DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes
September 10-11, 2024

The Defense Advisory Committee on Women in the Services (DACOWITS) held a quarterly business meeting September 10–11, 2024. The meeting took place at the Association of the United States Army (AUSA) Conference Center, located at 2425 Wilson Blvd., Arlington, Virginia, 22201.

September 10, 2024

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer (DFO), Colonel Seana M. Jardin, Army, opened the September quarterly business meeting (QBM) by reviewing the Committee's establishment and charter. COL Jardin reminded those in attendance that any comments made during the meeting by Committee members are their personal opinions and do not reflect a DACOWITS or Department of Defense (DoD) position. Panelist and speaker remarks are not checked or verified for accuracy. COL Jardin then turned the meeting over to the DACOWITS' Chair, Vice Admiral (Ret.) Robin R. Braun.

VADM (Ret.) Braun welcomed everyone to the QBM and announced that she had taken on the role of DACOWITS Chair following Ms. Shelly Stoneman's departure in March 2024. She thanked Ms. Stoneman for her two years of service as DACOWITS Chair, reestablishing the Committee following its suspension in 2021, and her continued support of the Committee's work. VADM (Ret.) Braun then introduced Dr. Elizabeth Van Winkle as the new DACOWITS Vice Chair. She shared that the Committee has had 51 Chairs since its inception before her appointment and explained that she was honored to serve in this new leadership role.

VADM (Ret.) Braun asked all Committee members and meeting attendees to introduce themselves.

Status of Requests for Information

COL Jardin reviewed the status of the Committee's requests for information (RFIs). The Committee received responses from most respondents related to all six of its RFIs. However, the Navy did not provide a response to RFI 3, and the Military Community Advocacy (MCA) Directorate did not provide a response to RFI 4 in time for the meeting. Responses to the RFIs were published on the DACOWITS website.

Briefing: Retention Initiative–Marine Corps Dual-Military Monitor (RFI 2)

The Committee requested a briefing from the Marine Corps on the dual-military monitor (DMM) role and the procedures used to support dual-military couples, including how the DMM interacts with Service members, their monitors, and other Service assignment officers. The Committee also asked the Marine Corps to describe any lessons learned since implementing the DMM and any anticipated modifications to the role moving forward.

Colonel Mathew A. Markham, Branch Head, Manpower Management Enlisted Affairs (MMEA), briefed the Committee for the Marine Corps.

Col Markham greeted the panel members and said he appreciated the opportunity to discuss dual-military families. He stated that the Marine Corps is committed to keeping families together, both to retain the most talented Marines and to keep the faith of the Force. He explained that he has been the Enlisted Assignments Branch Head for about 3 months, and previously he was the Enlisted Assignments Section Head, which gave him a lot of experience in dealing with the unique challenges dual-military families face. These include not only the challenges dual-military families face but also the challenges monitors face when trying to co-locate these families.

Col Markham explained that, along with answering questions on the Dual-Military Coordinator (DMC), he hoped to provide the Committee with background on what things have changed, the direction the Marine Corps is going, and how the DMC fits into those plans. He noted that the position was originally called the "Dual Military Monitor" but has since been renamed as "Dual Military Coordinator." Col Markham stated that the Marine Corps' policy is to co-locate families. He explained that it tries to keep dual-military spouse assignments within a 50-mile radius of each other. However, the needs of the Marine Corps sometimes require the separation of families, including during deployments, unaccompanied overseas tours, and school assignments.

Col Markham noted that he would be missing an opportunity if he did not highlight the most significant change in how the Marine Corps handles dual-military families, it is not necessarily the growth of the DMC but the guidance from the Commandant that the Marine Corps will not separate families unless those cases are reviewed and approved by the Deputy Commandant for Manpower and Reserve Affairs (M&RA), the Manpower Management Director, or the M&RA Director, as appropriate. Col Markham emphasized that this is the most significant change happening currently, and it is drastically affecting how the Marine Corps approaches dual-military policies. The Commandant recognizes that families cannot be kept together in all cases, but those cases should occur only under limited circumstances. Family separation should not be the norm but rather an exception to policy.

Col Markham explained that this new policy is not just applied to cases where families are involuntarily separated but also when families voluntarily separate. If a couple desires to be separated because, for example, they perceive the need to hit certain career milestones and they do not think they can hit those milestones while moving together through their Marine Corps careers, those cases are still reviewed by a General Officer. In particular, if Service members believe that they need to be separated, the General Officer will check whether that belief is factual or whether a waiver is required to allow those individuals to move through their Marine Corps careers while hitting milestones so that they can remain promotable while co-located together. The General Officer holds the keys to whatever exceptions in policy—whether related to the timeline, station, or waivers—may be necessary to allow those families to stay co-located.

Col Markham reiterated that the most significant change in the Marine Corps' approach to dual-military families is the guidance the Commandant has provided to M&RA, specifically of the oversight of dual-military separations.

Referencing his briefing slides, Col Markham noted that the vast majority of Marines in dual-military couples are Marines married to Marines, followed by Marines married to Service members in the Navy, followed by Marines married to Service members in other Services. He explained that the larger demographics of Marine married to Marine or Marine married to Sailor typically are the easier cases with more options for co-locating families. However, for the approximately 1,400 Marines married to Service members from other Services, such as those in the Army and Air Force, those cases are more challenging. Those cases tend to be difficult because the Marine Corps does not hold the outcomes for both sets of orders, nor does the Marine Corps hold the waiver authorities for the other Service members to help co-locate those families. Additionally, occupational specialty and rank-appropriate matches at duty locations tend to be more challenging when sending Service members from another Service with Marines to a station that is not located near one of the Marine Corps' primary duty stations.

Referencing a map on his briefing slides, Col Markham explained that it depicted most of the major Marine Corps' installations within the contingent United States (CONUS) and Japan. Col Markham noted that it is very easy to put Marine-Marine couples together at any of these locations, but for Service members who are married to individuals from another Service, the best locations tend to be Japan, California, Hawaii, and the National Capital Region, including Norfolk. Col Markham referenced another map on his briefing slides that highlighted recruiting stations and Reserve-duty stations. These stations provide the Marine Corps with a set of options, though these options can be limited to rank and occupational specialty, across the CONUS, that allow Marines to be co-located if a Marine gets assigned based on their spouse's location.

Col Markham explained that this process generally starts when a dual-military couple recognizes that they are getting close to receiving new orders, at which point they hopefully discuss their future in the Marine Corps together. Sometimes opportunities to move occur outside a normal tour rotation, including for selections for key billets, promotions, schools, and commands. Col Markham reiterated that, ideally, conversations about the future happens between the dual-military couple first, then the couple talks with their monitors or detailers, as appropriate. When the couple approaches the monitors, the monitors can see in the Marine Corps systems that the couple is flagged as a dual-military couple. However, the Marine Corps monitors cannot necessarily see the monitor or detailer who represents the other Service member's spouse. If the other Service member is a Marine, it is usually easier to find that person's monitor or detailer. However, if the other Service member is from a different Service, either the monitor must research to find the spouse's monitor or the Marine must share their spouse's detailer's contact information, and that helps the monitors figure out what options are available for co-location.

Col Markham stated that the DMC will usually join the process once it is determined that there is a dual-military Service member. He clarified that the DMC role is a relatively new addition to

this process. The monitor should notify the DMC that there is a set of dual-military orders coming, and the DMC will watch those sets of orders move through the process, and if required, the DMC will assist the monitors in communicating within the Marines or assist the monitor in communicating with the other Service's monitor or detailer. The DMC also acts as a resource for families to contact. The DMC can help families work through waivers, which adds transparency to the co-location process. The goal of the DMC is to ensure Service members in a dual-military couples are moving through the system together, at the same time, and are ending up in the same place (co-located).

Col Markham explained that the DMC position was born out of the Commandant's directive not to separate families. The DMC allows for transparency in the system and elevation of cases to senior leaders to ensure they have the proper oversight. Col Markham clarified that the DMC facilitates communication between monitors and detailers, but it is important to understand that the DMC is outside the assignments process. The DMC is not responsible for filling billets; therefore, they can act as an unbiased resource for dual-military families to contact. In other words, the DMC is not emotionally tied to where these Service members go; rather, they are emotionally tied to making sure those Service members move together. They are also able, by being unbiased and not responsible for filling billets, to elevate friction points with senior leaders, so they can adjudicate those cases and make appropriate decisions on behalf of family members.

Col Markham noted that DMCs also provide education on the marriage reporting process and the co-location process for Service members, helping with the transparency and timeliness of waivers that might be necessary to co-locate families. If a family member is curious about where the waiver is in the process, they can reach out to the DMC for a status update. Col Markham explained that the DMC, who is not in the assignments process, can talk to their supervisor to help move things along, so that it is timelier and more transparent for the family members and to help take some of the stress out of the assignments process for the Marines.

Referencing his slides, Col Markham explained that, in addition to the statistics summarizing what the DMC had completed since April 2024, he shared a few vignettes of typical situations that the DMC encounters. He noted that the vast majority of cases the DMC is currently dealing with are not necessarily Marines who have been married for a long time and who are being separated, because one gets orders to go one place and the other gets orders to go elsewhere. Most cases involve Marines who have received orders; either as they are executing orders or after they execute orders to different locations, they get married. Once they meet requirements, time-on- station waivers are applied to bring those families together and allow them to co-locate.

Col Markham reported that another very common case is when a Marine is married to an individual in another Service. The Air Force is probably one of the more challenging Services to co-locate Marines with because the Air Force does not necessarily have co-location opportunities. In those cases, the DMC will work with the monitor to look at what types of billets are available at recruiting stations or Reserve units within the same geographic region of that

installation. Some of those billets might not belong to the primary occupational specialty monitor who is responsible for filling them, but AD14 billets can potentially apply to any Marine, though Col Markham clarified that the Committee should keep in mind that his specific focus is on enlisted assignments. Regarding AD14 billets, a monitor is responsible for filling each billet, but they can redesignate those AD14 billets to the primary occupational specialty monitor and remap the billet to the other monitor to make sure that the Marine Corps is filling its service needs and not overstaffing or understaffing. Those cases are difficult for a primary occupational specialty monitor to sort through without the help of a DMC because monitors manage the overall population. Col Markham emphasized he thinks this task is one of the key contributions a DMC adds to the process.

Col Markham indicated that, as the Marine Corps moves forward with these efforts and focuses on the Service's goals of improving recruitment, retention, and the well-being of families, the Marine Corps is focused on some near-term goals to ensure dual-military processes continue to improve. The biggest effort currently underway is integrating the dual-military process into the Marine Corps' manpower modernization systems. Col Markham clarified that those efforts are going to take some time, so the Service is also looking at what can be done now to mitigate the negative impacts and processes within current systems. Additionally, the Marine Corps is exploring how to better streamline the waiver process to more rapidly move families together. For example, the Marine Corps is exploring if it can reduce where waiver authorities lie and determine whether the current level of authority is appropriate. Col Markham described how the Service is currently evaluating whether a policy change is needed to allow himself, for example, to have waiver authority in certain cases to move families through the process faster.

Col Markham noted that the third thing the Marine Corps is working on is continuing to educate families. The Marine Corps plans to release a Marine Administrative Message (MARADMIN) and to update current policies to reflect the Commandant's guidance about keeping families together. The Marine Corps is looking to release the MARADMIN before the next major orders writing season, and it wants to continue to evaluate how to update processes, make sure Marines are informed, and advertise the DMC. Col Markham noted that the last effort currently underway is that the DMC, along with the Enlisted Assignments Section Head, will meet with the representatives from other Services next week. The goal is to work with the DMC's counterparts to develop best business practices and determine how best to proceed with the next major orders writing season, which usually happens in December. Enlisted Marines move through the assignments process throughout the year, but most movements tend to be in the summertime to enable families to start school during the regular school season.

Col Markham concluded his briefing.

Discussion

Honorable (Colonel Ret.) Dawn E. B. Scholz thanked Col Markham for the briefing and noted that the change in philosophy to emphasize keeping families together is remarkable since she joined the military in 1980.. She asked what the Marine Corps does when staying together is not

in their best interest and it may negatively affect one of the Marine's careers and whether Marines are allowed to make that decision themselves. Col Markham replied that there are a variety of reasons why families might want to be separated, not all of which are related to career progression. Some reasons are very personal. Col Markham reiterated that his office holds the keys to two Marines married to each other, but his office does not hold the process completely for a Marine married to another Service member. If a Marine wants to be separated from their family, they need to submit documentation to explain the reason. If the reason is personal, the Service member will submit that, and if the reason is related to professional career progression, they will submit that reason. The other Service member in the relationship is also required to submit similar documentation. Sometimes, the couples do not submit the same request. Col Markham's office will review those requests, which are really important to go through the General Officer for their review. The General Officers can determine whether it is possible to move both of those individuals together, and school is a great example of that. If a Marine is selected to go to school, that is key for their career development. If the Marine Corps moves those individuals to the National Capital Region where the schools are, those are 3-year orders. The General Officer has the ability to decide whether to put an individual in school and put their spouse in a headquarters Marine Corps billet. When the individual graduates from school, the Service can potentially move both Service members back to the Fleet. Col Markham explained that the Marine Corps has not had a case yet that he is aware of that required the Service to not co-locate families due to career progression. Special duty assignments on the enlisted side are very common. It is very beneficial for a young Marine to have a special duty assignment early in their career, but it is not good to have two Marines married to each other both on special duty assignments at the same time because those positions tend to be taxing, especially for families with children. Col Markham explained that the Marine Corps typically approaches those cases by putting one of those Marines on special duty assignment and co-locating their spouse. Families may face a hard decision whether they separate to pursue their career aspirations, but with the policy as it has been applied thus far, those cases are less common than previously thought.

HON (Col Ret.) Scholz asked whether one of the Marines may take a step back in their career and let the other Marine's career go ahead. Col Markham explained that it has been permitted in the past, and the Service has not encountered that situation under the new policy yet. He noted that the policy would be to determine first whether the separation was really necessary, but yes, that separation would be considered. HON (Col Ret.) Scholz replied that several other Services make that one of the criteria to make sure both Service members are developing professionally, so it is interesting that the Marine Corps has some flexibility. Col Markham added that there are going to be exceptions to the guidance, and it is tough to develop a policy to address a very human dynamic. None of those polices are going to address every situation.

Dr. (Captain Ret.) Catherine W. Cox asked how many DMCs the Marine Corps employs. Col Markham answered that there is only DMC, and he noted that probably sounds surprising. He explained that he has monitors that manage more than 5,000 Marines, but the DMC is not a monitor and is responsible for watching these orders go through the system. He noted that he would equate it to the Marine Corps EFMP [Exceptional Family Member Program]. When a

Marine who is in the EFMP gets orders, that goes to EFMP to see if the location they are assigned to is suitable. The DMC is not necessarily screening their assignment but rather screening to make sure those individuals are co-located. It should not slow down the process. The DMC does not need to get involved in every set of orders. Col Markham clarified that the DMC is not alone in the process. There is only one DMC, but that position falls under a hierarchy within Col Markham's operations section, so the DMC can elevate cases to the operations section as needed. The DMC also works with Officer Assignments because that office has its own operations section, and the DMC will work with the office to move those cases along and elevate potential problems that may arise. Col Markham's counterpart in Officer Assignments can solve that problem preemptively.

Dr. (CAPT Ret.) Cox asked where the DMC was geographically located. Col Markham answered that the DMC is located with Enlisted Assignments in Quantico.

Major General (Ret.) Mari K. Eder asked how involved the dual-military couple is in this process, and whether, for example, they are aware throughout its progression or are informed only when their case is ready to be adjudicated. Col Markham replied that every case is different. It also depends on how the couple engages the DMC, especially given that it is a relatively new program. Currently, there is nothing in the system that flags when orders get dropped on a Service member who is part of a dual-military couple. This is something that the Service hopes to address with modernization efforts, but, in the meantime, Marine monitors understand to notify the DMC when this is identified. There should be a back-and-forth between the Marines and the monitors for every Marine, whether or not they are dual-military. For couples, it is somewhat incumbent on them to engage their monitors, and if it is not working out and the options are not suitable to them, they should be talking to their DMC. Col Markham added that it is not uncommon that the Marine will think the option is not suitable, but the DMC is an unbiased individual who can sort out whether the Marines have a relevant complaint related to being a dual-military couple or if these are just orders that someone is going to have to execute. Col Markham reiterated that every Marine should expect to serve unaccompanied tours overseas or deployments at some point during their career.

MG (Ret.) Eder asked how aware Marines are of the new DMC role. Col Markham replied that the DMC is currently involved in about 90 cases. There are also some instances, which they do not refer to as cases, in which officers or enlisted members have reached out to the DMC to ask them about policy and processes, such as how they appropriately ensure their spouse's records are reflected in the system so that the couple can move together. Col Markham explained that he did not have specific statistics on how much awareness there is, but one thing the Marine Corps is hoping to do before major orders writing season is to put out a more detailed MARADMIN that advertises and informs Service members of the process, with a special focus on ensuring the Marine Corps gets the language right in any related communications.

Captain (Ret.) Kenneth J. Barrett thanked Col Markham for his briefing and commended the Marine Corps on this initiative. He asked whether the DMC could engage with counterparts in

other Services directly, even though there are no similar types of coordinator positions in other Services, or whether it must come to the branch head level for outreach to the other Service. Col Markham explained that next week when the DMC travels to the different branches, those details will hopefully be ironed out. He noted that there tends to be an individual just like him sitting in every Service, so he has points of contact with whom he can communicate. He clarified that this communication is not necessarily with the monitor but with somebody in the chain of command who helps facilitate that communication. He noted that communication has improved since the addition of the DMC position. The DMC started in April 2024 and has started to build those relationships. Previously, it was typically a monitor reaching out to another monitor, and, hopefully, those conversations went well, and they were able to take care of Service members. Col Markham stated more directly that the Marine Corps is still working on that process, but he anticipates that next week the Service will gain a lot of headway in that area. He added that after those first assignment-level connections are established, he will follow up and visit those offices himself.

HON (Col Ret.) Scholz explained that the Committee has heard anecdotally that co-location opportunities improve retention. She asked whether the Marine Corps is tracking the impact of the DMC on retention. Col Markham responded that this is a difficult question because some of these things are hard to measure. He explained that, of the cases he had been involved in, each Service member had remaining obligated service time. Service members execute orders for 36 months, which does not necessarily require reenlistment, but they must gain that obligated service to ensure they have 3 years. Col Markham explained that the Marine Corps is seeing gains in the service obligations of individuals, but it may be too early to determine how that is working holistically in terms of retention.

