

DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes June 25, 2024

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting June 25, 2024. The meeting took place at the Association of the United States Army (AUSA) Conference Center, located at 2425 Wilson Blvd., Arlington, Virginia, 22201.

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer (DFO), Colonel Samantha J. Frazier, Army, opened the June quarterly business meeting (QBM) by reviewing the Committee's establishment and charter. COL 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. In addition, panelist and speaker remarks are not verified for accuracy. COL Frazier then turned the meeting over to the DACOWITS Vice Chair, Vice Admiral (Ret.) Robin Braun, Navy, who oversaw the June 2024 QBM in the absence of a DACOWITS Chair.

VADM (Ret.) Braun welcomed everyone to the QBM.

Swearing-In of New Committee Members

VADM (Ret.) Braun introduced the guest speaker, Honorable Shawn G. Skelly, currently Performing the Duties of the Deputy Under Secretary of Defense for Personnel and Readiness (USD(P&R)). Secretary Skelly oversees the DACOWITS portfolio. She is an advocate of the Committee, and hosted the swearing-in ceremony for new Committee members.

HON Skelly thanked the Committee for the invitation. HON Skelly noted that DACOWITS plays a key advisory role to the DoD on the recruitment, retention, employment, integration, well-being, and treatment of women in the Services, and she acknowledged that each of these areas still needs DACOWITS' support. HON Skelly noted DACOWITS' work cannot stop, as the DoD needs to take care of its most valuable asset, its people. She reiterated DoD must continue to take care of its people by better understanding the unique needs of Servicemembers.

HON Skelly noted about 95 percent of DACOWITS' recommendations have been fully or partially adopted by the SecDef over the last 70 years, equaling more than 1,000 recommendations accepted and adopted. DACOWITS has endured because of the difference it has made to the DoD in its focus to ensure American servicewomen have the resources and support they need. HON Skelly highlighted that talent is one of the pillars of the United States' National Defense Strategy, including attracting and promoting a skilled civilian, active-duty, National Guard, and Reserve Component workforce, and acknowledging the necessity of broadening the United States recruitment pool to ensure eligible people who want to serve are able. HON Skelly reiterated that DACOWITS has helped the DoD make progress in these areas but noted that women still compose only 18 percent of the Total Force, and attrition rates are

higher for servicewomen as they become more senior and move through their career. Women must feel valued as members of the Force because they are critical to the DoD's mission.

HON Skelly said DACOWITS is a critical partner in helping to take care of Service members and recognized that Federal Advisory Committees provide value to the DoD as a whole by sharing their experience, expertise, and values to make the country better. HON Skelly thanked DACOWITS members for their efforts.

COL Frazier invited each of the new members to the front of the room and introduced them, including Major General (Ret.) Peggy C. Combs, Army; Major General (Ret.) Mari K. Eder, Army; Dr. Kyleanne M. Hunter, Marine Corps; Sergeant Major (Ret.) Angela M. Maness, Marine Corps; Lieutenant General (Ret.) Mark C. Schwartz, Army; Dr. (Captain Ret.) David G. Smith, Navy; Commander (Ret.) Patricia J. Tutalo, Coast Guard; and Dr. Elizabeth Van Winkle (former Executive Director, Office of Force Resiliency). COL Frazier administered the oath and HON Skelly presented a DACOWITS pin to each new member. VADM (Ret.) Braun thanked Secretary Skelly for participating in the swearing-in ceremony and her continuing support of DACOWITS. COL Frazier announced a short break while the Committee took a group photograph.

Status of Requests for Information

COL Frazier reviewed the status of the Committee's requests for information (RFIs). The Committee received responses to six of seven RFIs, as RFI 4 was deferred pending the release of a new DoD instruction related to the DoD's implementation of Women, Peace, and Security objectives. Responses to the RFIs were published on the DACOWITS [website](#).

Panel Briefing: Recruitment Barriers (RFIs 1.1–1.3)

The Committee requested a briefing from the Army, Navy, Marine Corps, Department of the Air Force (DAF) (Air and Space), Coast Guard, and U.S. Military Entrance Processing Command (USMEPCOM) on barriers that impact the pool of women qualified to join the Armed Forces. In particular, the Committee asked about the timeline for processing medical waivers, receiving recommendations from the branch's waiver authority, the backlog of medical waivers for applicants, and the waiver policies for giving female-specific disqualifying conditions. These conditions are pregnancy; abnormal uterine or vaginal bleeding; abnormal pap smear/test; endometriosis (a disorder in which tissue similar to the tissue that lines the uterus grows outside the uterus in places where it doesn't belong); and polycystic ovarian syndrome (PCOS) (a hormonal imbalance condition).

Army

Brigadier General Katherine A. Simonson, Medical Processing Augmentation Team, Officer in Charge, briefed the Committee for the Army.

BG Simonson outlined that she would cover a variety of aspects of the Army's recruiting process during her brief, including the Army's waiver process and the length of each recruitment step, contextual information on the recruiting and waiver process, and the proportion of applicants who require one or more waivers. BG Simonson explained that the Army understands there may

be unnecessary delays or obstacles for applicants seeking a waiver, but she noted the Army is working with partners to reduce those delays. For example, in April 2024, the Army launched a waiver pilot within the U.S. Army Recruiting Command (USAREC), which aimed to decrease variance, increase the speed of waiver physician decisions, and decrease the burden on applicants who are getting information and on recruiters working through unnecessary steps. BG Simonson clarified that 93 percent of USAREC waiver requests are only for medical waivers, so today's briefing is focused on those medical waivers.

BG Simonson shared that USAREC processes all new waiver requests within 24 hours of receipt, which is the initial step for adjudication of waivers. It begins with USAREC receiving the medical waiver from the Military Entrance Processing Station (MEPS) and ends when the initial review is made by the medical provider. This step typically takes 1 day and results in one of four actions: (1) a recommendation for approval or disapproval; (2) a request for additional medical information, which can take some time; (3) a request for the opinion of a specialist, which could result in a consult and may create a long delay; or (4) a request for a consult with the Office of the Surgeon General for review or request for approval from the Director of Military Personnel Management. The action taken is based on the completeness and quality of the application packet. Historically, about 60 percent of applicants receive a same-day recommendation, and that decision goes right back to MEPS to be adjudicated. In April 2024, the processing times resulted in 39 percent approvals, 21 percent denials, and 40 percent returned without action. BG Simonson emphasized that the 40 percent returned without action category means the applicant had to go out and get more information or had to be sent to consultations, which could result in much delay. Following the Army's waiver pilot, the approval rate increased from 39 percent in April 2024 to 47 percent in May 2024, and the percentage returned without action decreased from 40 percent in April 2024 to 32 percent in May 2024, showing burden was decreased post-pilot.

BG Simonson explained that medical providers make decisions within 24 hours for most medical waivers, but for those waivers that cannot be adjudicated without a medical recommendation, decisions can be made within 72 hours. For circumstances under which an efficient decision cannot be made, medical providers will speak with other medical providers within the waiver group to come to a determination on each application. The Army started the waiver pilot to address significant variance between medical waiver doctors' decisions. To identify this variance, USAREC examined an asthma patient with a similar packet and found that one provider could have been very comfortable making a decision for a favorable outcome if it were a one-time Albuterol prescription as a youth, while another provider felt that the patient needed a consult or more information. Under the Army waiver pilot, USAREC provided standard boundaries and guidance to medical providers on how to make decisions for consults and requests for more medical information. BG Simonson explained that the average time increases when an applicant is required to retrieve additional medical documentation by up to 100 days. The guidance provided to medical providers under the Army waiver pilot helped to significantly reduce the burden on the applicant and associated wait times.

BG Simonson noted that USAREC makes a waiver decision on the same day that a medical recommendation is made. Therefore, if a medical decision can be made on that same day, the applicant can be contracted and moved forward to the next steps of their Military Service. This quick turnaround time allows the applicant to have a waiver decision and physical exam completed without having to come back to MEPS for an additional visit. If the applicant needs to

come back for another visit, the recruiter is notified immediately so that they can notify the applicant of the appointment. Therefore, if the applicant goes through and gets the physical completed and the waiver decision is made after the applicant leaves MEPS, the recruiter will be notified immediately so the recruiter can notify the applicant they are being waived and are moving forward.

BG Simonson explained that roughly 3,600 Army applicants are waiting for decisions on medical waivers. USAREC receives 300 to 500 waiver requests a day and reviews 4,000 to 5,000 each month. To address this increased workload, the Army has hired additional physicians for the waiver team, used behavioral health physicians from the Army Reserve as supplemental assistance for behavioral health waivers, and hired six more behavioral health providers for remote consults for behavioral health waivers to move people through the backlog. BG Simonson reiterated that the Army initiated a waiver pilot program for low-risk conditions, including 147 conditions that get approved greater than 95 percent. This program included putting guardrails in place to help providers decide when to approve or not approve a waiver for these conditions without more information. USAREC's waiver team now has 20 medical providers, more than double the number of medical providers from before MEPS gained access to the Health Information Exchange (MHS GENESIS). USAREC expects to have nine full-time behavioral health providers on board shortly, allowing them to reduce the use of Army Reserve members. The waiver pilot affects 147 disqualifying conditions, and initial data suggests there is a 20 percent decrease in returned without action rate and a 20 percent increase in the same-day approval rate.

BG Simonson concluded her briefing by discussing female-specific disqualifying conditions. The Army provides medical waivers for all female-specific disqualifying conditions, and as with waivers for other disqualifying conditions, USAREC reviews all relevant medical history and medical recommendations based on the individual's health.

BG Simonson noted that, for pregnancy beyond 20 weeks, USAREC typically approves waivers if 6 months have elapsed since pregnancy, but for pregnancy under 20 weeks, USAREC approves waivers with a negative beta-human chorionic gonadotropin (hCG) blood test and obstetrician clearance. For uterine or vaginal bleeding, USAREC has expanded guidelines under the Army waiver pilot program and has currently waived all cases except those with refractory anemia (a type of myelodysplastic syndrome that occurs when the body doesn't produce enough red blood cells). USAREC approves waivers for abnormal pap smears unless there is an indicator of cancer, such as evidence of advanced cervical dysplasia (a precancerous condition that occurs when abnormal cells grow on the surface of the cervix). In addition, pregnancy is considered a temporary disqualification under DoD policy, and under the Army waiver pilot, USAREC waives 100 percent of all abnormal bleeding; gestational diabetes that is resolved; and phase 3, which includes other specific female conditions, such as situations with athletic induced amenorrhea (a medical condition that causes female athletes to experience absent or irregular menstrual periods for varying lengths of time). Athletic induced amenorrhea was a significant disqualifier before the waiver pilot was implemented. For endometriosis and PCOS, waivers are approved if the symptoms are managed. For PCOS, USAREC may, in some cases, request lab results to show that the condition is not associated with metabolic conditions.

BG Simonson concluded her briefing.

Navy

Master Chief Gerald K. Allchin, National Chief Recruiter for Navy Recruiting Command (NRC), briefed the Committee for the Navy.

MCPO Allchin shared that the Navy took a deep dive into prioritizing the backlog of medical waivers and waiver processing in March 2024. At the beginning of March 2024, the Navy had a backlog of 7,032 medical waivers. To address this backlog, the Navy first examined all medical conditions that were approved historically at an 85 percent or higher rate and accelerated the waiver process for those medical conditions, knowing there was less risk associated with waiving disqualifiers for those conditions. In April 2024, the Navy stood up “battle stations,” which involved leveraging the Navy’s Bureau of Medicine and Surgery (BUMED) assets across the country by bringing them into the waiver process temporarily to increase the number of primary and secondary waiver reviewers. The first battle station was completed within 1 week and helped reduce the backlog down to 2,500, the majority of which required additional information from consults or applicants. The Navy completed another battle station at the beginning of May 2024 to close out the remaining 2,500 waiver requests, and as of mid-June, the backlog of medical waiver requests was at 400. MCPO Allchin noted that battle stations were successful but not sustainable. The Navy is continuing to examine the medical waiver processes to figure out how to keep the backlog and wait times for waiver decisions down. The Navy receives about 250 new medical waiver requests daily.

MCPO Allchin noted that the average amount of time a medical reviewer looks at a waiver request before arriving at a decision is about 25 minutes. In May 2024, halfway through the battle stations, providers were averaging 40 days to make a decision, but it was much longer than that before implementing the battle stations, spiking to 90 days in some cases. The Navy was able to significantly reduce that timeline by addressing the backlog. The current time to get a waiver decision back to MEPS, the field recruiter, and the applicant is 7 days, but the current goal is 3 days. The Navy believes it is headed in the right direction to achieve this goal.

When it comes to the female-specific medical disqualifiers, MCPO Allchin explained that the most common condition was abnormal uterine or vaginal bleeding of which 89 waivers were approved this year. Medical providers consider whether these symptoms are the result of any underlying conditions, such as thyroid issues. The next largest number of waivers for female-specific conditions was anemia, of which the Navy has approved 58 cases this year. For anemia, medical providers look to see whether the condition was self-reported or whether lab work is driving the condition; they also consider the timing of labs, as sometimes they were taken in an emergency situation, and sometimes they were taken without the applicant’s knowledge. Medical providers also look to see what kind of treatment the applicant uses to treat their condition, such as iron supplements or other oral medications. Finally, medical providers look at documentation from the MEPS medical exam to see whether there are signs of anemia such as brittle nails or pale skin. The next largest number of waivers approved for female-specific conditions was PCOS, with 35 waivers approved this year. Medical providers consider how PCOS was diagnosed (Rotterdam criteria) and whether it needs to be treated, whether applicants sought emergency services for ruptured cysts or secondary pain, and whether the condition is being managed with medications or oral contraception. The Navy has reviewed 32 abnormal cervical screening tests (or pap smears) as well. The majority of the time, cervical screening tests and pap smears come from applicants over the age of 21, because many applicants under 21 do not have pap smears in their records. If an applicant has an abnormal pap smear in their records,

providers will look to see whether it has been over a year since this finding to identify whether they need to be reevaluated. Next, 29 waivers for endometriosis were approved this year. Medical providers consider how the condition was diagnosed (clinical or pathology); whether it requires treatment, and if so, what kind of treatment is used (surgical intervention versus medication); and how the symptoms are controlled. Also, medical providers ask to see whether applicants have had to miss work because of the severity of the symptoms. The Navy does not currently waive pregnancy and has not had any waiver requests submitted for pregnancy this year. The Navy's current policy is applicants must be at least 12 months postpartum to join the Navy; otherwise, a waiver is required. The Navy can waive individual cases for medical complications from the pregnancy, such as abdominal bleeding, but those individual cases are looked at as individual medical conditions, not as a pregnancy.

MCPO Allchin concluded his briefing.

Marine Corps

Dr. Allison H. Minarcik, Senior Medical Reviewer at BUMED, briefed the Committee for the Marine Corps.

Dr. Minarcik explained that BUMED serves as the Marine Corps' Service Medical Waiver Review Authority (SMWRA) for enlisted and officer applicants. BUMED processes between 23,000 to 25,000 medical packages annually for the Marine Corps. Dr. Minarcik clarified that BUMED is not the medical waiver authority for Navy enlisted applicants or direct accession Navy commission applicants. Therefore, the briefing will be focused on the role as medical waiver authority for the Marine Corps solely.

Dr. Minarcik explained that the time it takes to process a medical waiver includes several variables, such as the time it takes an applicant to receive a disqualification from MEPS and any MEPS-directed action, such as requesting grades or clearance from their doctor. BUMED does not track those types of metrics; it only begins tracking once the waiver is received by the Marine Corps Recruiting Command (MCRC) and is submitted into the waiver system, which takes minutes. After the waiver request is submitted, three technicians review the package to make sure the demographics match and send the request to a licensed medical provider on the BUMED team for review. The medical waiver reviewers do a risk assessment and then generate a serialized letter regarding the recommendation to the waiver authority at MCRC. For a Marine enlisted package, that time averages about 2 calendar days, and for Marine officer applicants, that time averages about 12 calendar days, based on 2023 data. Once MCRC receives the serialized letter, they process it and either grant or deny requests for more information, which it calls remedial. If a remedial is requested, the BUMED letter routes back to the Marine Corps recruiter liaison at MEPS and the Chief Medical Officer (CMO) for additional actions to be taken. BUMED is aware that remedials add on more time and associated costs to the waiver process, so it tries to rely heavily on past history and medical records, when possible, as well as the CMO's review of the applicant. When remedials are requested, it is usually in the form of performance metrics such as grades, athletic performance, employer statements, or information that is quick to obtain and can provide objective data. In addition, labs, imaging studies, and echocardiograms may be requested, which all can be accomplished through MEPS relatively quickly, as opposed to a consult, which could take weeks or months to schedule and complete.

If remedial information is necessary, it depends on the time it takes for the applicant to complete the items, reports to be given back to the applicant, and the applicant to return the information to the Marine Corps recruiter liaison to return to BUMED for review. BUMED has an excellent working relationship with MCRC, and it knows what is needed for a waiver review. Therefore, BUMED tries to put all the necessary information in the initial package to help streamline the efficiency of turning the waiver around.

