

DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes June 27–28, 2023

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting 27–28 June 2023. The meeting took place at the Association of the United States Army (AUSA) Conference Center, 2425 Wilson Blvd., Arlington, Virginia, 22201. Public briefings were only conducted on June 27.

June 27, 2023

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer, Colonel Seana M. Jardin, Army, opened the June quarterly business (QBM) meeting 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 or Department of Defense (DoD) position. Panelist and speaker remarks are not checked or verified for accuracy. COL Jardin then turned the meeting over to the DACOWITS Chair, Ms. Shelly O’Neill Stoneman.

Before beginning the day’s agenda, Ms. Stoneman recognized DACOWITS’ participation in the Military Women’s Memorial event held June 12, 2023, at Arlington National Cemetery, honoring the 75th anniversary of the Women’s Armed Services Integration Act.

Ms. Stoneman asked all Committee members and meeting attendees to introduce themselves.

Status of Requests for Information

COL Jardin reviewed the status of the Committee’s requests for information (RFIs). The Committee received responses to all nine of its RFIs. Responses to the RFIs were published on the DACOWITS website.

Panel Briefing: Barriers to Recruitment and Disqualifying Medical Conditions (RFI 2)

The Committee requested a briefing from the Office of Military Personnel Policy (MPP), Army, Navy, Marine Corps, Air Force, Space Force, and Coast Guard on the launch of Military Health System (MHS) GENESIS, including common conditions that disqualify applicants from joining the military and Service waiver authorities and processes. Specifically, the Committee asked MPP to describe the process and purpose of its current review of disqualifying medical conditions and how MHS GENESIS informs that process. The Committee also asked the Military Services to identify unique and frequent medical conditions leading to disqualifications and waivers for applicants to their Service and for clarity on who in each Service has authority to grant medical waivers.

MPP

Dr. Katherine Helland, Director of Accession Policy for the Office of the Under Secretary of Defense (USD) Personnel and Readiness (P&R), briefed the Committee for MPP.

Dr. Helland noted Mr. Linden St. Clair, Deputy Director of Accessions Policy for USD (P&R), was present in the audience to support her responses to the Committee's questions. Dr. Helland confirmed MPP also provided written responses to the Committee's questions about MHS GENESIS.

Dr. Helland explained MHS GENESIS is a DoD electronic health records system that encompasses Service members' health records from their time in the Service and the Department of Veterans Affairs (VA). The system is meant to modernize the availability of medical information across the DoD from the time a Service member joins a Service to the time after they transition out of the Service and begin receiving VA services. Therefore, although the system supports applicant processing for the United States Military Entrance Processing Command (MEPCOM), that is not its only purpose. The deployment of MHS GENESIS was congressionally directed and began with a DoD 23-step deployment plan in 2019. MHS GENESIS was deployed at MEPCOM in March 2022.

Dr. Helland explained the deployment of MHS GENESIS offered MEPCOM the opportunity to modernize its medical review processes by allowing it to review applicants' verifiable medical records pulled into MHS GENESIS through a health information exchange, rather than relying on applicants' self-disclosed health information. MEPCOM's processing times from prescreen to contract increased from about 8 days to an average of 13 days upon the implementation of MHS GENESIS. Dr. Helland noted processing times increased because MEPCOM's access to applicants' verifiable health information uncovered more health conditions, on average, than previously reported. For example, before the implementation of MHS GENESIS, about 30 percent of applicants self-reported a health condition that required a detailed prescreen and additional records for verification, while about 70 percent of applicants were found to have a health condition that required a prescreen and additional records after the implementation of MHS GENESIS. Dr. Helland clarified, although identification of health conditions increased after the implementation of MHS GENESIS, 89 percent of applicants are ultimately approved for enlistment. Of these 89 percent, 18 percent receive a waiver, which is higher than historic numbers of about 13 percent of approved applicants receiving a waiver.

MPP implemented various initiatives to support the deployment of MHS GENESIS and reduce records requests associated with medical reviews, including the Medical Accessions Records Pilot (MARF). Under this pilot, the former director of Accessions Policy at USD (P&R) tasked the MEPCOM Command Surgeon to review DoD Instruction (DoDI) 6130.03, which describes accession medical standards to examine conditions that would disqualify applicants from joining the military if they appeared at any time in their medical history. The purpose of the review was to determine if the timeline for disqualification could be reduced from "any time" to a defined timeframe because the risk of these conditions negatively impacting military service decreases over time. The review included 271 conditions that would disqualify individuals from joining the military if the conditions were identified in their medical history at any point in time. The MEPCOM Command Surgeon reviewed these 271 conditions to determine if they presented harm or vulnerabilities that did not decrease over time or if a condition was exacerbated by military service. If so, the condition was removed from consideration for a reduced

disqualification timeframe. The Command Surgeon identified 51 of the 271 conditions as meeting the criteria for reducing the disqualification timeframe. Next, these 51 conditions were reviewed by the DoD Arms Wing, an accessions and retention medical standards working group composed of representatives from MPP, Health Affairs, and the Military Services and directed by a medical council with senior leader representatives from MPP, Health Affairs, and the Surgeon General's joint staff. Under this review, if representatives from 2 of the Military Services had concerns about reducing the disqualifying timeframe of 1 of the 51 conditions, the condition was removed from consideration, and if representatives from one of the Military Services had concerns with reducing the disqualifying timeframe of a condition, the timeframe was expanded from the recommended reduced timeline by 2 years, to either 5 or 7 years. After this review, 38 conditions were identified for a reduced disqualifying timeframe and were approved for inclusion in MARP. MARP was implemented in June 2022. Following implementation of the pilot, the DoD Arms Wing met again and added 11 additional conditions with reduced disqualifying timeframes to the pilot program. Therefore, under MARP, applicants with any of the 49 identified conditions with reduced disqualifying timeframes are approved to join the military if their conditions did not occur during those reduced disqualifying timeframes. Although MHS GENESIS was the impetus for MARP, the system was not used to review DoDI 6130.03 standards. Dr. Helland confirmed the DoD is collecting data on MARP to determine how many individuals are joining with 1 of the 49 identified conditions and the attrition rates for these individuals. Dr. Helland noted the largest impact from the pilot program so far has been for individuals with attention deficit hyperactivity disorder (ADHD), where MEPCOM has brought in about 1,400 individuals with the condition, and between 800 and 900 individuals with the condition have joined the Services.

Dr. Helland noted the Arms Wing reviews DoDI 6130.03 every 3 years to account for advances in medical practice and data related to the DoD's medical standards and waivers and other sources of information. The most recent update to DoDI 6130.03 was published in November 2022; it included clarification and updates to the definition for abnormal uterine bleeding as a disqualifying condition. MEPCOM is responsible for determining whether an applicant is qualified or disqualified from joining the military, but the individual Military Services are responsible for providing waivers on a case-by-case basis.

Dr. Helland concluded her briefing.

Army

Colonel Dennis Sarmiento, Army Training and Doctrine Command (TRADOC) Command Surgeon, briefed the Committee for the Army.

COL Sarmiento explained he has been the TRADOC Command Surgeon for about 2 weeks and brought a team from Army Recruiting Command (ARC), including accessions director COL Cantu, to support his briefing and associated questions from the Committee. COL Sarmiento noted his experience as a psychiatrist has allowed him to become familiar with the DoD's medical standards, and he confirmed the Army is interested in expanding the applicant waiver review process to take a more holistic view of applicants to improve the representation of women in the Army. The Army's efforts in this area seek to promote diversity, equity, and inclusion and ensure the processes the Service applies to applicants are fair and rely on the appropriate amount of scrutiny.

COL Sarmiento noted ARC reviewed the top 10 medical conditions for which MEPCOM disqualifies applicants for service and identified the top 3 of those conditions that had a high likelihood of waiver approval for men and women and the top 3 of those conditions that had a low likelihood of waiver approval. COL Sarmiento clarified no applicants are denied entry into the Army based on a single condition without being reviewed on a case-by-case basis for waiver consideration. MHS GENESIS has helped the Army gain access to medical records to inform these waiver decisions. Astigmatism and atopic dermatitis were found to be two of the three most frequent medical conditions with a higher likelihood of waiver approval for both men and women because they are not duty-limiting. However, disorder of refraction, an eye condition, is a more common disqualifying medical condition with a high likelihood of waiver approval for women, whereas shoulder dislocation is a more common disqualifying medical condition with a high likelihood for waiver approval for men, partially due to more frequent sports-related injuries in the male population. Anemia is a condition that occurs more frequently in women but is considered potentially duty-limiting by the Army. Therefore, the Service reviews these cases with a bit more scrutiny than the common eye- and skin-related disqualifying conditions with higher waiver approval likelihood. COL Sarmiento also highlighted the three conditions with the lowest likelihood of waiver approval from the 10 most frequent disqualifying medical conditions, including major depressive disorder, anxiety disorder, and hearing loss for both men and women. The Army believes MHS GENESIS is helping the Service identify documentation of psychologically related issues in applicants' medical records, including instances of self-harm and response to treatment.

COL Sarmiento noted the Army is continuing to monitor trends associated with disqualifying medical conditions to determine which conditions might be less related to early departure from the Services and whether any gender disparities exist in how medical standards are applied.

COL Sarmiento noted AR 40-501, paragraph 1-6, describes the authorities for medical waiver approvals. The overarching authority for original, nonprior service Active Duty and Reserve Component applicants is the Commanding General for ARC, supported by a team of medical experts. Alternatively, the Army Commanding General is responsible for waiver approvals for Army Cadet Command (ACC), and the Superintendent at West Point is responsible for waiver approvals for Military Service Academy (MSA) cadets. The G-1 Director for Military Personnel Management has waiver authority for a subset of behavioral health conditions, such as self-harm and some mood and personality disorders. COL Sarmiento stated the Army constantly monitors and assesses the appropriateness of authorities to balance timely decision making, fair assessments of applicants, and the interests of the Army.

