical standards applicable to more demanding positions are often still applied.

*“It’s another chance for us to lead the way. We are being shot at and we aren’t getting credit for it. I think lowering the standards is a concern and we should validate those and make sure that [those standards are] what are required. There are a lot of other skills that go into it but I don’t need to be as strong as a man to fly a plane.”*

— Senior Officer Woman

*“I think that they should at least be given the opportunity if they can do it and meet the standards... Maybe there will always be a difference, and maybe women will not always be as strong as the men, but as female Marines, we will always try to meet that standard. They said we would have to do pull-ups. I know a lot of female Marines that got pull-up bars and started practicing.”*

— Senior Enlisted Woman

*“If part of the standard is a ruck march with 60 pounds plus gear and ammo. Not all women are built to do that. Not all guys can either. If they can pass the standards, I’ve got no problems. The last time I deployed, we had women I’d take over half of the guys in my unit. Not changing the standards to fit the person but have one standard for all. Whoever can meet that line can be allowed to be in it.”*

— Junior Enlisted Man

*“You shouldn’t lower the standards. If you can’t meet the standards, you need to get out.”*

— Junior Enlisted Man

*“I think women should be able to compete for any job... [In fire school] we had a 30% wash out rate. There was not one female that made it through the fire school at that time. I will ask you, are the standards too high when my loved one cannot be lifted or rescued. So they lowered the standards and now I have women and men that cannot do the job. I believe they should be able to meet the standards...and if they can, have at it! Because that means I don’t have to do it.”*

— Senior Enlisted Man

### Concerns about Opening up Ground Combat Assignments to Women

Conversely, a number of men and women expressed concern about the opening of assignments to women and felt the military should not have made this change. Members report a variety of reasons for this opinion.

## Protective Response of Men Toward Women in Combat Roles

Many members raised the concern that men may try to protect women in the ground combat missions. While some felt this might compromise the mission, others felt this concern was rectifiable over time and men's reactions to women in ground combat should not necessarily be considered.

*"Guys want to protect us; it's their instinct. I came across that on deployments. The [Service members] were extra protective of me. It's engrained in us as humans."*

— Junior Officer Woman

*"We can't just not go out because [men] can't handle it..."*

— Junior Enlisted Woman

*"To have a young lady on the team who got injured everyone would shift their focus. I just feel like I would be so protective of a woman on the team."*

*"Being so protective of someone...that's the archaic way of thinking."*

— Discussion between two Senior Enlisted Men

*"We in American society, I think it will be difficult. We look to take care of women. If I see one of my male counterparts hit, I'll take care of him, but if I see a female get hit, you'll see 10 or 20 [Service members] go over there. That's how we were raised. It's nurturing women. That would be tough for the men to ignore."*

— Senior Enlisted Man

## Treatment of Women by Men

Members reported some concerns about how men will treat women while in ground combat situations, above and beyond the aforementioned concern on men overprotecting women. In addition, some members felt that even if the outright treatment of women was not markedly different, men would think about women differently.

*"I hate to say it; I think we are a distraction in that environment, just because of how the guys are. I think it's a mistake to put females in certain MOSs, and there are some males that are scrawny, true, but we are just not built for that... And there was a situation that came up, this Staff Sergeant became pregnant, and she got held back, and that just tells me that they don't want to deal with that, because hey, we're going to have kids."*

— Junior Enlisted Woman

*"We were physically ready. I did five to six months of training. The females were physically ready, but how do you train males to be mentally ready? You can stick females in the grunt unit, but they're going to think that this is a wife, she has a child. But, like, did I get treated differently? Yes. It wasn't like I couldn't pull my weight, but they were very protective of me. I was like their sister. I don't see how you can mentally train males for that."*

— Junior Enlisted Woman

*"I believe that the women [in combat roles] will be a distraction... With [my military husband] being in a different combat environment, [he says] that if I had been there, he wouldn't have come back. He has lost people in that environment. If I had been there, if a female was there, he would have lost more men... females do not belong in direct combat roles, that we will be more of a hindrance than a help."*

— Junior Officer Woman

## Physical Demands

A couple of men and women from across Services felt that women simply cannot compete with the physical demands of ground combat and the mission would be compromised if they were introduced into those assignments.