Dr. Minarcik stated that there is an internal agreement between BUMED and MCRC to try to get all enlisted waiver packages completed within 72 hours of the package being submitted, including holidays and weekends. The reviewers have all been trained on the same approach, and BUMED has a robust team working after hours to get reviews turned around quickly. BUMED's internal business rules are to get all other waiver types completed within 30 calendar days of receipt. However, to keep Marine Corps enlisted packages within the 72 hours after an increase in waiver packages between 2022 and 2023 due to MHS GENESIS, BUMED juggled a lot, and the Marine officer packages became slower, but remain at a 7-day turnaround.

Dr. Minarcik explained that the waiver authority usually processes waivers within an hour, but always within 1 business day. The current backlog is a difficult question to answer because BUMED also supports 23 other waiver programs, including the United States Naval Academy, Reserve Officers' Training Corps (ROTC), Recruit Retention, NRC, MCRC, and enlisted officer packages. This can result in an influx of 500 cases in 1 day because of commissioning and the academy. As of June 21, 2024, 54 Marine enlisted cases, 21 officer cases, and 528 other cases were pending review. Most of the other cases pending review were scholarship applicants for ROTC who needed medical waivers to activate their scholarship.

Dr. Minarcik reviewed the five female-specific conditions asked about by the Committee, including pregnancy, abnormal uterine or vaginal bleeding, abnormal pap smears, endometriosis, and PCOS. For all five conditions, waivers are recommended if the clinical picture reflects mild or resolved symptoms, with no adverse impact on a physically active lifestyle, and ongoing treatment or surveillance that can be provided at the level of the primary care manager (PCM) without frequent specialty care visits. She clarified that the decisions for specific medical conditions are not cookie-cutter, and every waiver is considered on a case-by-case basis, but the considerations laid out for each of the conditions on the briefing slide are what providers look for when projecting favorable outcomes. Providers also look at functional measures and mitigating factors and try to get to a favorable outcome unless the condition itself is anticipated to be unsafe or functionally limiting in a training or deployed environment. Pregnancy within 6 months of application is a disqualifier, but not many applicants come in through MEPS with this disqualifier. When they do, BUMED reviews their case to ensure applicants are back to exercising, have not had any complications, and if they did, that they are resolved or mild. BUMED waived one pregnant individual because they were enlisting into the President's Marine Corps band, so they did not need to go to recruit training or participate in the fitness test. However, providers normally examine these cases to make sure recruits have recovered postpartum. They also have pregnant individuals who receive a commissioning waiver if they are in an enlisted to officer program and need to commission from that source, as long as they can complete the training pipeline required to commission.

Dr. Minarcik concluded her briefing.

Department of the Air Force

Dr. Hernando J. Ortega Jr., Chief Physician of the Accession Medical Waiver Division, briefed the Committee for the DAF.

Dr. Ortega explained that, in 2019, under the direction of then Vice Chief of Staff of the Air Force, General Stephen W. Wilson, the Air Force consolidated all the medical waiver review authorities for the Total Force under the Accession Medical Waiver Division. This division addresses any applicants who are disqualified for conditions outlined in the Department of Defense Instruction (DoDI) by MEPS personnel or the Department of Defense Medical Examination Review Board (DoDMERB). The waiver review process has multiple steps before any information is provided to the waiver authority. For example, recruits have to be disqualified, and then once the request gets to the medical authorities, there is a chance it will be sent back for more information or to request consultations. Dr. Ortega noted that 40 to 50 percent of waivers require more information before medical providers can make an accurate risk assessment. From the recruiting perspective, there are two timelines. The applicant and recruiter have one timeline, while medical providers and reviewers have a separate timeline, and the current processing system distinguishes between these two timelines to help identify where bottlenecks may reside. In fiscal year (FY) 22, it took about 4.5 months for a recruit to make it through the waiver process system, following which, USMEPCOM began implementing MHS GENESIS. Since the implementation of MHS GENESIS, waiver requests have gone up 30 percent each year since FY22. Therefore, the DAF likely sees double the number of waivers coming into its office as compared with FY22, as more medical diagnoses are being identified for each applicant. After the first year of MHS GENESIS implementation, medical review turnaround times were back on track to 12 days; however, there are outliers in which there are sometimes weeks or months spent reviewing and consulting to make a waiver decision. In May 2024, the medical review timeline was down to around 9 days total. When providers recommend a waiver, it instantly goes through the computer system to the recruiter and DAF liaison officer at MEPS to be able to process it and move forward with the applicant. Because the Accessions Medical Waiver Division is the waiver authority, decisions go directly to the Chief of the Waiver Division, and once the decision is made, it is processed in the recruiting system directly.

Dr. Ortega explained that multiple programs, including Air National Guard, Reserve Component, active-duty, ROTC, and special duty applications, are tracked inside the system for the Air Force. When looking only at enlisted applicants, there are somewhere between 150 to 450 applicants per day who are placed in the queue for review. The DAF can process about 150 waivers each day, and the average number of days it takes to first touch a case once it enters the queue is 3 to 4 days. On June 24, 2024, there were 169 waivers in the queue.

Dr. Ortega noted that the DAF pulled data for FY22 and FY23 on the numbers of waivers granted and requested for each of the five female-specific medical conditions highlighted by the Committee. He confirmed that the request for waivers is generally rare for these conditions, but waivers are granted for each of these conditions. The waiver protocols look for functional capacity and lack of ongoing medical care needs more frequently than annually, as long as the condition can be cared for in a deployed location and expect good capability of duty performance.

Dr. Ortega concluded his briefing.

Coast Guard

Senior Chief Petty Officer Marcus D. Arambula, Regional Supervisor for the Coast Guard Recruiting Command, briefed the Committee for the Coast Guard.

SCPO Arambula explained that medical waivers are typically received and logged into the system within 1 to 3 business days of reception. If the medical waiver is complete and ready for the Senior Medical Officer (SMO) to review, it is put into their queue within a day. If the medical waiver is not complete, meaning it has errors or additional information is needed to make a decision, it is returned to the recruiter, the recruiter makes the corrections or adds additional information, and then it is sent back to the SMO for adjudication.

SCPO Arambula noted that the average length of time for a medical recommendation largely depends on the complexity of the condition. In most cases, single common medical waivers can move through the process within 3 to 7 business days. Packages containing complex conditions with multiple International Classification of Diseases (ICD) codes that require engagement with specialists or contain multiple disqualifying medical conditions take about 30 to 45 days for the SMO to make a recommendation.

SCPO Arambula said that, once the SMO makes a medical recommendation regarding the waiver, it takes about 48 hours from the time the SMO makes the adjudication to go from the accession authority back to the recruiter for processing.

SCPO Arambula acknowledged that the backlog of waivers is largely affected by the number of competing programs going on at one time. The SMWRA consists of one to three medical professionals at one time, and they review waivers from competing programs such as the Reserve Component, officer programs, and enlisted waivers. Complex medical conditions with multiple ICD codes currently have a 30- to 45-day backlog, while waivers for simple medical conditions currently take about 7 days.

SCPO Arambula noted that PCOS can be waived with evidence of no metabolic complications. For instance, if screening determines a body mass index (BMI) less than 30, normal blood pressure, normal lipid panel, and normal hemoglobin screening, a waiver can be processed. Pregnancy can be waived if 90 days have passed since a full-term delivery with obstetrician clearance. If termination occurs in the first trimester, whether as a result of miscarriage (spontaneous abortion) or medical abortion, a waiver can be completed within 30 days of that event. For a miscarriage, the waiver requires a negative beta-hCG test and proof of RhoGAM (also known as Rho(D) immune globulin (RhIg) or anti-D) delivery if the blood type is negative.

SCPO Arambula confirmed that all the female-specific conditions of interest to DACOWITS are considered for waivers as long as some type of medical stability is determined by the SMO.

SCPO Arambula concluded his briefing.

U.S. Military Entrance Processing Command

Mr. Linden H. St. Clair II, Deputy Director for Accession Policy, briefed the Committee for Military Personnel Policy and USMEPCOM.

Mr. St. Clair shared that in the aggregate, across USMEPCOM, 80 percent of applicants are qualified for military service, 64 percent are qualified without waiver, 55 percent are qualified on the same day, and 9 percent require some type of additional medical review without needing a waiver. Additionally, 16 percent require a waiver. Mr. St. Clair clarified that there have been 126,000 accessions in 2024 across all Services and components. When speaking about medical standards, USMEPCOM's standards are gender neutral. Most of what USMEPCOM is doing to expedite processing applicants through is using natural language processing tools used in MHS GENESIS. In addition, USMEPCOM is running a prescreening pilot to review medical encounters within MHS GENESIS, so applicants with fewer than 16 encounters listed in MHS GENESIS are cleared to process, meaning they are not asked for additional medical records, and the process is not delayed any further. This has increased the speed of processing by about 3 days. The pilot is being rolled out slowly with 16 MEPS locations currently implementing it, and every 6 weeks, another 10 MEPS are added to the pilot. An entire medical team is sent out to the MEPS being introduced to the pilot to walk them through the process and train the staff. By the end of 2024, the pilot will be rolled out to all 65 MEPS locations.

USMEPCOM has increased its capacity because of the use of service partners. The Army, DAF, and Navy all share providers, which has been helpful with the expanded volume of waiver requests. USMEPCOM is in the process of hiring 78 nurse practitioners and assistants, of which half have already been onboarded. This approach will help backfill jobs the Army provided to address the surge in waiver requests and provide additional resources where needed, such as at larger MEPS in major metropolitan areas. For example, San Diego will receive three more providers, and Jacksonville, Tampa, and other larger MEPS will also have additional providers sent to them. Recently, with the help of Secretary Skelly, Secretary Vazirani, and the SecDef, USMEPCOM received the authority to partner with Health Affairs to increase funding for MHS GENESIS to build an artificial intelligence natural language processing tool to complete prescreening even faster. This is expected to occur in 2025. Right now, the Military Information System of Record (MISOR), which MEPS uses, and MHS GENESIS do not connect. However, USMEPCOM plans to connect these systems in 2025. In addition, USMEPCOM will revamp its 2807-2 form, which is an accessions medical history screening form, by digitizing it and implementing smart logic, so applicants can pass through specific buckets and move to the places where additional information is needed more quickly.

Mr. St. Clair concluded his briefing.

Discussion

Captain (Ret.) Kenneth J. Barrett remarked that, in recent focus groups, participants shared they had to pay for additional consultations needed for medical waivers. CAPT (Ret.) Barrett asked Mr. St. Clair for clarification on whether recruits are ever asked to pay for consultations associated with the MEPS waiver process. Mr. St. Clair responded that there is a nationwide contract where USMEPCOM pays for all consultations, and there is never a requirement for an applicant to pay for their consultations. However, some consults in some specialties take longer than others, and if the specialty is not readily available, the MEPS commander can use their general purchase card to pay for a consult. However, sometimes providers do not want to go through the reimbursement process, and USMEPCOM finds that some applicants choose to go out and pay for their own consultation to expedite the medical review process, but this approach is never a requirement. The contract in place suggests that no more than 15 days should elapse between the consult being ordered and it being provided, but certain areas and specialties may

take longer than 15 days. However, the hiring behavioral health providers to conduct virtual consults has had a huge impact on the speed of behavioral health consultations. Dr. Ortega added that there are pockets where it is extremely difficult to get consults, particularly psychological consultations, and the DAF has hired reservists to conduct telehealth consults for MEPS locations that do not have psychological consults available in their local area. The advantage is that they have access to the same records as within the military. Alternatively, when an applicant goes into the local community, the provider will often not have information about their past psychological inpatient visits, hospitalizations, or other treatments. BG Simonson said that, while not sustainable post surge, the Army had a subspecialist in cardiology who helped USAREC get through the backlog of all the cardiology consults. In addition, one brigade connected with some military treatment facilities (MTFs) to utilize their talent and open appointment times to build relationships with candidates. It is not a fix, but partnering can help. Dr. Minarcik explained that BUMED first tries to figure out whether a consult is even needed, because a urine study and an ultrasound may end up being more useful than a consult. Also, MEPS has a robust consulting system, but there are some things that you cannot order, which are usually expensive or invasive studies. For example, pulmonary function tests and allergy consults are expensive and potentially dangerous, but they are sometimes used to make waiver decisions. So, those are times when an applicant may need to pay out of pocket to show they are no longer allergic to something because MEPS could not order that consult through its current process. Dr. Minarcik added that, when you do hear of an applicant paying out of pocket, it may be because they are trying to challenge a disqualification. Also, some MEPS do not cover consult requests unless they are worded in a specific way, so that wording is also being explored.

Dr. (Captain Ret.) Catherine W. Cox asked Mr. St. Clair how many applicants or what percentage of applicants are seen at MTFs versus MEPS. Mr. St. Clair did not have that information but explained that MEPS and the Services can ask MTFs for consults as well. A doctor can order a consult if they think it would get the applicant's waiver approved. If the Service asks USMEPCOM to order a consult, USMEPCOM can do that, and the Service can also order consults and alert USMEPCOM. However, there are only 13 or 14 MEPS close enough to an MTF to be seen there. For example, at Joint Base Lewis-McChord (JBLM), the Army has a partnership with Madigan Army Medical Center. The numbers of recruits who are seen there is relatively small though. Dr. (CAPT Ret.) Cox then asked how many new applicants are going through MEPS versus MTFs, and Mr. St. Clair stated that all applicants have to go through MEPS for their initial physical, but they can receive a consult from an MTF. Dr. Ortega added that one of the only exceptions is when recruiting overseas, where applicants are processed through the MEPS, but the physical might be done by an overseas MTF. Dr. Minarcik added that, for Services with officer pipelines, they can get a physical done through an MTF or through a doctor, and would not be seen at MEPS for their accessions.

Lieutenant General (Retired) Mark C. Schwartz noted the disparity between Services on when a female can apply to join the military after pregnancy, recalling that, for the Navy, it was 12 months, and for the Army, it was 6 months, and other Services were 3 months. LTG (Retired) Schwartz asked all the briefers whether there is a rationale in terms of the timeline that each Service sets for women joining the military after pregnancy. MCPO Allchin acknowledged that the time for the Navy is longer than other Services and said that it is something they would talk to the medical team about to see whether the Navy's standards are where they need to be. Dr. Ortega responded that, for the DAF, there were few cases of postpartum applicants. He added that, for the enlisted applicants, the DAF does not want to send someone through the stress

of basic training while recently pregnant, and for many applicants who had a miscarriage or an abortion before basic training, the DAF watches to see when beta-hCG return to normal, which is typically a few weeks but can be up to 3 months in duration. The key factor is not to put women through basic training too recently following a pregnancy. Generally speaking, 6 months postpartum is the standard according to the DoDI. So, it is only the cases before 6 months that would need to be reviewed.

VADM (Ret.) Braun asked, if a person miscarries at 10 weeks, whether they had to have a waiver if they were within 6 months of losing the pregnancy. Dr. Ortega confirmed this to be accurate, and Dr. Minarcik also added that the standard is 6 months postpartum, no matter how or when the pregnancy ends. VADM Braun then asked MCPO Allchin if their standard is 12 months. MCPO Allchin confirmed that anything less than 12 months requires a waiver, and the Navy has not had any waivers submitted for pregnancy this year. Dr. Minarcik added that, part of the reason that BUMED does not see pregnancy disqualifiers coming in for waivers is that, many times, MEPS will give the applicant a temporary disqualifier, and then once they are 6 months postpartum, BUMED will qualify them. Dr. Minarcik shared that, for the Marine Corps, BUMED may grant a waiver as early as 3 months postpartum because some women recover earlier, so BUMED is considering the individual when looking at waivers. BG Simonson explained, that for the Army, a waiver is needed within 6 months postpartum, and the Army does not see many waivers for this specifically. She added that, for a pregnancy that ended at under 20 weeks, applicants are waived immediately as long as their obstetrician clears them. Dr. Minarcik added that the clearance to participate in the physical fitness test (PFT) in the Navy requires you to take an official PFT, 12 months postpartum on the clearance screening, and if you are 9 to 12 months postpartum, you are only allowed to do an inventory PFT. This can cause confusion, because the Marine Corps does not have these same postpartum requirements.

Dr. Kyleanne Hunter asked whether the standards for waivers are consistent across all military occupational specialties (MOS) or whether they are different for fields such as aviation, air contracts, and/or special warfare contracts. Dr. Ortega said that there is a second layer of standards for special duty applicants, particularly aviation and special warfare duty. The DAF has three classes with special training and their own set of medical standards, but they are not applied until after accession, at basic training, or through Officer Training School. When you go to a DAF MTF, you receive a DAF physical inside the DAF physical exam processing program. That is the point where the special requirements would need to be met. Lieutenant Commander Tyrone Nagapoollay (a BUMED subject matter expert) added that, in the Marine Corps, some special duties with additional requirements operate the same way that the DAF does. Dr. Minarcik explained that MEPS screens for the bare minimum standards, and there are small components that MEPS screens for to get cleared for specific pipelines, but for the most part, special duty screening occurs after applicants have a contract. MCPO Allchin added that, for the Navy, certain rates require depth perception or color perception that do not require additional screening because the information is captured at MEPS, so the Navy can use that information to make sure Service members are classified into job fields they qualify for. BG Simonson and SCPO Arambula both noted that their Services have similar processes.