COL Sarmiento concluded his briefing.

Navy

Dr. Jessica Tabacca, a Commander's Action Group Operations Research Analyst for the Navy Recruiting Command (NRC), briefed the Committee for the Navy.

Dr. Tabacca explained the Navy uses a medical system called Webwave administered by the Navy Bureau of Medicine and Surgery (BUMED). The Webwave system follows guidance from the Defense Health Agency (DHA) on how data is processed and released, and data within the system is not hosted by NRC. Therefore, to inform this briefing, NRC requested data on disqualifying medical conditions and medical waivers over the last 3 years from DHA.

Dr. Tabacca explained this data has various limitations. For example, data is not captured by applicant but by data submission, so an applicant may be counted multiple times in the data if additional documentation was requested from applicants regarding their medical conditions. Applicants often present with more than one disqualifying condition, and the frequency has increased with the implementation of MHS GENESIS and expanded access to applicants' medical records. Due to the time it takes to enter each international classification of disease (ICD) code, the Navy captures only the top four codes of interest for disqualifying conditions, and determining the reasons applicants with more than one disqualifying condition were not granted a waiver would require a name-by-name review for each case to determine which of the four ICD code conditions were the disqualifying conditions.

Dr. Tabacca explained the most common disqualifying medical conditions among male and female applicants were related to mental health, vision, and orthopedics, while anemia, polycystic ovary syndrome, and gynecological bleeding were the most common disqualifying medical conditions for women. MHS GENESIS enables the Navy to gain more information on the health of all applicants, leading to fewer entry-level separations and lower enlistment attrition. However, the implementation of MHS GENESIS has also created challenges for the Navy, including an increase in the number and complexity of waivers issued, increased processing times due to more specialist consultations, and a 65-percent increase in daily workload associated with applicants' waiver reviews. NRC has identified and is working to implement solutions to address these challenges, including hiring more clinical staff to support the waivers division, quarterly training with Navy MEPS liaison staff on medical documentation submission requirements, and recruiter guides for typical document requirements for common medical conditions.

Dr. Tabacca noted DoDI 6130.03 defines the medical accessions standards all MEPS use across the country. The Secretary of the Navy uses the Navy Manual of Medical to determine Navy Service-related medical issues, definitions, and guidance, while the Chief of BUMED grants medical waiver recommendation authority to the senior medical officer of NRC. The senior medical officer of NRC oversees a medical division to review all waiver packages for applicants determined to have a disqualifying medical condition by the MEPS Chief Medical Officers. Guidance to Navy recruiters on the processing of officer and enlisted applicants is published in the Navy Enlisted Recruiting Manual and the Navy Officer Recruiting Manual. All MEPS applicant disqualification packages are submitted to the designated NRC service waiver authority for review and consideration of a Navy Service-level waiver if applicable.

Dr. Tabacca concluded her briefing.

Marine Corps

Colonel Jeffrey M. Morgan, Chief of Staff for the Marine Corps Recruiting Command (MCRC), briefed the Committee for the Marine Corps.

Col Morgan explained the Marine Corps is the only Military Service without its own medical department, so the Service relies on the Navy's BUMED for the review of applicants' disqualifying medical conditions and waiver processing. Like applicants for the other Military Services, Marine Corps applicants are screened at MEPS to determine if they are qualified to join. If a waiver is necessary, BUMED is the first to review an applicant's case for waiver consideration. If BUMED denies a waiver, MCRC can consider submitting the waiver package

to the Commanding General of MCRC to consider overriding BUMED's decision on a case-by-case basis. However, these situations rarely arise.

Col Morgan explained the disqualifying conditions and the rate at which waivers are recommended are relatively similar for male and female applicants. He noted examining the disqualifying conditions for the female-specific organ system was helpful because the Service recognized most applicants with those conditions are being approved for a waiver during the BUMED review process.

Col Morgan concluded his briefing.

Department of the Air Force

Colonel Mark Dudley, the Acting Deputy Chief for the Aerospace and Operational Medicine Division in the Office of the Surgeon General, briefed the Committee for the Department of the Air Force (DAF).

Col Dudley listed the following top 10 medical conditions leading to disqualification or medical waivers: (1) astigmatism/keratoconus, (2) asthma, (3) ADHD, (4) atopic dermatitis, (5) depression, (6) anxiety, (7) excessive refractive error, (8) suicide attempt, (9) food allergies, and (10) various musculoskeletal issues. This list was briefed to the Chief of the Air Force in September 2022. There is no gender specificity in the most common medical conditions for which accession waiver requests are necessary. Each waiver is reviewed on a case-by-case basis to account for the prognosis of the disqualifying medical condition and an applicant's ability to complete the training and mission needs of the Service. The Air Force considers the risk of exacerbating or worsening medical conditions during training or mission-related activities of the Air Force.

Col Dudley explained DoDI 6130.03 allows the Services to waive certain medical conditions as necessary to meet recruiting needs. The Air Force understands inclusivity is a strength and conducts fair reviews to determine if a disqualifying medical condition can be waived, while also weighing the needs of the Air Force to ensure applicants can meet the mission requirements of the Service.

Col Dudley concluded his briefing.

Coast Guard

Commander Gail Tarlton, Senior Medical Officer from the Coast Guard Recruiting Command, was unable to brief the Committee for the Coast Guard due to travel issues.

Discussion

Brigadier General (Ret.) Allyson R. Solomon asked Dr. Helland whether the processing times at MEPCOM include the time it takes for additional screenings necessary for waivers. Dr. Helland noted the MEPCOM processing time increases she reported in her briefing were from prescreen to contract, which includes the time necessary for the Services to collect additional documentation from applicants, the consult time with medical professionals, and the decision-making process for waiver approval. She clarified the increase in median processing times from

8 to 13 days includes some outliers, normally for complex cases, when it may take longer to secure a consult for an applicant's condition.

Honorable (Colonel Ret.) Dawn E. B. Scholz noted the number of instances of ADHD (1,420) is higher than the number of applicants (1,370) reported in the MARP code usage chart in MPP's written response to RFI 2. She asked Dr. Helland to clarify this discrepancy. Dr. Helland noted ADHD is the most frequent disqualifying condition for applicants, but because individuals can possess multiple conditions upon arriving at MEPCOM, the counts for condition instances may not match the total number of applicants.

Brig Gen (Ret.) Solomon asked if each Military Service collects data on disqualifying conditions and waivers at the applicant or condition level. Dr. Helland clarified the data provided in the MARP code usage chart is specific to MARP, while the Military Services capture their own data on waiver processes. COL Sarmiento responded the Army collects data based on individual applicants, and the waiver is tied to the individual. Therefore, if an applicant tried to join multiple times, each accession attempt and associated waiver request would be counted individually. Dr. Tabacca responded, any time a medical waiver is requested in the Navy's Webwave system, it is logged as a new instance, so waiver requests for one individual with two disqualifying medical conditions would be counted as multiple instances. Col Morgan noted the Marine Corp's data comes from the Navy. Col Dudley from DAF explained waiver data is tracked at the applicant level. Dr. Helland also noted 44 percent of eligible youth in America are disqualified from serving in the military due to multiple conditions.

HON (Col Ret.) Scholz referenced Dr. Helland's briefing that the percentage of applicants who receive a waiver is currently about 18 percent, which is higher than the historical average of 13 percent, and 89 percent of those waivers are accepted. She asked if 89 percent of waivers being accepted is similar to historical averages. Mr. St. Clair from MPP confirmed 89 percent acceptance of waivers is within historical norms.

Brig Gen (Ret.) Solomon asked Dr. Tabacca how medical waiver processing changes have resulted in a 65-percent workload for Navy staff. Dr. Tabacca noted the implementation of MHS GENESIS has been a double-edged sword for the Navy because the Service is receiving more applicants with disqualifying medical conditions needing to be reviewed for a waiver, but staffing levels for conducting waiver reviews have remained the same. Therefore, she reiterated the Navy is trying to increase billets and civilian hires to increase the number of clinical staff available to conduct medical reviews for waivers. However, although this challenge has arisen, she noted the Navy has seen less attrition and higher success rates after enlistment since the implementation of MHS GENESIS.

Brig Gen (Ret.) Solomon asked whether the other Military Services are also experiencing increased workloads related to the implementation of MHS GENESIS. Col Morgan responded the Marine Corps is proud that its disqualification rate has not increased since the implementation of MHS GENESIS, which shows the Service was doing a good job of screening applicants prior to MHS GENESIS. However, he noted a shortage of medical professionals across the country, and the Services need more advocacy to ensure MEPCOM has enough providers and resources to process applicants efficiently, including consultations, often the holdup extending the timeline. He noted 18- and 19-year-old men and women are more likely to change their mind about joining the military if the MEPCOM medical review process takes too long, so it seems prudent for the Services to try to shorten that timeline when possible. COL

Sarmiento noted, based on recent communications with the MEPCOM Surgeon and ARC Surgeon, the increase in processing time for the Army is between 4 and 6 days, especially in the summer months; this timeline is consistent with the timelines Dr. Helland briefed. To address this challenge, the Department of the Army (DA) identified taskers to help find additional resources within the Army's current medical structure to support waiver review processes. Col Dudley responded MHS GENESIS has slowed the process for bringing applicants into the Service, but the Air Force's accession medical waiver division is still able to process waivers efficiently. Dr. Helland reiterated that, whereas the Services have seen an increased workload due to MHS GENESIS, so has MEPCOM. To address the increased timeline at the MEPCOM level, MPP established a prescreen support coordination cell that enables medical professionals to work remotely to support the prescreens for MEPCOM locations with a backlog.

