

DEFENSE ADVISORY COMMITTEE ON WOMEN IN THE SERVICES (DACOWITS)

Quarterly Meeting Minutes December 10, 2024

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

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer (DFO), Colonel (COL) Seana M. Jardin, Army, opened the December 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 (VADM) (Ret.) Robin R. Braun.

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

Status of Requests for Information

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

Briefing: Current Market Surveys (RFI 1)

The Committee requested a briefing from the Office of People Analytics (OPA) via the Joint Advertising, Market Research & Studies (JAMRS), on women’s recruitment, self-efficacy, and propensity to serve. Specifically, the Committee asked for data collected through current market surveys, such as the Futures and Influencer Surveys, regarding the reasons why women may be more or less likely to serve compared with men and barriers that impact young women’s propensity to serve. The Committee also asked for information on trends over the past decade in self-efficacy, propensity to serve, and eligibility for Service among youth.

Office of People Analytics Mr. Jeremy T. Hall, Director, JAMRS, briefed the Committee for OPA.

Mr. Hall thanked the Committee for the opportunity to brief the members. He noted that JAMRS is a DoD program and a field activity that works under the DoD’s Defense Human Resources Activity (DHRA). JAMRS exists to meet the shared market research and market communication needs of the DoD and to understand the challenges and opportunities within the youth market to support military recruitment. JAMRS market research is informed by five to six nationally fielded surveys every day of the year, some of which have been continuously fielded since 2000

in their current form. JAMRS surveys 16- to 35-year-old young adults and adult influencers, including moms, dads, aunts, uncles, and coaches. Much of the data presented during this briefing came from the JAMRS New Recruit Survey, which is a census of young men and women entering the military for the first time. This survey is administered to new recruits at their Military Entrance Processing Station (MEPS) to better understand their enlistment journey and factors influencing propensity to serve. Although recent JAMRS data on propensity to serve might seem pessimistic, Mr. Hall encouraged DACOWITS to view this data as an opportunity because it creates an understanding of what the challenges are and how they can be addressed. Through outreach and communication to young people, there is opportunity to increase awareness and consideration of military service.

Mr. Hall explained that there have always been challenges with the recruiting market. The challenges reported by the female youth market are generally the same as those reported by the male market. Propensity as measured by JAMRS is low and has been declining since 2018 among both young women and men. The most alarming data point is that most 16 to 21 year-olds have never considered military service as a career option. Additionally, a JAMRS eligibility study in 2020 found that rates of eligibility for military service in accordance with DoD eligibility standards is lower for women than it is for men and lower collectively than it was several years before 2020. Similarly, women are no different from their male counterparts in that they report strong ambitions to pursue higher education. Female youth also have concerns about joining the military due to negative perceptions they have about military service, the sacrifice involved with service and, most importantly, who they will become after completing their military service. A common theme among the youth market is that they do not know what success looks like in the military. Mr. Hall explained that perceptions are key for youth, since young men and women aged 16 to 21 years old are not rational economic actors, meaning they often do not have complete information before pursuing a career path. Additionally, he anecdotally shared that for young people, “vibe” is a key performance indicator. Youth often make decisions based on their perceptions and associations, and they usually find those factors to be enough evidence to determine what it means to serve in military.

Mr. Hall also referenced the influencer market, which includes parents, aunts, uncles, coaches, and other adults who are important in young people’s lives, such as teachers and counselors. It is important to consider influencers’ level of support and advocacy for military service to the youth they engage with. It is particularly important to understand influencers’ level of support and advocacy for military service for young girls and women because evidence indicates that female youth have lower rates of influencer support for military service as compared with male youth.

Mr. Hall explained that JAMRS defines propensity based on a question from its survey asking, “How likely are you in the next few years to join the military?” Respondents who say “very likely” or “likely” are considered propensed, while those who response “not likely” are considered not propensed. However, Mr. Hall noted that this question hides a tremendous amount of modeling underneath it. The rest of the JAMRS Youth Poll Survey focuses on understanding the factors that contribute to propensity using the theory of planned behavior. For example, associations, knowledge, perceptions, and social norms are all demonstrated factors in explaining propensity. Therefore, when these factors are low, a young person will have low propensity. Mr. Hall encouraged that areas of low propensity be seen as areas of opportunity for

recruiters to address with young people, and for the DoD and Military Services to address through marketing, outreach, policy, and other communications.

Mr. Hall noted that self-efficacy, or confidence in one's own abilities, is a key barrier for female youth considering joining the military. The JAMRS Youth Poll Survey results show that female youth, more often than not, are not confident that they can be successful in the military. Mr. Hall explained that it can be a very tough proposition for young people, particularly young women, to join the military when they do not think they can be successful within the organization. In terms of general military propensity, JAMRS continues to be the DoD's official source of data on propensity to serve. The most recent JAMRS Youth Poll Survey results indicate that 10 percent of youth respondents were propensed to join the military. The longer-range propensity trends have ebbed and flowed over recent years but averaged about 13 percent before the pandemic. Recently, JAMRS has begun to see declines in the propensity metric and many of the drivers of propensity that relate to the theory of planned behavior. Propensity among American youth declined 3 percent between 2018 and 2024, which equates to about 1 million fewer propensed youth over a short period of time. JAMRS and the Military Services understand that propensed youth are more likely to engage with the Military Services, including going to their websites, talking to recruiters, or asking for more information. JAMRS believes no data, factors, or market trends suggest these negative trends will correct themselves anytime soon.

Mr. Hall explained that the female market has always been more challenging to recruit than the male market. The JAMRS Youth Poll Survey data indicates that 6 out of 10 female youth have never considered military service despite DoD outreach, policy and benefit updates, military advertising, and community events demonstrating women in uniform. Therefore, outreach and communication to female youth is very challenging when most of them have never considered military service.

Mr. Hall noted that in terms of disqualifiers, 11 percent of male youth and 10 percent of female youth are disqualified today just for being overweight. However, 37 percent of female youth are disqualified for being overweight and at least one other disqualifying factor. For disqualification rates, data indicates that a young person may be disqualified for multiple reasons, particularly when they are overweight or has another medical/physical disqualifying factor. In terms of eligibility standards for the overall youth population, 23 percent of 17 to 24 year-olds can join the military without a waiver. By gender, 21 percent of female youth and 25 percent of male youth can join the military without a waiver.

Mr. Hall reported that another aspect JAMRS investigates in the Youth Poll Survey is high academic quality. One proxy used in the survey to identify high academic quality responses youth provide about the typical grades they received in high school. Youth who answer that they received mostly A's and B's are classified as high academic quality, while those who answer that they received grades other than A's and B's are considered low academic quality. Youth who are identified as high academic quality are most likely to qualify for enlistments at category 1 to category 3A, which need to make up 60 percent of the Services' enlistment populations. Seventy-five percent of female respondents are in the "high academic quality" category. As such, they have higher educational aspirations compared with their male counterparts, particularly in the pursuit of graduate degrees. Regarding differences in career interests between genders, female youth are more likely to report being interested in healthcare and education-focused

fields, which is one challenge the military faces when communicating military career options to female youth, because they are more likely to start their career search in the healthcare, art or design, or education fields. Another challenge is communicating the value proposition of military service, given that military careers are not ones that youth tend to aspire to, and they often do not know about the benefits associated with serving. Mr. Hall explained that this challenge can be overcome, but it is largely due to a lack of knowledge, direct familiarity with Service members, and awareness with the military itself. However, because JAMRS has identified this challenge, it can help the DoD and Military Services recognize what types of solutions they need to be working on to address these challenges through marketing and communications.

Mr. Hall transitioned to discuss reasons youth consider joining the military, including pay and money, which also applies to any other career option. Additionally, education benefits are of significant interest to female youth, with more than half of female respondents indicating one reason to join the military is to pay for education. However, findings indicate that one of the biggest challenges youth have when considering military service is top-of-mind risk associations, which tend to be more acute among female youth. For example, youth fear possible physical injury or death or developing post-traumatic stress disorder (PTSD) or other emotional or psychological issues. Additionally, female youth are more like to report that leaving friends and family as a factor which hinders them from joining the military compared with male youth. Additionally, 53 percent of female youth report one of the primary reasons they decide not to join the military is the possibility of sexual assault and harassment. Mr. Hall explained that incidents of sexual assault and harassment, particularly within the military, may hit the radar of female youth and their adult influencers depending on the length and vigor of the media coverage associated with the event. Fear of sexual assault and harassment has remained a top concern of female youth and their parents since the summer 2020 when several instances of sexual assault and harassment in the military were reported in the media.

Mr. Hall reported that, regarding what success looks like for female youth considering military service, motivating factors include taking advantage of the military paying for their education, gaining occupational skills and knowledge, and experiencing camaraderie. These are all factors that female youth see as benefits to military service, but when they think ahead, the toughest challenge reported is wondering who they will become if they join the military. For example, there is a lot of discussion about being institutionalized after joining the military, and youth often perceive that 4 years in the military is like 4 years of a boot camp video they see on YouTube and that they will not be able to make their own decisions for 4 years. Additionally, even if they have the Post-9/11 GI Bill, will they be ready to go to college because they earned that benefit in the military. Many female youth are concerned that they will need a few years to readjust to civilian life to get used to making their own decisions again. Mr. Hall emphasized that these perceptions are based on how the military and Service members are portrayed in popular media, such as the stereotypically noble yet damaged warrior haunted by their experiences in the military.

Mr. Hall noted that the military does not have a presence in many communities, which can lead to lack of awareness of military opportunities for female youth who grow up in these areas. Therefore, the only perceptions many youths have about the military are based on what they see on TV and in popular media. Mr. Hall explained that, in his opinion, one cannot blame them for the perceptions they have if the media is their only exposure to the military. Mr. Hall reiterated

that, often, it is the perceptions and associations identified through popular media that youth rely on the most when considering what comes next after high school or college.

Mr. Hall reported that another major barrier to attracting and communicating with female youth about serving in the military is their confidence levels. For example, female youth report concerns about being successful in the military in general and succeeding in specific facets of military life, such as leaving their families and friends. Many youths still think the only communication they can have with family and friends is in a phone booth in Iraq or Afghanistan where they can only talk to their families only once a month. Challenging that misconception is important. Another aspect of military life female youth view as challenging is completing boot camp, whether they are concerned about the physical aspect, being yelled at, or just the discipline needed to succeed. The Service Component that female youth are least likely to consider joining is the Marine Corps, while the Air Force tends to be the Service Component of choice for most female youth.

Mr. Hall explained that alongside issues related to self-efficacy and confidence, many youths do not feel they are going to be similar to their fellow Service members in personality, physical attributes, or mental ability. Specifically, many youths do not look down on Service members but instead put them on a pedestal and believe “the young men and women who are willing to sacrifice their own personal decisions and serve this country deserve my respect and my admiration.” However, evidence shows that respect and admiration do not drive their personal aspirations for serving in the military. The idea of working for mentors and leaders who are not like them is a very tough proposition for young women to overcome.

Mr. Hall noted that in terms of self-efficacy over time, the general pattern remains the same. Only about a quarter of female youth think they could be successful in general within the military. This is a topic JAMRS explores frequently, conducting anywhere from 40 to 70 focus groups every year with youth and influencers. Mr. Hall reported that youth do not consider themselves very knowledgeable about military service, and unfortunately the things they think they know are often wrong, steeped in misperceptions and stereotypes, such as perceptions that Service members live in the barracks, wake up first thing in the morning, march around, shoot things, deploy to dusty places, and live in tents. Although their reported knowledge level is often filled with misconceptions, they also report a very strong sense of, “I know enough about the military and that’s not for me.”

Mr. Hall noted that youth also have difficulty naming all six of the Military Services. Some think that Marines serve in submarines, and they do not know some of the basic elements, such as the difference between officers and enlisted personnel. When asking some youth to describe how to become an officer, they think it is usually a 10 to 15-year track, and they believe you start off as enlisted and get promoted around the 15-year mark to an officer. Some youth also think that officers work in offices, and that is not very aspirational for most youth. Mr. Hall explained that he hears these same misperceptions repeatedly, year after year, and youth are interested when you counter those misperceptions in conversations, but it is still a mountain to overcome.

Mr. Hall reiterated that JAMRS also conducts a survey with new recruits, composed of a census of young men and women on the first processing day after they have taken the Armed Services Vocational Aptitude Battery (ASVAB). New recruits show very similar patterns to youth

considering military service with few differences in why they joined or are considering joining the military. Two of the top reasons new female recruits report joining the military are travel and gaining occupational skills, while pay is the fourth or fifth most frequently reported reason. Some of the concerns that female youth have about military service that were discussed earlier in the briefing remain when they are in the process of enlisting, such as concerns about leaving friends and family, and the ability to succeed at boot camp. Female recruits also frequently still report concerns about physical injury or death, going to combat, or being stationed in a location far from family and friends. Even though they are in the process of joining, they carry with them some of the concerns JAMRS sees among the general youth market.

Mr. Hall explained that influencers play an important role in helping youth decide what to pursue after high school or college. Influencers are a natural source that youth go to for advice. The most impactful influencers are parents, teachers, and guidance counselors. JAMRS data shows that those three influencer groups have the most significant impact on youth decisions. Therefore, although aunts and uncles may be important influences, they are not that impactful in helping youth decide about military service. Mr. Hall explained that the briefing slides show influencers' likelihood to recommend military service to youth. For parents with daughters, that level of advocacy is low. Additionally, the influencer market often shares a lack of familiarity, knowledge, and experience with military service, like many youths today. This is a result of the declining veteran population, which will continue to decline in the coming years as fewer households have a Service member or veteran in them. This will likely cause parents to become more reluctant to recommend military service to their children, especially daughters, because they are less familiar with military service.

Mr. Hall stated that the good news is that JAMRS has been monitoring declines in propensity since 2019 and hoping that parental support would not follow a similar decline. Even among parents with daughters, most parents still support their child's decision to join the military. Generally, parents today want to be supportive and want their child to explore something, to be excited about it, and to be informed about it. Mr. Hall explained that there is often an initial negative reaction that parents have when their children inform them that they want to join the military, even though many parents ultimately become supportive of that decision after coming to terms with the risk associations. Mr. Hall noted that the Committee might be familiar with JAMRS marketing campaigns, such as "You have a calling. We have an answer," and "Their success tomorrow begins with your support today." He explained that JAMRS is trying to target that moment to encourage parents to be receptive to the conversation and not react negatively from the start.

Mr. Hall noted that perceptions is a good topic to end on after reviewing the levels of parental support, where it is evident that most parents will support their child's decision eventually. In the military recruiting environment, perceptions are related to social norms, which are strong predictors of military propensity. JAMRS has identified a gap between parents saying, "Yes, I would be supportive," and their children saying, "I don't think mom or dad would like this." There are also perceptions about self-efficacy, whether about the support that their parents will provide them or perceptions of how successful they will be in the military. These perceptions are grounded in parents' lack of familiarity and lack of knowledge of military service. This is an area of opportunity where the DoD can use marketing communications to address this gap by being present in those communities, especially those without a large veteran population or military

installation. JAMRS has identified that about 40 percent of accessions in any given year are from young people who did not think about the military until the year that they joined.

Mr. Hall concluded his briefing.

Discussion

Commander (Ret.) Patricia J. Tutalo noted that youth are seeing military populations primarily on the coasts and that military populations are largely missing from the Midwest or other areas in the middle of the United States. She asked whether Mr. Hall had any data on the role of the National Guard, which is present in communities within every State, including those in middle America, and its role in building propensity in those areas. She also asked whether Mr. Hall had any thoughts about engaging with them on the topic of recruitment. Mr. Hall replied that the youth market is very community-focused in the Midwest, upper Midwest, and the Great Plains. Many of the youth in these areas do not want to leave their communities, and these areas tend to be where the National Guard and Reserves recruit well because one of their service characteristics is that you can live and serve and stay within your own community. One of the challenges for the National Guard and Reserves is that the idea of part-time service is very difficult for youth to understand. When JAMRS engages with youth about serving part time in the military, many do not believe it is an actual option available to them. For example, some youth will say, “Yeah, they only tell you service can be part time, until they deploy you.” For most youth who are unfamiliar with military service, the majority have never considered it, and their conception of part-time work is a working a few hours on weeknights or a few hours on a Saturday, which does not fit with their mental model of serving in the military. The idea of serving 1 weekend a month or 2 weeks out of the year is very hard to communicate to a market that is not paying attention to you. Mr. Hall explained that JAMRS sees success through the National Guard and works closely with each of the Services’ recruiting commands when they are in the community or in the news media. However, even if youth have a National Guard or Reserve unit in their community, many youths are unaware of these units. For this reason, JAMRS encourages National Guard or Reserve units to go out in their community in uniform a few times in the year to complete community projects and build visibility. Mr. Hall noted that Committee members have probably experienced going to an event for an airshow or something similar, where the public will climb all over their gear and ask them a thousand questions, and these are the interactions that show the greatest success supporting recruitment in the Military Services, National Guard, and Reserve units.

Major General (Ret.) Peggy C. Combs commended Mr. Hall for his briefing and referenced the sentiment of, “I’m not confident I can succeed in the military because I don’t think that I’m similar to people who serve.” She asked whether Mr. Hall had data on what those specific traits are that young women do not see in themselves but believe other Service members embody. Mr. Hall explained that the characteristic most often mentioned is instant obedience to orders. Female youth view that characteristic as key for a Service member to be successful in the military. Female youth may perceive that they have the talents and abilities but that the military is in greater need of Service members who will follow orders without question. This idea of agency and autonomy is foreign to most youth, and because many youths see boot camp as like life in the military, they do not differentiate a military career from boot camp. Additionally, when youth describe military leaders, they often describe them as authoritative and hands-off, while Service

members must do things because they are outranked; the more senior you are, the less you have to do in the military. Many youths do not like the perception of being stripped of their autonomy and ability to make their own decisions. Mr. Hall also explained that youth think, “They won’t value who I am in the military,” at least partially because youth, and especially female youth, wonder why the Military Services allow sexual assaults and harassment to continue happening and why they do not take care of their military veterans. This thinking leads many youths to question whether those perceptions “convey the image of an organization that truly values its people.” Youth often see a lack of autonomy and an organization that does not seem to protect, value, or care for its people because they perceive that the military does not ask for Service members’ opinions, but rather just wants their efforts. Mr. Hall explained that these perceptions can be overcome through interactions with influencers such as DACOWITS members or other Service members who are proof of success. Seeing somebody who has success in the military and getting more at that personal level is very effective. He explains that JAMRS suggests Service members and recruiters “tell their service story.” That storytelling breaks through some of the challenges with recruitment, particularly at the individual level.

