DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes
23 June 2022

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting (QBM) June 23, 2022. The meeting took place virtually via a video teleconference.

Opening Remarks

The DACOWITS Military Director and Designated Federal Officer (DFO), Colonel Seana M. Jardin, U.S. Army, opened the June QBM by reviewing the Committee's establishment and charter. COL Jardin reminded those in attendance that any comments made during the meeting by Committee members are their personal opinions and do not reflect a DACOWITS, Department of Defense (DoD), or Military Services position. COL Jardin then turned the meeting over to the DACOWITS Chair, Ms. Shelly O'Neill Stoneman.

Committee Restoration and Approved Topics of Study

Ms. Stoneman welcomed everyone to the meeting, DACOWITS first business meeting of 2022 following the Committee's suspension in 2021. She reviewed the timeline and sequence of events during the Committee's suspension as a result of the zero-based review (ZBR) and its restoration. In January 2021, the Secretary of Defense (SecDef) directed a ZBR of all DoD federal advisory committees. The review focused on the Defense Department's advisory committee efforts to ensure they best aligned with the most pressing strategic priorities and national defense strategy. As an interim step, the SecDef directed the immediate suspension of all advisory committee operations, which included DACOWITS, until the review was completed. In August 2021, the SecDef determined DACOWITS would remain a stand-alone discretionary federal advisory committee that could resume operations once its charter was amended and members were appointed.

Since that time, the DACOWITS Executive Staff have been working diligently to restore Committee operations. The Committee's sponsor, Under Secretary of Defense for Personnel and Readiness (USD(P&R)), signed the Terms of Reference, establishing its subcommittees on March 15, 2022; the Committee's leadership cadre was appointed and sworn in on March 22, 2022; the Committee's revised charter was signed on April 22, 2022; the Committee's study topics were approved on April 28, 2022; and the remaining Committee members were sworn in on June 22, 2022.

Ms. Stoneman described the evolution and impact of DACOWITS' mission and recommendations. For over 70 years, DACOWITS has been the premier entity providing the SecDef with advice and recommendation on issues affecting the service of women in the U.S. military. DACOWITS' recommendations have historically been instrumental in effecting changes to laws and policies pertaining to military women. Since 1951, the Committee has

submitted over 1,000 recommendations to the SecDef for consideration. As of 2022, approximately 97 percent of those recommendations have been either fully or partially adopted by the Defense Department and the Military Services. In early 2021, the Committee published a historical retrospective outlining the recommendations made over the past seven decades; this document is available on the DACOWITS website (https://dacowits.defense.gov/).

Ms. Stoneman stated that she is honored to have been appointed as the Chair of DACOWITS and looks forward to the work the Committee will do to ensure the Nation's security is strengthened by the full participation of women from every background in every field. She thanked everyone for their willingness to participate in the meeting virtually and expressed hope that the Committee will meet in person in the future.

Ms. Stoneman shifted to the announcement of DACOWITS' approved topics of study. The Committee is organized into three subcommittees, each responsible for drafting well-researched recommendations, supported by validated evidence, for consideration and vote by the full Committee. The subcommittees gather information from a number of sources, including briefings and written responses from DoD, Service-level military representatives, and subject matter experts. The Committee also collects qualitative data from focus groups and interactions with Service members during annual installation visits.

As directed by the Committee's sponsor, USD(P&R), DACOWITS, through its subcommittees, will examine seven study topics, which align with the DoD's emphasis on diversity, equity, and inclusion: recruitment initiatives to increase women's propensity to serve; retention initiatives for servicewomen; gender integration; women in aviation; physical fitness standards; pregnancy in the military; and gender discrimination.

The Recruitment and Retention subcommittee, led by Lieutenant General (Ret.) Kevin Mangum, will examine current military recruitment and retention programs to determine whether existing policies and procedures inhibit the recruitment and retention of servicewomen. This subcommittee will identify innovative solutions to increase women's propensity to serve and further expand opportunities for women to continue serving.

The Employment and Integration subcommittee, led by Command Master Chief (Ret.) Octavia Harris, will examine the Military Services' gender integration efforts to determine whether existing policies and programs inhibit the full integration of servicewomen into all military career fields and identify innovative solutions as necessary. This subcommittee will also review occupational policies and programs that may limit servicewomen's career progression.

The Well-Being and Treatment subcommittee, led by Brigadier General (Ret.) Jarisse Sanborn, will examine whether existing DoD Military Services' institutional policies and procedures safeguard the well-being and treatment of servicewomen; the subcommittee will provide recommended policy changes as gaps are identified.

Overview of Public Written Comments

COL Jardin reviewed the Committee's receipt of public comments. The Committee did not receive any written public comments.

Brief: DoD Women's Health Structure

Two DoD personnel briefed the Committee about the DoD women's health structure. Mr. Kent Bauer is the Deputy Director of Officer and Enlisted Personnel Management in the Office of the Deputy Assistant Secretary of Defense for Military Personnel Policy. Ms. Kimberly Lahm, LMFT, is the Program Director of Patient Advocacy and Experience in Women's, Child, and Family Health Policy in the Office of Assistant Secretary of Defense for Health Affairs, Health Services Policy, and Oversight. Mr. Bauer opened by noting the extensive work being done in this area, including organizations examining women's health at the Office of the Assistant Secretary of Defense for Health Affairs (OASD/HA) level, particularly through the lens of readiness.

Ms. Lahm provided an overview of the Military Health System (MHS). MHS provides care to 9.6 million beneficiaries worldwide with 50 hospitals and 425 clinics. OASD/HA provides overall DoD and MHS policy and oversight and is responsible for the budget and oversight to the Defense Health Agency (DHA) and the Uniformed Services University of the Health Sciences (USUHS). DHA provides management of the Direct Care System, coordinates staffing of military treatment facilities (MTFs) with the military departments, and oversees the TRICARE program. Military departments also provide manning and training to MTFs by assigning necessary medical personnel who provide healthcare to beneficiaries. OASD/HA develops policies, procedures, and standards to govern the management of the DoD health and medical programs. Ms. Lahm explained the Office's responsibilities include creating the annual DoD health and medical budget and providing principal medical advisement to the SecDef and the USD(P&R). The overall mission of OASD/HA is to provide a medically ready force and ready medical force for care and prevention.

Ms. Lahm briefly reviewed the organizational structure of the Health Services Policy and Oversight office (HSP&O) within MHS, noting women's health policy falls under this office. Other areas HSP&O is responsible for include clinical quality management and population health and prevention. The women's health portfolio is vast. Ms. Lahm presented a nonexclusive list of issues HSP&O currently identifies as priorities. Reproductive health is at the forefront of this work to ensure servicewomen have access to reproductive healthcare, including same-day contraceptives and menstrual suppression access. Regarding the office's pregnancy and maternal health priority, Ms. Lahm informed the Committee of the White House's preparations to release a maternal health blueprint as part of the Biden administration's focus on addressing maternal health nationwide. Ms. Lahm stated HSP&O played an integral part in creating the blueprint and continues to ensure the Office is advancing maternal health outcomes of its beneficiaries.

Pregnancy termination is another priority issue in the women's health portfolio. HSP&O is carefully monitoring the outcome of the upcoming Supreme Court decision on abortion to make sure beneficiaries have access to the covered care the Office is authorized to provide. The Veterans Affairs/Department of Defense (VA/DoD) Women's Health Working Group is one mechanism HSP&O uses to ensure continuity of care across the military life cycle for servicewomen, including their transition of care after leaving service. While a healthcare response to interpersonal violence is not specifically a women's health issue, it does present a specific health concern for servicewomen and is a priority topic for the women's health portfolio.

HSP&O also works to integrate the Defense Health Board's recommendations from its November 2020 Active Duty Women's Health Care Services report. Mr. Bauer mentioned the Office works closely with its Military Service partners at DHA on this matter.

Ms. Lahm highlighted a few current initiatives spearheaded by HSP&O. The DoD Women's Reproductive Health Survey is the first of its kind to collect information from the female force in over 30 years. The survey was fielded in 2020 to roughly 25,000–26,000 respondents across the Military Services, including the Coast Guard. The report is in the final stages of the clearance process; Ms. Lahm estimated it will be released by RAND this summer or fall. The report will provide an understanding of the current issues servicewomen experience with regard to their reproductive healthcare in deployed and non-deployed settings.

Ms. Lahm noted HSP&O looks forward to sharing the report with DACOWITS and other communities and will seek to integrate key findings from the report to ensure ease of access to reproductive healthcare. As a follow-up to the RAND survey, HSP&O is currently developing a healthcare provider survey on contraceptive care, as mandated by the National Defense Authorization Act. This survey will enable HSP&O to assess provider knowledge and understanding in their provision of contraceptive care to identify and support areas of improvement.

Another current HSP&O initiative is the Maternal Health Interagency Policy Council. HSP&O worked with the White House on the maternal health blueprint, which is anticipated for release June 24, 2022. Through the Maternal Health Interagency Policy Council, DoD partnered with various Federal agencies to discuss commitments to advance women's health.

As part of its efforts around continuity of care to servicewomen, HSP&O focused on evaluating what it knows about pregnant Service members when they transition from service—for example, prenatal care immediately before and after they transition and whether they continue care within MHS, transition to the VA, or pursue private care options. Ms. Lahm stated their goal is to identify any potential gaps or delays in care and address them by ensuring pregnant Service members are aware of their healthcare options when preparing to transition from Service.