Ms. Stoneman asked if the strategies to address prescreen backlogs can be used to support any Services. Dr. Helland confirmed this to be the case, noting MEPCOM is Service-agnostic and processes applicants for all Services.

HON (Col Ret.) Scholz noted previous DACOWITS briefers have informed the Committee that recruiters are losing recruits due to the increased processing time associated with MHS GENESIS, including some instances in which processing can take months. She asked what situations might extend processing timelines to months rather than days for some applicants. Dr. Helland noted the 5-day increase in processing time at MEPCOM is the median increase. She explained that 60 percent of applicants receive same-day qualification at MEPCOM, which helps reduce the median processing time. However, in some cases, an applicant may take months to process, and she recognized this delay can be frustrating for recruiters who worked for months to ensure applicants were interested in joining the military. She also recognized long processing times can ultimately result in recruits changing their mind about joining the military and dropping out of the recruitment process. Dr. Helland reiterated MPP is doing everything it can to improve the efficiency of applicant processing at MEPCOM, but for complex cases in particular, applicants often have a long wait time for consultations with medical professionals. MPP is also working to hire behavioral health providers to offer telehealth consults to help with especially complex cases.

Brig Gen (Ret.) Solomon asked how much success MPP has had in hiring medical professionals to support the medical review process and whether there are ways to improve processing times beyond bringing on additional staff. Dr. Helland acknowledged hiring staff at the Federal level can be a lengthy process and confirmed MPP is still in the process of hiring behavioral health providers to support the MEPCOM medical review process. MPP is also reviewing the pay structure for fee-based contracted medical providers to ensure pay is competitive with the civilian job market to make supporting MEPCOM attractive to providers. Because these processes are still ongoing and are yet to be fully implemented, Dr. Helland could not provide data on whether MPP successfully in reduced the MEPCOM processing times.

Captain (Ret.) Kenneth J. Barrett referenced the high prevalence of ADHD in applicants and asked whether there is a clinical threshold for applicants with ADHD that would result in them being denied a waiver for joining the military. Dr. Helland noted MEPCOM only makes the qualified or disqualified decision on applicants but added the Military Services can provide information on the waiver review process. COL Sarmiento from the Army responded there is a spectrum of ADHD diagnoses and explained DoDI 6130.03 specifies a period in which individuals who apply to join the military have to be off ADHD medication to be qualified to

join. If a waiver is necessary to bypass this disqualification, the Army looks at the severity of the ADHD diagnosis and its level of impairment on an applicant to determine if the diagnosis will preclude the applicant from success in the Army. COL Sarmiento noted the Army also conducts a medical review before Service members deploy to determine whether they are likely to perform well in deployment conditions and whether they will have access to care in their deployment location. He explained applicants often have a comorbid condition along with their ADHD that disqualifies them from Service, so there may be circumstances in which an applicant would be approved for a waiver for their ADHD diagnosis but not for a second disqualifying condition. Dr. Tabacca from the Navy responded she is unsure at what threshold waivers would be granted for ADHD but confirmed COL Sarmiento's response highlights how difficult it is to review each applicant's waiver request and determine when the implementation of MHS GENESIS can help the Services get more medical information about an applicant to help inform their waiver decision. Col Morgan from the Marine Corps responded there is no single answer in terms of the threshold where ADHD would not be approved for a waiver. He noted the Marine Corps reviews applicants holistically, including whether their grades in high school stayed the same when they were on or off ADHD medication, whether they maintained stable employment, and other factors that speak to an applicant's ability to function. Col Dudley confirmed the DAF also looks at applicants' comorbidities and whether they have impairments that will impact their ability to function in their occupation or socially in the Service when deciding whether their disqualifying medical conditions should be waived.

Dr. Trudi C. Ferguson asked the Services if they have any data on how many applicants they lose due to long MEPCOM processing times. Col Morgan responded the Marine Corps does not know who walks away from the recruiting process due to the extended MEPCOM processing times associated with the implementation of MHS GENESIS. Col Dudley from DAF responded 62.4 percent of female applicants with disqualifications and 66.5 percent of male applicants with disqualifications had their waivers approved and accessed into the Air Force. Col Morgan noted the Marine Corps does not want to blame recruitment challenges on the implementation of MHS GENESIS but stated, since the implementation of MHS GENESIS, the Marine Corps has lost about 15 percent of its production in turning applicants into contracts. Dr. Helland confirmed MPP is working with the Services to establish conditional Delayed Entry Programs (DEPs) for applicants waiting on a waiver, especially for those conditions more likely to be approved. Those applicants can conditionally enter the DEP, enabling them to work with their recruiter and stay motivated to join the military until their waiver is approved. Dr. Helland noted this approach could help reduce the number of applicants who drop out of consideration due to long MEPCOM processing times.

Brigadier General (Ret.) Jarisse J. Sanborn commented only 23 percent of the youth population are eligible for military service, and the three biggest disqualifiers are obesity, medical or physical conditions, and drug abuse. She asked if the prevalence of physical and mental health conditions in youth populations has increased over recent years. Dr. Helland noted in 2013, 29 percent of the youth population was qualified to serve in the military without a waiver. However, increases in the prevalence of obesity and mental health conditions have driven a decline in the overall eligible population of youth for military service.

Ms. Stoneman asked for clarification on how applicants are assessed for mental health conditions, including whether applicants need to be off medication for mental health conditions to qualify for service. Col Dudley from DAF responded DoDI 6130.03 indicates an applicant

should be off medication for at least 36 months to be qualified to join the military, but the Air Force will provide a waiver down to 24 months if an applicant has a medical record that will not put the Service at risk. Col Dudley also commented that mental health conditions are a major factor driving Service members to leave deployments early. Col Morgan from the Marine Corps was unsure which types of medication applicants need to be off of and for how long but indicated the purpose of this requirement is to ensure applicants are immediately deployable upon entry into the Services. COL Sarmiento from the Army responded the prevalence of various diagnosed mental health conditions has increased since the start of the Coronavirus (COVID-19) pandemic, partially because of greater access to virtual healthcare services, but all of these diagnoses can be found in the medical records of the recruitable population; these records are now more accessible through MHS GENESIS. COL Sarmiento explained much of the data pulled into MHS GENESIS through the health information exchange captures only individuals' partial health records or captures data in an unorganized way, which can be difficult for the Services to review.

Colonel (Ret.) Nancy P. Anderson stated the briefers indicated the Services can reach out to applicants' primary care providers for medical information if necessary but asked how the Services get access to applicants' grades or sports records. Col Morgan from the Marine Corps responded the Military Services work with the information it has, and if it receives incomplete data in MHS GENESIS, it can schedule consultations with applicants' providers. Col Morgan also noted the Services are interested in how applicants are doing physically, socially, and academically, and this information is considered along with information the Services receive from medical expert consultations.

Brig Gen (Ret.) Solomon asked whether artificial intelligence (AI) is being used to support MHS GENESIS, and, if so, how. Dr. Helland confirmed MPP is creating a project, currently in its initial phases, to use AI to support the prescreen process. This project aims to have AI comb through applicants' documentation to speed up the prescreen process, rather than having medical professionals review records manually. This process has been implemented in the insurance industry and found to be beneficial.

HON (Col Ret.) Scholz asked Dr. Helland to explain how the DoD changed the timeframes associated with disqualifying conditions, using ADHD as an example. Dr. Helland noted applicants were formerly disqualified if they were on ADHD medication at any point in their lives, but that timeframe was updated to within the past 3 years after the recent review of medical conditions. Therefore, an applicant is qualified if they have not been on ADHD medication for at least 3 years before applying to join the military.

Ms. Marquette J. Leveque asked if there is a timeline for expanding MARP and how MPP is measuring the impacts of the pilot. Dr. Helland explained the pilot will remain in place until the next official review and update to DoDI 6130.03. The purpose of the pilot is to continue gathering evidence on applicants joining the military under the program by monitoring their trends in attrition and separation, and if they do separate from the military, whether the reason for the separation was the condition that allowed them to join the military under MARP. The Arms Wing will begin its initial review of DoDI 6130.03 soon and will use the data captured on the impacts of MARP during the 2-year review to determine whether the disqualifying condition timeframes implemented under MARP should be made permanently in the next DoDI update.

Brig Gen (Ret.) Sanborn asked if MPP has any preliminary data findings on the impacts of MARP. Dr. Helland confirmed 857 applicants have enlisted under the pilot program but noted attrition data has not yet been collected. However, she stated the MPP believes the program has been beneficial for these applicants because many of the applicants had conditions that would have been waived by their Services anyway, but the pilot helped speed up the process for them by designating them as qualified without necessitating a waiver review.

Colonel (Ret.) Many-Bears Grinder noted some applicants may perform better if they are on medications for a condition. She asked whether that aspect is considered during the waiver review process. COL Sarmiento from the Army noted the Military Services review applicants holistically, and the timeline for how long they have been off medication is reviewed by the appropriate authorities to determine if the applicant is immediately disqualified. The Military Services review when applicants started and stopped medication for conditions. However, response to treatment varies significantly from individual to individual, so cases are examined on an individual basis. Col (Ret.) Grinder reiterated some individuals perform better when on medication for some conditions, such as bipolar disorder, than off of their medication. She also cautioned some individuals may decide to stop taking medication against doctors' recommendations in preparation for joining the military. Col Dudley from DAF suggested it may be important for the Arms Wing to consider how to handle applicants who need to remain on medication to join the military, while also weighing whether applicants will be able to meet the mission of the Services under all conditions.