Captain (Ret.) Kenneth J. Barrett thanked Mr. Hall for his briefing and noted that Mr. Hall discussed the age group of 16 to 35 year-olds. CAPT (Ret.) Barrett asked whether Mr. Hall could differentiate between different subgroups within that age range—for example, 16 to 20 year-olds—to see how and if self-efficacy changes as youth get older. Mr. Hall replied that it is critically important to understand the life stage of the market you are engaging. He noted that JAMRS can split the data by age, demographic, and geography, and there are geographical differences. For example, areas with large veteran populations in proximity to military installations tend to also be the places that have a lot of recruiting resources. When looking at the life stage of a young person, particularly 16 to 21 year-olds, by and large, they do not know the value of a dollar, and many believe they are going to make six figures and be social media influencers. Additionally, the further youth are away from the job market, the less they are worried about economic conditions because they think the economy may improve by the time they work. Mr. Hall noted that JAMRS sees among those 16 to 21 year-olds that they are no different than the same age group in the 1970s when it comes to work and life values. They communicate differently today, but when they think about their futures and what they want regarding life and work values, they are very similar to youth from the 1970s. That information comes from the University of Michigan’s *Monitoring the Future* survey, which JAMRS relies on heavily. Mr. Hall added that youth today, alongside the big ambitions they have, are very anxious about their futures. They are trying to make the best decisions they can, but often, they are not making rational decisions at this age. When looking at the older recruitable market, they are often less propensed, and they are also less eligible to serve in the military because the older individuals are, the more baggage they accumulate in multiple ways that may hinder them from joining the military (e.g., dependents, debt). The older market is also less likely to restart their career after already starting to pursue another career, and joining the military would be a restart for them. They are receptive to transactional messaging because older youth and adults know how far a dollar goes in today’s economy because they have had to pay for their own livelihoods. They also know the trajectory of their career and income. The older market is more pragmatic, whereas the younger market is more optimistic and aspirational. Therefore, Mr. Hall explained that it is difficult to communicate one value proposition to two very different types of recruitable markets. Similarly, the older market is reactive to tangible benefits and financial incentives, and the younger market says, “Of course, you have to pay for somebody to join the military,”

because, unfortunately, the military is still often the option of last resort among youth. We see very interesting insights at different age groups, but the prominent things that drive differences between age groups are life stages and differences in life experiences.

CDR (Ret.) Tutalo asked Mr. Hall whether fear of sexual assault and harassment is greater for one Service Component compared with others. Mr. Hall replied that when discussing differences between Services, he did not want to rely on his recall, but he could provide this information to the Committee if requested, officially.

Honorable (Colonel Ret.) Dawn E. B. Scholz asked, if Mr. Hall were Secretary of Defense (SecDef) and had an unlimited budget to use towards addressing the challenge of increasing women's propensity to serve, where he would spend the money. Mr. Hall answered that the DoD has done a lot already to attract women to serve. The Military Services look very different, communicate differently, and have undergone tremendous policy changes, which are now different in a good way compared with 20 or 30 years ago and more attractive to women. He noted that he would not want to get rid of any of those changes but added that he would suggest investing additional funds in the recruiting force because much of the recruiting force is shaped for the daily or weekly missions that they have, which does not allow for adequate community engagement. Often, youth will view recruiters as a source of great information, but because youth today desire and gather a lot of information before making decisions, when they come to talk to a recruiter, they are often there to validate information they got online or from another source. Additionally, many youths seek out recruiter to ask questions they cannot find answers to online, such as information about "what military life is like," but a recruiter who has been struggling or fallen behind their weekly or monthly goals may not have the time to have long conversations with one recruit looking for that information. If the young person walks away thinking the recruiter is not there to help them or give them information, it can leave a bad taste in their mouth that makes them less likely to join the military. Mr. Hall noted that, if he were SecDef for a day, he would invest in increasing the recruiting force meaningfully, where you can still have the prospecting aspect of those who have demonstrated interest, screening, job assignment, and getting to boot camp but also have a force sufficient to be meaningfully present at community events, like football games and parades. This would enable recruiters to be the face of familiarity, particularly for areas in between the coasts where there is not a large military presence. In addition to everything the Defense Department is doing and has been doing, more physical presence in the communities is how we start to drastically reverse these trends.

CAPT (Ret.) Barrett asked whether Mr. Hall has looked at other career fields where propensity for women to participate is low, such as law enforcement, firefighting, construction, or other similar roles, to see whether those fields have approaches to improve recruitment that could help the military. Mr. Hall replied that the information presented here about career interests is applicable across parallel fields. He noted JAMRS has a large battery of questions asking youth generally about what civilian careers are interesting to them, and fewer female youth are interested in becoming first responders or participating in what are typically considered dangerous jobs. Female youth are also less likely to be inclined toward jobs involving manual labor and science, technology, engineering, and mathematics (STEM). He explained that, unfortunately, he cannot see the trends in the civilian market to the depth that he can for the military market, but there are a lot of high-level parallel trends. For example, there are similarities when looking at some of the academic research about female youth considering

joining a male-dominated organization or joining an organization where they see mentors or leaders being stereotypical older, gruff men, rather than nurturing or team-building leaders. An element of youth sees the military as being a male organization and not having that female perspective necessary for women to succeed, and alternatively, healthcare and teaching roles are career fields that women tend to gravitate toward.

Lieutenant General (Ret.) Mark C. Schwarz noted that concerns of sexual harassment or assault were among the top five reasons why female youth would not join among the general recruitable population; however, this concern does not rank in the top five for female youth who were surveyed after recently joining. He asked whether Mr. Hall knows where sexual harassment and assault fell within that list of concerns after the female youth formally made the decision to join the military. Mr. Hall answered that sexual harassment or assault is still included in the list of new recruits' top 20 concerns, but he believed it ranked between numbers 15 and 20. He explained that this was an example of an opportunity to change perceptions that he discussed previously; young women may start with a significant concern, but having conversations with recruiters or other Service members puts the issue in context.

Dr. Elizabeth P. Van Winkle thanked Mr. Hall for his brief. She noted that JAMRS surveying starts at 16 years old and asked whether that lower age range was per regulation. She noted that the confidence and self-efficacy of young girls and women decrease as they get older, and she asked whether there is a time when they are the most confident and whether JAMRS could engage with them then. Mr. Hall replied that JAMRS cannot survey younger ages because they are bound by the Geneva Convention (e.g., children under age 15 are protected from being recruited into Armed Forces). He explained that the 16-year-olds they survey must be juniors in high school; JAMRS cannot survey or do outreach to 16-year-old sophomores. The literature shows that 12 to 14 year-olds begin to build their career considerations, shifting from wanting to be fantasy characters to wanting to be doctors or lawyers. For example, the vast majority of youth, a military career is not in that initial set. By the time the Services can engage with youth as juniors in high school, they are already narrowing that list down to a handful of careers, and confidence in one's ability is certainly one important aspect of that equation. Mr. Hall noted that a frequently discussed topic is key transition points, with the transition out of high school being one of the most meaningful for recruitment. Even though more than 60 percent of youth and their parents say they prefer college as their top choice after high school, they still pragmatically consider noncollege options. Therefore, there is an opportunity at this point for them to consider military service, a journey that could begin on a website or in a conversation with a recruiter or Service member. When youth and their parents start seeing Service members who have great senses of humor and great personalities and begin connecting the dots about their similarities with those Service members, some of the concerns they associate with the military, such as sexual assault and inefficacy, start to decline. Interaction with the human aspect of the military has a dampening effect on their concerns and a positive effect on their efficacy. He summarized by stating it is less about trying to find when youth are most confident and more about finding when they are most receptive to an alternative career option.

Colonel (Ret.) Nancy P. Anderson noted the downward trend in propensity for more than 5 years and asked what is being done within the current budget constraints and personnel resources to bolster recruitment and build propensity. Mr. Hall replied that to address the recruiting challenges in 2024, the JAMRS marketing budget was increased by \$40 million. JAMRS is also

scheduled to have an increase of \$35.5 million each year through fiscal year (FY) 28 moving forward. JAMRS has had an adult influencer campaign since 2018, which is an integrated media campaign, including one ad depicting a parent bumbling around in a workspace with their Service member son or daughter. With that \$40 million, JAMRS was able to increase its social media presence. Additionally, Mr. Hall noted that about 37 percent of influencers would likely recommend military service, but if they have seen a JAMRS ad, that likelihood goes up to 51 percent. Mr. Hall continued, noting that with the additional \$40 million, JAMRS was able to run a flight in both fall and spring, whereas previously they would only do one campaign per year. He explained that JAMRS is also working on a young adult campaign. In October, JAMRS developed five new ads, which are in postproduction now. JAMRS will launch this new flight of ads at the end of February 2025. In fall 2024, JAMRS also launched a digital campaign: www.TodaysMilitary.com is the foundational website, which is JAMRS' call to action for media. There is a new page called InsideTM, which looks very similar to Instagram. This page was launched in September, and the site has had more than 145,000 visits, and visitors spend anywhere from 4–5 minutes on the site, which in the web design world is an eternity.

Mr. Hall continued, noting that JAMRS does public service announcements, streams on Pandora and Spotify periodically with radio scripts, and does direct mail. Those are some specific ways that JAMRS has employed its increased budget for direct outreach. He explained that it is challenging because the program targets non-propensed youth rather than propensed youth. The program does that both geographically and by understanding media platforms. He explained that you can tell a lot by keyword searches where somebody is on that consideration spectrum. The performance metrics JAMRS receives are commendable, but they are also primarily among the non-propensed market. All that recruiting commands care about is whether a lead was generated. He noted that JAMRS has provided almost 80,000 leads thus far in FY24. He added that there are also link-offs to web pages, so JAMRS has four websites, the flagship site being www.TodaysMilitary.com. If somebody spends time with JAMRS and clicks a link to go to the Army page or Marine Corps page, JAMRS can track them if they link off within a DoD asset. Because of this, JAMRS can show each Service Component how many people came to its website from www.TodaysMilitary.com. Two of the Services have reported that JAMRS-driven traffic is three to four times more effective than their own general traffic. He noted that everything discussed today during the briefing can be viewed on www.TodaysMilitary.com. That site provides a 360-degree view of the Service member's story, and that is an element of success that is directly helping recruitment.

The briefing discussion concluded.

Panel Briefing: Flexibility & Permeability (RFI 3)

The Committee requested a briefing from the Under Secretary of Defense for Personnel & Readiness (USD(P&R)) via the Office of Military Personnel Policy (MPP) and the Military Services to include the Coast Guard, on policies and processes that influence Service members' ability to transfer between the Active and Reserve Components, including a description of this process for each Service Component, challenges associated with transferring between Active and Reserve Components, and lessons learned from the Career Intermission Program (CIP) that could be applicable to a more effective permeability policy in the Services. Additionally, the Committee asked the Department of the Air Force (DAF) and Space Force to describe current

initiatives underway and planned in relation to permeability, findings from the 2024 RAND Corporation report, *Integrating Variable-Time Work Within a U.S. Space Force Component*, and the DAF's approach to integrating part-time workers into the Space Force.

Military Personnel Policy

Mr. Jason Cruz, Assistant Director for General Flag Officer Matters and Officer Management, briefed the Committee for MPP.

Mr. Cruz described the structure of his briefing, noting that he would first define the term "original appointments" and explain the purpose of this term, then, he would review the authorities that govern the original appointments process and the current steps involved in that process, and finally, he would discuss challenges and other lessons learned about permeability.

Mr. Cruz explained that the process Service members undergo to transfer from the Active Component to the Reserve Component is called original appointment. In accordance with 10 U.S. Code (U.S.C.), section 101, an original appointment is defined as an officer's most recent appointment in an Active or Reserve Component that is neither a promotion nor a demotion. Additionally, original appointments can include Service members entering the military as officers for the first time or former warrant officers or other officers returning to duty after a break in service. Mr. Cruz clarified that original appointments do not apply to enlisted Service members transferring between Active and Reserve Components. Mr. Cruz noted that more than 2,000 original appointment packages were submitted to the Office of the Secretary of Defense (OSD) in 2024, impacting more than 50,000 officers across the Military Services.

Mr. Cruz noted that 10 U.S.C., Sections 531 and 12203 govern and establish the foundational legal framework for original appointments. Additionally, [Executive Order 13384](#) allows the SecDef to approve transfers from the Reserve Component to the Active Component up to grades O6, and [Department of Defense Instruction \(DoDI\) 1310.02 \(Original Appointment of Officers\)](#) ensures all original appointments are handled consistently across the Military Services. Mr. Cruz explained that these authorities streamline the original appointment process by eliminating the need for Presidential approval, supporting more rapid transitions that align with the military readiness needs and personnel requirements.

Mr. Cruz noted that, currently, the original appointments process begins at the Service-level, as each Service submits original appointments to OSD for review. Next, OSD reviews original appointments for accuracy and completeness. Following the OSD review, original appointments are sent to the USD(P&R) for a final review, at which point the original appointments are sent to the SecDef for approval. Mr. Cruz noted that the original appointments process is designed to be efficient, and in calendar year (CY) 2024, the average turnaround time for original appointments has been 10 calendar days once OSD receives the original appointment from the Service Component. Mr. Cruz believes this turnaround time shows that OSD can manage original appointments responsibly by ensuring minimal delays for officers transferring between Active or Reserve Components. However, Mr. Cruz noted that a small percentage of original appointments require Presidential approval and Senate confirmation, and the timelines for these original appointments can vary significantly based on White House staffing and the Senate confirmation process.

Mr. Cruz reiterated that the DoD has appropriate policies and authorities in place to process original appointments efficiently, within 10 days. He noted that the MPP has not identified specific challenges or lessons learned from the CIP or the original appointments process. However, he noted that there may be opportunities for the Military Services to implement unique adjustments to better support flexibility in Service members' career paths.

Mr. Cruz concluded his briefing.

Army

Brigadier General (BG) Richard W. Corner II, Assistant Secretary of the Army (ASA), Manpower and Reserve Affairs (M&RA) Reserve Affairs Director, briefed the Committee for the Army.

BG Corner noted that he would brief the Committee on the Army's permeability policies, challenges associated with permeability, and lessons learned from CIP. The Army has three primary Components, including Component 1, which is active duty; Component 2, which is Army National Guard; and Component 3, which is Army Reserves. Soldiers must meet eligibility requirements to participate in many of the Army's permeability programs, such as the Call to Active Duty Program (CAD). CAD is managed by the Army G-1 at the Pentagon that helps to transition officer Soldiers from Components 2 and 3 into Component 1. Army G-1 identifies positional and rank needs across the Army that Component 2 and 3 Soldiers can fill. The Army also has the Direct Commission Program, which impacts all three Components and supports civilians with certain skills commissioning in the Army up to the grade of Colonel (O6). The Army also has CIP, which is available to active duty and active Guard and Reserve Soldiers, and the Recall from Retired Reserve/Retired list program, which allows retired Service members to rejoin the active duty Army. About 60 Soldiers a year join the Army through this program. Another Army program is called Indispensability, which allows Reserve Soldiers with critical skills to transition to the Active Component if their skills are needed. Finally, the Army offers Active Duty Operational Support, in which Reserve and National Guard Soldiers transition to active duty to support any of the three Army Components.

BG Corner explained that the Army's messaging is "Stay Army," and the Army's permeability policies help retain Soldiers, which also eases the financial burden that goes into retraining Soldiers after someone leaves the military. All Army Components have retention policies and efficiencies in mind when crafting permeability policies, and the Integrated Personnel Pay System-Army (IPPS-A) helps the Army track Soldiers through a singular system as they move between different Components. One of the challenges the Army has regarding permeability is timing, including that vacancies in the States for the Army National Guard are needed for a Soldier to fill that position. Additionally, officers need to be re-scrolled if they move from Component 1 to Components 2 or 3, which takes about 4 to 5 months on average because some require confirmation by Congress. Each Component Chief has processes and policies that help them determine whether a Soldier can transition to another Component, and the process itself is driven by routine human resource activities. BG Corner reiterated that noncommissioned officers go through Army Recruiting Command to transition to another Component, while officers will usually go through the CAD program. Additionally, when Soldiers decide to transition out of the

Active Component, they are required to see a career counselor to discuss their career plans and into which Component they would prefer to transfer.

BG Corner said the Army adopted CIP in 2019. CIP allows Soldiers to take a break from active duty service, usually for 3 years. The Army has learned lessons from the implementation of CIP, including that CIP provides flexibility and options to Service members that they desire, and it helps retain talented Service members who desire a break in service. Additionally, the Army has not identified any challenges with career advancement for Service members who participate in CIP. Based on lessons learned from CIP, the Army believes more effective permeability policies could benefit Service members and the Service.

BG Corner concluded his briefing.

Navy

Rear Admiral (RADM) Jennifer S. Couture, Director, Military Personnel Plans and Policy, briefed the Committee for the Navy.

RADM Couture explained that, when she commissioned into the Navy from her Reserve Officer Training Corps program in 1995, she commissioned directly into the surface warfare community and was sent to a combatant warship as her first ship. She noted that this would not have been possible without the continued advocacy of DACOWITS for women in the military.

RADM Couture noted that the policies in place today for permeability are different than those that were in place 30 years ago. Today's policies are an attempt to be responsive to the everyday needs of Sailors and their families. She explained that the Navy needs to respect Sailors who raise their hand to serve their country, and Navy policies must evolve with the changing needs of Service members. RADM Couture explained that today's briefing will focus on permeability between the Active and Reserve Components, and vice versa, but noted that all Navy modern manpower policies encourage flexibility. The Navy implements policies to ensure the Service can complete its mission, with an eye toward meeting the Chief of Naval Operation's 2027 manpower plans.

RADM Couture noted that moving from the Reserve to Active Component can involve a series of short-term active duty orders of varying lengths, from as short as 1 week to as long as 3 years. Service members in the Reserve Component are required to execute their 2 weeks of annual training each year, but a variety of programs and policies give them the opportunity to transition to the Active Component, including the Reserve Component to Active Component (RC2AC) program ([MILPERSMAN 1306-1505](#)). This program allows qualified enlisted Sailors to voluntarily apply to transition from the Reserve Component into the Active Component. This program helps the Navy by enabling it to react to Active Component needs and leveraging the existing skill sets of Sailors. For example, talented electronic technician cyber warriors in the Reserve Component could fill gaps in the Active Component, thereby reducing the training burden on the Navy for introducing new Sailors into these positions.