Sergeant Major (Ret.) Angela M. Maness asked about obligated service and competitiveness with promotions when a Marine is sent to a B-Billet, drill instructor school, or recruitment school, and the average length of time it takes for a spouse to be co-located to that duty station. Col Markham replied that he did not have exact statistics on the average timeframe, but noted that, typically, for special duty assignments, the Marine Corps knows when a Marine is going to school far in advance. He explained that the Marine Corps should be looking at opportunities to co-locate couples by anticipating the date that the individual will graduate from that special duty assignment school. In terms of typical turnaround times for special duty assignments, Marines graduate from school, come back to their parent command, and sometimes execute orders within 45 days. He added that sometimes Marines are signing for school 1 year out or 6 months out, and they rotate regularly, and sometimes people are moved to different classes, so the Marine Corps should be looking at that process early and often.

HON (Col Ret.) Scholz asked whether there is a minimum time on station requirement that cannot be waived. Col Markham answered that, for him, absolutely, and for the Deputy Commandant of M&RA, they are able to waive up to 3 years. He added that he has only seen this waiver process happen once, which had nothing to do with the Marine being dual-military. In that situation, there were personal things that came out during the execution of orders. The

Marine Corps was going to move an individual to a Reserve unit away from major support structures and it was required that the Service move that individual back to a major installation to get them the care and treatment they needed, regardless of whether the individual was able to continue to serve in the Marine Corps. HON (Col Ret.) Scholz stated that based on Col Markham's response, it sounded as though there is no minimum timeframe that cannot be waived. Col Markham confirmed.

HON (Col Ret.) Scholz noted that Inter-Service co-location is challenging and asked whether there were any special requirements or criteria that his office looks at in those cases. She assumed coordination would be required, but asked whether there is anything his office looks at specifically to make co-location more likely. Col Markham explained that his office is looking at putting Marines in appropriate billets. The Marine Corps is not interested in putting Marines on an installation where there is not a job associated with their skill set or a job matching their rank and billet. He explained that the Marine Corps is not putting a Master Sergeant in a Lance Corporal's billet to co-locate families. If the director of M&RA decided that was required because of the unique circumstances of the family members, it would be possible, but the Marine Corps looks at service requirements, ensuring there is a valid staffing place where the member can continue to grow as a Marine.

HON (Col Ret.) Scholz asked whether the number of 892 active Marine officers married to other Marines shown on Col Markham's briefing slide was counting both military spouses or just one spouse per couple. Col Markham answered that this count includes both members, so you would need to divide that number in half to get the number of couples. HON (Col Ret.) Scholz also asked about the statistic that 1,400 Marines were married to members in different Service branches, which Col Markham stated verbally but was not represented on the slide. Col Markham explained that 1,400 was an approximate number derived from totaling the number of active duty officers, enlisted, and Reserve-duty members married to someone in a different Service from the Marine Corps.

Ms. Robin S. Kelleher asked whether the Marine Corps has a communication strategy for recruitment. Col Markham answered that he was not necessarily in a position to answer questions about the Marine Corps' recruitment strategy and asked whether Ms. Kelleher could clarify her question. Ms. Kelleher explained that she was wondering whether there would be external communications about these efforts, so that people coming into the military could see that the Marine Corps is making great strides to keep families together. Col Markham noted that one of his colleagues has worked to capitalize on some of the good news stories from the Marine Corps. These stories help demonstrate that it is possible to be a successful couple in the military and still hit those career milestones. It is challenging for any married couple to serve in the military, but there are some unique challenges with dual-military couples. The communication strategy has been to highlight success stories to say, "You can do this. It is not necessarily easy, but you can do it, and the Marine Corps is here to support you."

Ms. Kelleher asked whether the other Service branches were showing or expressing an interest in the new DMC role. Col Markham indicated that he would have a better understanding of how other Services are executing their processes next week after the DMC's meetings with other Services had taken place.

Dr. (CAPT Ret.) Cox referenced the four key factors Col Markham noted during his briefing but explained that she had only captured three: promotions, schools, and moving onto a command. Dr. (CAPT Ret.) Cox asked whether there was a fourth key factor that she missed. Col Markham replied that many factors are involved, but promotion, key billets, commands, and school are the ones that he listed during his briefing, and those factors apply differently across different demographics, such as enlisted versus officers and active duty versus Reserve duty.

HON (Col Ret.) Scholz asked whether anyone is tracking cases of Marines who were unable to be co-located and why. Col Markham responded that, currently, all cases are getting filtered to the DMC. He reiterated that the process is not automated currently, so the Marine Corps is working to ensure all cases are captured and tracked through the system. He explained that the situation is a little more difficult if a Marine is married to a member from another Service. He can look in the Service's manpower systems for a Marine who is married to another Marine and see both their orders and their spouse's orders. He cannot see the orders in Naval systems or the Air Force systems. Currently, the DMC is tracking those cases, but it requires that they stay aware of the orders happening in other Services. The way that happens is through communication with the other Service's monitor. The DMC watches those orders go through the system to ensure that they are going together, and if they are not, that is the DMC's cue to elevate that case to senior leadership. There is no automated tracking of these cases, but the DMC is tracking the cases they are aware of. Col Markham explained that, for cases before the Commandant's order, waivers were required to move individuals together. He reiterated that the most important change is that the Marine Corps does not separate families without elevating those cases to a higher level, which forces individuals to look deeper for solutions that they perhaps had not considered in the past. Col Markham added that as the Marine Corps adjusts to this new rule of keeping families together, the Service is working hard to assess whether further policy changes are needed and to identify opportunities to improve how the Service is employing the DMC.

Dr. Kyleanne M. Hunter noted that most of the discussion so far had focused on the Active Component of the military, but she was wondering how this process works in the Reserve Component, either for an active duty Service member married to a reservist or for couples who are both Reservists. Dr. Hunter asked whether there are different considerations on the active duty or reserve duty sides and whether the Marine Corps has seen different challenges in cases involving Reservists. Col Markham clarified that active Reservists are the individuals his office is concerned with, and Reservists can change stations of their own accord, so there are no policy exceptions required for this group. Reservists hold the keys to where they go themselves. However, once a Marine is active Reserve, the process is applied in the same way as it would be for active duty Service members. Col Markham added that the staff responsible for controlling

orders processed for active duty and reserve duty assignments all work in the same building. He explained that, although he only controls orders processed for active duty enlisted Marines as Enlisted Assignments Branch Head, he can walk across the hall and talk to the Colonel in charge of Officer Assignments and walk upstairs to talk to the Colonel in charge of Reserve Assignments, as needed. The DMC is coordinating with the respective monitors in those areas, through their operations sections, to ensure cases are processed appropriately.

Dr. Van Winkle noted that under the new guidance, dual-military couples will not be separated without the approval of the Deputy Commandant of M&RA or the Director of Manpower and Management. Dr. Van Winkle asked whether that is a hard threshold for approval authority or whether the policy allows for delegation. Col Markham replied that this is not yet official policy but rather guidance that the Marine Corps is following. He added that the guidance will be incorporated into future policy changes. The Marine Corps is in the process of rewriting its assignment rules, which will include the Commandant's guidance. Col Markham replied that depending on how you look at co-location, it could be considered moving at the same time and being in the same place or just being in the same place. Family members may desire to move to the same location, but within a different threshold of time. For example, one spouse may want to go first to the new location to establish the household before their kids get out of school, and then the rest of the family will join later, which can be less disruptive. Family members have the ability to request that time frame. Col Markham explained that he has discussed how to approach these cases with the director, but they have not seen any so far because of the timing of the orders process. However, the Marine Corps is discussing how best to approach those cases and whether Col Markham would have the authority to decide on cases in which two family members want to separate for a period of time for their families and careers. He explained that the scenario would be an easy win, and the Marine Corps will do everything it can to support Service members' desires.

VADM (Ret.) Braun asked what the DMC's pay grade is and to whom the DMC reports. Col Markham stated that, to provide some context, when he was here 6 years ago, this was a challenge. When he came in as the branch head, he thought the idea of a DMC was amazing—that the Marine Corps should have had one years ago and that it would have solved a lot of problems. However, when he took the position, he realized the DMC was a Staff Sergeant (E-6) and thought that was not the appropriate rank structure. He initially thought that would be a problem, but he does not think so now. The DMC is someone who is watching the process and moving it through and coordinating with the individuals who have the authority to make those decisions. Currently, the DMC sits in the operations section, which is led by a Major (O-4). The DMC is no longer dual-military, but her husband was formerly active duty, so she has a deep understanding of the challenges associated with moving through the system. She is the first line of defense, and then she comes and talks to Col Markham, as needed. If the case falls within Officer Assignments or Reserve Assignments, Col Markham is the one responsible for making sure those cases are elevated to the General Officer. He explained that he is there to make sure those cases are elevated by the appropriate Colonel in the chain of command. Col Markham explained that, if elevation does not happen, it is his responsibility to raise the Colonel's

awareness to the problem. He explained he does not think that rank is necessarily the most important thing, and the individual in the position now, who stepped into a very difficult spot with no established systems or processes, is doing an amazing job building things from the ground up. He added that the Commandant's guidance seems good, but could also create very sticky, complex situations for dual-military couples. The DMC is helping the Marine Corps understand where some parts of the system are not perfect and need revisions and reiteration.

Brigadier General (Ret.) Jarisse J. Sanborn asked whether the Marine Corps has an operating rule or guideline that indicates a successful geolocation must happen within a certain timeframe—for example, a couple will become co-located within 6 months or some other timeframe, and the Marine Corps exempts Service members who ask to be moved at different times. She asked whether the Marine Corps would consider the co-location to be a success if the couple was co-located within 6 months, a year, or some other timeline. Col Markham answered that the Marine Corps does not have a specific guideline that says families need to be co-located within a certain timeframe, but guidance in the DoD Instruction (DoDI) says a family separated for 12 months can request co-location. He added each case is considered individually, and there have not been any cases under the new guidance when family members were not co-located within what the Marine Corps considers a reasonable amount of time. What is considered a "reasonable" amount of time depends on the situation. For example, if a Marine is deploying for a service requirement, they might be co-located at the end of that deployment. Cases can be much more complex than they seem on the surface. Col Markham added that 6 months used to be the standard and that he would generally consider that timeframe to be reasonable.

Dr. (CAPT Ret.) David G. Smith asked how many of the 34 cases elevated to senior leaders this year did not receive a waiver. Col Markham replied that all 34 cases received waivers. He explained that he and his staff were not rubber stamping these cases, but rather people at his level or at the monitor level were doing the work required to find solutions to these problems. He reiterated that there has not been one case where his office has failed to co-locate families.

Col (Ret.) Nancy P. Anderson asked to confirm whether the DMC resides within the Marine's Enlisted Assignments Branch, even though they hold responsibility to coordinate with officer and reservist monitors. Col Markham confirmed that the DMC resides within the Enlisted Assignments Branch and responded that he owns most of the cases where dual-military coordination is required.

The briefing discussion concluded.

Briefing: Family Planning (RFI 6)

The Committee requested a briefing from the Defense Health Agency (DHA) and the Military Services, including the Army, Department of the Navy (DoN), and Department of the Air Force (DAF), regarding access to and utilization of women's health care services in the Military. Specifically, the Committee asked DHA to address utilization rates of women's health clinics and who is allowed to receive services at these clinics; the ranges of services these clinics

provide; the type and number of medical provider authorizations at each clinic; current staffing numbers at each clinic; the number and percentage of vacant positions at these clinics; the staffing model used to establish the number of authorizations for these clinics; the women's health-specific training that providers in these clinics receive; the number of obstetricians/gynecologists (OB/GYNs) at these clinics with training in reproductive endocrinology; whether women's clinics offer telehealth services; plans for opening additional women's health clinics; and the average lifetime medical costs calculated by DHA actuaries for servicemen and servicewomen. The Committee also asked the Military Services to provide the number of women's health clinics and walk-in contraceptive clinics (WiCS) in their Service, including where these clinics are located and their operating days and hours, along with the types of health care services that are provided by unit-embedded providers; the extent and range of services performed by embedded providers related to contraception, preventive care, and other reproductive health care; whether servicewomen are referred to a medical facility for reproductive health care services; and the scope and limitations of care that unit-embedded medical providers may deliver. Additionally, the Committee asked the DoN specifically about what types of women's health services are provided on board ships.

DHA

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

Maj Pombier explained that women's health spans multiple specialties of medicine, including primary care as the main area where gender-specific and reproductive health care occurs. Given the breadth of locations of both primary care and specialty clinics where women's health care occurs, DHA does not have a count of women's health clinics to report to the Committee. However, Maj Pombier shared that all 130 Military Treatment Facilities (MTFs) worldwide have WiCS with same-day, no-appointment-needed, no-referral-needed, full-scope contraceptive care options, including short-acting reversible contraceptives (SARC), long-acting reversible contraceptives (LARC), and in some clinics, counseling for permanent surgical contraception. The WiCS were established in 2023. Between April 2023 and June 2024, there have been more than 16,600 encounters at MTF WiCS.

Maj Pombier displayed a graph showing the utilization of WiCS by both active duty Service members and non-active duty Service members, including Reservists and Guardsmen. In 2023, DHA put effort into capturing data accurately during WiCS visits, along with marketing the WiCS to make sure these services are being offered and Service members are aware of them. Since then, DHA has seen a steady increase in the utilization of WiCS services.

Maj Pombier said there is no limitation on the types of Service members who can utilize WiCS or women's health clinics. Women's health care is often provided in primary care settings, so it is offered to active duty and non-active duty Service members, as well as military dependents. Maj Pombier explained that the WiCS services were initially designed for active duty Service members, but the services are now offered to military dependents as long as space is available, regardless of gender or sexual identity.

Maj Pombier explained that reproductive health care is inclusive of contraceptive care, fertility care, pregnancy care, and perimenopause and menopause conditions. However, WiCS have a different purpose: to provide same-day contraceptive care. Some WiCS offer permanent surgical contraceptive counseling if the facility has those capabilities, while others are limited to providing SARC or LARC. Maj Pombier added that there is a requirement for Services to offer LARC, and any facility that does not offer these services must seek a waiver if it is unable to provide those services for more than 3 months. This requirement is to ensure that full-scope contraceptive care is available to all Service members. Additionally, DHA has expanded the number of providers who can prescribe and implant LARCs by implementing practice recommendations to help providers gain privileging and the knowledge necessary to provide these services. DHA is trying to expand access to all sorts of contraceptive care to ensure patient needs are met through the WiCS.

Maj Pombier explained that, if a WiCS does not offer the type of contraceptive a Service member is interested in, their health care provider can provide referrals to a provider who can prescribe the desired contraceptive. Additionally, she explained that WiCS services may be provided in an MTF's primary care setting or in its OB/GYN clinic, and that these choices are left up to the MTF to decide because they have knowledge of the needs and desires of the populations they serve. Maj Pombier noted that, if WiCS services are being provided in a primary care setting, health care providers often provide referrals to another provider with more contraceptive services knowledge if the Service member desires a more complex contraceptive, while providers in specialty care clinics often have the knowledge and training to provide full-scope contraceptive care but still may offer referrals if the desired service is unavailable in the clinic. If the services are available on base, the referral will be made on base first, but if the services are not available on base, referrals are made off base.

Maj Pombier shared that, regarding counseling for reproductive and family matters, the procedural instruction titled, "*Comprehensive Contraceptive Counseling and Access to the Full Range of Methods of Contraception* (DHA-PI 6200.02)," acts as a guideline for providers regarding access to comprehensive standards on contraceptive health care, including guidelines for comprehensive counseling on contraception. Counseling is offered at least annually to Service members, but they are not required to participate if they choose not to. Contraceptive and family planning counseling may be conducted during annual well-woman visits, reproductive health screenings, primary care visits, or annual health assessments.

Maj Pombier said that, as of March 2024, there were 116 authorizations for civilian women's specialty care providers, which include Gynecologic Surgeons and Obstetricians (GS&Os), Certified Nurse Midwives, and Women's Health Nurse Practitioners, and only 4 of the 116 positions were not filled. DHA is working on standardizing terms for each of their providers to improve Service members' understanding of where providers are located and what services are available in clinics near them. For example, some facilities may have a GS&O, while another clinic may have an OB/GYN. Therefore, Maj Pombier said, it is currently difficult to track and know the total number of authorizations for medical staff working on women's health and services available, but DHA hopes to standardize these positions across the enterprise.

Maj Pombier explained that there is no standardized staffing model for women's health care services because these services can often be provided through primary care or specialty care clinics. MTF staff WiCS as they feel is appropriate based on the needs of their patients and utilization of women's health services. For example, a large MTF may have more patients who

are using WiCS services, while a smaller clinic may have fewer and require fewer staff members. Maj Pombier noted that, on average, one to two health care providers, one to two Registered Nurses, and one to two Medical Assistants staff each WiCS.

Maj Pombier said that, of the four open or unfilled civilian positions, all of them are Certified Nurse Midwife positions, and one is at Alexander T. Augusta Military Medical Center, one is at Brooke Army Medical Center, one is at Womack Army Medical Center, and one is at Naval Medical Center Portsmouth. However, DHA defers to the Services for active duty staffing. Maj Pombier reiterated that there is currently no standardized staffing algorithm for women's health care services, but there is a DoDI that recommends minimum joint staffing levels. DHA is working on a large-scale staffing model for the enterprise, but that is not yet finalized.

Maj Pombier noted that there are no provider mandated trainings from DHA because all providers receive training on women's health during their medical training. If additional skills training is desired, it can be obtained with a specialty care provider. Additionally, DHA has a practice recommendation to help providers expand their privileging for additional care in contraceptive care, if desired. Maj Pombier reported that all GS&Os have education in reproductive endocrinology and infertility (REI) as part of their training. GS&Os are required to complete a fellowship specific to REI if they will be performing advanced evaluation and treatment, such as in vitro fertilization (IVF). Currently, eight MTFs have REI subspecialists.

Maj Pombier shared that DHA offers both in-person and virtual visits for all health care encounters (that are appropriate to be done virtually). Maj Pombier added that there is no specific data on the utilization rates of virtual visits by gender or by the type of care requested.

Maj Pombier stated that there are no plans to expand the number of women's health clinics at this time because there is no data suggesting the need to expand. Maj Pombier explained that every MTF has the ability to individually augment its access to contraception through WiCS, by either increasing or decreasing the number of hours per day or the days of the week the WiCS is open. Maj Pombier added that women's health care is usually provided through primary care or specialty care clinics. However, when care cannot be provided within an MTF, active duty Service members and military dependents are referred to the TRICARE network for community care.

Maj Pombier acknowledged that DHA does not have data on lifetime medical cost averages calculated for servicemen and servicewomen, because many servicemen and servicewomen receive medical care before entering the military, and DHA does not track their care after leaving the military. Maj Pombier stated that DHA would need additional clarity to provide further information.

Maj Pombier concluded her briefing.

Army

Lieutenant Colonel Franchesca M. Desriviere, Chief, Female Force Readiness and Health Readiness & Health Integration Directorate briefed the Committee for the Army.