Dr. (Captain Ret.) Catherine W. Cox asked Dr. Helland what conditions are encompassed in the female genital system category of disqualifying conditions as tracked by the MPP. Dr. Helland noted DoDI 6130.03 defines standards by body system conditions, and this category includes a variety of specific conditions, including uterine bleeding.

CAPT (Ret.) Barrett asked if DoDI 6130.03 considered "long COVID" a disqualifying condition and, if so, whether a waiver could be granted for applicants. Dr. Helland noted DoDI 6130.03 was last updated in 2022, and long COVID was not specifically added to the guidance. However, she noted the Arms Wing will begin reviewing DoDI 6130.03 to consider updates soon, and it may consider long COVID or other impacts of COVID-19 during the review. COL Sarmiento from the Army noted no specific guidance has been established regarding long COVID, but if an applicant presents with symptoms that might impair serving in the military, the Army would consider that case individually. Col Dudley also confirmed that the Air Force would handle this situation the same way as the Army.

The briefing discussion concluded.

Panel Briefing: Military Services' Body Composition (Body Fat) Assessments (RFI 6)

The Committee requested a briefing from the Army, Navy, Marine Corps, Air Force, Space Force, and Coast Guard on body composition (body fat) assessments (BCA). Specifically, the Committee was interested in the Services' BCA processes, recent changes to BCA processes, and anthropometric data used to support the assessment policy. The Committee also asked members for information on how Service members' body fat is assessed, the margin of error associated with the BCA, and whether the assessment method increased or decreased separations of Service members.

Army

Mr. Michael McGurk, the Director of Research and Analysis at the Army Center for Initial Military Training (ACIMT), briefed the Committee for the Army.

Mr. McGurk described the Army's body composition program as multifaceted, explaining the Army sets BCA standards to ensure Soldiers maintain their fitness, while offering nutrition and physical education counseling to those who fail to meet BCA standards.

Mr. McGurk explained, under the Army's current BCA, all Soldiers are weighed and screened based on their body mass index (BMI). If Soldiers do not pass the BMI screen, they are taped for further assessment. The current taping method, which the Army will phase out in May 2024, consists of taping men's neck and waist and women's neck, waist, and the largest part of their hips. The Army recently approved a new one-site measurement for men and women at the umbilicus (bellybutton) based on recent research. The Army also added a supplemental BCA component for Soldiers who do not pass the tape test. Under this new component, Soldiers who fail the tape test will be allowed to undergo one supplemental body fat assessment method, such as a dual x-ray absorptiometry (DEXA) scan. Mr. McGurk explained the DEXA scan is a computed tomography (CT) scan of the body and is the most accurate way of measuring body fat. However, DEXA assessments are expensive to conduct and expose Soldiers to small amounts of radiation, so the Army does not want to use this method as the primary BCA measurement method. The "Bod Pod" and bioelectrical impedance analysis (BIA) InBody 770 machines are other tools the Army uses to conduct supplemental assessments. For the BIA machines, individuals step onto the machine and hold sensors in their hands as it runs an electrical current through their body to assess their body composition. Mr. McGurk said BIA machines are also very accurate in determining body fat.

Mr. McGurk then described the evolution of the Army's BCA. In the past, the Army was concerned about Soldiers who were inaccurately failing the BCA using the two- and three-site taping method because about 1 percent of men and 5 percent of women are found to inaccurately fail the assessment using this method. However, only 2 percent of men and women have been found to inaccurately fail the new one-site taping method. Mr. McGurk said the Army is still not satisfied with those percentages. The Army recently implemented two new policies to further address inaccurate BCA failures. For example, Soldiers who score at least 540 on the Army Combat Fitness Test (ACFT), 80 points in each event, are exempt from the BCA. Another new policy to address inaccurate BCA failures is the implementation of supplemental BCA methods as a third screening step. These two policies have been found to reduce inaccurate failures from 2 percent to 0 percent for men and women.

Mr. McGurk provided the Committee with data from a recent Army study showing the Army's current BCA standards are not discriminatory toward women or men. The Army's most recent body composition study sampled 2,690 Soldiers and deliberately oversampled women to ensure the Service could make more reliable inferences about servicewomen. The study includes a near perfect match between the 2021 demographic makeup of the Army and the study sample by age and military occupational specialty (MOS). Mr. McGurk is confident this is the best sample the Army used for a body composition study and should provide the Army with reliable findings. Though Mr. McGurk characterized the Army's new BCA measurement methods as a little less fair to women in comparison to men, overall, all Soldiers receive an advantage with these

methods because they undermeasure Service members' true body fat values. Mr. McGurk stated the Army does not track body composition as a retention data point at this time.

Mr. McGurk concluded his briefing.

Navy

Lieutenant Geoffrey Ciarlone, a Physiologist from the Navy's Physical Wellness Program (N171A), briefed the Committee for the Navy.

The Navy's BCA standards have not changed over the last 5 years, and the Service has maintained its three-step BCA process. The first step in the BCA process is a height and weight screen, and if Sailors fail this first BCA screen, they are assessed using a single-site abdominal circumference measurement at the top of the iliac crest. If a Sailor fails to meet abdominal circumference standards, a body circumference measurement is conducted, in which men are measured at abdomen and neck, and the neck value is subtracted from the abdomen value. Women are measured at the waist, hips, and neck, and the value is subtracted from the summed waist and hip values. If Sailors fall outside the body fat percentage based on the multiple site measurements, they are placed in a fitness enhancement program, providing time and resources for them to be within the Navy's BCA standards.

LT Ciarlone stated the body fat estimation equations the Navy uses for men and women were initially developed in the 1980s and revalidated in late 1990s by the Naval Health Research Center (NHRC) to convert the equations from metric to imperial values; reevaluate them against different and larger datasets; and balance the equations for gender, race, and ethnic differences. To benefit Sailors, measurements taken at the abdomen, or waist, are rounded down to the nearest half inch, and neck measurements are rounded up to the nearest half inch. LT Ciarlone noted the margin of error is approximately 3.5 percent body fat for men and women. For the Navy's single-site abdominal measurement, the National Institutes of Health (NIH) determined, if body fat at the iliac crest exceeds a certain value, about 40 inches for men and about 35 inches for women, it increases risk for all causes of mortality. LT Ciarlone confirmed this evidence was the Navy's basis for adopting the single-site taping screen.

LT Ciarlone explained, within the last 5 years, the Navy did not administratively separate Sailors for BCA or Physical Fitness Assessment (PFA) failures for several reasons. In calendar year 2017, a Naval administrative message (NAVADMIN) halted all administrative separations for PFA failures, and the Navy did not hold PFAs or BCAs between 2020 and 2021 because of COVID-19. A NAVADMIN released in early 2023 authorized a one-time reset for previous PFA failures to equalize the chance of success among Sailors and benefit the Navy for recruiting and retention purposes. The Navy's current policy states enlisted Sailors will not be separated from the Service for PFA failures. However, enlisted Sailors who have two or more consecutive failures are allowed to continue their service through the end of their contract but may not be offered the option to reenlist in the Navy. Enlisted Sailors who pass a mock PFA after failing two consecutive PFAs regain their eligibility for reenlistment. However, officers can be administratively separated from the Navy if they fail two or more consecutive PFAs, although the process for such separations is lengthy. As with enlisted Sailors, officers may pass a mock PFA following two consecutive PFA failures to regain eligibility to remain in the Navy.

LT Ciarlone shared the Navy is conducting a 2-year BCA study to evaluate the BCA measurement equations in a more diverse Navy. The Navy's current BCA measurement methods

will be compared with DEXA and BIA methods. Once the study is complete, the data will be categorized by gender, race, ethnicity, and postpartum Sailors to ensure the test does not discriminate against anyone in these subgroups. LT Ciarlone confirmed the BCA results from the study will be correlated with PFA performance. The study began in fall 2022, and the Navy expects a final report at the end of fiscal year (FY) 2024. Any changes to the Navy's BCA methods will be determined at that time.

LT Ciarlone concluded his briefing.

Marine Corps

Mr. Brian McGuire, the Human Performance Branch Head of the Policy and Standards Division for the Marine Corps, briefed the Committee for the Marine Corps.

The first step in the Marine Corps' BCA program is the height and weight screen. If Marines exceed height and weight standards, their body fat is estimated through a circumference taping method. If Marines exceed the body fat standards through the taping method, their body fat is estimated through BIA methods. Marines who fail the body fat standards using the BIA are assigned to the body composition program or separated from the Service for failing to meet standards. Mr. McGuire highlighted that body fat percentages are estimations and noted there is no perfect way to measure body fat, even with the most technologically advanced methods, such as DEXA. He emphasized taking care of Marines is leadership's priority, including enforcing the Marine Corps' high BCA standards and constantly examining those standards to ensure Marines are healthy, fit, and ready. In 2017, the Marine Corps linked performance on its PFA to BCA requirements. For example, if a Marine scores 285 or higher on the PFA, they are exempt from the BCA, and if a Marine scores between 250 and 284 on the PFA, they are afforded an additional 1 percent body fat on the BCA. Mr. McGuire noted some Marines do well on the PFA and are outside of body composition standards.