The briefing discussion concluded.

Panel Briefing: Recruitment Barriers (RFI 1.4)

The Committee requested a briefing from the Chief Recruiters (senior enlisted personnel) from the Army, Navy, Marine Corps, DAF (Air and Space), Coast Guard, and National Guard on recruitment barriers for women. Specifically, the Committee asked how delays or disqualifications at MEPS affect the recruitment process, how the Services were progressing on their FY recruiting goals, and the current proportion of female and male recruits. For all of these questions, the Committee requested current numbers and comparison numbers from prior FYs. The Committee also asked about what challenges and concerns recruiters encounter with female applicants, strategies to address these barriers, and any other factors that facilitate their Service's ability to recruit women.

Army

Sergeant Major Danny A. Basham, Analytics and Production Sergeant Major, briefed the Committee for the Army.

SGM Basham noted that delays and disqualifications play a significant role in USAREC's ability to move applicants through the recruiting process to start their career in the military. The cumbersome, lengthy application process allows for other opportunities to come up for applicants, such as college, while moving through the process. SGM Basham explained that the phrase "strike while the iron is hot" is true in military recruiting. If applicants get wind that the process is going to take too long, if they need the money for their families, or any other reason quickly, they will seek employment elsewhere or find other opportunities. For this reason, it is important for USAREC to be able to move someone through the recruitment process as quickly as possible.

SGM Basham reported that the implementation of MHS GENESIS extended the recruiting process significantly, but the Army has made progress addressing some challenges in the recruiting process and adding efficiency. SGM Basham referenced BG Simonson's brief on Recruitment Barriers (RFIs 1.1–1.3) and noted that the medical surge at MEPS has helped streamline the process of reviewing medical documents. USAREC's floor conversion has gone from 73 percent to 79 percent in FY24, so more people are getting through the process.

SGM Basham reported that, as of the end of April 2024, the Army has seen an increase in mission accomplishment from 34 percent in FY23 to 44 percent in FY24 and an increase of just over 2,000 enlistments during the same time period. While the process to enlist might be slightly longer, those applicants choosing to continue processing through it are more committed to stay the course, and the Army is seeing historically low numbers of future Soldier losses. Once applicants decide to enlist, the Army is seeing fewer recruits back out of basic training. SGM Basham explained that a big contributor to that success is that USAREC knows the recruitment process is long, so it will include applicants in future Soldier training after their first appointment, saying, "You might as well start hanging around with us and getting to know us because you are going to be here for a minute." This revised approach has helped recruiters manage applicants expectations about the length of the recruiting process.

SGM Basham described how FY24 has seen an increase in future female Soldiers from 3,712 in FY23 to 4,037 in FY24. The percentage of female enlistees remains at roughly 17 percent. He clarified that the numbers on the briefing slide for the percentage of female enlistees were incorrect and reiterated that the Army remained at about 17 percent from FY23 to FY24 for

female enlistments. SGM Basham stated that the bottom line is women are continuing to answer the call to serve at the same rate as in the previous year.

SGM Basham said that other barriers USAREC encounters when engaging female applicants are the obvious safety concerns that any parent or key influencer has for their loved one. Whether choosing a university or a career field, family members want to know their loved one will be in a safe place, they will be provided for, and care will continue once they leave their homes. Acknowledging these concerns and informing applicants of the Sexual Harassment/Assault Prevention (SHARP) program is helpful, but that concern for safety remains much of the time both for applicants and their key influencers. Firsthand knowledge and experience of what it is like to be a female in the Army is what really allows recruiters to share more information with an applicant.

SGM Basham reported that women are underrepresented in the Army recruiting force. Currently, 13 percent of recruiters are female. This can lead to a lack of knowledge regarding the unlimited opportunities for women in all MOSs. Applicants need to be able to see themselves in their recruiters when they are talking to them. SGM Basham explained that the Army has come a long way in this regard, as women are on the Army Marksmanship Unit, which includes Olympic-level marksmen, and on the Army's Golden Knights Parachute Team. SGM Basham explained that, when these women are out in the community at high visibility events, potential applicants can see women doing the cool stuff in the Army, and they can say, "If someone else can do that, I can do it too!" The best way to do that is not for a male recruiter to sit down with an applicant and say, "Hey, this is what it's like to be a female in the Army."

SGM Basham noted that to overcome recruiting barriers, USAREC has experienced success in using the total Army involvement in the recruiting program and will request certain units from across the Army composed of certain demographics (depending on where they are going in the country). SGM Basham explained that he needs Soldiers who reflect the community that recruiters are engaging with to come and speak to high schools or colleges. USAREC can send Soldiers back home so they can meet with students at the high school that they graduated from, and it has a greater impact.

SGM Basham explained that USAREC also has female engagement teams, where they will take a small group of female Soldiers and send them to a high school or other recruiting activity to engage the female population, specifically. Last year, there was a big push for female Army senior leader involvement at women's leadership conferences across the country. Female engagement teams spoke in San Diego and other locations to show that leadership opportunities exist in the Army for women. SGM Basham reiterated that female participation in recruitment shows female applicants, "We're doing it; you can do it too."

SGM Basham reported that, in terms of additional challenges for recruiting women, the Army is working to ease female applicants' concerns about the ability to raise a family while serving. The DoD's expanded parental leave program has given Soldiers the ability to build a family and spend meaningful time getting acclimated to their new parental role before returning to their job in the military. Within the Army's Holistic Health and Fitness (H2F) program, there is a specific pregnancy and postpartum training program, which is more of an education program than a physical training program. SGM Basham clarified that the program does not only focus on how the Army physically trains women who are pregnant but instead is an education program that covers safety, finances, health risks associated with pregnancy, and everything that goes into

becoming a new parent. The H2F program is guided, and Soldiers are educated on all these factors, and medical input is taken into account so that someone is not pushing too hard late in their pregnancy or too early after their pregnancy. As Dr. John Allen Williams stated, “You recruit a Soldier, but you reenlist a family.” SGM Basham explained this is what USAREC is after with the H2F pregnancy and postpartum training program, as the goal is to keep women in for the long haul.

SGM Basham noted that the Army’s greatest recruiting tool is each Soldier’s individual story of why they decided to join the Army and why they stayed in. The Army’s recruiting pilot, the Soldier Referral Program (SRP), has motivated Soldiers to share their recruiting and retention stories more often. A Soldier who submits a referral for an applicant who ultimately enlists in the Army will receive an advanced promotion. Specifically, for E1s to E3s, the Soldier who submitted the referral gets promoted to the next grade, while for E4s and E5s, the Soldier gets points toward a promotion and receives an Army recruiting ribbon.

SGM Basham said that, when it comes to engaging the female talent pool, female Soldiers are the best recruiters the Army has, whether they wear a recruiting patch, a 101st patch, or an 82nd patch. For Soldiers who want to build their team, recruiting is their opportunity to fill their teams, so USAREC encourages them to submit referrals for more people who have similar values. To date in FY24, the Army has had 197 enlistments from the SRP, so the program is working and gaining a lot of traction. SGM Basham reiterated that USAREC’s mission is to recruit the best and brightest volunteers who are able to deploy, fight, and win. To achieve this mission, USAREC must be able to present the opportunity to serve to every demographic of the American public.

SGM Basham concluded his briefing.

Navy

MCPO Allchin, National Chief Recruiter for NRC, briefed the Committee for the Navy.

MCPO Allchin explained that initially, delays due to medical processes had a significant impact on the Navy’s recruiting efforts, mainly because it could not handle the surge of medical waivers that were coming through the MEPS process due to lack of manning at USMEPCOM, at the Navy liaison level, and at the medical waivers department level. MCPO Allchin referenced the earlier Navy briefing on Recruitment Barriers (RFIs 1.1–1.3) and noted the Navy has taken steps to mitigate and overcome medical process challenges. Before the implementation of MHS GENESIS, it took around 40 days from interview to new contract for Navy recruits, or from getting someone from in the chair to swearing into the delayed entry program (DEP). It leveled out after MHS GENESIS at about 90 days and continued at the 90-day level for a while, with a peak average of about 110 days from the start to the end of the recruiting process. MCPO Allchin explained that for 17 to 19-year-olds, the number of times their circumstances change or their ideas of what direction they want to go with their life change during that timeframe were causing a significant loss of applicants in the pipeline. MCPO Allchin clarified this was not the only factor causing struggles within Navy recruiting. For example, coming out of the Coronavirus (COVID-19) pandemic, all the applicants who were in high school missed out on 2–3 years of impressions and interactions with recruiters, resulting in less awareness about the Navy in its primary market. MCPO Allchin noted that less Armed Services Vocational Aptitude Battery (ASVAB) testing, propensity drops, and market shifts due to telework policies in the civilian

community also have affected recruiting. There were a lot of factors, but the medical processing timeline added significant delays in applicants' processing times.

MCPO Allchin reported that, to date this year, the Navy has recruited 30,067 future Sailors to ship in FY24 with 25 percent of those being female. Compared with last year at this time, the Navy had recruited 25,039 but with the same male-to-female ratio, also at 25 percent. NCCM Allchin noted that these numbers reflect an increase in the number of individuals brought into the Navy year over year of about 5,000 recruits.

MCPO Allchin explained that many of the barriers the Navy faces in recruiting applicants are the same for men and women. When recruiting women, specifically, the number one concern that recruiters hear when talking to female youth, whether they joined the Navy or decided to go in a different direction, is mental, physical, and emotional safety. These are female recruits' biggest concerns about joining the Navy.

MCPO Allchin noted that another factor is awareness of what the Navy is and what the Navy does. This includes factors such as whether the Navy is the right fit for an individual, whether that individual can see themselves being in the Navy and becoming the best version of themselves as compared with other career options out there, and whether the Navy has a job that individual is interested in. MCPO Allchin reiterated that knowing whether the Navy has jobs of interest to potential applicants is a very big recruiting factor that ties into the need to ensure the recruitable population is aware of the Navy and its role. MCPO Allchin explained that some applicants noted they really are not sure what the Navy does and how they could fit and have a place within the organization, while others have shared concerns about work life balance. MCPO Allchin said that potential applicants consider other factors such as, "Can I still be me? Can I do the things I want to do? Can I start and raise a family while serving in the Navy? Can I still maintain my femininity? Can I still be unique? Can I still be the person that I am now?" Those are all challenges faced at the recruiter level when speaking to potential recruits that may make them decide not to pursue the Navy.

MCPO Allchin said that, in relation to things the Navy is doing to overcome these barriers, one is having the right mix of women in the recruiting field and strategically placing them so they are readily available for any female applicant who is interested in joining the Navy. MCPO Allchin noted that this effort is similar to efforts mentioned by SGM Basham in the Army briefing. Currently, 21 percent of the Navy's fleet of recruiters are female, and 24 percent of the Navy's career recruiting force consists of women. Of the Navy's Officer recruiting force, 28 percent of recruiters are female. MCPO Allchin stated that he believes the Navy is doing a good job of getting Navy female representation into local communities so they can effectively explain the day-to-day life of women in the Navy and not just hear it from the male perspective. MCPO Allchin reiterated SGM Basham's point that representation is important and applicants need someone to look up to and to strive to be like.

MCPO Allchin noted that another strategy is to review the Navy's marketing and advertising strategies and develop female-centric campaigns. The Navy has its overall campaign, the "Never" campaign, which heavily resonates with women. The campaign includes Sailors sharing their experiences in the Navy, saying things such as, "I never thought I could do this in my life," and "I never thought my morning commute would be an F-18." The Navy also conducts Ask Me Anything through Reddit with female Sailors and leverages Snapchat and Instagram for marketing. The Navy recruiting force consistently searches for positive social media influencers

in the Navy to leverage its recruiting efforts. The Navy has recruiters who have turned into significant social media influencers who communicate well with the Navy's recruitable market.

MCPO Allchin explained that Navy recruiters are focused on doing a better job of engaging with their Centers of Influence (COIs) (also known as key influencers), including coaches, mentors, and leaders of young women and young men, to provide positive reinforcement and positive representations of what the Navy can provide for those individuals and the recruits they are in contact with. The Navy also uses the [Every Sailor is a Recruiter Program](#) (ESaR), which is similar to the Army's SRP. This program involves encouraging Sailors to go back to their hometowns to talk about their story and experiences in the military with their families, friends, and inner circles. MCPO Allchin noted the ESaR has been paying dividends for Navy recruitment. Individual Sailors show interest in participating in this program, but commands are also tracking this and encouraging Sailors to go back into their local communities to provide recruiting support.

MCPO Allchin reported that the Navy works with affinity groups and affinity partnerships to improve relationships with COIs. MCPO Allchin noted that other briefers on the RFIs 1.1–1.3 panel had already talked about reassessment of the medical waiver standards, but he explained that the Navy has also implemented other initiatives to make serving in the Navy more appealing to women, such as examining grooming standards, including updates to nails and hair. Single-parent policies have also been updated. The Navy launched a [Future Sailor Preparatory Course](#) (FSPC) modeled after the Army, to support both male and female recruits who are a little out of qualifying standards for the Navy but who are motivated to do what they need to do to get within standards to join the Navy. The Navy has also relaxed its tattoo policies.

MCPO Allchin reiterated that many efforts in the NRC target female recruits, specifically. NRC tries to ensure there is good female representation in the recruiting field across the country and also online with a positive social media presence. NRC tries to be proactive in reviewing the policies that could be preventing women from thinking about joining the Navy or staying in the Navy once they have already joined.

MCPO Allchin concluded his briefing.

Marine Corps

Sergeant Major Allen B. Goodyear, MCRC Sergeant Major, Marine Corps Recruiting Command Sergeant Major, briefed the Committee for the Marine Corps.

SgtMaj Goodyear noted that processing delays and initial disqualifications at MEPS have significant detrimental impacts on the recruiting process. Significant time and administrative requirements are spent prospecting, selling, and scheduling applicants for examinations at MEPS. When delays in initial disqualifications occur, young Americans who want to serve are faced with uncertainty about their future. Often, extended delays require these individuals to pursue different career paths based on the financial realities of life.

SgtMaj Goodyear reported that, before the implementation of MHS GENESIS, the average timeline for prescreening submissions to MEPS appointments was 10 days. This time increased to 35 days postimplementation of MHS GENESIS. Because of the delays and disqualifications, the number of days spent in the DEP on average, where recruits are supposed to be preparing for

the rigors of recruit training mentally and physically, went from 162 days to 120 days. This lack of preparatory time resulted in an increased average number of Marine recruit discharges from 11 percent to 12 percent. Overall, delays and disqualifications at MEPS, coupled with other factors in the current recruiting environment, has led to contracting reductions for the Marine Corps.

SgtMaj Goodyear stated that, to date in FY24, MCRC achieved 101 percent of its accession mission for FY24, which is 12,924 Total Force. A total of 867 of those accessed were women. At this time, in FY23, MCRC achieved 100 percent of its recruiting goal, which was 14,632 Total Force, and 993 of those were women. Combined, as of today in FY24, 11 percent of the MCRC accessions have been women, compared with 9 percent of accessions being women during the same time period in FY23.

SgtMaj Goodyear described how MCRC uses youth polls and propensity updates from [Joint Advertising, Market Research, and Studies](#) (JAMRS) to better understand the current youth market and the challenges and concerns that youth, ages 16 to 21, have about potentially serving in the military and specifically for the Marine Corps.

SgtMaj Goodyear explained that JAMRS is tasked by the DoD's Office of People Analytics to study youth propensity uptake and other recruiting factors, such as the most common barriers and challenges to recruitment. These factors that hinder recruitment include the possibility of physical injury or death, post-traumatic stress disorder, or other emotional or psychological issues, other career interests, and dislike of the military lifestyle. Also, JAMRS identified female propensity for military service at 7 percent in 2023 and propensity to serve in the Marines, specifically, at 3 percent.

SgtMaj Goodyear stated that to overcome these barriers and continue the mission of recruiting a diverse and talented force, MCRC continues to provide more information and resources to potential applicants, promote positive in-person recruiter interactions, and ensure diverse representation in its professional recruiting force. These efforts show results as the MCRC historically accesses more enlisted women than what the market predicts.

SgtMaj Goodyear noted that MCRC is committed to portraying the Marine Corps as a civic institution of smart, tough, and elite warriors with a common purpose, regardless of gender, race, creed, or socioeconomic background. MCRC does not create different messages or strategies to attract different demographics of recruits, as its ultimate goal is to motivate service for a unifying cause. In addition, the Marine Corps strives to align its professional recruiting force with the country's diverse demographics by ensuring that recruiters reflect the nation. This approach is a testament to the Marine Corps' efforts to connect Marines with the communities they represent.