RADM Couture also noted that the Active Component to Training and Administration of the Reserves (TAR) conversion allows Navy Reserve Component officers and enlisted personnel to perform full-time active duty positions that manage, organize, administer, and train the Navy's

Reserve Component. Sailors participating in this program receive the same pay, allowances, and benefits as active-duty personnel, and they typically serve for longer periods of time at an assigned location, with different sea and shore rotations than active duty Sailors. This program allows Reserve Component Sailors to have more work and family stability, which may increase recruitment and retention of personnel in this program.

RADM Couture noted that the Navy also offers the Selected Reserves (SELRES) to TAR conversion program. This program supports SELRES officers and enlisted Sailors who apply and are selected to transition to TAR. This program involves an administrative board process, and about 20 officers and 150 enlisted Sailors typically convert from SELRES to TAR each year. Additionally, the Navy offers the In Services Procurement Process (ISPP), which provides TAR enlisted Sailors with officer commissioning opportunities for TAR or in the Active Component. RADM Couture note that this program is relatively new, with the first administrative board occurring in April 2023. As of this briefing, 32 Sailors had been selected through the ISPP program.

RADM Couture explained that the Navy also offers Voluntary Recall Programs, which can be both definite (temporary) and indefinite (permanent), depending on a Sailor's planned length of active duty Service. Additionally, Reserve Component Sailors may be recalled involuntarily in times of national emergency or to fill critical manning needs. However, there is a rigorous process for involuntary recalls.

RADM Couture explained that CIP involves officers and enlisted Sailors transitioning into the Individual Ready Reserves (IRR) for a finite period of time. Additionally, the Navy offers the Targeted Reentry Program, which allows Commanding Officers to identify and recommend exceptional Active Component and TAR officers and enlisted Sailors for expedited reentry into the Active Component after they had already decided to separate from the Navy at the end of their previous contract. Regarding CIP, RADM Couture explained that the Navy is continuing to iterate on feedback received from Sailors about how the program can be improved and made more meaningful, including delays in the transition from the Active Component to the IRR or from the IRR to the Active Component. Additionally, Sailors have noted a lack of defined processes or policies regarding medical benefits while participating in CIP, which has negatively affected participants' experiences in the program. Overall, the Navy has received CIP applications from 219 servicewomen and 207 servicemen.

RADM Couture concluded her briefing.

Marine Corps

Lieutenant Colonel (LtCol) Emma H. Wood, Branch Head, Talent Management Branch, M&RA, briefed the Committee for the Marine Corps.

LtCol Wood noted that the Marine Corps has many permeability programs like those already briefed. The Marine Corps considers both transitions between the Active and Reserve Components, and temporary break periods from the Active Component, to be aspects of permeability. The Marine Corps is actively looking to increase permeability pathways for all Marines. The Marine Corps has a vested interest in increased permeability to ensure it is

leveraging and maintaining its already trained Marines for a better return on investment. LtCol Wood noted that many young men and women do not understand the value of the dollar today, but Marines who have served on active duty and completed a civilian tour may better appreciate TRICARE and other benefits offered by the Marine Corps, making them more likely to want to stay in the Service moving forward.

LtCol Wood explained that many Marines transition out of the Active Component naturally into the IRR. However, Marines also have the opportunity to affiliate with the Selected Marine Corps Reserve (SMCR), the Individual Mobilization Augmentees (IMA), or the Active Reserve, which is similar to TAR referenced by RADM Couture. The Marine Corps also offers direct Active Component to Reserve Component pathways, CIP, and the Direct Affiliation Program (DAP). Under DAP, Marines are incentivized to transition from the Active Component directly to the SMCR or IMA pathways, rather than the IRR. Before DAP, Marines would traditionally transition to the IRR and then be recruited to continue serving in the SMCR or the IMA. Under DAP, however, career counselors are more engaged with Active Component Marines to ensure they are aware of all their options for transitioning to different Reserve Component statuses after their obligation ends. The Marine Corps formerly believed that informing Active Component Marines about flexible Reserve Component opportunities would reduce the number of Marines they could retain on active duty. LtCol Wood explained that career counselors are still first encouraging active duty Marines to remain active duty at the end of their obligations, but if they are not interested in remaining active duty, the career counselors then inform them about the flexible Reserve Component options and can provide a warm handoff to recruiters to help Marines transition into an SMCR unit. Marines who choose to transition to an SMCR or IMA unit rather than the IRR have advantages, including the continuation of TRICARE benefits. LtCol Wood noted that this program has increased from hundreds of Marines participating per year to thousands of Marines participating per year over the past few years, without the need for any major policy adjustments.

LtCol Wood noted that the utilization of CIP in the Marine Corps has been very low, with only 16 Marines total applying for the program, at least partially due to limited advertisement of the program. Of the 16 Marines who have participated, two transferred to the Navy to pursue nursing or other medical career opportunities, 7 remained active duty Marines, and 5 Marines left the Marine Corps (2 to retirement and 3 after completing one tour). The Marine Corps believes the intention of CIP is to allow Service members to take a break from the military without losing their regular retirement benefits and to help the Military Services project the availability of those talents in the future. LtCol Wood suggested that the three Marines who left after one tour after returning from CIP may have been better served by utilizing an Active Duty for Operational Support (ADOS) period to continue drilling. She noted that one limitation of CIP is that Marines cannot drill during the CIP period, leading participants to lose affiliation with the Marine Corps and physical readiness during this period. The Marine Corps is actively pursuing alterations to CIP to allow for drilling to reduce the likelihood of these negative outcomes.

LtCol Wood noted that CIP allows Marines to have a career in the Active Component with a short stay in the IRR, but another way to potentially look at career paths for Marines is that they could pursue a career in the Reserve Component, with significant periods of activation into the Active Component. LtCol Wood noted that many Marines in the Reserve Component are eager

for deployment and activation opportunities, and the Marine Corps has programs to support meeting these needs that might be more beneficial than CIP.

LtCol Wood noted that the Marine Corps is also seeking to increase opportunities for Marines to transition from the Reserve Component to the Active Component. Existing programs to support transitions from the Reserve Component to the Active Component include the Return to Active Duty (RAD) program for officers and the Prior Service Enlistment Program (PSEP) for enlisted Marines. Additionally, Marines can take ADOS, which LtCol Wood believes is the most flexible option for accessing and meeting the needs of Marine talent. One advantage of ADOS is that a Marine could receive a set of orders today and be on active duty within 2 weeks, which is very fast compared with other transfer mechanisms. Additionally, most ADOS orders will reduce a Marine's retirement age, which may be attractive to some Marines. For example, a Marine who spent their career in the Reserve Component but served active duty as a reservist for 10 years may be able to retire by 50, which is younger than other Marines without that active duty time.

LtCol Wood noted that the Marine Corps has made changes to its permeability programs, including moving from semiannual boards to rolling admissions for the Active Reserve, RAD program, and PSEP program. Additionally, the Marine Corps is trying to change PSEP to allow Marines to submit materials and applications for the program at their drilling station, rather than at their local recruiting office, allowing Marines greater access to talk to their career planner. The Marine Corps hopes this change continues to increase utilization of the PSEP program, which has gone from fewer than 100 Marines participating per year to more than 300 Marines participating per year in recent years. Unlike other Service Components, the Marine Corps has not offered ADOS opportunities that are more than a year in length, but they are analyzing its ADOS budget to determine if it can make 2-year ADOS tours more readily available to Marines.

LtCol Wood noted that awareness of permeability programs is one of the greatest challenges the Marine Corps faces. The Marine Corps wants to get information out to Marines about these programs to inform them about all the ways they can continue to serve after their current obligations and encourage them to serve in any capacity that meets their needs. Additionally, the timeline for transitioning from the Reserve Component to the Active Component takes 4 to 12 months, which is why ADOS is more helpful to the Marine Corps for accessing talent fast and may also be the most beneficial to Marines if they prefer not to permanently continue their career in the Active Component.

LtCol Wood noted that the Marine Corps' talent management systems are a bit behind those of the other Military Services but that the Marine Corps hopes to benefit from using Artificial intelligence (AI) to improve these systems in the future. The Marine Corps is also in the process of looking at three prototypes to support the launch of its talent management engagement portal, which would include information about and opportunities for various types of permeability options, such as ADOS. Although this information is available now, it is not easily searchable. Additionally, the talent management system would allow Marines to indicate when they might be available for future activations, helping the Marine Corps project out future talent management needs.

LtCol Wood noted that two areas of concern when discussing Active Component to Reserve Component transfers are retirement and promotions. She noted that it is legal to reset a date of

rank during Active Component to Reserve Component transitions, which could mitigate the concerns of personnel and the Marine Corps. For example, a Marine may promote to a senior captain after one tour in the Active Component and subsequent to transitioning to the Reserve Component, but this Marine may not believe they will be considered for promotion in the Active Component in a way that is beneficial to them or gives them the opportunities they are looking to pursue. To mitigate this issue, the Marine Corps could reset that Marine's date of rank and make it similar to what their rank would have been under CIP—the ability to pause a Marine's career—which is one of the advantages to CIP. This approach is 100 percent possible for enlisted Marines and available to many officer Marines with some restrictions.

LtCol Wood concluded her briefing.

Department of the Air Force

Ms. Diane E. Burch, Personnel Management Act (PMA) and Human Capital Management Lead, briefed the Committee for the DAF.

Ms. Burch shared that she is an Air Force Reservist Colonel, so she welcomes the conversation about permeability and flexibility to meet Service members' needs. Additionally, she noted that, unlike the other briefers, she was asked to provide an update on the implementation of the Space Force PMA.

Ms. Burch provided a historical overview describing the standing up of the Space Force and its approach to personnel management. The Space Force was established on December 20, 2019, with only an Active Component decided on at the time and no plans for integrating a Reserve Component. Ms. Burch noted that the standing up of a new Military Service is a complex endeavor, but it also offers opportunities to look at systems and processes differently. The Space Force is considering changing desires of the workforce, such as a greater desire for flexibility, higher rates of dual-income households, and the existence of diverse populations to inform the development of its personnel management system. Additionally, Ms. Burch noted that the Space Force is also a small, mission-oriented Service that requires a different model for personnel management than other larger Military Services. Over the next 3 years, the Space Force will continue to work with the DoD, Congress, and the Military Services to develop the PMA, which was authorized in the FY23 National Defense Authorization Act (NDAA).

Ms. Burch cited a key line of the FY23 NDAA that sets the Space Force PMA apart from other Military Service personnel management systems, noting "*members of the Space Force shall be managed through a single Military personnel management system, without component.*" This means that 10 U.S.C., subtitle F, authorizes the Space Force to not have Components, giving the them the flexibility to have Guardians perform full- and part-time positions within the same Component, creating streamlined processes for Guardian participation in the Space Force. Ms. Burch indicated that new models of flexible service are important at a time when propensity to serve across the country is down. Additionally, the new personnel management system gives the Space Force a way to retain members with critical skills, which is very important to the Space Force because of its small stature and mission-oriented approach. The new personnel management system will also allow the Space Force to optimize the right fit for the needs of the Service and Guardians, as the Space Force will be able to manage talent at a more detailed level.

Ms. Burch noted that the PMA only presented the Space Force with a framework of personnel management but did not change any pay, benefits, or entitlements allowed to DAF personnel today. Therefore, pay, benefits, and entitlements will remain consistent with other Services established through legislation as the Space Force implements the PMA. However, the PMA will still remove the Reserve Component and provide the Space Force with a unified concept of what it means to be a Guardian. The PMA established three primary categories of Guardians: active status, inactive status, and retired status. Starting with retired status, the PMA allowed the Space Force to retire Guardians, which is not available to Guardians now because they are still required to transition back to the Air Force before retirement. Regarding inactive status, currently, Guardians who decide they no longer want to be active duty must transition back to the Air Force to join the Reserve Component, but inactive status would allow Guardians to leave active duty without transferring back to the Air Force. Finally, Guardians on active duty are all Guardians, and some will have the option of full- or part-time work.

Ms. Burch displayed the PMA Transition Plans of Action and Milestones (POAM). Congress afforded the Space Force a 5-year implementation period, of which 4 years remain. She noted that there are a variety of subgroups of Guardians that the Space Force needs to establish processes and protocols for while implementing the PMA, such as moving a Guardian from the regular Space Force to the Space Force without Components and establishing part-time positions, as well as inactive and active status. The Space Force also established tranche 1 as an initial offering to bring Air Force Reservists into the Space Force. Tranche 1 is based on the Space Force as it exists today, and there are 300 current opportunities for Service members transferring to the Space Force from the Air Force Reserves, and Reservists have submitted more than 500 applications for those positions.

Ms. Burch noted that the PMA gave the Space Force a variety of new authorities. For the Space Force to implement these authorities, the Service needs to ensure it has the needed systems and processes established to support all these authorities while also making sure the space-mission continues in the Air Force Reserve and the Space Force without interruption to service. The Space Force is currently working to understand what the bridging policies and systems need to look like to stand up a force of this complexity. In addition to policies, processes, and systems, the Space Force also needs to make sure the appropriate resources are in place to implement the PMA and the Service is structured to receive new Guardians, meet its mission, and communicate appropriately with the Guardians of today.

Ms. Burch concluded her briefing.

Coast Guard

Commander (CDR) Osvaldo E. Vera, Chief, Boards, Promotions, and Separations Branch, briefed the Committee for the Coast Guard.

CDR Vera explained that Coast Guard officers have three primary pathways to transition from the Active Component to the Reserve Component: (1) the Temporary Separation Program (TEMPSEP), (2) Regular to Reserve (R2R) Boards, and (3) Reserve Officer Active Status Panels (ROASP). The TEMPSEP program aligns with the intentions of CIP in other Military Services by allowing active duty Guardsmen the opportunity to transition to the Reserve Component with

an option to return to active duty as a regular officer. Officers use the TEMPSEP program for various reasons, including most commonly, caring for children or family members, attending postgraduate school, and temporary geographic stability. This program allows the Coast Guard to retain the valuable skills and experience these Guardsmen possess that may otherwise be lost to voluntary separations if not for the TEMPSEP option. The maximum length of time a Guardsman can be on TEMPSEP is 3 years, and their date of rank is adjusted upon return to the Coast Guard. TEMPSEP has eligibility criteria for participation, including disqualification if an officer was non-selected for promotion at their current grade.

CDR Vera referenced R2R Boards, the second pathway for officers to transition from the Active Component to the Reserve Component. Under this program, officers who want to transition from the Active to Reserve Component can apply for reserve commission to the R2R Board, and officers who are eligible for TEMPSEP may seek reserve commission through R2R Boards. Officers who may apply for reserve commission through R2R Boards include former officers who are within 1 year of their resignation, current Coast Guard officers upon their resignation, and regular officers who have been twice non-selected. R2R Boards are different from TEMPSEP because officers are not guaranteed the opportunity to rejoin the Active Component, and their date of ranks is not adjusted.

CDR Vera highlighted the third option officers have to transition from the Active Component to the Reserve Component: ROASP. This program allows reserve commissioned officers who have been twice non-selected for active duty promotions who would be otherwise discharged from the Coast Guard to affiliate with the Ready Reserve Component. The ROASP is equivalent to the R2R Board but is for officers with a reserve commission.

CDR Vera noted that the Coast Guard has various avenues to bring officer Guardsmen into the Active Component from the Reserve Component, such as extended active duty (EAD) orders. Reserve officers on EAD orders compete on the active duty promotion list, and officers selected for promotion are offered integration into the Active Component.

CDR Vera reported that enlisted personnel have two primary pathways to transition from the Active Component to the Reserve Component: TEMPSEP and EAD orders. To be eligible to apply for TEMPSEP, enlisted Guardsmen are required to request TEMPSEP upon the end of their enlistment period, and enlisted Guardsmen who are not recommended for reenlistment at the time of separation are ineligible for TEMPSEP. CDR Vera explained that enlisted Guardsmen in the Reserve Component can also request to transition to the Active Component on EAD orders, and after 1 year on EAD orders, they can request a permanent integration into the Active Component.

CDR Vera explained that TEMPSEP, R2R Boards, and ROASP are initiated by Guardsmen. Officers normally request separation through TEMPSEP via memorandum at least 6 months before their desired separation date, during which time their eligibility is verified, and they are provided career counseling to ensure they are timing their separation appropriately and their promotability upon their return. If officers are approved to separate from the Coast Guard via TEMPSEP, they will transition into the Reserve Component of their choice the day after their separation from active duty. Officers desiring to return to active duty during TEMPSEP must submit a notice of intent to return at least 6 months before their return date. Upon accession into

the Active Component, officers' date of rank is updated. Regular and Reserve officers seeking reserve commission through R2R Boards or ROASP apply for these programs through the Personnel Service Center. Both boards are usually convened at least five times per year.

CDR Vera noted that the process for enlisted Guardsmen to request TEMPSEP is relatively like the officer process, with the major difference being that enlisted Guardsmen request TEMPSEP through the Personnel Service Center only 3 months before their separation date. Additionally, enlisted Reserve Guardsmen can apply for EAD orders to serve in vacant active duty positions, and after 1 year on EAD orders, enlisted Guardsmen can request integration into the Active Component.

CDR Vera highlighted that the Coast Guard's permeability policies have proven to be largely successful in helping the Service retain Guardsmen through active duty and reserve opportunities. However, most challenges related to permeability have been associated with TEMPSEP. For example, officers face administrative challenges that can result in delays or inaccurate records, especially upon return to the Active Component following their separation from the Coast Guard. For enlisted Guardsmen, TEMPSEP dates are required to align with the end of enlistment, which may occur midyear and not align with the normal transfer window, which can have a negative impact on units. However, officers rarely encounter this challenge because they are required to submit their TEMPSEP request within the normal transfer window. CDR Vera noted that one lesson learned from the implementation of TEMPSEP is that officers facing exceptional circumstances may not be eligible for TEMPSEP during times of need. To address this barrier, the Coast Guard implemented various policy clauses to afford Service members more flexibility for victims of sexual assault, Guardsmen encountering hardships, and Guardsmen wanting to care for a newborn. Additionally, there are no perceivable impacts on the promotion or career of officers who request TEMPSEP because the date of rank adjustments allow them to return comfortably. Officers can also opt out of a promotion cycle if they believe they need additional time in their unit, training, or career progression opportunities.