*"I think that there always needs to be some acknowledgement of reality, though. The practical considerations: we're different, equal, but with different strengths. My husband can just lift more than me, it just is. There are some considerations, like in combat. There are some things that some women can't lift. You can't expect women to do some of these things physically."*

— Junior Officer Woman

*"Regardless of how hard I train, in reality I can't carry a 300-pound dummy... is it worth the risk? We are saving lives. Is it helpful putting us in those combat positions?"*

— Junior Enlisted Woman

*"I was talking to one of my friends in Afghanistan, and she felt useless. So you're coming up to a wall with 80 pounds on, and she could only jump two inches, and the guys are like, 'You can't get up?' And they're trying to help her, and that's 200 pounds to get up that wall."*

— Junior Enlisted Man

### Morale

A few women and men in one Service felt that introducing women may weaken the morale of the unit as a whole.

*"You might actually be weakening their group or morale. You show up at their FOB [Forward Operating Base] with just two females there, and that screwed up their morale. For me, that's not a place I think we should be."*

— Junior Enlisted Woman

*"Well, you start putting a female officer in there and a staff NCO. Policies are going to change. We [men] are all children. We have a child's mentality. We do the stupidest things on the face of the earth... If you bring women in, that's going to start messing with the Feng Shui. Those women in there start to ruin our fun. [We will] be like, 'you just ruined the little bit of fun that we had'."*

— Junior Enlisted Man

### Fraternization/Sexual Harassment/Sexual Assault

A number of men and women across Services and focus groups reported concern about fraternization as well as a concern about sexual harassment and sexual assault as a result of women serving in combat positions.

*"[Y]ou can't control the decisions that people make, but you can control the environment and chemistry in those units, and you have to look at the mission... Once you bring in the mixed battalions, you deal with certain things like sexual assault cases, or pregnancy, and you have to deal with certain things that you didn't have to deal with before, even if they did meet the requirements."*

— Junior Enlisted Man

*"I think that the military in general is infamous for implementing things before they are ready to implement them. My concern is: you've heard these stories, women being super isolated in these units, having lots of rapes and those sorts of things. They just aren't set up to do that..."*

— Junior Officer Woman

*"The only issue with opening combat arms is having an all-female platoon because if you deploy, you'll have one female in a whole group of guys. That's setting females up for rape, sexual assault, etc. Shouldn't mix the two."*

— Junior Enlisted Woman

### Implementation

Despite how they felt about opening up ground combat positions to women, Service members had a variety of opinions about how best to implement this change.

Many women in one Service felt it was necessary to start with young woman officers and train them with the young male officers to change the mentality from the beginning. Alternatively, some Service members felt if you implement the change with the younger members, there will be even more problems. Starting with those in higher ranking positions will allow for more effective and available mentorship.

*"I think that if they do it, we start with the Second Lieutenants out of school, and let them train with the other males as Second Lieutenants... if you come in as a Second Lieutenant and train with the guys and show them that you're just as tough as them, and you obviously have to graduate, you will change that mentality."*

— Junior Officer Woman

*"If we're trying to get women into artillery and other MOSs, get some strong female staff NCOs and officers in there, and they can help them and guide them."*

— Senior Officer Woman

Some men and women across Services and focus groups reported the need for training if combat positions are opened up to women. However, they emphasized the need for the right kind of training. Some discussed Service-specific training or training geared towards certain MOS's.

*"I think it would be easily addressed with more training. In the Iraqi army, males and females train together—not Iraqi, but Israeli. From my understanding it's not an issue. They're so submerged in the unit."*

— Junior Enlisted Woman

### Additional Non-Theme Findings

Often, one or two focus group participants reported on important issues, though these topics were not necessarily echoed across groups or from other members. Nevertheless, these topics may serve an important role in highlighting concerns and challenges of women in the military that may otherwise be overlooked. This



section begins with a summary of issues which are specific to women in the military. This is followed with a section on issues of interest, though they are not specific to women and may be applicable to both men and women Service members.