SgtMaj Goodyear explained that, as for strategies that could address and mitigate barriers and challenges to recruitment, government strategic outreach is needed. The misperceptions associated with military service often lead youth to view service in the military as a last resort. These perceptions are a national crisis that requires a whole government effort to address. The growing disconnect between the U.S. population and the military, labor shortages, high inflation, and a population of youth who do not see the value of military service, continues to hinder recruiting efforts and places the Marine Corps FY24 accession mission at risk. As evidenced by the DoD-wide recruiting difficulties in FY23, the nation is facing unparalleled recruiting strain in an All-Volunteer Force. This crisis requires a national dialogue and solution.

SgtMaj Goodyear noted that the Marine Corps also lacks a number of fields to which women are typically attracted. These fields include medical and dental career paths, which are provided to the Marine Corps via the Navy. The Marine Corps' highest priority and objective remains the recruitment, development, and retention of elite warriors in the highest state of combat readiness to support and defend our great nation, now and into the future. MCRC needs to continue to refine recruiting and advertising, while DoD appropriately supports MEPS, works with the Department of Education to ensure the Services' have access to schools, and bolster a government-wide dialogue on military and public service. In addition, many veterans serve ably in industry, commercial sectors, and government across the nation, bringing enhanced leadership and exceptional work ethic back to the communities. SgtMaj Goodyear explained that it is necessary to converge veterans at the highest levels to help convince young Americans and their parents and key influencers about the value of honorable service in uniform.

SgtMaj Goodyear concluded his briefing.

Department of the Air Force

Chief Master Sergeant William Frank Rawls, Chief Recruiter, Air Force Recruiting Service (AFRS), briefed the Committee for the DAF.

CMSgt Rawls noted that, today, women make up 22 percent of the active-duty DAF. While this number reflects progress, it also underscores the potential for growth. A challenge to the DAF's overall recruiting efforts is not only finding the right person to serve but also finding those with the ability to serve. The 2023 JAMRS' Futures Survey report revealed that only 23 percent of youth aged 17 to 24 are qualified to enlist in the military without a waiver. Of that 23 percent, only 12 percent are qualified and available for military service.

CMSgt Rawls reported that the 3-year average initial success rate at MEPS for enlistment medical physicals from FY17 to FY20 was 67 percent. In FY22 and FY23, this rate dropped to 54 percent and 52 percent, respectively. Although the average days from initial physical to eventual qualification decreased from 95 days in FY22 to 80 days in FY23, it still takes about 141 days from the first meeting with a recruiter to being medically qualified for service if a recruit's medical history is complex. Delays or disqualifications at MEPS can have various effects on the recruiting process. First, delays slow down the overall recruitment timeline because potential recruits may need to reschedule appointments or undergo additional health evaluations. Second, delays or disqualifications can affect the recruitment goals of the military branches, potentially leading to increased pressure on recruiters to find eligible candidates. Additionally, delays and disqualifications may prompt recruiters to adjust their strategies or focus on specific demographics to meet their targets, so recruiters may be less inclined to work with recruits with complex medical histories. However, CMSgt Rawls noted that the DAF has not seen any data to support this claim. Since the launch of MHS GENESIS, AFRS has seen a 6-percent increase in recruits taking more than 80 days to qualify, a 5-percent increase for recruits taking 90 days or more to qualify, a 5-percent increase for recruits taking 100 days or more to qualify, and a 5-percent increase for recruits taking 110 days or more to qualify. AFRS estimates between 3,000 and 4,000 applicants simply walked away in FY23 due to the extended medical processing timelines. As a result, total initial processors increased 34 percent for the Air Force, from 26,828 in FY22 to 34,763 in FY23. The DoD and the DAF have made several changes to MEPS processing and medical waiver processes to lessen the time that an applicant is waiting on

a medical waiver. However, with the introduction of MHS GENESIS, DAF recruiters, on average, must process approximately 20 percent more applicants to fill the same number of accessions requirements before MHS GENESIS.

CMSgt Rawls stated that, year to date, recruiting continues to be positive, with active-duty, Reserve, National Guard, and Space Force all showing gains at or just above 100 percent of their year-to-date goals. As of today, AFRS has filled 19,321 of the 19,262 spots, which is 100 percent of active-duty enlisted accessions planned year to date. The DEP pool remains strong at about 10,000 recruits. AFRS is currently filling jobs leaving in September and should close out all the jobs being booked for FY24 this month. Air Force Reserve enlisted recruiting gains are at 5,126, which is 101 percent of the year-to-date target of 5,047. The Air National Guard shows a 14-percent increase year over year and is at 102 percent of its year-to-date goal, with 6,473 gains. The percentage of Air Force female accessions for FY24 is 22 percent, maintaining the same average over the past 5 years. Of note, AFRS has seen a 13-percent increase in women in the grade of E8 over the last 20 years and an 8-percent increase in E7 and E9.

CMSgt Rawls noted that, since the military has historically attracted a higher percentage of men as a proportion of the general population, opportunities are available when engaging with female applicants to help counter perceptions and stereotypes about life in the military, showcase access to historically male-dominated career fields, describe family and work life balance, explain gender-specific physical fitness standards, highlight career progression and opportunities, prevent sexual harassment and assault, and afford access to support services. AFRS helps overcome stereotypes by showcasing strong, successful female role models who currently serve in all ranks and positions, including the highest of leadership roles. Work life balance is supported by flexible work schedule arrangements; reliable, organized deployment and battle rhythms and timelines; and family-friendly policies. Fitness standards are applicable to women and within age groups along with more appropriate, allowable body composition measurements for entry. The Air Force has and continues to remove barriers to advancement, advance equal opportunity, and provide mentors and proper support networks for women. The zero-tolerance policy for sexual harassment and sexual assault is bolstered by regular awareness and prevention training, robust reporting criteria, expedited transfer of assignments, and victim support systems. The DAF's access to reproductive healthcare is second to none and includes caregiver leave, postpartum convalescent leave, and parental leave.

CMSgt Rawls explained that, as with any endeavor, resourcing proves critical in inspiring, engaging, and recruiting across all demographics. The success in FY24 that we have seen has been heavily influenced by the \$100M congressional plus-up in FY23. AFRS seeks to continue the momentum it is seeing today to best set the conditions for FY25. This includes increases to initial enlistment bonuses and 191 new recruiters in the formation. Additionally, through fiscal channels, AFRS has submitted a \$52M request to maintain a marketing presence to drive lead generation through media engagement and outreach. AFRS partners with various science, technology, engineering, and mathematics (STEM) organizations and sporting and fitness organizations to connect with female participants, their peers, and key influencers. These partnerships use various engagement tactics such as onsite activations, judging opportunities, competition involvement, signage, event branding, cocreated content, and interviews. The Air Force's mission is to fly, fight, and win. To uphold the mission, the DAF needs the best and brightest from all segments of society. Recruiting more women into the DAF is not just a matter of equality. It is essential for operational effectiveness and future success.

CMSgt Rawls concluded his briefing.

Coast Guard

Senior Chief Petty Officer Marcus D. Arambula, Regional Supervisor, Coast Guard Recruiting Command (CGRC), briefed the Committee for the Coast Guard.

SCPO Arambula stated that delays and disqualifications at MEPS continue to significantly affect the success of the recruiting mission. SCPO Arambula explained that the Coast Guard has seen a significant increase in waivers being submitted following the implementation of MHS GENESIS. The Coast Guard has almost doubled the number of waivers from FY22 to FY23. This has caused significant delays and created an additional administrative workload, which has required additional staff for processing. Current FY24 numbers of required waivers have already surpassed FY23, despite being only midway through the FY. However, CGRC is seeing improvements in processing and an increase in the overall mission. Year to date for FY24, CGRC has achieved 72 percent of its mission goal. CGRC has seen the same across the Reserves, achieving a mission of 72 percent and 92 percent for active-duty officers.

SCPO Arambula noted that, in relation to FY23 and FY24 recruits by gender, female accessions have composed about 14 percent of all accessions in both FY23 and FY24. For enlisted Reserve members, female accessions are at about 15 percent, which is about a 3-percent decrease in the mission from FY23. CGRC is at 23 percent female accessions with active-duty officers, which is about a 4-percent decrease from FY23.

SCPO Arambula explained that, in relation to perceived challenges for recruiters engaging with potential female applicants, female applicants have shown tendencies to be more goal-oriented, and recruiters often find that female applicants have already been presented with other career or educational opportunities by other employers. This added competition is a barrier recruiters must overcome. The Coast Guard is attempting to face these challenges and is in the process now of implementing a program called “Recruit the Recruiter.” CGRC is trying to actively engage with servicewomen to apply for recruiting duty. With a smaller number of female recruiters, the ability to relate with female applicants is a challenge. Seeing women in uniform represented at outreach and recruiting events is impactful to female recruitment because it increases relatability and approachability.

SCPO Arambula reported that, in regard to strategies used to mitigate these challenges, the Coast Guard is implementing a three-part strategy. Strategy 1 is audience selection. CGRC is engaging paid media channels, including direct partners such as BuzzFeed and Bustle, and using targeting filters when available. CGRC engages in direct mail campaigns and event sponsorships. Strategy 2 is visual representation. CGRC is increasing the amount of visual representation of servicewomen through literature and media campaigns. Strategy 3 is message alignment. CGRC uses themes informed by research, including values alignment, lifestyle, work life balance, family support, belonging in a community, and rational benefits calculations. The Coast Guard is also similar to the other Services in that it is implementing several campaigns to increase overall accessions. CGRC implemented the “Everyone is a Recruiter” campaign, trying to encourage fellow Guardsmen to engage in recruiting. CGRC implemented a Scout Talent and Refer (STAR) program where personnel are incentivized to go out into their communities and recruit. Those incentives are monetary, and the Coast Guard also awards Guardsmen with a letter of commendation. CGRC is also growing its recruiting field. In FY24, CGRC opened five new

recruiting offices in different localities and seven detached duty locations to support current recruiting offices in areas of responsibility (AORs) that it has traditionally had a hard time getting into. In FY25, CGRC is looking to open an additional five recruiting offices in new localities and another seven detached duty locations. SCPO Arambula explained that CGRC intends to grow beyond FY28.

SCPO Arambula stated that, regarding additional challenges not already annotated, CGRC continues to combat a lengthy hiring process that can take 3 to 6 months or longer. With additional obstacles that lengthen the process, the ability to keep female applicants engaged can be challenging, particularly with a competitive job market and outside job opportunities. CGRC has increased Coast Guard marketing materials and giveaways. Recent marketing campaigns and promotional items have expanded to include female-centric items, including everything from hair scrunchies, skincare kits, and female-fitted apparel, which is a change of course since the Coast Guard previously had only gender-neutral apparel. CGRC has expanded offerings of personal care products at the Training Center Cape May and is increasing family engagement using tactics such as social media. This is an effective method that garners family support, enabling the family to follow the recruit's journey and for the recruit to feel supported in their decision to join the military.

SCPO Arambula concluded his briefing.

Army National Guard

Sergeant Major Jabin K. Wade, Strength Maintenance Division Sergeant Major, briefed the Committee for the Army National Guard.

SGM Wade began his brief by outlining FY22 and FY23 challenges, noting 30 percent of FY23 applicants were disqualified, representing a slight increase from FY22. Accessions increased in FY23 and are trending in the same direction in FY24, noting the Army National Guard is at 105 percent of its enlisted accession mission to date; the total enlisted mission for FY24 is 31,140. SGM Wade stated the Army National Guard is ahead 4,000 enlistments from this point in time last year. He attributed the increase to the work of the recruiters, including the increased presence of Army National Guard recruiters at MEPS. The Army National Guard currently processes all waivers with five doctors. There have been 10,000 medical waivers completed so far this year, and SGM Wade stated that last year at this time, the Service had completed 3,500 medical waivers, which demonstrates the overall increase in applicants.

In FY24, between 23 and 24 percent of the Army National Guard recruits are women. SGM Wade noted the strength of those numbers as a positive sign of the Army National Guard's ability to recruit women. One of the major challenges for recruiting women is their concern about being able to meet the physical demands. Additionally, SGM Wade described that some female recruits want to speak with women who are serving so they can ask female-specific questions or questions they may feel uncomfortable discussing with male recruiters. The Army National Guard tries to address this challenge at the schoolhouse for recruiters, emphasizing recruiters need to be able to talk with everyone in the recruiting process.

SGM Wade described the Army National Guard's marketing as unique, noting the Service addresses and showcases the stories of women who are successfully serving. The Army National Guard has a decentralized marketing format whereby 20 percent of the marketing budget goes to

the national level, and 80 percent is provided to the States for individual marketing. SGM Wade noted the strength of this approach because of differences across States for what will resonate with local populations. The Army National Guard marketing also nests within the Army, which bolsters its national and State-level marketing efforts.

SGM Wade stated there are no challenges affecting the Army National Guard's ability to recruit women and attributed that to the way it recruits recruiters. Every Army National Guard recruiter is a volunteer, and each individual recruiting chief is responsible for filling and maintaining their own team. Another strength for the recruiting teams is that Army National Guard members usually come from the community where they are recruiting and have connections with local high schools or colleges, which helps reduce barriers to entry for recruiters in the field. SGM Wade reported the Army National Guard has many family members who serve together, which increases the ability to recruit others from the community as well. SGM Wade noted the Army National Guard faces similar challenges with MHS GENESIS described previously by the other panelists.

SGM Wade concluded his briefing.

Air National Guard

Senior Master Sergeant Autumn C. Johnson, the incoming Career Field Manager for Recruiting and Retention, briefed the Committee for the Air National Guard (ANG).

SMSgt Johnson began her briefing by referencing MEPS qualified, disqualified, and waivers for FY22 and FY23. In FY22, 28 percent of applicants processing were female compared with an increase of 30 percent of female applicants processing in FY23. SMSgt Johnson referenced her briefing slide showing FY22 and FY23 percentages of qualified, disqualified, and success of waivers. The average processing time for the ANG is 120 days, which SMSgt noted is a long time.

SMSgt Johnson referenced the other panelist briefers who previously discussed JAMRS data on propensity. She noted in her role as the Career Field Manager of Recruiting and Retention, she sees retention as integral to recruiting because it affects end strength; ultimately, the more individuals who stay in, the less pressure on recruiting. SMSgt Johnson stated there are common points when Service members exit the service, such as E5, E6, and O4, which affects the number of female leaders and role models within the ANG. For recruiting women, the ANG leans into areas and benefits where the Service is leading, such as robust maternity leave and strategic mentoring among servicewomen.

For challenges with recruiting women, SMSgt Johnson noted the male-dominated environment presents a challenge related to demographic proportions and how that environment affects perceptions of military culture. SMSgt Johnson stated she will be the first woman to hold her Career Field Manager role for Recruiting and Retention in the ANG. Additionally, she pointed out that she was the only woman on the briefing panel. She noted both facts are markers of continued progress and future opportunity. SMSgt Johnson emphasized progress in recruitment and a need to further attend to the retention of servicewomen. Additional barriers SMSgt Johnson discussed related to recruiting women into the ANG are physical requirements for service, meeting physical standards, recruiter bias, and a lack of understanding how to recruit women.

The ANG's strategies to address these barriers toward recruiting women include robust mentorship programs to connect female recruits with female mentors and flexibility policies that support work life balance. SMSgt noted childcare is a major issue related to servicewomen's retention because women are often the primary or sole caregiver in the household. Robust childcare offerings are a key component, including childcare options outside DAF child development centers (CDCs). Other strategies to address recruitment barriers for women include more supportive policies and positive representation of women and visible female role models.

SMSgt Johnson concluded her briefing.

Discussion

CAPT (Ret.) Barrett asked SgtMaj Goodyear to elaborate on his earlier remarks about the length of time recruiters spend preparing waiver packages before submission for medical review. SgtMaj Goodyear responded that each applicant is different, so an average timeframe is difficult to provide. For applicants with clean records, the prescreening preparation is typically 1 to 5 days. If there are more requirements for an applicant, it may take longer to gather paperwork or have them seen by medical providers. He summarized that it is challenging to provide an estimate because of differences in individual cases. CAPT (Ret.) Barrett asked for other Services' perspectives on waiver preparation timeframes. SCPO Arambula from the Coast Guard responded it depends on the medical condition, the recruiter, and the responsiveness of the applicant. He noted a seasoned recruiter can turn around waivers more quickly than newer recruiters. The Coast Guard has been working to provide more support at the schoolhouses to teach recruiters waiver completion in a timely manner, but SCPO Arambula notes much of it is learned on the job, and someone who has been in the career field longer will do it more quickly than someone new. MCPO Allchin from the Navy also stated there are differences by applicant. The Navy's average from interview to prescreen approval is 27 days. For some applicants, it takes only 3–4 days, and, for others, it can take 120 days. The Navy's medical waiver review process deep dive examines the medical waiver review process and the burden put on the recruiter before and after an applicant's MEPS visit. MCPO Allchin stated the Navy wants its recruiters to be prospecting and interviewing as much as possible. The deep dive referenced earlier is a high priority for the Navy to minimize the impact of these waivers on the recruiting force and ensure medical providers get the information they need to make good decisions. CMSgt Rawls from the DAF responded the Air Force's average is 58 days from the time of submitting paperwork to MEPS to approval. He noted the average number of days has increased slightly since the implementation of MHS GENESIS. The DAF, similar to the Army, has civilian contractor medical administrators working with recruiters who have Health Information Exchange access who can see questions on the test before they are put in front of physicians at MEPS. CMSgt Rawls described how hiring civilian contractors has helped reduce timelines on the front end, but he noted it is still a lengthy process of 141 days on average from shaking hands with a recruiter to being qualified. Responsiveness of the applicant is another critical factor in the length of time for processing, including how engaged and motivated they are. Another aspect is whether the needed documentation exists, which is a challenge given the varying participation rate of medical providers across the nation with MHS GENESIS. CMSgt Rawls described that some medical providers have full documentation uploaded while others only have a diagnosis and a date. The DAF has the fewest number of recruiters, which is another factor contributing to the length of processing time, but it expects to have more recruiters in FY25. The DAF is also

looking into virtual recruiting where you can capitalize on leads no matter where they are geographically.