CDR Vera noted that the Coast Guard has established clear policies and procedures to allow Guardsmen to transition between the Active Component and the Reserve Component, and vice versa. The Coast Guard continues to refine the TEMPSEP program to provide additional flexibilities for Guardsmen to help retain talent in the Coast Guard.

CDR Vera concluded his briefing.

Discussion

Major General (Ret.) Mari K. Eder asked the briefers to clarify how long CIP has been implemented in their Service and whether Service members have any drill or affiliation requirements while participating in CIP. CDR Vera noted that the maximum length of TEMPSEP is 3 years, and some Guardsmen maintain drilling status, while others do not. Ms. Burch noted that the PMA allows Airmen and Guardians to continue participation while they may be addressing a family situation or other life situation, which is different from how it is currently structured in the DAF. LtCol Wood noted that the Marine Corps adopted CIP more than 10 years ago, and Marines are by law not allowed to drill while participating in CIP. RADM Couture agreed, noting that the Navy implemented CIP in 2009, and participants are in IRR

status for up to 3 years. BG Corner noted that CIP was implemented around 2017 and Soldiers are in IRR status.

CAPT (Ret.) Barrett addressed Ms. Burch, noting that scrolling is a pain point in the permeability timeline for some Services; he asked whether scrolling will be necessary in the Space Force. Ms. Burch noted that scrolling is still necessary to bring someone into the Space Force, but they are only scrolled when appointed and for promotion, but transitioning between Components does not require another scroll because there is only one Component. CAPT (Ret.) Barrett asked how the Space Force's new authorities would influence the other Military Services, such as reducing the scrolling time. RADM Couture said the Space Force's new authorities would help reduce administrative burden and help build trust with Sailors, as delays in transitions can negatively influence their trust in the Navy. LtCol Wood suggested that the one-scroll process will be good, but the Services will need to learn how it works on the ground. BG Corner agreed with RADM Couture, noting that anything that reduces administrative burden on the Military Services is welcome.

CDR (Ret.) Tutalo asked whether the Military Services would benefit from TEMPSEP or whether the Coast Guard would benefit from implementing CIP. She noted that this could provide Service members with more flexibility. RADM Couture noted that this is the first time she had heard of TEMPSEP, but explained that someone would only be asked to return to service before CIP ended during a national emergency. Sailors are also required to maintain medical and physical health while in CIP, which may be different from TEMPSEP, but RADM Couture planned to do more research on the program following the meeting. LtCol Wood noted she would also need to investigate the specifics of the TEMPSEP program to determine what aspects of the program are not included in CIP. For example, a Marine could leave active duty, spend time in the IRR, similar to TEMPSEP, and then return to active duty; that process is already available in the Marine Corps. However, she noted that if Marines were told they would likely be able to return to active duty after their move to the IRR, that might encourage more Marines to participate in this process. BG Corner noted that Commanders can work with Soldiers to ensure staying in the Army meets their needs. Soldiers can also participate in Troop Program Units, where they act as an augmentee that supports active duty Soldiers, which is a different time commitment than being fully active duty.

Dr. Kyleanne M. Hunter asked Ms. Burch how the Space Force envisions the part-time workforce working and how they will be utilized. Ms. Burch explained that the Space Force is still determining how part-time workers will be integrated into the Service and plans to communicate this information to leadership and Guardians in the next year. The PMA allows the Space Force flexibility in establishing agreements and contracts with the Service that allow for part-time work. Currently, the Space Force is considering minimum part-time participation to look similar to the Reserve Component in the other Services, and the Space Force can build the specifics of the program off already established processes and procedures. Additionally, Ms. Burch noted that part-time Guardians would not be integrated in stand-alone units but would be considered part of the cohesive force with full- and part-time Guardians in the same units.

LTG (Ret.) Schwartz referenced that BG Corner, RADM Couture, and LtCol Wood brought up how career counselors are being used with active duty Service members considering moving to another Component or separating from the military. He asked these briefers what percentage of

mission is being met by transitioning Service members into the Reserve Components or National Guard. BG Corner noted that he does not have specific numbers to report but confirmed that the Army is on a glide path, which has been successful for Component 2 and Component 3. He noted his belief that about 60 percent of Soldiers in Components 2 and 3 have served in the Active Component at some point in their career. RADM Couture confirmed that the Navy met its recruiting and retention mission, but it is difficult to pinpoint one program that made a difference in meeting mission. She also noted that the Navy is doing so many things that impact recruitment and retention to meet mission, such as a program where Sailors can enlist for a guaranteed 4 years in the Active Component, 2 years in the Reserve Component, and 2 years in the IRR. Sailors appreciate having these options available to them, and some Sailors even ask to remain active duty after their 4 years. Additionally, the Navy has rolled out a dashboard available to Commanding Officers that helps them determine which Sailors are considering separating and why, to help them identify strategies to help retain those Sailors. One response to those challenges has been the rollout of billet-based advancement, where Sailors performing more difficult jobs can choose their orders and advance, and a senior enlisted marketplace plays a similar role for senior enlisted Sailors. RADM Couture explained that a combination of programs and efforts are helping the Navy meet its recruiting and retention missions. The Navy's goal by 2027 is to have 100 percent inventory filled for the entire Service. LtCol Wood noted that, regarding the impact of career counselors on the Reserve Component mission, career counselors manage the transition from the Active Component to the Reserve Component about 50 percent of the time, whereas the traditional path without a career counselor would involve Active Component talking to a prior service recruiter then transitioning in the Reserve Component. She also noted that the Marine Corps is also doing a 4-2-2 contract, like the Navy, but indicated that the Marine Corps is seeing less interest in the program than the Navy. LtCol Wood also noted that the Marine Corps is investigating recruitment opportunities from the Reserve Component into the Active Component because this is not a pathway the Marine Corps encourages in a meaningful way currently. At this time, if a Marine were to apply for an ADOS position, they would call different commands offering ADOS opportunities directly, while a Marine who is applying for a position in the Active Reserve would have an entirely different process to go through than a Marine applying to join the Active Component. She explained that there are disconnects between processes that may be limiting Marine's opportunities. For example, if one Marine applies to the Active Reserve, but their application is denied because their occupational specialty is not needed, that Marine is not followed up with to see whether they would like to also apply to the Active Component. Additionally, she noted that the Marine Corps does not reach out to IRR Service members to let them know when they are desired in the Active Component. Therefore, the Marine Corps is seeking to reach out to the enlisted Reserve force especially to inform them about opportunities to join or return to the Active Component.

Col (Ret.) Anderson referenced that RADM Couture mentioned the availability of a \$20K bonus to support permeability outcomes in the Navy and asked whether other Services have similar bonus offerings. RADM Couture confirmed that the Navy offers various bonuses and incentive pay depending on a Sailor's rank, rate, field, and length of service. BG Corner confirmed that the Army offers bonuses to influence permeability, but it is seeing that the ability to choose duty station is more influential to Soldiers than additional pay. Therefore, the Army rolled out more opportunities to choose a duty station as a way to encourage permeability, rather than leaving the Service. RADM Couture agreed, noting that nonmonetary incentives seem to be more influential for many Service members these days, and this is important because, in many situations, the

Military Services cannot pay Service members as much as they might receive in a civilian position, especially for occupational specialties like pilots. Ms. Burch confirmed that the Space Force also has all the pay benefits and entitlements as the other Services, such as bonuses, and the availability of those has not changed with recent legislation changes. However, the Space Force is still working on determining how to execute these pay benefits in a more flexible Service. CDR Vera said the Coast Guard has a pay- and rank-oriented program that allows for temporary promotions, so an O4 with a skill set that is needed can be promoted to O5 to fill a hard-to-fill position, giving them a higher pay and rank, rather than a bonus, that makes them want to stay in those positions. However, most bonuses in the Coast Guard are associated with retention, not permeability. The Coast Guard also held a 2-4-2 board to retain engineers, which offered them a bonus for signing up for 2 years underway, 4 years of staff tour, and then 2 years underway again. Additionally, CDR Vera noted that the retention of pilots has been a major challenge for the Coast Guard.

Brigadier General (Ret.) Jarrisse J. Sanborn asked Ms. Burch to explain how the inactive status will work for Guardians, including whether they will have the ability to move in or out of that status easily. Ms. Burch noted that the authorities the Space Force has currently for other Reserve Components exist in the PMA. Therefore, the Space Force examined all the categories that exist now to determine what types of categories might be needed for the Space Force. However, the Space Force is still determining what would trigger someone to move to the inactive status and how long a Guardian could stay in that status. Brig Gen (Ret.) Sanborn asked whether Guardians in inactive status would have any type of affiliation with the Space Force or whether they would be totally inactive with no service responsibilities. Ms. Burch noted that her initial thought is that Guardians would be totally inactive, as Guardians could also choose to go active status where they could choose different levels of participation.

Dr. Van Winkle noted that a few briefers referenced programs like CIP or TEMPSEP having no negative impacts on Service members' career progression. She asked whether any data backs up those perceptions or whether they are based on anecdotal experiences. BG Corner confirmed that the Army tracks outcomes from CIP at the Army G-1 level, including what happened after the CIP time period. However, the Army has had a small number of participants in the program, likely due to lack of advertising. RADM Couture noted that two major reasons Navy servicewomen participate in CIP are to balance family matters and to pursue education. Additionally, a few CIP participants are members of dual-military families, which has led at least a few Sailors to participate in the program. However, RADM Couture noted that the Navy has not identified negative impacts to career progression from participating in CIP, and the Service has implemented efforts to avoid this type of consequence. LtCol Wood reiterated that the Marine Corps has a small population of Marines participating in CIP but noted that anything that causes a Marine to take time away from the Service could impact career progression. The Marine Corps is considering how prior enlistment programs or time in the Reserve Component may impact career progression and a Marine's ability to be successful in the Service. Ms. Burch noted that part of the complexity of implementing something different in the Space Force is that the Service wants to make sure Guardians have the same opportunities as Service members in other Services to progress professionally, but the Space Force also wants Guardians to understand the impact of their decisions on their careers. CDR Vera reported that 52 officers and 53 enlisted personnel participated in TEMPSEP in 2023, while 15 participants returned to active duty in 2023. The Coast Guard has identified that the availability of career counseling is important to

help officers time their TEMPSEP, as the ideal time to apply for TEMPSEP is immediately upon selection for promotion. This allows officers to come back and promote immediately upon returning, giving them a big runway for their next promotion, and if they feel like they are behind their colleagues in their rank, they have the option to opt out of the promotion cycle up to three times, giving them more time to earn qualifications or career experience.

VADM (Ret.) Braun noted that multiple briefers mentioned delays from 6 to 12 months in trying to transition from the Active Component to the Reserve Component, partially due to a lack of an integrated pay system. She asked each of the briefers whether their Service had an integrated pay system for Active Component and Reserve Component personnel, and if not, whether there are plans to create one. BG Corner noted that there is currently an integrated personnel system in the Army and pay will be integrated into that system next year. The new system will include various upgrades, as well as learning curves for Army personnel. RADM Couture confirmed that the Navy began integrating its 55 different personnel and pay systems into an integrated pay system in 2016, but only about half the systems have been integrated thus far. However, she believes this process will continue and help alleviate pay system challenges. LtCol Wood noted that she is not an expert on the Marine Corp's pay and personnel systems, but she believes the Service has an integrated pay and personnel system. The assignments system is not integrated into this system, though the Marine Corps hopes to fix this in the future. However, currently, a monitor cannot see a Marine on ADOS in their systems, so those Marines are not factored into manning in an optimal way. Ms. Burch noted that the Space Force is focused on developing a pay system first, and that system should be implemented in the next few years. CDR Vera explained that, if the Coast Guard had unlimited funding to fix a challenge, the integrated pay and personnel system challenge is the one it would fix. The Coast Guard would significantly benefit from a more robust human resources IT system that better supports Commanders and assignment officers.

The briefing discussion concluded.

Briefing: Women in Submarines (RFI 4)

The Committee requested a briefing from the Navy on the status of women in submarine officer and enlisted integration efforts since 2010. Specifically, the Committee asked for a gender breakdown of accessions and rating/designator conversions for both officer and enlisted Service members, the number and percentage of men and women assigned to submarines, retention rates for women assigned to submarines, and the number of women who have completed or are currently assigned to key development assignments. The Committee also requested information about the Navy's goals for the number of integrated crews, any adjustments made to these goals in recent years, and a status update on the delivery of gender-neutral submarines. Lastly, the Committee asked about any detailing restrictions or variations in assignment policies for women on submarines.

Navy

Lieutenant (LT) Victoria G. Parrish, Women in Submarines Coordinator, briefed the Committee for the Navy.

LT Parrish began by explaining that she was a 2019 Naval Academy graduate and served her Junior Officer (JO) sea tour on the *USS New Jersey* (SSN 796), which is a Block IV Virginia-class submarine homeported in Norfolk, Virginia. She currently serves as the Women in Submarines coordinator at Submarine Force Atlantic. It has been more than 13 years since the first group of female officers reported on board their submarines and more than 9 years since the integration of female enlisted submariners began, and currently all billets and types of submarines are open to women, and all detailing and personnel policies are gender neutral.

LT Parrish stated that the briefing slides display a breakdown of submarine accessions beginning with the first-year group that had female submarine officers, FY10. Annual accessions for female officers have incrementally increased over the years to best support the interests of officer accession sources. Although there was a dip in female accessions for year group 23, there was a proportional decrease in both male officers in this same year due to recruiting shortfalls, and trends rebounded in year group 24.

LT Parrish noted that enlisted integration began in FY16. Initially, the Navy's integration plan was a conversion-heavy model. However, based on a diminishing number of conversion applicants in 2018, the Service shifted to an accession-heavy model in 2019. LT Parrish explained that the briefing slides display numbers representing female and male officers who re-designated as an 1170, which is an unrestricted line officer in training for submarine warfare qualifications. Conversions have come from several communities, including the Explosive Ordnance Disposal (EOD) community, nuclear power school instructors, nuclear surface warfare officers (SWOs), and aviation. Male officer conversions significantly increased in FY24 due to an increase in aviation training attrition.

LT Parrish reiterated that, initially, the Navy's model for enlisted integration was conversion heavy. Based on data from other communities, this model projected that the Navy would eventually have a self-sustaining female chief population and an approximately 20-percent female crew population on integrated crews. One of the reasons the 20-percent benchmark was sought after was based on a Center of Naval Analysis (CNA) study, which showed that when approximately 20 percent of a population makes up group, it is less likely that the minority group will be marginalized, and members of that group will be more likely to be identified as individuals rather than as just members of a minority group.

LT Parrish explained that submarine conversion selections occurred in cycles to man their first four submarines designated for enlisted integration. Cycle 1 was the *USS Michigan* (SSGN 727), Cycle 2 was the *USS Florida* (SSGN 728), Cycle 3 was the *USS Ohio* (SSGN 726), and Cycle 4 was the *USS Georgia* (SSGN 729). In 2018, during Cycle 4, there was a significant decrease in the number of new applications, so the Navy shifted to an accessions-heavy model. The Service still targeted having women as 20 percent of the total crew population, but the biggest change was targeting 4 instead of 17 female nonnuclear E6 and below conversions and targeting 17 new female accessions per crew instead of 4.

LT Parrish stated that Navy leaders' goals have been to get to gender-neutral policies since integration began. In 2019, the conversion application process shifted to a continuously open application cycle, and in 2022, female submariners started applying for billets using My Navy Assignment (MNA). MNA and the open application process are the same processes male

submariners use, making it gender neutral. Unfortunately, historical data is not available before FY22 for conversions, and the data collected in FY22 and beyond does not track the gender of conversions.

LT Parrish noted that the briefing slides list 3 years of total submarine force conversions, with two tables showing the breakdown of male and female Sailors assigned to submarines, according to the type of submarines. The lists include guided missile submarines (SSGNs); ballistic missile submarines (SSBNs); and fast attack submarine (SSNs). Navy personnel databases do not hold historical data before FY13, and the first group of female officers reported on board their submarines in November 2011, so the only data that is unavailable is for FY12.

LT Parrish explained that, for the first few years of integration, SSGN and SSBN populations for female officers increased, which is when integration began on Ohio-class submarines. In 2015, beginning with the *USS Virginia* (SSN 724), integration began for SSNs, and those numbers have also increased since that year. Since the start of integration, the percentage of servicewomen on submarines has risen steadily. The end of FY24 showed that 12.7 percent of all submariners serving on integrated and nonintegrated crews were female. Since the first group of female enlisted Sailors reported to their submarines in 2016, the Navy has data available for FY16 and onward. In FY21, beginning with the *USS Wyoming* (SSBN 742), the Navy began integration with enlisted Sailors on SSBNs, and then in FY23, it began integration on SSNs with the *USS New Jersey* (SSN 796). Female officer percentages have risen since the beginning of integration, and the trend is similar for female enlisted Sailors. At the end of FY24, 3.7 percent of enlisted Sailors serving on all submarines were women.

LT Parrish stated that the Navy's typical method for measuring officer retention is through department head retention because it is the first major milestone where an officer must decide whether to continue in the submarine community after their initial contract. The Navy measures this by taking the total number of individuals who decided to sign a department head contract or a Nuclear Officer Continuation Bonus (COBO) and dividing it by their 3-year commissioned service inventory point. This approach creates a better metric to use than the 3-year commissioned service inventory point because some attrition occurs during the initial training pipeline. For a 3-year commissioned service, the Navy takes the year group and adds 3 years. LT Parrish noted that year groups 10–16 were included in her briefing slides because these year groups are considered closed out, as all these year groups are at or beyond their 8-year commissioned service point, which is the point at which officers need to go to department head school. The average retention rate for male and female officers is displayed on the slides, based on all personnel for year groups 10–16. However, LT Parrish caveated this metric due to the potential impact of small numbers, especially for the earlier year groups. For example, if only a few more or fewer officers decided to sign a contract, retention rates would significantly change. Combining all personnel for year groups 10–16, female officer retention is at 29 percent, which is 1.5 percent higher than male officers. However, if just two female officers decided not to sign a contract during that 7-year period, the retention rates would be the same between men and women.

