

DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes March 19, 2024

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting (QBM) March 19, 2024. The meeting took place at the Association of the United States Army (AUSA) Conference Center, 2425 Wilson Blvd., Arlington, Virginia, 22201.

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer (DFO), Lieutenant Colonel Samantha J. Frazier, Army, opened the March QBM by reviewing the Committee's establishment and charter. LTC Frazier 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 verified for accuracy. LTC Frazier then turned the meeting over to the DACOWITS Chair, Ms. Shelly O'Neill Stoneman.

Ms. Stoneman welcomed everyone to the QBM and recognized March as Women's History Month and announced the publication of the 2023 DACOWITS Annual Report, which included 26 recommendations for the Secretary of Defense's (SecDef) review and consideration.

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

Status of Requests for Information

LTC Frazier reviewed the status of the Committee's requests for information (RFIs). The Committee received responses to all six RFIs. Responses to the RFIs were published on the DACOWITS website.

Panel Briefing: Retention Initiatives (RFI 1)

The Committee requested a briefing from the Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, and National Guard on geographic stability and co-location policies for dual-military couples and nonmarried Service members with shared parental custody of a minor child, including how these policies are related to Service member retention. Specifically, the Committee asked for all current, planned, and recently updated geographic stability policies; all current, planned, and recently updated co-location policies for dual-military couples and nonmarried Service members with shared parental custody of a minor child; and other innovative initiatives used to improve the retention of servicewomen. The Committee also asked the Air Force to include an update on the Total Force crossflow policy changes previously provided to the Committee's December 2020 RFI 3 response.

Army

Sergeant Major Tobey Whitney, Headquarters, Department of the Army Senior Army Career Counselor, briefed the Committee for the Army.

In recent years, the Army has modified policies to provide Soldiers and their families with more geographic stability. SGM Whitney stated the Army provides voluntary and automatic stabilization for a variety of situations. Because most automatic stabilization situations require the Soldier to opt out rather than opt in, SGM Whitney noted he will focus his briefing on the voluntary stabilization options.

Two years ago, the Army expanded its stabilization policy to allow Soldiers to stabilize for up to 30 months at their current duty assignment, with the term of stabilization determined by the Soldier. For example, under the expanded stabilization policy, an Army drill sergeant who wanted to extend their tour an additional year could elect stabilization for 15 or 16 months rather than the maximum of 30 months that could be authorized. Anyone who reenlists for stabilization can now waive that stabilization if they would like to move sooner than their requested stabilization timeline. For instance, if a Soldier reenlisted for stabilization but now would benefit from moving closer to home, they could terminate their stabilization and receive a new assignment.

SGM Whitney noted that updates to Army policy in 2023 guarantee Soldiers 24 months of stabilization at their new duty station, rather than 12 months, when they reenlist and make a permanent change of station (PCS) move to a new duty assignment. This policy update enhances predictability and stability for Soldiers and their families. SGM Whitney noted positive feedback from Soldiers, leaders, and career counselors on these policy changes. The Army uses stabilization as an incentive to increase retention; last year, nearly 20 percent of all Soldiers who reenlisted chose stabilization as their reenlistment choice. In fiscal year (FY) 23, an additional 1,200 Soldiers elected stabilization compared with FY21. SGM Whitney noted the Army has identified six installations with below average stabilization rates and has provided additional incentives for those locations, including Army bases in Alaska, Fort Irwin, Fort Bliss, Fort Riley, Fort Drum, and Fort Johnson.

SGM Whitney highlighted that the Married Army Couples Program (MACP) prevents dual-military couples from being relocated unless the location has an assignment for both spouses. Soldiers can enroll in the MACP regardless of rank and branch of Service of their Service member spouse. SGM Whitney explained that one particular challenge of the MACP is that it may prevent Soldiers and their families from being stationed in their desired locations because these locations do not have an opportunity for either them or their spouse. MACP challenges are amplified when the Soldier's spouse is a Service member in a different Military Service. However, SGM Whitney noted most couples benefit from MACP because it ensures they will be stationed together. MACP does not affect Soldiers' ability to reenlist for stabilization; this is particularly beneficial for dual-Army enlisted couples because each Soldier can separately reenlist for stabilization for up to 30 months, which could result in 60 months of total stabilization for that couple. In FY23, Soldiers enrolled in MACP reenlisted at a slightly higher rate for stabilization than the Army average.

Although the Army does not have specific retention policies that apply differently to any group of Soldiers, several recent initiatives may improve the retention of servicewomen. SGM Whitney noted the Army takes pride in its diversity and retention opportunities. The Army retained 57,000 enlisted Soldiers during FY23, a 4 percent increase over FY22. SGM Whitney noted the Army is on pace to meet all retention objectives and will retain more than 57,000 enlisted Soldiers in FY24. Army senior leaders work to ensure Soldiers and their families, regardless of their demographic, receive every opportunity to continue service.

SGM Whitney concluded his briefing.

Navy

The Navy did not provide a briefer.

Marine Corps

Major Chris Dippel, the Deputy Section Head for the Enlisted Assignments Branch in Marine Corps Manpower and Reserve Affairs, briefed the Committee for the Marine Corps.

Maj Dippel highlighted a new Marine Corps initiative called the [dual-military monitor](#), designed to help provide better geographic stability for dual-military couples. More than 4,000 Marines are married to another Marine or Service member, and approximately 1,300 dual-military Marines make PCS moves every year.

The dual-military monitor serves as a centralized point of contact within the assignments branch and has the sole responsibility to supervise dual-military PCS moves. The dual-military monitor is a resource for any Marine who is married to another Marine (to include Active-Reserve Marine couples) or another Service member, on opportunities and availability for their career advancement. This centralized point of contact also streamlines administrative processing and requirements and serves as a resource for these Marines during PCS timelines. The dual-military monitor also establishes liaisons within the other Military Services to assist Inter-Service couples with targeting and identifying billets for both Service members. Maj Dippel stated this resource will provide an opportunity to streamline what has been a decentralized process across 75 different assignment personnel by providing a stopgap with checks and balances.

The Marine Corps is currently building a new “manpower information and technology system” to modernize its information systems. The new system is modeled after the Exceptional Family Member Program (EFMP) order process. Maj Dippel explained that EFMP monitors will cut orders for a Marine enrolled in EFMP, which are automatically sent to the EFMP office to review and identify whether the EFMP services are provided at that location. The Marine Corps is working to build the dual-military monitor into the system architecture to ensure this specialized monitor will automatically review orders against current policies and the needs of the Marine or couple. This position was filled in January, and the current position holder is working to build it up to full operational capability. Recognizing the importance of strategic communications, the Marine Corps is filming videos and providing opportunities to socialize the new dual-military monitor resource to the broader Marine Corps.

Maj Dippel highlighted a continual challenge with dual-military co-location assignments: aligning Service requirements with each spouse's military occupational specialty (MOS) and paygrade at specific locations. The Marine Corps aims to meet the needs of both the Marine Corps and the Service member with its assignments. Maj Dippel noted occasional exceptions to the policy to meet specific needs in unique situations.

The Marine Corps believes geographic stability encourages retention, although Maj Dippel noted he did not have the data to provide as evidence for that belief. Anecdotally through his work with enlisted Marines, Maj Dippel shared that geographic stability is a major driver in Marines' decisions to stay in or get out of the Marine Corps. Dual-military couples face these decisions twice as often, which is the reason the Marine Corps feels it is important to target this population with greater support.

The Marine Corps does not have specific policies targeting the retention of servicewomen but has retention policies targeting the retention of all Marines. The Marine Corps seeks to increase the number of Marines who are available to execute the mission regardless of gender.

Maj Dippel concluded his briefing.

Air Force

Colonel Alysia Benson, Deputy Division Chief of Air Force A1PP, briefed the Committee for the Air Force.

The Department of the Air Force (DAF) prioritizes retaining servicewomen and has implemented initiatives through various career life stages. Col Benson stated geographic stability is paramount for Airmen, providing a sense of security for themselves and their families. Current DAF time on station policies, as outlined in DAF Instruction (DAFI) 36-2110, *Total Force Assignments*, are 4 years for contiguous United States (CONUS) assignments, 36 months for outside contiguous United States (OCONUS) accompanied tours, and 24 months for OCONUS unaccompanied tours.

Col Benson explained that the Pregnancy Deferral Program is a DAF initiative also outlined in DAFI 36-2110, which provides stabilization for pregnant Airmen and pregnant civilian spouses. Pregnant Airmen can defer PCS moves, temporary duty (TDY), or deployments up to 12 months following the birth of a child. Col Benson reported the DAF Women's Initiative Team (WIT) is working with Air Force A1 (Office of Manpower, Personnel and Services) to establish a [Fertility Treatment Stabilization Program](#) for Airmen undergoing reproductive healthcare treatment. She stated it is possible this policy could go into effect in April 2024. This new policy will authorize 35 days of permissive TDY via DAFI_36-3003 (*Military Leave Program*).

Col Benson noted that co-location policies facilitate dual-military couples stationed in the same geographic area through the Joint Spouse Assignment Program. If all criteria are met, the Joint Spouse Assignment Program is considered for an assignment where dual-military couples can maintain a joint residence. Col Benson cited 42,000 Airmen are designated as having joint spouses. The Court-Ordered Child Custody Assignment/Deferral Program (CCCA/D) was implemented in 2021. The CCCA/D facilitates assignment or deferral of Airmen to the

geographic region where their minor children reside more than 50 percent of the time and is open to the parent who has less than 50 percent parenting time with their minor child. Since its implementation in 2021, Col Benson stated the CCCA/D has enrolled 1,339 Airmen, underscoring the program's importance. The DAF is exploring other enhancements to CCCA/D, including the expansion for all co-parenting situations regardless of the percentage of parenting time. Air Force A1 is working with the WIT on these possibilities and hopes to have a policy update by the end of 2024.

The Air Force has implemented several initiatives directly supporting female Airmen from pregnancy to postpartum. Col Benson described the expansion of paid parental leave (up to 12 weeks of nonchargeable leave), postpartum operational deployment deferment and physical training (PT) deferment up to 1 year following the birth of a child, expansion of lactation rooms throughout DAF installations, and reimbursement for shipping and storing breast milk for TDYs longer than 3 days for up to 24 months following the birth of a child.

The Air Force recognizes the importance of its Total Force crossflow policies supporting Airmen as they potentially move through the Active and Reserve Components of DAF. Col Benson noted the current process for transferring from Active to Reserve Duty or Reserve to Active Duty can be cumbersome and time consuming, primarily due to medical standards requirements and processing times. To address these issues, the Air Force held a Rapid Improvement Event (RIE) in 2020 and established a Permeability Working Group to review recommendations from the RIE. Col Benson reported that earlier in March 2024, the Air Force held a Permeability Policy Sprint to determine potential policy changes aimed to maximize timeliness and remove unnecessary administrative burdens from the process. The Air Force is collaborating closely with the Space Force on the implementation of the [Space Force Personnel Management Act](#) (SFPMA). Col Benson reported the Air Force hopes this collaboration will open avenues for potential expansion of the SFPMA into the Air Force, ensuring alignment and coherence with personnel management strategies across both Services. Col Benson summarized that these initiatives and policy updates underscore DAF's dedication to supporting female Airmen and their families, promoting equity, and enhancing the effectiveness of DAF.

Col Benson concluded her briefing.

Space Force

Mr. Robert Kuster, Chief of Personnel Readiness for the Space Force, briefed the Committee for the Space Force.

The Space Force was established in 2019 under the National Defense Authorization Act (NDAA) due to widespread demand signals that space is a national security imperative. The Service was formed in 2020, with increasing growth and structure since then. As the Space Force continues to develop its capabilities, Mr. Kuster noted the Service has built programs and initiatives under the Secretary of the Air Force authorities. Prior to 2022, all Space Force retention data was derived from the Air Force, but the Space Force recently began tracking its own data streams to calculate retention.

Mr. Kuster presented Space Force enlisted and officer annual retention rates as of February 29, 2024, for FY22 through FY24 by gender. Mr. Kuster stated it will take another 5 years to identify historical retention trends through the lifecycle of Guardians. Enlisted and officer personnel saw an increase in their retention rates thus far in FY24. In FY23, Guardian commitment requirements to the Space Force increased from 2 years to 4 years for officer and enlisted personnel, which resulted in increased retention rates. Mr. Kuster presented officer retention rates by grade and gender for FY22 through FY24.

Mr. Kuster reiterated that the Space Force did not have independent data before FY24 because the Service relied on the Air Force. Therefore, the enlisted retention rates by specialty code and gender included in the brief only address FY23 and FY24. In the transition to FY24, the Space Force merged intelligence fields, which Mr. Kuster stated explains the nonapplicable cells on the briefing slide. The 5I Space Force Specialty Codes (SFSCs) were also merged. Mr. Kuster also highlighted the other SFSCs on his briefing slide, including 5C (cyber), 5S (space operations), 5Z (senior enlisted leaders), and 5Z9 (career enlisted managers). Mr. Kuster noted that all Space Force enlisted career fields are experiencing an upward retention trend.

Mr. Kuster concluded by saying the Space Force is postured for growth in all areas and acknowledged and thanked the Air Force and other Military Services for their support.

Mr. Kuster concluded his briefing.

Coast Guard

Captain Joan Snaith, Officer Personnel Management for the Coast Guard, briefed the Committee for the Coast Guard.

CAPT Snaith explained that the Coast Guard assignment policy incorporates a continuum of 14 factors—including geographic stability—that assignment officers consider when making an assignment. Geographic stability benefits both Guardsmen and the Service itself because it minimizes the stress of moving while keeping knowledge of the area of operations and assets in the unit. To improve geographic stability, the Coast Guard empowers assignment officers with several tools, such as extensions of current billets, a full re-tour, fleet-ups if a promotion occurred, and local transfers within the same geographic area. Some overarching considerations are whether the Guardsman wants to stay in the local area, if it benefits their career, and if it does not disadvantage another Guardsman looking to assume those duties or move to the area.

CAPT Snaith noted unique challenges in the Coast Guard with geographic stability, including the small size of the Service, distribution of duty stations along the nation's coastline, and many small units, including some with fewer than 20 personnel. Some occupational specialties have very small communities, where it can be challenging to provide geographic stability as these Guardsmen gain experience and promote into leadership roles. If Guardsmen need leadership experience at a higher level, it may not be available in their geographic area.

The Coast Guard uses geographic stability as a retention tool to the maximum extent. CAPT Snaith acknowledged geographic stability is a major factor Guardsmen consider when they decide whether to stay in the Coast Guard or get out. The Coast Guard does not have a targeted

geographic stability program as a retention tool but aims to employ it to the greatest extent possible. CAPT Snaith cited that 33 percent of last year's orders were no-cost orders, indicating the Guardsman stayed in the local area and did not incur a PCS move. The Coast Guard does not have performance metrics on the relationship between geographic stability and retention. CAPT Snaith noted individual retention decisions are very personal and often consider many factors.

On co-location, the Coast Guard makes every effort possible to keep Guardsmen who are married to another Service member together within the same geographic area. CAPT Snaith shared a new Coast Guard policy, instituted in 2023, that allows assignment officers to change the standard tour length for dual-Service E1-E6 and O1-O4 Service members so they can rotate at the same time, increasing the probability they will be able to move to the same geographic location. Coast Guard policy restrictions for co-location include members not being assigned to the same chain of command or afloat units or ships at the same time. If a shore unit has 60 members or fewer, members cannot be co-located to that unit.

CAPT Snaith noted a best practice for co-location is when the Service members are open to assignment in geographic locations where Coast Guard assets or support units are available. She noted examples such as the Tidewater area of Virginia and Alameda, California. CAPT Snaith stated that when Guardsmen target those areas, it is usually easier for assignment officers to approve co-located assignments. A challenge of co-location, particularly for the Coast Guard, is the Service's small size and small occupational communities. CAPT Snaith noted that niche communities, with only 100 to 200 Coast Guard members, have additional challenges for co-location, especially if both members are in those occupational areas. For couples in those situations, early and open communication between the members and their assignment officer about potential options is the best course of action.