LTC Desriviere reported that there are currently 33 women's health clinics and 33 WiCS in the Army and shared briefing slides listing the location of these clinics with their operating days and hours. LTC Desriviere explained that some States, like Texas and Virginia, have three WiCS or women's health clinics, while other States, like Alabama, Georgia, Kansas, and Kentucky, have

only two locations. International locations of clinics include Germany with two sites and Japan and Korea each with one. The schedule of the WiCS varies by location, with some clinics offering services on specific days for a few hours, while others have a broader availability.

LTC Desriviere explained the kinds of women's health care services provided by unit-embedded providers in the Army. Combat Medics (68W) and Practical Nurse Specialists (68C) within units provide some aspect of patient care such as assessing vital signs, health screening, and patient education. Physician Assistants (PAs), Nurse Practitioners, and Physicians embedded within units provide services based on their privileges and the care setting. LTC Desriviere added that, when embedded, Physicians typically serve in a Field Surgeon (62B) authorization regardless of their primary area of concentration at the battalion and brigade levels. The majority of 62B positions are filled by Primary Care or Emergency Physicians, but there can be variability in skill set and services provided. In general, PAs and Nurse Practitioners are trained in primary care and emergency skills, but comfort level and experience may also cause variation in the capabilities available within a unit.

LTC Desriviere explained that provider privileging is determined by the MTF based on licensure, board certification, training, and competency. The vast majority of providers can provide preventive care, contraceptive counseling, and prescription services. Contraceptives requiring procedures are primarily done within MTFs, though access to these procedures may vary depending on the location of the servicewoman and whether the local MTF has those capabilities. If the local MTF does not have those capabilities, then that servicewoman would be referred to another MTF that does have those services or an in-network civilian provider.

LTC Desriviere explained that the scope of care varies by provider type. All providers can refer patients for care they cannot personally provide. For example, an OB/GYN is typically privileged to insert subdermal LARC, whereas an Internal Medicine Physician may not be. In this case, the OB/GYN can perform the procedure in an approved troop medical clinic when assigned as the Unit Surgeon, while the Physician would refer the patient to another provider within the unit or the MTF. In a deployed environment, care depends on the availability of medications, supplies, and labs. For instance, a Family Medicine Physician who is deployed would be able to provide contraception and hormonal care, though preventive issues such as cervical and breast cancer screening are better addressed when stationed at an Army installation.

LTC Desriviere reported that whether the Army plans to open more women's health clinics or WiCS in the future is undetermined at this time.

LTC Desriviere concluded her briefing.

<u>Navy</u>

Commander Katie E. Schulz, Chief, Office of Women's Health, briefed the Committee for the Navy.

CDR Schulz reported that women's health care covers a broad spectrum of care, and many women's health care needs can be managed by primary care providers (PCPs) and do not require referral to specialty women's health clinics. The MTF primary care teams and fleet and Marine providers can provide Sailors and Marines with a wide range of contraceptive options and preventive care and treat basic women's health problems. When specialty care is needed, women's health clinics are located within the MTFs that are under the authority and control of

DHA. CRD Schulz explained that servicewomen can access contraception by scheduling appointments and alternatively through the WiCS, which are also located within the MTFs and under the control of DHA. These clinics can be supported by specialty women's health providers or PCPs or some combination of both. CDR Schulz reported that there are currently 22 WiCS at historically Navy MTFs and seven at historically Marine Corps MTFs.

CDR Schulz shared a slide showing the current list of the 22 WiCS located at historically Navy MTFs and their current operating hours. She also shared a separate slide showing the current list of the seven WiCS at Marine Corps locations and their current operating hours.

CDR Schulz explained that ships' medical teams and fleet Medical Readiness Divisions coordinate routine preventive care, such as cervical cancer screening, well-woman exams, mammograms, and contraception for Sailors while ashore before underway periods. CDR Schulz added that Service members are also encouraged to access routine care and address women's health needs while ashore before deployment or as part of their annual Periodic Health Assessment (PHA). CDR Schulz said that any urgent or acute needs that present while underway can and will be addressed by the ship's medical team, but options may be limited by the scope of practice of the provider and the medical capabilities onboard their specific ship. For example, an aircraft carrier will have a much more robust medical team and medical capabilities, including having a Physician onboard, while cruisers and destroyers may only have an Independent Duty Corpsman (IDC) and have limited medical capabilities on board. Submarines will have the fewest medical capabilities onboard, and therefore, the greatest limitations to providing women's health care services. Telehealth services vary by the capabilities of each ship.

CDR Schulz reported that the Marine Corps transitioned to the Marine Corps Medical Homes model of care, where patients are seen at MTFs but are cared for by their embedded providers from the operational unit. All providers within the Marine Corps Medical Homes are trained to provide contraception counseling, preventive care, routine women's health care and reproductive health care, and basic acute health care. CDR Schulz added that patients who require obstetric care, invasive procedures, implanted contraception, transvaginal ultrasounds, or mammograms are referred to specialty care at the MTF. If a patient requests a referral to be seen by a specialty women's health care provider, they can also be referred to the MTF.

CDR Schulz said that the Marine Corps Medical Home clinics may have a range of providers, from Physicians, PAs, or IDCs. Navy IDCs are often the ones supporting deployed Marine Corps units. Women's health care services available at Marine Corps Medical Homes are limited by the scope of the individual type of providers. CDR Schulz explained that, while at the home station receiving care at the Marine Care Medical Home, Service members can access testing for sexually transmitted infections (STIs), Papanicolaou test (pap smears), pregnancy testing, contraception counseling, oral or injective contraception, preventive care, and acute care needs. Other care needs would be received through referral for specialty care at the MTF. While deployed, care may be limited to oral contraception, emergency contraception, pregnancy testing, and acutely needed pelvic exams. If acute health care needs arise while deployed, the medical provider will evaluate and treat the Marine to the best extent possible in that operational setting. Based on the exam findings and potential medical concerns, the decision will be made in collaboration with the patient whether to evacuate that patient to a higher level of care. The timing, method, and destination of these evacuations is undertaken in conjunction with the Service member's chain of command and through consultation with specialty providers at the MTF as needed.

CDR Schulz shared that the Navy continues to collaborate with DHA to optimize women's health care and contraception services across the Military Health System (MHS). At the Zachary and Elizabeth Fisher Medical and Dental Clinic at Naval Station Great Lakes, they are reestablishing a WiCS by the end of this year. CDR Schulz added that the Navy continues to explore other initiatives that support warfighter readiness through initiatives such as walk-in cervical cancer screenings, which are available at Naval Hospital Bremerton and Naval Hospital Jacksonville. The Navy has also embedded women's health providers that have started at Medical Readiness Division Norfolk and San Diego.

CDR Schulz concluded her briefing.

Department of the Air Force

Colonel Larissa F. Weir, MD, AF/SG Chief Women's Health Consultant, Air Force Medical Agency, briefed the Committee for the Department of the Air Force.

Col Weir reported that 51 MTFs on DAF installations include women's health specialists. Women's health specialists may include Women's Health Nurse Practitioners, Certified Nurse Midwives, or GS&Os. Additionally, women's health care services, such as routine female-specific health maintenance and screening, contraception care, sexual health care, and routine obstetrics care, may also be provided by a primary care provider, inclusive of Family Medicine Physicians, PAs, and Family Nurse Practitioners. Col Weir stated that WiCS are established at 71 DAF installations within MTFs and are under the authority and control of DHA.

Col Weir shared two slides that provide a list of the locations and details of operating hours of WiCS within DAF MTFs, including CONUS and outside contiguous United States (OCONUS) locations. The majority of the WiCS locations on DAF installations operate for a half day once a week; however, larger locations have a greater breadth of operations and times.

Col Weir explained that, regarding the provision of women's health care by embedded providers outside the MTF, female Airmen and Guardians may receive women's health care from embedded providers such as flight surgeons or Independent Duty Medical Technicians (IDMTs). Services provided may include basic gynecological care such as testing and treatment for STIs, vaginitis, and urinary tract infections (UTIs). Col Weir added that, on occasion, these providers may also provide limited health screening and health maintenance such as pap smear testing. Col Weir also clarified that integrated operational support teams do not provide women's health-specific care as a part of their scope of practice within the DAF.

Col Weir reported that embedded providers may provide basic gynecologic care including diagnosis and management of basic vaginitis, uncomplicated STIs, and UTIs. These providers may also perform limited health maintenance screening, such as pap smears and human papillomavirus testing. Col Weir added that contraception care is also undertaken at times by embedded providers. Most commonly, this involves the provision of SARC such as oral contraceptive pills. Col Weir added that Airmen and Guardians who require additional care beyond what can be provided by embedded medics would be referred to the MTF and then seen by either a primary care provider or a women's health specialist, depending on the need and the availability at the MTF. Col Weir explained that, if the necessary specialty care for the individual was not available at that MTF, they would either be referred to another MTF or to a network care provider, depending on the geographic availability of care.

Col Weir shared that the scope of care provided by the embedded medical provider varies based on provider and setting. With regard to the provider, the training, credentialing, and privileging of an individual will ultimately determine the scope of care they can provide. Col Weir stated that embedded medical providers such as Flight Doctors, PAs, and IDMTs are all trained in basic gynecologic care and basic contraceptive care. The other factor that affects the provision of women's health care is the currency of these providers. While all providers are trained in women's health care, they do not all necessarily have an opportunity to provide such care regularly, which ultimately affects their currency and their comfort in providing women's health services. Regarding location, Col Weir reported that the accessibility of both resources and equipment impacts the ability to perform certain exams. For example, more invasive pelvic exams and transvaginal ultrasounds may or may not be available depending on the setting, such as during deployment. Additionally, resources for certain testing, such as pap smear testing or other screening, may or may not be available depending on the environment, which affects the services provided.

Col Weir explained that, regarding additional women's health clinics or WiCS, the DAF does not have any ongoing plans to open any clinics outside of MTFs. Col Weir stated that the DAF defers to the DHA regarding plans for MTFs on DAF installations.

Col Weir concluded her briefing.

Discussion

Dr. Hunter referenced DHA's briefing in which it was stated that there did not seem to be an additional need for women's health or contraceptive services. Dr. Hunter asked DHA how the DHA is capturing demand for these services, as many clinics have very limited hours, and individuals may not be available during those hours. Major Pombier responded that DHA has multiple ways to receive feedback from patients regarding the care that they are receiving at MTFs, including a system where patients can write feedback directly to DHA if they feel more access to these services is needed. Maj Pombier added that, when the WiCS set their hours, they can cap how many patients they can see during that time. For example, a WiCS running once per week for 4 hours may cap their intake at eight patients. If more than eight patients show up, the rest may be asked to schedule appointments, which are usually made for later that day or the next day. If a WiCS frequently goes over the number of patients that it can service in the given half day, they may choose to expand the hours or send referrals into the network to additional service access. Maj Pombier added that DHA looks at what referrals are made to network providers. For instance, if patients on TRICARE Prime should be receiving care at the MTF but are having to go out into the network because DHA cannot meet access to care standards, that would be a sign to DHA that more access may be necessary. Additionally, patients who get a referral into a specialty care clinic are required to be seen within 28 days, which DHA monitors. Maj Pombier concluded that she would have to look more recently at the utilization rates for the WiCS or women's health services, but recently for OB/GYN clinics, more than 95 percent were meeting the 28-day access to care requirement.

Dr. (CAPT Ret.) Smith asked for clarification from DHA on whether all women's health clinics are co-located with MTFs and whether all MTFs have a women's health clinic. Maj Pombier explained that DHA does not have a standard naming convention that would define what is and is not a "women's health clinic," so it is difficult to provide an answer. Maj Pombier added that the answer depends on whether you consider women's health care to be specialty care with

OB/GYNs and midwives or clinics where patients can receive women's health care, which could be in a primary care setting. Maj Pombier clarified that all the women's health clinics are in an MTF, but not all MTFs have OB/GYNs; however, all MTFs have some access to women's health because they all offer primary care services.

Dr. Hunter asked the Service briefers how information about contraceptive counseling is presented to Service members and how the Services track whether members have received or have been offered contraceptive counseling, at least annually. CDR Schulz responded that one of the first ways education is offered is the annual PHA, during which Service members are formally asked whether they are interested in receiving contraceptive counseling, and if not, they can opt out of that education. CDR Schulz referenced what Maj Pombier had shared, noting the DoN does not make people participate in contraceptive counseling if they are not interested in it. CDR Schulz said the DoN may be able to look at interest levels among Service members to see how many people are opting in or out of those services. LTC Desriviere noted that, any time a patient has a touch point with a provider in an MTF, such as for a pap smear, the provider asks whether the patient has a plan for contraceptives and whether they are interested in obtaining them. The providers also ask whether the patient needs contraceptive counseling, and all this information is documented in their encounters. Maj Pombier stated that the DHA is also working toward adding a question about interest in contraceptive counseling to the pre-deployment screening.

Dr. Ferguson asked whether the opportunity to participate in contraceptive counseling is verbally presented at health screenings, such as pap screenings, or whether the option is presented only via written forms. CDR Schulz clarified that the question is not verbally presented at a PHA appointment unless the patient opts in to counseling, and the question is only part of the pre-questionnaire.

Command Master Chief (Ret.) Octavia Harris asked whether servicewomen are able to give birth outside of the MTFs under TRICARE Prime and whether and how anti- and postpartum counseling is provided. Maj Pombier explained that pregnancy care falls under the same rules as all health care does, meaning that if the care is available at the MTF, then care is rendered at the MTF. If the necessary care cannot be provided at an MTF, the care is deferred to the TRICARE network. For anti- and postpartum mental health care, every patient is screened at their initial prenatal visits, during the third trimester of pregnancy, and during postpartum visits for perinatal mental health disorders. Most care for perinatal mental health disorders can be provided by health care providers who provide pregnancy care. These providers conduct postpartum depression screening and often are able to start treatment if the patient desires it. If the patient has a condition that exceeds the scope of the provider who is seeing them for pregnancy care, the patient is referred to a behavioral health provider.

Commander (Ret.) Patricia Tutalo asked whether DHA provides standard counseling guidance so that a provider's personal contraceptive beliefs do not influence the contraceptive counseling provided. Maj Pombier stated that DHA-PI 6200.02 discusses how to provide a nonbiased approach to counseling and what should be offered to patients. DHA uses that publication to guide providers to ensure that they are providing medical information and not letting bias influence the way that they present the information to the patient. CDR Schulz added DoN providers are often taught how to perform contraceptive counseling, including teaching them that it is important to let the patient identify their priorities for contraception. For example, if a patient does not want a LARC because it requires a procedure, providers should not advocate for

that type of contraceptive. If a patient is interested in contraception, the provider should help that patient identify their priorities to find the right contraceptive that meets the patient's needs, not the provider's needs. Col Weir added that the DAF has developed patient education tools and applications that the Service has disseminated to patients and providers to use as part of the counseling, which encourages nonbiased counseling and allows providers to interface with the patient and review these tools together. For example, one app gives patients access to information before they get to their counseling appointment, so they have a better idea of what they are interested in. Maj Pombier added that DHA also has an app and a website that provide information on contraceptive counseling that patients can go through on their own.

Dr. Hunter asked whether there are methods to track currency and comfort level for embedded providers and unit providers in providing women's health services, and if so, whether those factors are taken into account when making staffing decisions, such as how providers with particular competencies are staffed. Dr. Hunter also asked, if there are no current methods to track currency and competency in women's health services, if there are any plans to do so. CDR Schulz said that, for example, family medicine is a commonly deployed provider in the Navy and Marine Corps, and those Services have a wide range of baseline training in medical specialties. There may be some procedures, such as inserting intrauterine devices (IUDs) that they do not perform frequently and may not be a core privilege; therefore, these services would require additional privileging that must be monitored and tracked. Not every family medicine provider may be privileged to provide IUD contraception, and that is the type of contraception that can be monitored and tracked to see how many IUD insertions are done each year or every 2 years. CDR Schulz added that the DoN sets required experience that providers must complete to maintain their competency in IUD insertion. Other services, like pap smears and routine wellness care, are part of their routine privileges because it is part of their baseline education. CDR Schulz noted that providers have a responsibility to understand when they do not have proficiency in a skill, and it may be necessary for them to acquire additional training on those skills. For example, if a provider is deployed with Special Operations (where there are not many servicewomen) and therefore has not done a pelvic exam in a while, the provider has an obligation and duty to get hands-on training before providing those types of services to servicewomen. CDR Schulz added that it is easy to get privileges back at the MTF or work in a women's health clinic or OB/GYN clinic to refresh skill sets. Those particular numbers may not be tracked because it is a primary skill set for family medicine. Col Weir said that when speaking about clinical currency, as opposed to competency or privileging, the DAF tracks women's health as a part of the Comprehensive Medical Readiness Program for Family Physicians, which is one of the most highly utilized specialties for deployment. Anyone who is potentially deployable will have a requirement to maintain some clinical currency in women's health provision. This is currently not tracked for other members of the embedded medical team such as Flight Surgeons and PAs, but that is an area for potential opportunity in the future. Col Weir added that it is a matter of balancing all the readiness requirements that are necessary for these individuals and being able to have a prioritized and attainable list of clinical currency tasks.

Col (Ret.) Anderson asked whether patient satisfaction with pre-deployment screenings is tracked to ensure there is no perception that servicewomen feel forced to use contraceptives that they may not want to use. Col Weir responded that all contraceptive counseling is opt-in and presumes that those who do not desire contraceptive counseling do not feel they need it.

Lieutenant General (Ret.) Mark C. Schwartz asked, regarding initial entry Service members arriving at their first duty station, whether there is DHA policy guidance to make sure that walk-

in contraceptive services are available at that time. Maj Pombier responded that no policy relates specifically to in-processing, but DHA works closely with the MTFs to advertise the WiCS within the MTF. DHA has a toolbox that it has shared with MTFs, including advertisements on the scroll board for walk-in contraception services at some bases, but it is not a requirement for formal portions of in-processing. CDR Schulz added that, for the Navy, the Recruit Depot in the Great Lakes provides a robust briefing on reproductive and sexual health, including a lot of contraceptive information, for both servicemen and servicewomen. For the Marines, CDR Schulz reported that he has received feedback from Marines that a lot of information about reproductive and sexual health is being lost because so much information is being shared at one time with Marines during their early career. Therefore, the Marine Corps is exploring avenues to reintroduce that information at other training points as well so that they get the information more than once. Col Weir added that DAF also does not have a specific policy. However, in various locations at various times, some of the tools, such as advertisements, have been used in newcomers' orientation. LTC Desriviere added that various locations throughout the Army have training available for both servicemen and servicewomen related to sexual health, and these trainings are embedded in their online training.