SgtMaj (Ret.) Maness asked SgtMaj Goodyear what percentage of Marine Corps recruiters are women. SgtMaj Goodyear responded the Marine Corps is just short of 500 recruiters, those individuals who are prospecting daily in the 8,411 positions. He noted it is a highly selective process.

MG (Ret.) Combs commented on similar remarks from the briefers about a lack of female recruiters in the field and asked the panel whether there are Service-level initiatives aimed at increasing the number of female recruiters. CMSgt Rawls responded the DAF implemented a requirement for special duty nominees from recruiters, noting they have asked for 35 percent women in the recruiting force. CMSgt Rawls stated the DAF has never hit that mark, which surpasses the 21 percent of women in the active-duty force, but the request has been documented. Increasing the number of women in recruiting requires the DAF to draw those individuals from their career fields and other specialty codes, where they are also needed and desired because they are underrepresented across the DAF. CMSgt Rawls indicated the DAF has increased from 11 percent female recruiters in FY21 to 13–14 percent now. He noted it is easier to represent the DAF and sell what the Air Force and Space Force can do to prospects when they can personally relate to their recruiter. Additionally, CMSgt Rawls shared it is a persistent challenge to increase the number of recruiter candidates from underrepresented populations. SMSgt Johnson responded the ANG does not have any programs established to increase female recruiters, but it is something she will look at in the future. SGM Basham responded the SRP is a tool the Army uses. For example, if there is an excellent female recruiter, the Army will ask that recruiter to refer other female Soldiers who should be a recruiter. SGM Basham discussed the balance of pulling recruiters when they are young and can relate to the market while ensuring they have met their own key development time and career progression milestones so recruiting does not stunt their leadership and career growth. The Army has adjusted the assessment for all recruiters, including mental health and financial stability aspects because it believes better screening will result in more qualified and prepared candidates. SGM Basham described the challenges of recruiting duty, including living in civilian communities that are far away from Army programs and benefits combined with the long working hours. He agreed with other panelists that women are needed in every career field, so it can be a challenge to get them into recruiting as well. MCPO Allchin responded the Navy is pleased with its current numbers, with 21 percent of recruiters being women and 24 percent of incoming recruits being women. The Navy holds career development symposiums to educate Sailors on different facets of the Navy, including recruiting, which is a place to scout for top recruiting talent in the force. MCPO Allchin praised the Marine Corps model of getting the best talent on recruiting duty, both for enlisted and officer recruiters. He commented on ensuring recruiters are not punished for coming out of their career field during promotion boards but are praised so they can get the top talent to represent the Navy in the field. SGM Wade responded the Army National Guard does not have a direct program for recruiting women to be recruiters due to the unique way it gains recruiters, but it has a significant population of recruiters in the force. He noted the female recruiting population is larger than the population in the force by virtue of how the Army National Guard recruits. SgtMaj Goodyear from the Marine Corps responded emphasizing the importance of screening. He noted the Marine Corps starts screening when Marines are corporals and sergeants to assess whether they are qualified for recruiting duty, which allows the Marine Corps to select its top talent for recruiting. SgtMaj Goodyear described how recruiters are charged with their recruiting

mission, and successful completion of this duty positions them as exceptionally qualified for their next promotion. The rewarding aspect of recruiting duty is building the future of the Service and seeing those applicants become Marines. The Marine Corps is not focused on recruiting or prospecting for gender; rather, it seeks the most qualified candidates to serve a big mission.

HON (Col Ret.) Scholz asked SGM Basham and MCPO Allchin to clarify whether their Services are projected to meet mission this year, noting some of the other Services provided statistics indicating they are at or above 100 percent projections for meeting mission. SGM Basham responded the Army is projected to meet its enlisted mission this year with a level of depth for the next fiscal year. MCPO Allchin responded the Navy is seeing increasing numbers each year; however, the Navy is projected to miss its active enlisted mission by 4,200 recruits. HON (Col Ret.) Scholz asked whether any other Services are projecting a miss for their mission this year. SMSgt Johnson responded the ANG is projected to miss end strength due to retention rather than recruiting.

Dr. (CAPT Ret.) Smith asked how the Services shape their teams of recruiters and what considerations are taken for selecting or preparing servicemen to work with and excel at recruiting women. SMSgt Johnson responded it hinges on education, noting the Total Force recruiting schoolhouse serves the Air Force, Air National Guard, and Air Reserve. The training and education include communication with applicants and how to address their specific needs. SCPO Arambula responded the Coast Guard has no specific recruiter rate or MOS; all Coast Guard recruiters are special assignments. However, in FY25, the Coast Guard will establish a recruiter rate. Special assignment recruiters can apply for this rate at the E5 level, but only the best will be selected, and they can continue to progress in their career as a recruiter up to the E9 level. SGM Basham also responded that it is about education in the Army, describing master trainers who talk with the recruiting force to better understand perceived challenges and roadblocks for female prospects. Identifying these challenges can help create strategies with recruiters on how to address these issues.

Brigadier General (Ret.) Jarris Sanborn asked how the Services leverage individuals outside the recruiting force to bolster recruiting efforts. SMSgt Johnson responded the ANG has “WEAR” days, which stands for We Are All Recruiters, where Service members will be in the community to recruit, be brand ambassadors, and tell their stories. SMSgt Johnson noted there is a substantial financial investment in WEAR days. SGM Wade responded the Army National Guard leverages its own members because it has 2,700 armories across the country. Army National Guard members are already in the community, and the Service encourages them to talk with teachers, members of their church, and others about the opportunities the National Guard can provide. SGM Wade stated there is an emphasis on recruiting teachers because of the student loan repayment benefits, and recruiting teachers provides a greater ability to recruit within the schools. The Army National Guard also has access to Army incentives for recruiting, such as the Army recruiting ribbon. SCPO Arambula responded the Coast Guard has a recruiter liaison program where every unit over 75 people is required to have a recruiter liaison and noted this program has shown successes. Recruiter liaisons are recruiters in the field, and they conduct unit tours, attend events, and conduct outreach in the community. The recruiter liaison role is a collateral duty, which helps on their evaluations at the end of the year. CMSgt Rawls responded the Air Force has several initiatives, including “Go Inspire,” where General Officers conduct outreach opportunities and speak with their communities. Aim High Flight wings are an opportunity for wing commanders to showcase opportunities to the public through open houses

and air shows. Every Airman in the Air Force should have an Aim High app, which provides resources on DAF service and connection to the nearest recruiter. The app also has videos of every career field, engaging with Airmen and seeing women doing amazing things, as well as information about sponsored community events. Similar to other Services, CMSgt Rawls reported the DAF has a referral program where Airmen can receive an achievement or commendation medal for referrals who join the Air Force. The DAF also has the Recruiters Assistance Program whereby Airmen who have finished their tech training can receive 14 days of permissive temporary duty travel (TDY) to support recruiters in their local community. CMSgt Rawls noted this is part of the WEAR program mentioned by SMSgt Johnson earlier.

MG (Ret.) Eder asked for more information on performance groups, such as the Army field band, and how those provide value to the recruiting mission. SGM Basham responded it is a recruiting asset he was not aware of until he was on recruiting duty. He also mentioned the Army Twilight Tattoos performances on the east coast. SGM Basham explained that the Army field band is used at community events and changes of command ceremonies, and in smaller areas, the Army will use the Reserve bands. He stated the Army band is a useful asset to appeal to nontraditional markets such as musicians and shared how auditions can be conducted in high school band classes, which appeals to those music instructors. SgtMaj Goodyear from the Marine Corps recalled a presidential event in Fresno, California, where the Marine Corps band was used, describing how this event showcased Marines. Additionally, Marine Corps band members are out in the recruiting sectors.

HON (Col Ret.) Scholz asked about the timeline from prescreening to contract, how that has been affected by MHS GENESIS, and what can be done to shorten this timeframe for applicants. SGM Basham from the Army responded with praise for MHS GENESIS, noting it enables the Services to see applicants' holistic medical history. However, he noted the implementation did not account for enough personnel at MEPS to handle the review of additional documentation that comes with this type of system. CMSgt Rawls stated the variation in the participation level of medical providers across the country presents challenges. In concept, assuming uniformity from providers was a sound idea, but not all providers are using the system, nor do they have the same level of detail in the medical documents provided. He recommended reducing the workload on recruiters by having contractors engage with medical providers and hospitals to obtain needed documents. SMSgt Johnson recommended harnessing the power of artificial intelligence with medical records and other forms to determine whether an applicant would be permanently disqualified in a more expedient and less labor-intensive way. SGM Wade recommended a general release form to avoid the challenges and delays of individual hospital and medical provider release forms. He also noted some medical providers still require use of fax machines for release forms and documentation, presenting speed and efficiency obstacles.

The briefing discussion concluded.

The Committee took a 1 hour and 15-minute recess for lunch.

Panel Briefing: Intimate Partner Violence and Domestic Abuse (RFI 6)

The Committee requested a briefing from the Office of Military Community and Family Policy (MC&FP) via the Military Community Advocacy (MCA) Directorate, the Military Criminal Investigative Organization (MICO), Defense Health Agency, and the Military Services (Army,

Navy, Marine Corps, DAF [Air and Space], and Coast Guard). First, the Committee asked MCA to provide findings from the 2023 RAND Corporation survey on the *Strengths and Challenges of Military Relationships*. Additionally, the Committee asked MCA and the Military Services about their strategies and metrics used to measure the effectiveness of their policies to identify and reduce incidences of intimate partner violence (IPV) and domestic abuse (DA) and associated findings from FY18 through FY23; the programs identified as needing improvement and actions taken to improve those programs; a description of the monitoring, oversight, quality control, and trainings undertaken to ensure the Family Advocacy Program (FAP) personnel are consistently evaluating DA and IPV reports; and areas of concerns that have been identified in the “met criteria” evaluation processes. The Committee also asked the MCA and Military Services to identify reasons that DA and IPV reports fail to qualify as “met criteria”; steps to adopt the Committee’s 2019 recommendations to implement mechanisms for Service members who are victims of DA or IPV to access immediate assistance; and DA hotlines used by DoD and the Services, as well as their utilization rates, whether they are military specific, whether translation services are available, whether they are staffed 24/7, and whether they are available to outside contiguous United States (OCONUS)/deployed Service members. The Committee also asked MCA and the Military Services to share a sample memorandum of understanding (MOU) for victim services with civilian organizations, a description of which offices review installation MOUs to assess sufficiency, and whether Services have identified and addressed any deficiencies. MCA and the Military Services also provided a description of the number of DA fatalities by Service and for the DoD as a whole from FY12 to FY23, including a breakout of types of fatalities, by gender, whether the deceased was the offender or victim, and whether the incident was defined as DA or IPV. The Committee also asked MICO and the Military Services for information on what actions have been taken to improve law enforcement response to domestic violence reports and improve the quality of domestic violence investigations, along with what types of monitoring is undertaken to assess whether law enforcement responses to domestic violence investigations are sufficient. Additionally, the Committee asked DHA whether there are any existing protocols for medical health providers alerting them to the need to assess/examine the potential for traumatic brain injuries (TBIs) when treating DA or IPV patients, and whether there is any data regarding the incidence of TBIs in DA or IPV patients. Finally, the Committee asked the Army, Navy, and Marine Corps whether they have implemented actions taken to ensure consistent implementation of risk assessment tools in accordance with DoD policy and whether the Army, Marine Corps, and Coast Guard could identify changes to their definitions of intimate partner.

Military Community Advocacy

Ms. Lolita T. Allen, Director, DoD Military Community Advocacy (MCA), briefed the Committee.

Ms. Allen referenced the Committee’s interest in learning more about the results of the 2023 RAND Corporation survey, *Strengths and Challenges of Military Relationships*. She explained that the RAND Corporation survey includes three phases, and the study is currently in the second phase. A link to results from the first phase is included in the briefing slides. Before starting phase two, Section 549C documents had to be approved by the Office of Management and Budget (OMB), and this process took about 9 months, creating a delay in beginning phase two of the study. The projected completion date for phase two of the study is June 2025. Ms. Allen explained that phase two includes four different tasks: task one focuses on conducting surveys to

identify risk factors for DA and outcomes; task two focuses on DA prevention and outreach; task three focuses on age-appropriate healthy relationship training reviews; and task four focuses on improving victim access to resources.

Ms. Allen explained that MCA reviews FAP programs by conducting MCA site visits to speak with representatives from the Coordinated Community Response (CCR) and FAPs, including DA victim advocates, FAP clinicians, installation leadership, and Service members and their families. The site visits are primarily conducted using one-on-one meetings and focus groups and by reviewing supporting documentation, such as standard operating procedures, when promising best practices are identified at the installation level. MCA site visits help identify and address policy gaps, better understand how policy is being implemented at the installation level, and identify barriers to implementing policies so they can be investigated for solutions.

Ms. Allen noted there are problems in need of improvement and holistic efforts to review and improve the CCR response system for instances of DA and IPV. For DA, the DoD has engaged in efforts supported by the CCR Executive Steering Committee of Senior Leaders from across the Military Services to identify and implement improvements. The steering committee developed a logic model, which was provided to the Committee, intended to help reduce and eliminate DA fatalities. MCA believes that focusing its attention on addressing the most dangerous and lethal cases is a priority to prevent fatalities associated with these events. Therefore, MCA believes processes, such as risk and validity assessments, monitoring, information sharing, safety planning, training, and data collection will positively affect the response to all reports of DA eventually, along with efforts to focus more on upstream prevention and intervention through the FAP.

Ms. Allen noted that, related to monitoring, oversight, quality control, and training, MCA has a Clearinghouse that is collaborating with New York University (NYU) to assess the quality of implementation of the Decision Tree Algorithm (DTA) and Incident Determination Committee (IDC). Work is being done at the installation level to build capacity and standardization across Services related to how MCA monitors and provides oversight of the IDC process. The IDC was established during a time when no other standardized mechanisms were in place to categorize reports of abuse in the military, making it difficult to generate consistency in DA reporting. Therefore, the IDC and DTA were designed primarily as data collection exercises, but over time, OSD found that there was an unintended use of the processes as incident status determination tools. The incident status determination aspects of the IDC determines whether a DA claim has “met” or “did not meet” criteria for other purposes, such as whether to support treatment or service provision to victims or to justify positions in civil courts. That unintended use is evidenced by the Government Accountability Office (GAO) review currently underway on the use of the DTA notification letters by abusers against their victims. This review will help ensure that the new build of the CCR approach includes systems to protect victims against unintended use of the IDC and the DTA.

Ms. Allen explained that the DTA is a web-based tool that guides IDC members through definitional criteria for each maltreatment type, focused on the act and the impact of an incident. The two types of incidents that do not consider impact are child sexual abuse and child abandonment. The IDC members vote on each criterion, rather than the overall decision of whether an incident meets or does not meet abuse criteria. Ms. Allen explained that, to make a decision about whether an incident “met” or “did not meet” criteria during the IDC process, voting is based on the preponderance of the evidence standards based on the available

information presented to the members about the incident. Therefore, the threshold for “met” criteria is much lower than the “beyond a reasonable doubt” criteria individuals are familiar with from civilian courts; it is focused more on determining whether “it is more likely than not” that an incident occurred.

Ms. Allen ran out of briefing time and was unable to conclude her briefing.

Military Criminal Investigative Organization (MCIO)

Mr. Charles M. Bartenfeld, Supervisory Special Agent, Under Secretary of Defense for Intelligence and Security (USD(I&S)) Law Enforcement Directorate, briefed the Committee for MCIO.

Mr. Bartenfeld explained that, with the recent appointment of the USD(I&S) and the subsequent creation of the Law Enforcement Directors, MCIO now has the ability to review law enforcement responses to DA across the DoD. MCIO is currently examining the domestic violence incidents that ended with a fatality, including examining each Service member involved and the domestic relationship they had from when they entered the service through their death, including other incidents in which law enforcement was engaged with them, changes in behaviors, and other factors. This review will help MCIO develop better warning signs and indicators that leadership can be informed of to improve earlier recognition of issues and earlier engagement with law enforcement. Additionally, MCIO is trying to help law enforcement officers improve their recognition of DA incidents before they become violent and to develop intervention points and possible intervention techniques to improve success rates of law enforcement engagements.