CAPT Snaith stated the Coast Guard does not use co-location as a formal retention tool or program but shared anecdotally that co-location with continued career advancement for both Guardsmen appears to help retain those Service members. The Coast Guard does not track data on co-location and retention due to the number of factors that Guardsmen consider when deciding whether to stay or leave the Coast Guard.

CAPT Snaith transitioned to discussing other initiatives to improve servicewomen's retention. The Coast Guard's workforce planning team approved \$97 million for targeted bonus incentives for FY24 for reenlistment or certain positions with a critical shortage of personnel. The Coast Guard is continuing the Temporary Separation Program (COMDTINST M1040.6A), which allows Guardsmen time to take a sabbatical by transferring into the Reserves and then back to Active Duty if they choose to do so. The Coast Guard supports new mothers with the implementation of the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act and policies allowing up to 12 months of TDY, deployment, and involuntary mobilization deferment following a birth event. Parental leave has been extended to up to 12 weeks for the nonbirth parent.

CAPT Snaith highlighted two programs implemented within the last year for officers: a promotion opt-out policy and temporary Service promotions. The promotion opt-out policy allows in-zone officers to voluntarily opt out of in-zone for promotion for a personal or professional qualifying reason. CAPT Snaith noted the most frequent use of this policy is related

to career changes, such as a medical event that affects a Guardsman's eligibility for a career field. The Guardsman can ask to wait to be considered for promotion until they have more time in their new career field. The temporary promotion program aims to fill gaps in ranks or specialty areas with critical shortages by temporarily promoting Guardsmen to serve in these roles. An officer must have an approval of a temporary promotion board, Coast Guard administration, and Congress to temporarily promote to serve in that role at a higher rank.

CAPT Snaith concluded her briefing.

National Guard

Colonel Monica Brouse, Chief of the Diversity and Inclusion Branch for the National Guard Bureau, briefed the Committee for the National Guard.

The National Guard does not have formal geographic stability or co-location policies. Individuals in the National Guard enlist in a specific State where they typically stay and serve. Col Brouse noted a few exceptions, such as Service members who have a civilian position that requires them to transfer to another State. Although the National Guard does not have formal policies, Col Brouse stated most units and commanders want to retain their members within a unit or State and do what they can to help that Service member continue to serve. Col Brouse provided the example of units allowing Service members to continue drilling with their unit, such as a commander who allowed a member who served in Kansas but moved to Texas for a civilian job to combine their obligations to once per quarter rather than every month. Commanders can also help the member join a unit in the State to which they transferred. Col Brouse shared a similar personal example. These types of flexibilities or accommodations are difficult to track without a formal policy or requirement.

An additional challenge Col Brouse raised is related to specialties. For example, it may be harder for an F-16 pilot to transfer to a location without F-16 units. In this example, the Service member would have to find another State to serve in or be willing to cross-train. Col Brouse noted she has seen units and commanders be very flexible and willing to go above and beyond to accommodate individuals who are willing to serve.

Col Brouse transitioned to discuss current National Guard retention efforts, noting it is a very difficult time for recruiting and retention. The Army and Air National Guard have creative policies and financial incentives for recruitment and retention; however, no initiatives specifically target women.

Col Brouse concluded her briefing.

Discussion

Captain (Ret.) Kenneth J. Barrett asked how the Military Services interact with co-location of dual-military Service members from different Service branches. Maj Dippel responded that establishing co-location for dual-military Service members from different Service branches is a manual process. He provided the example of a Marine married to a Soldier; the Marine would inform the dual-military monitor, who would begin identifying and working with their Army

counterpart to coordinate co-location considerations. However, Maj Dippel indicated that tracking down appropriate assignment officers from the other Military Services can take longer than desired, and the Marine Corps is currently trying to streamline that process. SGM Whitney explained that the Army's MACP coordinates the co-location of dual-military Service members serving in different branches. The MACP point of contact works with Army Talent Management staff and staff from other Military Services to coordinate co-location processes for couples serving in different Military Services. Mr. Kuster added this issue of interoperability among the Military Services has been discussed at a DoD panel he participates in focused on task force optimization.

CAPT (Ret.) Barrett noted that SGM Whitney indicated geographic stability can be requested for up to 30 months in the Army and asked the other briefers how long geographic stability could be requested in their Services. Maj Dippel responded that all sets of orders include a standard tour factor as established by Joint Travel Regulations (JTR). CONUS to CONUS tours in the Marine Corps include 36-month tour control factor orders, while accompanied CONUS to OCONUS tours have a standard of 36 months, and unaccompanied CONUS to OCONUS tours have a standard of 24 months. Service members requesting shorter tour lengths require waiver authority from the Marine Corps Manpower Division. The 36-month tour milestone does not necessarily trigger an automatic process in which Marines have to leave their current location, as long as their current location has opportunities for professional advancement. Marine Corps policy encourages assigners to use permanent change of assignment orders rather than PCS orders to allow Marines to stay in their current location when possible. Maj Dippel noted that some Marines stay in one location for up to 48 and 60 months if that location allows for career advancement and does not prohibit other Marines from serving in that geographic area.

Col Benson explained that Airmen's CONUS assignments last 48 months, while accompanied OCONUS assignments last 36 months, and unaccompanied OCONUS assignments last 24 months. However, similar to the Marine Corps, it is not uncommon to see Airmen go beyond these assignment durations if they can advance their career in their current location. Opportunities to advance careers in many locations are MOS dependent. Col Benson also noted the Air Force is rolling out a technical track in select career fields to stabilize in one geographic location for longer periods.

Mr. Kuster confirmed assignment durations are between 3 to 4 years for the Space Force. Assignment durations for the Space Force are designated under DAF authorities. He also noted the Space Force has a total force of about 10,000 Guardians, and fewer deployments are occurring at this time.

CAPT Snaith explained that Active Duty Guardsmen are guaranteed their set of orders unless they promote out of them where their tour is considered complete and they may be moved to a different installation. The Coast Guard is piloting a program among some enlisted Coast Guard personnel called "Billet Banding." Under this program, if a Boatswain's Mate Third Class is promoted 1 year into their current set of orders, they are guaranteed to stay with that unit and fill a Boatswain's Mate Second Class billet. This program only applies to certain ratings and units, but the Coast Guard is considering strategies to expand it in the future. The Coast Guard also implemented the [Flex Personnel Allowance List](#) (FLEXPAL) program for Reserve Guardsmen.

Under the FLEXPAL program, E-6 or O-3 Guardsmen and below are guaranteed to stay with one Reserve unit for their entire time in the Reserves if desired.

Dr. (Captain Ret.) Catherine W. Cox asked what determines which Military Service will pay for PCS moves for dual-military couples in different Military Services. Maj Dippel responded the Marine Corps would pay for the Marine's PCS, while the Joint Service partner would pay for the other Service member's expenses. SGM Whitney responded he was unsure how the Army would handle PCS expenses for dual-military couples in different Military Services. CAPT Snaith explained that Guardsmen are authorized all entitlements for their PCS moves, although they may not use all those entitlements. Col Benson confirmed Airmen are authorized to their entitlement but may divide costs between different Military Services if the dual-military couple decides to do so.

Honorable (Colonel Ret.) Dawn E. B. Scholz asked if any Military Service has a policy similar to the Air Force where nonmarried dual-military parents can be co-located for the sake of their minor children. SGM Whitney confirmed the Army has no formal policy covering co-location for these types of relationships, but talent managers are allowed the flexibility to work with Soldiers in these situations to co-locate them near the other parent. Col Benson clarified that the Air Force does not have a formal policy for the co-location of nonmarried dual-military parents, but the DAF is looking into options to address this policy gap while maintaining readiness of the force.

HON (Col Ret.) Scholz noted her understanding that the DoD policy also does not address nonmarried dual-military parents and asked if the Air Force had to request an exemption to develop a policy around this issue. Col Benson noted that the policy is still in its early stages of development, but it will be created to expand the Air Force's current CCCA/D. HON (Col Ret.) Scholz asked if it would help the Military Services develop policies to address the co-location of nonmarried dual-military parents if the DoD developed a policy to address this population. Col Benson and the other briefers shook their head in agreement. Col Benson reiterated that the DoD does not currently have a policy addressing these types of relationships. HON (Col Ret.) Scholz asked when the Air Force will publish its policy addressing the co-location of nonmarried dual-military parents. Col Benson explained that the Air Force hopes to work with its WIT to develop a draft policy by the end of 2024.

Command Master Chief (Ret.) Octavia D. Harris noted that Mr. Kuster included retention numbers for male and female Guardians in his briefing and asked if the other Services are tracking how geographic stability is being used as a retention tool and how effective that tool might be in retaining women in the Military Services. SGM Whitney confirmed the Army tracks retention data by location and MOS, noting the retention rates of servicewomen have been higher than retention rates of servicemen over the last few fiscal years. Maj Dippel responded he was unsure if the Marine Corps tracks the use and effectiveness of geographic stability as a retention tool.

Brigadier General (Ret.) Jarrisse J. Sanborn asked if any of the Military Services are considering developing a Service permeability task force working group, similar to the working group described by the Air Force, to develop strategies to support the transfer between Reserve and Active Component to increase retention. Col Benson explained that she is part of the Air

National Guard and has also been Active Duty in the past. She confirmed the permeability working group discussed making transitions between Active and Reserve Duty as a continuum, allowing Service members to adjust their work life as their personal life changes. At certain times, it may make sense for a Service member to transition to the Reserve Component, such as periods when they are caring for young children at home. The Air Force has the Career Intermission Program (CIP), which Airmen can use to take a break from service to care for young children, then return to Active Duty as their children get older. Col Benson reiterated the permeability working group is reviewing ways to make transitions from Active Duty to Reserve Duty and from Reserve Duty to Active Duty easier for Airmen, including how the Air Force can make the scrolling process for officers easier.

Maj Dippel noted that permeability is a hot topic in the Marine Corps right now. The Marine Corps is exploring options for transitioning from Reserve Duty to Active Duty, and there are programs in place on a small scale that allow Marines with previous military experience to return to Active Duty. The Marine Corps has also put resources toward the [Direct Affiliation Program](#) (DAP). This program allows permeability from Active Duty to Reserve Duty and offers bonuses and incentives that enable Marines to transition seamlessly from Active Duty to Reserve Duty to a unit of their choice to support their personal or professional nonmilitary life goals. Maj Dippel confirmed the Marine Corps is also exploring strategies to allow for permeability from the Reserve Component back to the Active Component.

SGM Whitney confirmed that the Army has a robust program allowing Soldiers to transition from Active Duty to Reserve Duty, but greater challenges and fewer supports exist to transition Soldiers from Reserve Duty to Active Duty. The Army is exploring options to support the transition from Reserve Duty to Active Duty. SGM Whitney confirmed that the Army also offers Soldiers the CIP similar to the Air Force. Mr. Kuster confirmed the Space Force operates under guidance from DAF and, therefore, offers the CIP to Guardians. The Space Force Personnel Management Act, included in the 2024 NDAA, provides various authorities and timelines the Space Force must comply with regarding permeability to allow Guardians flexibility to make important life decisions. Mr. Kuster explained the Space Force is implementing the SFPMA through policy and system development.

CAPT Snaith noted that the Coast Guard has the Temporary Separation Program where Guardsmen can choose to transition to an inactive Reserve unit or a ready Reserve unit, then transition back to Active Duty when they return. This program has no minimum length of transition, and Guardsmen use it for many reasons, such as taking 6 months to care for aging parents. The maximum length of time is 3 years.

CAPT (Ret.) Barrett noted that Col Benson referenced the Total Force crossflow policies and processes as cumbersome due to medical standards requirements and processing times. He asked Col Benson to explain in more detail why the medical standards are cumbersome for crossflow policies in particular. Col Benson noted Airmen going through crossflow processes are held to the same medical standards as a new accession; however, Service members with years of military service often have additional health issues. The Surgeon General of the Air Force is currently considering strategies to streamline this process. The administrative burden of scrolling can also extend the timeline for officer transfers, so the Air Force plans to review how the Space Force implements its SFPMA requirements for lessons learned.

HON (Col Ret.) Scholz asked Col Benson if she could share results from the Air Force's recent Permeability Policy Sprint. Col Benson stated she does not know the results of the Sprint yet, but the group was specifically reviewing the scrolling aspect of officer transfers for streamlining options. Another group within the Air Force is reviewing medical standards associated with Active and Reserve Component transfers. Currently, the Air Force has officers who want to transfer from Active to Reserve Duty or Reserve to Active Duty scrolled, so the DAF is considering process efficiencies.

CMDCM (Ret.) Harris asked how the Navy and Coast Guard are balancing geographic stability and the sea-shore rotation of dual-military couples. CAPT Snaith noted the Navy likely has different considerations and concerns than the Coast Guard due to the size of their ships and length of deployments, but the process is relatively easy for the Coast Guard because many of the Service's larger ships are stationed together in Honolulu, Hawaii; Alameda, California; and the Greater Tidewater area of Virginia. Therefore, if one Guardsman is a Boatswain's Mate or Machinist Mate and is married to another Guardsman who is a Yeoman or Storekeeper, both Service members would have shipboard responsibilities. The Coast Guard can make sure to put one of them on sea duty while the other is on shore duty. Then, the dual-military couple could switch their sea and shore duties during their next set of orders. CAPT Snaith confirmed the Coast Guard does not face any challenges balancing co-location and sea-shore duty rotations. Navy briefer not present.

Dr. (CAPT Ret.) Cox asked if any of the Military Service briefers believe Service members who take advantage of geographic stability policies are less likely to be promoted due to being considered a "homesteader." Col Benson confirmed stabilizing in one geographic location could affect Airmen's likelihood for promotion, and unit leadership needs to make sure Airmen are informed about that potential negative consequence. However, the location where Airmen stabilize and their career field can influence promotion because some Airmen may have more opportunity to develop professionally in their location than others, whereas Airmen from other career fields may need to move around to acquire that same experience.

Vice Admiral (Ret.) Robin R. Braun asked if the Military Services can assign dual-military couples to the same squadron. CAPT Snaith confirmed the Coast Guard assigns dual-military couples to Air Stations with units larger than 60 members. The Coast Guard works with the Commander to ensure that neither member of the dual-military couple is supervising the other. Col Benson confirmed that the Air Force handles dual-military couples the same way as the Coast Guard, including making sure neither member is in a supervisory position over the other. Maj Dippel and SGM Whitney confirmed the Marine Corps and the Army handle dual-military couples the same way.

HON (Col Ret.) Scholz asked if any of the Military Services other than the Marine Corps have points of contact specifically for dual-military couples. Col Benson noted she was unsure whether the Air Force had a point of contact for dual-military couples but confirmed that she plans to investigate it after the briefing. SGM Whitney confirmed the Army's Human Resource Command at Fort Knox has a team focused on dual-military couple assignments. Mr. Kuster noted he was not aware whether the Space Force had a monitor for dual-military couples.

Ms. Stoneman asked Col Benson to discuss the Air Force Sprint focused on permeability in more detail. Col Benson confirmed that strategizing around permeability is a work in progress for the Air Force. Col Benson has been in the Air National Guard since 2014, and the Air Force has been discussing permeability since at least then. Col Benson believes the Air Force is getting closer to where it needs to be in terms of permeability policies and working to address the medical standards challenges. The Air Force needs legal guidance to determine what it is authorized to do around permeability. Once the Air Force gathers that information, the Service will make more progress toward addressing this challenge. Ms. Stoneman asked if the Air Force plans to share the lessons learned from its investigation and eventual changes to permeability policies with other Military Services. Col Benson confirmed.

Colonel (Ret.) Nancy P. Anderson referenced Maj Dippel's brief noting that one female Marine holds the job of monitor for all dual-military couples in the Marine Corps and wondered whether she could manage the workload. Maj Dippel explained Marines married to another Marine or a Service member from another Service are still the primary responsibility of their occupational field assignments detailer to ensure potential billets meet that Marine's career advancement requirements. The dual-military monitor serves as a point of contact to ensure all orders meet dual-military couple policy considerations and acts as a liaison to the monitors or assignment detailers in other Military Services.