LT Parrish noted that the briefing slides provide a current snapshot of the year groups that are at their 3-year commissioned service point, but they are not considered closed out because they are not yet at their 8-year commissioned service point. LT Parrish expected these numbers to

increase as more people decide to sign department head contracts. LT Parrish reported that the briefing slides display reenlistment rates for all zones except E and do not include the Reserve Component. These numbers are calculated by dividing the number of total individuals that reenlisted for that fiscal year by those at the end of active obligated service. Like officer retention rates, reenlistment rates fluctuate every year, but after combining all the data for FY17–24, female enlisted Sailors have a retention rate of 74.9 percent, which is 1.1 percent higher than male enlisted Sailors. Historically, submarine retention rates are on par with overall Navy reenlistment rates.

LT Parrish stated that the briefing slides also display the number of individuals who have served or are currently serving in key leadership roles, including both officer leadership billets and enlisted. The Navy has had 44 female department heads total, and several more are currently in department head school reporting to their submarines early next year. The Navy has had four female Executive Officers, one of which is transferring to shore duty this month, and three are currently serving at sea. For Chief of the Boat (COB), which is the highest-ranking billet on board the submarine and makes up the command triad, the first female COB reported to her submarine in 2022. The highest-ranking person in the nuclear side of the house, or the engineering department, is the Engineering Department Master Chief (EDMC). The first female EDMC is expected to report to her submarine in spring 2026.

LT Parrish stated that for female officers, there are currently 39 integrated crews among 30 submarines. She clarified that SSGNs and SSBNs have two crews per submarine, and SSNs have one crew per submarine. For female enlisted Sailors, there are 17 integrated crews among 11 submarines. The Navy's plan entails increasing this number to 39 officer-integrated crews among 31 submarines and 22 enlisted-integrated crews among 17 submarines. However, LT Parrish noted that this plan does not account for the decommissioning of all SSGNs and several other submarines. All homeports are currently open to female officers because Guam was integrated this year, while all homeports except Guam and San Diego are integrated with female enlisted Sailors. Guam is targeted to integrate female enlisted Sailors by 2028. For a crew to be considered integrated, it must be delineated on the Navy's integration plan of record, and women must have reported on board.

LT Parrish described changes in the Navy's integration plans for officers and enlisted Sailors, separately. The Navy began with a deliberate plan for both officers and enlisted Sailors utilizing lessons learned from other communities. The original plan had 18 integrated crews for officers, and in 2016, the Navy added a fast attack submarine for a total of 19 crews to help support collocation opportunities in Norfolk, Virginia. One of the most significant increases in the Navy's integration plan was following a strategic review of its officer integration plan in 2020, as the Service updated the plan to 33 crews by 2030. The Navy's original plans extrapolated based on the data and lessons learned from other communities, but by 2020, the Navy had data from its own community to inform plans. The Navy had originally projected female officer retention rates by assuming it would mirror female nuclear SWO retention of between 12.5 and 15.0 percent. However, retention rates exceeded the Navy's expectations at 25 percent or higher in the submarine community. LT Parrish explained that the Navy also confirmed that there was robust interest in officer accession sources, which ultimately led the Service to increase its plan to have 33 crews by 2030. In 2022, the plan of record was updated to 34 crews by 2030, and a fast attack submarine was added to the plan so that there were two submarines in a homeport, which is

significant because if one boat is in the shipyard and another one is operational, it is a great opportunity to have riders on board for qualifications. In 2023, there was a significant increase in the integration plan to target 40 integrated crews by 2033, and this decision was made by continually looking at retention rates and interest that allowed the Navy to increase crew targets for officers. This was also when the Navy started accounting for the planned decommissioning of some submarines. In 2024, which is the most recent plan of record, the Navy added one SSN; however, the total number of crews decreased by one based on an updated timeline of the decommissioning of an integrated SSBN.

LT Parrish noted that the Navy also had a deliberate plan for enlisted integration. The Service originally targeted 14 submarines, all Ohio-class, that were already integrated with female officers. In 2017, delays with habitability modifications of the *USS Maine* (SSBN 741) resulted in the ship being removed from the integration schedule. To make up for those two crews, the Navy added SSNs to the integration plan. By 2022, the Navy added Columbia-class SSBNs to account for the decommissioning of integrated SSGNs. Similar to the Services' strategic review to validate initial assumptions for officers, the Navy conducted a similar review in 2023 for enlisted integration; based on actual enlisted female submarine retention rates, the Navy was able to increase and expand integration to target 22 crews by 2033. In 2024, two additional SSNs were added to account for the decommissioning of an integrated SSBN, which still maintains a total target of 22 crews by 2033.

LT Parrish explained that in terms of the delivery of gender-neutral submarines, the *USS New Jersey* (SSN 796) was the first Block IV Virginia-class submarine built with women in mind. It was delivered in April 2024 and commissioned in September 2024. Delivery dates for Virginia-class submarines are an estimated 24–36 months delayed, and updated delivery estimates are in progress. Columbia-class ballistic missile submarines are the first class of submarines from program inception to be built with women in mind. The latest delivery estimates for these ships, the first two being the *USS District of Columbia* (SSBN 826) and the *USS Wisconsin* (SSBN 827), are FY28 and FY30, respectively. LT Parrish clarified that, regarding the question about delays in decommissioning of submarines that do not accommodate women, all submarines do, in fact, accommodate women at this time. Female officers currently serve on every class of submarine. Los Angeles-class and Seawolf-class submarines are not currently on the integration plan of record because they are pending inactivation, and they also have reduced flexibility in berthing options. That is why for enlisted submariners, they have focused integration efforts on Ohio-class, Columbia-class, and Virginia-class to maximize access to at-sea billets and increased berthing options, but all submarines are capable of holding female submariners.

LT Parrish stated that the briefing slides also display the current integration plan of record, which was updated in June 2024, including the total yearend number of officer-integrated and enlisted-integrated crews, not submarines. As the Navy continues to add more boats and crews, those numbers will also continue to rise. However, LT Parrish also clarified that the briefing slides do not include, for classification purposes, the decommissioning schedules for some submarines. That is why, as time goes on, these numbers will sometimes dip due to decommissioning, but ultimately the final numbers and targets are 39 integrated officer crews and 22 integrated enlisted crews by 2033.

LT Parrish noted that no detailing restrictions remain in place for women in the Submarine Force, and assignment policies do not vary between male submariners and their female counterparts. However, enlisted and officer detailing is a little different. New accession detailing for submariners who just finished the training pipeline is also nearly identical between officers and enlisted. Sometime later in the training process, officers and enlisted submariners communicate with their detailer on what their preferences are, such as homeports, type of submarine, and operational shipyard, and detailers, to the extent possible, try to match submariners' preferences with available billets at the time of their graduation date. For shore duty, officers are given a list of available billets, and then officers rank all those billets, and the detailers coordinate assignments. For sea duty, officers communicate their preferences and rank a list of available billets as well. For enlisted detailing, all submariners, male and female, use MNA to rank their priorities and communicate with their detailers. LT Parrish stated in closing that the Navy continues to execute a deliberate, data-driven integration plan of record. This plan gives the Service a variety of homeports and assignments for female submariners, and the Navy continuously analyzes and adapts its plan to meet the needs of the Navy and to best support submariners.

LT Parrish concluded her briefing.

Discussion

Command Master Chief (CMDPCM) (Ret.) Octavia D. Harris thanked LT Parrish for her briefing and congratulated her on her career selection and referenced the shift toward an accession-heavy model for enlisted groups instead of a conversion-heavy model. CMDPCM (Ret.) Harris asked whether LT Parrish knew the number of women who are tracking toward the COB position. LT Parrish confirmed that CMDPCM (Ret.) Harris' question was regarding how many more potential female enlisted submariners were in line for the COB position and answered that the Navy is only tracking one servicewoman who is currently in COB qualifications right now.

LTG (Ret.) Schwartz noted that retention rates for female submariners were almost double what was anticipated, from 13 percent to 25 percent, which has allowed for quicker integration. LTG (Ret.) Schwartz asked whether LT Parrish had a sense of how retention rates compare for women in submarines relative to retention rates for other combat roles that were recently opened up to women in the Navy. LT Parrish explained that she did not have that data with her at the time, but she could follow up with this data if requested.

Dr. Hunter asked what it means for a crew to be considered "integrated," particularly considering some of the newer submarines that are being delivered with the goal of being gender neutral or having been built with women in mind. In addition, Dr. Hunter asked LT Parrish to describe the process and oversight for ensuring that the most qualified people are getting their sea tours, who makes decisions on how submarines are configured to accommodate female Sailors, and who oversees these decisions. LT Parrish answered that, since integration began, the Navy has used a top-down approach, beginning with officers in 2010 followed by enlisted Sailors in 2016. The Navy details by having a senior female mentor on board submarines for initial integration; that mentor also remains there after integration. For officers, that senior female mentor would need to be a department head or higher, and for enlisted female Sailors, the senior female mentor would be a female Chief on board before female junior enlisted submariners report. Before a submarine

becomes integrated, the crew must complete training that involves communicating expectations for appropriate attire when you are not on duty, how to enter berthing to conduct wake-up calls, how you conduct opposite-sex one-on-one counseling, and other related topics. She reiterated that training occurs before integrating a previously all-male crew.

LTG (Ret.) Schwartz followed up on Dr. Hunter's question by explaining he would expect there to be very specific policy and regulatory guidelines that lay out the criteria needed for a submarine to meet all the requirements for gender integration. He asked LT Parrish to confirm whether all requirements and processes are documented in policy and regulation and whether these factors are left to the discretion of the Commanding Officer. LT Parrish confirmed that requirements are documented in policy and regulation, and she explained that the Women in Submarines policy instruction details the training all crews must complete before crew integration.

CMDCM (Ret.) Harris asked to clarify a data point on one of LT Parrish's briefing slides; in FY21, the retention rate for department heads was zero, while it was 43 the previous year, and the following year was 8. She asked whether there was something in particular that happened during that timeframe that led those women to leave the Navy. LT Parrish replied that this was the year group that just made it to the 3-year commission service point, which is hectic on a submarine, especially as a JO trying to get qualifications and thinking about the next steps. She confirmed that the number is zero now, but it is still very early on for this year group. She added that all communities have likely felt some lingering effects of the pandemic as well. If there are low numbers at the end of this year group's closeout in 2029 at the 8-year commissioned service point, it could be due to the effects of the pandemic, but she explained that she expects these numbers to dramatically increase.

VADM (Ret.) Braun noted that 20 percent female composition is targeted for each integrated female crew and asked that, because the detailing occurs through MNA, whether it is possible for just one female officer to be on a submarine and whether any monitoring was in place to ensure a submarine crew meets the 20-percent threshold. LT Parrish replied that the Navy tracks the number of officers and enlisted women on submarines monthly, including tracking the total female composition and the composition broken down by departments. Within the crews that have been integrated for some time, the numbers naturally flesh out to around 20 percent female composition, but monitoring approaches are in place to determine whether, for example, a crew is approaching 15 percent, and the Navy needs to start targeting more enlisted female submariners for that crew. Currently, no submarines have only one female officer on board.

VADM (Ret.) Braun followed up by asking whether the detailing is gender neutral and how the Navy would be able to target more women. LT Parrish answered that with the Navy's tracking system helps communicate needs with detailers as well. However, she cautioned that, for example, if a submarine is at 19.9 percent women, the detailer must send one enlisted female submariners to the crew. It is more of a guideline to determine whether, for example, submariners want to go to a fast attack submarine and to note that this particular fast attack submarine might need additional attention. VADM (Ret.) Braun asked whether LT Parrish meant that in that scenario, the detailer would be informed of the need for more women on board. LT Parrish confirmed and noted that the detailers are a part of this discussion every month.

CAPT (Ret.) Barrett thanked LT Parrish for her brief. He asked about the point that all submarines are capable of having female submariners assigned, which indicates that some of these submarines have not had the habitability modifications yet but could still be assigned women. CAPT (Ret.) Barrett asked LT Parrish to explain what a boat that has not gone through a habitability modification would look like and what the experience would be for a servicewoman going on board. LT Parrish replied that she would use the *USS Washington* (SSN 787) as an example; it is a nonmodified Virginia-class, so it was built before the *USS New Jersey* (SSN 796). She explained that the Navy has primarily focused on SSNs, or Virginia-class submarines, because they have more berthing spaces and are smaller, so they allow for increased flexibility. Ohio-class modifications on SSGNs include the change in Chief's quarters and expanding bathrooms to better accommodate the female-to-male ratio of bathroom to Sailor, and these modifications are similar for Virginia-class submarines. These changes were made to increase the flexibility, but ultimately the Navy has ways to maximize privacy on all submarines. There are curtains and doors on every berthing space and designated heads for nonmodified submarines as well. It is mainly about maximizing privacy, because everyone enjoys privacy, and it is also about training the crew on expectations because submariners are ultimately a professional force.

CMDCM (Ret.) Harris noted that submarines will be integrating women in Guam in 2028 and asked whether there were any plans to integrate women at Point Loma in San Diego. LT Parrish answered that San Diego is not currently on the Navy's integration plan of record, and that is because only Los Angeles-class submarines are ported in San Diego. She added that, as Los Angeles-class submarines decommission and Virginia-class submarines move to San Diego, San Diego will be integrated.

Dr. Hunter explained that the Committee has heard frequently women assigned to submarines were required to sign a "Page 13" stating they would not get pregnant and/or that they would be on specific types of birth control while they were assigned to the Submarine Force. Dr. Hunter asked whether this is an official policy, and if it is not, what is being done to ensure that this misinformation is not being spread creating a disincentive for women to join. LT Parrish answered that this was the first she had heard of that practice and noted that, if the Committee could share what specific boat this was occurring on, they would be interested in engaging with the command leadership about that. The Navy does not have a Page 13 that female Sailors must sign saying that they will not get pregnant, but all female submariners must sign a Navy Medicine (NAVMED) form, which is a health and reproductive risk counseling form. This form essentially says, although the risk is thought to be small, the Navy does not necessarily know all the effects of being on board a submarine to unborn fetuses, but that is not a Page 13.

LTG (Ret.) Schwartz asked whether LT Parrish knew, of the 70 percent of women leaving the Submarine Force, what proportion are leaving the military, leaving the Navy, or choosing another rate/designator and entering another occupation inside the Navy. LT Parrish replied that the 70 percent is primarily made up of submariners who are leaving the Navy, but she added that laterally transferring to a different community is an option. The Navy has a new incentive for submariners who volunteer to work on a prototype on their JO shore duty; they are allowed to apply to transfer communities because a nuclear community will release them, for example. However, the 70 percent of women leaving the submarine service primarily consist of those who are leaving the Navy.

Dr. (Captain Ret.) David G. Smith thanked LT Parrish for her briefing. He noted that submarine recruitment and retention figures have exceeded those of other integration efforts and commended the effort to apply lessons learned from other communities. Dr. (CAPT Ret.) Smith asked what the limitations would be on integration efforts if these numbers continue to rise. For example, would crews be able to go above 20 percent servicewomen on a submarine. LT Parrish explained that, in her opinion, the limitations are related to senior female leadership. She explained that a Navy instruction, which is also incorporated in the Women in Submarines instruction, says crews must have a female chief on board and a female department head. Especially for enlisted submariners, that is the limiting factor for integration. The word is getting out that you can have the adventure of a lifetime and serve on the most technologically advanced submarines with the most brilliant and capable individuals in our Nation. Looking at all the data, it is the chief and department head positions that can limit integration efforts. LT Parrish added that the Navy is looking at ways to address this, such as waivers, of which there are several in effect currently. She explained that, if the Navy could first incorporate the big Navy policy and the Office of the Chief of Naval Operations (OPNAV) instruction and then its own specific policy of not needing a female chief when there are enough first-class female enlisted submariners who have at-sea experience and are qualified, she thinks that could greatly expand opportunities. Although the Navy targets about 20 percent, ideally every submarine would be integrated, and all submarines would have 20 percent women, and as the overall number of women in the Navy increases, every submarine population would reflect that increase.

VADM (Ret.) Braun asked whether any surveys related to the culture in the submarine community are available. LT Parrish answered that there are several surveys of this nature. Every command must do a Defense Organizational Climate Survey, which assesses the culture on board every submarine and is reviewed by the command triad and leadership above the command triad. That survey is a requirement and is conducted every year, typically. There is also a Health of the Forces survey, which is an optional survey administered every year by the Navy. The Navy is currently analyzing the submarine-specific breakdown of this survey. In addition, to ascertain the driving factors of staying in versus getting out, the Navy has done a Department Head survey and a JO survey. There is a JO survey live now in support of a JO symposium to establish lines of effort for the primary driving factors of people getting out versus staying in and determining whether the Navy is warfighting ready. VADM (Ret.) Braun asked whether any of these surveys are publicly available. LT Parrish replied that she would have to follow up to get that information.

The briefing discussion concluded.

Overview of Public Written Comments

COL Jardin reviewed the Committee's receipt of written public comments. DACOWITS received one public comment submission for this QBM. The written public comment was provided by Army Veteran, Mellisa Harcrow, on parenthood-related separation codes for officers in the Army. This public comment is available on the DACOWITS website.

Conclusion of Public Meeting Portion

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

December 11, 2024

Welcome and Opening Remarks

The DACOWITS Military Director and Designated Federal Officer, COL Jardin, began the second day of the December QBM. COL Jardin 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. Panelist and speaker remarks are not checked or verified for accuracy. COL Jardin then turned the meeting over to the DACOWITS Chair, VADM (Ret.) Braun.

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

Awards Ceremony for Departing DACOWITS Members

An award ceremony was held to honor the service of departing Committee member, Honorable (HON) (Colonel Ret.) Dawn E. B. Scholz, Air Force. The HON Ashish S. Vazirani, the Performing the Duties of the (USD(P&R)) conducted an award ceremony and offered words of recognition and thanks to HON (Col Ret.) Scholz for her dedicated service on the Committee. After receiving her award, HON (Col Ret.) Scholz provided departing remarks.

Briefing Panel: Eating Disorders (RFI 5)

The Committee requested a briefing from the Defense Health Agency (DHA) and the Military Services to include the Coast Guard, on the prevalence rates of eating disorders. Specifically, the Committee was interested in prevalence rates of eating disorders by gender and pay grade, screening tools used to identify eating disorders, and available options for treatment; training or tools provided to Service members on nutritional fitness, maintaining a healthy weight, and the dangers of disordered eating; more information on the relationship between the height/ weight measurements and fitness tests; information and statistics on Service members in weight management programs; ongoing efforts to revise current height, weight, and body fat composition standards; and ongoing efforts to address unhealthy eating habits and/or disordered eating.