Ms. Lahm stated a number of robust working groups address healthcare and health-related issues, but today she will cover the DoD-level working groups. The VA/DoD Women's Health Working Group is co-chaired by Ms. Lahm from the DoD and her VA counterpart and has stakeholders across the military departments. The goal of this group is to work collaboratively to support efforts and activities that best identify the health needs of servicewomen and veterans to integrate policies, programs, and research for a seamless continuum of women's health services in the military life cycle. Ms. Lahm outlined four main goals of the VA/DoD Women's Health Working Group: use and leverage VA and DoD data, information, and analytics to address current and emerging health needs; identify and evaluate the provision of preventive care; provide recommendations and inform future women's health initiatives; and advance the quality of and access to care.

Two key initiatives from the VA/DoD Women's Health Working Group are musculoskeletal injuries and women's mental health. The working group hosts two mini-residences on gender-specific care in these areas; the musculoskeletal injuries mini-residency occurred in April 2022,

and the women's mental health mini-residency will occur in August 2022. Mini-residencies are opportunities for clinical providers from both departments to increase their skills and proficiency in providing gender-specific care in these two areas. The VA/DoD Women's Health Working Group is also developing focus group questions to identify issues and concerns in Service member and veteran populations related to musculoskeletal health, with the goal of creating joint resources and tools for servicewomen, veterans, and providers. Once these resources and tools are created, the working group will go through the same process for the topic of heart health. Ms. Lahm turned the briefing over to Mr. Bauer.

Mr. Bauer noted within the OASD/HA structure, the DoD Medical and Personnel Executive Steering Committee (MEDPERS) works with the Surgeon General. The Women in Service Working Group (WISWG) was formally established under MEDPERS in 2021. Mr. Bauer explained the genesis of the working group was around 2016, when the Women In Service Review (WISR) program moved to Force Resiliency; in 2021, military personnel policy reengaged in this focus area, leading to the creation of WISWG. Because WISWG is at the nexus of healthcare and personnel policies, it is housed under MEDPERS. WISWG is the primary advisory group serving and reporting to MEDPERS; it is composed of various medical and personnel organizations in the Military Services. The purpose of the working group is to develop, discuss, and provide recommendations about issues pertaining to servicewomen, especially focused on the nexus supporting the readiness of an operationally capable and worldwide deployable female force. Previous DACOWITS recommendations and concerns will be brought to the forefront by WISWG.

The working group is also in the beginning stages of identifying outdated or overly restrictive policies and programs that lack medical necessity, limiting the opportunity for promotion and career advancement. Mr. Bauer provided the example of DoD instructions on pregnancy and childbirth for personnel policy, which should be forthcoming in the next 6 months. The purpose of these endeavors is to ensure consistent standards across the DoD for career opportunities and promotion. In regard to WISWG goals, Mr. Bauer said the working group is designed to bring forward most effective evidence-based policy changes. Mr. Bauer reported he was pleased to hear DACOWITS will study women's propensity to serve and noted it will be interesting to see the Committee's work and opportunities for policy. Mr. Bauer noted from Ms. Lahm's earlier comment about pregnancy termination that WISWG anticipates examining longer range policy implications for this topic as the landscape shifts based on the potential Supreme Court ruling. The working group will look at policy recommendations from working groups across the Services and executive-level committees such as DACOWITS to try to implement policies directed by leadership. Mr. Bauer turned the briefing over to Ms. Lahm.

Ms. Lahm highlighted the efforts of one of the clinical communities in DHA, the Women and Infant Clinical Community (WICC). WICC is a robust effort aimed at increasing readiness, decreasing any non-beneficial clinical variation, and improving outcomes for women and infants. WICC develops implementation guidance and clinical practice recommendations. Ms. Lahm stated WICC works collaboratively with the Service-aligned groups—WISWG and the VA/DoD Women's Health Working Group—to ensure alignment and communication about how to best address beneficiaries' healthcare needs.

WICC is currently undertaking a few women's health initiatives. One is the standardization of walk-in contraceptive services at every MTF to allow female beneficiaries same-day, no-appointment access to the full range of contraceptive methods. Ms. Lahm noted a female beneficiary can walk in, discuss the contraceptive methods, and receive a prescription. Women seeking long-acting, reversible contraceptives such as an intrauterine device (IUD) will be able to get placement. Ms. Lahm also highlighted the adoption of the Centers for Disease Control and Prevention methodology for review of adverse maternal incidence. Working collaboratively with the Centers, WICC is currently conducting a maternal morbidity and mortality review process. It is also revising the VA/DoD Clinical Practice Guidelines on pregnancy.

WICC's other areas of focus include the implementation of the postpartum hemorrhage bundle to reduce severe maternal mortality and morbidity and various readiness issues related to gynecological care, reproductive health, and the standardization of electronic medical records. Ms. Lahm highlighted the resources and awareness items from WICC, including a recently released Deployment Readiness Education for Servicewomen mobile application, an adaption of the Navy's dress handbook mobile application. The Deployment Readiness Education for Servicewomen mobile application provides servicewomen with information related to deployment, including pre- and post-deployment.

Another tool WICC created is the Decide + Be Ready mobile application. It is a decision tool that was designed specifically for servicewomen but can be used by anyone to help understand the different types of contraceptive methods. This mobile application can facilitate better decision making and prepare servicewomen for conversations with their providers. Both applications are free.

Ms. Lahm stated WICC is also in the process of adopting another Navy initiative: the provider algorithm. This algorithm offers helpful information to healthcare providers about key women's health issues to ensure routine health issues can be addressed at the lowest level of care instead of referring servicewomen to specialty care. This algorithm will be translated into a mobile application and available to healthcare providers. WICC also offers podcasts and other resources for healthcare providers and servicewomen.

Discussion

Col (Ret.) Nancy P. Anderson noted the Services, particularly the Army, are looking into holistic fitness, including fitness of the body, mind, and religious fitness. She asked how, if at all, this ties into the important work DoD is doing on women's health. Ms. Lahm responded that women's health is about whole health, including all areas Col (Ret.) Anderson mentioned. While Ms. Lahm's position focuses on women's health, she stated she works closely with all components of holistic health. She noted Army representatives are part of WISWG, the VA/DoD Women's Health Working Group, and WICC, bringing their perspectives to those groups. Mr. Bauer responded that Col (Ret.) Anderson's point is a great example of where the medical and personnel sides converge. WISWG faces a challenge when the Surgeon General and other shops have vested policy interests in physical fitness efforts. Mr. Bauer hopes WISWG can hone in on these challenges. He looks forward to the enlightenment DACOWITS can bring on this subject.

Dr. Trudi C. Ferguson asked what the Services are currently authorized to administer in terms of women's contraceptive health. Ms. Lahm responded MTFs and medical clinics are authorized to

provide the full scope of contraceptive care. This includes oral contraceptives, which are short-acting and reversible, and long-acting contraceptives such as vaginal rings, IUDs, and implants; all are authorized per federal statute. Following up, Dr. Ferguson asked the briefers about access to abortions. Ms. Lahm said the current Federal statute authorizes DoD to provide coverage for abortions in situations where the life of the mother is at risk if the fetus were to be carried to term or in circumstances where the pregnancy was the result of rape or incest. Dr. Ferguson additionally asked the briefers to define menstrual suppression, which was mentioned earlier. Ms. Lahm responded menstrual suppression is the use of oral contraceptives or other types of contraceptives to suppress menstrual periods. Deployed locations, for example, are challenging environments for menstruation. Servicewomen can talk with a healthcare provider about menstrual suppression for the duration of their training or deployment. From a readiness perspective, this method can be helpful.

LTG (Ret.) Mangum asked if the briefers had any examples of outdated or overly restrictive policies that have been identified by one of the working groups. Mr. Bauer prefaced his response by stating this information was preliminary and pre-decisional, but they did not find too many outdated written policies. However, he noted in the nuance, several areas had somewhat blanket statements on deployment as an example. He stated the working group is looking at a more tailored construct, with an individualized assessment to move away from an overarching policy that is broad and does not take into account nuanced situations. LTG (Ret.) Mangum responded that the Committee looks forward to seeing the findings and updated DoD issuances as this work progresses.

Dr. (Captain Ret.) Catherine W. Cox lauded the DoD Women's Reproductive Health Survey for being the first in 30 years. She noted Ms. Lahm mentioned roughly 26,000 individuals responded to the survey. She asked if the briefers had information on the response rate for additional context. Ms. Lahm stated she could not remember the exact number solicited, but the response rate was 17 or 18 percent, which is high for DoD. The Health Related Behaviors Survey had a lower response rate, so the higher rate for the Women's Reproductive Health Survey is seen as positive within the Department. Because of the survey size, the results are generalizable to the larger population. Dr. (CAPT Ret.) Cox followed up by asking if the survey was delivered electronically. Ms. Lahm responded affirmatively, saying it was primarily delivered electronically. Surveys were emailed and mailed out. Servicewomen were also offered a QR code to help them determine if they were selected for the survey, regardless of whether they received an email invitation. However, Ms. Lahm stated the impact of the QR codes was unclear because the survey was fielded during Coronavirus Disease (COVID-19). She added the survey was accessible without a common access card-enabled computer, and participants could also complete the survey on their phones.