Ms. Stoneman asked how the Military Services defined "reasonable commuting distance" in relation to the co-location of dual-military couples and whether this definition is ever reevaluated. CAPT Snaith responded the Coast Guard policy is 50 miles. SGM Whitney from the Army noted the definition of "reasonable commuting distance" is based on Command authority. For example, Hunter Army Airfield at Fort Stewart is under the Command authority of Fort Stewart, so dual-military couple Soldiers stationed at each of these installations would be considered co-located. SGM Whitney elaborated the Army does not have an established threshold for reasonable commuting distance. Maj Dippel confirmed the Marine Corps defines reasonable commute as within 50 miles of the installation or proximity to connect by commuter transportation. However, he noted he has never seen a Marine outside of 50 miles from their installation due to proximity to commuter transportation options. Col Benson confirmed the Air Force has the same policy as the Marine Corps.

VADM (Ret.) Braun asked if any of the Military Service briefers are aware of proposals to change the scrolling process for officer transitions between Active and Reserve Duty. Col Benson from the Air Force confirmed various working groups are working on the permeability issue, including the possibility of a working group focused on permeability at the DoD level. However, she is unsure which working groups focus specifically on updating the scrolling process for officers.

Dr. Trudi C. Ferguson asked what mechanisms are in place that allow the Military Services to share best practices and lessons learned around the use of monitors or assignment detailers. SGM Whitney confirmed the Military Services meet and regularly discuss initiatives and policy changes made across the Military Services. The Army also recently held a joint retention training with senior leaders from the Navy's retention program and plans to expand this training to include the other Military Services. Col Benson confirmed the Air Force has meetings with other Military Services to learn about policy changes or new initiatives that may be valuable for the

Air Force to consider. Mr. Kuster confirmed the Space Force participates in numerous DoD working groups and panels, including the Task Force Optimization Panel at the DoD level.

Ms. Stoneman asked how the Military Services handle potential adverse impacts of co-locating dual-military couples, including blocking other Service members from a billet they require for professional development. SGM Whitney explained Command billets present a greater challenge because another Soldier will need that Command billet to meet professional development requirements. However, the Army is large enough that many opportunities exist that might meet those professional development requirements outside the Command billet at most installations. SGM Whitney stated it is important to have conversations with dual-military Soldiers to advise them on the potential consequences of staying at one installation for long periods. However, they are allowed to do so as long as they do not impede another Soldier's professional progress.

Maj Dippel explained the Marines must meet certain professional requirements. For example, if a Marine serves 36 months overseas, they have to rotate back to the United States when their rotation date comes up unless they desire to stay overseas. However, finding a CONUS location for a Marine returning from an OCONUS tour can be challenging. Enlisted Marines are also incentivized to participate in special duty assignments, such as drill instructor or recruiter duty, by being given a geographic duty preference after they complete the special duty assignment tour. These situations can also create challenges where the Marine Corps must weigh certain criteria if two Marines are seeking to be stationed at the same location with only one spot available. In such circumstances, the Marine Corps relies on flexibility, and standard operating procedures specified in internal policies can help act as tie-breaking criteria. Marine Corps monitors (assignment detailers) also always try to meet a Marine's requirements while also considering the needs of the Marines when making decisions about assignments on installations. Maj Dippel explained that, ultimately, these decisions are based on a variety of factors, including career requirements, career advancement opportunities, and potential impacts on all Marines vying for a certain geographic location, as well as whole team discussions, including monitors, on which Marine would be the best fit for a specific location.

Col Benson noted that decisions between multiple Airmen vying for the same location are made by career field functional manager who know what those career fields require. Mr. Kuster noted that the Space Force only has five core specialties, so few changes in locations take place. CAPT Snaith responded the Coast Guard always has tough decisions, but fairness and equitable assignments across the entire fleet are the Service's ultimate concerns. The Coast Guard sometimes has to offer dual-military couples the option to not be co-located to receive their dream job, or they can prioritize co-location, but the location may not be at the top of the dual-military couple's priority list.

HON (Col Ret.) Scholz referenced SGM Whitney's discussion of MACP reenlistments during FY23 and asked whether the categories listed in the briefing, including Reg Army, stabilization, training, overseas, and CONUS station, are choices dual-military couple Soldiers have when reenlisting. SGM Whitney confirmed the categories listed in the briefing are the five basic reenlistment options for Soldiers. For example, 53 percent of dual-military couple Soldiers who reenlisted during FY23 chose Reg Army as their reenlistment option. HON (Col Ret.) Scholz asked for a definition of Reg Army reenlistments. SGM Whitney explained that Reg Army refers to dual-military couple Soldiers who chose to reenlist based on the needs of the Army. Reg

Army reenlistments also include Soldiers who go into noncommissioned officer (NCO) career status programs, so they reenlist for an indefinite term. HON (Col Ret.) Scholz asked if the stabilization category in the Army brief refers to both geographic stability and co-location. SGM Whitney explained the stabilization category refers to dual-military couples who are already at an installation and want to stay at that installation for a longer period. The OCONUS or CONUS station categories may encompass Soldiers who have spouses in another location and reenlist to be co-located with their military spouse.

HON (Col Ret.) Scholz also referenced the claim that “RA has increased Retention Stabilization by 3 percent over the last 2 fiscal years” and asked if that means that the 21 percent of dual-military couples that selected to reenlist for stabilization reasons is 3 percent higher than FY22. SGM Whitney explained that the Army average for selecting stabilization was 19 percent, whereas the average within the MACP program was 21 percent in FY23 and 18 percent in FY22.

The briefing discussion concluded.

Panel Briefing: Impact of Key Influencers on Servicewomen’s Career Paths (RFI 4)

The Committee requested a briefing from United States Military Academy (USMA), United States Naval Academy (USNA), United States Air Force Academy (USAFA), and United States Coast Guard Academy (USCGA) on key influencers and opportunities to educate cadets and midshipmen about prospective career fields while at Military Service Academies (MSAs). Specifically, the Committee asked for information on which class year cadets and midshipmen submit preferences for commissioned career fields, how cadets are exposed to various occupations, who provides information to cadets about different career fields, what processes exist for cadets and midshipmen to ask more in-depth questions about specific career fields, how positions previously closed to servicewomen until 2016 are presented to women as possible opportunities, what initiatives target women to generate interest in previously closed career fields, and breakdowns of occupations awarded by academic year between 2017 and 2024.

United States Military Academy

Colonel Khana Diep, USMA Chief of Staff, and Colonel Mark Federovich, Director of Military Instruction, briefed the Committee for USMA.

COL Diep explained that USMA cadets enter their preferences for commissioned career fields six times throughout their 47-month academic journey: once during freshman year, once during sophomore year, twice during junior year, and twice during senior year. The preference submission process leads into the branching board held in November of each year. COL Diep explained that cadets are exposed to different branches of the Army through the branching education glidepath throughout their 47 months at USMA. Cadets are introduced to the 18 branches they will have the opportunity to select from during freshman year. Freshman year begins with 6 months of basic training to expose cadets to the Army and the branches of the Army. Freshmen cadets also participate in the Military Science (MS) 100 course, which exposes them to the branches of the Army. COL Diep explained that Branch Week is held each September; during this time, Commandants and Soldiers from each of the 18 branches are invited to USMA for a week to meet and interact with cadets.

COL Diep explained that cadets' sophomore year focuses on branch engagement to enable cadets to engage in the specific branch of interest. Cadets participate in Military Individual Advanced Development (MiAD) during the summer before their sophomore year and the MS200 courses during their sophomore year. Junior year cadets learn how their branch of interest is tied into what they do, validate branching files, and prepare for branch interviews with senior mentors. The cadets' tactical officers play a key role in influencing them as they share more information on how each branch ties into the cadet's individual interests. Junior year students also participate in MS300 courses that inform them in greater detail about the experience of their branch of choice. Cadets' senior year focuses on evaluation, where cadets submit their branch preferences, which are evaluated by their tactical officers.

COL Federovich explained the two additional noteworthy pieces of the branching education glidepath, including MiAD and the Cadet Leader Training (CTLT). MiAD occurs between the cadets' sophomore and junior years and is the first time cadets interact with the Army outside the Academy. CTLT occurs between the cadets' junior and senior years. This program places cadets with a unit for 3 weeks in the summer. During this time, cadets interact with the unit they are interested in to determine if it is a good fit.

COL Federovich explained that one of the key influencer groups in branching is the Department of Military Instruction (DMI) personnel, which consists of two groups: Accessions and MS. The Accessions group educates cadets on the branching process and serves as branch managers and branch subject matter experts to answer detailed cadet questions about specific branches. Cadets take MS classes each year to learn about Army branches. In MS100, instructors teach cadets about general branches and provide an overview of the Army, such as how many personnel are in each branch, how each branch is organized, how each branch fits into the Army, and what equipment each branch uses. Cadets then move into MS200, which is more focused on tactics, such as light infantry tactics, field artillery, and aviation tactics. Cadets learn the basic tactics the Army uses to achieve its mission. Finally, cadets participate in the MS300 course, which addresses operation and integration procedures with a heavy focus on combat arms.

COL Federovich explained that staff and faculty are other influencers for cadets. The variety of Army branches provides an opportunity for cadets to interact with various staff and faculty, starting with informal mentorships that transition into more formal relationships as cadets get closer to identifying the branches they are most interested in joining.

COL Federovich reported that USMA brings in one infantry battalion with various attachments representing all branches each summer, presenting one of the best opportunities for cadets to interact with Soldiers who are working in the branches they are most interested in. Cadets are encouraged to talk to enlisted Soldiers, NCOs, and officers to learn about expectations and daily life in the Army. COL Federovich referenced Branch Week again and explained that Soldiers from privates to general officers from each branch are present this week and bring equipment used by their branch to share with cadets.

COL Federovich indicated that tactical officers are one the most important influencer groups for cadets at USMA. Each cadet company has a captain and an NCO assigned to it to serve as Commanders for those units. Tactical officers are the most consistent mentors cadets have during their time at West Point, and if a cadet's tactical officer does not have particular information needed to answer their questions, a cadet can engage with another tactical officer or faculty to

answer their question. Tactical officers help cadets with their board files and help them match their skills and interests to a branch.

COL Diep explained that all 18 branches are open to female cadets and have a cross-section of female role models and mentors in the academic department and among staff and faculty, including coaches of athletic teams. No formal programs exist to introduce female cadets into combat arms, but there are ways to encourage the introduction and awareness of the opportunity. For example, USMA hosts the Sandhurst Military Skills Competition annually and ensures each of the 36 participating teams has at least 2 female cadets.

COL Federovich added that although USMA does not have a specific program to introduce female cadets to combat arms opportunities, the academy strives to establish and maintain a diverse population of Soldiers and instructors from various demographic groups and job specialties for the cadets to interact with. USMA puts a lot of effort into the hiring process to ensure appropriate role models for all cadets.

Col Diep explained that cadets submit their Order of Merit List (OML) right before Branch Night their senior year. USMA Branch Commandants also categorize cadets based on their interviews, OML, and letters of recommendation during this time as most preferred, preferred, and least preferred. Finally, the Office of Economic and Manpower Analysis, which resides at USMA but works for Army G1, runs an algorithm to establish talent-based branching options.

COL Federovich explained that cadets create their board files and conduct interviews. Branches receive the board files, review them, and provide an overall score. The cadets receive the score and make a final preference choice. Once the final package is received with the Commandants' ratings and the cadet's final preference, the algorithm is run to match the cadet based on a talent match. Last year, 64 percent of female cadets branched to combat arms.

COL Diep and COL Federovich concluded their briefing.

United States Naval Academy

Captain Greta Densham, Assistant Deputy Commandant for Professional Development, briefed the Committee for the USNA.

CAPT Densham explained that everyone at the USNA is an influencer in one way or another. Midshipmen preferences are submitted four times, once per year, in addition to the initial application process. This data enables the USNA to target midshipmen for engagement and recruitment. It also provides feedback on how well specific engagements are performing and helps identify potential shortfalls within a community for accession goals. For example, if the USNA determines that the number of midshipmen interested in surface warfare is low, it identifies the need to do more work to attract more midshipmen. The final preference submissions are input after the midshipmen return from their 1st class summer going into their senior year. Most midshipmen have opportunities to participate in junior officer experience with crews during summer training, including onboard ships, submarines, or with an aviation squadron. This enables midshipmen to learn about different naval communities. There are also cruises for smaller communities and restricted line communities for those interested in those pathways. The Academy also provides opportunities for screening events, specifically for the Marine Corps, explosive ordnance disposal (EOD), and naval special warfare (NSW).

CAPT Densham explained that community exposure begins in cadets' first year at the USNA, during which they are known as plebes. The USNA runs a military qualification standard program through the training department in Bancroft Hall. The program combines community representatives and senior midshipmen to train junior midshipmen on the basics of naval communities. This includes the Navy's mission, history, and community organization, including career paths, platforms, and weapon systems. Plebes are tested on this throughout the academic year. When possible, the USNA brings in guest speakers, schedules ship and submarine visits, and displays Navy and Marine Corps aircraft, attempting to align those events to the weeks when types of activities are being studied. The USNA tries to concentrate on a single community for a week or two throughout the academic year. The USNA also has mixers throughout the year, which gives all classes of cadets a chance to engage with Marines and Sailors from different MOSs. One of these mixers is called the SWOcial (Surface Warfare Officer social), where midshipmen can learn more about home ports, ship types, and other surface warfare information. CAPT Densham noted that during the 3rd class or sophomore summer, midshipmen visit the fleet and do four weeks of 1-week blocks with each of the four major unrestricted line communities. Each midshipman has a week with the surface community, submarines, aviation squadrons, and the Marine Corps, preparing them to understand what career field they want to apply for and build networks. During 2nd class summer, midshipmen have the opportunity to be on a ship or submarine to learn what life in the fleet is like and interact with other communities. During 1st class summer, midshipmen have their junior officer experience with the community of their choice for about 4 weeks. The USNA looks to create a wide range of professional experiences during the summer so midshipmen can make informed decisions about their community preferences.

CAPT Densham shared that midshipmen indicated via surveys that officers at the academy have the greatest influence on their community preferences. Junior officers primarily act as teachers and officer representatives for sports teams. Formally, the Office of Officer Accessions coordinates the main general briefings for the communities at reform, which is following the summer, and intercessional in late December. The training office supports the main body of professional knowledge and coordinates with subject matter experts on the yard to ensure information is up-to-date and relevant. Senior community leads from all major communities are represented and serve in academic and professional capacities. Each of the 30 companies has an unrestricted line community representative who is the main point of contact to prepare midshipmen and ensure they meet basic qualifications for their desired community. Midshipmen interested in smaller communities, such as information warfare and NSW, attend mandatory briefs to better understand these communities.

CAPT Densham explained that midshipmen are encouraged to build networks with subject matter experts by identifying officers across yard with expertise in their areas of interest. All officers across the yard can be identified on training websites.

CAPT Densham noted a small number of women interested in special operations forces (SOF) in the Navy. For example, only two women, just under 10 percent of the total number of participants, participated in the Fall 2023 screener. These communities are competing with EOD for the same pool of female midshipmen. The NSW community recently established a mentorship program where 1st class midshipmen serve as mentors to 3rd- and 4th-year cadets. CAPT Densham noted that it takes women about 2 years to develop the upper body strength to

be successful in these SOF positions, so it is important for women to begin training early to be selected and succeed.

CAPT Densham shared that the USNA Women's Network focuses on events for women. Midshipmen participation is high, and events focus on specific themes and use guest speakers. The events have been well received and continue to grow.