In addition, Mr. Bartenfeld explained that MCIO is working to identify the main indicators and intervention points to support updating all law enforcement training programs. The training updates will start with military patrol officers because they are the most likely law enforcement officers to be first involved in a DA incident giving them the greatest opportunity to implement interventions. MCIO is in the review process for these training updates currently to determine whether the updates meet the intent to improve recognition and interventions. The review will be followed up with site visits to determine how updated trainings are being delivered and whether they meet the intended purposes on the ground with law enforcement officers.

Defense Health Agency

Ms. Theresa Hart, Senior Nurse Consultant, DHA, Medical Affairs, briefed the Committee for DHA.

Ms. Hart explained that all MTFs have providers that are trained in screening for TBIs. She provided background, noting that DHA was formerly combined with the Military Services, but now DHA has authority and control over the Services. DHA introduced a procedural instruction (PI) in 2021 related to TBIs, including guidance on how to recognize and treat them. DHA has since transitioned to an administrative instruction (AI) that provides guidance on the oversight of all providers, military or civilian in the MTFs, related to the diagnosis and treatment of TBIs, including the required procedures and clinical tools for the assessment and clinical management of mild TBIs in a nondeployed setting. Ms. Hart noted that, while IPV can happen in a combat setting, it is more likely to happen in the nondeployed setting.

Ms. Hart noted that the military has two TBI specialty clinics, including one at Joint Base Elmendorf-Richardson and one at Fort Knox. Additionally, the military has 10 Intrepid Centers that include comprehensive care for TBI. She confirmed that she could provide the Committee with a map and list of these locations if valuable.

Ms. Hart explained that Service members have annual physicals, within which they are reviewed for symptoms of TBI. Doctors ask Service members whether they have symptoms of TBIs, and if they do, the doctor screens them using one of two screening tools identified in the AI for a TBI, including the Military Acute Concussion Evaluation (MACE) screener and the Acute Concussion Evaluation (ACE) screener, which is implemented with children. Each of these screeners has standardized scoring that indicates whether a TBI is mild, moderate, or severe, and doctors also consider the presenting symptoms when coming to a diagnosis. Research has come out recently on issues related to TBIs in the military from blasts and ammunition, so DHA believes these screeners and processes are important for all providers to be aware of based on the information in the new AI. DHA has built education platforms to support spreading this information, and the AI will have requirements for the education of clinicians to ensure they have the most up-to-date knowledge about the newest tools and processes.

Ms. Hart noted that DHA does not have any data related to IPV and TBIs because DHA does not collect this type of data.

Army

Ms. Tanya M. Juarez, FAP & Army Community Services Program Manager, briefed the Committee from the Army with support from Mr. Matthew J. Haywood, Division Chief, and Dr. Eugenia K. Guilmartin, Director.

Ms. Juarez noted that, as a former Army officer, military spouse, military mother, and military child growing up overseas, she is truly appreciative of DACOWITS' work. Regarding how the Army measures the effectiveness of its policy in identifying and reducing IPV, Ms. Juarez highlighted three strategies on her briefing slide, including reporting congressionally required annual metrics to measure the effectiveness of the FAP under Section 581 of the FY08 NDAA. Metric 1 focuses on ensuring that incoming commanders receive FAP training within 90 days of assuming command, metric 2 focuses on evaluating the New Parent Support Program, metric 4 focuses on evaluating DA reporting and on advocacy and services provided by the Domestic Abuse Victim Advocates (DAVAs), metric 5 focuses on evaluating DA reporting and advocacy services provided by FAP clinical staff, and metric 6 focuses on evaluating the success of DA offender treatment for allegedly abusive partners in any incident that meets FAP criteria for DA.

Ms. Juarez summarized the number of DA victims served by DAVAs and FAP clinical staff between FY18 and FY 23. Ms. Juarez noted that the Army is the only Military Service that has a bifurcated FAP, in which FAP clinicians fall under the medical command and prevention and education efforts and staff fall under the Army Installation Management Command (IMCOM). Additionally, Ms. Juarez noted that, in FY23, the reoffense rate was 4 percent.

Ms. Juarez noted that the Army has identified areas of improvement related to its response and prevention of DA and IPV, including one key area, improved data collection processes. She noted that, because of the Army's bifurcated program, the Service uses different databases to

track and pull information from, requiring extra efforts to ensure data systems are connected and reconciled against each other to inform efforts to reduce DA and IPV.

Regarding the Army's strategies to monitor and provide oversight over FAP, Ms. Juarez noted that the FAP program receives periodic audits from Army Community Services (ACS) and recertifications, including annual and biannual internal and external audits. Ms. Juarez also reiterated that the Army seeks to ensure it is addressing gaps in data collection and reconciliation related to DA reports as a way of addressing deficiencies identified with the DA tracking system.

Ms. Juarez confirmed that the Army uses the IDC approach to determine whether an incident met the criteria for DA. The Army works with NYU to conduct quality assurance and fidelity checks to ensure the Army is appropriately applying the criteria and the DTA decisions across the services. Additionally, the Army has implemented multiple required risk assessment tools across the force, including the incident severity scales, a victim advocate lethality assessment checklist, and the DA risk assessment, which is being piloted at this time. It is important for the Army to ensure victims have immediate access to resources and assistance, so each Army installation has a 24/7 domestic abuse victim advocacy hotline, and one DAVA per installation is required to respond at all times of day or night. In addition, if a victim is seeking to receive services or to access the FAP program, they can access information on Military One Source, including a victim advocate locator, which helps them identify victim advocates on their installation.

Ms. Juarez reiterated that the Army has a 24/7 FAP DAVA hotline and the Service tries to market the hotline appropriately, and appropriate marketing is reviewed under the ACS certification checklist. However, the Army does not track utilization rates of the 24/7 hotline but is currently working on strategies to do so moving forward. Additionally, the Army will refer victims who speak languages other than English to the National Domestic Violence Hotline because it has translation services for over 200 languages and is heavily staffed 24/7. Deployed Soldiers also have access to the 24/7 hotline, and if they do not know the phone numbers, their unit commander should be able to connect them with DAVA resources, including conducting warm handoffs to ensure Soldiers are connected and receive the services they need.

Ms. Juarez noted that the expanded definition of intimate partner is listed in the Army's Fragmentary Order (FRAGO) Executive Order (EXORD) 156-21. Additionally, the Army has a template of its MOU for victim services in Army Regulation 608-18.

Ms. Juarez noted that the FAP manager at each installation is required to lead the responsibility of developing MOUs for victim services in the community. The manager works closely with the Army Judge Advocate General (JAG) at the installation to ensure the MOUs remain in legal compliance. The Army also reviews its memorandums of agreement (MOAs) yearly during its recertification check, and if they are not in compliance, installations have 90 days to rectify the noncompliance.

Dr. Guilmartin, Law Enforcement Division Chief, noted that the Army is committed to victim-centric policy, training, and investigations. For example, the Army Criminal Investigation Division (CID) hosted the National Victim Center Agency Symposium in May 2024. At the symposium, industry panelists shared a wide variety of best practices to improve investigations, empower families, and strengthen bonds between victims and the military justice system. Further, the Office of the Provost Marshall General has been working with the Military Policy schoolhouse to launch a 40-hour applied crime prevention course in FY25, and Army

Regulation, the Army Crime Prevention Program, will be finalized soon. This policy will establish responsibilities to protect, assist, and prevent crimes starting with the most senior leaders to the most junior Soldiers, giving commanders useful metrics and promoting close collaboration between civilian law enforcement partners and military law enforcement. Finally, the most recent Army crime report was adjusted to give commanders the tools they need to address DA and IPV, including a checklist for DA incidents, and learning points at the end of each chapter to reinforce learning of key topics. This report provides information to commanders about the Lautenberg Amendment and explains takeaways from a recent Uniform Code of Military Justice article on domestic violence. Underpinning each of these initiatives is a focus on data-driven decision making by leveraging statistics and subject matter experts, the FAP, JAG, and healthcare providers.

Mr. Haywood, Division Chief of the Family and Sexual Violence Division Headquarters at Army CID, noted that, another initiative Army CID has implemented to improve its response to domestic violence incidents is policy revisions to extend the scope of its investigative responsibilities to include cases involving patterns of escalating violence, even if the incident does not meet the threshold of an incident normally handled by CID. Therefore, CID's objective is to intervene in instances of escalating lower-level violence early in hopes of preventing more severe incidents of violence later on. CID Headquarters also maintains a team of subject matter experts who specialize in interview techniques and travel to field offices to provide investigative support and training to CID agents. Additionally, CID conducts thorough reviews of recorded victim or accused interviews and provides feedback to agents to address errors or performance issues. In May 2024, CID launched an Army wide campaign against domestic violence, focusing on Soldiers, civilians, and their family members, aiming to enhance law enforcement presence in the community through domestic violence awareness and agents in the community.

Ms. Suarez ran out of briefing time and was unable to conclude her briefing.

Navy

Ms. Sonia Smith, FAP Policy Manager, Office of the Chief of Naval Operations (OPNAV) N17, Navy Culture and Force Resilience Office, briefed the Committee for the Navy with support from Dr. Cherilyn R. McMonigle, Department of the Navy (DoN) Fatality Research Analyst, Commander, Navy Installations Command (CNIC) Family Readiness N91.

Ms. Smith noted that she has over 30 years of experience in family advocacy. She confirmed that DoDI and Navy policy directs the Fleet and Family Support Center to conduct full certification reviews every 4 years, along with midcycle reviews every 2 years. The FAP certification process consists of 61 checklist items and a separate quarterly quality assurance compliance checklist, which consists of 51 additional items. The checklist items address the effectiveness of how FAP identifies cases and also how FAP responds to incidences of abuse. Findings from the certification reviews, along with documented corrective actions, are used to inform internal process improvement efforts and prevention, treatment, and response programs focused on domestic violence in the Navy. Additionally, FAP hired risk assessment managers and quality assurance specialists to support the Navy by reviewing its assessment protocols and producing quality assurance reports. The resulting quality assurance reports are reviewed, problems identified in the reports are corrected, and findings from the reports are used to inform targeted, in-person trainings across the Navy, where risk assessment managers observe the IDC processes and clinical case review staff. Additionally, FAP has implemented a quality assurance

cooperative with a three-tiered approach, including regional managers, installation managers, and headquarters managers for the FAP program to ensure quality control findings are implemented consistently and with oversight. Additionally, FAP has implemented system parameters within its case management system to ensure standardization across staff so only specific staff, such as FAP clinicians, can access and review risk and safety assessments.

Ms. Smith noted that the Navy has ongoing initiatives to identify gaps and concerns in its identification and response to DA incidents. For example, FAP validates and revalidates case review processes and procedures and offers targeted trainings for installations and at the regional levels. The Navy has also hired manager assistants who are retired FAP clinical providers and FAP managers to provide short-term services, training, supervision, and quality assurance. The FAP has also increased its dissemination efforts by frequently collaborating with CCR stakeholders.

Ms. Smith noted that, to improve the FAPs assessment process, the Navy has enhanced its stakeholder partnerships with the Naval Criminal Investigative Service (NCIS) and the Office of Special Trial Counsel. Navy judge advocates are currently examining no-contact orders and how they compare with military protective orders to determine whether these tools are being used consistently to ensure the safety of victims. Ms. Smith also noted that the percentage of “met criteria” cases has remained relatively consistent over the past few years, but FAP has identified common reasons that cases do not meet criteria, including limited information available, different accounts of the event, and inappropriate adherence to the IDC process, such as outside influences on members.

Ms. Smith confirmed that the Navy has several risk assessment tools in accordance with DoD policy and Navy-specific administrative messages (NAVADMINs) and certifications standards to ensure these tools are used by the right staff, and staff are trained to use them. The Navy does not have a dedicated safety helpline, but it does have a well-publicized 24-hour access line to receive reports of child abuse, DA, and IPV. FAP also has a phone that is manned by FAP personnel at all installations.

Ms. Smith noted that NCIS is FAP’s overall investigative agency for both the Navy and the Marine Corps. NCIS has taken various actions to improve its response to DA incidences, including increased trainings, such as expanding advanced family and sexual violence training from twice a year to three times a year. This training takes 2 weeks to complete, and an additional training is available that focuses on strangulation investigations. NCIS has developed a strangulation protocol specifically for domestic violence incident investigations. Ms. Smith referenced CNIC Code N34 and noted that this code manages the Navy’s civilian Federal police officers; however, training requirements under this code are lesser than those required under DoDI 5525.15. Therefore, the Navy has developed a curriculum for these officers that meets the more stringent training requirements of DoDI 5525.15. This curriculum will be implemented in summer 2024.

Ms. Smith noted that the Navy has MOUs, which are taken very seriously and are part of the FAP certification process. MOU requirements are identified in Office of the Chief of Naval Operations Instruction (OPNAVINST) 1752.2 and include sections such as goals, objectives, roles, responsibilities, reporting responsibilities, and confidentiality.

Ms. Smith highlighted that briefing slide 13 summarizes domestic violence fatalities in the Navy between FY12 and FY23.

Ms. Smith concluded her briefing.

Marine Corps

Ms. Teshia N. Hackler, Section Head, Headquarters, Marine Corps (HQMC) Family Advocacy Program, briefed the Committee for the Marine Corps.

Ms. Hackler noted that the Marine Corps' activities around FAP, DA, and IPV are similar to the Army and Navy. She confirmed that the Marine Corps is diligent in its handling of IPV and DA issues, as these issues are of great concern to the Service. FAP works closely internally with its research and evaluation programs to evaluate the curriculum in place related to FAP training by using pre- and posttest assessments for training groups and by examining outcome and session rating scores from DA and IPV incidents on-installation. Additionally, FAP is constantly researching new evidence-based practices and training curricula to add to the field, including receiving feedback from the field on areas of training need.

Regarding the assessment of DA reports and determining whether incidents meet DoD criteria, Ms. Hackler confirmed that the Marine Corps uses the IDC process, and all allegation procedures, training requirements, and quality monitoring activities are in accordance with DoD policy and DoD Manual 6400.1, Volume 3. The Marine Corps uses the IDC process to hold investigations and assessments accountable to ensure FAP is following protocol and the incidence of DA and IPV is being considered objectively. Ms. Hackler noted that the IDC process is standardized, but individual members of the IDC are allowed separate votes on all cases that are presented based on the established criteria. For cases to meet the criteria, both "act" and "impact" aspects of the case must be present. Most often, cases do not meet criteria because of lack of information and lack of cooperation from the parties involved in the incident, while victim recantation of DA and IPV claims do not often affect the IDC determination.

Ms. Hackler noted that FAP assesses, and shares information related to IPV cases, including sharing reports that include a comprehensive list of required risk assessments to the field, including the Building Risk Evaluation Tool (BRET) and the Danger assessment, to standardize risk assessment across the Marine Corps, quarterly case audits, and an internal certification process. The risk assessments enable FAP to identify risk factors that allow them to recommend the best interventions and treatment for each incident, including victim advocate services. Victims are assigned victim advocates, if desired, and the victims can request that victim advocates respond to the scene of DA and IPV cases within 2 hours of the request. The FAP has an on-call phone that is monitored 24/7 to initiate victim advocate responses and a helpline that is consistently monitored. FAP rolled out guidance on how to manage the on-call helpline, how to document calls, and how to report to incidents, and a backup supervisor is available to assist victim advocates when they respond to an incident onsite. Additionally, FAP worked with the Marine Corps' marketing team to make services and resources that are not available on-installation more accessible to victims, such as those resources offered by community or national organizations. For example, FAP helps to market Military One Source and the National Domestic Violence Hotline by hanging flyers about FAP and its associated resources in inconspicuous places on-installation, such as bathroom stalls, to ensure victims can access these services privately. FAP also calls the on-call helpline to conduct real-time, random audits to

ensure policies and procedures are being followed efficiently, and appropriate language is being used to support the victim. Ms. Hackler highlighted that briefing slide 7 summarizes utilization rates of the on-call hotline that are tracked monthly. The Marine Corps also pays for translation services so that victims who do not speak English or are hearing impaired can access resources and support.

Ms. Hackler noted that Marine Corps Order (MCO) 1754.11A is currently pending revision to include an updated definition of intimate partner. The Marine Corps provided a briefing (FAST Leaders' Course) to FAP leaders on the definition of intimate partner that was also included in the Marine Corps' response to RFI 6 from the Committee. In addition to the FAST Leaders' Course that focuses on the definition of intimate partner, FAP completed subsequent trainings with installation FAP staff related to DoDI 6400.6 on the definition of intimate partners in the military.