CMDCM (Ret.) Harris praised the enhanced collaboration between the DoD and VA for MTF support. Because the VA does not deliver babies, she felt the collaboration is important when pregnant servicewomen separate from the military so they can access prenatal care with the VA and deliver their baby at an MTF or medical center. She also emphasized the importance of the mini-residencies described by Ms. Lahm earlier because the number one disability rating for women is musculoskeletal injuries, which CMDCM (Ret.) Harris attributed to years of incorrect uniform and equipment fittings. She asked if the restrictive eligibility for in vitro treatment has changed and if the policy has expanded to include single women or same-sex couples. Ms. Lahm

explained TRICARE currently covers infertility screening and diagnosis, and anyone is eligible for those services to address issues in the reproductive system that prevent procreation. However, coverage of assisted reproductive technologies such as in vitro fertilization is specific to Service members who have a severe injury or illness or a service-connected injury or illness. At seven MTF locations, MHS has a graduate medical education program that aims to help healthcare providers build their proficiency in the area of reproductive health. At these locations, the full scope of reproductive infertility treatment is available at a significantly reduced cost to any beneficiary; MHS recognizes it is a popular benefit. At this time, Federal statute only requires TRICARE to provide care in situations addressing an injury or illness. Same-sex couples and single Service members are eligible for screening and some fertility treatment, but the Federal statute prohibits TRICARE from covering donations of gamete (sperm or eggs) or surrogacy. Ms. Lahm stated MHS is actively reviewing its options but cannot share anything definitive at this time. She stated this issue is on the radar of MHS senior leaders, and discussions are ongoing.

Brig Gen (Ret.) Sanborn asked about information on mental health needs and suicides as they relate to servicewomen, including causes and treatment or care. Ms. Lahm stated she was not aware of this specific focus within the working groups. However, her colleague, the Director of Mental Health, has been actively working on suicide issues. Together, they co-chair the Sexual Assault Advisory Group, which is focused on mental health issues related to sexual assault survivors. Ms. Lahm stated she would follow up with the Director and the co-chair of the women's mental health mini-residency to discuss ongoing efforts related to suicide rates for women. She noted she would be happy to provide additional information on this topic in the future. Brig Gen (Ret.) Sanborn indicated her interest in knowing how suicide plays into issues of gender discrimination and pregnancy. Mr. Bauer added this was another great example of how DACOWITS can inform working group efforts. Many ideas are being advocated for review, making it difficult to know what topics should be of focus. Mr. Bauer welcomed any nexus topics DACOWITS identifies.

Sergeant Major (Ret.) Caprecia A. Miller asked if any additional work has been conducted on doulas who provide nonclinical support during pregnancy and the labor and delivery process. Ms. Lahm reported the TRICARE Childbirth and Breastfeeding Support Demonstration, a 5-year pilot, kicked off in January 2022. This demonstration allows for increased coverage for doulas and breastfeeding support services for beneficiaries seeking care in the private sector. The pilot program will examine labor and delivery healthcare outcomes for the mother and baby to determine the way forward. The demonstration, Ms. Lahm stated, is a great first start to be able to offer these services for TRICARE beneficiaries in the private sector.

Colonel (Ret.) Many-Bears Grinder asked if surrogate mothers receive the same healthcare and leave benefits as other pregnant mothers. Ms. Lahm asked her to clarify if she was referring to Service members who may be pregnant for surrogacy purposes, noting surrogacy is not covered as a TRICARE benefit. COL (Ret.) Grinder answered affirmatively. Ms. Lahm stated she would ask TRICARE experts because surrogacy is not generally covered as a TRICARE benefit, but she was unsure about how it applies to someone who would otherwise be a beneficiary.

LTG (Ret.) Magnum asked if the DoD Women's Reproductive Health Survey addressed the availability and quality of reproductive healthcare and its impact on a Service member's

propensity to continue to serve. Ms. Lahm reported a number of questions in the survey asked about access to reproductive healthcare, whether Service members felt comfortable accessing care within or outside MHS, and the impact on their retention and readiness.

Dr. Ferguson asked about emerging healthcare needs in women versus their current needs. Ms. Lahm noted she was unsure if current needs were different from what may already be emerging needs, but musculoskeletal injury and prevention is an emerging area. She also stated ease of timely access to healthcare continues to be and has always been an issue. Some other items highlighted in the briefing would also qualify as emerging issues, such as maternal healthcare and ensuring beneficiaries receive family planning, prenatal, and postpartum care. Those are the key emerging areas, although some issues, such as pelvic floor dysfunction, would fall under the musculoskeletal category.

Dr. (CAPT Ret.) Cox noted she was encouraged to hear about the mobile applications from WICC initiatives, characterizing them as forward-facing and applicable. However, she voiced concern about how frequently they are updated, whether they are based on evidence, and whether the platforms are secure. Ms. Lahm responded she would have to bring the questions regarding technical details on security back to the application team. Ms. Lahm noted the applications are free and available for download in the Apple or Google Play stores, which means they are open access. Regarding the applications being evidence-based, Ms. Lahm shared WICC is focused on providing resources based on sound practice guidelines and evidence. These applications offer information based on most accurate and up-to-date medical guidance. WICC worked diligently to adapt the work done by the Navy to make these applications full service. Ms. Lahm noted she could provide additional information about technical and security details later in a follow-up. WICC wanted to make sure the application could be widely available and downloaded on Service members' personal phones, which could inherently pose security challenges. Dr. (CAPT Ret.) Cox reiterated her security concern citing platforms selling users' personal data. Ms. Lahm assured her she would bring the questions back to WICC.

Col (Ret.) Anderson asked about USUHS, including whether the number of applications has met expectations, because the need for military medical doctors and personnel is increasing while the number of providers seems to be decreasing. Ms. Lahm stated she would ask and provide an answer in the future.

Brig Gen (Ret.) Sanborn asked if postpartum caregiver leave policies are being examined. She noted the Services' policies have varied on how much leave they provide the birthing Service member and their spouse or partner. Brig Gen (Ret.) Sanborn asked if recommendations or policies establishing a consistent minimum leave period across the Services are being developed. Mr. Bauer responded this was another good example of the personnel policy and the health affairs nexus because leave and liberty are usually matters for personnel policy. He stated this issue is being examined. He provided the metaphor that at the OASD/HA level, policies paint the area in which the Services work. OASD/HA is being informed by its efforts as to what the minimums or maximums should be. These issues reflect areas of interest for WISWG to establish best practices from the Services. He noted there are always fiscal considerations with finite resources. However, bringing a uniform standard for policies is within the charge of WISWG. Ms. Lahm added WICC developed a standardized healthcare provider recommendation for types of leave recommendations provided to beneficiaries after experiencing a pregnancy

loss. While it is different from postpartum caregiver leave policies, the recommendation will give healthcare providers a framework, given specific medical circumstances, to make recommendations related to pregnancy loss. WISWG will review this recommendation and current leave recommendations. Mr. Bauer stated this is an example of where, informed by an evidence-based approach, medical personnel make recommendations for standard leave, followed by personnel policy examining the policies. Mr. Bauer noted this is where the nexus of personnel policy and health affairs captures leadership attention.

Dr. (Colonel Ret.) Samantha A. Weeks commented that regardless of when in the pregnancy the loss occurs, each individual is unique in how they experience loss, both mentally and physically. Regarding MHS' efforts to provide the full range of contraceptive methods, she asked if Plan B is part of the full range of contraceptive methods or considered outside of routine contraceptive offerings because it is most commonly referred to as emergency contraception. Ms. Lahm clarified MHS currently offers the full scope of contraceptive methods and is focused on improving walk-in contraceptive service. Currently, beneficiaries can see primary care or gynecology care to get the full scope of contraceptives. MHS is trying to eliminate any barriers around appointments for the walk-in services. Emergency contraceptives such as Plan B are readily available in MTF pharmacies and free of cost. Female beneficiaries can go to the pharmacy, show their ID card, and get it free. They can even have their partner or friend bring their ID card and get the emergency contraceptive for free in MTFs and MHS network retail pharmacies. They can also purchase emergency contraceptives in grocery stores and other pharmacies. Because emergency contraceptives are readily available, MHS does not want to require servicewomen to go to a healthcare provider to obtain them. The healthcare provider can discuss the option of emergency contraceptives and access with beneficiaries. Dr. (Col Ret.) Weeks asked if Service members would be able to receive Plan B through the walk-in care without seeing a provider. She commented while Plan B is readily available in pharmacies in the United States, it is not always the case in overseas locations. She questioned how MHS is supporting overseas military members with that same opportunity or availability. Ms. Lahm clarified that with the walk-in services, beneficiaries would see a healthcare provider, meaning cases where they need a prescription, medication, or an IUD. While the provider can talk with them about Plan B and tell them where to get it, the office may not necessarily stock it because it is readily available in pharmacies. In terms of overseas locations, Ms. Lahm stated she would look into where Plan B is available; she predicted MTF pharmacies would have it, and beneficiaries would be able to get it free of cost using their pharmacy benefit.

Ms. Stoneman asked whether a concern exists that an increased focus and improved data on women's injuries, particularly musculoskeletal injuries, will contribute to a perception that these injuries are increasing as opposed to being more accurately diagnosed and treated. Ms. Lahm responded it is a common assumption and provided the example of an increase in sexual assault reporting. MHS would want to identify if it is an issue of servicewomen having access to care and treatment or if it reflects a true increase in injuries. Ms. Lahm commented this would be something MHS would have to explore in the long term.