CAPT Densham briefly shared the slide summarizing the data breakdown of designators and MOSs awarded during academic years 2017-2024 before proceeding to discuss the Navy assignment process. The Navy assignment process takes 3 months and is a deliberate process where midshipmen are initially binned into their first choice, and the community and board work together to determine if they are qualified. If the midshipman does not qualify for their first choice, they are processed to the next community on their preference list. Midshipmen are only considered for communities on their list. Recommendations are made to the superintendent on the midshipmen who are most qualified for certain communities and most likely to succeed, but preferences of the midshipmen are also considered. Ninety-three percent of midshipmen overall receive their first or second choice, and 96 percent of women receive their first or second choice.

CAPT Densham concluded her briefing.

United States Air Force Academy

Mr. Dale Hogue, Director, Manpower, Personnel, Services, and Officer Accessions, briefed the Committee for the USAFA.

Mr. Hogue explained the USAFA also acts as the Academy for the Space Force. The USAFA recently moved to a one marketplace process—a centralized matching process for all those commissioned into the DAF.

Mr. Hogue explained that the USAFA starts to collect preferences from cadets in the fall semester of junior year. During the rising summer of senior year, the actual match to a career field is made. Cadets are exposed to career fields by mentors, including faculty, coaches, and Commanders. Cadets also complete surveys that attempt to identify job interests, participate in townhalls, and attend briefings to learn about the 47 different Air Force Specialty Codes (AFSCs), which are open to all female and male cadets based on their skills, degrees, and desires. The USAFA hosts career days throughout the academic year during which staff share their experiences within certain career fields. The faculty represent all career fields, enabling them to act as resources to cadets for information on their experiences in each career field. Cadets also learn about available AFSCs and which majors feed into each AFSC during their freshman year. The USAFA offers the Operations Air Force program for sophomores who are interested in munitions officer and maintenance officer career fields. Cadets' junior year focuses on selecting their desired career fields. About half of the cadets are most interested in becoming pilots, while the second highest preference is for Space Force positions. Seniors receive an AFSC designation and then are briefed on how they will receive their first assignment, how to schedule their initial skills training, and how to prepare for graduation. The Air Force has a pilot shortage, so all cadets are educated on airmanship.

Mr. Hogue shared that all cadets are briefed on the classification process. The USAFA also has a directory that shows what degree cadets need for different types of officer positions. All faculty, air officers, trainers, and coaches talk to cadets, ensuring a wide swath of experience for cadets

to learn from. Subject matter experts are widely available for cadets to ask questions, including representatives from the Army, Navy, and Coast Guard for those who want to go to other services and cross-commission after graduating from the USAFA. Cadets can also attend in education briefings to learn about AFSCs.

Mr. Hogue explained that special warfare operators became open to women in 2016, and that specialty was integrated as one of the 47 AFSCs. Cadets get matched to rated or not rated jobs first via the one marketplace process and then must apply for special warfare if interested. Formal mentoring activities and special warfare orientation courses are available to generate interest in the special warfare community. The special warfare club currently has five female cadets.

Mr. Hogue noted that the Air Force Personnel Center does most of the matching of cadets to AFSCs. However, those interested in piloting go through a local process, where they receive a composite weighted score, with 50 percent of their score coming from order of merit and 50 percent coming from their Pilot Composite Score Metric, which is a combination of joystick, skill sets, flying hours, and other test results. Of note, 97 percent of 2024 cadets were matched with one of their top six AFSC preferences, and 87 percent were matched with one of their top three.

Mr. Hogue concluded his brief.

United States Coast Guard Academy

Commander Gretal Kinney, Gender Policy Advisor, Office of Diversity and Inclusion, briefed the Committee on behalf of the USCGA.

CDR Kinney explained that the USCGA provides ample opportunity for cadets to learn about career options through formal and informal resources, regardless of gender. Cadets typically submit career field preferences during spring semester of their senior year. Cadets are exposed to specialties through on-the-job training at two major times. First, during their 3rd class summer, cadets go out to a fleet they are interested in joining to receive on-the-job training and learn about specific jobs in that career field. At that time, the primary focus for the cadet is to learn about enlisted ratings and enlisted jobs within the Coast Guard. During the cadets' rising 1st class summer, they are exposed to specialties through internships to learn about officer positions.

CDR Kinney noted that information about specialties is provided informally by faculty but also by company officers and chiefs who work as advisors and mentors to help cadets better understand the specialties and how to succeed in them. Guest speakers and boat shows also come to the USCGA to provide input and advice on the different specialties.

CDR Kinney reported that the summer internships are key for cadets to have opportunities to ask questions and learn about how specialties play out in day-to-day job tasks. Specific road shows also travel to the USCGA and provide briefings. Career counseling throughout the senior year includes general group career counseling and specific individualized career counseling. Company officers and chiefs are also always available to provide mentorship, advice, and feedback for cadets when they make their selections.

CDR Kinney clarified that all positions in the Coast Guard have been open to women since women were first admitted to the Service. While there were no previously closed fields, women have opportunities to learn about specific fields through the Women's Leadership Council and

Women's Leadership Initiative. Each meets monthly and gives women an opportunity to receive mentorship. The USCGA also has an Advisory Board on Women, which makes recommendations and provides input and mentorship to women.

CDR Kinney explained that the Office of Personnel Management Assignments Branch provides the cadets with a list of available billets. The Assignment Officers meet with the cadets as a group and individually to discuss career counseling points to better understand those positions. Ultimately, selections are made based on class rank.

CDR Kinney concluded her briefing.

Discussion

CMDCM (Ret.) Harris asked CAPT Densham who is on the Navy's women in SOF team referenced in the Navy briefing. CAPT Densham noted she is unsure of who exactly is on the team but noted that very few women are on the boat teams right now. She added that women will be participating in the NSW screener that feeds into the summer program, and personnel will be there to provide an unbiased approach and ensure women are getting fair treatment while going through the screener. CMDCM (Ret.) Harris asked how information about women in NSW can be provided to female cadets if the SEAL community does not have any qualified women. CAPT Densham explained that a small number of women could have made it through NSW training, but none of those women wanted to be the first to break that glass ceiling. Instead, they chose to go into EOD and Marine Corps. However, she indicated that one woman may reapply for NSW at a later date. The feeling is that because females already serve in Marine Corps and EOD, women see a way ahead in those areas but are not ready to be the first in NSW. One female candidate, who is captain of the USNA soccer team and whose father is in Army Special Forces, desires to be a Navy SEAL and is pursuing that career path. Not many women are interested in this career field, and they also need to meet the physical requirements. The USNA expects that a woman will take on being the first woman in NSW in the next few years.

CMDCM (Ret.) Harris asked how other Military Services are having key influencers talk to cadets about SOF. COL Federovich explained that at the USMA, cadets cannot go into SOF directly out of the commissioning source in the Army, but the closest equivalent is Ranger School. The Ranger School has a female tactical officer, female nutritionist, and female instructor in the history department who are ranger qualified. The school also has a Regular Warfare Club and the Sandhurst competition. The Sandhurst competition is largely dominated by two top teams. Each team has 30 members, including 5 females who are tracking to go into infantry and Ranger School.

CMDCM (Ret.) Harris asked who or what are key influencers that influence women to enter previously closed fields in the Army and the other Military Services. COL Federovich shared that while 64 percent of graduating females go into combat arms, field artillery and engineering are the largest branches females enter, followed by armor and aviation. The USMA is working to make it clear to female cadets that they do not have extra barriers to overcome in pursuing infantry and that they have equal opportunities for success. COL Diep added USMA also has speaking engagements in which SOF and combat arms leaders engage with cadets. The USMA also offers informal avenues, such as the market forum and the Women's Mentorship Program, where key leaders talk about branches previously closed to women. Mr. Hogue shared that the USAFA has a special warfare orientation course and a few special warfare clubs. Females make

up 20 percent of the rated match for flying aircraft, while overall females represent 30 percent of cadets. Mr. Hogue also explained that half of the USAFA's squadron Commanders are female.

Col (Ret.) Anderson asked how feedback is gathered about summer training events to help determine class rank or order of merit. COL Diep noted that USMA partners with the units where cadets were assigned to learn about their performance. For women, matching cadets to the right units could be beneficial. For example, females have mentioned that when the originally assigned unit is heading out, they might be switched to another unit. This is resolved by ensuring cadets are matched with the unit they are interested in. However, some cadets have reported that they were in a different shop than intended because there was no time to work with them. Some cadets have also said they want to be exposed to other branches while in the unit, and the USMA is working to ensure cadets gain the exposure they desire.

COL (Ret.) Anderson clarified that she would like to know about feedback from Commanders and others during summer training events. COL Federovich explained the cadets receive an officer evaluation report, which is factored into their grading. Overwhelmingly, the feedback is positive and reinforces the cadet's preference for the unit. CAPT Densham shared that the USNA previously had no feedback from summer training. There were feedback loops briefly when CAPT Densham was a midshipman, but the process ended because the standard of feedback was inconsistent, or feedback loops were not received at all. In the last few years, the USNA developed an approach to receive feedback from the unit where the midshipman is stationed. If the midshipman has gone above and beyond, they receive recognition, and if they have performed below average, it would also be acknowledged. CAPT Densham shared that the USNA is working to get the feedback into the grading system formally, but currently this feedback is separate from the grading system. Midshipmen who receive negative feedback are put on notice and go through an order of merit review. However, the challenge is that the feedback is not required from the fleet. Mr. Hogue reported that because all training happens at the USAFA, it is captured through the order of merit process. In the matching process, cadets' Commanders receive the preference data and share with cadets if they do not think it would be a good match. CDR Kinney noted that units during the summer program provide significant feedback. However, she is unsure whether a formal process is in place.

Ms. Stoneman asked why aviation is a lower choice for women in the Army and Navy and asked CAPT Densham if the Navy considers targets with a gendered lens. COL Federovich explained the Army experience ebbs and flows for aviation. This year, numbers were down for female Soldiers, but they were also down for men because of a 10-year conditional service obligation to go to flight school. In past years, the aviation numbers were more consistent. Mr. Hogue explained that in the Air Force, the rate of production is low because of a pipeline backlog. It is taking the Air Force 10 to 18 months to get cadets into pilot training, so the output has been reduced. However, women tend to represent roughly 20 percent of pilot selects. Women make up a higher percentage of three other jobs: air battle manager, low-powered aircraft pilot, and combat system operator. This all comes down to recruiting, and the USAFA is trying to drive up the applicant pool from 31 percent female currently to 36 percent female to match the proportion of the country. About half of Commander staff are female, and interested cadets are matched up with these individuals to learn what it is like to be an officer. CAPT Densham reported that each community is different in its recruiting efforts across the yard. The Marine Corps does a great job recruiting at the USNA—the officers who are sent to the yard are interviewed and selected to be there based on their specialties and ability to interact with midshipmen. The USNA Women's

Network brings in “moms in flight suits”—a popular event during which successful female pilots with families discuss their experiences. This event attracts women who want to be pilots. The Academy is trying to get support and build its recruiting efforts, create databases of event participation, and identify midshipmen who are on the fence between two career fields to help make decisions. The popularity of career fields ebbs and flows, but women tend to look to the ones that are more competitive.

Dr. (CAPT Ret.) Cox asked the briefers if medical and dental are the only immediate postgraduate options for MSA graduates and if that postpones their 5-year military obligation. COL Diep confirmed that this is correct but only for medical. CAPT Densham explained that the Navy provides a number of graduate school opportunities, including civilian opportunities. CAPT Densham caveated that she does not have an answer on how it affects the service commitment, but it usually includes a payback that may or may not extend their time over the initial 5 years. Mr. Hogue shared that in the case of the Air Force, about 40 to 50 graduates go on to medical school. If they are pilots, the time away from training is leveraged. Mr. Houge gave the example of Miss America as someone who was in the pipeline to be a pilot while studying at Harvard. COL Federovich then clarified that the Army has Rhodes scholars and Marshall scholars. They have 20 cadets going to medical school, in addition to other competitive scholarships. The cadets can defer entry to training if they are selected.

Brig Gen (Ret.) Sanborn asked about the reason for the spike of 15 female Soldiers who chose to pursue EOD. COL Federovich responded that the branch has grown in interest across the USMA, but he was unsure of an explanation for the spike.

Ms. Stoneman referenced the many opportunities for mentors and asked if the MSAs match cadets and midshipmen with senior mentors intentionally. COL Diep explained the Army has a formal mentorship during the 6 weeks of basic training, where faculty members can put in preferences for cadets, such as those coming from a certain state or a certain gender. During the academic year, this is done again where preferences are matched. Anyone can be a mentor, and after their freshman year cadets can decide whom to choose as a mentor. COL Federovich added that the Accessions group has a list of every officer in the branch, so when a cadet reaches out looking for mentorship, they can be matched based on demographics and branch if they are interested. CAPT Densham reported that the USNA does not have a formal mentorship program but brings a concerted effort to match midshipmen with those who will help them develop. However, mediation programs have more of an effort to match midshipmen to the career field they are interested in to help them get back on track. Much of the mentorship program is informal and starts with company representatives from each community. When those representatives cannot answer a question, they reach out to colleagues and subject matter experts for an answer. Mr. Hogue stated that he believes it is an informal process at the USAFA but offered to investigate it to determine if a more formal process is in place. He added the USAFA provides a lot of women mentorship. CDR Kinney shared that the USCGA considers intentionality in the selection of mentors for cadets. With a specific request, any company, officer, or chief can facilitate finding a mentor. The USCGA also has a mentorship program to help find a specific mentor from a certain specialty. It also has an informal process in which the USCGA finds someone more senior who has the experience to provide guidance.

The briefing discussion concluded.

The Committee took a 60-minute recess for lunch.

Panel Briefing: Family Planning (RFI 6)

The Committee requested a briefing from the Defense Health Agency (DHA), Army, Navy, Marine Corps, Air Force, and Coast Guard on various topics related to contraception and family planning. For example, the Committee asked for information about the education on these topics provided to Service members throughout their career and during routine health examinations. The Committee also requested information on the level of obstetrician/gynecologist (OB/GYN) staffing; the number of appointments for family planning purposes; wait times for these appointments; and measures of Service members' awareness, satisfaction, and demand for reproductive health services. Lastly, the Committee asked for updates on the implementation of the comprehensive contraception awareness campaign mandated by the SecDef and the DHA pilot Reproductive Behavioral Health consultations program.

Defense Health Agency

Major Kathleen Pombier, Chief of the Women's Health Clinical Management Team, briefed the Committee for DHA.

Maj Pombier explained that DHA's responsibility is to oversee medical care for beneficiaries in direct care, meaning Military Treatment Facilities (MTFs), and private sector care, which refers to community-based care. Within direct care, DHA has 41 inpatient facilities with gynecologic and obstetric services. These services are provided by more than 450 gynecologic surgeons and obstetricians in addition to certified nurse midwives (CNMs), who deliver both specialized inpatient and outpatient care, and women's health nurse practitioners, who deliver specialized outpatient care only. Maj Pombier noted the language of RFI question 6c reflects that primary care providers (PCPs) can address routine women's health needs. Maj Pombier stated the exact number of providers at any given time fluctuates based on events such as TDY, parental leave, in-processing, and out-processing. DHA is standardizing staffing models and duty titles as part of the onboarding assessment process for manning and access to care.

Maj Pombier reported that in addition to the 41 MTFs that have inpatient gynecologic surgery and obstetrics services, 4 other MTFs offer outpatient services where personnel provide inpatient care to beneficiaries at civilian facilities. Only three inpatient facilities do not have OB/GYNs assigned: ACH Keller-USMA, NH Beaufort, and 51st Medical Group-Osan. At MTFs without OB/GYNs, beneficiaries are referred to private sector care when specialty care is indicated, such as for complex or surgical needs. PCPs can perform women's healthcare beyond women's wellness visits, including evaluation, diagnosis, and treatment of many women's health conditions. As a result, referrals to specialty care are limited to only those who need specialty care.