- **Promotion Opportunities:** A couple women discussed promotion opportunities and reported feeling as though these opportunities were limited above certain ranks due, potentially due to lack of combat and deployment experience. Other women felt that these opportunities exist, but are not publicized so are rarely recognized by upcoming women.
- **Single Parenthood and Activation Concerns:** A couple of junior enlisted women in one focus group were frustrated that single mothers were not allowed to go into active duty without transferring custody of their children, whereas this was not the case for single fathers. This issue is in response to each Service's recruitment policy which indicates that single parents of children are not eligible for enlistment unless they transfer custody of their child.<sup>11</sup> While the policy itself does not specifically distinguish single mothers from single fathers, as was insinuated from a couple of the women, the policy may unfairly target single mothers, simply due to the higher number of unwed mothers compared to unwed fathers.
- **Unfair Incentives for Married Members and Members with Children:** A small number of senior officer women in the Marine Corps, including one woman who reported being a mother herself, felt that the tangible and intangible incentives for marriage and children were unfair and that the military should take steps to address them. Two of these women specifically complained that often young women join the military and become pregnant. The military then pays for maternity leave, but this time is not added onto the woman's contract. These participants felt that the military was spending

a great deal of money to bring these women on, but do not get the "bang for our buck" (Senior Officer Woman).

- **Human Papillomavirus Tests (HPV) as Grounds for Termination:** Two junior officer women reported concern that, within at least one Service, a positive HPV [Human papillomavirus] test was currently a reason for termination from the military and that this may unfairly target women in the military due to high rates among women.

Some focus groups participants shared concerns and difficulties which were not specific to the experiences of women in the Services, and were often shared by their male counterparts, but were still of interest to the Committee.

- **Healthcare in the Military:** While this topic was not specific to military women, a number of participants shared concerns regarding the healthcare system in the military. Specifically, a couple of junior enlisted women in the National Guard/Reserve reported frustration with the military healthcare system, specifically during deployment. These women reported difficulty getting healthcare services paid for, which eventually led to problems with credit. These women felt much of the difficulty was due to the change in activation status when deployed. Similarly, within one group, a few junior women officers in the Army also reported difficulty getting medical appointments and timely treatment for them and their families. This was echoed by one senior officer woman in the Marine Corps as well. In contrast, a couple of junior officer Air Force women reported the TRICARE and VA healthcare options were significant benefits and set the military apart from the civilian sector.
- **Mental Health:** A couple of women, predominantly from one senior officer group, discussed the difficulty managing the mental health of Service members. While they felt the military was taking steps to address mental health, they felt assessments were not always effective, particularly when the military relies on one evaluation taken at one point in time. Another woman within this group reported a number of men she saw who struggled with symptoms of post-traumatic stress. She felt the camaraderie and support within the unit was most effective in assisting the men with managing their symptoms.

<sup>11</sup> An example of this language can be found in the policy on recruiting procedures in the Air Force (AFRS INSTRUCTION 36-2001). This policy states "an unmarried applicant who has physical or legal custody of a family member incapable of self-care is classified as a single-member sponsor by the Air Force. Because of this sponsor responsibility, the applicant does not have the flexibility required to perform worldwide duty, short notice TDY, remote tours, and varied duty hours. Therefore, an applicant falling into this category is ineligible for enlistment unless permanent physical and legal custody has been transferred by court order. Note: When permanent physical and legal custody has been transferred by court order, a waiver may be requested".



- **Removal of Geographic Bachelorhood and Implications:** A couple women also reported difficulty due to the removal of the “geographic bachelor.” This concept allowed Service members to get housing on base, even when not with their spouse. One woman shared a personal story which highlighted her need for this type of benefit, due to a medical condition with her son. His condition, and need to be close to his medical treatment staff, was not conducive to the relocations often required of military families. She chose to not relocate her child and she alone stayed in military housing. However, she reported she had to pay rent since she was no longer covered under “geographic bachelorhood.”
- **Male Victims of Sexual Assault and Sexual Harassment:** During conversations about sexual assault and sexual harassment, a couple women Service members reminded the Committee that sexual assault also happens to men, but this is often not covered in training/briefings so there is additional stigma surrounding these incidents. Similarly, some men Service members agreed that sexual harassment against women occurs, but they also felt women engaged in sexual harassment against men as well.
- **Repeal of Don’t Ask Don’t Tell (DADT) and Retention:** A couple of focus groups were asked whether they felt the recent repeal of DADT was going to impact retention. The few participants who were asked and responded, mostly male, did not feel the repeal would impact retention.
- **Treatment of Officers Compared to Enlisted:** Two women in one group suggested the Committee recognize the difference in treatment between enlisted and officers, with the latter often receiving significantly better treatment and benefits within the military.
- **Command Climate Surveys Not Valid Tools To Collect Data:** In the 2011 Annual Report, DACOWITS recommended DoD include measures of sexual assault and sexual harassment in command climate assessments. It is therefore quite relevant that a couple of junior officers in one group discussed how Command Climate Surveys are not valid tools to use. One woman specifically reported that commanders are often pressured to take these “voluntary” surveys and are instructed that they cannot go home until they are complete. The recommendation was that the military find a better way to gather this information.