The period that postpartum Marines are exempted from the BCA doubled from 6 to 12 months between 2019 and 2021. The Marine Corps relied on internal and external research to inform the updated postpartum BCA exemption policies. In 2022, the Marine Corps incorporated BIA assessment methods into the BCA process, being the first Military Service to do so. Mr. McGuire characterized the Marine Corps as a learning organization, stating it will continue to refine its processes as it gathers more body composition data. The incorporation of BIA assessment methods into the BCA process was motivated by findings from an Army Research Institute of Environmental Medicine (ARIEM) study of 2,100 Marines.

Mr. McGuire noted BIA scanners provide the Marine Corps with several benefits, including ease of use, less subjective results than taping methods, additional human performance data such as lean body mass, and high access to Service members at human performance centers. Mr. McGuire extended an invitation to the Committee and panel to visit Marine Corps Base Quantico or any other Marine Corps installation that has the BIA to see the devices in action.

Mr. McGuire then discussed separation rates due to the BCA. Marine Corps separation rates due to BCA failures are low and continue to decrease over time. At this point, it is too early to determine the effect of the BCA process changes, such as adding BIA screenings, enacted over the last few years.

Mr. McGuire concluded his briefing.

Department of the Air Force

Colonel Kevin Baldovich, Chief of Integrated Operational Support Preventive Medicine for the Air Force Medical Readiness Agency, Office of the Air Force Surgeon General, briefed the Committee for the DAF.

Col Baldovich explained, from 2004 to 2010, the Air Force assessed body composition by measuring Airmen's abdominal circumference. The abdominal circumference tape was included as a component of the PFA and accounted for 20 points, or 20 percent, of the entire PFA score. Col Baldovich said each PFA component has minimal standards for overall passing of the PFA, so failing any component of the PFA resulted in failing the overall PFA during this timeframe. The Air Force paused the PFA, including the BCA, during the COVID-19 pandemic. In 2020, the Chief of Staff of the Air Force directed the BCA would no longer be a scored component of the PFA when PFA testing resumed following the pandemic. This decision stemmed from a series of deaths temporally associated with the PFA over the past 10 years. There was concern within the Air Force that some Airmen were taking extreme measures to pass the waist measurement and then attempting to max their PFA immediately following the BCA. Col Baldovich stated removing the BCA from the PFA necessitated the Air Force develop a separate BCA compliant with DoDI 1308.03. To address this need, the Air Force decided to use the waist-to-height ratio as its BCA measurement method, based on existing literature on body composition and guidance in DoDI 1308.03. The new BCA was implemented April 1, 2023, with Airmen taking the assessment in their birth month.

Col Baldovich explained, during the first year of the new BCA, no administrative consequences will be enforced for failures. However, Airmen who fail to meet BCA standards will still be required to engage with unit leadership and enroll in the Service's body composition improvement program. The body composition improvement program requires Airmen to engage with their healthcare providers to develop an action plan to remediate their body composition to comply with Air Force BCA standards. Col Baldovich noted the Air Force acknowledged it needed to make appropriate resources available for the body composition improvement program, including for Airmen in the deployed environment.

Col Baldovich noted the Air Force considered various methods for measuring body composition to limit bias, reduce associated costs, and minimize workload, including the workload associated with administering the test and training Airmen to execute it. The pros and cons of each considered BCA method were presented to the Chief Master Sergeant of the Air Force and Chief Secretary of the Air Force, and the decision was made to move forward with the waist-to-height ratio. This ratio is in compliance with DoDI 1308.03 as an appropriate approach to measuring body composition. Col Baldovich indicated the definition of the "waist" for the waist-to-height ratio varies across the literature; some studies consider the waist to be at the iliac crest, and others consider the waist to be the midpoint between the iliac crest and the lowest rib. The Air Force decided to use the midpoint between the iliac crest and the lowest rib as its measurement standard. The Directorate of Military Force Management Policy (A1P) developed all associated training for Airmen who will be measuring the waist, and assessment procedures were developed to decrease variability between the assessors. All training aides include a narrated video and are available on the Consortium for Health and Military Performance's human performance resources website.

The Air Force takes three measurements for the waist circumference. Each measurement is rounded down to the nearest half inch, and the average of the three measurements is taken. The average is also rounded down to the nearest half inch. If any measurement is over one inch of the other measurements, an additional measurement is taken. Col Baldovich noted Airmen's height is not measured during the BCA but is imported from the fitness assessment results saved on file. The waist-to-height ratio is calculated by dividing the waist measurement by height. The ratio is recorded at the first two decimal places and is not rounded. For Airmen to meet the standard, their ratio must be less than 0.55.

Col Baldovich stated the percentage of Airmen who are separated due to a BCA failure varies slightly by year. In 2018, 5.5 percent of failures for women and 5.0 percent of failures for men resulted in a separation, while in 2019, 4.7 percent and 3.2 percent of failures for men and women resulted in separations, respectively. Col Baldovich noted, although these separations are associated with a BCA failure, many other factors are taken into consideration for separation, so the Air Force is unable to verify whether BCA failure was the sole reason for separation for these Airmen. Because the new BCA program started April 1, 2023, the Air Force does not have data on separations due to BCA failures. Col Baldovich mentioned his office is working with the Directorate of Manpower, Personnel, and Services (A1) to evaluate the program in its first year and make improvements as necessary.

Col Baldovich concluded his briefing.

Coast Guard

Commander Robert Espenship, the Policy Office Chief for the Coast Guard, briefed the Committee for the Coast Guard.

CDR Espenship opened his briefing by stating that though the DoDI does not apply to the Coast Guard, the Service strives to incorporate guidance and policies from the DoDI that are appropriate for the Service. The Coast Guard does not have a tier 1 PFA (a Service-wide PFA). Its tiered tests are job-based, and more than half of all Coast Guardsmen take a job-based PFA.

The Coast Guard's BCA program uses similar components as the other Services, including a height and weight table. Coast Guardsmen can have their body composition assessed by the standard taping method (two-site taping for men and three-site taping for women), the abdominal circumference taping method, or both methods. The Coast Guard also added the tier 2 boatcrew test to become BCA compliant if a Coast Guardsman does not meet the standard through the two measurement methods. The Coast Guard found through the collection and analysis of BCA data that giving Coast Guardsmen the option of different taping methods helped remove gender disparities in BCA results.

During the COVID-19 pandemic, the Coast Guard revamped its BCA program, including reviewing information on abdominal circumference measurement from the Air Force. The Coast Guard adjusted the BCA program throughout the pandemic because BCAs were not required during that time. After the COVID-19 pandemic, the Coast Guard made the abdominal circumference measurement methods permanent. CDR Espenship stated the Coast Guard's research is based on the results of other Services' BCAs because they have more Service members, making their data more reliable.

CDR Espenship then described the Coast Guard's BCA process. After Guardsmen are taped, they are medically screened before taking the PFA to determine if other factors would prevent them from taking the PFA. CDR Espenship stated the Coast Guard's BCA process is gender neutral, but it does reflect the medical science behind the test measurements for both genders. He reiterated all testing methods combined have shown gender inequity is statistically nonexistent between both genders. Regarding the margin of error for testing methods, the Coast Guard is not able to show margin of error data because of the recent shifts in its BCA program and the various testing methods it uses.

The Coast Guard's BCA methods have, overall, decreased separation dramatically because Service members have more ways to meet BCA standards. While the Coast Guard does not have officer data, a decrease in enlisted separation occurred between 2018 and 2020. Since separation for BCA failures resumed in October 2021, 10 servicewomen and 29 servicemen have been separated from the Service.

CDR Espenship concluded his briefing.

Discussion

Ms. Leveque noted each Service is measuring abdominal circumference in slightly different locations. She asked if each Service could describe how it decided where to measure abdominal circumference on Service members. Mr. McGurk said the Army used a 3D body scanner to map the bodies of 3,000 Soldiers for a large-scale body composition study. The scanner took over 2,000 highly accurate electronic measurements of each Service member's body. When the Army developed its BCA body fat equations, it looked at what site provided the best match to a Service member's true body fat percentage based on findings from the study. The Army found locating the top of the iliac crest on different Service members can be challenging, while locating the umbilicus is typically fairly easy. Therefore, the Army chose an identifiable landmark, the umbilicus, as the location that would be easiest to measure, and findings from the body composition study showed this location would provide accurate body fat estimates. LT Ciarlone said, when the equations the Navy uses for men and women were developed, they were compared against gold-standard estimation equations in medical literature. Waist measurements at different sites were systematically plugged into software used to create those equations and continuously compared with the gold standard to develop a reliable equation. The Navy decided to use the single-site abdominal circumference measurement based on NIH findings that body fat exceeding a certain threshold at the iliac crest increases the risk of all-cause mortality. Mr. McGuire said the Marine Corps uses the same methods as the Hodgdon and Beckett studies conducted in the 1980s. Col Baldovich from the DAF noted the studies on waist-to-height ratio equations vary greatly, but many of the larger studies measure individuals at the midpoint. There was a desire to benefit Airmen and Guardians as much as possible, and the Service understood the curve at the midpoint might be narrower than other abdominal circumference locations. Although the umbilicus was considered, the Air Force discussed how it may be located in different places on different Service members based on the size of their abdominal circumference, so the Service decided to measure at the midpoint. CDR Espenship said the Coast Guard decided to use abdominal circumference based on Air Force studies.