Dr. Ferguson asked for an additional explanation of musculoskeletal health causes and issues. Ms. Lahm mentioned the equipment issues, which were alluded to earlier in the discussion, and noted musculoskeletal injuries are the greatest issue for which VA provides benefits for Service members. She also responded that back and hip pain and pelvic floor issues are common

musculoskeletal injuries for women. The goal is to ensure prevention efforts are in place. Prevention includes appropriately fitting gear and clothing, making sure Service members are aware of athletic trainings and therapies available, and providing proper diagnosis and physical therapy to address issues earlier and prevent further damage. Ms. Lahm emphasized her explanation was very broad, but it is a huge area of concern. The team is looking forward to collecting information from focus groups about what female Service members and veterans indicate would be most helpful for prevention and treatment. Ms. Lahm mentioned a separate musculoskeletal clinical community specifically focuses on the issue force-wide. Her office is focused on gender-specific musculoskeletal issues for the female force. Dr. Ferguson asked if musculoskeletal injuries are more common in women. Ms. Lahm stated it is a common issue for servicewomen, and getting at the root of it is key for the Department. Mr. Bauer responded that musculoskeletal injuries are a force readiness issue; preventative actions can help increase the readiness of the force.

Col (Ret.) Anderson noted her surprise hearing about the prominence of women's musculoskeletal issues. She commented that in the mid-1970s, the Services began integrating officer candidate schools and other training programs, particularly post-Title IX, and great pain was taken to provide better running shoes and changes of pack distribution, particularly for the Marine Corps and the Army. Women, post-Title IX, began playing sports and strengthening their muscles. Consequently, she believed in the 1980s and 1990s, women were arriving stronger to recruit training and officer candidate training. She asked if, based on the research being conducted, women are becoming less fit or more overweight. She noted even the mess halls have more calcium-rich foods. Or, she asked, is the fact that women are doing more physical activity than they did post-2016 causing more musculoskeletal issues? Ms. Lahm responded she will take these questions back to the musculoskeletal subject matter experts.

Dr. (CAPT Ret.) Cox asked if there are protections for military healthcare providers with conscientious objections to pregnancy termination. Ms. Lahm asked if she was referring to moral objections. Dr. (CAPT Ret.) Cox responded affirmatively. Ms. Lahm stated any healthcare provider who has a moral objection to performing pregnancy termination or prescribing certain types of contraceptives is not required to provide that care. The exception would be emergencies, where the life of the mother is in danger and could be adversely affected if care is not provided. A healthcare provider with objections must notify their medical facility director to make other arrangements and ensure services are still available. Ms. Lahm confirmed healthcare providers can have a moral objection and are protected from any adverse action.

Sergeant Major (Ret.) Robin C. Fortner asked if job-specific data are being collected as a potential cause of injuries, given that more women are in combat roles. Ms. Lahm asked her to clarify if she was referring to the types of jobs in which women are serving. Sgt Maj (Ret.) Fortner responded affirmatively, asking if the respondents' military occupational specialty is known during data collection to explore any correlation between an increase in the number of women in combat military occupational specialties and injuries. Mr. Bauer reported the Services conducted an annual assessment of the integration of women into the combat mission since 2016. He believed the assessment looked at the military occupational specialty impacts, although he does not know if it explored healthcare impacts. However, he stated information about the integration of women into military occupational specialties is available and could be explored with the Services and OASD/HA if it is of interest to DACOWITS. Sgt Maj (Ret.) Fortner

responded she is interested in the relationship between equipment, injuries, and jobs coming from her background in the Marine Corps, where there is a difference for those training and working in infantry. She asked if the research captured where servicewomen are performing their daily duties and potentially the overuse of their equipment. Mr. Bauer felt some data at the Service level could be explored for cross-analysis Sgt Maj (Ret.) Fortner described.

Ms. Marquette J. Leveque asked what specific mental health issues, if not suicide, the VA/DoD Women's Health Working Group is examining. Ms. Lahm clarified that the Department has a robust suicide prevention and response effort, but it has not been identified as a key area of focus for that working group. She echoed Mr. Bauer, stating there is no shortage of topics that are important to the female force, so the working group focuses on those at the forefront. The VA/DoD Women's Health Working Group is examining reproductive behavioral health, particularly through a pilot partnership with the VA, to provide DoD behavioral health providers with consultation services. The VA has a robust reproductive behavioral health consultation program to help providers understand the nuances in behavioral health for Service members who are experiencing reproductive health issues, whether that is a desire to start a family, fear of pregnancy due to a history of pregnancy loss, potential emotional impacts of pregnancy termination laws, or maternal depression. This effort is ongoing; the pilot will start in the fall to enhance behavioral health and mental health proficiency in reproductive health. The women's mental health mini-residency focuses on sexual assault and treatment intervention related to sexual assault survivors. It includes mental health and applies to men and women in the military. Other areas of focus related to mental health include perimenopause and menopausal issues and eating disorders. Ms. Lahm noted there are also robust mental health clinical communities on different mental health issues. As part of all working group efforts, there are subject matter experts on mental health and collaboration with mental health clinical communities.

Ms. Stoneman asked if the impact of COVID-19 was accounted for in how people were accessing healthcare when the DoD Women's Reproductive Health Survey was fielded. She asked about baseline metrics, or if this survey was the first of its kind. Ms. Lahm responded the survey was the first of its kind in the military, but baseline metrics come from a civilian survey of a civilian population. The report outlines other studies where the metrics may be comparable.

Colonel (Ret.) Dawn E.B. Scholz commented continuity of care seems to be a potential problem for retention. The military frequently moves Service members, and there is a general reduction of providers. She asked if there has been any examination of how the lack of continuity of care might be affecting retention. Ms. Lahm responded it is a larger issue, not just a women's health issue, so she will bring it back to her team for discussion. Mr. Bauer added Status of Forces surveys look at the overarching reasons connected with Service member retention. He offered to look at the surveys to determine if healthcare continuity emerges as an overarching issue. The Status of Forces survey data can be refined into various groups, so if something was discovered, data can be explored further. As DACOWITS starts to explore these areas, Ms. Bauer noted the Services all have exit surveys, which may give the Committee insight into these issues.

Dr. Ferguson asked about access to mental health counseling and care. Ms. Lahm stated she can speak very broadly to that area but would be happy to connect the Committee with subject matter experts to provide a more comprehensive brief. Service members have access to care through behavioral health clinics within MTFs. Nonmedical counselors are also available. Typically, a

Service member needs a referral to behavioral health from their primary care physician, or they can talk with an embedded behavioral health provider in their unit. Dr. Ferguson asked if there are limitations on visits. Ms. Lahm responded it would likely be based on the diagnosis and treatment plan, but she will bring back the question to mental health subject matter experts.

Air Force Women's Initiative Team Briefing Update

Major Megan Biles and Major Samantha Sliney, co-chairs of the Air Force Women's Initiative Team (WIT), briefed the Committee about updates on WIT's work. Maj Biles opened by stating WIT has been active since 2008; it is currently working toward 54 lines of effort with over 600 volunteers. WIT's purpose is to analyze abnormalities in policies, procedures, and practices. WIT is grassroots working from the bottom up to identify barriers to women's propensity to serve within the military. Maj Biles noted WIT focuses on the Department of the Air Force (DAF) but has had opportunities for global DoD change spearheaded by the Air Force.

Maj Sliney shared that over the past 18 months WIT has had significant DAF and DoD wins. One of those wins is the Commander Accountability for Climate. This guidance is directed at all commanders who score less than 49 percent in categories related to diversity, inclusion, belonging, and equal opportunity topics. The findings must be addressed within 60 days of receiving the Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOCS) report. She described it as an enforcement mechanism to ensure DAF can monitor commanders' performance regarding diversity, equity, inclusion, and accessibility efforts.

The next most widely publicized win by WIT was hair policy updates at the beginning of 2021 and in June 2021, which allowed Airmen and Guardians to wear buns, braids, ponytails, and other similar hairstyles. Their hair can extend 12 inches total, 6 inches on either side of their head parallel to the armpits down their back. Maj Sliney noted this was significant because women could previously only wear their hair in buns or bob-type hairstyles. She stated this policy was 5 years in the making; it was widely publicized throughout DAF and a big win for WIT.

Maj Biles reported on 2021 WIT wins. The first initiative was clarification on postpartum temporary duty travel (TDY) deferment. The clarification on that guidance gave more control and choice to female Service members to go on TDYs, ensuring that if they elected to go on one and were not taken out of that protection for the 12 months, they were not forced to go on others. This option gives women more opportunities to get back into the mission and more options after giving birth. The second initiative was convalescent leave for pregnancy loss, which standardized the profile timeframe for pregnancies, allowing servicewomen the necessary time to heal and recover. Lastly, clarification on the pregnancy termination access explained the approval process for the Service member and their chain of command, given the time-sensitive nature of the issue. It clarified whether the termination was elective and gave the Service member the opportunity to get that time-sensitive treatment immediately.

For 2022, Maj Sliney stated the Air Force redesigned and funded the purchase of maternity flight suits, which are now available to Air Force aviators for supply through their units. She noted that flying while pregnant is WIT's most recent publicized win. The policy broadened to allow pregnant aviators the option to return to flying status during all trimesters in all crew positions in

all types of aircraft with medical consultation and concurrence. Previously, Service members could not fly in the first and third trimesters in the mobility aircraft. Now they have the option to apply to return to flying status in uncomplicated, low-risk pregnancies. Maj Sliney stated it is a significant change for DAF when it comes to readiness of pregnant aviators.

The next 2022 win on the DoD level was a joint travel regulation (JTR) change that allows for reimbursement of breastmilk transport costs while TDY. Maj Sliney stated it was a joint Service effort that included the Public Health Service and the National Oceanic and Atmospheric Administration. Now lactating uniformed Service members and civilian employees have up to 24 months after the birth of the child to seek reimbursement for the transport of breastmilk as long as they are TDY for longer than 3 days; reimbursements cover up to $1,000 per TDY. Maj Sliney stated this regulation gives the commander added flexibility to support women as they navigate their careers postpartum.