Defense Health Agency

Major (Maj) Kathleen M. Pombier, Chief, Women's Health Clinical Management Team, Clinical Support Division, Medical Affairs, Assistant Director for Health Care Administration (J3), briefed the Committee for DHA.

Maj Pombier acknowledged that a few of the factors that informed the Committee's request for more information on eating disorders were the 2023 Military Health System study, which showed a rise in eating disorders between 2017 and 2021, and the 2023 DACOWITS focus groups, in which Service members discussed disordered eating. Maj Pombier reported that, between FY16 and FY23, there were 9,763 Service members diagnosed with anorexia, bulimia, binge eating disorder, or an unspecified eating disorder with prevalence rates higher for women and enlisted Service members. From 2017 to 2022, the percentage of active duty servicewomen

with eating disorders increased by 1.1 percent. Maj Pombier noted this increase may be due to changes in the Internal Classification of Diseases (ICD) 9 and 10 codes. In addition, she noted that there were changes to the list of diagnostic criteria for eating disorders in 2022 in the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5, which will likely impact the interpretation of future trends. Maj Pombier noted additional data on eating disorder prevalence by rank is available on request.

Maj Pombier noted that screening for eating disorders is first performed upon entry to the Armed Services at MEPS and, subsequently, during the annual periodic health assessment. Maj Pombier explained that this is not a targeted eating disorder screener, but the screener has questions on weight changes as well as changes in mental health and distress within the behavioral health section. Additionally, medical personnel may diagnose eating disorders during any health encounter, as all in-person visits include an assessment of height, weight, and body mass index (BMI). The decision to pursue more focused screening for eating disorders is based on each individual patient's risk factors and circumstances, an approach Maj Pombier noted aligns with recommendations from the U.S. Preventive Services Task Force (USPSTF).

Maj Pombier explained that treatments for eating disorders generally require long-term, multidisciplinary support and care. TRICARE covers medically necessary treatment, including inpatient and outpatient services, emergency and nonemergency care, inpatient hospitalization, residential treatment centers, care for children and adolescents up to age 21, partial hospitalization programs, intensive outpatient programs, and outpatient office-based mental health services. These services are often provided through direct care in collaboration with private-sector care. Additionally, training and tools for Service members related to nutritional fitness, readiness, overall health and lifestyle, and performance medicine are provided on an ongoing basis. SEA WAVES, which stands for Support Education Awareness Wellness and Validation for Eating Disorders and Self-Care, is a nonprofit organization dedicated to addressing eating disorders within the military community and is also part of Military OneSource's community resource finder. DHA has also partnered with the Uniformed Services University (USU) to develop standardized training courses covering military-specific concerns related to eating disorders among active-duty Service members. Maj Pombier stated there will be both virtual on-demand and live training options available through the USU partnership.

Maj Pombier deferred to the Military Services for information on the following portions of the RFI request due to varying Service-specific policies: (1) provide an overview of the relationship between height/weight and the fitness test, and whether it is tied specifically to the fitness test; (2) the number of Service members, by gender and pay grade groupings, on a weight management program; (3) criteria for determining if a Service member is placed on a weight management program and removal from the program; (4) what type of nutritional fitness counseling and training is provided to Service members on a weight management program; and (5) ongoing efforts to revise current height, weight, and body fat composition standards.

For ongoing efforts to address unhealthy eating habits and/or disordered eating, Maj Pombier stated training and education on lifestyle and performance medicine are offered on an ongoing basis. Periodic evaluations include checkpoints for physical and psychological health as an ongoing effort to address any issues. As noted previously, Maj Pombier stated eating disorder treatment typically requires a multidisciplinary, long-term approach. While military treatment

facilities (MTFs) have staff psychologists and nutritionists, there are no MTFs with specialized facilities to develop eating disorder specialty programs. Any medically or psychologically necessary care and services, including both inpatient and outpatient services, is generally provided through private-sector care.

Maj Pombier concluded her briefing.

Army

Lieutenant Colonel (LTC) Brenda D. Bustillos, Deputy Consultant to the Army Surgeon General, briefed the Committee for the Army.

LTC Bustillos noted that, from 2017 to present, 13,578 Service members have had some form of diagnosed eating disorder or disordered eating, and nearly 70 percent of those diagnosed are women. LTC Bustillos reported data by pay grade was not available at this time. She also noted prevalence rates are not reported in the briefing data. Annual and cumulative prevalence rates are based on encounters with eating and feeding disorder ICD 10 codes in electronic medical records.

LTC Bustillo explained that Army providers use the Eating Disorder Examination-Questionnaire (EDE-Q) and the Eating Disorder Examination-Questionnaire Short (EDE-QS) as screening tools for eating disorders. These screening tools are validated self-report instruments that measure eating disorder behavior and attitudes and are widely used for research and clinical purposes. TRICARE covers services necessary to treat eating disorders that are deemed medically or psychologically necessary and appropriate, including both inpatient and outpatient services. However, LTC Bustillos noted facilities must meet certification requirements to provide covered services.

LTC Bustillos explained that, with the Army's implementation of Holistic Health and Fitness (H2F), dietitians and resource units are providing nutrition education to Soldiers. Basic nutrition education is provided as a 1-hour block of instruction to basic combat trainees in Army initial entry training. The Warfighter Nutrition Guide from the USU Consortium for Health and Military Performance (CHAMP) provides additional nutrition education and resources and is available on the Human Performance Resource Center (HPRC) website. Dietitians within the MTFs offer standardized nutrition and weight management education developed and managed by the Defense Centers for Public Health Aberdeen. [Army Regulation \(AR\) 600-9 \(Army Body Composition Program\)](#), addresses eating disorders and disordered eating behaviors as well as unsafe strategies for weight loss.

LTC Bustillos shared that the Army recently updated its body composition policy to include an exemption from Army body composition testing for high physical fitness achievement. Under this revised policy, Soldiers scoring 540 or higher on the Army Combat Fitness Test (ACFT), out of a 600-point maximum, with at least a minimum of 80 points in each of the six events, are exempt from body composition testing.

Approximately 2.5 percent of active-duty Soldiers were enrolled in the Army Body Composition Program (ABCP) in FY24. LTC Bustillos referenced gender and pay grade ABCP groupings on her briefing slides. In accordance with [AR 600-9](#), Soldiers are enrolled in the ABCP if their

assessed body fat exceeds Army standards. Once the Soldier has successfully met the body fat standard, they are removed from ABCP. Soldiers who are on ABCP are required to meet with a registered dietitian or in the absence of a dietitian another appropriate healthcare provider within 30 days of enrollment. The ABCP counseling session centers on the domains of holistic health and fitness, including sleep, physical activity, and nutrition.

LTC Bustillos stated that the Army revised its body composition policy based on outcomes from the Army's 2023 body composition study. Revisions included the previously mentioned body composition exemption based on ACFT performance, a new tape test with one-site taping for both women and men, and additional body fat assessment options, which include the Bod Pod, DEXA machine, or the Inbody 770 machine if available. LTC Bustillos shared the Army is participating in the DoD body composition working group, which is determining the way ahead for body composition assessment across all the Services. This effort could affect revisions to Army policy in the future.

The Army is emphasizing performance optimization and improvements to body composition and reducing emphasis on height/weight and "passing tape." Currently, LTC Bustillos stated that evidence-informed programming, delivered by dietitians and H2F teams, is educating leaders on how to diminish unsafe nutrition-related practices. Various dining facilities and the Army food program initiatives are focusing on performance, feeling, and highlighting nutritious choices.

LTC Bustillos concluded her briefing.

Navy

Commander (CDR) Katie E. Schulz, Chief of the Office of Women's Health at the Navy Bureau of Medicine and Surgery (BUMED), and Lieutenant Commander (LCDR) Geoffrey E. Ciarlone, Physiologist for the Physical Readiness Program, briefed the Committee for the Navy.

CDR Schulz noted the Navy's response to RFI 5 addresses both the Navy and Marine Corps and that diagnosis and treatment of eating disorders often occur at the MTF so the Navy and Marine Corps defer to the diagnostic data presented by DHA for prevalence information. The Navy's BUMED, Office of Women's Health (OWH), maintains routine collaboration with DHA in reviewing and evaluating healthcare data. The Navy BUMED and DHA work together to identify strategic initiatives, whether collaborative or Service-driven, to optimize the health and readiness of Sailors and Marines.

CDR Schulz stated there are no current clinical recommendations for routine screenings of eating disorders in adults. The most current recommendation from the USPSTF states that the current body of evidence is insufficient to recommend for or against routine screening for eating disorders. However, CDR Schulz noted, the American Psychiatric Association recommends screening for eating disorders as part of every initial psychiatric evaluation. Psychiatric evaluations are conducted as part of accession into the military. One validated tool Navy and Marine Corps providers can use is the SCOFF questionnaire, which is described on the briefing slides. Providers can also use lab testing and bloodwork as an evaluation tool for eating disorders. The BUMED OWH and Female Force Readiness Navy Medicine Operational Clinical

Community (FFR NMOCC) developed a guide on disordered eating to aid medical providers in the identification and treatment of Sailors and Marines with eating disorders or disordered eating.

CDR Schulz stated treatment is available for Service members with disordered eating issues and eating disorders. She also noted Service members can discuss their concerns and request treatment during multiple medical touchpoints, including predeployment healthcare visits, annual well-woman visits, physical exams, referrals following the completion of their periodic health assessment, and anytime they meet with their primary care manager. Service members will be connected with the care they need through direct care or civilian care, depending on their individual needs and services available in their location.

The BUMED OWH and FFR NMOCC have developed multiple educational resources for Sailors and Marines focused on nutrition, fitness, maintaining a healthy weight, and the dangers of disordered eating. CDR Schulz stated the Nutrition Guidelines and Recommendations for Servicewomen Resource includes information on nutrition and meals ready to eat, guidelines for pregnancy and lactation, guidance for reading food labels, guidance for athletes who perform intense physical activity, and more. The Deployment Readiness Education for Service Women (DRES) handbook, which is also an app from DHA, includes nutrition information and indicators of disordered eating. Another resource is the Disordered Eating Patient guide, which provides education on the dangers of disordered eating. The Recognizing and Addressing Eating Disorders as a Service Member guide helps Service members understand the difference between disordered eating and eating disorders, including myths about both. CDR Schulz turned the briefing over to LCDR Ciarlone.

LCDR Ciarlone noted additional resources listed on the briefing slide, which focus on the positives of healthy eating and the dangers of disordered eating. The Physical Readiness Program Guide 10 is one of 11 guides used to supplement the OPNAV instruction. LCDR Ciarlone stated Guide 10 provides a list of no-cost resources Sailors can access, either on their own for educational purposes or as a mandatory education requirement during participation in a fitness management program. Other resources in Guide 10 include MyPlate, Go for Green, and Operation Supplement Safety. The Surgeon General's "Blue H" award is tiered for commands to use as a tool to guide and support their Sailors. The annual award application asks questions about the command regarding how they support their Sailors' wellness, with nutrition being one of several aspects to holistic wellness. LCDR Ciarlone also described the Public Health Center Healthy Living toolbox, which provides a monthly focus on different health promotions as well as tools and information for commands to distribute to their personnel.

The Navy conducts the height, weight, and fitness testing requirements together. LCDR Ciarlone noted the Navy recently released Naval Administrative Message (NAVADMIN) [242/24](#), which implemented a body composition exemption policy, similar to the Army and Marine Corps, in accordance with [DoDI 1308.03](#) (DoD Physical Fitness/Body Composition Program). The body composition assessment is only tied to the Navy's physical readiness test for Sailors who elect to use the bike as their alternate cardio modality. LCDR Ciarlone explained this is because the body composition weight is required to convert caloric burn on the bike to an equivalent 1.5-mile run/walk time for scoring purposes. Otherwise, he stated the body composition assessment and physical readiness test are not linked.

LCDR Ciarlone referenced the briefing deck slide showing the number of Navy personnel on a weight management program as of the end of October 2024. Nearly 25,000 Sailors are in the Navy's Fitness Enhancement Program either for being outside the Navy body fat standards or outside their age-adjusted physical fitness standards. For removal from the Fitness Enhancement Program, Sailors must pass a mock or official physical fitness assessment, which includes both the body composition assessment and the physical readiness test. For nutritional counseling and training in the program, LCDR Ciarlone stated that enrolled Sailors must complete one of the resources listed at the bottom of Navy briefing slide 10. Command fitness leaders are briefed on the options available to help Sailors decide which resource may be best for them.

LCDR Ciarlone noted that the Navy has conducted a body composition assessment to reexamine and revalidate its methodologies and provide a fat estimation as the Navy continues to increase in diversity. The study also aimed to compare current taping methods with other modern methodologies such as bioelectrical impedance; LCDR Ciarlone noted the study will look to tie body composition to physical performance and general health. The study completed data collection at the end of FY24 with an expected report to be produced in early 2025. LCDR Ciarlone noted that additional policy changes resulting from the study, if any, are not yet determined.

In response to the Committee's request for ongoing efforts to address unhealthy eating habits, LCDR Ciarlone reiterated the resources the BUMED OWH provided previously during the briefing before discussing several additional resources. The Naval Health Research Center is leading the Nutrition for Warfighter Performance study, providing a snapshot of Sailors' dietary intake using the Military Nutrition Environment (MNE) assessment tool to assess the local nutrition environment of commands participating in the study. The MNE tool uses a variety of surveys to assess different food environments, from installations to individual galleys or food trucks. The Navy has an ongoing pilot with Noom, a commercial mobile application weight management program. LCDR Ciarlone stated that Noom will be provided as an option in 2025 for Sailors in the Fitness Enhancement Program who failed their body composition assessment. The Official Nutrition Self-Study course, which is available in the Navy's physical fitness assessment mobile application, is currently undergoing revisions and updates. Lastly, the Nutrition Readiness Roadmap in support of the Navy's Culture of Excellence 2.0 is being developed to help commands optimize nutritional readiness through tools and resources and is targeted for release to the fleet in spring 2025.

CDR Schulz and LCDR Ciarlone concluded their briefing.

Marine Corps

Mr. Brian J. McGuire, director of the Marine Corps Human Performance Branch, briefed the Committee for the Marine Corps.

Mr. McGuire noted the ecosystem of nutritional fitness training and tools provided to Marines is similar to those reviewed by CDR Schulz during the Navy's briefing. Nutritional training education efforts begin at entry-level training, both at the Marine Corps Recruit Depots (MCRDs) and officer training. Mr. McGuire emphasized the training covers caloric requirements versus physical output, noting entry-level training may be the highest caloric demand Marines

experience during their careers. The annual physical health assessment (PHA) provides an opportunity for Marines to meet with a healthcare provider and receive advice on how to maintain a healthy body composition. Semper Fit, the Marine Corps Morale, Welfare, and Recreation (MWR) organization, enhanced its programming by increasing the number of performance dietitians available to Marines and providing virtual options.

Mr. McGuire shared that Marines who score 285 or higher on their Physical Fitness Test (PFT) and Combat Fitness Test (CFT) are exempt from weight and body fat standards. Marines who score 250 or higher on both the PFT and CFT are allowed an additional 1 percent body fat to their maximum body fat allowed. Mr. McGuire stated the Marine Corps was the first Service to provide these exemptions for high performers.

Mr. McGuire referenced Marine Corps briefing slide 8, which shows the number and percentage of Marines assigned to the Body Composition Program (BCP) as of October 18, 2024. If Marines exceed their weight standard, their body fat is estimated via the circumference tape method. If they exceed the body fat standard via tape, their body fat is estimated using a bioelectrical impedance method to allow for a more accurate assessment. Mr. McGuire noted the Marine Corps was the first Service to introduce advanced human performance technology into the body composition assessment process. Marines who exceed the body fat standards are assigned to the BCP. When Marines are initially assigned to the BCP, it is a mandatory 6-month assignment. Mr. McGuire described that this is to provide time for weight management activities, such as nutritional changes, to work instead of incentivizing quick weight loss measures.

Mr. McGuire explained that the Marine Corps standards are in a constant state of analysis, assessment, and modification if warranted, and there have been no changes since the previous relevant Marine Corps briefing to DACOWITS on results from the 2022 body composition study. Mr. McGuire noted the Marine Corps efforts to address unhealthy eating habits are similar to those described by CDR Schulz. The Marine Corps is part of the OSD working group considering revisions to physical fitness and body composition DoDI 1308.03.

Mr. McGuire concluded his briefing.

Department of the Air Force

Mr. Jason Ham, Chief Exercise Physiologist for the Physical Fitness and Body Composition Policy Branch, and Colonel (Col) Mark B. Dudley, Flight and Operational Medicine Branch Chief, briefed the Committee for the DAF.

Mr. Ham referred the Committee to DHA for the prevalence rates requested and turned the briefing over to Col Dudley. Col Dudley noted there is not one standardized screening tool for eating disorders used in the DAF. Eating disorders, typically anorexia, bulimia, or binge eating, are diagnosed through self-report, referral, or a triggering event such as hospitalization. Col Dudley described other symptoms, such as fainting, or medical tests, such as electrolyte levels, in combination with a patient's BMI may be used to determine the presence of an eating disorder. He also mentioned that some DAF providers may use the SCOFF questionnaire screening tool. Treatment options for individuals are myriad because eating disorders are complex issues. Col

Dudley referred to psychotherapists; dietitian therapists; and clinical, family, or internal medicine physicians.

Col Dudley referred to DAF briefing slide 4 showing prevalence rates pulled from internal DAF data, which collates all eating disorders with an ICD code of F50 from 2017 to 2024. Col Dudley noted there are no trends over time aside from a slight increase in rates in the O5–O9/W4–W5 population, though he noted the DAF has been unable to identify a reason for this increase. However, one possible explanation is that Service members may have changed their physical fitness habits during the pandemic and then turned to unhealthy habits to get back into standards. Col Dudley stated military populations have lower eating disorder prevalence rates than the rest of the U.S. population, citing the potential of several protective factors for this population. He also noted eating disorders are typically a comorbid condition, meaning other conditions, such as depression, anxiety, and sometimes PTSD, are linked to them, which can be seen through electronic medical health record screenings. Additionally, Col Dudley noted that male rates of eating disorders are lower than female rates of eating disorders in the DAF. Col Dudley turned the brief back over to Mr. Ham.