Col (Ret.) Anderson appreciated the Services' sharing their rationale for where they decided to measure the waist but noted there are still four different rationales. She understands there is an annual conference where the Services can discuss the evolution and future plans for their BCA

programs. She acknowledged the DoDI gives each Service flexibility in establishing BCA standards but asked if the Services discuss with one another when defining BCA standards and methodologies. Mr. McGurk responded the Army's BCA study is likely one of the most recent studies released this past year along with some of the Marine Corps' work. He said the results of the Army study led to changes in its BCA program and noted many of the other Services still rely on research conducted in the 1980s and 1990s. Mr. McGurk confirmed the Army does talk with its sister Services but noted body fat standards remain slightly different between the Services, which leads each Service to use different equations to measure body composition. LT Ciarlone stated the Navy will assess the outcomes of its current BCA study as it looks to potentially modify standards and policies moving forward. The Navy will also have conversations with other Services to discuss best practices. Mr. McGuire mentioned the Office of the Assistant Secretary of Defense (OASD) for Health Affairs owns the DoDI. He noted the Marine Corps' policies are constantly evolving, similar to the DoDI. Mr. McGuire from the Marine Corps responded the DoDI gives the Services guidance on how to develop their BCA programs, but flexibility within the guidance allows the Services to implement different BCA standards. Col Baldovich from the Air Force said collaboration between the Services is important, and he will discuss this possibility with A1. CDR Espenship noted, while the Coast Guard does not adhere to all DoDI guidance, it will continue to evaluate and review recent studies from the Services to align its BCA with DoDI guidance when possible.

Ms. Stoneman shared an observation from the Committee's installation visits, noting female and male Service members thought BCA policies benefited the other gender, so Service members may not have a solid understanding of why and how BCA policies are changing. Ms. Stoneman asked how the Services share and explain BCA policy changes to Service members and if these changes are sent out via email or explained by commanders. Mr. McGurk said the Army uses a combination of methods. The Service has become more adept at using social media and has special engagements on social media platforms about policy changes. The Army selected the Sergeant Major of the Army (SMA) as the spokesman for recent BCA policy changes, including announcing the policy updates in public forums to ensure the media amplifies the updates. The Army also hosts video townhalls and sends forcewide messages, and the Secretary of the Army also sends directives to ensure Service members are aware of policy changes. LT Ciarlone said the Navy sends messages through NAVADMINs. Those messages are released on the Navy's physical readiness website housed under MyNavy HR for Sailors to review. Major policy changes related to physical fitness or body composition are usually introduced into the Navy's command fitness leader course, so fitness leaders can help disseminate updated policy messaging. The Navy also has a telephone line that Sailors can call to learn more about policy updates. Mr. McGuire said the Marine Corps uses its officer and enlisted professional military education (PME) pipeline to advertise physical fitness and body composition policy changes and complement what is released through Service-wide messages, social media, and dissemination avenues. The Marine Corps also implemented a survey that asks commanders, senior enlisted personnel, and force fitness instructors how the implementation of BIA machines has gone. The Marine Corps will receive results from that survey in about a week. Col Baldovich said the Air Force has similar processes to the Marine Corps, in that the Service sends messages out Service-wide, and the policy is disseminated through leadership channels. He acknowledged, however, communication is not always the Air Force's strong suit. For example, when the BCA was removed from the PFA in 2020, some Airmen incorrectly believed the tape test was also retired, and some Airmen celebrated as a result. CDR Espenship said the Coast Guard sends messages Service-wide and has MyCG, a social network that publishes articles about policy changes

written in a journalistic style and talks about policies in plain language. The Coast Guard had discussions with senior leaders to explain the BCA process, especially during COVID-19 when the body composition screen went from active to paused. CDR Espenship noted the Coast Guard also uses its Chiefs' network to help spread knowledge. The Coast Guard also has a question inbox where Coast Guardsmen can submit questions from the field about taping, body composition, or any other policy issue. These questions are typically answered within 24 hours.

Ms. Leveque asked the Service briefers to share their perspectives on the purpose of the BCA. Mr. McGurk from the Army responded to ensure long-term health and readiness of the force. Being slightly overweight for a short time does not present a major problem for Soldiers, but being overweight for longer periods places additional, unnecessary stress on their bodies and impacts their ability to continue serving in the Army. Mr. McGurk also mentioned increased healthcare costs to the Army and the Department of Veterans Affairs as reasons it is important to ensure Soldiers stay at a healthy weight. LT Ciarlone agreed with Mr. McGurk and said if a Sailor is overweight for an extended period, it increases their risk for musculoskeletal injuries and decreases the readiness of the Sailor and the Fleet. Mr. McGuire said, in the end, it is all about a combination of health and fitness and the Service member being able to perform their tasks in a manner that best supports their Service.

Col (Ret.) Anderson referenced a study released in 2022 indicating the 1984 Hodgdon study on body composition lacked racial diversity. She said the Army seems to be addressing this finding with its new study and asked the Navy and Air Force what they are doing to incorporate racial diversity into their BCA standards. LT Ciarlone said the Navy's current BCA study is being conducted within a diverse Navy and confirmed the ultimate goal of the study is to assess the accuracy of the multisite tape test and the DEXA gold standard to ensure the body composition equations are valid across gender, race, ethnicity, age, and postpartum status. LT Ciarlone said the Navy hopes to answer Col (Ret.) Anderson's question in the short term and adjust its practices based on its findings. Col Baldovich from the DAF noted many studies on the waist-to-height ratio are more recent, including one systematic study of over 800,000 individuals. That study was not based only in the United States, and it included a sample of individuals of multiple nationalities and predicted the cardiometabolic risk of a very diverse sample population using the waist-to-height ratio.

Brig Gen (Ret.) Solomon referenced Ms. Stoneman's comment about feedback the Committee has received from Service members about the perception that BCA policy changes benefit one gender over the other. She asked how the Services are addressing those perceptions as each communicates policy changes related to BCA. CDR Espenship said that is one of the reasons the Coast Guard implemented multiple taping method options. He confirmed the Coast Guard's messaging is that, while the two- or three-site taping or abdominal circumference methods might benefit one gender over the other, in general, there are exceptions to the rule for both genders. Having different taping method options enables the Coast Guard to reduce inequities between genders. Col Baldovich from the DAF said there were previous discussions within the Air Force about taller versus shorter members and who is discriminated against based on the single-site measurement. This challenge was addressed by ensuring the waist-to-height ratio accounts for height. Regarding women versus men, the Air Force has not received feedback from Airmen that the BCA methods favor one gender over the other, although he acknowledged A1 personnel may have received more feedback from Airmen in the field. Col Baldovich shared the Air Force moved away from BMI as a prescreen measure in 2004 because it inadvertently was biased toward African-American women, who were more likely to exceed the BMI measure. As a

result, now all Airmen are taped. Mr. McGuire from the Marine Corps responded the introduction of BIA machines to support BCAs will go a long way toward mitigating perceptions of the BCA being biased toward one gender. The Marine Corps is excited to learn the results of its survey currently being fielded on the implementation of BIA machines. LT Ciarlone from the Navy stated the use of different taping sites for men and women is critical for making sure the BCA is not unfair for one gender versus the other. The Navy plans to break down data from its current BCA study by men and women to make sure the BCA equations are valid for both genders and the equations account for postpartum women appropriately. Mr. McGurk shared the Army has conducted several studies related to its BCA, including the Female Elite War Fighters study. In this study, the Army assessed women who had trouble with the tape test but performed well on the PFA. The study found, in a select few cases, the tape test did not work well for women who were national competitors in body building or an extreme sport because the tape test would indicate the servicewomen had 30 percent body fat, but this reading was inaccurate. To address this challenge, the Army tested these Soldiers using the DEXA, which found their body fat percentage was closer to 20 percent body fat. As a result of this study, the Army introduced the third screening component of the BCA to ensure Soldiers who had body types the tape test inaccurately measured could use the DEXA, Bod Pod, or InBody BCA measurement machines. Mr. McGurk also explained the third screening component has helped inform some Soldiers who believed they were within BCA standards that they were not; some Soldiers would show up to the taping test saying, "I'm not overweight. ... I just have really big muscles. It's just how my body carries the weight." But when they were assessed with the DEXA, they found they had 39 percent body fat. Mr. McGurk said Soldiers must acknowledge the long-term consequences of being overweight on their health. However, moving forward, if Soldiers perform at a high level on the ACFT, they will be exempt from the BCA and allowed to remain in the Service. Soldiers exempt from the BCA will still be counseled on the risks of carrying more weight.

Col (Ret.) Anderson asked how the Military Services will assess Service members who fail the tape test when on deployment or at training locations that do not have access to other BCA measurement methods, such as the Bod Pod and DEXA. Mr. McGurk noted the Army and Marine Corps are buying the same BIA machines, and the Army plans to purchase between 500 and 600 machines. The Army has Bod Pod machines at every installation, and the DEXA can be accessed at any hospital, and Soldiers are eligible to use any measurement machine under government control. Reserve Officer Training Corps (ROTC) cadets can access university-controlled DEXA or Bod Pod machines. If someone is deployed, the Army suspends their BCA and PFA requirements throughout their deployment. Mr. McGuire reiterated the Marine Corps is fielding a survey with commanders, senior enlisted personnel, and Force Fitness instructors to learn about the implementation of BIA machines and gaps in the field. The Marine Corps also released a Service-wide message asking commanders to send Marines to locations that have those machines if they are not available on the Service members' installation. Col Baldovich said the Air Force's policy is still in development. Generally, if an Airman is deployed, they are exempted from the BCA, and that exemption will be defined in the policy. CDR Espenship said, while the Coast Guard does not use the BIA machine or other BCA measurement machines, it does defer BCA and PFA tests for deployment, allowing Coast Guardsmen to test prior to deployment or on their return.