Ms. Hackler explained that MOUs are handled at the installation level. MOUs are reviewed annually at the installation level to determine whether changes need to be made, and each installation has a Family Advocacy Committee, which comprises community partners associated with the FAP, such as Child Protective Services agencies, law enforcement, and other community organizations. FAP program leads at the headquarters level also conduct internal certification reviews every 4 years with installations, including reviewing the MOUs to ensure they are effective and comprehensive, and identify any necessary updates. Installations have 90 days to implement any changes or recommendations identified during the certification process.

Ms. Hackler deferred comments related to NCIS and DA and IPV incidents, including fatality reviews, to Mr. Bartenfeld.

Department of the Air Force

Lieutenant Colonel Brandon N. Christensen, Chief, DAF FAP, briefed the Committee for the DAF, supported by Lieutenant Colonel Peter N. Micale, Chief, Operations Branch, Headquarters, Air Force (AF/A4SO).

Lt Col Christensen explained that he has served in the Air Force as a licensed clinical social worker for 23 years. He noted that the majority of the DA and IPV victims are women, so FAP is dedicated to improving its program, policies, and resources to help women in the military. FAP regularly trains DAF leadership and agencies on strategies for responding to DA and IPV incidents to improve responses and on the referral processes to intervention and prevention programs. The DAF assesses the FAP in a similar way to the other Military Services, including program outcomes, such as client engagements, referrals received and provided, clinical treatment services, and fatality reports. Additionally, the DAF assesses command climate assessments to better understand the gaps in FAP services and resources. FAP is working to better inform installation-level leadership about prevention and DA and IPV response protocols, and FAP collaborates with several universities to evaluate its clinical assessment and intervention tools to ensure they support engagement with victims and families. The FAP A1Z, or prevention arm, works on broadening its data-sharing processes to better inform and guide installation-level leadership and to identify deficiencies and areas in need of improvement, such as the data tracking platform for DA and IPV cases. The DAF recently received \$4 million in funding to redevelop the FAP data tracking platform, which will now be called FAPNet, to track all program metrics, clinical notes, intervention training protocols, and other aspects of FAP. Lt

Col Christensen confirmed that FAPNet will improve FAP's ability to track and record data in the Air Force. FAP also developed an online victim advocate database in 2023 that houses records of and metrics related to victim advocate services. Before this database, these metrics were often tracked on paper and difficult to analyze. FAP is also in the process of modifying its primary treatment protocols to better address the needs of victims, including considerations of virtual versus in-person and individual versus group treatment approaches.

Lt Col Christensen noted that the IDC is the aspect of FAP most in need of redevelopment. The Air Force has used the IDC for about 15 years, and although the approach includes many improvements over its predecessor process, the IDC does not appropriately meet the needs of Airmen and their families. Specifically, Lt Col Christensen noted that the IDC process deters and inhibits FAP intervention and service utilization in many ways. IDC board members are required to attend initial and annual trainings, and unit commanders receive an onboarding to the IDC process within 90 days of arriving on-installation. The Family Advocacy officers that run the IDC boards are also trained initially, and FAP monitors their IDC metrics and tools, among other quality assurance metrics, to evaluate effectiveness. However, the IDC format has garnered stigma from victims and offenders, often driving victims to recant reports, weaponize IDC outcomes in civil lawsuits, and avoid seeking treatment despite significant relationship concerns. Therefore, metrics gathered about DA and IPV incidents in the Military Services are likely inaccurate, noting that about half of the cases investigated do not meet the criteria for abuse, and this number has trended consistently for at least 10 years. It is unclear whether this low rate of "met criteria" incidents is due to victims recanting their story, sometimes because of fear of administrative or legal reprisal, or the voting bias of IDC board members. While the initial DA or IPV report and unit response may highlight significant concerns, the IDC is specifically focused on determining whether DA and IPV incidents meet a specific definition, rather than identifying and mitigating risk factors and implementing community interventions. Therefore, the Air Force is pushing for IDC reform to better support victims.

Lt Col Christensen noted that the DAF has implemented DA and IPV hotlines at all installations. These hotlines are manned by victim advocates across the DAF. Last year, the Secretary of the Air Force doubled down on his commitment to victims by adding five more victim advocates for OCONUS locations, and, this year, he has directed funding for 14 more victim advocates across the contiguous United States (CONUS) DAF installations. Increased staffing will help the DAF provide timely responses to victims reporting DA and IPV cases.

Lt Col Christensen noted that FAP encourages installation leadership to partner with local resources, such as DA shelters and law enforcement agencies, through MOUs. The DAF's law enforcement groups work with their civilian counterparts to improve the standardization of response protocols and training to ensure consistent interventions and responses whether civilian or military law enforcement responds to an incident.

Lt Col Christensen confirmed that the Air Force still experiences DA- and IPV-related fatalities annually, and this information is reported to the MCA to inform its annual report of all DoD DA- and IPV-related fatalities. A firearm was used in about 58 percent of domestic violence-related fatalities between FY12 and FY22, with about 70 percent of fatalities being women, about half of fatalities being Service members, and about half of fatalities occurring between married couples. However, some of this data may be inaccurate due to changes in reporting protocols between FY12 and FY22. In response to this challenge, the MCA is directing the redevelopment of the Fatality Review Program Board.

Lt Col Christensen shared that the Military Services and MCA are doing a good job of targeting the primary areas of concern related to DA and IPV, both at the headquarters and installation levels. The services are actively working to investigate and address these areas of concern. However, Lt Col Christensen noted that manning is the biggest challenge facing FAP programs now. For example, Joint Base Elmendorf-Richardson has nine clinician seats available, with only one of them filled. He noted that, having been an active-duty social worker in the Air Force for 23 years, he has seen many peers and subordinates leave the Air Force. There is a national shortage of mental health and domestic violence clinicians, including a lack of licensed clinical social workers. Over 80 percent of licensed clinical social workers today are women, and they are not choosing to stay in the DoD. Lt Col Christensen noted that making these clinical positions more attractive, especially to women, and filling them would most help victims of DA and IPV.

Coast Guard

Ms. Johanna M. MacGillivray, Family Advocacy Program Manager, briefed the Committee for the Coast Guard with support from Mr. Kelly T. Jameson, Division Chief, Family & Sexual Violence Investigations, and Ms. Marshe' M. Milbourne-Jackson, LPC, Family Advocacy Program Coordinator.

Ms. Milbourne-Jackson noted that the Coast Guard uses prevention programs, education and training, and clinical outcomes when measuring the effectiveness of service policies and aiming to identify and reduce instances of DA and IPV. The FAP specialist Monthly Matrix in the Coast Guard Central Registry is used to evaluate the effectiveness of FAP, including supporting analysis of outcomes from FY18 through FY23. These analyses indicate that most DA and IPV victims are female and that offenders are male. Intimate partner physical abuse is the most common type of DA, followed by emotional abuse, sexual abuse, and neglect.

Ms. Milbourne-Jackson confirmed that the Coast Guard conducts quality assurance inspections for each regional practice every 3 years, and the FAP coordinator observes the IDC for each regional practice annually and uses an IDC checklist to evaluate the process and provide feedback. FAP specialists also complete their review of the Monthly Matrix on the 5th of each month to evaluate program effectiveness. The FAP Monthly Matrix captures the number of restricted and unrestricted reports, both open and closed; types of allegations; the number of victims in need of services; FAP leadership trainings and attendance; the number of cases brought to the IDC in the 30-day review timeline and outside of the 30-day review timeline; the number of allegations that met and did not meet criteria for abuse; and the number of cases placed in pending status and cases brought for appeal, among other metrics.

Ms. Milbourne-Jackson noted that, during the quality assurance inspection (QAI) process, the following aspects of FAP are evaluated: individual cases, education and training, Domestic Violence Awareness Month and Child Abuse Prevention Month activity outreach, and command leadership and IDC trainings. QAIs have identified consistent issues in five primary areas, including obtaining the incident status determination within 30 days, providing the Coast Guard 5488 to FAP manager within 5 days of an incident, completing the initial risk assessment and assigning risk level within 24 hours, determining abuse severity levels, and initiating the safety planning with all parties involved. On September 1, 2023, the Coast Guard implemented the DoD Case Management System, which provides better oversight of the FAP program. In 2024,

three regional practices have received QAIs so far, and two of those practices had no issues or finding related to FAP.

Ms. Milbourne-Jackson uses standardized training for command leadership. This training is required every 3 years. FAP also conducts QAIs every 3 years for each installation using a standardized protocol, as well as midcycle reviews conducted internally by each installation. FAP reviews the IDC process annually using the IDC checklist. Newly hired family advocacy specialists receive FAP orientation training and a training focused on the DoD Case Management System. Coast Guard FAP policy requires all family advocacy specialists to report all maltreatment allegations to the Coast Guard Investigative Service (CGIS). The Coast Guard has a defined IDC standard operating procedure and technical directive that outlines and provides guidance to members on the IDC process. Additionally, the Coast Guard created a job aid for the DoD Case Management System that provides step-by-step instructions on how to use the system.

Ms. Milbourne-Jackson reiterated one concern that has been identified through the QAI process is that it is taking longer than 30 days for parties to receive the incident status determination, as many cases are placed in pending status because the victim is unable to be reached to complete assessments. In addition, there are (1) variations in the IDC presentations because some family advocacy specialists prepare more clear and concise presentations on the impact aspect of the incident and (2) inconsistencies in the IDC member participation and in the length of time it takes for the criminal investigative services to complete their investigation. Coast Guard policy requires that family advocacy specialists assess for all types of abuse, and although acts of maltreatment are identified, those acts do not always meet the threshold for the impact aspect of the IDC, often causing victims to recant their claims, or victims may just decide not to participate in the FAP assessment process. When victims recant, some IDC members consider this to be a credibility issue with the victim, even though they receive education on common aspects of DA. In situations where the victim chooses not to participate in the DIC process, the family advocacy specialist presents limited information to the IDC and asks the members to vote on the information they have provided, even if limited.

Ms. Milbourne-Jackson noted that one of FAP's administrative requirements that is reviewed during the QAI is that contact information is listed for after-hours resources, including 24/7 phone lines, such as the domestic violence hotline, the child abuse and neglect hotline, the sexual assault hotline, and the suicide hotline. In addition to Coast Guard-specific support hotlines, the Coast Guard encourages victims to engage with national hotline numbers. The Coast Guard-specific hotlines support both active-duty Service members and civilians, both CONUS and OCONUS.

Ms. Milbourne-Jackson confirmed that the Coast Guard has not expanded its definition of intimate partner as of yet, so current Coast Guard policies include individuals who are married or have been married in the past, share a child in common, or share a common domicile. However, the definition will be expanded on the release of the Coast Guard's new FAP policy.

Ms. Milbourne-Jackson noted that the Health Safety Work-Life Service Center (HSWL SC) can provide a sample MOU. MOUs are reviewed by the Work-Life division and the Coast Guard Legal Service Command. The Coast Guard is currently working with the National Children's Alliance to develop an MOU with child advocacy centers, something that all other Military Services have previously established.

Ms. Milbourne-Jackson noted that law enforcement agents are required to inform victims of their rights, provide them with monthly updates, and notify them of case closures. The Coast Guard also recently discontinued its nondisclosure form and replaced it with a confidentiality statement. The Coast Guard has also established a new protocol in the investigative process, a multilayer review, that ensures cases are reviewed from the first-level supervisor to the special agent in charge of the case. This protocol reduces the stagnancy of cases and reduces time gaps between steps of the investigative process.

Ms. Milbourne-Jackson noted that the Coast Guard had nine total fatalities related to DA and IPV among victims and offenders between 2012 and 2023, eight of which involved a weapon.

Discussion

Brig Gen (Ret.) Sanborn referenced the “met criteria” versus “did not meet criteria” thresholds for the IDC process. She asked whether Service members who report cases of DA or IPV that are found to not meet the IDC threshold for abuse receive resources and services for DA or IPV and whether FAP staff meet with victims to gather information about an incident or whether information about incidents is gathered through documentation reviews only. Ms. Allen noted that one of the most troubling aspects of the “met” versus “did not meet” criteria is the misunderstanding some individuals have that a victim might not be provided services if their case does not meet the criteria under the IDC review. She clarified that resources and services are provided to victims and their families well before the case is presented at the IDC, and “met” versus “did not meet” provides more of a data point for the DoD and Services. She reiterated that whether a case meets or does not meet the threshold for abuse under the IDC process, services are still provided to victims through FAP. Ms. Smith noted that, in addition to the IDC board, the Navy also has a Clinical Case Review Committee where clinicians meet to review cases in their totality and recommend services based on the needs of the family. She clarified that the IDC process is one aspect of the review process, but the Clinical Case Review Committee is responsible for providing and continuing services following DA and IPV events. Ms. Juarez agreed, confirming that the Army uses the DoD Case Management System to ensure services are provided to victims whose cases do not meet the criteria of abuse under the IDC process. Additionally, she confirmed that FAP will follow up with victims whose cases meet the definition of abuse and victims whose cases do not. Lt Col Christensen likened the process to a medical analogy, noting that, a cut may not become infected (meet criteria for abuse), but something happened, and antibiotics are still necessary. He noted that the investigation team responds the night of the incident and offers the victim and their families services that night. He reiterated that he would discontinue the “met” versus “did not meet” threshold, as it imposes a false narrative, and offenders will sometimes wait to see whether their case met or did not meet the definition of abuse, and if it does not, they refuse to engage with FAP even though staff know something happened. Instead, Lt Col Christensen noted that FAP should just indicate that it had 100 incidents in a month, for example, and victims and their families were offered services in all 100 of those cases.

Dr. Van Winkle asked whether the *Strengths and Challenges of Military Relationships* survey study discussed by Ms. Allen investigates the true prevalence of DA and IPV in the military. Ms. Allen noted that MCA is considering future studies to look at DA and child abuse specifically, potentially using surveys. However, she noted that it can be difficult to get efficient approval for surveys focused on DA.

CDR (Ret.) Tutalo noted the victim advocate locator mentioned by Ms. Hackler. She asked whether victim advocates are Service members in the Marine Corps and whether other Services are using victim advocates. Ms. Hackler confirmed that victim advocates are FAP staff, and if the victim does not want to work with a victim advocate, the FAP program can conduct warm handoffs for victims to community programs to receive services. Ms. Allen confirmed that all DoD Military Services use victim advocates under the FAP program. Ms. MacGillivray noted that the Coast Guard does not have victim advocates due to funding constraints.

Dr. Hunter noted that Lt Col Christensen mentioned that only one of nine clinician billets are filled at Joint Base Elmendorf-Richardson and asked the other Military Services about FAP positions and related billets they cannot fill, including victim advocates, first-line responders, or others. Lt Col Christensen noted that FAP administrative positions are well staffed, but victim advocates are harder to fill and are currently filled at about 70 to 80 percent capacity. Family advocacy positions are difficult, and many times, social workers fill these positions, although the DAF is also trying to hire family therapists. These positions are often on call, work unpredictable hours, and work under difficult circumstances, whereas social workers can work in other positions in the DAF in an office during normal working hours for the same pay rate. Therefore, the DAF needs to find a way to encourage or attract individuals to fill these family advocacy positions, even though the jobs are tough and the pay is comparable with less unpredictable positions. Additionally, Lt Col Christensen noted that the Air Force has advocate officers who lead the FAP, and two-thirds of them are active-duty officers, but that will likely change to trend more toward civilian staff in the future because mental health clinics are struggling to fill their billets. Additionally, DHA is struggling to hire social workers. Ms. Allen noted that competition in the civilian sector is one of the biggest challenges with staffing FAP across the Military Services. Social workers often do not want to work in a high-fatality, high-stress position when other positions are available to them and when they can go home at 4 p.m. and get paid the same or more money. These are things MCA and the Services are considering, including the possibility of having case managers who are not clinical providers conduct some of this work, but efforts are underway to inform how to best update the policy.

Dr. Ferguson asked, if a victim rejects FAP services initially, whether there are follow-up engagements with the victim to ensure they still do not want to receive services under FAP. Additionally, she asked whether virtual support options, such as counseling, are available to victims. Ms. Allen confirmed that the Military Services make decisions about providing virtual support and counseling. Ms. Juarez noted that, as the largest Service, the Army has piloted virtual support in a small location, but it identified concerns related to follow-up because DA and IPV are such serious issues. Therefore, the Army is reviewing the pilot to ensure it meets safety parameters and may consider using virtual mechanisms to conduct assessments when critical staffing shortages arise. Ms. Smith noted that CNIC has initiatives in this area, including clinical counseling in remote environments. However, she noted that she cannot share specific information about that initiative because she is not a part of it. Additionally, FAP in the Navy made attempts to get remote counseling approved during COVID-19, but that initiative was not approved. Therefore, FAP staff are required to work in the office, but there may be some counselors under the CNIC initiative that are offering remote services. Lt Col Christensen confirmed that the Air Force introduced flexibility with licensure and counseling settings during the pandemic, but after COVID-19, most patients wanted to go back to in-person counseling. He noted that counselors are better able to develop rapport with patients in person. Additionally, during a crisis event, such as DA, counselors need to be able to meet with victims in person.

However, he confirmed that the DAF is trying to identify ways remote clinicians can help support the FAP program.