The Air Force also approved permissive TDY for fertility treatment in 2022. Maj Biles stated that DAF authorized commanders to approve permissive TDY for members to undergo fertility treatment based on their location.

Most recently, a policy and initiative that has been moving throughout the major commands is the ability to wear a Bluetooth-enabled breast pump while in a Sensitive Compartmented Information Facility (SCIF) or a Special Access Program Facilities (SAPFs). This policy allows the Airman an opportunity to continue expressing breastmilk while in a secure location. The Air Force has adopted this policy in multiple major commands (MAJCOM) and also had the first combatant command (COCOM) adopt it, sending out force-wide information allowing Airmen ease of access without having to route individual waivers every time.

Maj Sliney transitioned to discussing WIT's current initiatives. Child care availability and accessibility is one of its current largest initiatives. WIT is heavily focused on 24-hour access to child care, specifically regarding the Space Force mission. Many of those missions are 24/7, and Guardians report they do not have access to 24/7 care that enables them to do the shift work they need to do to accomplish the mission; often they are deployed in place.

Maj Sliney mentioned she knows the Committee is well aware of the crisis the DoD faces with the availability of child care not only within the DoD's Child care Development Centers (CDCs) but also off base. WIT drafted a legislative proposal that would create authority through the fiscal year (FY) 2023 National Defense Authorization Act (NDAA), allowing a caregiver to travel with a military family as they are making a Permanent Change of Station (PCS) move to help with child care issues during that time. This proposal was included in the House Armed Services Committee markup of the FY 2023 NDAA.

Another current initiative Maj Sliney briefed on involves the masking of pregnancy upon initial positive pregnancy test. Right now, DAF requires an automatic notification to the chain of command once a woman has a blood test that confirms pregnancy; there is no discretion on the part of the woman to delay that notification, which is different from the sister Services. WIT has a team working to protect the mother's notification to nonmedical providers within the chain of command, which gives the mother more privacy and control over notification in the first trimester because of the higher percentage of miscarriages in this timeframe. The Air Force's

Form 469 profile specifically lists pregnancy as the underlying condition for the profile, which is the only time the Air Force forces women to list the underlying condition. DAF instruction states that the underlying condition should not be listed, but Maj Sliney noted that, for some reason, the Air Force only does that for pregnancy.

Female specialized healthcare is WIT's current largest line of effort. Maj Sliney noted that infertility access is a hot topic with this line of effort. WIT is working on a legislative proposal to authorize broader coverage of infertility treatment. The code of Federal regulation prohibits TRICARE from covering infertility treatment. WIT is proposing broadening this coverage to ensure members have access to that treatment. WIT is also educating Airmen and Guardians about access to pregnancy termination and what the current law already permits.

Another initiative is giving active duty women more choice in their pregnancy and birthing providers to enable them to choose to be seen at an MTF during pregnancy or a facility off base. Maj Sliney stated the birthing parent's control over the birthing process is linked to increased maternal-fetal outcomes. WIT believes when women are given the flexibility to choose how they want to birth their children, there is a positive correlation with maternal-fetal outcomes.

WIT is also addressing the TRICARE doula demonstration shortfalls as an initiative. The doula demonstration was authorized in FY 2020 NDAA; however, all active duty servicewomen are excluded from the demonstration because they are required to deliver at MTFs, which are excluded from the pilot. The doula demonstration pilot is only available for off-base, purchased care.

Paid civilian lactation breaks are currently optional under DAF, and they are not required to be paid. Maj Sliney mentioned anecdotal stories of civilians clocking out to pump on their break. She said this also relates to child care issues because members are now required to work past the normal duty day, necessitating additional child care. Maj Sliney then discussed the JTR which expanded to include PCS, not just TDY. For TDYs of 14 days or more, the member has the option to bring an attendant with them to care for their child and facilitate the breastfeeding relationship versus shipping the milk home. This flexibility is already available to other Government agencies through the Federal travel regulation.

Maj Biles continued discussing WIT's active initiatives, including the implementation of the Cadet Act, which recently came out under the NDAA. Previously, Cadets or Midshipmen at the Military Service Academies who are pregnant or impregnate had three options: terminate the pregnancy, depart service, or give the child up for legal adoption. Readoption is a very time-consuming process costing $7,000–$10,000. This new initiative option provides a family care plan that allows the family military member, Cadet, or Midshipman to stay in, claim the child, and be able to provide care through someone else. When they graduate, they can regain the child without having to go through the lengthy adoption process.

WIT is working on sexual assault and harassment within DAF through the Independent Review Commission recommendations. These recommendations provide well-rounded care and advocacy for sexual assault survivors by compiling services for easy access and ensuring the member is supported and knows the options available to them as they are passed from one agency to another.

Maj Biles noted WIT also continues to work toward the availability and access of women's uniform items and equipment. This initiative focuses on developing pregnancy and maternity fit for every type of uniform—flight suits, operational camouflage pattern, and service dress. It also ensures members at all locations have access to the uniforms and units know how to request and receive them.

Maj Biles then explained two initiatives/wins with the implementation of parental leave parity. The FY 2019 NDAA enabled members to break up their leave into non-continuous portions and erased secondary and primary leave to provide 12 weeks for all members. WIT is working with DAF and the Office of the Secretary of Defense (OSD) to determine rollout plans, implementation processes, and policy awareness to increase parental leave parity.

Maj Sliney stated WIT has strategically collaborated with joint communities for the past 9 months. The team created a joint WIT monthly meeting with WIT-like entities in the other Services. Currently, all Services are represented. The Bluetooth-enabled breast pump initiative was WIT's first interaction in policy change with a COCOM, specifically U.S. Special Operations Command (USSOCOM). WIT has emphasized the importance of equity across DoD. Maj Sliney stated the Army has been a big partner of WIT's and is working to establish its own WIT. WIT has also been sharing information and educating the Navy on how the Air Force has established WIT to help the Navy bring a WIT-like entity to its organization as well.

WIT also collaborates with other Services. The Army recently rolled out its comprehensive parental parenthood, postpartum, and pregnancy directive. Maj Sliney commented some items in the Army's directive go beyond what is offered at DAF. WIT has been able to take that language and present it in DAF channels to work toward greater equity across the Services to ensure all Service members have similar access to inclusive policies.

Discussion

Col (Ret.) Anderson thanked the briefers for the informative updates. She shared that several years ago, an aide to the Commandant of the Marine Corps was pregnant, and the Commandant wanted her to have a formal mess dress uniform rather than wear her outfits to formal events. The Marine Corps Uniform Board, led by Mary Boyt, designed a uniform for her and designed a uniform black shift that could become specific. Col (Ret.) Anderson asked if WIT is working with smaller Services that need smaller numbers of uniforms, given that the Air Force is a larger branch than the Marine Corps. She asked who bears the cost for two or three annual evening dress uniforms for a Service member who is expecting. Maj Sliney responded that the Marine Corps' unofficial WIT team is not codified at the Secretary-level like DAF WIT, but the Air Force WIT does have points of contact for the Marine Corps and will reach out to them. Maj Sliney shared that the Air Force recently had an Airman redesign the pregnancy and postpartum uniforms. The redesign went to the Uniform Board and was approved. WIT hopes in 5 years the Air Force will have brand-new service dress and blues for maternity specifically designed to be breastfeeding-friendly.

Rear Admiral (Ret.) Mary P. O'Donnell congratulated the briefers on the great work they are doing. She was impressed and noted it was nice to know that new, young officers are taking the initiative to do things that should have been done a long time ago. RADM (Ret.) O'Donnell asked what kind of access WIT has to Air Force personnel to decide which issues to work on and

how the team comes to a conclusion on the recommendations. Maj Biles shared that WIT falls under the Secretary of the Air Force's Office of Diversity and Inclusion. The team has a Senior Executive Service senior champion in that office, and senior champions and advocates such as General Brian and Ms. Christy Nolta. WIT uses senior champions to work with A1 and personnel. The Air Force has been successful in establishing Athenas in MAJCOMs to ensure members have direct access to MAJCOM commanders. WIT elevates initiatives or recommendations through the Office of Diversity and Inclusion or MAJCOM commanders. Since WIT is volunteer-led, all its lines of effort are part of a grassroots movement. Maj Biles noted that occasionally senior leaders will reach out to WIT to discuss the adoption of policies or consult with the team to provide perspectives on potential barriers. WIT's volunteers will elevate it from the ground up, and WIT will mobilize access to the senior leaders and the Office of Diversity and Inclusion to then go point-to-point with A1 or another directorate.