Maj Pombier referenced RFI Question 6e, which asks about data related to mental health counseling for reproductive health issues. Maj Pombier explained that there is no data that ties mental health counseling to a specific indication for which the counseling was sought. Reproductive health issues certainly cause significant stress and have an emotional impact, but the ultimate diagnosis falls under categories not specific to reproductive health, such as anxiety, depression, grief, and adjustment disorders. Maj Pombier explained that diagnoses and treatments for these conditions are the same regardless of the provoking factors, and often more than one factor leads a person to seek counseling.

Maj Pombier highlighted that beneficiaries are now able to access mental health services without a referral, regardless of whether they are Active Duty or a dependent. Behavioral health personnel are also integrated into patient-centered medical primary homes and other primary care service settings. This facilitates a holistic approach wherein mental health counseling is often performed in a primary care setting without capturing this data as specific to mental health. Veterans Affairs (VA) DoD joint clinical practice guidelines recommend screening all patients at least annually with the Patient Health Questionnaire-2 (PHQ-2), followed by the Patient Health Questionnaire-9 (PHQ-9) if patients screen positive on the PHQ-2. Beyond this screening, populations who have a higher risk of disorders receive additional screening, including those with recent losses, pregnant patients, postpartum patients, and those known to be facing significant stressors. This screening is available for all beneficiaries worldwide, and Active Duty members undergo additional screening with their periodic health assessment (PHA).

Maj Pombier indicated that the Military Health System (MHS) Reproductive Behavioral Health consultation pilot is intended to enable DoD providers to work with reproductive mental health subject matter experts. This pilot is set to start at the end of this year and will continue for 1 year while DHA collects data to determine the future feasibility and advisability of enterprise-wide adaptation or continuation of this pilot.

Maj Pombier reported that access and wait times for care are monitored monthly to ensure access standards are being met worldwide in direct and private sector care. For specialty care, such as OB/GYN, this means an appointment within 28 days. As of December 2023, access-to-care standards were being met at 94 percent of MTFs worldwide for OB/GYN specialty care. Maj Pombier added that to improve the ease of scheduling and the patient experience, DHA is establishing uniform guidance, processes, and procedures for centralizing and optimizing integrated referral management and appointment centers. This effort includes a policy of first call resolution, which is intended to ensure that no patient is asked to call back to the MTF for any reason.

Maj Pombier stated that providers are encouraged to offer full-scope family services. To increase access to long-acting reversible contraception (LARC), DHA is publishing a practice recommendation that provides clear standards for provider skill and competency required for privileging to help more providers place these contraceptives in patients. Regarding fertility services, the diagnosis and treatment of the underlying physical cause of infertility are covered under the TRICARE basic benefit and are provided in a variety of settings, including primary care and specialty care. Assisted reproductive technology services, including in vitro fertilization (IVF), intrauterine insemination (IUI), and cryopreservation (freezing of eggs or sperm), are specifically excluded from coverage under the TRICARE basic benefit by the code of Federal regulations. However, Active Duty Service members and eligible beneficiaries may pursue treatment at specific MTFs that offer services not otherwise covered at a reduced cost through partnerships with civilian facilities.

Maj Pombier stated that each MTF maintains information on available contraceptive services on its local website, including information on the timing and location of walk-in contraceptive services. Several MTFs also include information about these services on social media pages. DHA websites, including Health.mil and Tricare.mil, provide information on contraception and reproductive health accessible to all genders. The Solution Delivery Division of DHA also produced the Decide + Be Ready app for patients as the first step in reviewing options for contraceptives; educating themselves about different methods, including menstrual suppression;

and understanding their preferences and values. This app empowers beneficiaries to engage in their healthcare decisions and considers the unique needs of Service members who may be deployed or working in uniquely challenging environments. The types of medical care available through MHS following an abortion are the same the types of medical care available to beneficiaries at all times. DHA has also established a portal on Health.mil for beneficiaries to directly reach out for help accessing reproductive healthcare or contraceptive care, which has received only a few inquiries to date.

Maj Pombier noted that DoD, Military Services, and DHA independently conduct various surveys to assess satisfaction and experience with family planning and fertility-related services. Examples include the DoD's Women's Reproductive Health Survey (WRHS) on access to family planning and counseling services among Active Duty servicewomen. The services also administer a PHA annually to evaluate individual medical readiness of Service members. DHA also conducts surveys after visits to request information on patient experience and MTF healthcare visits.

Maj Pombier stated that full spectrum contraception services are available through appointments in primary care or specialty care and through walk-in services at all 130 parent MTFs worldwide, with some parent MTFs having multiple locations. If, for some reason, the desired contraception for a Service member cannot be obtained within the TRICARE standard of 28 days, a referral for off-installation care is placed. Service members do not have copays for the service of contraceptives. All copayments and cost-shares were waived for LARC as of November 2022 and for tubal ligations as of January 2023. Non-Active Duty beneficiaries filling prescriptions through mail-order or retail network pharmacies may have a copay due to prescription cost-shares set by law. Emergency contraceptive pills such as Plan B One-Step are available at network and MTF pharmacies without a copay, whereas Ella (another form of an emergency contraception) is covered at the MTF but requires a copay for non-Active Duty if obtained through a network pharmacy. Ella does not require a copay for Active Duty Service members even if obtained through a network pharmacy.

Maj Pombier highlighted that walk-in contraception services have been available since January 30, 2023, at 130 designated parent MTFs at least weekly. Individual sites decide the specific locations and hours that best serve the needs of their population. For some MTFs, this means multiple days a week, and for others, it may mean a single day. It could mean that the clinic is held in primary care locations, in an Active Duty only clinic, or in an OB/GYN clinic. Each MTF knows its patient population best and makes the determination accordingly. These clinics offer full-scope contraceptive care.

Maj Pombier explained that DHA has no direct data on family planning because it can occur in a variety of appointment settings during various interactions within the health system. For example, family planning may be discussed during an annual exam with a PCP or during a specialty care appointment for abnormal bleeding, though in either case it may not be clear these are family planning visits at first glance. DHA does have initial data regarding utilization of walk-in contraceptive service, which is so far limited to only 63 sites. Between April and September 2023, more than 4,000 encounters dedicated specifically to family planning occurred. Maj Pombier clarified that this is only a fraction of the family planning appointments across MHS.

Maj Pombier noted that both male and female Service members can obtain contraception at one of these 130 designated parent MTFs that provide walk-in contraception services at least weekly. These appointments are all unscheduled and on a walk-in basis and, therefore, do not have any associated wait time. Because contraceptive services are rendered in a variety of clinics and appointment types, DHA does not have data on wait times specifically for contraceptive services.

Maj Pombier was informed her allotted briefing time expired.

Army

Lieutenant Colonel Franchesca Desriviere, Chief of Female Force Readiness and Health, briefed the Committee for the Army.

LTC Desriviere stated that regarding contraception and family planning education for Soldiers, female and male health and readiness education is given monthly for a 1-hour block of instruction at Initial Entry Training (IET). It is a mandatory training for IET trainees.

LTC Desriviere explained that routine health examinations are not mandatory. However, in accordance with AR 40-502, the Army mandates an annual PHA, which may necessitate a follow-up in-person medical appointment if specific health concerns are identified. During the PHA, family planning and contraceptive information is discussed and given to the Soldier if they indicate a desire for such counseling.

LTC Desriviere noted that Soldiers are always welcome to schedule an appointment with their healthcare provider to discuss any concerns or explore options. Contraception counseling and fertility-related services are proactively offered to Soldiers upon scheduling an appointment with their PCP or OB/GYN. Primary care and OB/GYN clinics provide pamphlets and handouts with additional information. Soldiers can also access resources on websites such as Health.mil, Tricare.mil, and the Decide + Be Ready app.

LTC Desriviere described DHA's public relations campaign, which enhanced the visibility of information through the improvement of military websites, including individual MTFs' websites. This increased Soldiers' awareness of resources available and the elimination of TRICARE copays for medical contraceptive services. It also expanded publicly displayed information highlighting the resources available for Soldiers who experience difficulties accessing reproductive healthcare at MTFs.

LTC Desriviere reported that no surveys were conducted to measure Soldiers' knowledge and awareness of family planning or fertility-related services or availability and accessibility of these services for the Army.

The military does send out Joint Outpatient Experience Survey (JOES) to Service members immediately following their appointments; however, these surveys do not categorize responses based on the types of appointments.

LTC Desriviere noted that Soldiers may obtain contraception services by scheduling appointments at their primary care clinic for reproductive health planning or OB/GYN clinic for specialty care. Services off the installation require a referral. Walk-in contraception clinics are also available. They offer immediate access to contraceptives, including oral contraceptives and LARC, without an appointment. Soldiers can obtain most emergency contraception over the counter at their MTF pharmacy without a prescription. They can also obtain emergency

contraception from their local pharmacy and process it under the TRICARE pharmacy benefit without a copay.

LTC Desriviere explained that in accordance with the SecDef Memorandum dated October 20, 2022, contraception services are available, offering immediate access without an appointment 5 to 6 days a week and 40 to 45 hours a week, depending on location. Service members can obtain oral contraceptives, implants, LARC, or progesterone-only injections at these sites if there are no contraindications.

LTC Desriviere reported that the Army does not track the number of family planning appointments or the average wait times for obtaining contraception by Soldiers. The Army also does not track wait times for family planning appointments.

LTC Desriviere noted that the Army monitors access-to-care standards for readiness reasons but does not track the number of Soldiers experiencing infertility or the causes or incidence of infertility.

LTC Desriviere concluded her briefing.

Marine Corps

Lieutenant Colonel Stephen Draper, Head of the Individual Training Branch, Training and Education Command (TECOM), G3, briefed the Committee for the Marine Corps.

LtCol Draper stated that the first time young Marines get the opportunity to receive training on sexual health and family planning is at boot camp. The Marine Corps dedicates 2 hours to this topic, and the training uses a holistic approach. The training does not cover sexually transmitted diseases (STDs) or pregnancy but focuses on family planning, knowing that this is the first time some of these individuals are making good money. The training does not tell recruits not to get married once they graduate from boot camp, but it does encourage them to think critically about marriage and consider if it is the right step to take at this time in their life. The Marine Corps also talks about sexual responsibility at boot camp. It does not portray it in a negative light but discusses serious consequences of being irresponsible with sex and the effects of such actions on one's career.

LtCol Draper noted that once recruits graduate from boot camp, they move on to Marine combat training and then to their follow-on MOS schools. That is where the Marine Corps starts to brief them on the specific types of contraception available to them through Navy Medicine. They also learn about STDs and the pros and cons of being sexually active in this part of their lives. The Marine Corps also addresses family planning and marriage and discusses the timing and the consequences of getting married. LtCol Draper clarified that the Marine Corps does not encourage the Marines to get married or not get married but instead urges them to take time and really think about it. At both recruit training and follow-on training, about 4 hours total are dedicated to this topic.

LtCol Draper highlighted that once the Marines enter the fleet, they have PHAs that cover broad topics around sexual health and family planning. LtCol Draper added that it is leadership 101 for any deployment, any large exercise, any long weekends for commanders to talk to their Marines, both male and female, about sexual health, encouraging them to use caution, and urging them to be mindful of their actions. It is impactful for the Commander to make sure everybody within their command understands the consequences, or the pros and cons, of being sexually active.

LtCol Draper concluded his briefing.

Navy

Commander Katie Schulz, Chief of the Office of Women's Health (OWH) for the Navy Bureau of Medicine and Surgery (BUMED), briefed the Committee for the Navy.

CDR Schulz explained that in her briefing she would mention the Marines [in addition to Sailors] since Navy Medicine also provides healthcare for the Marine Corps.

CDR Schulz stated that all Sailors and Marines receive education on contraception and family planning, and they receive it in multiple ways. CDR Schulz referenced the PHAs noted in prior briefings and explained that Sailors and Marines complete PHAs annually. The PHA provides an opportunity to discuss contraception and family planning and includes specific questions on those topics. All Navy and Marine recruits receive education and counseling about these topics during their training. They also have the opportunity to receive contraception during their training.

CDR Schulz explained that OWH has created a one-stop-shop [Women's Health](#) webpage with educational resources on fertility, family planning, contraception, reproductive health, and more. Different resources are available for Sailors and Marines, leaders, and healthcare providers. To ensure these resources reach the deckplates, OWH conducts strategic quarterly messaging through a newsletter and recently started a social media campaign to advertise these resources.

CDR Schulz noted that routine health exams are required annually for Sailors in accordance with the Manual of the Medical Department (MANMED), with Chapter 15 outlining the requirement for the annual PHA. The PHA ensures the medical readiness of the Sailor or Marine and includes an inquiry about contraception. Sailors and Marines can discuss any concerns about family planning and pregnancy during the PHA or any other recommended exam or screening appointment.

CDR Schulz explained the MANMED specifies that servicewomen be counseled annually on unintended pregnancy, family planning, emergency contraception, health promotion, and more. Counseling is based on the Sailor or Marine's lifestyle, health history, risks, and preferences. When Sailors and Marines receive care at an MTF, DHA directs that contraception counseling is routinely offered.

CDR Schulz clarified that her briefing slide had an error, and the policies that outline the administrative absence and travel allowances for Sailors to access reproductive healthcare are NAVADMIN 058/23 and ALNAV018/23. These are also publicly available on the MyNavyHR website. CDR Schulz added that the Navy Medicine Women's Health website is another avenue for Sailors and Marines to get information and resources. This website has more than 108 patient resources and 83 leadership resources and links to all relevant women's health policies. To increase Sailors' and Marines' awareness of contraception services, OWH regularly produces resources that are distributed quarterly, and these resources are also available on the Navy Medicine Women's Health website.

CDR Schulz stated that to increase Sailors' and Marines' awareness of copay elimination, OWH disseminated this update through the Female Force Readiness Clinical Community, a multidisciplinary community of more than 230 Navy and Marine Corps leaders who distribute

information to the deckplates. The information was also shared during several Navy and Marine Corps cross-functional teams and working groups to ensure widest dissemination.

CDR Schulz highlighted that the Navy conducts an annual Health of the Force survey. To assess Service member knowledge of family planning resources and satisfaction with these services, this year's survey included some related questions.

CDR Schulz explained that Sailors and Marines have multiple avenues to obtain contraception, including at walk-in contraception clinics, through their Primary Care Manager (PCM), or through referral to specialty OB/GYN care. Emergency contraception is also available at no cost without a prescription at DoD pharmacies. Although the Navy was the first to implement walk-in contraception in 2016, this service offering is not a Navy requirement. However, Navy Medicine providers play a critical role in supporting walk-in contraception clinics throughout the MTFs and optimizing access to contraception in the operational setting. OWH has also developed a walk-in contraception toolkit to enable rapid standup of these services across Navy Medicine.

CDR Schulz noted that healthcare for family planning covers a wide range of services, and the Navy does not track these individual services. The Navy does use a dashboard for monitoring trends in contraception and uses information from that dashboard to improve access and inform female force readiness strategy. The Navy does not track appointments or wait times for family planning or contraception; however, Sailors and Marines have multiple avenues for accessing care.

CDR Schulz reported that among respondents of the [2020 WRHS](#), 14.3 percent of Sailors reported being unable to conceive after 12 months, and 12.1 percent of Sailors surveyed were told by a doctor they had infertility. These numbers are similar to the national rate of 13.4 percent of women who have difficulty getting or staying pregnant. In the same survey, 13.2 percent of responding Sailors saw a provider from within the MHS to talk about ways to help them get pregnant. Of the responding Sailors, 5.3 percent saw a provider outside the MHS, and 11.5 percent reported an unmet need for fertility services.

CDR Schulz reported that according to the [2020 Personal and Professional Choices Survey](#), 6 percent of those surveyed reported at least one of their children was conceived with the use of fertility treatments. Of those who used fertility treatments, 74 percent did so because they were diagnosed with infertility, while 8 percent were single parents or same-sex couples. Currently, the Navy does not track infertility causes or the incidence of infertility.

CDR Schulz concluded her briefing.

Air Force

Colonel Larissa Weir, AF/SG Chief Women's Health Consultant, briefed the Committee for the DAF.