Dr. (CAPT Ret.) Smith asked whether women have a choice in not using their embedded provider for women's health services while at their home station and instead can visit somebody outside their unit. CDR Schulz said that, for the Navy and Marine Corps, if a woman prefers to see somebody outside their operational provider, they can request a referral. CDR Schulz added that the Navy and Marine Corps also explore other ways to offer more comfort to women who are getting these kinds of sensitive exams. CDR Schulz said that, for example, ships are small, and Service members work side-by-side with one another in proximity. Therefore, one strategy that has been used on ships to make women more comfortable is "Doctor swapping" on the ship, so that, for example, one cruiser swaps Doctors with the other cruiser. CDR Schulz added that they are always continuing to explore ways to build comfort and trust with Service members and their health care providers. Col Weir said that it is similar for the DAF. Most of the time, units are at home station, and their Flight Doctors and IDMTs will take care of their population, but there is robust communication with the MTF and referrals back to the MTF if the individual prefers or if the scope of need exceeds what the Flight Physician or IDMT can provide. LTC Desriviere said that it is similar for the Army. If a servicewoman requests to have their care provided outside the unit, that provider can put a referral into the MTF to have it completed.

Dr. Ferguson asked whether there is mandated exposure to the range of options of contraception or whether this occurs only if they opt in to contraceptive counseling. LTC Desriviere said that for the first initial training, some Army locations have mandatory 1-hour briefings for both servicemen and servicewomen that go over female hygiene, sterile environments, and the options for contraception that are available. If the patient needs a referral for something else about which they want to discuss more at length, they can request that referral through their command to an OB/GYN at the MTF. Col Weir responded that the DAF also has an hourlong session that is mandatory for servicemen and servicewomen and is inclusive of pregnancy prevention, STIs, and prevention of STIs. Col Weir added that there is a WiCS at the basic training clinic as well. Anybody who is interested in further discussion of contraception, or the provision of contraception has the option to present to that clinic for further discussion. Dr. Ferguson asked whether these early trainings describe the range of contraceptive options provided to Service members. Col Weir confirmed that options are mentioned, but only briefly. CDR Schulz added that, for the Navy, during recruit training, everybody is exposed to a baseline brief of their

contraceptive options, and the training also includes family planning and how to consider that in your career. Both servicemen and servicewomen are included in those briefings.

Dr. Hunter asked whether encounters about contraceptive care that do not take place in a WiCS are tracked, and if so, how. Maj Pombier said that tracking the data for the WiCS was a challenge because contraceptive care happens outside of WiCS as well. Therefore, DHA created a specific appointment type that providers must use so DHA knows whether the encounter was a walk-in service or not. DHA does not have data on tracking reproductive health outside of WiCS because there is too much overlap in the diagnostic codes, so the data is unclear. There is the potential to pull data from specialty care clinics to see how many clinic appointments and encounters happen within any OB/GYN clinic; however, because the majority of reproductive health care happens in a primary care clinic, distinguishing between those visits is very difficult.

Brig Gen (Ret.) Sanborn noted that CDR Schulz briefed the Committee that there is continued collaboration between the Services and DHA to optimize WiCS and women's health care. Brig Gen (Ret.) Sanborn asked what specific initiatives are being pursued or considered by the various Services to address member concerns about limited access to contraceptives and women's health care and challenges getting referrals from their primary care manager (PCM). Maj Pombier responded that DHA and the Military Services work very closely together on all of women's health care. When DHA hears of concerns from Service members related to access or the ability to get the appropriate care or coverage related to TRICARE, DHA discusses how these can be resolved with Service representatives. Maj Pombier explained that it is often an ad hoc, case-by-case basis when challenges arise. If DHA gets presented with something that is a larger scale issue, DHA, and the Services work together to try to figure out that solution, and sometimes it may be simply reaching out to an MTF to resolve a situation.

Brig Gen (Ret.) Sanborn asked whether there is any intent to have more women's health clinic concepts developed or more widely implemented related to longer hours and access to women's health care in general and not only walk-in contraceptive services. Maj Pombier clarified that there is confusion around the phrase "women's health clinics," adding that the WiCS occur in primary care and specialty clinics, while women's health is within primary care and in gynecologic surgery and obstetrics specialty care clinics; there are more than 40 OB/GYN specialty clinics across all Services.

VADM (Ret.) Braun asked about the number of WiCS across all the Services, noting that the briefings indicated that the DAF has 70 locations, the Army has 33, the Navy has 22, and the Marine Corps has 7. She asked why the DAF has more WiCS locations when it is a smaller Service than the Army, for example. Col Weir explained that the DAF has many small bases, both CONUS and OCONUS, with MTFs, and those parent locations are required to have WiCS. Additionally, the DAF has 51 women's health clinic locations that have women's health practitioners, Certified Nurse Midwives, and/or GS&Os. The size and location of the base determine where those health care staff will be placed; some will be specifically within a women's health clinic or an OB/GYN clinic, and some will be within a primary care or family medicine clinic. VADM (Ret.) Braun asked whether it is up to the Services to determine how many WiCS they set up or whether this process is up to DHA. Maj Pombier explained that every MTF must have a WiCS, but the MTFs may set the hours for their clinics.

Dr. (CAPT Ret.) Smith asked how determinations are made on what services are considered "specialty care" versus what services are considered "primary care." The Committee heard

during its 2024 installation visits that many services are being referred out as specialty care that may be considered routine. Maj Pombier responded that being sent to GS&Os is considered specialty care and therefore requires a referral. Patients should start with their PCM, who will assess the patient and determine whether their health care concern can be handled within the primary care setting or whether it needs to be referred to a specialist. If a Service member is at an MTF with GS&Os, that referral then stays within the MTF. If the Service member is at an MTF that does not have a GS&O, referrals are made outside the MTF, but these decisions are still left to the PCM and their comfort level. Maj Pombier added that some PCMs will feel really comfortable managing complex contraception and reproductive health issues, while others may have not done it recently or do not have the comfort level to treat these issues. Therefore, providers use their own clinical judgment as to whether it is something that they can treat themselves or whether they need to escalate it to a higher level of care.

CMDCM (Ret.) Harris asked about health care counseling for servicewomen who are choosing abortions, particularly if the MTF is in a State that has criminalized abortion. CDR Schulz stated that for the DoN, even in States where abortion is not legal, military providers can counsel women on options for treatment and then connect the patients to the care that they may need or desire. Recent reproductive health policies are used to connect them to travel benefits available to them; the providers will always consult patients on their health care options and treatment options. LTC Desriviere concurred with CDR Schulz. Col Weir explained that abortions are not covered under TRICARE except in cases of rape or incest or when the life of the mother is at risk with the continuation of the pregnancy, but health care providers will still provide options counseling and connect people with the appropriate policies and resources.

Dr. Hunter asked how utilization of the new non-covered reproductive health care policies is tracked, including the travel allowances and administrative absences. Dr. Hunter also mentioned the confusion with terms and titles such as “women’s health clinics” and “primary care clinics” and “WiCS” and asked whether there are any efforts to standardize these treatment facility titles and what the required core competencies of PCPs are now that DHA owns the MTFs. Col Weir responded that the travel benefits are tracked by the Services and by the A1 shop for DAF. The DAF can specifically track the days of administrative absence taken using a certain code and through utilization dollars that are spent toward travel for non-covered reproductive health care services. LTC Desriviere concurred with Col Weir. CDR Schulz said that the Navy also tracks utilization of the reproductive health policies but does not separate out whether these policies were used to access fertility services or abortions. Maj Pombier stated that the DHA is trying to standardize provider titles but is not currently working to standardize the specific names of the clinics. DHA is also trying to standardize all the core privileges that will also help with reciprocal privileging at MTFs for providers. Maj Pombier said that something like all PCPs being able to insert IUDs will probably never be standardized because of the issue with clinical currency, meaning someone who has not inserted an IUD in 10 years would need a refresher before doing it again. Maj Pombier added that despite this, the DHA is looking to standardize core privileges.

Dr. Ferguson asked whether the Services track the utilization of administrative leave for fertility services and abortion, and whether any of the briefers have an anecdotal understanding of the requests for abortion counseling in States that are more restrictive. Col Weir reported that this is something she could investigate internally, but she was not sure at the time of the briefing. CDR Schulz said that her office does not track these numbers, but a different office in the Navy does, and she could provide that information to the Committee. As far as anecdotal understanding of

abortion counseling in restrictive States, it varies by patient and their comfort level. Col Weir explained that a patient is not required to see a provider to access non-covered reproductive health care, and the request should be relatively streamlined and approved by the patient's command without needing to share too many details. Col Weir added that counseling is important, and the Air Force wants to ensure that Service members who need access to counseling can receive it without putting up arbitrary roadblocks to access these policies.

Dr. Cox commented on the restricted hours of the WiCS and stated that the Committee heard from focus groups that the junior enlisted Service members find it hard to access the WiCS. Dr. Cox asked whether there are missed opportunities for care for those female war fighters and whether there may be an expansion of hours to more than a few hours per week. Maj Pombier explained that the WiCS are meant to complement how contraceptive care is offered, not be the only way people can receive contraceptive care. Someone who cannot meet the hours that the WiCS is open may be better served by making an appointment. Maj Pombier added that the goal is to expand access by making sure that people can get the contraception they need in a manner that works for them, and for some people, that is using the WiCS, while for others it is making an appointment. Maj Pombier added that the utilization within these clinics is widely variable with some seeing 20 to 30 patients a week while others see only one to two patients a week. If hours are expanded to a full day for a facility that has only one or two patients in an hour, that health care provider could have been seeing other patients who need other forms of care. DHA allows the MTF to individualize what its patients need and adjust around that. It is up to each MTF to expand hours or the number of days if the MTF believes there is a greater need. Some locations get creative and have some visits only for nursing so that they can have more hours for patients who want just the SARC. Maj Pombier added that they do not anticipate having a formal standardization of hours because MTFs each serve a different beneficiary population. CDR Schulz added that the list shown with hours of operation does not show the number of providers delivering care during those hours. Some locations may be open only half a day, but there may be four providers seeing patients during that time, while others may be open 1 day and have one provider seeing patients.

MG (Ret.) Eder asked when DHA expects to see the results of its efforts to standardize health care provider terms and implement new staffing models. Maj Pombier clarified that she is not in health care operations, so her interaction with the models is from the viewpoint of a subject matter expert as an OB/GYN. However, Maj Pombier said that when building these models, DHA is trying to take into consideration every aspect of what providers do within the clinic, including the number of patients empaneled, whether there is a supportive graduate medical education, whether there is a role for that MTF with the transport mission, and whether people are going out and doing medical transport. All this needs to be considered when deciding how to staff the clinics. DHA has continued to emphasize that WiCS are offered in these clinics and are mandated. DHA tries to consider these clinics when looking at the overall staff for these larger clinics. Maj Pombier believes it will be a while before these updates come out because they are being drafted now and need congressional approval.

CDR (Ret.) Tutalo asked Maj Pombier what initiatives DHA is taking to encourage the use of telehealth as a convenient way to offer contraceptive counseling. Maj Pombier stated that DHA is committed to a digital-first platform, and it is trying to advertise its ability for telehealth. DHA also has other apps in process for telehealth. Some MTFs describe in their booking guidelines that they have specific visits available for telehealth, and patients are encouraged to make telehealth appointments if desired. For example, if the patient calls in and tells the appointment

line that they want contraceptive counseling, the MTF may have it set up so that the patient can choose telehealth, and some MTFs have policies that all initial contraceptive visits are designed for telehealth. If a patient chooses a LARC, they have a second appointment to have that device inserted, whereas if they were with the provider in person, the procedure could be done the same day. The WiCS are designed for this care so that somebody who does not know what they want for birth control can get the counseling and leave with their birth control that day. Whether an IUD or a prescription for a SARC, patients can receive it in one visit, which reduces the barriers with multiple visits. For patients who would prefer telehealth, however, DHA is open to this and is trying to advertise it as available. CDR (Ret.) Tutalo commented that it sounds as though it may be convenient for providers to reduce the number of patients they see in person and asked whether the focus is on making things easier for the provider or the patient. CDR Tutalo mentioned that junior enlisted Service members might not be able to request time off to visit the WiCS but could get on a 10-minute call with the provider. CDR Tutalo referenced the options given and asked whether telehealth appointments will become more standard and offered regularly, whether offices or technology will be provided, and whether DHA has any initiatives to make telehealth more accessible. Maj Pombier responded that part of it is working with the referral and the appointment scheduler so that they know to offer telehealth visits. Maj Pombier said that the goal is to work with patients in a way that works for them, so if a patient calls in and does a telehealth visit and says they want an IUD, they then have to come in person for a second visit. As long as patients understand that they may not get their treatment that day, there is no opposition to offering telehealth if that is the patient's preference. Patients are often offered virtual appointments when they call as a way to make sure that they are aware of these virtual options.

Dr. Ferguson asked whether the WiCS have telehealth options as well. Maj Pombier said that she is unaware of any MTF offering telehealth for WiCS, but they could. This is because the goal of WiCS is full scope, full access, one visit, start to finish to reduce the barrier of needing multiple appointments. That is why MTFs are providing WiCS services in person primarily. Col Weir said one DAF location has utilized telehealth. This location does telehealth in the morning via Nurse calls so that patients can get counseling and birth control pills or SARC prescriptions, if desired. If they wanted a LARC, they could then make an appointment for the same day in the afternoon. It varies depending on the MTF, staffing, and patient population and needs. Col Weir added anecdotally that the WiCS have been works in progress with many ongoing modifications. Col Weir referenced Maj Pombier's comment about the appointment code that was needed to track the WiCS and noted that MTFs and the clinics have done a lot of adjusting over time as they assess appointments and try to balance access to contraceptive care with all the other demands of care that are placed on these providers and clinics. Dr. Ferguson asked Col Weir how well telehealth services are used at this single DAF location. Col Weir responded that while unencumbered by data, it does seem to be well utilized. Maj Pombier said DHA is trying to improve these clinics for patients, focusing on patient experience and access. Part of this is a new initiative to get specific feedback on WiCS services, including using QR codes so patients can provide feedback and do not have to wait for the survey to come in their email. If DHA sees a high demand for virtual appointments, it would encourage the MTF to embrace them. Maj Pombier added that as someone who staffs a walk-in contraceptive clinic occasionally, she sees that most people are coming in for LARCs in those clinics.

Brig Gen (Ret.) Sanborn asked about budgets and how the Services anticipate costs for their servicewomen population, including whether DHA has calculated annual costs for women's

health care versus men’s health care on average. CDR Schulz responded that the DoN does not have that data.

CAPT (Ret.) Barrett asked what online DHA tools are available to Service members and how well they are being used. Maj Pombier responded that the DHA does not have data on the utilization of these tools, primarily because these tools are usually mobile apps people can download and look at multiple times. Maj Pombier added that these tools can also be accessed through a website, so it would be difficult to track hits on a website versus app usage. CDR Schulz said that the Navy tried to study the use of these tools at a Marine Corps base, but the study had a low participation rate, so the data is not useful. CDR Schulz said the DoN received feedback that apps might not be the way to go for this generation of Service members.

The briefing discussion concluded.

Overview of Public Written Comments

COL Jardin reviewed the Committee’s receipt of public comments. The Committee did not receive any written public comments in preparation for this meeting.

Conclusion of Public Meeting Portion

COL Jardin concluded the public portion of the meeting for the day.

September 11, 2024

Welcome and Opening Remarks

The DACOWITS Military Director and DFO, COL Jardin, began the second day of the September QBM. COL Jardin briefly reviewed the Committee's charter, which is to provide independent advice and recommendations to the Secretary of Defense on matters and policies relating to the recruitment, retention, employment, integration, well-being, and treatment of women in the Armed Forces of the United States. COL Jardin also reminded attendees that any comments made during the meeting by Committee members are their personal opinions and do not reflect a DACOWITS or DoD position. COL Jardin then turned the meeting over to the DACOWITS Chair, VADM (Ret.) Braun.

VADM (Ret.) Braun welcomed everyone to the meeting and opened with remarks commemorating the anniversary of September 11th, noting the nation's continued need for young women and men to serve and participate in our country's national defense. VADM (Ret.) Braun asked all Committee members and meeting attendees to introduce themselves.

2024 Vote on Recommendations

VADM (Ret.) Braun began the voting session by citing the historical significance and importance of the Committee's recommendations. Since 1951, the Committee has submitted more than 1,000 recommendations to the Secretary of Defense. Of those recommendations, approximately 95 percent have been either fully or partially implemented by DoD and Military Services. Committee members discussed and voted on the following recommendations.

A. Recruitment Barriers

1. *The Secretary of Defense should expand health care practitioner resources and accelerate the deployment of creative strategies (including Artificial Intelligence) at Military Entrance Processing Stations to ensure female applicants are not lost or discouraged due to lengthy medical processing times in this competitive civilian job market.*

Dr. (CAPT Ret.) Cox moved to adopt the recommendation. Major General (Ret.) Peggy Combs seconded the motion.

Discussion:

Dr. Van Winkle noted that she was struggling with the word "lost" in the recommendation and asked whether there might be a better replacement word. Dr. Hunter agreed stating she was also unclear about the intended meaning of "lost," but assumed it is referring to female applicants falling through the cracks during the Military Entrance Processing Station (MEPS) process. Dr. Hunter asked the subcommittee to clarify the intended meaning of the word "lost" and whether the intent was to keep female applicants engaged in the process or reach them initially. Dr. (CAPT Ret.) Cox responded that it is about keeping applicants engaged. She cited a briefing from MEPS that indicated 30 percent of applicants complete the MEPS process within 3 to 5 days, the middle percent processes within 70 days, and another 30 percent within 180 days. Dr. (CAPT Ret.) Cox is open to alternate suggestions for the word "lost." Dr. Van Winkle suggested "withdrawal" — "to ensure female applicants are not discouraged or withdraw." Dr.

(CAPT Ret.) Cox responded that applicants are disappearing from the recruitment process according to recruiters and MEPS personnel; they are not formally withdrawing from the process. Dr. Van Winkle appreciated the clarification and noted that maybe "lost" is the right word.

MG (Ret.) Eder suggested framing the recommendation wording in a positive manner, such as "so female applicants remain engaged." Dr. (CAPT Ret.) Cox liked that wording. Dr. Hunter also concurred, noting positive wording focuses on the intent of the recommendation to reduce the timeline (i.e., processing times) to keep female applicants engaged. Dr. Van Winkle suggested the wording "to ensure female applicants keep engaged and are not negatively impacted by lengthy medical processing times," wondering if that preserves the intent of the recommendation. Dr. (CAPT Ret.) Cox responded the recommendation is not trying to be overly prescriptive as MEPS recognizes the issues, but was written to encourage strategies such as the use of Artificial Intelligence for prescreening during the process. Dr. (CAPT Ret.) Cox suggested the wording "to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times."