Mr. Ham reiterated his deferral to DHA on many of the interventions, education, and training tools provided to Service members and also stated he has been asked to brief on the Space Force response in addition to the Air Force. The Space Force is nearing completion of a 2-year study using wearable Garmin technology to test a continual fitness assessment against the standard episodic physical fitness event testing, which may result in an updated policy based on the results. Guardians who opt into the study have different metabolic data points tracked, including sleep and predicted aerobic capacity. Guardians who did not participate in the study follow the Air Force physical fitness and BCP.

The Air Force has not used any association of height to weight screening since 2003. In the early 2000s, the Air Force observed unhealthy and unsafe behaviors happening before weigh-ins; during this time, the Air Force used a maximum allowable weight scale rather than the traditional BMI scale. Mr. Ham stated the Air Force noticed individuals using unsafe, unhealthy practices to manipulate their body weight anywhere from 72 to 24 hours before the assessment. The Air Force does not do baseline screening, and Mr. Ham described the anthropometric design of its assessment, which is a waist-to-height ratio, so weight does not factor into scoring. The Air Force now uses height in the waist-to-height ratio after using a single-site abdominal circumference measurement from 2004 to 2023.

Mr. Ham noted that the Air Force decoupled body composition from the physical fitness assessment in April 2023. The BCP is now a stand-alone program measuring waist-to-height ratio. The Air Force moved from abdominal circumference to the weight-to-height ratio to reduce bias of stature and after finding the scientific literature supported the weight-to-height ratio as a more accurate assessment. The program is still in an adaption period, which means there are no negative consequences for individuals who do not meet standards; however, Mr. Ham noted that the Air Force has an education intervention requirement for those who do not meet the cutoff standard. The weight-to-height ratio is an agnostic, gender-neutral standard. If an individual has a ratio greater than .55, they are first required to see a medical provider at the MTF for an evaluation to assess medical conditions or medications that may preclude an individual from optimizing their body composition. Mr. Ham described the Hero Guide, a

resource listed on the Human Performance Resources by CHAMP (HRPC) and other SharePoint sites in the Air Force. Airmen review this guide, explore their local resources, and develop an individual action plan that must be submitted to their commander, supervisors, and the unit-embedded fitness program manager or body composition manager. Individuals remain on the body composition improvement program until they attain a passing rate below the .55 ratio. Mr. Ham stated the Space Force has the same approach and methodology for body composition. It has implemented Guardian Resilience Teams (GRTs), which are unit-embedded medical assets such as psychologists, strength coaches, physical therapists, registered dietitians, and a team lead. Mr. Ham noted the Space Force's GRTs currently have a 75-percent fill rate. GRTs are designed to engage at the unit-level and provide services to the installation as well.

Mr. Ham noted the DAF is in the midst of revising the Air Force's current BCP. However, he was unable to confirm any of the approved revisions, noting the DAF is strongly considering bringing back body composition and associating fitness with weight and linking the Air Force fitness test, like the Navy's approach. Additionally, Mr. Ham shared there is interest in recent changes to the DoDI 1308.03 related to individuals scoring in high fitness categories receiving exemptions for the body composition assessment. Mr. Ham clarified body composition would still be tested, but it would be an exemption from negative consequences.

The DAF is conducting ongoing efforts to address unhealthy eating habits and disordered eating, including installation resources such as health promotion coordinators and unit-embedded resources such as operational support teams and True North mental healthcare providers. In addition, Mr. Ham mentioned the Air Force is involved with the OSD body composition working group and subworking groups exploring indexes, such as the Fit-Fat Index.

Mr. Ham concluded his briefing.

Coast Guard

Commander (CDR) Gretchen A. Buckler, Chief of Preventive Medicine and Population Health, and Lieutenant (LT) Brent J. Carroll Jr., Military Human Resources Specialist, briefed the Committee for the Coast Guard.

CDR Buckler explained the Coast Guard only has eating disorder diagnostic data from 2021 to 2023 because previous medical records were kept on paper. Additionally, she noted the data available from Military Health System (MHS) Genesis does not include information on pay grade, and the Coast Guard does not have data billed to TRICARE by civilian providers. CDR Buckler noted very few Guardsmen are diagnosed with an eating disorder each year, but more women than men are diagnosed. Between 2021 and 2023, there were 40 diagnoses of women and 17 diagnoses of men. More women were diagnosed in 2022 than 2023, although due to small numbers, CDR Buckler stated it is difficult to know the reason for the increase. Prevalence data, representing the total number of patients diagnosed each year, shows similar trends to the incident data previously discussed, including a higher percentage of women than men and more Service members treated in 2022 than in 2023. A total of 43 women and 27 men were treated from 2021 to 2023 for eating disorders. CDR Buckler noted the data is not perfect, so it may be an underestimate for this time period. Diagnostic, or incidence, and prevalence data was obtained through an MHS Genesis query of ICD 10 codes.

CDR Buckler confirmed that the Coast Guard does not have enterprise-level guidance or requirements to screen for disordered eating. Guardsmen have biannual body composition screenings, and if they are found below minimum standards, they could be referred to their primary care provider for evaluation. Coast Guard medical providers use the TRICARE network of MTF and civilian resources to support and treat Guardsmen diagnosed with disordered eating or an eating disorder.

CDR Buckler noted that enlisted recruits, Coast Guard Academy cadets, officer candidates, and direct commissioning officers receive some training on diet and nutrition, but it does not cover disordered eating. Instead, training topics include major nutrients, food groups, and the importance of hydration, and a registered dietitian is available to answer questions or address concerns. Coast Guard Academy cadets receive information on diet and nutrition during their in-processing summer, known as Swab Summer. Health services staff provide 1.25 hours of training on nutrition and the fundamentals of a healthy diet to maintain compliance with Coast Guard personal readiness standards. Additionally, cadets have two .25 credit fitness and wellness courses taught by health and physical education staff with approximately 2 hours on nutrition. Cadets also complete a 1-hour life skills course that builds on previous exposure to nutrition basics and uses U.S. Department of Agriculture guidance on how to maintain a healthy relationship with cuisine. Cadet counseling staff occasionally offer trainings on disordered eating, including types and symptoms of eating disorders, risk factors, and available treatments. A nurse with experience in eating disorders is available for cadets requesting additional information or assistance.

CDR Buckler noted that a new Sentinel Transformation and Readiness Training Course is under development and will be delivered to recruits at the beginning of boot camp. The curriculum will cover many topics, including a session on personal health in which students examine the role of nutrition and healthy habits on mental and physical health; the session also provides examples of healthy habits, including eating for proper nutrition and sleep hygiene. CDR Buckler stated Officer Candidate School candidates receive 12 hours of instruction on wellness covering nutritional planning, how diet can impact various diseases, identifying strategies to deal with stress, and methods for maintaining fitness while on the job. Candidates also complete an online personal wellness profile to evaluate their overall health and wellness and develop 1-year nutritional and fitness goals. The direct commission officer course provides 2 hours of training on macro nutrient needs and fitness strategies to accommodate an officer's busy schedule. Reserve officer candidates do not receive any health and wellness education at this point, but the curriculum is currently under review. CDR Buckley turned the briefing over to LT Carroll.

LT Carroll referenced Commandant Instruction (COMDTINST) [1020.8I](#) (*Body Composition Standards Program*) regarding the Committee's questions on body composition standards and policies. LT Carroll stated there is no correlation between the height and weight and fitness test standards in the Coast Guard. He mentioned four screening tools that can be utilized for the semiannual body composition and screenings. The Coast Guard's screening weight standards are based on maximum allowable weight and BMI, which corresponds to an individual's height. The minimum BMI standard is 19.0, and the maximum is 27.5, regardless of age or gender.

LT Carroll also explained that the Coast Guard does not have a weight management program; rather, individuals are placed on a probationary status due to weight management issues. The

probationary status is not tracked by an IT system; rather, it is tracked by the CG-3307 form, which is an administrative remarks form and becomes part of a Service member's personnel record. LT Carroll stated the CG-3307 forms are not coded but are categorized by subject; therefore, they are unable to be tracked specifically for the weight management program. LT Carroll noted that a Guardsmen is placed on a weight management program in a probationary status if they have exceeded their maximum allowable weight, fail compliance with one or both taping measures, and fail compliance through the PFT. Noncompliance with the PFT occurs when a medical officer determines the Guardsmen is not cleared to take the PFT and they do not qualify for a medical abeyance or exemption, the Service member declines to take the PFT, or the Guardsmen does not pass the PFT. Guardsmen can be removed from probationary status for weight management if they pass one of the four screening methods. LT Carroll turned the briefing back over to CDR Buckley.

CDR Buckler noted that the Coast Guard has no standard nutritional or fitness counseling provided to Service members who do not meet body composition testing standards. Individuals can be referred to a registered dietitian for nutritional counseling or an exercise physiologist for guidance on determining the best fitness and exercise regimen based on their personal medical status at an MTF or a community facility. The Body Composition Standards Program, [COMDTINST 1020.8I](#), was revised in 2022, and the instruction is on schedule for periodic revision in 2027. Additionally, CDR Buckler noted that, as part of its Integrated Primary Prevention Program, the Coast Guard has resilience coordinators at every district or parent command with more being trained in the future. The resilience coordinators receive training at the USU on topics such as sleep, hygiene, fitness, nutrition, stress management, suicide prevention, and behavioral change. CDR Buckler stated resilience coordinator is a voluntary collateral duty that can be done by enlisted personnel or officers. They serve as a local access point to provide Guardsmen with evidence-based wellness and resilience information and resources.

CDR Buckler concluded her briefing.

Discussion

Dr. Hunter asked whether the Military Services track individuals at an unhealthy BMI for being underweight and whether they are part of the weight management program, rather than just focusing on overweight challenges. LCDR Ciarlone responded that the Navy's physical readiness management system does not actively flag or track individuals who are underweight but noted the Navy could pull that information on request. Mr. McGuire responded Marines can be assigned to the weight management program for being over or under weight standards and similarly shared that information could likely be collated if requested.

LTG (Ret.) Schwartz noted variance among the Military Services with their approaches to physical readiness and body composition assessment methods. He asked whether all the Military Services are aware of the DoD Body Composition working group. Mr. McGuire from the Marine Corps noted many on the panel are part of that working group. LTG (Ret.) Schwartz asked the Coast Guard to provide more information on their dietary counseling for those who do not meet the body composition standards. In particular, LTG (Ret.) Schwartz noted the Coast Guard's statement on the lack of a universal methodology or approach. CDR Buckler did not have the

reason behind the Coast Guard's approach or lack of standard training or information given to Service members who do not meet the body composition standards. LT Carroll added further clarification noting Commanding Officers and Executive Officers must ensure Service members on probationary status for weight are assessed by a medical provider to determine whether they have conditions or disorders that may exempt them from the standard. LT Carroll also responded to Dr. Hunter's previous question that those who are under the weight standard must seek medical guidance to ensure they are in a ready status, and if they are not, they will receive medical counseling and guidance.

CMDCM (Ret.) Harris noted that if Service members do not self-identify as having an eating disorder or end up in treatment through another illness or medical issue, they may not receive treatment for their condition. She asked whether the Military Services are doing anything to proactively identify these issues, such as initial entry screening. Additionally, she asked whether DHA had any plans to develop specialty treatment centers for eating disorders within MTFs. Maj Pombier responded there are no plans to have specialty treatment centers within MTFs. CDR Schulz responded self-reporting is one option for the identification of eating disorders but also noted many Service members seek medical attention because they are struggling with their weight and want help with weight loss to meet the standards. In those instances, providers may ask more questions about their diet and eating habits or conduct a screening that could help identify someone with an eating disorder or disordered eating. CDR Schulz stated medical providers have a significant role in identifying risk factors. Mr. McGuire responded that all the Military Services have various trained "sensors" such as embedded civilian subject matter experts or trained noncommissioned officers to identify these issues and reduce the stigma to ensure Service members feel they can come forward and get help. CMDCM (Ret.) Harris remarked the Military Services formerly separated Service members with an eating disorder and commented it is important that Service members, especially junior personnel, know that is not the case anymore. LTC Bustillos responded the Army's H2F program has embedded human performance teams, including registered dietitians, into the brigades, and eating disorder screening is conducted as part of the onboarding process when Service members transfer in or arrive. LTC Bustillos noted this is another avenue that helps identify Service members at risk outside of MTFs.

Dr. Hunter asked for further clarification on data and methodology for the prevalence of eating disorders, noting discrepancies in data presented by Maj Pombier and LTC Bustillos on the eating disorder prevalence rates. For example, she noted that the Army reported a higher number of Service members with eating disorders than DHA. LTC Bustillos stated the Army's data included a wider range of things that could be indicative of eating disorders, such as conditions like pica. Additionally, LTC Bustillos noted different timeframes for the Army and DHA data. Maj Pombier responded DHA's data included fewer years and only included the diagnostic codes for an eating disorder, which would not include conditions like pica.

Ms. Robin S. Kelleher asked whether the Military Services are coordinating with DHA to track prevalence rates for eating disorders across multiple years. LTC Bustillos remarked that this conversation has prompted her to speak with the research and analysis directorate to continue tracking this information, noting it is important to keep the conversation going within the Army. CDR Schulz from the Navy responded there is a lot of collaboration happening currently

between multiple clinical communities and initiatives across the Military Services and with DHA.

CDR (Ret.) Tutalo asked whether the intention of body composition standards and the weight management programs is force readiness, and if so, how the standards were determined and aligned with readiness. Mr. Ham responded the Air Force's current revision is attempting to align physical fitness, human performance, and body composition with deployability. The Air Force is exploring the development of a fitness readiness index, which would be the first time the Service associated the physical fitness and BCP with a readiness metric. Mr. Ham described how the fitness readiness index would account for DAF deployment availability codes, which are informed by medical exemptions, such as pregnancy or other medical statuses. LTC Bustillos stated the Army's H2F program ties body composition and other metrics to readiness. H2F's human performance teams focus on providing healthy nutrition education and training as well as identifying and educating on unhealthy behaviors within a readiness framework. The Army is examining [AR 600-9](#) and working with the DoD body composition working group to understand best practices for body composition for the Military Services. Mr. McGuire noted the Marine Corps standards are in a constant state of analysis. The Marine Corps partnered with the U.S. Army Research Institute of Environmental Medicine (USARIEM) in 2021–2022 to conduct the largest study of body composition standards since the 1980s. The study provided useful information that led to some changes. Mr. McGuire stated the Marine Corps combination of physical fitness, combat fitness, MOS physical fitness standards, and current body composition standards achieves the health, fitness, and readiness goals for Marines. LT Carroll responded the Coast Guard is conducting a beta test to use the boat crew fitness test as the first option for screening and as a way to assess fitness across the career fields.

LTG (Ret.) Schwartz asked who leads the DoD body composition working group. Mr. McGuire responded the Office of the Under Secretary of Defense for Personnel and Readiness (OUSDP&R), in combination with Health Affairs, leads the DoD body composition working group. LTG (Ret.) Schwartz asked whether all the Military Services are represented. Mr. McGuire confirmed all Services are represented.

VADM (Ret.) Braun noted LCDR Ciarlone had additional input from the previous question from CDR (Ret.) Tutalo on standards and their linkage to readiness. LCDR Ciarlone responded that if Service members are underperforming physically or carrying around excess fat mass, they are at additional risk for musculoskeletal injury. Musculoskeletal injury is the number one reason for Sailors being on limited duty, which affects their deployability, tying standards to operational readiness. Ms. Holly L. McClung, a Nutritional Physiologist for the USARIEM, responded for the Army as she was the principal investigator for the Army's body composition study. The 540 threshold for the body composition exemption from the ACFT was mathematically modeled and developed in consideration of body composition and musculoskeletal injury. The study of 3,000 Soldiers linked incidents of musculoskeletal injury with body composition and performance and found that threshold to be the point at which you reduce your risk of injury. Ms. McClung also reported the study found an increase of 1 point in a Soldier's body fat percentage decreases their ACFT score by 5 points. She noted a lot of time and effort was put into updates to the Army body composition policy.

Ms. Kelleher asked which Military Service has the highest rate of eating disorders. Maj Pombier did not have that information but stated she could provide the data, if requested.

CMDCM (Ret.) Harris asked where a Service member would get treatment if they were diagnosed with an eating disorder and were not deployable. Maj Pombier responded treatment can be provided outpatient through an MTF depending on the severity of treatment needed. Patients with severe eating disorders will benefit most from private-sector specialized care, which provides multidisciplinary care support. Disordered eating can be addressed at the MTFs with the support of behavioral health providers. Colonel (COL) Sharon L. Rosser, Commander from the USARIEM, responded for the Army that private-sector care is also tracked by a care coordinator who connects care in and outside the MTF.

Dr. Trudi C. Ferguson asked about the prevalence of overweight versus underweight Service members and wondered whether there are more self-reports of overeating than undereating. Mr. Ham responded the Air Force has been following weight gain in its assessment of whether the height-and-weight ratio or abdominal circumference are the right measurements. Mr. Ham noted weight gain fluctuations throughout the pandemic and stated that this information is informing the DAF's decisions moving forward. Mr. McGuire responded that Dr. Ferguson's question seemed related to Dr. Hunter's earlier question and that it could be better addressed with a refined RFI so the Services could provide ample data.

CMDCM (Ret.) Harris asked Maj Pombier whether eating disorder screener questions are asked when a Service member sees any medical provider, similar to those asked about safety at home. Maj Pombier responded that DoD follows the USPSTF recommendation, which states there is not enough evidence to support screening the general population for eating disorders, so they are not part of a general screening questionnaire.

Col (Ret.) Anderson asked CDR Schutlz and LCDR Ciarlone what the score is to be exempt from taping in the Navy, and whether there is a score for individual events, similar to the Army's approach. LTC Ciarlone responded Sailors must score an "excellent low" overall, which would put them in the top 25 percent of their age- and gender-matched peers. This score would exempt them from the Fitness Enhancement Program, but they are still required to complete a nutrition education option available in Guide 10.