## Defense Advisory Committee on Women in the Services



# Appendix H

## Briefings and Information Presented to DACOWITS During FY 2012 Business Meetings

### Integration of Women into Combat Units

Ms. Karen Davis, Canadian National  
Defence, December 2011

### Army Briefing on Assignments Policies

MAJ Trina Rice, Women in the Army  
Assignments Policy Manager, December 2011

### Cultural Support Teams

CPT Adrienne Bryant, Army Cultural Support  
Team Program Manager, December 2011

### Gender Disparities in Suicides of Active Duty Army Service Members

Dr. Amy Millikan, Army Public Health  
Command, December 2011

### Gender Disparities in Suicides of Veterans

Dr. Jan Kemp, Department of Veterans  
Affairs, December 2011

### Gender Disparities in Retention

Ms. Angella McGinnis, Defense Manpower  
Data Center, December 2011

### Gender Gap in the Retention of Service Members, Memorandum

Elise Van Winkle, ICF International, December, 2011.  
Available at <http://dacowits.defense.gov/Reports/2011/Documents/DACOWITS%20December%202011%20Committee%20Meeting/01%20December%20DACOWITS%20Quarterly%20Meeting.pdf>

### DoD Response to the Government Accountability Office Review of Sexual Harassment

Mr. Jimmy Love, Office of Diversity Management  
and Equal Opportunity, Defense Equal Opportunity  
Management Institute (DEOMI) Liaison, March 2012

### Health Issues of Deployed Military Women

Dr. Lucinda Frost, Health Affairs and  
Dr. Sharon Ludwig, Armed Forces Health  
Surveillance Center, March 2012

### Leadership Accountability in the Prevention of Sexual Assault and Sexual Harassment: DACOWITS Wellness Working Group Report

COL (Ret.) Margarethe Cammermeyer, Chair  
of the Wellness Working Group, March 2012

### Women in the Services Restrictions Review

Ms. Juliet Beyler, Office of the Undersecretary  
of Defense (Personnel and Readiness), Office  
of Military Personnel Policy, March 2012

### Marine Corps Assignments Update

Col John Nettles, Marine Corps Manpower &  
Reserve Affairs, and Mr. Dennis Judge, Marine  
Corps Development Command/Training  
and Education Command, June 2012

### Army Assignments Update

MAJ Trina Rice, Women in the Army  
Assignments Policy Manager, June 2012

### DACOWITS Meetings with Australian Defence Force

Nancy Duff Campbell, DACOWITS  
Member, June 2012

**Health of Deployed Women and Gender Gap in Retention in a Drawdown Environment: DACOWITS 2012 Focus Group Findings**  
Ms. Amy Falcone, ICF International, June 2012

**Sexual Assault Prevention and Response Office (SAPRO) DACOWITS Update**  
Maj Gen Mary Kay Hertog, Director, SAPRO, June 2012

**Research on Deployed Women's Health Issues**  
Lt Col Candy Wilson, Ph.D., Air Force Nurse Corps, June 2012

**Results from a Study on Deployed Women's Health**  
COL Anne Naclerio, Chair, Women's Health Task Force, Office of the Surgeon General, Army, June 2012

**Listing of Closed Occupations/Open Occupations with Closed Positions**  
Lt Col Mark Horner, Office of Military Personnel Policy, March 2012 and June 2012