Dr. Hunter moved to amend the recommendation to strike the words "are not lost or" and add "remain engaged and are not." CAPT (Ret.) Barrett seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should expand health care practitioner resources and accelerate the deployment of creative strategies (including Artificial Intelligence) at Military Entrance Processing Stations to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times in this competitive civilian job market.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should expand health care practitioner resources and accelerate the deployment of creative strategies (including*

Artificial Intelligence) at Military Entrance Processing Stations to ensure female applicants remain engaged and are not discouraged due to lengthy medical processing times in this competitive civilian job market.

2. *The Secretary of Defense should provide detailed recurrent waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.*

   Dr. (CAPT Ret.) Cox moved to adopt the recommendation. SgtMaj (Ret.) Maness seconded the motion.

   Discussion:

   Dr. Hunter questioned the meaning of the word "recurrent" as it relates to waiver considerations in the recommendation. Dr. (CAPT Ret.) Cox noted the Marine Corps stated in an earlier briefing it provides scenarios to providers for waivers of the top five commonly seen conditions to better expedite what could be a lengthy review process. Dr. (CAPT Ret.) Cox noted the subcommittee had also discussed the word "recurrent" and whether that should be included in the recommendation. Brig Gen (Ret.) Sanborn also lacked clarity about the word "recurrent" and asked whether the Military Service used that word. Dr. (CAPT Ret.) Cox responded the Marine Corps used "recurrent" or "frequent" and asked whether removing the word "recurrent" would help simplify the intent of the recommendation. Dr. Hunter concurred with removing "recurrent."

   Dr. (CAPT Ret.) Smith noted "recurrent" helped to scope and limit the recommendation to focus only on the recurring issues. Dr. (CAPT Ret.) Cox agreed but also pointed out the recommendation is already scoped to the top five female-specific disqualifying conditions, so "recurrent" may be not be necessary. Brig Gen (Ret.) Sanborn suggested "top five most common female-specific" or something to amplify the frequency of these issues. Dr. Van Winkle responded top five indicates the most common issues so striking "recurrent" may increase clarity in the recommendation wording.

   Dr. Hunter moved to amend the recommendation to strike the word "recurrent." Dr. (CAPT Ret.) Cox seconded the motion.

   > **Proposed Amended Recommendation:** *The Secretary of Defense should provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.*

   Discussion on Amendment:

   No discussion.

   Vote on Amendment: The Committee voted unanimously to approve the amendment.

   - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
   - Opposed: 0
   - Abstained: 0

   Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should provide detailed waiver considerations for the top five female-specific disqualifying conditions to maximize female applicant qualifications while not forsaking health issues that may affect their future readiness to serve or deploy.*

3. *The Secretary of Defense should update early pregnancy loss accession policies to be based on an applicant's health care provider's recommendation rather than fixed timelines that vary across the Military Services.*

Dr. (CAPT Ret.) Cox moved to adopt the recommendation. CAPT (Ret.) Barrett seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should update early pregnancy loss accession policies to be based on an applicant's health care provider's recommendation rather than fixed timelines that vary across the Military Services.*

B. Retention Initiatives

4. *The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for geographic stability efforts to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.*

HON (Col Ret.) Scholz moved to adopt the recommendation. MG (Ret.) Eder seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for geographic stability efforts to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.*

5. *The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for co-location efforts, including Inter-Service co-location, to enable the Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.*

HON (Col Ret.) Scholz moved to adopt the recommendation. MG (Ret.) Eder seconded the motion.

Discussion:

LTG (Ret.) Schwartz asked whether "Inter-Service" was needed in this recommendation because it is addressed in the reasoning statement that supports the recommendation. HON (Col Ret.) Scholz asked LTG (Ret.) Schwartz to clarify whether he was suggesting removing "Inter-Service" from the recommendation. LTG (Ret.) Schwartz responded by wondering whether the previous recommendation on geographic stability encompassed co-location and Inter-Service co-location. CAPT (Ret.) Barrett clarified the recommendations are on two separate topics; the previous recommendation is on geographic stability, and the current recommendation for discussion is on dual-military co-location, with Inter-Service co-location included in it. CAPT (Ret.) Barrett noted the reasoning statement covers both of these aspects. LTG (Ret.) Schwartz asked whether the rationale to break them into separate recommendations was to ensure the Inter-Service concerns would not get lost. CAPT (Ret.) Barrett confirmed that was the intent. Dr. Van Winkle noted geographic stability and co-location are two separate and distinct policies within the Military Services.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should expand and update guidance and provide oversight on assignment considerations, processes, and measures of effectiveness for co-location efforts, including Inter-Service co-location, to enable the*

Military Services to evaluate their strategies and maximize their effect on retention of Service members, especially women.

6. *The Secretary of Defense should expand the co-location policy (Department of Defense Instruction 1315.18) to include any active-duty military parent, regardless of marital status, who shares parental custody of minor child(ren) and desires to be assigned within the same geographic location as the co-parent for the benefit of the minor child(ren), similar to the Air Force's Court-Ordered Child Custody Assignment or Deferment Consideration Program.*

   HON (Col Ret.) Scholz moved to adopt the recommendation. MG (Ret.) Eder seconded the motion.

   Discussion:

   Dr. (CAPT Ret.) Smith asked to clarify whether this recommendation is for any active duty military parent and not just active duty dual-military parents. HON (Col Ret.) Scholz confirmed it is about any active duty military parent, which is more expansive than dual-military couples. Dr. Hunter asked whether it would be worth adding language to specify this goes beyond dual-military parents and could be a Service member with a civilian co-parent. HON (Col Ret.) Scholz encouraged the discussion while also noting it is further addressed in the supporting reasoning statement. She also stated this proposed recommendation goes beyond the Committee's 2017 recommendation on this topic. CAPT (Ret.) Barrett also commented the Air Force has a program specifically for nonmarried active duty members who have children with court-ordered custody. He stated the Air Force has had this program since 2017 or 2018, so the recommendation is to apply this policy to all the Military Services. Brig Gen (Ret.) Sanborn wanted to clarify this recommendation proposes a co-location policy regardless of whether the co-parent is active duty or civilian. HON (Col Ret.) Scholz confirmed it applies to all co-parents, regardless of their military status.

   Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

   - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
   - Opposed: 0
   - Abstained: 0

   Final Recommendation: *The Secretary of Defense should expand the co-location policy (Department of Defense Instruction 1315.18) to include any active-duty military parent, regardless of marital status, who shares parental custody of minor child(ren) and desires to be assigned within the same geographic location as the co-parent for the benefit of the minor child(ren), similar to the Air Force's Court-Ordered Child Custody Assignment or Deferment Consideration Program.*

C. Key Influencers on Servicewomen's Career Paths

7. *The Secretary of Defense should direct the Military Services to advocate for entry-level women (enlisted and officer candidates) to apply to career fields that were opened to*

women in 2016 by establishing educational and informative programming. This effort should include clear metrics to review the effectiveness of these programs.

LTG (Ret.) Schwartz moved to adopt the recommendation. Col (Ret.) Anderson seconded the motion.

Discussion:

Dr. Hunter questioned the word "advocate" and wondered whether the recommendation should be focused on educating women about their opportunities as opposed to advocating for them. She felt the word "advocate" could be setting women up for failure by pushing them into the career fields rather than educating or providing resources to prepare women for these career fields if they have the desire to pursue them. Col (Ret.) Anderson noted the subcommittee has had lengthy discussions about the right approach and found the current education is done via passive means, such as posters or lesson plans, whereas "advocate" was intended to be more active in creating more engaging, positive influences for women. LTG (Ret.) Schwartz stated the subcommittee's research found that information on its own does not serve as a catalyst to grow interest and more, such as advocacy or sponsorship, is needed.

VADM (Ret.) Braun asked whether changing the word "apply" would better describe the intent of the recommendation—for instance, advocating for women to learn more about or consider previously closed career fields. Dr. Hunter responded that the recommendation is more than just about women applying for these positions; it is also about advocating for women to be successful in those fields and have a full career. Col (Ret.) Anderson noted the word "apply" was stronger than "consider" because the intent is for women to take the action to apply for these career fields even though applying does not guarantee success. MG (Ret.) Eder understood the recommendation language as encouragement rather than advocacy. MG (Ret.) Eder also raised confusion about the words "educational informative programming" noting she felt that implies marketing, such as news stories, posters, and interviews with those currently serving in these positions.

Dr. (CAPT Ret.) Cox also expressed concern about the word "advocate," noting the Military Services will say they do advocate for women to be in those positions. She wondered whether there was a way to combine the first and second sentences to provide a recommendation that Military Services are measured by the metrics to be established. HON (Col Ret.) Scholz agreed with the concerns about "advocate," suggesting "educate and encourage." LTG (Ret.) Schwartz commented they had used the word "encourage" previously but felt it was not strong enough, which is why they landed on "advocate."

Dr. Hunter shared her perspective as a Marine, stating officer candidates do not have the option to "apply" because they are assigned a career field based on needs. She expressed concern about that phrasing in the recommendation because it may not apply to all Service branches and noted further concern about the word "advocate," because the Military Services may already say they advocate for women to join these career fields. LTG (Ret.) Schwartz responded "apply" is appropriate wording because Service members apply to positions, stating officer candidates can apply to several branches, whether they are entering from the Reserve Officers' Training Corps (ROTC) or the Military Service Academies (MSAs). He also noted every Military Service fills positions based on the need of the Service. For enlisted personnel, LTG (Ret.) Schwartz noted

challenges because recruiters are trying to fill certain roles and may not provide the broad set of opportunities to applicants.

VADM (Ret.) Braun stated the genesis of the recommendation was concern that officer candidates (academy, ROTC, and OCS) and enlisted personnel were not being exposed to or properly educated with information to make a decision to enter previously closed career fields. Brig Gen (Ret.) Sanborn shared the same concern about the combination of "advocate" and "apply," feeling it could lead the Military Services to push women to meet a metric. Brig Gen (Ret.) Sanborn reported feedback from Service members in the focus groups that women felt they were being pushed into previously closed career fields for representation purposes. Dr. Van Winkle noted she began rethinking this wording in light of Brig Gen (Ret.) Sanborn's comment, sharing concerns about unintended negative consequences if applicants were to become an outcome metric. Dr. Van Winkle suggested language such as "the Military Services should encourage entry-level women to consider these career fields" and "the efforts should include clear metrics to include the effectiveness of these programs on increasing female applicants to these fields," but she also expressed her reservations. Brig Gen (Ret.) Sanborn commented she would hate to see women pushed into these career fields who do not want to serve in these roles, noting some have expressed this already. She suggested the wording "sufficiently informed."

LTG (Ret.) Schwartz stated he likes the term "consider" rather than "apply," feeling it addresses some of the concerns of others. On the metrics, LTG (Ret.) Schwartz emphasized the intent was metrics for the educational and informative programming rather than an arbitrary number of female applicants. Using ROTC as an example, LTG (Ret.) Schwartz described only 1 day during summer training where cadets are educated on career field options. He noted the MSAs provide more robust education about career fields, but it could be improved. For enlisted personnel, LTG (Ret.) Schwartz emphasized that the Services' need for positions takes priority over applicant preferences. LTG (Ret.) Schwartz stated the metrics are intended to measure programming and awareness of the opportunities rather than applicants. CAPT (Ret.) Barrett concurred with Brig Gen (Ret.) Sanborn and Dr. Van Winkle's concerns about the word "advocate," preferring "educate and encourage," and also with LTG (Ret.) Schwartz's suggestion of changing "apply" to "consider."

MG (Ret.) Combs suggested "direct the Military Services to establish an educational and informative program that informs entry-level women (enlisted and officer candidates) on the career opportunities that were opened to women in 2016. This effort should include clear metrics to review the effectiveness of these programs." Dr. (CAPT Ret.) Cox liked that language but noted it uses the word "inform" twice, which may be repetitive. CDR (Ret.) Tutalo liked the wording related to the effectiveness of the programs and tie it to education vice fields. MG (Ret.) Combs shared and noted more specificity may be required within the phrase "the effectiveness of these programs" to ensure it is linked with the educational programs. Dr. Van Winkle suggested "to increase awareness of" to remove the repetitive "to inform" and concurred with CDR (Ret.) Tutalo's suggestion to change the language to "the effectiveness of these educational programs."

Dr. Van Winkle noted a point of order to add a comma after 2016 to separate the opening of the career fields and the establishing educational programming. VADM (Ret.) Braun accepted the point of order and the comma was added.

MG (Ret). Combs moved to amend the recommendation to read "The Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) on their career opportunities that were open to women in 2016. This effort should include clear metrics to review the effectiveness of these educational programs." Col (Ret.) Anderson seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) on the career opportunities that were opened to women in 2016. This effort should include clear metrics to review the effectiveness of these educational programs.*

Discussion on Amendment:

Dr. (CAPT Ret.) Cox asked whether this amendment captures the intent of the Subcommittee that drafted this recommendation. CAPT (Ret.) Barrett asked whether the reasoning statement for the recommendation covers educational programs that need to be established. Col (Ret.) Anderson confirmed the reasoning covers educational programs. Dr. Van Winkle wanted to ensure the Subcommittee authors concurred with the amendment's intent, emphasizing the recommendation focuses on establishing educational programs rather than encouraging women to apply for these career fields. LTG (Ret.) Schwartz responded the Military Services' current educational programs are not sufficient, so he is satisfied with the revised wording. MG (Ret.) Combs asked whether there was a desire to add "more robust educational programs" or "increase educational programs" to acknowledge what already exists. LTG (Ret.) Schwartz responded the wording is fine as is, noting the amendment is clear, and the reasoning reinforces the amended recommendation. Brig Gen (Ret.) Sanborn wondered whether the wording would be more accurate to say "establish educational programs focused on informing women" about these career fields. Col (Ret.) Anderson indicated she is satisfied with the revised wording and agreed with LTG (Ret.) Schwartz.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should direct the Military Services to establish educational programs that inform entry-level women (enlisted and officer candidates) on the career opportunities that were opened to women in 2016. This effort should include clear metrics to review the effectiveness of these educational programs.*

8. *The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts, such as women in submarines and Army Soldier 2020, to increase women's participation in previously closed career fields.*

LTG (Ret.) Schwartz moved to adopt the recommendation. Col (Ret.) Anderson seconded the motion.

Discussion:

Dr. Van Winkle proposed striking the specific clause "such as women in submarines and Army Solider 2020" from the recommendation. She noted leaving those examples in the recommendation may be an option, but suggested the recommendation could be more inclusive without them. LTG (Ret.) Schwartz agreed with Dr. Van Winkle's suggestion, noting it is sufficiently covered in the reasoning statement.

Dr. Van Winkle moved to amend the recommendation by striking "such as women in submarines and Army Soldier 2020." CAPT (Ret.) Barrett seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts to increase women's participation in previously closed career fields.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

Dr. Van Winkle noted "previous" is used twice and recommended changing the first mention to "prior." Dr. Hunter suggested mirroring language from the previous recommendation to say, "career fields open to women in 2016," rather than "previously closed career fields." In addition, Dr. Hunter noted this would specify the recently opened positions rather than all previously closed career fields to women.

Dr. Hunter moved to amend the recommendation by striking "previously closed career fields" and replacing it with "career fields that were opened to women in 2016." LTG (Ret.) Schwartz seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts to increase women's participation in career fields that were opened to women in 2016.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should direct the Military Services to incorporate best practices from previous integration efforts to increase women's participation in career fields that were opened to women in 2016.*

D. Implementation of DoD Women, Peace, and Security Requirements

Continuing Concern: Women, Peace, and Security

Dr. Van Winkle moved to adopt the continuing concern. Col (Ret.) Anderson seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the continuing concern.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Continuing Concern: *Women, Peace, and Security*

The Committee recessed for a short 15-minute comfort break.

The Committee resumed voting.

E. Intimate Partner Violence and Domestic Abuse

9. *The Secretary of Defense should include "restricted" reports in the calculation and reporting of total domestic abuse incidents to provide more accurate, comprehensive, and transparent reporting of domestic abuse incidents.*

   Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. Ferguson seconded the motion.

   Discussion:

   No discussion.

   Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

   - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
   - Opposed: 0
   - Abstained: 0

   Final Recommendation: *The Secretary of Defense should include "restricted" reports in the calculation and reporting of total domestic abuse incidents to provide more accurate, comprehensive, and transparent reporting of domestic abuse incidents.*

10. *The Secretary of Defense should (i) define the "reasonable suspicion" standard and criteria used to screen initial domestic abuse reports, and (ii) institute a quality control process to ensure the standardized criteria are being applied correctly and consistently by Family Advocacy Program officials.*

    Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. (CAPT Ret.) Smith seconded the motion.

    Discussion:

    No discussion.

    Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

    - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
    - Opposed: 0
    - Abstained: 0

    Final Recommendation: *The Secretary of Defense should (i) define the "reasonable suspicion" standard and criteria used to screen initial domestic abuse reports, and (ii) institute a quality control process to ensure the standardized criteria are being applied correctly and consistently by Family Advocacy Program officials.*

11. *The Secretary of Defense should eliminate use of the "met criteria" algorithm as a means of excluding domestic abuse reports.*

Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. (CAPT Ret.) Smith seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should eliminate use of the "met criteria" algorithm as a means of excluding domestic abuse reports.*

12. *The Secretary of Defense should (i) standardize the fatality review process to ensure consistent, reliable data collection and reporting across all Military Services, and (ii) require reporting and disclosure of all intimate partner violence-associated suicides, of both victims and offenders, in Service reporting to DoD and in DoD's annual reporting to Congress.*

Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. (CAPT Ret.) Smith seconded the motion.

Discussion:

Dr. Van Winkle recommended further clarifying in the recommendation that the fatality review process is limited to suicides associated with intimate partner violence (IPV). Brig Gen (Ret.) Sanborn agreed and noted that it could be expanded to all violence-associated fatalities, such as homicides and suicides. Dr. Van Winkle asked Brig Gen (Ret.) Sanborn whether she was referring to all fatalities regardless of whether they were related to IPV. Brig Gen (Ret.) Sanborn stated there are differences among the Military Services on what information is kept and reported, indicating a need for the process to be standardized. She also noted the Military Services currently collect information on offender deaths, but this information is not collected at the DoD-level. Brig Gen (Ret.) Sanborn stated the number of offenders dying in domestic violence (DV) events exceeds the number of victims killed. She further noted this information needs to be collected, studied, and reported so it can be addressed in a better way. VADM (Ret.) Braun asked whether the fatality review process should be limited to deaths related to DV or whether it should include all deaths, such as car accidents. Brig Gen (Ret.) Sanborn confirmed fatalities should be related to IPV. CAPT (Ret.) Barrett wondered whether the recommendation should be more specific in stating DV–related fatalities. Brig Gen (Ret.) Sanborn concurred with adding more specificity and noted capturing all deaths for IPV offenders and victims would be more comprehensive. Dr. Van Winkle clarified the discussion is on putting IPV ahead of "fatality review" in the first part of the recommendation. Brig Gen (Ret.) Sanborn agreed with that change and noted it is made clear in the supporting reasoning statement that the fatality review is for deaths related to IPV. VADM (Ret.) Braun also noted the clarification discussed would be for the recommendation language. Brig Gen (Ret.) Sanborn concurred.