Brig Gen (Ret.) Sanborn noted that some of the briefers mentioned tracking offenders for a 1-year period to determine whether they reoffended but suggested that other research indicates that tracking offenders for a longer period might be more appropriate. She asked whether any of the Services have considered tracking offenders beyond 1 year after their offense. Ms. Juarez noted that the Army is open to considering a longer look-back period for reoffences, especially if it helps with treatment compliance among offenders. Lt Col Christensen agreed, noting that the Air Force is also open to expanding the look-back timeframe for reoffence. However, the DAF will need to upgrade its data system to track this information, and it expects that to happen within a year or two. Ms. Allen noted that MCA is looking to fulfill GAO requirements from more than 20 years ago regarding its cross-Service DA and IPV database and will consider longer look-back times for reoffences.

Dr. (CAPT Ret.) Smith asked what challenges exist getting offenders to complete their treatment recommendations. Ms. Smith noted that command support is one aspect of the challenge, as well as deployment timing. She noted that the Navy has to be realistic in its enforcement when making policies and with the length of treatment assigned. It is difficult to assign long offender treatments in the military because of other responsibilities and moving around. Ms. Juarez agreed that command support plays a big role in offenders completing treatment, and offenders may wait to see whether their case met or did not meet the definition of abuse from the IDC board before making a decision to continue treatment. Commanders need to understand that they need to hold offenders accountable for their actions. Ms. Smith noted that FAP also recommends treatments but does not order treatment. Therefore, victims and offenders can make decisions to comply or not comply with FAP recommendations. Lt Col Christensen agreed, noting that he was limited as a commander to ensure offenders continued their treatment because they have the choice to continue or end treatment. He noted that he could encourage offenders to continue treatment, but he could not direct them to continue treatment. However, he noted that discontinuing the “met” versus “did not meet” criteria for abuse could help reduce the number of offenders who end treatment if their case is found to not meet the definition for abuse. Ms. Juarez noted that it is important for commanders to understand that DA and IPV impacts readiness of the force, so they need to be educated to understand that encouraging offenders to continue treatment may help force readiness. Ms. Hackler noted that the Marine Corps standardizes FAP services across installations to ensure all services are available at all installations, so if a family transfers, a warm handoff is conducted, and the case file is transferred to the new installation where similar services are available.

CDR (Ret.) Tutalo asked whether the Marine Corps has a timeline associated with transferring victims or offenders from one installation to another and ensuring they retain services in a timely manner. Ms. Hackler noted that there is no timeline, as the services are still voluntary. However, if a case were deemed to meet the definition of abuse by the IDC and an offender or victim was moving to an installation, they would have to engage with services at the next installation, but if the case did not meet the definition of abuse, the services are voluntary, and they can choose not to engage. She noted that FAP asks that the receiving installation reach out to victims or offenders within 3 days of receiving the new Service member, but this is not written in policy. Ms. MacGillivray noted that there is a flag set for Service members in the Coast Guard who are

engaged with FAP, so when detailers do transfer orders, they can see that a Service member has a FAP case, and they can let the command know about it when they are transferred.

LTG (Ret.) Schwartz referenced Ms. Smith's claim that 50 percent of Navy DA and IPV ICD board cases do not meet the criteria for abuse. He asked whether the Navy or other Services keep track of these incidents in case an offender from that incident reoffends, as this type of information could help the Services identify the effectiveness of the IDC. Ms. Smith noted that the Navy does not conduct analyses like these, but it has the data to do so. She agreed that this is a good data point to examine. Lt Col Christensen noted that the Air Force can track this information based on referrals they receive. Ms. Smith agreed that the Navy can also track this information through referrals. Ms. Juarez noted that the Army does not track incidents that do not meet the criteria for abuse by the IDC.

Dr. Van Winkle asked how reoffense rates are calculated, whether by an offender being involved in another reported DA or IPV incident or through follow-up conversations with the victim. Ms. Allen noted that reoffenses refer to subsequent reports of DA or IPV involving the offender.

Brig Gen (Ret.) Sanborn asked whether any of the Services knew about how many people are recommended treatment services and get them versus those that are recommended treatment services and do not get them. Ms. Smith noted that the Navy does not report on this information, but this data is tracked in the Navy's data system. Lt Col Christensen and Ms. Juarez were unsure whether the Air Force and Army tracked this data.

The briefing discussion concluded.

Overview of Public Written Comments

COL 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

Before the meeting was adjourned, COL Frazier informed the audience that COL Seana M. Jardin will transition into the Military Director and DFO role for DACOWITS following the June QBM. COL Frazier thanked the Committee for the important work they do for women in the military.

COL Frazier stated the next meeting would be held September 10–11, 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 June 2024 QBM

RFI 2	
<p>Retention Initiatives</p> <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 continues to be interested in the retention of servicewomen and whether geographic stability and co-location policies for dual military couples and non-married Service members with shared parental custody of a child could encourage men and women to stay in the military. In March 2024 (via RFI 1), the Committee received briefings from the Military Services on the status of their geographic stability and co-location policies.</p> <p>The Committee requests a written response from the Army, Navy, Marine Corps, DAF (Air & Space), and Coast Guard on the following:</p> <ol style="list-style-type: none"> a. Provide the number of requests for geographic stability and co-location that were made by dual active-duty military couples for FY21, FY22, and FY23. In addition, for each fiscal year, provide how many couples were married and how many couples were divorced or separated with dependent children. b. Provide the number of dual active-duty military couples whose geographic stability requests were accommodated for FY21, FY22, and FY23. c. Provide the number of dual active-duty military couples whose geographic stability requests were not accommodated for FY21, FY22 and FY23. In addition, for requests that were not able to be accommodated, please provide the top 5 most common reasons requests were not accommodated. d. Department of the Air Force Only: <ol style="list-style-type: none"> a. Describe the Court-Ordered Child Custody Assignment/Deferment Program (CCCA/D). Please also include the source of authority for the program, how long it has been in effect, and whether or not it is having a positive, neutral, or negative effect on retaining Service members, especially servicewomen. b. Provide an update on the status of the Air Force's efforts to enhance the CCCA/D program. Please include what prompted this effort and what the goal is. c. Provide any data (raw numbers and percentages) on how many active-duty Service members have benefited from the CCCA/D program, including how many have applied and been unsuccessful co-locating 	
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.
DAF	The DAF provided the Committee with a response.
Coast Guard	The Coast Guard provided the Committee with a response.

Impact of Key Influencers on Servicewomen's Career Paths

In accordance with DACOWITS' Terms of Reference, the Employment and Integration (E&I) Subcommittee will examine female officer experiences with key influencers while at the Military Service Academies (MSAs), Reserve Officer Training Corps (ROTC), or Officer Candidate School, that impact career selection into previously closed positions, such as special operations forces. In addition, the E&I Subcommittee will examine female enlisted experiences with key influencers that impact career selection into previously closed positions, such as special operations forces.

The Committee continues to observe modest increases in the percentage of women joining the military and consistently low rates of women entering previously closed positions, such as Special Operations, Special Tactics Officers (STOs), Combat Rescue Officers (CROs), Navy SEALs, etc. The Committee is trying to understand how Reserve Officer Training Corps (ROTC) engages potential future ROTC cadets (students applying to ROTC and currently in High School or in college but not enrolled in ROTC) and current ROTC cadets to educate them, especially females, on all career opportunities, but specifically on the previously closed career fields.

5.1 The Committee requests a written response from the **Military Services** on the associated Service ROTC programs on how they educate, inform, encourage cadets and future cadets on all career opportunities, but specifically on previously-closed positions, with understanding the Committee's purpose is to present recommendations to the Secretary of Defense on the assigned topic of key influencers to grow women's participation in previously-closed career fields. Written responses should include the following:

- a. Annual learning plans showing opportunities to educate and inform on previously closed positions to all current ROTC cadets. Request calendar for 2020 and beyond by FY and/or academic year.
- b. Annual calendar of events showcasing specific topics on previously closed positions (e.g., monthly meetings with different members serving in those positions to educate cadets on the lifestyle, operations tempo of the career field, etc.). Request calendar for 2020 and beyond by FY and/or academic year.
- c. Metrics for ROTC graduates, by graduation year, for those applying for, being selected for previously closed positions. Provide data by year, gender, name, and specialty code (MOS/AFSC) of the previously closed position. If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.

In March 2024 (via RFI 4), the Committee received briefings from the Military Service Academies on the key influencers and opportunities to educate cadets/midshipmen about prospective career fields. Many of the briefings discussed events but lacked the needed level of specificity.

5.2 The Committee requests a written response from the **Military Service Academies (MSA)** the following:

- a. Annual learning plans showing opportunities to educate and inform cadets/midshipmen on previously closed positions and for the year of the cadet/midshipmen (e.g., X event occurs in freshman year, sophomore year, etc.). Request calendars for 2020 and beyond by FY and/or academic year.
- b. Annual calendar of events showcasing specific topics on previously closed positions (e.g., monthly meetings with different members serving in those positions to educate

cadets/midshipmen on the lifestyle, operations tempo of the career field; ad hoc opportunities by visiting members who serve in those career field to the MSAs, formally planned events to educate/inform students on those career fields, etc.). Request calendars for 2020 and beyond by FY and/or academic year. The calendars can and should be the planned events, as well as retroactively include those ad hoc events that occurred by happenstance. Also list the focused audience for the event (e.g., freshman, sophomore, seniors who selected/received that specific career field/specialty).

- c. Service Academy developmental plans to include policies, instructions, regulations, and annual objectives and/or goals to educate/inform students on previously closed opportunities through summer programs (e.g., Ops Air Force, USNA's Summer Training Program, etc.). The goal of the Committee here is to understand how summer programs educate to influence.
- d. Metrics for graduates, by graduation year for 2017 through 2023, for those applying for (having in their top 5 desired career choices), being selected for previously closed positions. Provide data by year, gender, name of specialty code (MOS/AFSC) of the previously closed position. If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.

5.3 The Committee requests a written response from the **Military Services** on the following:

- a. The recruitment/outreach campaigns, activities, information, events, etc. directed toward promoting and growing the inclusion of women into previously closed career fields (e.g., marketing campaigns to include internal Service planning/communications plans to educate/inform the public of women's opportunities into previously closed positions, signing bonuses associated/aligned for women to sign/be assigned to previously closed career fields, etc.).
- b. The opportunities afforded to enlisted personnel (with an emphasis at better information/understanding for women's opportunities) to apply and/or crosstrain, after enlisting, to a previously closed career field. Ensure response provides any cross-train bonus, retention bonus, etc. and if specific to men, women, or any Service member.
- c. Any roadmap/action plan designed to increase women into previously closed career fields. Response should include year of planning, milestones for action/implementation, assessment of those previously executed activities to assess measure of effectiveness. Provide response by FY and include future year's information if part of a future roadmap/implementation/action plan. If no specific plans are designed just for women, provide the plan, purpose, objective, goal, and outcome for cadets, midshipmen, officers, future enlistees, or current enlistees regardless of gender.

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

FAMILY PLANNING

In accordance with DACOWITS' Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will examine existing Defense Department and Military Services' institutional policies and procedures to identify gaps that potentially inhibit family planning, to include eligibility for fertility services. In addition, the WB&T Subcommittee will assess the demand for expanded fertility access within a constrained supply of resources and identify obstacles and challenges to obtain access to care.

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

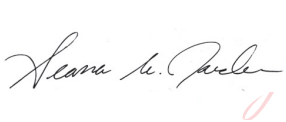
The Committee requests a written response from the Defense Health Agency (DHA), the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space)), and the Uniformed Services University on the following:

- a. **DHA and Military Services:** The Committee is interested in learning more about servicewomen's experiences with infertility and fertility treatment.
 - a. Provide the annual number and percentage of servicewomen experiencing infertility for FY18-23 by Service, age, pay grade, and race/ethnicity.
 - b. Provide the annual number and percentage of servicewomen requesting fertility treatment in FY18-23 by Service, age, pay grade, and race/ethnicity.
 - c. What standard is used to define and or ascertain whether fertility issues are 'injury/illness' related' or 'service-linked' and therefore eligible for Service provided fertility services/care?
 - d. How many servicewomen in FY18-23 were eligible for Service-covered fertility services care, by age, pay/grade and race/ethnicity?
 - e. Regarding military treatment facilities (MTFs) that provide fertility services, how long are average wait times for servicewomen between requesting an appointment and seeing a provider for fertility services?
 - f. What is the capacity of those MTFs to provide non-covered fertility services (e.g., number of women/year; types of fertility services)?
 - g. Provide the numbers of women who were provided non-covered fertility services by MTFs for the last five years (FY18-23).
 - h. What are women charged by the MTFs for non-covered fertility services and how does that compare to the cost for equivalent services in civilian facilities?
 - i. Are there programs within other Services, similar to the Coast Guard, that provide counseling and/or financial assistance for fertility treatment?
 - j. Has DHA identified any evidence on whether servicewomen experience a greater incidence of infertility/fertility problems (e.g., delaying pregnancies to older ages to accommodate Service/career concerns, job-related stress, or work/combat/deployment-related exposures) as compared to the population of the U.S.?
 - k. What is the average age of first pregnancy for servicewomen?

- b. **DHA and Military Services:** How do the Services determine the staffing standard for OB/GYNs or other women's specialty care professionals on installations? And what is the total authorization?
 - a. What number and percentage of authorized OB/GYN and other women's specialty care professionals (e.g., Certified Nurse Midwives) positions are actually filled?
 - b. What are the accession and retention statistics for OB/GYNs and related specialty care providers?
 - c. Describe any incentives or initiatives to encourage OB/GYNs to work overseas. What are the numbers of OB/GYNs relative to the servicewoman population in overseas locations?
- c. **Military Services:** Describe any ongoing efforts to normalize the need for women's reproductive care and pregnancy care within the Services to assure awareness, care, and routine consideration of women's unique health care needs, so those needs are not inadvertently overlooked or not accounted for.
 - a. Describe pre-deployment and deployment-related policies or procedures that are specific to women's reproductive healthcare needs (e.g., contraceptive and menstrual issues).
 - b. Describe policies, procedures, or training initiatives in place to ensure non-specialty medical providers, including primary care physicians and nurses, are able to provide informed and appropriate care and counseling for servicewomen's reproductive care, particularly in remote or deployed locations.
- d. **Military Services:** Does the Periodic Health Assessment (PHA) include questions related to reproductive health topics, such as contraception, sexual activity, fertility, or family planning? If so, describe. Please provide a copy of the PHA questionnaires.
- e. **Uniformed Services University:** Do you anticipate reduced OB/GYN capacity, based on the reduced number of medical students entering OB/GYN specialties? If shortages are forecast, how do DHA/Service plan to address the shortage?

Organization	Description
DHA	DHA provide the Committee with a response.
Army	The Army provided the Committee with a response.
Navy	The Department of the Navy provided the Committee with a response.
Marine Corps	The Marine Corps did not provide the Committee with a response.
Department of the Air Force	The Department of the Air Force provided the Committee with a response.
Uniformed Services University	The Coast Guard did not provide the Committee with a response.

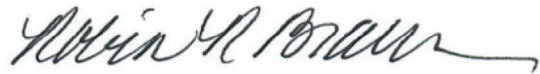
Report Submitted by:



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

Report Certified by:



Vice Admiral (Ret.) Robin R. Braun, USN
DACOWITS Chair

DACOWITS' Members in Attendance

Col (Ret.) Nancy P. Anderson, USMC
CAPT (Ret.) Kenneth J. Barrett, USN
VADM (Ret.) Robin R. Braun, USN
MG (Ret.) Peggy C. Combs, USA
Dr. (CAPT Ret.) Catherine W. Cox, USNR
MG (Ret.) Mari K. Eder, USA
Dr. Trudi C. Ferguson
CMDCM (Ret.) Octavia D. Harris, USN

Dr. Kyleanne M. Hunter, USMC Veteran
SgtMaj (Ret.) Angela M. Maness, USMC
Brig Gen (Ret.) Jarris J. Sanborn, USAF
HON (Col Ret.) Dawn E. B. Scholz, J.D., USAF
LTG (Ret.) Mark C. Schwartz, USA
Dr. (CAPT Ret.) David G. Smith, USN
CDR (Ret.) Patricia J. Tutalo, USCG
Dr. Elizabeth Van Winkle

DACOWITS' Members Absent

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

DACOWITS' Executive Staff in Attendance

COL Samantha J. Frazier, USA
COL Seana M. Jardin, USA

Ms. Jessica C. Myers, USN Ret.
Mr. Robert D. Bowling, USAF Ret.
MSgt Courtney N. Reid, USAF

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COL Caprissa S. Brown-Slade, USA
Ms. Wendy D. Boler, USN
Col Paul M. Melchior, USMC
LtCol Rhonda C. Martin, USMC
Dr. Andrew A. Duffield, DAF
CDR Gretal G. Kinney, USCG
COL Monica M. Brouse, NGB
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Ms. Kimberly R. Lahm, HA
Ms. Lindsay E. Reiner, MPP
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