Col Weir explained that she would reference both Airmen and Guardians in her brief because the DAF also provides medical care for the Space Force.

Col Weir described how education regarding contraception and family planning is available at multiple points throughout an Air Force or Space Force career. Mandatory contraception education occurs at basic military training as part of the Healthy Sexual Lifestyle Curriculum. Basic trainees also have the opportunity for voluntary clinical appointments where further contraception counseling and provision of care can occur. At Officer Training School (OTS),

trainees also have access to voluntary individual clinic appointments where contraception counseling and/or provision of care can occur. Voluntary options for contraception and family planning education occur regularly, including annual PHAs, predeployment health assessments, and any additional wellness examinations that may be scheduled through one's PCM or through specialty care such as women's health. Routine health examinations within the DAF consist of the annual PHA and predeployment health examinations prior to any deployment activities. Contraception counseling is offered at these clinical encounters, and members may also be referred to contraception services upon request. Currently, the DAF has no specific requirement for the discussion of fertility-related services at these visits.

Col Weir stated that additional opportunities for education and information regarding family planning are available to Airmen and Guardians through multiple online platforms belonging to the DAF and DHA, several of which had already been referenced by other Services during their briefings. The [Air Force Medical Service](#) website has a page dedicated to reproductive health. This page has links to the 2023 SecDef noncovered reproductive health policies, Air Force specific related instructions, and a page of frequently asked questions. This page also includes links to the DHA Women's Health pages and TRICARE resources discussing coverage and access to family planning care. Finally, members can access the Decide + Be Ready app, which provides comprehensive contraception counseling and education at any time on one's personal device.

Col Weir noted that the DAF relied on several mechanisms to create awareness of new reproductive health policies and benefits. Information about TRICARE copay changes were sent to all Air Force medical leadership at the time of the policy change in November 2022 for dissemination within their Major Commands (MAJCOMs), wings, and groups. This information was also published on the Air Force Medical Service website. Information related to resources and policies for noncovered reproductive healthcare was published on the Air Force Medical Service website, highlighted in several public affairs publications, and disseminated through social media platforms. All Air Force installation MTF Chiefs of Medical Staff were also briefed on these policies and resources at their annual in-person conference in 2023.

Col Weir reported that in 2022, the Air Force Surgeon General, the DAF WIT and the Secretary of the Air Force Surveys and Analytics Division sponsored a [survey](#) to gather information on the peripartum (the period shortly before, during, and immediately after giving birth) experiences of Airmen and Guardians. Other topics on this [survey](#) included fertility, pregnancy loss, and lactation. The survey received nearly 6,000 responses from Airmen and Guardians who had experienced a pregnancy-related event in the past 5 years. Survey data showed that 17 percent of respondents had sought infertility care or referrals, with 39 percent of these respondents going on to receive fertility treatment. The majority of those who received treatments paid out of pocket, with a third paying more than \$10K. The most common reasons for not pursuing treatment included the lack of TRICARE coverage and the associated costs or the disruption of care by deployment or PCS.

Col Weir noted that all MTFs on DAF installations have established walk-in contraception services, which fall under the authority of DHA. Through these services, Airmen, Guardians, and beneficiaries have access to same-day, full-scope, short- and long-acting reversible contraception. Members and beneficiaries can also access contraception services through an appointment with their PCMs or through women's health providers. Finally, emergency

contraception, Plan B, is available at all MTFs and TRICARE network pharmacies without prescription or copay.

Col Weir explained that under the authority of DHA, all DAF installation MTFs have established walk-in contraception services for members and beneficiaries, and these occur at least once per week in all locations. The number of family planning appointments and the average wait time for contraception services are not specifically tracked by the DAF. The number of Airmen or Guardians inquiring about contraception at their PHA is available through DHA Armed Forces Health Surveillance Division, which maintains that PHA data.

Col Weir noted that aside from the 2022 survey sponsored by the Surgeon General, the DAF does not specifically track the number of members experiencing infertility, requesting infertility services, or using these treatments. That survey was a unique entity and a one-time survey. However, given the vast amount of information the DAF procured from that survey, there is ongoing discussion about repeating it in the near term. Col Weir indicated that the Air Force is tracking utilization of noncovered reproductive healthcare benefits quarterly, including the number of days of administrative absence and travel allowances in accordance with the SecDef policies. Col Weir clarified that this data is not broken out for infertility versus reproductive services care. Finally, the DAF does not track data related to infertility instances or causes.

Col Weir concluded her briefing.

Coast Guard

Commander Deborah Belsky, Assistant Chief Medical Officer of the Coast Guard, briefed the Committee for the Coast Guard.

CDR Belsky explained that she also represents the Office of Health Services and the Office of Work-Life.

CDR Belsky highlighted that the Coast Guard is different from other Military Services, because it provides primary care services exclusively to Active Duty Guardsmen and some Reserve members. The Coast Guard does not treat family members who get care at TRICARE network facilities or MTFs. CDR Belsky clarified that even Active Duty Coast Guardsmen may get care through the TRICARE network or MTFs, given the Coast Guard's limitation to primary care. An initiative currently underway is partnering with Upstream, a nongovernmental organization, to optimize comprehensive contraceptive care and workflow. At six training commands, Upstream is helping the Coast Guard increase training for providers that do not yet have certifications or privileging in the insertion or removal of LARC. Upstream is also helping with initiating pregnancy intention discussions and delivering needed care at the first encounter. CDR Belsky explained that the Coast Guard is trying to improve what it already does and optimize care.

CDR Belsky indicated the Coast Guard was also approached by WINFertility, now known as WIN, a leading for-profit fertility services insurer. WIN wanted to provide Coast Guard members with nurse counseling services for their fertility journey. Because the Coast Guard does not provide fertility services, the Coast Guard approached Coast Guard Mutual Assistance (CGMA), a nonprofit that serves Coast Guard members. CGMA already provides a no-cost loan of up to \$6K for family members to support their fertility journey. CGMA partnered with WIN, and as of March 1, 2024, they have signed a memorandum of understanding. Through referral from CGMA, WIN can now offer Coast Guard members free nurse counseling services to help

them understand their fertility journey. The counseling also will help members better navigate this process and use CGMA's resources in the best possible way. CDR Belsky added that this counseling includes information on best places to seek fertility services, including MTFs. CDR Belsky explained that through the partnership between WIN and CGMA, the Coast Guard is enhancing the services that it does not actually deliver and still providing a way to benefit Coast Guard members.

CDR Belsky noted that Coast Guard clinics have limited services to provide primary care for Active Duty Guardsmen, but any member may receive or request contraception or family planning information at any clinic encounter. For mandatory types of engagement, the annual PHA is the same for all Military Services and has specific questions related to a member's interest in discussing contraception. If indicated affirmatively, the clinician will discuss contraception and any questions related to family planning as needed. The Coast Guard provides specific education on contraception and protection against STDs at service entry points at the USCGA and the Training Center Cape May.

CDR Belsky noted that the next briefing slide elaborates more specifically about the questions on the PHA, which had already been discussed.

CDR Belsky explained that in accordance with the SecDef's JTR update, the Coast Guard released information at the same time as the other Military Services via [ALCOAST 242/23](#), which went out to all Coast Guard members in June 2023. This communication referenced these updates and the related instructions on reproductive healthcare for the Coast Guard, which includes pregnancy in the Coast Guard, combat instruction related to military assignments, and authorized absences. The Coast Guard also released an article on the MyCG website about reproductive healthcare changes titled "[Reproductive health care: 3 updates you should know](#)." This article delineated specific points about allowing up to 20 weeks to notify a commander about a pregnancy, administrative absences to allow access to noncovered reproductive care, and travel coverage for noncovered reproductive care. The ALCOAST 242/23 and MyCG communications also referred to the Health.mil website, which contains information on reproductive healthcare.

CDR Belsky noted that Coast Guard members are educated by CGMA, the independent nonprofit organization for Coast Guard members, on CGMA's offerings of no-cost loans and new connection to WIN.

CDR Belsky referenced a briefing slide that highlighted what she already mentioned about the SecDef memo and instructions.

CDR Belsky referenced her next slide, which referred to no-cost contraception. The Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration had a carve-out that exempted them from no-cost contraceptive care. The Coast Guard signed onto an Office of Management and Budget conference letter. CDR Belsky explained that her understanding is that this language about no-cost contraceptive care is no longer included in the upcoming NDAA.

CDR Belsky said that she would defer to DHA in reference to the MHS website question. The Coast Guard does not have control over content on the DHA Health.mil or Tricare.mil sites.

CDR Belsky reported the Coast Guard joined the DHA-sponsored WRHS. CDR Belsky noted that of more than 6,000 women, 38 percent responded to the survey—a high response rate. About

8 percent of Coast Guard women expressed an unmet need for accessing fertility services since joining the military. Coast Guard women had to travel farther than any other Service members to access infertility services and drugs to improve ovulation. CDR Belsky explained that this data is not surprising because the Coast Guard does not offer fertility services and Guardsmen may be stationed in remote locations. CDR Belsky reiterated that members have to find these resources through the TRICARE network or through MTFs, so it was not surprising to see that Coast Guard women had the longest distance to travel.

CDR Belsky stated that contraceptive services are available at any time through an appointment with any clinic, through the TRICARE network, or through an MTF. Some walk-in clinics have pharmacies, but they are only open during the clinic's operating hours. The Coast Guard does not have 24/7 staffing, urgent care clinics, or emergency rooms. CDR Belsky explained that the Coast Guard works within the hours when the walk-in clinics have pharmacy staffing. The Coast Guard has Plan B available afloat and ashore. Coast Guard clinics do offer contraceptive care during operating hours.

CDR Belsky explained that the Coast Guard does not track fertility appointments or reproductive healthcare because the Coast Guard does not provide that care. CDR Belsky indicated it would be difficult to track; the Coast Guard could try to determine what referrals went out, but it would be unclear whether those referrals were answered. CDR Belsky reiterated that it would be difficult to access that information and have accurate data.

CDR Belsky noted she was uncertain about what was being asked about wait time—whether the Committee was referencing wait times to see a provider, wait times to obtain a prescription from a pharmacy, or wait times to get a vasectomy for a male. CDR Belsky stated the Coast Guard does not track that information. CDR Belsky reiterated this tracking would be difficult because this kind of care is limited at Coast Guard clinics.

CDR Belsky reported that some wait times were reported in the WRHS. More than a third (36.8 percent) of respondents reported waiting between 8 and 28 days to get a healthcare appointment, 13 percent waited more than 1 month, and more than 8 percent were not able to get an appointment. CDR Belsky noted that it is unclear if these survey responses were in reference to getting an appointment in the network, at an MTF, or at a Coast Guard clinic, making it difficult to parse out the data. CDR Belsky highlighted a concerning response in the survey that only 42 percent of women said they were able to or easily able to get an appointment with an OB/GYN. CDR Belsky noted that this number is low, and she worries it will be lower given the current climate. The Coast Guard has no control over OB/GYN services because it does not have OB/GYN physicians.

CDR Belsky noted the Coast Guard does not have accurate information on the number of members seeking contraception; the Coast Guard does not track this data. However, with its Upstream partnership, the Coast Guard is looking at data to be able to examine how contraceptive care delivery is improving over time. CDR Belsky explained that she believes this data will improve the Coast Guard's knowledge of its performance related to contraceptive care.

The Coast Guard does not have data on fertility services. CDR Belsky reiterated that the Coast Guard does not track wait times.

CDR Belsky stated that the Coast Guard does have some information on infertility from the RAND survey, in which almost 11 percent of Coast Guard women reported ever unsuccessfully

trying to conceive for 12 or more months. CDR Belsky explained that she was unclear whether these numbers relate to deployments, PCS, or partners and whether they are in the military. CDR Belsky added that this number tracks with the general population in terms of infertility.

CDR Belsky concluded her briefing.

Discussion

CAPT (Ret.) Barrett asked Ms. Stoneman if Maj Pombier could complete the remainder of her briefing for DHA before beginning the discussion period. Ms. Stoneman consented and asked Maj Pombier to continue her briefing.

Maj Pombier continued her briefing, reporting that regarding statistics on the number of appointments made for family planning purposes, there is no direct data for any chief concerns related to appointments. Maj Pombier clarified that these conversations occur in a variety of settings and for a variety of reasons, so there is no way to specifically isolate the indication for the appointment and the counseling that occurs within the appointment. The only specific data DHA has on family planning is through the walk-in contraception service clinics because these encounters are reserved specifically for contraception. Maj Pombier noted that this data is reported annually and is being validated as DHA transitions to its new electronic medical record worldwide.

Maj Pombier explained that wait times are tracked by location, not by specific indications for an appointment. Maj Pombier noted that this data is reviewed monthly to ensure the access-to-care standards are being met worldwide for primary and specialty care appointments. However, no direct data is available related specifically to family planning appointments.

Maj Pombier reported that as of 2021, 2.2 percent of Active Duty Service members and their spouses had a medical diagnosis of infertility. The Centers for Disease Control and Prevention reports that among married women aged 15-49 with no prior births, about 19 percent are unable to get pregnant after 1 year of unprotected intercourse. Maj Pombier clarified notable differences exist between clinically diagnosed fertility and survey-based data.

Maj Pombier indicated the TRICARE benefit covers the diagnosis and treatment of the underlying causes of infertility. DHA does not define or monitor the access standard for Active Duty Service members' and their spouses' fertility services beyond the TRICARE basic benefit.

Maj Pombier stated that DHA has been asked to report on rates and causes of infertility in reports to Congress on multiple occasions. One of these reports is currently pending publication. Maj Pombier explained that when an underlying cause of infertility is identified, the most common cause is anovulation in women (i.e., not ovulating or releasing an egg) and azoospermia in men (i.e., no sperm in the ejaculate). Between 15 and 30 percent of cases of infertility do not have an identified cause. Maj Pombier noted that the distribution of infertility among beneficiaries mirrors what is seen in the nonbeneficiary population. Maj Pombier added that disability determinations—and whether a disability is Service-related—are made at the time of separation.

Maj Pombier concluded her briefing.

Ms. Stoneman reopened the discussion portion of the briefing.

Brig Gen (Ret.) Sanborn explained that her understanding was that only women with a Service-connected disability are eligible for fertility treatment services and asked how this works for women who are not separated and have a longer career, given that the determination is not made until the servicewomen is separated. Maj Pombier explained that the availability of fertility services comes from the VA after the servicewomen separates. Active Duty servicewomen can obtain covered fertility services, such as IVF, through the supplemental healthcare program if serious illness or injury has affected their ability to procreate. Maj Pombier clarified it is not necessarily that the illness or injury is Service-related; it is that the individual must be an Active Duty Service member who is seriously ill or injured while on Active Duty, with a condition that affects their ability to procreate. Brig Gen (Ret.) Sanborn asked if Service members being treated for this injury or illness are advised fertility treatment is an option. Maj Pombier confirmed the categorization of the seriously ill or injured is through the Wounded Warrior program. Maj Pombier added when those who are seriously ill or injured get tied into the Wounded Warrior program, they are aware of the program and the availability of services. Maj Pombier explained DHA is working to incorporate more specifics on the recently updated policy and benefits into the packet members receive when they are brought into the Wounded Warrior program.

Brig Gen (Ret.) Sanborn noted she had read in the media about staffing shortages for OB/GYN services. She referenced a DACOWITS focus group where no one on base provided these services and women reported traveling to receive them. Brig Gen (Ret.) Sanborn noted that Maj Pombier shared the number of facilities that have OB/GYNs during her briefing but not the number with shortages or staffing challenges. Brig Gen (Ret.) Sanborn asked how short DHA is currently on OB/GYNs, particularly for OCONUS, shipboard, remote locations, and deployments. Maj Pombier explained that she would defer to the Services for specifics on the differences between authorizations and filled billets in terms of the availability of providers. Maj Pombier added that from a civilian standpoint, when she checked recently, of about 120 slots for OB/GYN providers that were civilian or contract, only 4 were open. Maj Pombier explained this meant more than 95 percent of those civilian or contract slots were filled. She reiterated her deferral to the Services for specifics on the Active Duty population.