Brig Gen (Ret.) Sanborn asked if the BCAs are part of the PFA scores for each Service, and, if so, how those records are documented and whether they are included in promotion profiles. She also asked if the BCA is pass/fail or if Service members receive a numeric score. Mr. McGurk said the Army's BCA score is pass/fail, and whether they meet the standard is noted in their

records. LT Ciarlone said the Navy's score is similar to the Army's in that Sailors' scores are either in or out of standard. The Navy has age-adjusted standards lower than the DoDI maximum standards established for younger Sailors to proactively ensure Sailors remain within DoD standard. If Sailors are not within their age-adjusted standard, they are enrolled in a program to help them lose weight and maintain a healthier weight. LT Ciarlone stated Sailors who fail the BCA fail the entire physical fitness test, and the failure record is stored in the Navy's data management system. The failure is reflected in Sailors' fitness report evaluations and will be visible to promotion boards. Mr. McGuire said a Marine's BCA score is not included in their PFA scores. Like the Navy, Marines' body composition information is included in their fitness report, and Mr. McGuire noted it can have negative implications on promotions if Marines fail the BCA. Col Baldovich from the DAF said, because the BCA has been removed from the PFA, the BCA score is not included with the PFA score. The PFA score will be posted on MyFitness, and the BCA score will be posted on MyBodyComp. Col Baldovich did not have information on how promotion boards use the BCA score but reiterated the Air Force's policy is still pending, and the Service does not want the body composition program to be viewed as punitive. CDR Espenship said the BCA is pass/fail for the Coast Guard. It does not have a Coast Guard-wide PFA that impacts promotions. The BCA can play into officer and enlisted personnel's evaluations, though, and can eventually impact promotion.

Dr. (CAPT Ret.) Cox stated the Marine Corps granted a 12-month postpartum exemption from the BCA in 2021 and asked the other Services whether they have a BCA exemption for postpartum servicewomen. CDR Espenship said the Coast Guard postpartum BCA exemption is 12 months. Col Baldovich said the Air Force's exemption is 12 months for the PFA, and the Air Force is drafting a policy to extend the exemption to 14 months. LT Ciarlone said the Navy's PFA waiver for pregnant and postpartum Sailors begins when the pregnancy is confirmed and extends to 12 months after childbirth. Mr. McGurk said the Army's exemption for postpartum servicewomen is also 12 months. Dr. Ferguson asked if the maternity exemption starts when the pregnancy is confirmed or at delivery. CDR Espenship said the Coast Guard's exemption begins during pregnancy and remains 12 months after delivery. LT Ciarlone confirmed the Navy's exemption begins when the pregnancy is confirmed and lasts 12 months postpartum.

Dr. Ferguson referenced Mr. McGurk's comments that the DEXA machine is similar to a CT scan and that Service members are introduced to a low dose of radiation during the scan. She asked if the DEXA scan is voluntary, given some Service members may prefer not to take on the risk of exposure. Mr. McGurk from the Army clarified the DEXA scan is very similar to a CT scan, but they are not identical. He confirmed the DEXA scan is voluntary, and Soldiers are exposed to less radiation than flying in a plane. Mr. McGurk said he would not recommend someone take the DEXA scan every day, whereas the BIA scan and Bod Pod could be done safely every day. Mr. McGurk noted each DEXA scan costs about \$1,500, and it takes time to train technicians, so it is not something the Army recommends for frequent use.

Vice Admiral (Ret.) Robin R. Braun asked Mr. McGuire to clarify how the Marine Corps tapes men versus women. Mr. McGuire said men are taped at two sites, their neck and waist, and women are taped at three sites: their neck, waist, and the largest part of the buttock.

The briefing discussion concluded.

Overview of Public Written Comments

COL Jardin noted the staff did not receive any written comments prior to the suspense date of June 20.

Conclusion of Public Meeting Portion

Prior to the meeting being adjourned, the DACOWITS Chair presented the Marine Corps' Liaison Col Scott Gondek with a DACOWITS coin and thanked him for his support to the Committee.

Ms. Julie Blanks, the Deputy Administrative Assistant to the Secretary of the Army, presented COL Jardin with the Defense Superior Service Medal for her superior meritorious service in a position of significant responsibility as Military Director and Designated Federal Officer for DACOWITS. Lieutenant Colonel Samantha J. Frazier will transition to Military Director and Designated Federal Officer for DACOWITS on COL Jardin's departure.

COL Jardin, DACOWITS Military Director and Designated Federal Officer, stated the next meeting would be held September 12–13, 2023, at the AUSA Conference Center in Arlington, Virginia. Details will be published in the Federal Register. She thanked attendees and concluded the public portion of the meeting.

The meeting was adjourned.

Summary of Written Responses Received for June 2023 QBM

RFIs 1, 3, and 4	
<p>RECRUITMENT INITIATIVES TO INCREASE WOMEN’S PROPENSITY TO SERVE</p> <p>In accordance with DACOWITS’ Terms of Reference, the Recruitment and Retention (R&R) Subcommittee will assess the scale and effectiveness of the Military Services’ recruitment programs with the goal of providing actionable recommendations on how to best increase adolescent women’s propensity to serve. In addition, the R&R Subcommittee will examine existing policies and procedures to determine whether current practices inhibit the recruitment of women, specifically assessing the inclusivity of existing marketing strategies; current recruitment goals for women; improvements in the representation of female recruiters; virtual recruiting capabilities; and potential innovative best practices gleaned from the establishment of the Space Force.</p>	
RFI 1	
<p>In September 2016, via RFI 14, the Joint Advertising Market Research & Studies (JAMRS) Office provided a briefing to DACOWITS titled: “<i>The Target Population for Military Recruitment: Youth Eligible to Enlist Without a Waiver.</i>” The briefer and presentation slides indicated the single parent female recruitable population was only 3%, which equated to 500,000 women. The Committee remains concerned that some of the Military Services’ policies exclude the accession of women who are single custodial parents.</p> <p>The Committee requests a written response from the Office of People Analytics (OPA), via the Joint Advertising Market Research & Studies (JAMRS) Division, on the following:</p> <ol style="list-style-type: none"> a. Provide an update on the target population for military recruitment presented in September 2016. b. Provide the latest estimate of how many members of the recruitable population (17 to 24 years old) are disqualified for being single parents by gender (provide both percentage and raw numbers). 	
Organization	Description
OPA JAMRS	OPA JAMRS provided the Committee with a response.
RFI 4	
<p>In March 2023, via RFI 1, the Committee received a briefing on Recruitment Initiatives to Increase Women’s Propensity to Serve. The Air Force briefer mentioned a cross functional team (CFT) sprint, focused on eliminating barriers to recruiting with key personnel.</p> <p>The Committee requests a written response from the Air Force detailing the composition and focus of the Barriers to Service CFT Sprint (Tiger Team):</p> <ol style="list-style-type: none"> a. What barriers were identified and what methodology was used to identify the barriers? b. How did they choose the barriers to address? c. Were there any barriers unique to women? d. What recommended policy changes were made? e. Which recommended policy changes were approved? f. When will these policy changes be implemented? 	

g. How long will the CFT Sprint Tiger Team be in place?	
h. Were there any lessons learned?	
Organization	Description
Air Force	The Air Force provided the Committee with a response.

RFI 5

GENDER INTEGRATION

In accordance with DACOWITS’ Terms of Reference, the Employment and Integration (E&I) Subcommittee will examine current efforts to fully integrate women into previously closed combat positions, determine whether barriers are inhibiting full integration, and identify actionable solutions. In addition, the E&I Subcommittee examined recent modifications to women’s uniforms, as well as combat gear and equipment, to identify solutions, as required.

In December 2022, the Marine Corps provided a briefing on the status of Marine Corps Recruit Depot (MCRD) integration, following the release of the University of Pittsburgh (UPITT) study. In this brief, the Marine Corps presented an update on the 18 secondary recommendations outlined in the study. As of December 2022, there were 12 recommendations that had been or were in the process of being implemented, of which 6 were pending further analysis and follow-on recommendations.

The Committee requests a **written response** from the **Marine Corps** on the following:

- a. For the following alternate models from the study provide an update on planning and implementation:
 - i. Alternate model #1 (mixed-gender drill instructors teams in integrated companies): In the December 2022 briefing the Marine Corps indicated it did not plan to implement this recommended model from the study. Please provide any updated information on implementation plans (including timelines) or justification if there are no plans for implementation.
 - ii. Alternate model #2 (Integrated Company Plus): Please provide the list of training events and activities where male and female recruits are currently integrated at or below the platoon level. Please include training events that are planned for further integration at or below the platoon level in the future, including timelines for implementation of integration.
 - iii. Alternate model #3 (integrated platoon model): In the December 2022 briefing the Marine Corps indicated it did not plan to implement this recommended model from the study. Please provide any updated information on implementation plans (including timelines) or justification if there are no plans for implementation.
- b. For the following recommendations that have been accomplished provide the specific actions taken to implement each one:
 - i. Establish and use drill instructor working groups at each stage (before, during, and after) of gender integration to more readily anticipate and identify challenges, innovation solutions, and demonstrated successes.
 - ii. Incorporate explicit training and socialization on respect into all education materials and training opportunities.
 - iii. Incorporate primary prevention education on sexual harassment, sexual assault, domestic abuse, and equal opportunity courses and Core Value Guided Discussions. Provide recruits

education, training, and discussion about “what right looks like” in addition to course curriculum already delivered. Enforce a zero-tolerance policy for training cadre, drill instructors, and recruits using sexually explicit, gender-based, or derogatory language in the training environment.