Ms. Ann Norris thanked the briefers for the tremendous work they are doing. She asked if the briefers could speak more to the child care crisis or challenges the military is facing. Ms. Norris mentioned she understands it is a nationwide problem and asked if they are having challenges hiring personnel, if they are able to offer competitive wages to child care providers, and what the options are for families. Maj Sliney responded that WIT's lead on that line of effort works in the A1 and has heard anecdotal stories and data supporting challenges with turnover and continuity for child care providers. Data indicate there are negative impacts on the children, and competitive wages play an important role in keeping providers. Maj Sliney stated private centers in the civilian sector are able to be more competitive because they are privately owned, whereas the CDCs are government-owned entities. There are challenges to raising child care provider pay within the parameters of the government bureaucracy. WIT has been working with the A1 on the availability of child care and child care options. During COVID-19, there were anecdotal stories of CDCs shutting down as a result of COVID-19 exposures and families being told to use their family care plan. Maj Sliney highlighted problems with such situations, including family care plan designees who are often a Service member's parents, older, and part of a susceptible group that should not be exposed to COVID-19. She also pointed to challenges with asking anyone to care for a child who has been exposed to COVID-19 as a reason the family care plan is not an appropriate cover for CDC closures. Maj Sliney stated WIT has been working with A1 to provide guidance to encourage commanders not to use family care plans this way and instead provide more flexible options such as telework, remote work, alternate hours, or pass days if it will be a couple of days. She commented on the importance of empowering commanders to be creative in providing members flexibility to get the mission done. Maj Sliney acknowledged the challenges and noted variability in how commands handle these issues. Enlisted retention was higher in 2020 through 2021 and is now decreasing, with child care being a big issue. Maj Sliney shared a personal story of how hard it was for her to get child care for her two young children. She was not offered care for her children at the CDC until they were 6 months old, despite getting on the list when she found out she was pregnant. Maj Sliney also tried waitlists in the civilian community but decided on a nanny. DoD currently has the pilot program for in-home care, but the base where Maj Sliney is stationed is not part of the pilot, so she was unable to participate. Maj Sliney mentioned she is also in a dual military family, which brings additional challenges. Service members who are making a permanent change of station (PCS) move, especially those on short-notice PCS, do not have time to get on child care waitlists; they arrive at their new station and do not have anyone to care for their child. WIT is working on this

problem, but it remains difficult to solve; Maj Sliney would not characterize progress in this arena as significant.

Dr. (Col Ret.) Weeks thanked the briefers for all the work WIT is doing across the military. She asked that they reiterate what was said about TRICARE doula demonstration shortfalls. She believed they said active duty women cannot receive that support because a Service member is required to have their child at an MTF. Maj Sliney confirmed and expounded that the legislation written into the NDAA defined beneficiary in a way that excluded all care at an MTF. The default care option is that an active duty servicewoman is seen at an MTF. Maj Sliney noted she is at Fort Bragg and does not have the choice to go off base unless she is at high risk. Regardless, Fort Bragg has a robust maternal-fetal unit. Maj Sliney knows the benefits of a doula because she used one for her pregnancies. However, she does not have access to the pilot because she is seen at an MTF. In examining the legislative history, these policies' exclusions were inadvertent. If a member is switching from TRICARE Prime to TRICARE Select, they will encounter copays, which may have a greater impact on junior enlisted. Maj Sliney said that WIT is working on this issue, but Congressional action is required to change the current definition of a beneficiary. The other challenge Maj Sliney raised is doulas having access to the program because they are not medical providers. Doulas do not provide medical care—they provide support through the birthing process and postpartum. TRICARE requires malpractice insurance, certificates, and training, which are hurdles for doulas trying to become part of the pilot. The doula Maj Sliney used, who had 20 years of experience, was well-known in the area, and was recommended by other Service members, could not be TRICARE certified because she did not meet the standard, despite her experience. Maj Sliney believes the pilot was a phenomenal start to providing that care and making it available to active duty Service members, but some gaps were not addressed when it was written into law.

Captain (Ret.) Kenneth J. Barrett thanked the briefers, commended them for their great briefing, and was impressed WIT has over 600 volunteers. CAPT (Ret.) Barrett inquired about flying while pregnant. He is glad the Service member was added as part of the decision matrix for being able to fly and asked if the briefers feel medical professionals are conservative about granting access to fly during the three trimesters or liberal in supporting the Service member's request. Maj Biles responded the Air Force is very deliberate about balancing operational necessity, the readiness of pregnant members, and the known and unknown medical concerns and risks. There are many unknown risks because pregnant women would never be tested on radiation exposure and sound, so it is difficult to obtain information about flying risks. The Air Force is still finalizing its guidance, but it will be framed as consent of what is known and unknown, making all information available so medical providers can provide guidance. Maj Biles stated providers will know if a pregnancy is complicated, low, or high risk and have information on the mission types for specific aircraft. The Air Force wants to make all the variables and relevant information available to the pregnant member to help them make informed decisions about getting back in the aircraft. Maj Biles reiterated the importance of balancing all factors in communication and decisions. The Air Force is also examining best practices with the Federal Aviation Administration commercial aircraft. It is working to continuously build from 12 to 24 weeks at the installation level, first versus third trimester, and so on. Ejection seat and higher intensity aircraft necessitate a different level—MAJCOM. It could go up to the Air Force level for a medical opinion and then ultimately convey that information to the unit, the member, and squadron commander to determine if it makes sense to fly that mission. WIT also wants to

ensure the pregnant Service member has a choice because every pregnancy is different. CAPT (Ret.) Barrett shared some additional comments, which he said did not need a response from the briefers. He would like to learn more about the decision matrix for pregnant Airmen considering flying and is also interested in learning more about the Cadet Act, including additional information about dependency and marriage.

Dr. (CAPT Ret.) Cox thanked the briefers and noted her question is also about the Cadet Act. Her understanding is that the Cadet Act was not passed into law but is the basis for the Pentagon policy included in the FY 2022 NDAA, and some differences appear to exist between the original Act and the Pentagon policy. Dr. (CAPT Ret.) Cox asked if the Academies and Services are collaborating to write the policies and if the policy is being written for all the Armed Forces or each individual force. Maj Biles responded that the Cadet Act is in process at the OSD level, and the finalized policy is expected to be released soon. WIT's collaboration includes working with Academies and OSD. Maj Biles reiterated the guidance has not come out yet, but the perception is that it will be Service-wide. At the NDAA level, Congressional leaders found the instruction requires DoD issuances, so it did not require a statute or law change. The Services will have flexibility in how they enact it. The next step will be examining OSD guidance if a Service member becomes pregnant or impregnates someone in their junior or senior year after they made a Service commitment. OSD is considering how this affects the cadet father, including entitlements and the family care package. Maj Biles stated this guidance is still being deliberated, and WIT has been part of the collaborations.

LTG (Ret.) Mangum thanked the briefers for WIT's work and asked how many staff are full time. As a followup question, he also asked if DAF is tracking the number of command action plans that must be initiated based on low command climate ratings. Maj Sliney stated WIT has only volunteers and no full-time billets. It is not an additional duty but something members volunteer for. She noted it could be a full-time position, given the amount of work to be done. In response to LTG (Ret.) Mangum's second question, Maj Sliney shared she is not aware if DAF is tracking the DEOCS common climate action plans. She stated she could ask that question and share the answer after the briefing, if permissible.

Dr. Ferguson asked for further clarification about the pregnancy termination policy. She believed she received information from the previous briefing that Federal guidelines allow it for specific conditions. Dr. Ferguson asked what kind of consultation and choices women have for pregnancy termination. Maj Sliney stated that right now Federal dollars cannot be expended for termination except in cases of rape and incest. The option is to go off base, or if a member is in a State where termination is not allowed (e.g., Texas), a member will be given permissive TDY to go to another State for termination. Dr. Ferguson asked a follow-up question about how smooth the process of receiving permission to go to another State is and if there are challenges. Maj Sliney noted the Air Force changed the policy in 2021, and command approval is not required because they heard anecdotal stories about conscious or unconscious bias from commanders who denied travel. Since this change, Maj Sliney mentioned WIT has not heard about difficulties having access to pregnancy termination. She also mentioned WIT is not tracking instances where it might be occurring, but she heard no complaints from the field since the policy changed. Dr. Ferguson also asked if the briefers had any information on flying servicewomen's reports of flying during pregnancy, particularly toward the end of pregnancy. She knows the number of pregnant women flying is limited and mentioned reports about red tape and a lack of awareness

about current policies. Dr. Ferguson asked how women are experiencing flying at 8 or 9 months pregnant. Maj Biles responded the clarification made in the policy discussed during the briefing is relatively recent. The level of approval is MAJCOM or higher, based on the member being in their first or third trimester. In consultation with the medical community, anytime there is a first—whether the Service member is a first in that stage of pregnancy or the first within that crew position or aircraft type—the level of scrutiny is higher. Maj Biles suspected the approval process takes a little longer than it will in the future when it becomes more normalized. Guidance has been sent Service-wide and to the entire DAF. WIT also has worked with MAJCOM and partnered with it. Maj Biles believes the process has been quick for those who submitted waivers, and they have gotten back in their aircraft. DAF is working on the guidance to further streamline the process. WIT is optimistic about the progression of these policies and approval processes. Dr. Ferguson asked if the briefers have anecdotal evidence of how women are experiencing flying in later stages of pregnancy. Maj Biles shared that she only knows of two or three women in that situation. She noted not many female aircrew members are pregnant right now. Maj Biles saw more women in their first trimester than their third; she has not heard of any negative experiences. She does not know if many women will be flying when 7 to 9 months pregnant, especially in an ejection seat aircraft. In other aircrew positions with members in their third trimester, Maj Biles said she had not heard of any complications or negative responses.

Ms. Robin S. Kelleher inquired about child care. From what the briefers mentioned, Ms. Kelleher felt this issue affects retention of male Service members. She asked if the impact on all Service members potentially increases the ability to prioritize child care as a critical issue. Ms. Kelleher also asked if all Services can work together to address this issue. Maj Sliney shared she believes it is best addressed across all Services at the DoD level. She has heard anecdotal stories about the waitlist process being different between Services (e.g., Army CDCs and Air Force CDCs). Maj Sliney believed this is a DoD-level issue, and streamlining these processes would be very helpful. DAF is not looking at the problem as a gender-specific one. The Air Force, as an entity, tries to overcome societal presumptions that child care is a women's issue. WIT has a child care line of effort, but it tries to be cognizant that it is not just a women's issue. For women to have the opportunity to progress in their careers, they need support from the non-birth parent or spouse. Maj Sliney restated she does not think DAF is looking at it as a gender-specific problem. She has not seen the numbers on male retention, but it is a question she will take back to the team.