Brig Gen (Ret.) Sanborn asked the Military Services to respond to the same question about shortages and staffing challenges with OB/GYNs. CDR Schulz from the Navy stated it is a challenging question to answer. CDR Schulz emphasized that across the Services, their mission is warfighting, whereas healthcare delivery is DHA's mission. Although the Navy has OB/GYNs and midwives and taking care of female warfighters is part of the mission, the Navy has many budget priorities. The Military Services may vary in where they choose to invest, and it may be investing in warfighting. CDR Schulz explained that the Navy's job and focus is to make sure women are mission ready. Currently, the Navy has not made any divestitures, which were planned for the Navy's medical community. These divestitures have been on hold for the past 5 years. The Navy has not divested any OB/GYNs, midwives, or other relevant medical providers that were being considered several years ago. The Navy's billets are manned to meet the requirements; from the surface perspective, the Navy is currently manned appropriately. CDR Schulz clarified this does not mean the Navy is not facing recruitment and retention challenges. The Navy is actively working to retain qualified and skilled professionals and recruit talent to fill the billets the Navy has for medical providers that provide this care.

Brig Gen (Ret.) Sanborn asked to confirm if CDR Schulz was saying there is a standard for what the manning or staffing models are and that the Navy is currently fully staffed. CDR Schulz explained that they are currently filling billets for those provider roles. CDR Schulz added that the Navy is also looking forward into what that will look like in the next 2 to 5 years. The Navy is anticipating some gaps in being able to fill all those billets but is actively working on recruitment and retention to address this issue.

Col Weir explained that, like the Navy, the number of OB/GYNs filling the number of OB/GYN authorizations for DAF is healthy. Col Weir added the DAF continues to discover that the mission is greater than previously assessed. Referencing CDR Schulz's response, Col Weir noted that taking care of female Airmen and Guardians and making sure they are ready is the main mission; however, it is also important to take care of families, particularly when the Air Force wants to have Airmen and Guardians stationed in remote locations. To maintain the readiness and the family readiness of Airmen and Guardians in locations like the Pacific, it is necessary to have uniformed members to provide that care. Col Weir referenced prior briefings and reiterated that care is not always accessible locally within the networks, nor is it always possible to hire civilians to provide care in remote locations. Col Weir added the DAF is continually recognizing that women's health needs in the deployed environment need to be further addressed. Female warfighters of all kinds experience injuries. Col Weir explained that being able to address those health needs in the deployed environment is also important, along with having enough uniformed OB/GYNs and other providers to provide those services. Col Weir summarized her response noting that the DAF has good numbers, but she anticipates the mission will continue to grow, and the DAF will need to continue to grow to support that.

Dr. Ferguson commented on the Military Services' responses to the last question, asking if the increase in women in the military matches the billets for women's healthcare providers and whether that change would result in extended wait times. Dr. Ferguson noted that Col Weir mentioned in her briefing for DAF that 11 percent had unmet needs for fertility services. Dr. Ferguson asked if there is an understanding of the obstacles or challenges with those unmet needs. Col Weir responded that 17 percent of survey respondents indicated they sought infertility referral or care. For those who are not ultimately going on to receive treatment, the greatest barriers include the lack of coverage by TRICARE and the associated costs. Col Weir reported that the data showed that more than a third of Service members who sought fertility care paid \$10K out of pocket, and around 20 percent paid more than \$25K out of pocket to receive treatment. Col Weir thinks the financial cost is one of the greatest limitations. Col Weir added one of the other causes for not completing fertility treatment reported from the survey data was an interruption of care by deployment and PCS. She noted that an Airmen or Guardian might be established with a fertility clinic and ultimately need to deploy or PCS, which is disruptive to that care.

CMDCM (Ret.) Harris explained she had seen, as a veteran herself, OB/GYN providers in the VA healthcare system experience burnout because not many of them provide regular gynecology services. CMDCM (Ret.) Harris asked whether this population is accounted for and how it is affecting provider staffing. CMDCM (Ret.) Harris referenced briefers' comments about the main mission being warfighting but noted that the MHS does have to take care of the veteran population when they are ready to deliver babies. Maj Pombier responded that while there is an agreement for DHA to care for some of those VA patients if DHA is unable to meet the standard

of getting them seen in the appropriate amount of time, those patients would be deferred to the network. Veterans who are pregnant and seeking maternity care do not have to deliver at an MTF beyond the means of the MTF to provide care. CMDCM (Ret.) Harris asked if DHA was seeing any level of burnout with DHA providers for this reason. Maj Pombier responded she thinks providers are experiencing burnout, which is true of all OB/GYN providers, both in the military and outside the military, but it is not necessarily related to the increased volume of patients from VA agreements.

Col (Ret.) Anderson asked to confirm that, except for the USCGA, no cadets, midshipmen, or officer candidates receive family planning education at the officer or academy level, although they can request and receive individual counseling. Col Weir answered that this is true for DAF; OTS has no specific, didactic curriculum. Basic military training school provides family planning education, but OTS only offers individual opportunities for officers. LtCol Draper stated he does not believe any training is offered for the Marine Corps officer candidate school (OCS), but he would verify and get back to the Committee. CDR Schulz explained the Navy is exploring how to get this information into some of its officer pipelines. Boot camp is important, but it is only reaching part of the population. In addition to boot camp, sometimes hearing information more than once and receiving it at different points in someone's career trajectory is important. CDR Schulz reported the Navy also recently gathered information from junior Marines who just finished boot camp, who said, "Yes, I know they talked about it, but I have no idea what they said."

The Navy is looking at reintroducing this education at a secondary training point; CDR Schulz's office is working on it. CDR Schulz explained her office partners with Marine Corps counterparts to identify the best place to include family planning education and ways to optimize it. LTC Desriviere confirmed the Army has no didactic training concerning contraceptives for officer training but is currently working with the Army Training and Doctrine Command (TRADOC) to put together a plan of instruction for all pre-command courses to discuss contraception, women's health, pregnancy, and postpartum care. CDR Belsky noted that she is not sure if the USCGA or the recruit training command has specific didactic training, but at the clinic level, there is discussion of contraception and STD prevention as the recruits come through. The same goes for the USCGA cadets as they come through for their intake at the medical clinic, but she stated she was unsure what the curriculum includes. Col Weir from DAF added that the comment made by the Army is an important one and also one that the DAF has taken on, which is educating leaders about contraception and family planning. The DAF is considering creating a guide that would be integrated into professional military education for sergeant school.

CAPT (Ret.) Barrett referred to CDR Belsky's briefing, in which she mentioned funding available by a Coast Guard relief society that gives up to \$6K. CAPT (Ret.) Barrett asked if any other Military Services have similar arrangements with other support societies, given that costs for fertility treatments can range up to \$25K. Col Weir explained DAF does not have any specific monetary support, but it has also partnered with WINFertility to provide the counseling service and nurse management guide free of cost to some Airmen and Guardians. CDR Schulz responded she was not sure if anything like that currently exists for the Navy. LtCol Draper mentioned the Navy and Marine Corps Relief Society, where Sailors and Marines can request a low-interest or no-interest loan up to prescribed amounts, but he was not sure if it could be used

specifically for medical purposes. LTC Desriviere confirmed that the answer for the Army was the same as the Marine Corps' response.

Dr. Ferguson stated that determining Service-related causes of infertility might be very difficult. Dr. Ferguson asked about the standards for how this is assessed or determined. Maj Pombier noted her understanding is that VA determines Service-related causes at time of separation, which determines whether the individuals will qualify for fertility services under the VA policy.

Dr. Ferguson noted the briefers discussed the difficulty of tracking requests for administrative leave and travel reimbursement. Dr. Ferguson asked if this information could be tracked, including requests for fertility services. CDR Belsky said she does not have information on how much this issue is accessed. She stated it is supposed to be tracked like the other services, but she does not know if the information is parsed out because it is confidential. When a Service member requests travel, they do not say, "I am going to get an abortion" or "I am going to get fertility treatment" as the reason for reimbursement. It may be very difficult to parse out how much of that travel is for specific reasons. Dr. Ferguson asked if the Coast Guard had any anecdotal sense of the numbers or percentage of how much that policy is used. CDR Belsky explained that she would have to seek out that information, noting it is not held within the Coast Guard Office of Work-Life but within a different section.

Col Weir explained the DAF is tracking that information through personnel actions. As was mentioned by the Coast Guard, the DAF is not able to determine what noncovered reproductive healthcare the Airman, Guardian, or family member sought, so it is not possible to identify whether it was infertility care or abortion care. But the DAF collects that data in accordance with the policies on utilization. Dr. Ferguson asked to clarify whether DAF had numbers or percentages on noncovered reproductive healthcare use. Col Weir explained that those numbers exist, but she did not have them with her today. CDR Schulz responded that the Navy was similar in that it tracks this information and could provide those numbers to the Committee. She shared that it was her understanding that not many members use this policy but noted a different office tracks that information. LtCol Draper explained he would add one caveat to that response from his experience as a battalion Detachment Executive Officer (XO) in Okinawa, where they did not have any related cases. LtCol Draper noted that in talking to other XOs, they did not have cases either. LtCol Draper stated he thought there would be many more cases, but the five battalions he had experience with over 2 years did not see any cases. LTC Desriviere explained the Army is trying to track this information through the personnel website. She noted it will be difficult to determine noncovered services versus fertility services. She reiterated the Army is implementing ways to track those requests.

VADM (Ret.) Braun stated her interest in how the DAF sponsored the pregnancy and postpartum experiences survey in 2022, which surveyed Airmen and Guardians who experienced a pregnancy-related event in the last 5 years, and asked how often the DAF will conduct this survey. For the other Military Services, VADM (Ret.) Braun asked if they conduct similar surveys or are considering them. Col Weir responded that she did not have a firm answer and that the DAF is working through what future opportunities would be. Col Weir explained that from her perspective as a women's health advocate, she would like to see a similar survey conducted every 3 to 5 years because of the valuable information these surveys provide.

CDR Belsky responded the Coast Guard had not discussed any kind of survey. She explained that she is not sure if the Coast Guard has sufficient staffing to conduct such a survey without additional funds. She also noted it would be difficult because Coast Guard members get care from TRICARE and through MTFs and get contraceptive care and some family planning guidance at Coast Guard clinics. CDR Belsky explained it would probably be a different survey, and the Coast Guard would need to think about how to approach those questions. CDR Belsky noted that if the Coast Guard were to embark on a survey, it would ask the DAF for help.

CDR Schulz commented that a great part of hearing other briefs is that they can learn from other Services and explained this is something the Navy could explore, especially as it is setting up its WIT. LtCol Draper concurred with CDR Schulz's response for the Navy. LTC Desriviere also concurred, noting that this is something the Army should do but is not currently doing. Ms. Stoneman asked if she heard correctly that the Marine Corps is setting up a WIT. LtCol Draper responded that it falls under the Navy.

Dr. (CAPT Ret.) Cox referenced a staffing shortage at the Naval Hospital in Okinawa in June 2023, where women had to deliver out of town or be flown back to the United States. Dr. (CAPT Ret.) Cox asked for an explanation on how the situation was resolved and what lessons were learned. Maj Pombier from DHA explained that the lesson learned was to pay attention to the red flags that the MTF capacity may not be meeting the needs of the patients. She noted that, hopefully, DHA could readdress and ship personnel before it comes to a point like it did in Okinawa. Maj Pombier highlighted the importance of examining different DHA metrics to determine the alignment with the access standard. Maj Pombier suggested looking at when the next available appointment is to assess access standards. This may indicate personnel issues that need to be addressed sooner.

Brig Gen (Ret.) Sanborn asked if servicewomen's satisfaction with access and availability of OB/GYN or nurse practitioner care is measured statistically or anecdotally. CDR Schulz from the Navy responded multiple methods can assess satisfaction without surveys. CDR Schulz noted Service members can experience survey fatigue. CDR Schulz explained most the Military Services have a group or office focused on women's health and serving the needs of servicewomen. Her office, in partnership with the surgeon general, developed a list of required women's health proficiencies that all first-line providers must have. CDR Schulz explained that we can focus on women's healthcare provided by OB/GYNs or midwives or someone in that specialty clinic, but it also has touchpoints with primary care. Those PCPs are the first level of providers who take care of servicewomen on the ship or in the field. These PCPs need to know basic women's healthcare because Service members might not get into the MTF for specialty care for up to 28 days as the access standard. The Navy is working on initiatives to make access to that first level of care easier. One initiative is a self-swab protocol for someone who has complaints of vaginal discharge. A nurse can run that protocol, and the Service member never has to see a provider, so they can stay out of the emergency room. CDR Schulz stated this can help ease access and raise awareness among leaders about the needs of servicewomen and how they might be different than the needs of servicemen.

Maj Pombier agreed with CDR Schulz's statement about emphasizing to providers and beneficiaries that a large proportion of women's healthcare can be provided within the primary care setting. Therefore, it is important to ensure patients are aware that the general screening, the

first line, or the initial evaluation and workup can begin with a PCP while waiting for access to specialty care. Col Weir from DAF agreed and noted she thinks another area is female musculoskeletal complaints. Pelvic floor physical therapy is something the military and the country at large do not have enough access to. Ensuring PCPs understand those musculoskeletal complaints and know when referrals need to be placed is important, as is having general physical therapists understand these specific issues. The DAF has taken initiative to educate all physical therapists about those injuries and when women need to be referred for specialty care.

CDR Belsky added the Coast Guard has limited clinics and ability to deliver care, but the care they deliver is primary care, which should include comprehensive contraceptive care. The Upstream initiative is intended to enhance and optimize the Coast Guard's existing work; it will also involve training providers in LARC insertion and removal, educating them on the current contraceptives available, and trying to bring some of the women who might be going out into the network back to the clinic. CDR Belsky believes this initiative will be successful. The Coast Guard initiated it at six training commands because it is the earliest touchpoint; training commands have their youngest members and can provide skillful care. Once the Coast Guard finishes this initiative, it plans to roll out the lessons learned to the rest of the enterprise. This way, no matter where one is stationed, if a Guardsman is in the Coast Guard and a Coast Guard clinic is there, the clinic should be able to deliver comprehensive contraceptive care.

Dr. Ferguson asked the Military Services for their perspective on where they see gaps and challenges in providing force-ready comprehensive women's reproductive healthcare. Maj Pombier from DHA explained that there are limitations related to fertility care due to the TRICARE benefit. Dr. Ferguson asked if Maj Pombier was referring to the limitation that infertility must be Service-related. Maj Pombier responded that she was instead referring to how TRICARE basic can provide the diagnosis and treatment related to the underlying physical causes of infertility, but it does not cover assisted reproductive technology (ART) needs because of statutory limitations—unless the individual falls into the category of severely ill or injured. LtCol Draper explained one gap from his perspective goes back to the issue at the Okinawa hospital. The military needs to incentivize specialists to go abroad. Okinawa, specifically, was in a rough spot for a long time. This situation was not necessarily specific to reproductive health, but there was a litany of injuries, where about a dozen Marines had to return to the contiguous United States for specialty care because the hospital did not have specialists, though there were certainly billets for this. LtCol Draper reiterated the difficulty of getting providers out there, creating the need for incentives.

CDR Schulz highlighted two big challenges. Servicewomen do not always want to be cared for by their unit's enlisted corpsman. On a ship specifically, nobody is volunteering for a pelvic exam by the same person they eat lunch with. She explained that she did not want to go to OB/GYN for care because they were her colleagues. She would rather go to family medicine. CDR Schulz explained it is important to help Service members get care where they want while balancing the fact that not everybody can get specialty care just because they want specialty care. The second challenge is that many Active Duty Service members have a dual mission; they are attached and live every day in the hospital or the MTF, but they are also assigned to an operational platform to fill an expeditionary role. That is the primary mission, so when the expeditionary unit deploys, the Active Duty providers go with the unit. The hospital and the MTF and DHA have to fill those gaps when these individuals are gone. The dual mission is

challenging for the medical provider to consistently provide care as the staffing levels fluctuate at the MTFs.