CDR (Ret.) Tutalo stated "DV" may be a more accurate term because it captures a broader range of victims, including children and other dependents. Dr. (CAPT Ret.) Cox proposed adding "DV" ahead of the first mention of "fatality review" and changing "IPV -associated" ahead of suicides to "DV-associated." Brig Gen (Ret.) Sanborn responded that "DV" and "IPV" are used similarly in DoD regulations, with "IPV" being commonly used nationally. Brig Gen (Ret.) Sanborn agreed with CDR (Ret.) Tutalo's point that "IPV" falls under the umbrella of DV and confirmed the fatality review is related to DV, including civilian dependents and active duty members.

VADM (Ret.) Braun asked Brig Gen (Ret.) Sanborn whether she agrees with changing the language to "standardize the DV fatality review process." Brig Gen (Ret.) Sanborn concurred with the language proposed, but questioned whether using two different terms was confusing and asked whether it should be "IPV." Dr. Hunter pointed out the other recommendations use "domestic abuse (DA)" and suggested using consistent terminology. She also suggested language changes for the second part of the recommendation to encompass "all DA related fatalities, including suicides." Brig Gen (Ret.) Sanborn felt it is sufficiently covered and acknowledged the need to count all victim and offender deaths. In addition, she stated DA is the umbrella term for everything, and DV falls within DA.

LTG (Ret.) Schwartz asked whether this recommendation should include all DV or whether it is specifically about IPV. Brig Gen (Ret.) Sanborn responded they are the same, with the newer term being IPV because it goes beyond spousal DV. LTG (Ret.) Schwartz asked to clarify whether DV includes child abuse and other types of abuse. Brig Gen (Ret.) Sanborn responded DoD has a separate process for child abuse with a distinct reporting processes, and this recommendation does not encompass child abuse, even though it is a significant issue within the military community.

Dr. Van Winkle recommended using "DA" to be consistent with the other recommendations and how it is defined in the reasoning. She suggested recommendation language "(i) standardize the DA-related fatality review process," and then in the second point, change to "DA-related suicides." Brig Gen (Ret.) Sanborn responded she would prefer the wording to say "DV and abuse" in reference to the suicides, but noted it is made clear in the reasoning what the recommendation refers to. Dr. Van Winkle responded "DA" may be the better term to use because of consistency with other recommendations and the definitions featured in the reasoning statement, and it applies to the broadest range of situations. Brig Gen (Ret.) Sanborn stated she concurs as long as the recommendation refers to fatalities related to DA and DV.

Dr. Van Winkle moved to amend the recommendation by adding "DA-related" ahead of "fatality review process," strike "IPV -associated," and replace it with "DA-related." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should (i) standardize the domestic abuse related fatality review process to ensure consistent, reliable data collection and reporting across all Military Services, and (ii) require reporting and disclosure of all domestic abuse related suicides, of both victims and offenders, in Service reporting to DoD and in DoD's annual reporting to Congress.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

HON (Col Ret.) Scholz called a point of order that "abuse" should be hyphenated to "related." VADM (Ret.) Braun accepted the point of order.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should (i) standardize the domestic abuse-related fatality review process to ensure consistent, reliable data collection and reporting across all Military Services, and (ii) require reporting and disclosure of all domestic abuse-associated suicides, of both victims and offenders, in Service reporting to DoD and in DoD's annual reporting to Congress.*

13. *The Secretary of Defense should track the utilization rates of installation/Service domestic abuse hotlines to improve reporting and better assess staffing and resource requirements.*

Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should track the utilization rates of installation/Service domestic abuse hotlines to improve reporting and better assess staffing and resource requirements.*

14. *The Secretary of Defense should, to meet the greater need for family advocacy services, address the significant Family Advocacy Program position staffing shortages by, among other means, setting competitive pay rates, grading positions sufficiently and consistently, and identifying other benefit or incentive programs to bolster recruiting and retention of family advocacy and clinical provider professionals.*

    Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. (CAPT Ret.) Smith seconded the motion.

    Discussion:

    Dr. (CAPT Ret.) Cox noted the recommendation is wordy and asked whether "to meet the greater need for family advocacy services" could be removed to reduce the number of words. Brig Gen (Ret.) Sanborn concurred with the removal. LTG (Ret.) Schwartz also suggested removing "among other means" and the list of suggestions following it. Brig Gen (Ret.) Sanborn responded the language was intended to provide examples, yet not be overly prescriptive for how to address the problem. She desired not to narrow the list.

    CAPT (Ret.) Barrett moved to amend the recommendation by striking "to meet the greater need for family advocacy services" and associated commas. Dr. Van Winkle seconded the motion.

    > **Proposed Amended Recommendation:** *The Secretary of Defense should address the significant Family Advocacy Program position staffing shortages by, among other means, setting competitive pay rates, grading positions sufficiently and consistently, and identifying other benefit or incentive programs to bolster recruiting and retention of family advocacy and clinical provider professionals.*

    Discussion on Amendment:

    No discussion.

    Vote on Amendment: The Committee voted unanimously to approve the amendment.

    - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
    - Opposed: 0
    - Abstained: 0

    Discussion on Amended Recommendation:

    No discussion.

    Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

    - Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
    - Opposed: 0
    - Abstained: 0

    Final Recommendation: *The Secretary of Defense should address the significant Family Advocacy Program position staffing shortages by, among other means, setting*

competitive pay rates, grading positions sufficiently and consistently, and identifying other benefit or incentive programs to bolster recruiting and retention of family advocacy and clinical provider professionals.

15. *The Secretary of Defense should ensure completion of the ongoing project to design, develop and implement a single, comprehensive, integrated centralized domestic abuse database to track all allegations of domestic abuse, including fatality incidents, from first report (both restricted and unrestricted) through final disposition.*

Dr. Van Winkle moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

LTG (Ret.) Schwartz noted the recommendation language seemed to imply the database project was going to be stopped and asked for clarification on the project's status. Dr. Van Winkle responded there is no intention to stop the database project; however, the project has not been fully started. She reported that Congress has recommended this database since 1999, and the current status is ongoing according to briefings the Committee received this year. Dr. Van Winkle noted there have been multiple recommendations for this database from Congress and the Government Accountability Office. LTG (Ret.) Schwartz asked whether the recommendation should be more specific in highlighting the database has been an ongoing effort since 1999, nearly 24 years. Dr. Van Winkle responded that fact is covered in the reasoning statement.

MG (Ret.) Combs asked whether the recommendation should say "expedite" the completion of the database project. Dr. Van Winkle concurred.

Dr. Van Winkle moved to amend the recommendation by striking "ensure" and replacing with "expedite." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should expedite completion of the ongoing project to design, develop and implement a single, comprehensive, integrated centralized domestic abuse database to track all allegations of domestic abuse, including fatality incidents, from first report (both restricted and unrestricted) through final disposition.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

Dr. (CAPT Ret.) Cox raised a point of order that an Oxford comma should be added after the word "develop." VADM (Ret.) Braun accepted the point of order.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should expedite completion of the ongoing project to design, develop, and implement a single, comprehensive, integrated, centralized domestic abuse database to track all allegations of domestic abuse, including fatality incidents, from first report (both restricted and unrestricted) through final disposition.*

16. *The Secretary of Defense should revise and expand DD Form 2697 to capture all data required to comprehensively assess reports of domestic abuse including, information on the nature of the abuse, the victim, the alleged offender, medical services offered/required, services offered/referred (to include referrals to civilian resources), victim safety assessment (to include offering and/or acceptance of a military protective order), investigative information, and case outcome information.*

Dr. Van Winkle moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should revise and expand DD Form 2697 to capture all data required to comprehensively assess reports of domestic abuse including, information on the nature of the abuse, the victim, the alleged offender, medical services offered/required, services offered/referred (to include referrals to civilian resources), victim safety assessment (to include offering and/or acceptance of a military protective order), investigative information, and case outcome information.*

17. *The Secretary of Defense should utilize relevant, existing, regularly fielded scientific DoD surveys to identify and assess the prevalence of domestic abuse and intimate partner violence in the military population.*

Dr. Van Winkle moved to adopt the recommendation. Dr. Hunter seconded the motion.

Discussion:

Dr. (CAPT Ret.) Cox referred to earlier discussions about the terms “DA” and “IPV” to ask whether both terms are needed. Brig Gen (Ret.) Sanborn responded the umbrella term is “DA,” but theoretically DA and DV are defined separately, and she expressed it is important to keep both terms in the recommendation. CDR (Ret.) Tutalo agreed with both terms being in the recommendation, noting “DA” also encompasses child abuse as well.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should utilize relevant, existing, regularly fielded scientific DoD surveys to identify and assess the prevalence of domestic abuse and intimate partner violence in the military population.*

18. *The Secretary of Defense should develop and implement a method to track offender treatment and outcomes to include whether offenders opt to receive treatment (or not), type of treatment intervention received, whether they completed treatment (or not), and outcomes in terms of recidivism/re-offense.*

Dr. Van Winkle moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Col (Ret.) Anderson stated recidivism is re-offense and asked why both words were used in the recommendation. Dr. Van Winkle responded the Military Services use both terms in different ways, so the idea for including them was to use the language they use; however, she stated she concurred with eliminating one of the descriptors. MG (Ret.) Combs suggested adding the word “DA” before “offender” to clarify in the recommendation this refers to DA offenders. Dr. Van Winkle agreed. VADM (Ret.) Braun asked whether there was a preference between “recidivism” and “re-offense.”

Dr. Van Winkle moved to amend the recommendation by adding “DA” between “track” and “offender” and striking “/re-offense.” Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should develop and implement a method to track domestic abuse offender treatment and outcomes to include whether offenders opt to receive treatment (or not), type of treatment intervention received, whether they completed treatment (or not), and outcomes in terms of recidivism.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

CAPT (Ret.) Barrett asked whether there is a current method to capture this information today, noting the recommendation wording states: “develop and implement.” Dr. Van Winkle responded there is no current method to consistently track this information.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should develop and implement a method to track domestic abuse offender treatment and outcomes to include whether offenders opt to receive treatment (or not), type of treatment intervention received, whether they completed treatment (or not), and outcomes in terms of recidivism.*

F. Family Planning

19. *The Secretary of Defense should conduct a needs assessment to determine demand and optimal operating hours geared to Service member availability and staffing requirements for walk-in contraceptive clinics to ensure timely access to Service members' contraceptive methods of choice.*

Dr. Hunter moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Dr. Hunter raised a point of order to add a comma after “availability.” VADM (Ret.) Braun accepted the point of order.

LTG (Ret.) Schwartz noted yesterday's briefing when DHA and the Military Services stated walk-in contraceptive clinic hours are established by MTFs and providers based on their local population. LTG (Ret.) Schwartz felt the briefers indicated the clinic hours and assessments were sufficient and asked for discussion on the necessity of this recommendation. Dr. Hunter responded there has not been a needs assessment to identify both the met and unmet needs for WiCS. Dr. Hunter noted a comment from the previously referenced briefing that clinic hours will expand if more Service members come during the current available hours. She noted most of these contraceptive clinics only have hours during the duty workday, but many Service members work night and swing shifts or are unable to go to the clinic during the workday, and the needs of those Service members have not been assessed. Currently, the need for and satisfaction with the WiCS are being assessed only by those who use them. Dr. Hunter cited recent research that most Service members do not use contraceptives, and DACOWITS' focus groups found Service members still have issues accessing their preferred method of contraceptive. Dr. Hunter further noted walk-in contraceptive clinic hours are established based on provider availability, which may or may not match with Service member availability. Since this is a service for Service members, Dr. Hunter stated clinic hours should be more aligned with Service members' availability. Dr. Ferguson reiterated that DACOWITS' 2024 focus groups found Service members noted a lack of availability to their preferred method of contraceptive. LTG (Ret.) Schwartz thanked them for the

discussion and concurred that Service members on night or swing shifts may not have access to the WiCS, noting a disparity among the briefings and focus group participants.

MG (Ret.) Combs felt the recommendation could be stronger by revising it to say "conduct a needs assessment to determine demand, optional operating hours, and staffing requirements …" to simplify and streamline the language. Dr. Hunter concurred.

HON (Ret.) Scholz stated WiCS are a supplement to Service members being able to see their regular medical provider and felt assuaged that DHA and the Military Services were tracking these clinics based on their previous briefing. Dr. (CAPT Ret.) Cox responded the recommendation is asking for more data, not necessarily an expansion of the clinics now. She raised Service member feedback from DACOWITS' focus groups and site visits that many servicewomen found it challenging to get appointments, citing delays of 4–6 weeks to obtain an appointment. Dr. Van Winkle responded that the current understanding of the need is based on patient surveys, whose respondents could visit the walk-in clinics during their current hours; but the surveys did not capture the number of individuals who are unable to make it to the walk-in clinics or are turned away when demand exceeds availability. More needs to be done to bridge the gap in data.

CDR (Ret.) Tutalo responded to MG (Ret.) Combs' earlier point about the recommendation wording advocating for keeping the current language of "Service member availability" because it is important that the optimal hours be established for Service members rather than based on provider's availability. MG (Ret.) Combs agreed, stating she originally felt it may be repetitive, with the end of the recommendation language stating: "ensure timely access."

Dr. Hunter emphasized how tracking from DHA and the Military Services is based on current usage, but there is a large under-surveyed population of Service members who may need these services but cannot access them. She gave the example of junior enlisted Service members who may be unable to leave in the middle of their duty day to go to the walk-in clinic or commands preventing Service members from going to appointments during working hours. Dr. Hunter emphasized the lack of knowledge and information about Service members who have not visited a walk-in contraceptive clinic as well as no conclusive evidence that clinic hours and availability are based on an assessment of actual needs. Brig Gen (Ret.) Sanborn cited a recent RAND Corporation study that found in 40 to 50 percent of unintended pregnancies, Service members were not using a contraceptive, and Service members need to be able to get contraceptives easily and quickly. Dr. (CAPT Ret.) Smith noted with "timely access," the goal is to provide contraceptives or a contraceptive appointment upon walking in, but many Service members still have to wait for an appointment. MG (Ret.) Combs advocated for tightening the recommendation language to strengthen the statement.

MG (Ret.) Combs moved to amend the recommendation by striking the "and" between "demand" and "optimal" and adding a comma in place of the "and." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should conduct a needs assessment to determine demand, optimal operating hours geared to Service member availability, and staffing requirements for walk-in contraceptive clinics to ensure timely access to Service members' contraceptive methods of choice.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should conduct a needs assessment to determine demand, optimal operating hours geared to Service member availability, and staffing requirements for walk-in contraceptive clinics to ensure timely access to Service members' contraceptive methods of choice.*

20. *The Secretary of Defense should implement the 2016 and 2017 NDAA mandates requiring (i) Service members receive comprehensive contraception counseling, and (ii) ensure DoD tracks whether the counseling was received.*

Dr. Hunter moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Dr. (CAPT Ret.) Cox raised a point of order to spell out "NDAA" within the recommendation (National Defense Authorization Act). VADM (Ret.) Braun accepted the point of order.

Dr. Van Winkle raised a point of order to clarify whether it should be "contraception counseling" or "contraceptive counseling." Dr. Hunter responded it should be "contraceptive counseling" and asked for a point of order to change the word. VADM (Ret.) Braun accepted the point of order.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should implement the 2016 and 2017 National Defense Authorization Act mandates requiring (i) Service members receive comprehensive contraceptive counseling, and (ii) DoD track whether the counseling was received.*

21. *The Secretary of Defense should ensure that health care providers are properly trained on all contraceptive options available for Service members, and how to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.*

Dr. Hunter moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Dr. (CAPT Ret.) Cox reflected on the briefing from the previous day noting providers are trained but need to remain current and keep up their skills because if they are not using them, they will lose them. Dr. Hunter responded that an upcoming proposed recommendation focuses on maintaining proficiency in women's health whereas this recommendation focuses on providing information on all available contraceptive options. Dr. Hunter noted servicewomen in DACOWITS' focus groups reported limited options or pressure from providers to choose a particular contraceptive option. Dr. Hunter stated she is open to including the word "proficiency" in the recommendation statement if that would provide further clarity.

Dr. Van Winkle suggested replacing the word "properly" with "regularly." Dr. Hunter concurred. Dr. (CAPT Ret.) Cox felt "properly" versus "regularly" was an arbitrary word distinction. She stated her confusion that the recommendation is focused on "training" for provider knowledge but is also about competency. LTG (Ret.) Schwartz recommended the word "currency" or "current." Dr. (CAPT Ret.) Cox asked where that would go in the sentence. LTG (Ret.) Schwartz responded, "are properly trained and retained currency on contraceptive options." VADM (Ret.) Braun suggested "maintained currency." Dr. (CAPT Ret.) Cox recommended "competency" as opposed to "currency." Dr. Van Winkle suggested mirroring wording from another proposed recommendation, "train adequate to achieve proficiency." Dr. (CAPT Ret.) Cox agreed that wording was better.

Dr. (CAPT Ret.) Smith stated the recommendation is about counseling, not care, and asked for clarification on competency with delivering counseling as opposed to care. Dr. (CAPT Ret.) Cox responded care is addressed in another proposed recommendation. Dr. Van Winkle responded the current recommendation up for vote focuses on training for counseling Service member patients. VADM (Ret.) Braun responded there is no currency requirement for providers, and Dr. (CAPT Ret.) Cox agreed the upcoming proposed recommendation addresses the proficiency for care. Dr. Hunter stated all health care providers should know what the options are even if they do not deliver that type of care. She stated feedback from Service members in the focus groups indicated Service members are often presented limited choices instead of the full range of contraceptive options.

CAPT (Ret.) Barrett expressed concern that this recommendation should be directed to "all health care providers," which could include cardiologists or others who do not see patients for this type of care. Dr. (CAPT Ret.) Cox suggested the language could be updated to "primary health care providers." Dr. Hunter concurred the intent of the

recommendation is to ensure primary health care providers are properly trained to provide counseling.

Dr. Van Winkle moved to amend the recommendation by adding "primary" before "health care providers." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should ensure that primary health care providers are properly trained on all contraceptive options available for Service members, and how to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.*

Discussion on Amendment:

Dr. (CAPT Ret.) Cox noted she is stuck on the word "train" in the recommendation because this is not about proficiency in the typical sense. VADM (Ret.) Braun suggested moving up the word "counseling" by stating "train to counsel" is a way to clarify the recommendation statement. MG (Ret.) Combs suggested the wording "health care providers are properly educated on all contraceptive options available for Service members, and trained to provide…".