- iv. Develop or task recruit leadership positions to aid drill instructors with recruit accountability checks when forming gender-integrated units.
- c. For the following recommendations that are currently underway provide an update and timeline for implementation for each recommendation:
- i. Provide explicit and consistent leadership statements about how current or future changes to gender integration approaches at MCRDs connect with the broader mission of producing basically trained Marines.
 - ii. Conduct regular evaluations of the recruit training “product”: a basically trained Marine. These evaluations should connect data from a basic Marine’s performance and outcomes in the ELT pipeline and their first fleet assignment and should be used as an opportunity to collect information relevant to the impact of the Service’s gender integration efforts.
 - iii. Review and update educational curriculum and imagery in training environments to represent women and be more inclusive of their contributions to the Marine Corps institutional legacy.
 - iv. Increase number of female personnel at MCRD San Diego (training cadre and leadership) while growing female drill instructor and recruit population to fulfill NDAA mandate.
 - v. Increase efforts to recruit women into the Marine Corps.
 - vi. High initial workloads coupled with injury rates and decrements in strength and power performance - warrants incorporation of a periodized approach to physical training that emphasizes progression and proper technique development.
 - vii. High relative percentage of hip injuries in female Marine Corps recruits during gender-integrated training – investigation of causes and customized injury mitigation programs recommended.
- d. For the following recommendations that were still pending decision in December 2022, provide an update on the decision. For those recommendations that will not be implemented, provide a justification for why not. For those that will be implemented, provide implementation action steps, timeline, and plan:
- i. Establish a Marine Corps definition and/or strategic mission/vision for gender integration in recruit training.
 - ii. Restrict those who teach key/milestone sexual harassment and sexual assault courses to full-time SAPR personnel who are subject matter experts.
 - iii. Replace gendered identifiers (e.g., “sir,” “ma’am”) in the primary salutation or response to drill instructors with gender-neutral language such as “drill instructor,” “senior drill instructor,” “senior,” “DI,” or “SDI.”
 - iv. Build an additional competitive element for series or companies to work toward to facilitate drill instructor and recruit investment in a shared identity beyond the platoon.
 - v. Potential relationship between attrition among female Marine Corps recruits and psychological resilience measured on the Connor-Davidson scale – further investigation recommended.
 - vi. Association between previous quantity of strength training in female Marine Corps recruits, and attrition and preservation of neuromuscular function – further investigation recommended.

Organization	Description
Marine Corps	The Marine Corps provided the Committee with a response.

RFIs 7 and 8

PREGNANCY IN THE MILITARY

In accordance with DACOWITS’ Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will determine if there are gaps in institutional policies and procedures that obstruct pregnant servicewomen from progressing in their military career and recommend policy changes.

RFI 7

In October 2022, Secretary Austin published a memorandum entitled, “*Ensuring Access to Reproductive Health Care,*” which directed that policy be developed to allow for administrative absences for non-covered reproductive health care, to establish travel and transportation allowances to facilitate official travel to access non-covered reproductive health care, and to extend command notifications of pregnancy to 20-weeks unless specific circumstances require earlier reporting. The Committee would like to understand how these policies are being implemented.

The Committee requests a **written response** from the **Army, Navy, Marine Corps, Department of the Air Force, and Coast Guard**, regarding implementation of the SecDef memorandum. Please provide the following:

- a. What guidance and directives have been published to implement the SecDef’s directives? Are those policies now in effect? If not, when?
- b. Provide copies or links to all relevant publications.
- c. Who/what position is the approval authority for granting non-covered administrative leave requests?
- d. What is the process or appeal mechanism for non-covered administrative leave requests which are disapproved? May the servicewoman appeal the disapproval? Is it a mandatory or discretionary appeal? Who/what position is the appeal authority and is there a minimum grade requirement?
- e. What are the published criteria and guidance defining whether and when a commander may disapprove a non-covered administrative leave request, and how does a commander document those reasons? Is a narrative reason required or just a “check the box” tick mark?
- f. How have servicewomen been made aware of the new policies regarding non-covered administrative leave requests, travel and transportation allowances, and delayed pregnancy notification policy provisions?

Organization	Description
Army	The Army provided the Committee with a response.
Navy	The Navy provided the Committee with a response.
Marine Corps	The Marine Corps provided the Committee with a response.
Department of the Air Force	The Department of the Air Force provided the Committee with a response.

Coast Guard	The Coast Guard provided the Committee with a response.
RFI 8	
<p>Performance evaluations are the key documents in promotion packets. Language, report coding, and/or information about a lengthy absence from primary duties in promotion record files could result in intentional or unintentional bias toward servicewomen who are pregnant, have been exempted from weight standard testing, have taken their full convalescent leave (CONLV) and parental leave entitlement, and/or were afforded year-long operational deferments from deployments, Temporary Duty (TDY) by reason of giving birth. The Committee is interested in learning how the Services will address these challenges to ensure servicewomen compete on a level playing field with other candidates being considered for promotion, that they are not disadvantaged in their careers by their choice to have a family, and to ensure their promotion record files do not contain language, codes, or other irrelevant family, pregnancy and weight information.</p> <p>The Committee requests a written response from the Army, Navy, Marine Corps, Air Force, Space Force, and Coast Guard addressing the following questions:</p> <ol style="list-style-type: none"> a. How will the Services prevent and ensure there will be no negative impacts on servicewomen’s career progression and promotions arising from just the fact of: (i) noncompliance with/exemption from weight standards due to a birth event, (ii) lengthy leave absences resulting from CONLV and parental leave, and (iii) lengthy operational deferment periods? b. Provide the specific guidance and copies/links to each applicable directive. c. How will promotion record files be managed to ensure inappropriate information related to birth events, weight, and associated duty absences is not included or visible to promotion board members? Alternatively, if such information can be discerned, how will that concern be mitigated so as not to adversely affect servicewomen? d. Describe any other pending changes to current regulations that have been developed, or are being considered to account for: <ol style="list-style-type: none"> i. servicewomen’s noncompliance with weight standards; ii. lengthy CONLV and parental leave; and iii. operational deferment absences during the one-year postpartum period. 	
Organization	Description
Army	The Army provided the Committee with a response.
Navy	The Navy provided the Committee with a response.
Marine Corps	The Marine Corps provided the Committee with a response.
Air Force	The Air Force provided the Committee with a response.
Space Force	The Space Force provided the Committee with a response.
Coast Guard	The Coast Guard provided the Committee with a response.

GENDER DISCRIMINATION

In accordance with DACOWITS' Terms of Reference, the WB&T Subcommittee will examine existing Defense Department and Military Services' institutional policies and procedures to identify gaps that enable gender discrimination to occur unconstrained and recommended necessary policy changes.

In 2019, the Committee recommended the Secretary of Defense "establish a DoD policy that defines and provides guidance to eliminate conscious and unconscious gender bias" with a view to tackling the bias that has impeded servicewomen's promotion and advancement opportunities. The Committee continues to be interested in the gender barriers servicewomen confront during their service. Women in the military and across all industries have historically lagged behind men in career progression opportunities and promotion rates, and women in male-dominated industries (such as the military) typically encounter even greater barriers and resistance to career progression. Gender bias is among the barriers that servicewomen have and continue to experience in their career progression.

To better examine whether potential remedial measures should be undertaken, such as eliminating gender indicators, the Committee requests a **written response** from the **Defense Department, Army, Navy, Marine Corps, Air Force, Space Force, and Coast Guard** on the following:

- a. **Military Services:** Promotion results in 2010, 2015, 2020 and 2022:
 - i. by gender, grade, occupational specialty/MOS/community, number and percentage of males/females considered;
 - ii. by gender, grade, occupational specialty/MOS/community, number and percentage of males/females selected for enlisted (E-7 thru E-9) and officer (O-4 thru O-6) competitive promotion selection boards; and
 - iii. the top 5 gender promotion variances by MOS/rating, for enlisted (E-7 thru E-9) and officer (O-4 thru O-6).
- b. **Military Services:** Identify the trends and compare promotion rates of females and males by occupational specialty/MOS/community to the degree possible. In other words, in what occupational areas do servicewomen's promotion rates lag behind servicemen?
- c. **Navy:** Identify what gender information was removed from officer selection board records, when removed, and from which documents within the file, i.e. on some or all documents in the selection folder. Are gendered pronouns visible in any of the documents found in the promotion record file (e.g. on award citations); if so, on which documents.
- d. **Defense Department:** Provide the report and findings of the Institute of Defense Analysis study commissioned regarding bias removals including gender-specific biases.

Organization	Description
Defense Department	The Defense Department has not yet received permission to release the Institute of Defense Analysis study. Its anticipated release date is mid to late July 2023.
Army	The Army provided the Committee with a response.
Navy	The Navy provided the Committee with a response. However, for RFI 9a, the Navy was unable to provide the fiscal years requested because the Navy does not have the data. There was no data for FY 10; the earliest

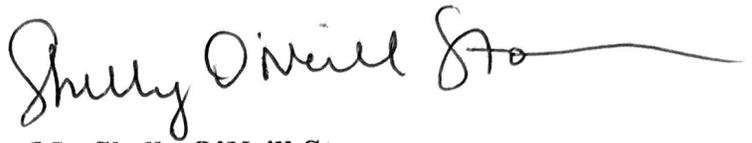
RFI 9	
	data available was FY 15 for officers and FY 16 for enlisted. The Enlisted Board season for FY 16 was conducted in calendar year 2015.
Marine Corps	The Marine Corps provided the Committee with a response.
Air Force	The Air Force provided the Committee with a response.
Space Force	The Space Force provided the Committee with a response.
Coast Guard	The Coast Guard provided the Committee with a response.

Report Submitted by:



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Report Certified by:



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