Col Weir from DAF noted that she would echo what the other Military Services shared and added that while it gets slightly away from healthcare delivery, two other issues are still relevant. The first is the culture and normalizing the need for reproductive healthcare and women's healthcare. She referenced her briefing and the emphasis on education—ensuring that commanders, supervisors, and leaders understand some of the specialized healthcare needs of their female Airmen and Guardians; recognizing these needs as basic healthcare; and increasing education and cultural awareness. Another issue the DAF is examining is fitness; peripartum fitness education is an area for expansion. Several years ago, the Army instituted a program that has been quite successful—and it is important for wellness of all servicewomen across the board.

CDR Belsky explained that she hesitated to share this information because it is not within her current Coast Guard role but rather her prior Air Force experience, which she noted was quite a while ago. She explained that she is a family physician who was trained very well at Travis Air Force Base to deliver babies. She delivered 100 babies in her training. She was stationed in Okinawa and was able to get privileges to deliver at Lester Naval Hospital, but it was not supported in her Air Force clinic because she had other assigned duties, such as urgent care. A solution could be to support family medicine trained physicians newly out of residency with those skills to support OB/GYN care. CDR Belsky reiterated this suggestion came from outside her role in the Coast Guard. One of the first skills that goes as a family medicine trained physician is obstetrics and delivery. CDR Belsky emphasized that it is one of the first skillsets that is lost if not utilized.

HON (Col Ret.) Scholz stated she understands that the standard for getting specialty care is within 28 days, and if the standard is not met, members can be sent to community care. HON (Col Ret.) Scholz asked if patients can request community care and whether they are aware of this option. Maj Pombier from DHA explained that if Service members have TRICARE Prime, they are not able to request to be seen in community care unless the MTF is unable to meet the access standards. It is the rule of TRICARE Prime and is not specific to OB/GYN but rather to specialty care in general. Patients who have TRICARE Prime will be seen at the MTF if they can be seen within the access standard, whether primary care or specialty care. HON (Col Ret.) Scholz asked if Service members can request community care if the standard of 28 days cannot be met. Maj Pombier clarified community care is offered when patients make the appointment. That is part of the Integrated Referral Management and Appointing Center's (IRMAC) functions when the Service member calls in. IRMAC asks them if they would like to waive the access standard or if they would like a referral to the network. Maj Pombier added that part of the problem is that some network providers are also unable to see patients within 28 days, so sometimes patients decide to stay at the MTF.

The briefing discussion concluded.

Overview of Public Written Comments

LTC Frazier reviewed the Committee's receipt of public comments. The Committee did not receive any written public comments in preparation for this meeting.

Final Remarks

LTC Frazier, DACOWITS Military Director and DFO, stated the next meeting would be held June 25, 2024, 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 March QBM

RFI 2	
RETENTION INITIATIVES	
<p>In accordance with DACOWITS' Terms of Reference, the R&R Subcommittee will identify opportunities and innovative initiatives to more effectively retain servicewomen, utilizing retention incentives such as bonuses, special schools, retraining, and choice duty assignments.</p>	
<p>The Committee is concerned that women opt out of major career progression milestones at a larger rate than their male counterparts (e.g., requests for withdrawal from promotion consideration, Service schools, or command opportunity). The Committee is interested in opt-out data from FY19-23, separated by gender and grade, to determine if there is disparity of mid-career women versus men..</p> <p>The Committee requests a written response from the Military Services (Army, Navy, Marine Corps, Air Force, Space Force, Coast Guard, and National Guard) on the number of opt outs submitted by Service members in the grades of O-4 through O-6 and E-7 through E-9, broken out by grade, gender, and the percentage of the total number being considered in their peer group.</p>	
Organization	Description
Army	Army provided the Committee with a response.
Navy	Navy provided the Committee with a response.
Marine Corps	Marine Corps provided the Committee with a response.
Air Force	Air Force provided the Committee with a response.
Space Force	Space Force provided the Committee with a response.
Coast Guard	Coast Guard provided the Committee with a response.
National Guard	National Guard provided the Committee with a response.

Implementation of Women, Peace, and Security Requirements

In accordance with DACOWITS' Terms of Reference, the Employment and Integration (E&I) Subcommittee will examine the Military Services' efforts to fulfill requirements of the U.S. Strategy on Women, Peace, and Security (WPS), specifically related to the WPS Strategic Framework and Implementation Plan. In addition, the E&I Subcommittee will examine WPS long-term defense objectives to assess women's meaningful participation within the Joint Force, as well as women's representation across all ranks and all occupations.

The Committee would like to examine the actual DoD Gender Analysis Framework/Guide/Checklist to understand, assess, and use, to support WPS Objective 1: "modeling and employing WPS for women's meaningful participation within the Joint Force as well as representation across the Joint Force."

The Committee requests a **written response** from the **Military Services (Army, Navy, Marine Corps, Air Force, and Space Force)** on the following:

- a. Total number of O4s and break out number and percentage of males and number and percentage of females in the total O4 population.
- b. Total number of O4 joint duty assignment list (JDAL) billets.
- c. Total number of O4s who are currently serving (1 Jan 2023-31 Dec 2023) in Joint Duty Assignments (JDA) and break out number and percentage of males and numbers and percentage of females in this total O4 JDA population.
- d. Total number of O4s who have JDAL credit (at the O4 level) prior to 1 Jan 2023 but are still O4 rank. Break out number and percentage of males and number and percentage of females in this total O4 JDAL credit population.
- e. Request data for 2023, 2022, and 2021.
- f. Total number of O5s and break out number and percentage of males and number and percentage of females in the total O5 population.
- g. Total number of O5 JDAL billets.
- h. Total number of O5s who are currently serving (1 Jan 2023-31 Dec 2023) in JDA and break out number and percentage of males and number and percentage of females in this total O5 JDA population.
- i. Total numbers of O5s who have JDAL credit prior to 1 Jan 2023 but are still O5 rank. Break out number and percentage of males and number and percentage of females in this total O5 JDAL credit population.
- j. Request data for 2023, 2022, and 2021.
- k. Total number of O6s and break out number and percentage of males and number and percentage of females in the total O6 population.
- l. Total number of O6 JDAL billets.
- m. Total number and percentage of O6s who are currently serving (1 Jan 2023-31 Dec 2023) in JDA and break out number and percentage of males and number and percentage of females in this total O6 JDA population.
- n. Total number and percentage of O6s who have JDAL credit prior to 1 Jan 2023 but are still O6 rank. Break out number and percentage of males and number and percentage of females in this total O6 JDAL credit population.
- o. Request data for 2023, 2022, and 2021.
- p. Total number of O7-O8s and break out number and percentage of males and number and percentage of females in the total O7-O8 population (separate O7 and O8 into two separate rows of data).
- q. Total number of O7 and O8 JDAL billets.
- r. Total number of O7-O8s who are currently serving (1 Jan 2023-31 Dec 2023) in JDA and break out number and percentage of males and number and percentage of females in this total O7-O8 JDA population (separate O7 and O8 into two separate rows of data).

- s. Total number and percentage of O7-O8s who have JDAL credit prior to 1 Jan 2023 but are still O7-O8 rank. Break out number of males and numbers of females in this total O7-O8 JDAL credit population (separate O7 and O8 into two separate rows of data).
- t. Request data for 2023, 2022, and 2021.
- u. Total number of O9-O10s and break out number of males and numbers of females in the total O9-O10 population (separate O9 and O10 into two separate rows of data).
- v. Total number of O9 and O10 JDAL billets.
- w. Total number of O9-O10s who are currently serving (1 Jan 2023-31 Dec 2023) in JDA and break out number and percentage of males and number and percentage of females in this total O9-O10 JDA population (separate O9 and O10 into two separate rows of data).
- x. Total number of O9-O10s who have JDAL credit prior to 1 Jan 2023 but are still O9-O10 rank. Break out number and percentage of males and number and percentage of females in this total O9-O10 JDAL credit population (separate O9 and O10 into two separate rows of data).
- y. Request data for 2023, 2022, and 2021.
- z. The total number of E5-E6 and break out number and percentage of males and number and percentage of females in E5-E6 population (separate E5 and E6 into two separate rows of data).
- aa. The total number of E5-E6 currently serving in a Joint Assignment (Joint Staff, COCOM, etc.) and break out number and percentage of males and number and percentage of females in this total population (separate E5 and E6 into two separate rows of data).
- bb. Request data for 2023, 2022, and 2021.
- cc. The total number of E7-E9 and break out number and percentage of males and number and percentage of females in E7-E9 population (separate E7, E8, and E9 into three separate rows of data).
- dd. The total number of E7-E9 currently serving in a Joint Assignment (Joint Staff, COCOM, etc.) and break out number and percentage of males and number and percentage of females in this total population (separate E7, E8, and E9 into three separate rows of data).
- ee. Request data for 2023, 2022, and 2021.
- ff. The total number of WO1-WO5 and break out number and percentage of males and number and percentage of females in WO1-WO5 population (separate into five separate rows of data).
- gg. The total number of WO1-WO5 currently serving in a Joint Assignment (Joint Staff, COCOM, etc.) and break out number and percentage of males and number and percentage of females in this total population (separate into five separate rows of data).
- hh. Request data for 2023, 2022, and 2021.

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 Department of the Air Force provided the Committee with a response for the Space Force.

RFI 5

Intimate Partner Violence and Domestic Abuse

In accordance with DACOWITS' Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will assess updates to the DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," dated May 16, 2023, and determine whether the

DACOWITS' 2019 recommendations related to domestic abuse were implemented. In addition, the WB&T Subcommittee will examine the status, increase, or decrease in domestic abuse incidents; the effectiveness of current DoD and Military Services' policies; and evaluate whether there are additional policy inconsistencies that need to be remedied (e.g., definition of intimate partner).

Intimate Partner Violence (IPV) and Domestic Abuse (DA) remain a public health issue of national concern. Data available from military reporting systems demonstrate that IPV/DA is an equally serious and significant military public health concern. The Committee recognizes DoD is actively working to improve its programs to support victims of IPV/DA, and has acted upon the Committee's 2019 recommendations, but recent Congressional Research Service, GAO and RAND Corporation reports identify additional areas of concern which need improvement in a number of areas, including data collection, prevention strategies, training, law enforcement response, victim services/coverage, community coordination, offender accountability, among others.

The Committee requests a **written response** from **Office of Military Community and Family Policy (MC&FP) via the Military Community Advocacy (MCA) Directorate, and the Military Services Army, Navy, Marine Corps, Department of the Air Force, and Coast Guard** on the following:

- a. **MCA:** What is the implementation status of Congressionally mandated central database and identify what data will be collected, to include the proposed data fields? Identify whether there will be any data identifying how many of the "unique" abusers are repeat offenders and number of different incidents? What accountability measures have been imposed (e.g., NJP, court-martial, MPO, other), and what risk factors have been identified? Will restricted report numbers and other non-confidential data be reported/collected?
- b. **MCA:** The 2023 RAND Corporation report on Domestic Abuse in the Armed Forces Improving Prevention and Outreach presents a series of prevention and other strategies to address IPV/DA. What actions is DoD considering for implementation or for enhancing existing programs? Describe intended actions.
- c. **MCA and Military Services:** Provide copies of the annual fatality reports required by DoDI 6400.06 from FY12-FY22. Provide information (from FY12-FY22) on what action was taken, and the result, against those abusers believed to be criminally responsible for a victim's death? How many fatalities were of undetermined cause?
- d. **MCA and Military Services:** Provide data regarding participation in the CATCH program outlined in DoDI 6400.06. How long has that program been in effect and how many alleged serial offenders involved in IPV/DA have been identified/entered into the system since inception of that program?
- e. **MCA and Military Services:** Have you conducted any surveys addressing the topic/soliciting information about the incidence of IPA/DA? If so, provide dates and findings of those surveys.
- f. **MCA and Military Services:** Provide the number of restricted reports received in the years FY12 through FY22, in the same format and with all the same categories reported for unrestricted reports in the December 2023 QBM meeting. If you do not have all that data available, provide as complete a report as possible and identify where you lack specific data fields. At minimum, local installation FAPs should have these numbers even though DoD collects only unrestricted report data. If your Service does not have a complete data set of restricted reports, explain why that data is not collected and what efforts may be underway to collect and analyze it.
- g. **Military Services:** Is information regarding restricted reports, types of allegations involved, and the assessed threat level reported to the installation Incident Determination Committee (IDC) (or other group-define) and relevant command authorities (recognizing identifying information is confidential) to assure awareness and enhance outreach/training/other community prevention efforts?

- h. **Military Services:** How many nonjudicial punishment or court-martial actions have been taken against military Service members for:
 - i. Violations of UCMJ Article 128B or its previously equivalent predecessor articles for domestic or IPV violence from FY12-FY22; and
 - ii. MPO or CPO violations from FY12-FY22?
- i. **MCA and Military Services:** How many reported abuse/violence incidents have resulted in an imminent danger assessment from FY12-FY22 (as defined in DoDI 6400.06)? Identify by gender the abuser and victim, category of abuse/violence, and whether incident involves intimate partners or spouses.
- j. **MCA and Military Services:** Although the metrics collected represent only unique victims and abusers, do you have data identifying how many abusers are repeat offenders (i.e., are identified as the abuser in more than one incident)? If so, please provide that data for FY12-FY22 or for as many of those years as possible.
- k. **MCA and Military Services:** What is your Service’s progress on implementing a coordinated community response process IAW DoDI 6400.06? Outline the process, agencies involved, and their respective responsibilities. How often does the group meet and do they undertake analysis of incidents to identify trends, repeat offenders, or other important indicators? Are Commanders tasked, and how, to identify actions taken to hold abusers accountable via administrative or disciplinary action when circumstances warrant such actions?
- l. **Military Services:** What are the challenges your Service faces in providing adequate victim services access and coverage, particularly at OCONUS and remote locations? For example, what is the personnel staffing situation in regard to the number of DAVAs, clinical providers and special victims counsel? Are you adequately staffed and funded to provide required victim services access and coverage at military installations? What is the situation at your OCONUS and remote installations?
- m. **MCA and Military Services:** The most recent change to DoDI 6400.06, para 4.1, enables the Military Departments to implement mandatory training at a frequency determined by the Military Services instead of annually. Provide information on the number, types, and titles of training your Service conducts, the target audiences for each, the training’s frequency, and copies of that training.

Organization	Description
MC&FP via MCA	MC&FP via MCA provided the Committee with a response.
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.

Report Submitted by:

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COL Samantha J. Frazier, USA
DACOWITS Military Director &
Designated Federal Officer

Report Certified by:

Robin Braun

VADM (Ret.) Robin Braun, USN
DACOWITS Vice Chair

DACOWITS Members in Attendance

Col (Ret.) Nancy P. Anderson, USMC
CAPT (Ret.) Kenneth J. Barrett, USN
VADM (Ret.) Robin R. Braun, USNR
Dr. (CAPT Ret.) Catherine W. Cox, USNR

Dr. Trudi C. Ferguson
CMDMCM (Ret.) Octavia D. Harris, USN
Brig Gen (Ret.) Jarris J. Sanborn, USAF
Ms. Shelly O'Neill Stoneman

DACOWITS Members Absent

Ms. Robin Kelleher
Dr. (Col Ret.) Samantha A. Weeks, USAF

DACOWITS' Executive Staff in Attendance

LTC Samantha J. Frazier, USA
Ms. Jessica C. Myers, USN Ret.

Mr. Robert D. Bowling, USAF Ret.
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DACOWITS' Liaisons in Attendance

COL Caprissa S. Brown-Slade, USA
Ms. Wendy D. Boler, USN
Col Paul M. Melchior, USMC
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Ms. Kimberly R. Lahm, HA
Ms. Lindsay E. Reiner, MPP
Mr. Vesen L. Thompson, MC&FP