Vote on Amendment: The Committee voted to oppose the amendment.

- Favored: 0
- Opposed: 13 (Anderson, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Tutalo, Van Winkle)
- Abstained: 2 (Barrett, Smith)

Discussion on Original Recommendation:

MG (Ret.) Combs moved to amend the recommendation by adding "primary" before "health care providers," striking "trained" and replacing with "educated," and striking "how" and replacing with "trained." Dr. (CAPT Ret.) Cox seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should ensure that primary health care providers are properly educated on all contraceptive options available for Service members, and trained to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should ensure that primary health care providers are properly educated on all contraceptive options available for Service members, and trained to provide compassionate, unbiased, comprehensive, and patient-centered counseling about available options.*

22. *The Secretary of Defense should accelerate and expand availability of telehealth options for Service members to access reproductive healthcare, family planning, and infertility treatment information and counseling.*

CDR (Ret.) Tutalo moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

LTG (Ret.) Schwartz asked whether the recommendation should be expanded beyond reproductive health care, family planning, and infertility treatment to primary care given the importance of telehealth. CDR (Ret.) Tutalo agreed about the importance of telehealth but noted the Committee's charter and approved study topics to focus on specific issues.

Dr. (CAPT Ret.) Cox raised a point of order on consistency in whether health care is one or two words. VADM (Ret.) Braun accepted the point of order and stated DoD spells it with two words.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should accelerate and expand availability of telehealth options for Service members to access reproductive health care, family planning, and infertility treatment information and counseling.*

23. *The Secretary of Defense should direct a "needs" assessment to determine appropriate staffing and requirements for women's health providers (e.g., obstetricians, gynecologists, obstetrics/gynecology (OB/GYN) registered nurses, certified nurse midwives, women's health nurse practitioners) to improve access to and availability of women's health care resources.*

Dr. (CAPT Ret.) Smith moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Dr. Van Winkle raised a point of order to remove the quotations around "needs assessment" as previous recommendations did not use quotes. VADM (Ret.) Braun accepted the point of order.

Dr. (CAPT Ret.) Cox asked whether the "e.g.," was necessary and noted the examples are missing PAs. Dr. (CAPT Ret.) Smith responded the "e.g.," was meant to be examples but not fully inclusive of all examples. Dr. (CAPT Ret.) Cox asked whether the examples in the parentheses needed to be included or whether they were covered in the reasoning statement.

Dr. (CAPT Ret.) Smith moved to amend the recommendation by striking "(e.g., obstetricians, gynecologists, obstetrics/gynecology (OB/GYN) registered nurses, certified nurse midwives, women's health nurse practitioners)." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct a needs assessment to determine appropriate staffing and requirements for women's health providers to improve access to and availability of women's health care resources.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should direct a needs assessment to determine appropriate staffing and requirements for women's health care providers to improve access to and availability of women's health care resources.*

24. *The Secretary of Defense should direct servicewomen's healthcare training, adequate to achieve proficiency, to all primary care managers, general medical officers, and*

deployable unit healthcare providers to improve access to and availability of women's health care resources.

Dr. (CAPT Ret.) Smith moved to adopt the recommendation. Dr. Hunter seconded the motion.

Discussion:

Dr. (CAPT Ret.) Cox wondered whether the recommendation needed to be so specific in the types of medical providers because "general medical officers" does not include Nurses or PAs, who may also provide this type of care. Brig Gen (Ret.) Sanborn recommended "unit embedded providers" as alternate wording. Dr. (CAPT Ret.) Cox agreed "unit embedded providers" would be better than "general medical officer" if the term is used in all the Military Services. Dr. (CAPT Ret.) Smith concurred.

MG (Ret.) Combs raised a point of order to change "to all" to "for all." VADM (Ret.) Braun accepted the point of order.

Dr. (CAPT Ret.) Cox moved to amend the recommendation by striking "general medical officers" and replacing with "unit embedded health care providers." Dr. Van Winkle noted a point of order to add a hyphen between the words "unit" and "embedded." Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct servicewomen's healthcare training, adequate to achieve proficiency, for all primary care managers, unit-embedded health care providers, and deployable unit healthcare providers to improve access to and availability of women's health care resources.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

Dr. Hunter asked whether the recommendation should be directed toward "deployable unit health care providers" or "deployable health care providers," wondering whether "unit" was needed. Col (Ret.) Anderson responded that sometimes providers augment units. LTG (Ret.) Schwartz noted a common joint term of "individual augmentee" and suggested "individual augmentee health care providers" rather than embedded or assigned. VADM (Ret.) Braun reiterated the discussion was about whether the word "unit" was needed for "deployable unit health care provider." LTG (Ret.) Schwartz responded the word "unit" is not critical. Dr. (CAPT Ret.) Cox asked whether removing "unit" could be a point of order. VADM (Ret.) Braun responded the removal of that word requires an amendment. Brig Gen (Ret.) Sanborn noted "augmentee" may have a connotation of being associated with the Reserves; and she concurred with removing

"unit" and leaving "deployable health care providers" because that will cover more individuals.

Dr. Hunter moved to amend the recommendation by striking "unit" after the word "deployable." Dr. (CAPT Ret.) Smith seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct servicewomen's healthcare training, adequate to achieve proficiency, for all primary care managers, unit-embedded health care providers, and deployable healthcare providers to improve access to and availability of women's health care resources.*

Discussion on Amendment:

CAPT (Ret.) Barrett asked about Dr. (CAPT Ret.) Cox's previous point from the recommendation discussion about training and wondered whether the use of "training" is appropriate for the intent in this recommendation. Dr. (CAPT Ret.) Cox responded yes, since it is paired with "adequate to achieve proficiency," which addresses competency of skills.

Vote on Amendment: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

No discussion.

Vote on Amended Recommendation: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should direct servicewomen's health care training, adequate to achieve proficiency, for all primary care managers, unit-embedded health care providers, and deployable healthcare providers to improve access to and availability of women's health care resources.*

25. *The Secretary of Defense should modify policy to (i) exempt obstetrics/gynecology (OB/GYN) care from the Primary Care Manager referral requirement, and (ii) allow active-duty servicewomen to choose a provider (including off-base referrals) for OB/GYN care, to reduce wait times and improve access to and availability of women's health care resources.*

Dr. (CAPT Ret.) Smith moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Dr. Van Winkle raised a point of order to remove the hyphen between "active-duty" in the recommendation based on DoD's Manual for Written Correspondence. VADM (Ret.) Braun accepted the point of order.

Dr. (CAPT Ret.) Cox raised a point of order to add an Oxford comma after "to reduce wait times." VADM (Ret.) Braun accepted the point of order.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should modify policy to (i) exempt obstetrics/gynecology (OB/GYN) care from the Primary Care Manager referral requirement, and (ii) allow active duty servicewomen to choose a provider (including off-base referrals) for OB/GYN care, to reduce wait times, and improve access to and availability of women's health care resources.*

26. *The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a healthcare provider in another unit for servicewomen's health care to provide appropriate professional decorum and intra-unit relationships.*

Dr. (CAPT Ret.) Smith moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

Col (Ret.) Anderson asked for clarification on why "intra-unit relationships" are included in the recommendation. Dr. (CAPT Ret.) Smith noted that this language was included based on focus group findings and from information briefed to the Committee about servicewomen feeling uncomfortable receiving women's health care services from colleagues in their unit, so the purpose of this recommendation is to support professional relationships. Col (Ret.) Anderson confirmed her understanding of the purpose of this recommendation but noted that "intra-unit relationships" may not be the correct language. MG (Ret.) Combs explained that interpersonal relationships are discussed in the reasoning, so the Committee should decide whether "interpersonal relationships" or "intra-unit relationships" is the right term. Dr. Hunter suggested using both "interpersonal" and "inter-unit relationships" because servicewomen likely do not want someone they are deployed with to address their sensitive health care concerns; situations like that can stress relationships, especially in smaller units like those on ships. She noted that the Navy briefed the Committee today that sometimes it swaps doctors from smaller ships to address this concern. She suggested that this recommendation should address both interpersonal and inter-unit relationships. Col (Ret.) Anderson agreed but noted that "interpersonal relationships" likely encompasses both groups. Dr. (CAPT Ret.) Smith

noted that the subcommittee decided to include "inter-unit relationships" to make clear that they were interested in addressing interpersonal relationships, but specifically those within units.

Dr. Van Winkle noted that the terms "health care provider" and "servicewomen's health care" were difficult to read together and seemed repetitive, and suggested revising the recommendation to read "servicewomen's health care to support professional decorum and relationships in units" to address both challenges discussed thus far. MG (Ret.) Eder also suggested that, instead of "intra-unit relationships," the Committee could instead say "to protect patient privacy." Dr. Hunter did not agree with this suggestion because the Committee believes providers are protecting patient privacy but acknowledges that servicewomen are uncomfortable receiving care from colleagues they see on a daily basis. She noted that the belief is not that these providers are going to share information about their care with others but that servicewomen become uncomfortable in having to be around people who provide care related to their sensitive health issues. Dr. Van Winkle suggested that "support" may not the right word, but maybe "preserve" fits better, as well as "interpersonal relationships in the unit," rather than "intra-unit relationships." HON (Col Ret.) Scholz suggested "ensure" rather than "preserve," while MG (Ret.) Combs suggested "promote professional decorum and preserve relationships."

Dr. (CAPT Ret.) Smith moved to amend the recommendation by striking "provide" and replacing it with "promote." He also moved to strike the word "appropriate" from the recommendation. Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct the Military Services to allow active-duty servicewomen in deployable units to choose a healthcare provider in another unit for servicewomen's health care to promote professional decorum and intra-unit relationships.*

Discussion on Amendment:

Dr. Hunter noted that she was still getting tripped up on the second use of "servicewomen," as the recommendation is really about women's health care issues, not servicewomen's health care issues. Dr. Van Winkle suggested just changing the second use of "servicewomen" to "their." VADM (Ret.) Braun noted that "their health care" may be too broad and including the word "women's" may be necessary as a modifier to ensure the recommendation is focused. Dr. Hunter agreed.

Vote on Amendment: The Committee voted not to approve the amendment.

- Favored: 4 (Barrett, Ferguson, Hunter, Smith)
- Opposed: 11 (Anderson, Braun, Combs, Cox, Eder, Maness, Sanborn, Scholz, Schwartz, Tutalo, Van Winkle)
- Abstained: 0

Discussion on Original Recommendation:

Dr. Van Winkle noted that the Committee wants servicewomen to be able to choose providers for "their" health care, suggesting the word "their" can be used because of the earlier use of servicewomen. Dr. Hunter noted that the intent of the recommendation is to address women's specific health care needs, so if a servicewoman breaks their leg, they

would likely be comfortable with a provider in their unit treating that issue, but women's health care needs can be more sensitive and uncomfortable, including things like infertility.

Dr. Van Winkle moved to amend the recommendation by replacing "servicewomen's" with "women's," replacing "provide" with "promote," and adding "preserving" before "intra-unit relationships." Dr. (CAPT Ret.) Cox also recommended striking the word "appropriate." Brig Gen (Ret.) Sanborn noted that saying "women's health care" might be too broad, as that can include situations when servicewomen break their legs, for example. She suggested "sensitive health care issues" may be more appropriate language. CDR (Ret.) Tutalo suggested "women-specific health care," while LTG (Ret.) Schwartz suggested "women's gender-specific health care." Dr. Van Winkle noted that the Committee did use the term "women's health care" in previous recommendations. Dr. (CAPT Ret.) Cox noted that, as a provider, reading "women-specific health care" would make her think of these sensitive procedures but also noted that much of this nuanced information is explained in the reasoning. Dr. Hunter suggested removing the extra wording: "servicewomen's health care" and instead saying, "The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit to promote processional decorum and preserve intra-unit relationships." Dr. (CAPT Ret.) Smith noted that women should be have the ability to choose when desired and comfortable. MG (Ret.) Combs suggested replacing "servicewomen's" with "female-specific," and adding example services, such as pap smears, in parentheses. LTG (Ret.) Schwartz agreed there should be some reference to women's health care. Dr. Winkle agreed with this suggestion, noting that it is important that the recommendation makes clear that the Committee is not trying to change processes for nonsensitive health care services. However, she noted that the Committee used "women's health care" in previous recommendations, so she suggested using that in this recommendation as well.

Dr. Van Winkle resumed her move to recommended the following amendments, to include striking "service" from the second mention of "servicewomen," replacing "provide" with "promote," removing "appropriate," and adding "preserve" before intra-unit relationships.

Col (Ret.) Anderson raised a point of order to add a comma after "decorum." VADM (Ret.) Braun denied the point of order.

Dr. (CAPT Ret.) Cox raised a point of order to add a comma after "health care" and before "to promote." VADM (Ret.) Braun denied this point of order.

MG (Ret.) Eder seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit for women's health care to promote professional decorum and preserve intra-unit relationships.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amended recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Ms. Robin Kelleher joined the meeting before the final vote on this recommendation.

Vote on Amended Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 16 (Anderson, Barrett, Braun, Combs, Cox, Eder, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should direct the Military Services to allow servicewomen in deployable units to choose a health care provider in another unit for women's health care to promote professional decorum and preserve intra-unit relationships.*

MG (Ret.) Eder departed the meeting following the final vote on this recommendation.

The Committee recessed for a short 15-minute comfort break.

The Committee resumed voting.

27. *The Secretary of Defense should (1) conduct comprehensive research on the rates of infertility in the military population to identify the prevalence of infertility, (2) identify the demand for and current use of fertility services, and (3) investigate options to expand fertility treatment coverage for all servicewomen, including cryopreservation, regardless of whether the infertility is due to a Service-related injury or illness.*

Dr. Ferguson moved to adopt the recommendation. Brig Gen (Ret.) Sanborn seconded the motion.

Discussion:

Dr. Van Winkle raised a point of order that the Committee used "(i), (ii), etc." rather than "(1), (2), etc.," in previous recommendations. VADM (Ret.) Braun agreed that the language should be made consistent and approved the point of order. HON (Col Ret.) Scholz noted that the first two subsections of the recommendation are not specific to female infertility and asked why the language about "service-related injury or illness" is included in the third subsection. Dr. Ferguson clarified that "service-related injury or illness" is the language the Military Services use to determine which Service members' infertility services are covered under TRICARE. Brig Gen (Ret.) Sanborn clarified that the only Service members who qualify for infertility coverage under TRICARE are those with service-related injuries or illnesses. HON (Col Ret.) Scholz asked whether the Committee wants to revise the first two recommendation subsections to focus on female

infertility, rather than all Service member infertility. Dr. Ferguson confirmed that she is open to focusing the recommendation on female infertility but noted that male infertility is also a concern in the military. Dr. Van Winkle noted that infertility in either gender affects family planning, so it may be appropriate to maintain the scope of the recommendation to include male infertility.

Dr. Hunter noted that the current draft of this recommendation addresses two different aspects of infertility, noting that the first two subsections focus on researching infertility prevalence and concerns, while subsection three is more about updating policy to address the exclusion policy of who is covered for fertility services under TRICARE. She asked whether this recommendation should be split into two separate recommendations, with subsections one and two in the first recommendation and subsection three in the second recommendation. Dr. Van Winkle suggested keeping all the subsections in one recommendation because subsection one and two can be completed concurrently with efforts to investigate options as recommended in subsection three. Dr. Ferguson agreed, noting that subsection three is about investigating the possibility of a policy change, rather than actually changing the policy. VADM (Ret.) Braun noted that the Under Secretary of Defense Personnel and Readiness (USD(P&R)) needs to identify the demand before it investigates options for policy changes. Dr. Hunter noted that the qualifier "for all servicewomen" is difficult as well, given the specificity of the rest of subsection three because this subsection moves from broad to very specific by pointing out a specific policy and reads disjointed. VADM (Ret.) Braun suggested removing specifics, such as "for all servicewomen, including cryopreservation, regardless of whether the infertility is due to a service-related injury or illness" from subsection three. Dr. Ferguson noted that it may be a bold aspiration to expand fertility treatment coverage to all Service members due to costs if 15 percent of all Service members require these services versus 1 percent of Service members, and noted that she is not in favor of removing cryopreservation.

LTG (Ret.) Schwartz noted that conducting comprehensive research on rates of infertility in the military may be difficult; although figuring out demand is easy because Service members are asking for a service, determining infertility is more difficult because all servicewomen would not be tested for infertility, and many Service members rotate out of the military after their first term of service and may not be considering family planning as a young enlisted Service member. Therefore, it may not be feasible for the DoD to determine true rates of infertility. CAPT (Ret.) Barrett asked why the Committee believes military infertility rates are different from the general population, as this research may not be necessary if the rates are similar across both populations. Dr. Ferguson agreed with LTG (Ret.) Schwartz's point that rates of demand for infertility are likely different from true infertility rates and responded to CAPT (Ret.) Barrett's comment by noting that there is evidence that certain aspects of military life may contribute to higher rates of infertility, including being deployed, working in hazardous settings, and within certain occupational specialties. Dr. (CAPT Ret.) Cox asked whether DoD has the capacity to complete subsection one of the recommendation given LTG (Ret.) Schwartz's comments, and, if not, recommended removing subsection one but keeping subsections two and three. She also recommended removing the language "including cryopreservation" because previous RAND Corporation reports have indicated that covering infertility services under TRICARE would introduce little cost to the DoD, so it may make sense to make subsection three more expansive. Dr. Hunter noted that she is also leaning toward removing subsection one but highlighted that cryopreservation is not always linked with

infertility, as some servicewomen choose to freeze their eggs to focus on their careers. Dr. Van Winkle agreed with removing subsection one, noting that rates of infertility do not constitute demand, but suggested including “cryopreservation” in subsection three because it encourages the expansion of coverage beyond just infertility reasons. She also suggested replacing the phrase “fertility treatment coverage” with “fertility services coverage” to show that these services may be provided for reasons other than infertility. Dr. Ferguson confirmed her agreement with removing subsection one and for changing “treatment” to “services” and felt strongly about keeping “cryopreservation” in the recommendation.

Dr. Ferguson moved to amend the recommendation by striking subsection one, replacing “fertility treatment coverage” with “fertility services” and replacing “infertility” in the last line with “need.” Dr. Hunter seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should identify the demand for and current use of fertility services; and investigate options to expand fertility services for all servicewomen, including cryopreservation, regardless of whether the need is due to a service-related injury or illness*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Discussion on Amended Recommendation:

CAPT (Ret.) Barrett asked whether this recommendation should say “Service members” rather than just servicewomen. Dr. (CAPT Ret.) Smith confirmed that male infertility can also affect servicewomen’s ability to get pregnant. Dr. Hunter agreed but noted that the recommendation may be unclear in that it does not differentiate between covered and non-covered fertility services, and covered fertility services are only covered due to a service-related injury or illness, and that DoD should also investigate what Service members are doing to get non-covered care, and it may be worth calling out “covered” and “non-covered” care in the recommendation and the reasoning. Brig Gen (Ret.) Sanborn asked whether phrasing the recommendation as “investigate options to expand fertility service coverage for all servicewomen” would address Dr. Hunter’s point. Dr. Hunter noted that this suggestion could work, or the recommendation could say “covered and non-covered fertility services,” as the DoD may respond to the current language by saying only four Service members received a certain fertility service last year because that is what was covered, but there may be greater demand than those that accessed services because their services were not covered under TRICARE. Dr. Van Winkle also suggested that putting “covered and non-covered” in parentheses after fertility services may improve readability. VADM (Ret.) Braun recommended leaving the language about “service-related injury or illness” in the recommendation. Dr. Hunter agreed with Dr.