Ms. Stoneman thanked the briefers for an excellent brief and wanted to know if they could share more about the genesis of the Bluetooth breast pump policy and any lessons learned. Maj Sliney responded that it started with Sword Athena, which is the Air Combat Command (ACC) and its WIT-like, MAJCOM-level effort. The issue was identified through anecdotal stories from women. Maj Sliney described Bluetooth-enabled breast pumps are relatively new and came out around 2017, when ACC published its policy. Lactating parents had many hurdles to overcome when coming back from parental leave, including coordination and completing paperwork for security. Those in a SAPF had even more paperwork. There was also a misunderstanding at the tactical level for security managers that breast pumps were medical devices. As a result, women were told, "you cannot have this," "we don't know how to process this," or it was a logistical nightmare getting the paperwork done. ACC identified it as a problem first. Its MAJCOM commander, General Kelly at the time, published a MAJCOM-wide policy issuing a blanket waiver for the process because of the low security risk. Air Force Special Operations Command

and Air Mobility Command followed with similar policies. Maj Sliney reported anecdotal hurdles challenging women's choice to breastfeed as they return to work; often they had to go outside the building to pump. Bluetooth-enabled breast pumps enabled servicewomen to pump at their desk and work if they wanted to. WIT's position is that women should never have to pump at their desk—if they want to step away and go to the lactation room to do traditional pumping, they should be able to do that. However, women who want to pump at their desk to maintain the mission and readiness should be given that option. Special Operations Command governs many SAPFs and SCIFs which required going to the COCOM for approval; approval rests with those who own the security program. Ms. Stoneman asked to clarify if the main issue was the volume of paperwork going through the command. Maj Sliney confirmed problems with the volume of paperwork and noted women experienced disparate treatment across locations because some security managers told women they could not use the breast pump because it was not a medical device.

CMDCM (Ret.) Harris thanked the briefers for a great brief. She wanted to confirm if one of the briefers said earlier the Navy does not have a WIT yet but is being encouraged to establish one. Maj Sliney confirmed and stated the team is working with the Navy's Office of Women's Policy. The Air Force WIT shared its charter with the Navy because its office does not have an official WIT charter. CMDCM (Ret.) Harris wondered about the Navy's challenges operating a WIT-like entity with women on ships. Maj Sliney noted it was a great point and said WIT works entirely virtually. She understood that access to that on the ship may be limited but also restated the work can be accomplished virtually: WIT volunteers do not step foot in the Pentagon or National Capital Region.

COL (Ret.) Grinder thanked the briefers for their presentation, said it was very informative, and congratulated them on their accomplishments. She stated the number of volunteers WIT has is impressive. COL (Ret.) Grinder wanted to know about the makeup of the team and asked if it includes chain of command input or membership, given many of the team's decisions affect the chain of command. Maj Biles responded that anyone can volunteer to be part of WIT. The team is divided by line of effort leads and is intentional about who is leading those lines. She shared that WIT partners with senior champions who are also volunteers, including General Brian and Ms. Christy Nolta. WIT works through senior champions as its first line of action when compiling information and developing potential proposals and then through the chain of command. If it is an A1 policy, WIT partners with an action officer at the lowest level and works its way up to the policy owner. Regarding the composition of WIT, Maj Biles noted the team includes officers, enlisted personnel, and civilians. WIT formally falls under the Secretary of the Air Force Office of Diversity and Inclusion, which is also a formal chain of command where barrier analysis groups are nested. WIT gives a policy brief before going to the policy owner, then senior champions work with one another at the grassroots level to elevate it up to the tactical or unit level.

Col (Ret.) Scholz thanked the briefers for the work they are doing and asked if they are collecting data on these initiatives or keeping track of statistics. She then asked how these initiatives affect retention or increase the propensity of women to serve. Maj Sliney confirmed the team collects data using the Air Force Survey Office. WIT recently closed the first DAF-wide pregnancy and postpartum experience survey, which WIT created and routed through relevant approval processes. Maj Sliney mentioned WIT also collects data unofficially through

feedback mechanisms posted on various social media platforms, such as its Facebook group, which has over 1,000 participants, and a distribution list. WIT uses the Defense Manpower Data Center (DMDC) to pull data and the Air Force Personnel Center. As far as retention, outside of reporting on members through surveys, Maj Sliney stated WIT uses the 2018 RAND Air Force study on retention and the 2018 Coast Guard report on retention.

Brig Gen (Ret.) Sanborn thanked the briefers for the work they have done and noted it is an effective model because they draw on many sources and are able to obtain real-time feedback. She asked if they receive feedback or work on issues related to negative cultural bias or discrimination toward pregnant women, or women in general, and how that fits into the work WIT is doing. Maj Biles stated WIC identified pregnancy and childbirth as a key retention and career progression milestone. Many of WIT's lines of effort and policy changes are working toward examining the existence of policies that inhibit career progression. As an example, Maj Biles asked why there are policies that a pregnant Service member cannot attend required professional military education. If a pregnant member is taken out of the cockpit for 9 to 18 months multiple times, it is difficult for them to keep up with peers. Lastly, she asked if pregnant Service members are considered for other career progression opportunities and whether they get those opportunities. WIT examines these issues, noting it has many anecdotal stories. Maj Biles commented elements of policy change and cognitive or unconscious bias are involved. As WIT continues to grow in resources, male and female senior leaders, particularly male senior leaders, have been reaching out to say, "I have a pregnant Airman or Guardian. What opportunities are there?" WIT wants to foster a conversation starting at the bottom level, with the member being firm and transparent about their goals. Maj Biles noted there is a mentorship aspect at the senior level where leaders must ask, "Am I inadvertently preventing this member from meeting their full potential because of the policies in place or because of a conscious or unconscious bias or some form of discrimination that is preventing them from doing so?" She believes many factors are at play, and WIT is looking at these issues and constantly trying to improve them. She believes the team has made strides so far.

Discussion: Secretary of Defense Appointment of an Ex Officio to the Advisory Committee on Women Veterans

COL Jardin began the discussion by outlining the SecDef is required by Congressional statute to consult with DACOWITS prior to designating an ex officio to serve as the DoD representative for the Department of Veterans Affairs (VA) Advisory Committee on Women Veterans (ACWV). The ACWV was established by Congress in 1983 and is chartered to assess the needs of women veterans with regard to the VA's programs, including compensation, rehabilitation, outreach, and healthcare. COL Jardin explained the ACWV reviews VA programs, activities, research projects, and other initiatives focused on meeting the needs of women veterans. The ACWV also makes recommendations to the Secretary of VA on strategies to improve, modify, and effect change in programs and services for women veterans. COL Jardin highlighted that current DACOWITS member, CMDCM (Ret) Harris, previously served as Chair of the ACWV.

COL Jardin explained the Office of the USD(P&R) directed DACOWITS to discuss and deliberate on the ideal experience and characteristics desired in the SecDef's DoD ex officio representative to the ACWV. The SecDef representative will advise the ACWV on DoD policies

and efforts to address issues experienced by women in the military. COL Jardin noted that following today's discussion, Ms. Stoneman will submit the consolidated advice and recommendations to the Committee's sponsor, USD(P&R).

Ms. Stoneman began the discussion by asking the Committee members if they had any suggested criteria to recommend to the SecDef for the selection of a DoD ex officio for the ACWV. CMDCM (Ret.) Harris shared her previous experience as Chair of the ACWV, noting discussions within the Committee primarily focus on women's health and injuries or illnesses servicewomen incur while serving in the military. She suggested the ex officio DoD representative should be a medical officer or medical expert from DHA who can answer medical questions, such as why servicewomen are experiencing high rates of musculoskeletal problems, and DoD policy questions, such as those about servicewomen's gear and equipment. CMDCM (Ret.) Harris explained a medical expert from DHA would have the knowledge necessary to answer these questions and brief the Committee on relevant information. She also recommended the ex officio be a non-uniformed expert for continuity purposes.

COL (Ret.) Grinder suggested the ex officio have at least 4 years of military service and a service-connected injury or illness. She noted this experience would enable them to reference services they received while in the military and after transitioning to VA.

Ms. Stoneman asked if gender is an important consideration for selecting an ex officio. CMDCM (Ret.) Harris suggested the ex officio be female but also noted that being female should not be a requirement if a male is well versed in women's health-related topics. However, she noted sensitive questions do come up during Committee discussions, and it may be more appropriate for a female ex officio to answer these questions. She also noted that all other ACWV ex officios are female. She explained the ACWV is composed of all women, except for one man, and all members have recently served in the military and are generally new to the VA system. She noted Committee members are able to provide on-the-ground military perspective.

Dr. (Col Ret.) Weeks asked if the DoD ex officio should have experience giving birth to provide information to the ACWV on their experience with maternity care and labor and delivery care in the Military Services. She also asked whether the ex officio should have deployment experience in austere locations. Ms. Stoneman also noted the two previous Air Force briefers from WIT were knowledgeable about women's health topics based on qualitative and quantitative data they have collected and reviewed, which could fill the gap of medical experience if necessary. CMDCM (Ret.) Harris noted the ex officio should have a strong grasp of data relevant to the questions asked in the ACWV meetings, but they do not necessarily have to have on-the-ground medical experience in the military, though having such experience would be valuable.

CAPT (Ret.) Barrett noted that because the ex officio will be a DoD representative, they should have uniformed experience because ex officios on the ACWV will be from other government agencies. He noted there could be an opportunity to recommend someone with experience in U.S. Medical Corps because they would have had the opportunity to be deployed and have experience with women's health in the military.