**Update: Gender Gap in the Retention of Service Members, Memorandum**  
ICF International, June 2012. Available at <http://dacowits.defense.gov/Reports/2012/Documents/DACOWITS%20June%202012%20Committee%20Meeting/DACOWITS%20June%20Agenda%20and%20Briefings.pdf>

**Service Retention Programs**  
MG Marcia Anderson, Army; LT Elizabeth Huntoon, Navy; BG Gina Grosso, Air Force; Col Jon Aytes, Marine Corps; CDR Tanya Schneider, Coast Guard, September 2012; National Guard Bureau (written submission), November 2012

**DACOWITS' Meetings with the Canadian Forces**  
BG (Ret) Maureen LeBoeuf, DACOWITS Vice Chair, September 2012

**Strategic Direction on Sexual Assault and Response Update**  
Col Mary Reinwald, Marine Corps, SAPRO Deputy Director of Victim Assistance and Prevention, September 2012

**Australian Defence Force Update**  
LTCOL Gwenda Caspersonn, Staff Officer, Embassy of Australia, September 2012

**Body Armor Demonstration**  
MAJ Joel Dillon, Army, Assistant Program Manager, Soldier Protective Equipment, September 2012





## Defense Advisory Committee on Women in the Services



# Appendix I

## Acronyms Used in Report

<b>ACU</b>	Army Combat Uniform	<b>GCE</b>	Ground Combat Equivalents
<b>ADF</b>	Australian Defence Force	<b>ICF</b>	ICF International
<b>AFHSC</b>	Armed Forces Health Surveillance Center	<b>IOTV</b>	Improved Outer Tactical Vest
<b>ANG</b>	Air National Guard	<b>IRB</b>	Institutional Review Board
<b>ARNG</b>	Army National Guard	<b>LT</b>	Lieutenant (Navy)
<b>BG</b>	Brigadier General (Army)	<b>LTCOL</b>	Lieutenant Colonel (Australian Defence Force)
<b>Brig Gen</b>	Brigadier General (Air Force)	<b>Lt Col</b>	Lieutenant Colonel (Air Force)
<b>CDC</b>	Child Development Center	<b>MAJ</b>	Major (Army)
<b>CDR</b>	Commander (Coast Guard)	<b>Maj Gen</b>	Major General (Air Force)
<b>CF</b>	Canadian Armed Forces	<b>MG</b>	Major General (Army)
<b>CIPP</b>	Career Intermission Pilot Program	<b>MLDC</b>	Military Leadership Diversity Commission
<b>CNC</b>	Care for Newborn Children	<b>MOS</b>	Military Occupational Specialty
<b>Col</b>	Colonel (Marine Corps)	<b>MWHRIG</b>	Military Women's Health Research Interest Group
<b>COL</b>	Colonel (Army)	<b>NDA</b>	National Defense Authorization Act
<b>CPT</b>	Captain (Army)	<b>NGB</b>	National Guard Bureau
<b>CST</b>	Cultural Support Team	<b>OPTEMPO</b>	Operations/Operational Tempo
<b>DACOWITS</b>	Defense Advisory Committee on Women in the Services	<b>PES</b>	Physical Employment Standards
<b>DEOMI</b>	Defense Equal Opportunity Management Institute	<b>PFT</b>	Physical Fitness Test
<b>DMDC</b>	Defense Manpower Data Center	<b>SAPRO</b>	Sexual Assault Prevention and Response Office
<b>DoD</b>	Department of Defense	<b>TRADOC</b>	U.S. Army Training and Doctrine Command
<b>DSAIID</b>	Defense Sexual Assault Incident Database	<b>TSNRP</b>	TriService Nursing Research Program
<b>DSTO</b>	Defense Science and Technology Organization	<b>UCMJ</b>	Uniform Code of Military Justice
<b>FET</b>	Female Engagement Team	<b>UTI</b>	Urinary Tract Infection
<b>FUDD</b>	Feminine Urinary Device	<b>VA</b>	Veterans Affairs
<b>FY</b>	Fiscal Year	<b>WHTF</b>	Women's Health Task Force
<b>FY 2013 NDAA</b>	National Defense Authorization Act for FY 2013	<b>WISR</b>	Women in the Services Restrictions
<b>GAO</b>	Government Accountability Office		