Van Winkle's suggested wording and VADM (Ret.) Braun's comments. Ms. Kelleher asked whether this does enough to explain the use of these services.

Dr. (CAPT Ret.) Cox asked whether the recommendation needs to address all Service members, and if so, should "servicewomen" be removed from the recommendation. Dr. Van Winkle agreed, while Brig Gen (Ret.) Sanborn agreed with making clear that the recommendation is about investigating the expansion of fertility service coverage for all Service members, especially if this is not addressed in the reasoning. Dr. Ferguson confirmed that the reasoning does not address investigating the expansion of fertility service coverage for all Service members.

Dr. Hunter moved to amend the recommendation by adding "(covered and non-covered)" after the first usage of "fertility services," striking the "s" at the end of "services" after the second usage of "fertility services," and adding "coverage." Additionally, she moved to strike "servicewomen" and add "Service members" in its place. Dr. Van Winkle seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should identify the demand for and current use of fertility services (covered and non-covered); and investigate options to expand fertility services coverage for all Service members, including cryopreservation, regardless of whether the need is due to a service-related injury or illness.*

Discussion on Amendment:

No discussion.

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Vote on Amended Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should identify the demand for and current use of fertility services (covered and non-covered) and investigate options to expand fertility service coverage for all Service members, including cryopreservation, regardless of whether the need is due to a Service-related injury or illness.*

28. *The Secretary of Defense should make information on fertility coverage and access readily available through Military OneSource to enable robust use of such services and ensure complete understanding of resources offered.*

Dr. Ferguson moved to adopt the recommendation. Dr. Hunter seconded the motion.

Discussion:

HON (Col Ret.) Scholz asked whether the purpose of the recommendation is to ensure Service members have a complete understanding of the resources available to them, as that is a difficult task, though she agreed with making "information on fertility coverage and access readily available through Military OneSource." Dr. Van Winkle noted that the recommendation is meant to make information available through Military OneSource, and the part about ensuring complete understanding is just the Committee's belief on the impact of this recommendation.

Dr. Van Winkle noted a point of order to add a comma after "OneSource." VADM (Ret.) Braun denied the point of order.

HON (Col Ret.) Scholz noted her understanding that the Committee hopes this recommendation will increase an understanding of available resources, but it is aspirational to "ensure" a complete understanding of resources. She suggested potentially replacing "ensure" with "promote." Dr. Ferguson suggested removing the word "complete" as well. CAPT (Ret.) Barrett also asked why the Committee wants all the fertility coverage and access information kept on Military OneSource, as there are other avenues to disperse this type of information. Dr. Ferguson agreed that this information should be dispersed through multiple avenues, but one of the Committee's recommendations from 2023 was to funnel all information and resources a Service member might need through Military OneSource.

HON (Col Ret.) Scholz moved to amend the recommendation by removing the words "ensure" and "complete," and replacing "ensure" with "promote." MG (Ret.) Combs suggested changing "through Military OneSource" to "through sources such as Military OneSource." Brig Gen (Ret.) Sanborn reiterated that this recommendation builds upon a 2023 DACOWITS recommendation that was made to make Military OneSource the primary online source for information that is normally scattered across different online sources, so by encouraging the use of Military OneSource, it would act as the optimal starting point for Service members searching for information on fertility services. She noted that Military OneSource is a good resource for a Service member's first look at a topic because initial information can be found there, and it connects Service members with more detailed or Service-specific resources. Dr. Van Winkle said that Military OneSource is also well known as a "one-stop shop" for Service members, and this recommendation would have to be implemented by the Office of the Secretary of Defense (OSD) rather than allowing the Military Services to implement this information on their own websites, which could create disparate in the flow of information. CAPT (Ret.) Barrett noted that he was still confused and that most fertility services are not covered for Service members now, so there would not be a lot of information to add to Military OneSource, but it would be different if it contained information about what was covered and not covered under TRICARE. VADM (Ret.) Braun noted that many Service members have no idea what their Service's reproductive health care policies are, including what is covered and what is not, and both sets of information, covered and non-covered, could be posted to Military OneSource. LTG (Ret.) Schwartz suggested that fertility coverage and access information could also be posted to the MHS Genesis or the TRICARE websites. Dr. Ferguson confirmed that the TRICARE website describes the types of fertility services covered but noted that Military OneSource could link to this information because it is known as one of the first stops for Service members seeking

information. Brig Gen (Ret.) Sanborn noted that Military OneSource could also link to information posted on DHA's website about fertility service coverage, but many Service members do not know to look at the DHA website, whereas Military OneSource is a commonly known starting point that could highlight the main information Service members may be looking for, then link to other military websites that have more detailed information about specific policies. Dr. Van Winkle agreed, noting that Military OneSource is well known and well tracked by OSD. She noted that the site is helpful for Service members looking for information because they can read summarized information and then click on specific policies for more detailed information. She noted that the recommendation may read better by removing "coverage and access" and just leaving it at fertility services. Dr. (CAPT Ret.) Cox agreed, and noted that, in 2023 at least, Military OneSource did not list the MTFs with reproductive health services, but it makes sense to collate information there as long as the site is around to stay. HON (Col Ret.) Scholz moved to amend the recommendation to say "information on fertility services" and removing "coverage and access." SgtMaj (Ret.) Maness seconded the motion.

> **Proposed Amended Recommendation:** *The Secretary of Defense should make information on fertility services readily available through Military OneSource to enable robust use of such services and promote understanding of resources offered.*

Vote on Amendment: The Committee voted unanimously to approve the amendment.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should make information on fertility services readily available through Military OneSource to enable robust use of such services and promote understanding of resources offered.*

The Secretary of Defense should track the utilization rates of installation/Service domestic abuse hotlines to improve reporting and better assess staffing and resource requirements.

Brig Gen (Ret.) Sanborn moved to adopt the recommendation. Dr. Ferguson seconded the motion.

Discussion:

No discussion.

Vote on Recommendation: The Committee voted unanimously to approve the recommendation.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Recommendation: *The Secretary of Defense should make information on fertility services readily available through Military OneSource to enable robust use of such services and promote understanding of resources offered.*

G. Family Planning

Continuing Concern: Career Progression

Brig Gen (Ret.) Sanborn moved to adopt the continuing concern. Dr. Ferguson seconded the motion.

Discussion:

CAPT (Ret.) Barrett asked why the Committee listed career progression as a continuing concern. Brig Gen (Ret.) Sanborn noted that the purpose of this continuing concern is to highlight that the Committee made a recommendation related to career progression in 2023, and participants in 2024 focus groups reported information related to that recommendation, including delayed family planning and the impact of pregnancy on career progression. She noted that the Committee believed the feedback from focus group participants was strong enough to further emphasize the 2023 recommendation on career progression.

Vote on Recommendation: The Committee voted unanimously to approve the continuing concern.

- Favored: 15 (Anderson, Barrett, Braun, Combs, Cox, Ferguson, Hunter, Kelleher, Maness, Sanborn, Scholz, Schwartz, Smith, Tutalo, Van Winkle)
- Opposed: 0
- Abstained: 0

Final Continuing Concern: *Career progression*

The voting session concluded.

Final Remarks

COL Jardin, DACOWITS Military Director and DFO, stated the next meeting would be held December 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 September 2024 QBM

RFI 1
Recruitment Barriers In accordance with DACOWITS' Terms of Reference, the Recruitment and Retention (R&R) Subcommittee will assess potential recruitment barriers which inhibit the accession of women into the Military Services. In addition, the R&R Subcommittee will examine existing policies and procedures to determine whether current practices inhibit the recruitment of women, specifically assessing medical accession standards and the application of these standards.

The Committee continues to be interested in the recruitment of servicewomen, including barriers and facilitators that impact the pool of women qualified to join the Armed Forces as compared to men. The Committee seeks to understand potential recruitment barriers that continue to inhibit the accession of women into the Armed Forces. More specifically, DACOWITS is interested in the availability of Military Entrance Processing Stations (MEPS) appointments, any preliminary data pertaining to female recruits admitted through the Military Accession Record Pilot (MARP) program, the medical waiver process, and both the challenges and facilitators reported by recruiting commands. Additionally, by March 2022 all MEPS fully deployed a new congressionally mandated electronic health information system called Military Health System (MHS) Genesis. This marked a major change to medical record processing for accessions. The Committee understands that the Defense Department is now using medical data collected from MHS Genesis via the MARP program to review the recentness of 49 medical conditions for which the lifetime disqualification in Medical Standards for Military Service: Appointment, Enlistment, or Induction (DoDI 6130.03) was changed to 0.5, 3, 5, or 7 years. The Committee is also aware that in March 2024, a DoD report titled, "Military Medical Standards for Accession," was delivered to the Committee on Armed Services of the Senate and House of Representatives and that this report noted a need for increased MEPS personnel, including medical providers, technicians, and onboarding specialists. The Committee received briefings from Military Services' Medical Waiver Review Authorities (SMWRAs) in June 2024 (via RFI 1.1).
The Committee requests a **written response** from the **Military Services' SMWRAs** on the following:
a. For applicants awaiting waiver(s), what is the loss rate during this wait period, and what is the threshold/timeframe where losses are the most prevalent (30 days, 60 days, 90 days, etc.)? Is this different for men and women? If so, how?
b. What is the average length of time to obtain a medical recommendation from the branch's waiver authority for the following female specific disqualifying medical conditions:
    a. Pregnancy;
    b. Abnormal uterine or vaginal bleeding;
    c. Abnormal Pap smear/test;
    d. Endometriosis; and
    e. Polycystic ovarian syndrome?
c. If a specialty consult is required, what is the average wait time to see a specialist for each of these female specific disqualifying conditions noted above? Additionally, provide the percentage of applicants waiting: 1) less than 30 days; 2) 31- 60 days; 3) 61-90 days; and 4) greater than 90 days, for each of the female specific disqualifying medical conditions noted above.

d. For those applicants requiring specialty consults, what percent of applicants sought care outside of the referred MEPS provider? Can applicants who sought their own consultation be reimbursed?
e. Please provide a table for FY21, FY22, and FY23 with the following information about the top five female specific disqualifying conditions (i.e., pregnancy, abnormal uterine/vaginal bleeding, abnormal pap smear/test, endometriosis, polycystic ovarian syndrome, and total of these five conditions) your Service is currently providing waivers for, broken down by the:
    a. Number of waivers granted;
    b. Number of waivers requested;
    c. Waiver rate percentage (number granted/number requested); and the
    d. Average processing time (number of days) from the time the applicant is told they need additional medical consult to final determination

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

RFI 3

Implementation of Women, Peace, and Security Requirements

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

The Committee continues to research the WPS study topic, examining specifically Defense Objective 1 to better understand how the Defense Department "exemplifies a diverse organization that allows for women's meaningful participation across the development, management, and employment of the Joint Force."

The Committee requests a written response from the **OSD, Joint Staff (JS), and the Military Services** on the following:

a. The published process for assignments to joint duty assignment list (JDAL) positions. Specifically, provide overall guidance and direction given to the Military

Services regarding criteria for nomination, the evaluation/selection review process, and approval process for assignment to JDAL billets. In addition:

i. **OSD/JS:** Provide any existing guidance on how OSD/JS directs/encourages/requires any review of gender equity in the JDAL assignment process.

ii. **Military Services:** Each Service should offer in greater detail (within the written response) how officers are selected for JDAL billets including the Services' selection process from nomination to final approval for JDAL billet assignment.

iii. **Military Services:** Is gender considered in the review process for joint duty assignments? If so, how, and is gender data collected?

b. Discuss the published process for enlisted management with respect to joint duty assignments. Specifically overall guidance and direction given to the Military Services regarding criteria for nomination, the evaluation/selection review process, and approval process for assignment to joint billets.

i. **OSD/JS:** Provide any existing guidance on how OSD/JS directs/encourages/requires any review of gender equity in the assignment process.

ii. **Military Services:** Each Service should offer in greater detail (within the written response) how enlisted Service members are selected for joint billets, including the selection process from nomination to final approval.

iii. **Military Services:** Discuss any review process or direction criteria which takes gender into consideration for joint assignments.

c. **Military Services:** Is there a process to ensure equitable representation of female officers in JDAL billets (that is comparable to rank/specialty percentages of women within the Service)? If so, please describe this process in detail.

Organization	Description
Army	The Army provided the Committee with a response.
Navy	The Navy did not provide the Committee with a response in time for this meeting. A response was provided on October 10.
Marine Corps	The Marine Corps provided the Committee with a response.
Air Force	The Air Force provided the Committee with a response.
Space Force	The Space Force provided the Committee with a response.
Coast Guard	The Coast Guard provided the Committee with a response.
National Guard	The National Guard provided the Committee with a response.

USD (P&R) Military Personnel Policy/Joint Staff J1	The USD (P&R) Military Personnel Policy/Joint Staff J1 provided the Committee with a response.

RFI 4
Intimate Partner Violence and Domestic Abuse In accordance with DACOWITS' Terms of Reference, the Well-Being and Treatment (WB&T) Subcommittee will assess updates to the DoD Instruction 6400.06, "Domestic Abuse Involving DoD Military and Certain Affiliated Personnel," dated May 16, 2023, and determine whether the DACOWITS' 2019 recommendations related to domestic abuse were implemented. In addition, the WB&T Subcommittee will examine the status, increase, or decrease in domestic abuse incidents; the effectiveness of current DoD and Military Services' policies; and evaluate whether there are additional policy inconsistencies that need to be remedied (e.g., definition of intimate partner).
The Services' fatality reports from FYs 2012-2022, as reported to the Committee in June 2024 via RFI 6, reflect that there were 516 Intimate Partner Violence (IPV) related suicides and homicides, and that the vast majority (50 to 89 percent) of those involved weapons (most often guns) and typically these weapons were readily available in the home. The Committee is interested in learning more about whether these offenders and victims had been known to installation Family Advocacy Program (FAP) personnel prior to the fatality incidents and how gun possession is addressed by command and/or other installation officials when known/suspected offenders possess firearms. The Committee requests a written response from **Office of Military Community and Family Policy (MC&FP) via the Military Community Advocacy (MCA) Directorate and the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space), Coast Guard, and National Guard)** on the following: a. In FY21-22, how many of the offenders who committed domestic-violence associated suicides/homicides and how many of the IPV homicide victims were known to FAP prior to the fatal incidents? Provide the numbers by FY and by offender/victim/Service status. b. How many of IPV offenders or victims were known to possess firearms before the fatality incident? c. If known, in how many instances of IPV fatality incidents had firearms been removed from an offender's home, had the offender voluntarily turned them in for storage outside the home, or had removal attempts been made prior to the fatality incident? d. What are the strategies/procedures used to determine whether an alleged offender owns or possesses a firearm (personally owned or military-issued)? e. Are known offenders required or encouraged to store firearms outside the home? Provide information about the policies/procedures/protocols relevant to removing firearms from residences of those known to the installation FAP. f. How often is an offender removed from his/her home environment in IPV/DA situations? In addition, what are the criteria, circumstances, and relevant

regulatory/policy provisions which are used to make such a decision? Identify the procedural differences for on- and off-base housing.

g. **Military Services:** What are your Services' strategies to identify suicidal ideation, monitor those at risk, and prevent domestic abuse related suicides?
h. **MCA:** Does MCA work with the Defense Suicide Prevention Office, and if so, what collaborations have resulted in new programs/policies? Are there any upcoming collaborative efforts underway?

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 Department of the Air Force provided the Committee with a response.
Coast Guard	The Coast Guard provided the Committee with a response.
MCA	MCA did not provide the Committee with a response in time for this meeting. A response was provided on September 30.

RFI 5

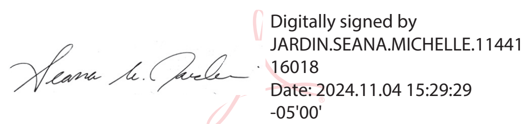
The Committee is interested in learning whether the Army National Guard and Air Force National Guard have any IPV/DA policies and programs, and if so, what is the extent or ability of the Guard is to offer family advocacy services to Service members and their spouses/intimate partners who are affected by or report IPV/DA.

The Committee requests a written response from the **National Guard Bureau** on the following questions:

a. What IPV/DA abuse programs are offered to Service members in the Guard? Are Service FAP regulations in effect? If so, when?
b. If there are no policies addressing IPV/DA, please advise whether the NGB intends to implement a policy, the projected implementation date, and how this policy may vary from current Service regulations.
c. Are there any resources or other support available to Service members in the Guard who may report abuse? If so, please explain what the Guard capacity and range of resources are, as well as how continuity of care addressed?
d. What challenges has the Guard experienced in addressing IPV/DA within their components or in formulating policies? Please describe.

Organization	Description
National Guard	The National Guard provided the Committee with a response.

Report Submitted by:



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

Report Certified by:

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

<u>DACOWITS Members in Attendance</u>

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
Ms. Robin S. Kelleher
SgtMaj (Ret.) Angela M. Maness, USMC
Brig Gen (Ret.) Jarisse 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

<u>DACOWITS' Members Absent</u>

Dr. (Col Ret.) Samantha A. Weeks, USAF

<u>DACOWITS' Executive Staff in Attendance</u>

COL Seana M. Jardin, USA
Ms. Jessica C. Myers, USN Ret.
Mr. Robert D. Bowling, USAF Ret.
MSgt Courtney N. Reid, USAF

<u>DACOWITS' Liaisons in Attendance</u>

COL Caprissa S. Brown-Slade, USA
MAJ Robert D. Lindsey, USA
Ms. Wendy D. Boler, USN
Maj Sara Dixon, USMC
Dr. Andrew Duffield, DAF
LT Olivia M. Chang, USCG
CPO Erica N. Pierre, USCG
Lt Col Daniel R. Rodarte, NGB
Ms. Theresa A. Hart, DHA (virtual)
Ms. Kimberly R. Lahm, HA
Ms. Lindsay E. Reiner, MPP
Mr. Vesen L. Thompson, M&RA
Ms. Amy Rodrick, MC&FP
Dr. Samantha Daniel, ODEI (virtual)
Ms. Stephanie Copp, CREO (virtual)