CAPT (Ret.) Barrett asked for clarification on whether DACOWITS' goal is to describe what characteristics the ACWV ex officio should have or propose a specific person to the SecDef. Ms.

Stoneman clarified the Committee is only identifying recommended characteristics the SecDef should consider when selecting a DoD ex officio for the ACWV.

CMDCM (Ret.) Harris explained many prior military Service members work at DHA, so it would not be difficult for the SecDef to identify a person with a medical background in the military and post-military experience with DHA. RADM (Ret.) O'Donnell suggested the ex officio should be female, have military experience, and have a medical background. She also noted the candidate could be from the Coast Guard rather than only selecting from DoD Military Services.

Dr. (CAPT Ret.) Cox asked if the DoD ex officio to ACWV has historically been a representative from DACOWITS, and whether today's discussion is to determine if there is another option for the ex officio or if it should remain a DACOWITS representative. Ms. Stoneman noted that having a DACOWITS representative fill the role of ACWV DoD ex officio is not ideal because of the expertise necessary to answer many of the Committee's health-related questions. She noted the ex officio should, when asked, be able to speak to DoD policy around women's health, so the purpose of today's discussion is to help break away from having a DACOWITS staff member act as the ACWV ex officio from DoD and instead make recommendations on the type of person who should fill the role. COL Jardin reminded the Committee that DACOWITS members do not speak on behalf of the DoD, so the purpose of today's discussion is to recommend characteristics of a person the SecDef should consider to speak on behalf of the DoD as ex officio during ACWV meetings.

Col (Ret.) Scholz noted the ACWV charter seems to address a broader topic area than just healthcare, including rehabilitation. She suggested the ex officio have broader experience and knowledge of DoD policies outside healthcare policies. CMDCM (Ret.) Harris explained the ACWV has ex officios from a variety of federal agencies, including the Veterans Benefits Administration and the Department of Labor. Ms. Stoneman also reiterated CMDCM (Ret.) Harris's earlier point that the most common types of questions posed to the DoD ex officio are medical in nature, which is why having an ex officio with a medical background could be valuable. CMDCM (Ret.) Harris also noted the ex officio from Veterans Health Administration is Dr. Patricia Hayes, and she primarily answers questions about women's health from a VA perspective.

Dr. Ferguson asked why the VA does not provide childbirth assistance. CMDCM (Ret.) Harris explained that VA medical centers are not equipped to support childbirth, because the VA was not set up to provide women's health services when it was established. However, she noted VA medical facilities have begun providing obstetrics and gynecology (OB/GYN) services over the last 20 or 30 years, and maternity and prenatal services over the last 10 or 15 years, and each VA medical center is now required to have a maternity care representative. CMDCM (Ret.) Harris explained that servicewomen exiting the military who are pregnant or become pregnant are assigned to a VA maternity care coordinator who provides them with prenatal and primary care services. Once she is in her final trimester, her care is transferred to an OB/GYN at a local medical treatment facility to give birth. This process is supported by a memorandum of understanding between DHA and DoD.

CMDCM (Ret.) Harris also explained that not all 150 VA medical centers have women's health clinics or gynecologists, which also creates challenges for female veterans. Dr. Ferguson asked about how frequently this issue is raised. CMDCM (Ret.) Harris indicated this issue arises during every site visit to VA medical centers. She noted some medical centers have great women's health clinics, while other clinics indicate they do not have enough space or demand for a women's health clinic.

Ms. Jessica C. Myers from the DACOWITS Executive Staff shared an initial consolidated list of potential characteristics to recommend the SecDef consider when selecting the ACWV ex officio:

- Female preferred
- Formerly service in uniform (a female veteran)
- Non-uniformed expert for continuity purposes
- Medical subject matter expert
    - Assigned to DHA
    - Ability to access/pull/brief on DoD data/research

CAPT (Ret.) Barrett recommended adding a note to the list indicating the ex officio should have the authority to represent DoD. COL (Ret.) Grinder reiterated the ex officio should have a history of service-connected injury or illness. CMDCM (Ret.) Harris agreed, noting that having a service-related injury or illness is a requirement for all ACWV Committee members.

Dr. (CAPT Ret.) Cox suggested that medical subject matter expertise should refer to physicians and other provider types, such as an advanced practice nurse or mental health providers. Ms. Stoneman reiterated CMDCM (Ret.) Harris' earlier point that medical subject matter expertise could refer to both medical policy expertise or expertise from a medical background.

Dr. (Col Ret.) Weeks asked why the ex officio must have a medical background instead of a broader policy background. She noted that the two briefers from WIT would not meet the medical policy background criteria, but both of them are passionate about the issue of women's health; therefore, there may be other individuals who would be qualified for the ex officio role based on their passion for the topic versus their medical experience.

CMDCM (Ret.) Harris noted some of the questions asked of the DoD ex officio at ACWV meetings are technical in nature, such as "Why are so many women in the Services coming into the VA system with concerns about not being able to have children due to their time spent deployed?" or "Why certain women serving in the same area of responsibility are diagnosed with similar diseases after leaving the military?" She noted the answers to these questions require research, but someone with a medical background may be able to better address these technical questions. Dr. (Col Ret.) Weeks noted a medical expert may not be able to answer the example questions posed by CMDCM (Ret.) Harris on the spot but could follow up on the questions after conducting research to answer them after the meeting.

Ms. Myers noted she served as the ACWV ex officio from the DoD when she was the DACOWITS Acting Director and explained the ACWV is structured differently than DACOWITS. The ACWV features multiple ex officios from different agencies who sit on the

Committee to provide expert opinions during public meetings. She explained DACOWITS is different in that it features Defense Department and Service liaisons, and the Committee requests information directly from the Military Services through requests for information. Ms. Myers explained that, as the DoD ex officio, she had been put on the spot with questions similar to those posed by CMDCM (Ret.) Harris and was unable to answer them. She suggested the ex officio should be someone who has a medical background, who can articulate points and actively participate in discussions of women's health topics during public meetings without having to delay an answer for additional research.

CMDCM (Ret.) Harris agreed with Ms. Myers and noted a medical provider with active-duty military experience and a service-connected injury or illness would be familiar with women's health topics and be able to discuss them during public meetings. RADM (Ret.) O'Donnell agreed with CMDCM (Ret.) Harris and Ms. Myers and said the ex officio should be able to rely on their medical credentials and knowledge without having to follow up on a question following a public meeting.

Ms. Leveque proposed recommending the ex officio be required to have medical knowledge, with a preference for a healthcare provider. RADM (Ret.) O'Donnell noted the language (shown on the screen) "any health care provider is preferred, not necessarily a physician" makes her uncomfortable without adding language about what types of providers are preferred and what type of knowledge they should have. Dr. (CAPT Ret.) Cox agreed and noted the word "provider" is frequently conflated with the word "physician," so it may be necessary to add clarifying language around the distinction. CMDCM (Ret.) Harris asked if the language can be "medical and policy subject matter expertise required in women's health."

COL (Ret.) Sanborn suggested recommending "healthcare background preferred" rather than "healthcare provider preferred" because people can achieve a healthcare background in many ways. For example, she noted individuals may work in health policy for a number of years and be familiar with women's health-related research. LTG (Ret.) Mangum suggested removing the "healthcare background" language because "healthcare and policy subject matter expertise" alleviates the necessity of including language about healthcare background.

Ms. Myers displayed the final consolidated list of recommended criteria for the DoD ex officio for the ACWV:

- Someone who has the authority to represent DoD appropriately
- Female preferred
- Formerly served in uniform (a female veteran)
- Have a service-connected disability, like the make-up of the ACWV members
- Non-uniformed expert for continuity purposes
- Medical and policy subject matter expert
    - With knowledge of women's healthcare required (credentialed)
    - Healthcare background preferred (not necessarily a nurse or physician)
    - Assigned to DHA
    - Ability to access/pull/brief on DoD data/research (qualitative/quantitative)

The meeting was adjourned.

Report Submitted by:

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COL Seana M. Jardin, USA
DACOWITS Military Director &
Designated Federal Officer

Report Certified by:

Ms. Shelly O'Neill Stoneman
DACOWITS Chair

Committee Members in Attendance:

Col (Ret.) Nancy P. Anderson, USMC
CAPT (Ret.) Kenneth J. Barrett, USN
Dr. (CAPT Ret.) Catherine W. Cox, USNR
Dr. Trudi C. Ferguson
Sgt Maj (Ret.) Robin C. Fortner, USMC
COL (Ret.) Many-Bears Grinder, AGR
CMDCM (Ret.) Octavia D. Harris, USN
Ms. Robin S. Kelleher
Ms. Marquette J. Leveque, USN Vet.
LTG (Ret.) Kevin W. Mangum, USA
SGM (Ret.) Caprecia A. Miller, USA
Ms. Ann M. Norris
RADM (Ret.) Mary P. O'Donnell, USCGR
Brig Gen (Ret.) Jarisse J. Sanborn, USAF
Col (Ret.) Dawn E.B. Scholz, J.D., USAF
Ms. Shelly O'Neill Stoneman
Dr. (Col Ret.) Samantha A. Weeks, USAF

Absent Committee Members:

VADM (Ret.) Robin R. Braun, USNR
Brig Gen (Ret.) Allyson R. Solomon, ANG

DACOWITS Executive Staff in Attendance:

COL Seana M. Jardin, USA
Ms. Jessica C. Myers, USN Ret.
Mr. Robert D. Bowling, USAF Ret.
MSgt Kristen M. Pitlock, USAF