Brig Gen (Ret.) Sanborn asked why women have a much higher prevalence of eating disorders, in particular noting the data presented by the Air Force. Col Dudley from the Air Force responded the military is a microcosm of society and noted that higher eating disorder prevalence rates exist for women in the civilian world. Col Dudley also stated military populations have some protective factors in comparison with the general population, such as initial entry screenings and the support of the military healthcare system, which can identify issues earlier in some cases. Brig Gen (Ret.) Sanborn asked other panelists for their thoughts on why women have a higher prevalence rate of eating disorders and how it is being addressed. Maj Pombier noted there is not a complete understanding of why eating disorders are generally more common in women and stated it is possible eating disorders are underdiagnosed in men because they are less likely to seek treatment. Maj Pombier also discussed other factors such as societal standards and comorbid psychiatric conditions, such as anxiety, that may contribute to why eating disorders are more common and more commonly diagnosed among women.

Dr. (Captain Ret.) Catherine W. Cox reflected on three potential best practices she heard throughout the briefing: (1) Navy's pilot of the commercial wellness tool, Noom; (2) use of the SCOFF screening questionnaire; and (3) Army's H2F with embedded nutritionists and education resources. Dr. (CAPT Ret.) Cox asked Maj Pombier when the virtual live trainings will be available for providers and whether they will be a mandatory requirement for providers, and if so, whether it would be an annual requirement. Maj Pombier stated she does not have an exact timeframe for implementation, and the trainings are not planned to be a mandatory requirement.

CAPT (Ret.) Barrett asked Ms. McClung whether there was a difference between men and women in the balance of body fat percentage and score for the musculoskeletal injury risk she discussed earlier. Ms. McClung noted the sample reflected the Army population, and it set the threshold so that it would be similar across sex, age, ethnicity, and rank.

VADM (Ret.) Braun asked whether Service members are asking for weight loss drugs, such as Ozempic, and how that is handled by the Services and by DHA. Maj Pombier stated she does not have the rate of requests but noted it is more common for Service members to come to the MTFs seeking weight loss medicine in recent years. A TRICARE algorithm determines coverage for an injectable. Maj Pombier noted Ozempic is not approved for weight loss because it is a diabetic medicine, but Wegovy, which is similar, is covered because its purpose is for weight loss. Service members must first try and fail alternative medications before TRICARE will cover Wegovy. A Service member with a BMI of more than 30 or 27 with a comorbid condition qualifies for weight loss therapy, which begins with oral medications before injectables, although injectables are now gaining popularity in society. LTC Bustillos responded the Army is currently working on guidance for Soldiers on this topic and is working with a team at DHA to address concerns about readiness and deployability.

CMDCM (Ret.) Harris asked whether active-duty personnel can receive gastric bypass surgery. LTC Bustillos responded it is not authorized but stated Health Affairs is reviewing the potential for reversible bariatric procedures, including anti-obesity medications.

MG (Ret.) Eder asked how the information briefed applies to the Reserve Component. Mr. McGuire responded the standards and procedures are the same within the Reserves. MG (Ret.) Eder clarified her specific interest was with eating disorder treatments due to differences in the access to TRICARE for Reservists. Mr. McGuire stated the Reserve Component has unique challenges and noted a specific RFI on the matter could provide more in-depth information. He stated many of the services available to active duty are not available to Reservists unless they are mobilized or activated. LTC Bustillos responded the Army is working on an H2F framework, slated to begin in FY27, for Reservists to provide access to dietitians and strength and conditioning coaches. Additionally, Army Reserve units are equipped with fitness and wellness resources and training materials.

LTG (Ret.) Schwartz asked DHA why a disparity exists among the Military Services with what is considered a healthy body composition and how it is measured. Maj Pombier responded this issue is not restricted to the military, noting BMI is a poor estimate of someone's actual health because weight does not take into account fat versus muscle, and BMI may not correlate to an individual's physical fitness level. Maj Pombier felt the Military Services' refined approaches,

including completion of physical fitness activities and assessments of fat and muscle in body composition, are more aligned to properly assess readiness.

VADM (Ret.) Braun asked for more information on SEA WAVES, the nonprofit organization Maj Pombier mentioned during her briefing. Maj Pombier responded DHA refers Service members to the organization but does not oversee its offerings. VADM (Ret.) Braun asked whether SEA WAVES provides counseling and treatment. Maj Pombier responded SEA WAVES is a counseling organization and can help connect individuals with other resources. However, Service members seeking inpatient treatment are referred to the MTFs.

VADM (Ret.) Braun noted the large volume of handbooks and guides discussed during the briefings. She asked whether the Navy's OPNAV Physical Readiness Program Guide 10 was intended for medical providers or Service members. CDR Schulz responded the Navy guide is for both providers and Service members and is public-facing on the women's health website. Provider resources are pooled under one link, while Service member resources are under specific areas such as nutrition or mental health. CDR Schulz also noted DHA made one of the Navy handbooks into an app; therefore, discontinuation of the handbook is probable to refer Service members to the updated and better maintained mobile app. VADM (Ret.) Braun asked how Service members are made aware of these resources. Maj Pombier responded they are posted on multiple health websites and are featured on the Military Health Connect app. CDR Schulz responded the Navy's website is advertised at leadership symposiums and conferences. LCDR Ciarlone shared the Navy's physical fitness program guide for command fitness leaders is available on the myNavyHR website and noted the guide provides additional policy guidance and instructions. Mr. McGuire responded the Marine Corps resources can be found on www.fitness.marines.mil. Mr. Ham shared that the Air Force has an IT platform where Service members can access myFitness and myBodyComposition and stated there is information available on www.hprc-online.org. LT Carroll responded personal readiness, nutrition, and body composition information is available for Coast Guard members on the myCG internal website and public-facing websites.

Dr. (CAPT Ret.) Smith asked what factors led to the wearables study in the Space Force and how may the results change or increase efficacy related to body composition. Dr. (CAPT Ret.) Smith also asked for clarification on the Army's recent body composition study and whether it used wearables. Ms. McClung responded there were no wearables in the study. Mr. Ham stated he worked closely with the Space Force as it designed the evaluation and study. The Space Force is a small force, so wearables are feasible to implement, and the Service was looking for a way to shift the culture from periodic fitness evaluations to a continual fitness model. Guardians using wearables must meet certain milestones to indicate they passed the continual fitness assessment. Dr. (CAPT Ret.) Smith reflected it is not about the measurement, but the wearables reinforce a broader cultural shift to continual fitness and readiness. Mr. Ham praised the approach but noted potential scaling challenges of this model for the other Military Services. Mr. Ham shared the high participation rate and interest, sharing 98.5 percent of Guardians opted in to the wearables study, which was surprising given the Space Force has more sedentary jobs compared with the other Services. The 2-year study period is nearly complete, and Mr. Ham noted the high rate of continued participation from Guardians who have the option to opt out of the study at any time. Mr. Ham also attributed the study's success to the GRTs embedded in the units that encourage healthy behaviors and habits and can communicate the value of the study data. Dr. (CAPT Ret.)

Smith asked what Guardians see when they look at their Garmin wearables. Mr. Ham responded that Guardians conduct an initial intake when they opt in to the study, and a nutrition, physical therapy, or strength coach walks them through the data points from the wearable. Mr. Ham shared that the wearables provide real-time, day-by-day data, giving the wearer information such as “green lights” and “red lights” on training and sleeping. He also stated the Guardians are educated on sleep architecture, such as REM and deep sleep, because the wearables can track and provide that information. Col Dudley from the Air Force reiterated the importance of consistent cultural approaches throughout the service life cycle from the initial point of entry to exit.

The briefing discussion concluded.

Briefing Panel: Perimenopause, Menopause, and Hormonal Imbalance (RFI 6)

The Committee requested a briefing from DHA and the Military Services, on DoD and Service-specific research focused on perimenopause, menopause, and hormonal imbalance issues for servicewomen; policies and medical protocols to assist servicewomen undergoing perimenopause, menopause, and/or hormonal imbalance issues; and whether servicewomen may experience earlier or more severe onset of these conditions as a result of military service and/or exposure to unique working environments, such as hazardous conditions, lengthy deployments, combat stresses, hazardous materials, and extended high altitude or undersea exposure.

Defense Health Agency

Maj Pombier, Chief, Women's Health Clinical Management Team, Clinical Support Division, Medical Affairs, Assistant Director for Health Care Administration (J3), DHA, briefed the Committee for DHA.

Maj Pombier began explaining that the phrase “hormonal imbalance issues” is not a medical diagnosis but a casual term that may be used to refer to any disorder of the endocrine system, such as diabetes, thyroid disorder, or disorders related to gynecological hormones. For the purpose of this brief, she explained that DHA assumed the request to be referencing physiological changes in ovarian hormone secretion that occur during the perimenopause and menopause timeframe.

Maj Pombier reported that the USU has published a few studies on menopause, and the American College of Obstetrics and Gynecology (ACOG) recently published a clinical perspective from USU physicians on addressing the menopause needs of Service members. The March 2024 Executive Order on Advancing Women’s Health Research and Innovation also identified women’s midlife health as a top Federal research priority, and thus additional research is anticipated on this topic. Maj Pombier added that DHA defers to the Military Services to discuss any Service-specific research.

Maj Pombier noted that, regarding policies and medical protocols to assist servicewomen undergoing perimenopause and menopause issues, the DoD develops policies and medical protocols based on national guidelines from the USPSTF and ACOG. Maj Pombier added that, most recently, DHA has been working on a Practice Recommendation titled, “Perimenopause

and Menopause,” to provide guidance on patient management throughout the perimenopausal and menopausal transition. In addition, Maj Pombier shared that the DoD will be working with the Department of Veteran Affairs (VA) to develop VA/DoD clinical practice guidelines on perimenopause and menopause, which is anticipated for publication in FY26. Screening, recognition, and treatment of perimenopause and menopause are joint efforts between primary care providers and specialty care providers, such as gynecologic surgeons and obstetricians, endocrinologists, and other specialists, to permit holistic and patient-centered care.

Maj Pombier stated the DoD has not conducted any research to assess the potential for earlier or more severe onset of perimenopausal or menopausal symptoms related to military service or exposure unique to the military environment. Regarding health surveys, Maj Pombier reported that Service members are required annually to perform health screenings during their PHA, which includes questions regarding postmenopausal status and menstrual status or symptoms. This data is unique to each individual to address individual needs when they meet a healthcare provider, so aggregate data is not available.

Maj Pombier noted that the onset of perimenopause and menopause happens ubiquitously and is a normal life transition that does not necessarily require medical intervention unless symptoms become pathologic and impact daily functioning. Maj Pombier added that a medical diagnosis is not inherently required at the time of onset, precluding accurate assessment of incidents. All persons with ovaries will experience menopause individually, with no definitive onset of the perimenopausal period, and no physiological markers indicating a confirmed start and stop time for the transition. Maj Pombier stated most women experience menopause between ages 40 and 58, and in North America, the average age for menopause is 51.

Maj Pombier reiterated that the perimenopausal experience is ubiquitous but variable in timeline and symptoms. Symptoms such as hot flashes and vaginal dryness are fairly specific to menopause, and their treatments are also somewhat specific. However, she explained symptoms like brain fog and mood changes tend to be multifactorial with influences from the hormonal transition of menopause in addition to nonhormonal influences. Alternatively, Maj Pombier caveated that the symptoms during the period of menopause may be independent of hormonal changes, and as a result, many treatments related to perimenopause and menopause, such as nutritional referrals and Selective Serotonin Reuptake Inhibitors (SSRIs) are not specific, making it infeasible to accurately capture all treatments that were prescribed for perimenopause and menopause symptoms.

Maj Pombier reported that primary care providers are trained and can assist women during their midlife transitions. In addition, specialty care health providers such as gynecologic surgeons and obstetricians, certified nurse midwives, and women’s health nurse practitioners are available for consultation for complex cases and can assist in addressing increased risks associated with menopause. Maj Pombier added that MTF providers may personally access additional training through organizations like the North American Menopause Society (NAMS), which is now The Menopause Society, and DoD training partners including USU. Professional education and training prepare providers for diagnosis and treatment. No DHA-sponsored standardized comprehensive training courses are currently focused on screening, assessing, referring, and/or treating servicewomen around menopause.

Maj Pombier explained that there is no standard definition for sufficient training on perimenopause and menopause. All healthcare providers receive training on these issues during their medical education and can identify if or when escalation of care is needed. Maj Pombier added that providers can, if desired, seek additional training or certification, such as through the Menopause Society where they can become a Menopause Society–certified practitioner. Maj Pombier reiterated there is a DHA practice recommendation in progress. In addition, the DHA also hosted a clinical pharmacy course on menopause and female sexual dysfunction in October 2024.

Maj Pombier stated that hormone replacement therapy is covered through TRICARE. Drugs prescribed for hormone replacement therapy must be approved by the U.S. Food and Drug Administration (FDA) and prescribed in accordance with legal indications. Specific drugs, like estradiol cream, and nonhormonal drugs like gabapentin, that can be used to treat menopause and perimenopause symptoms are also covered by TRICARE. Maj Pombier stated utilization of Complimentary and Alternative Medicine (CAM) in MTFs or private-sector care is varied. CAM providers are dependent on MTF staffing and may provide acupuncture or chiropractic care, although the availability is limited, and services may change. In addition, some forms of CAM may be used within private-sector care as well to augment or support beneficiary needs.

Maj Pombier explained that Service members can access information about perimenopause and menopause through their own resources or by consulting with MTF providers or electronic resources through the DoD such as www.health.mil, www.Tricare.mil, or [Military OneSource](http://MilitaryOneSource). Additionally, Maj Pombier shared DHA has DRES for servicewomen that provides on-demand access to health information. DHA also has the Decide + Be Ready app, which is largely focused on contraception, but can play a role in the perimenopause transition. Additionally, there is a nurse advice line available 24/7 for any questions on generalized care or appointment opportunities.

Maj Pombier concluded her briefing.

Army

Lieutenant Colonel (LTC) Melody R. Nolan, Walter Reed National Military Medical Center [Obstetrics/ Gynecology] OB/GYN Department Chief, briefed the Committee for the Army.

LTC Nolan stated that there is currently no Army-specific research on perimenopause, menopause, and hormonal imbalance issues for servicewomen, but she anticipates USU- and DHA-sponsored research in the future. LTC Nolan added that DoD authorized \$500 million for women’s health research in September 2024, but much of that has already been applied to other opportunities.

LTC Nolan reported that no Army policies or protocols address perimenopause, menopause, or hormonal imbalance issues. However, several websites and resources provide health and readiness to all women at every stage of life. The Army is working with DHA to create a menopause clinical practice guideline that will be distributed to physicians and women’s health nurse practitioners and certified nurse midwives. LTC Nolan added that all Army providers refer

to the ACOG practice bulletins and up-to-date medical guidelines to provide the most evidence-based medical care for Soldiers.

LTC Nolan shared that there is no research on menopause in military environments. However, the Veteran Health Association has published multiple studies on veteran's health and menopause outcomes. One 2023 study examined military sexual trauma and its relationship with menopause and mental health outcomes in women veterans. LTC Nolan reported that women who have had military sexual trauma have an increased likelihood of menopause symptoms, including vasomotor symptoms, vaginal symptoms, and anxiety or depression.

LTC Nolan explained that all Service members complete an annual PHA. During this visit, health providers ask 13 questions related to women specifically, but only two are relevant to the topic of menopause: "Have you had a total hysterectomy?" and "Are you post-menopausal or no longer experiencing menstrual cycles?" In CY 23, of the 121,000 responses, only 2 percent of female Soldiers responded yes to the hysterectomy question, and 3 percent responded yes to postmenopausal or no longer experiencing menstrual cycles question. LTC Nolan added women's health screening forms are completed at every women's health appointment to assess their menstrual cycle changes, abnormal bleeding, and vasomotor symptoms, but the forms are not standardized across the Army.

LTC Nolan reported that the Army does not compile incidence data, but regardless of race or ethnicity, most women experience menopause between the ages of 40 and 50, with the average woman going through menopause at the age of 51. LTC Nolan reported that the Army could not pull data on the number and percentage of servicewomen who have been treated for perimenopause, menopause, and hormonal imbalance issues in the past 5 years.

LTC Nolan explained that five Gynecologic Surgery and Obstetrics residency programs train Army physicians throughout the DoD. Physicians undergo a 4-year training program, which includes two lectures on menopause per year. Residents have the ability to see clinical patients throughout their time in training and continue to pursue continuous medical education after they leave. There are also seven Family Medical Residencies that train Army physicians in the DoD, which is a 3-year residency. The range of medical issues residents learn about in this residency is broader, so they have fewer menopause-specific lectures in the curriculum. LTC Nolan stated that gynecologic surgeons and obstetricians in the military are trained to recognize, diagnose, and care for patients with perimenopause and menopause. They are exposed to premature ovarian insufficiency, surgical menopause, and medically induced menopause. Training on those topics occurs through several rotations throughout their 4-year residency program.

LTC Nolan reiterated DHA's briefing, stating there are multiple types of systemic estrogen and systemic estrogen progesterone regimens, local vaginal estrogen hormone therapy, and nonhormonal options for vasomotor symptoms that are in the Uniform TRICARE Formulary. Some of these require prior authorization, but LTC Nolan stated that the Army can order these for patients. For the Army, there are CAM options for Soldiers going through perimenopause and menopause for support. LTC Nolan provided examples of issues such as insomnia, vasomotor symptoms, and sleep disorders, with CAM options including exercise, dietary changes, and spiritual practices in combination with holistic health and fitness tests. However, these treatments

are not standardized across MTFs, so Soldiers may not have access to all types of treatments depending on where they are stationed.

LTC Nolan noted servicewomen are receiving counseling information on these specific topics throughout their visits for well-woman examinations as well as when they see physicians, women's healthcare nurse practitioners, and certified nurse midwives for their healthcare. Lastly, she reported word-of-mouth information is shared through women's mentorship groups on social media and women's healthcare educational forums where Service members and Soldiers are getting education from one another and from other sources.

LTC Nolan concluded her briefing.

Navy

CDR Schulz, Chief in the Office of Women's Health at BUMED, briefed the Committee for the Navy.

CDR Schulz began by explaining that the Navy and Marine Corps have not conducted any specific research on perimenopausal, menopausal, or hormone imbalances faced by Sailors or Marines. However, the USU of the Health Sciences has spearheaded a Military Women's Health Research Initiative, and the BUMED OWH is monitoring any trends on research on menopause and perimenopause. CDR Schulz added that the Navy has recently established a Navy Women's Initiative Team (WIT) and is exploring menopause research and support as a potential future line of effort.

CDR Schulz reiterated from other briefers that a VA/DoD working group will develop clinical practice guidelines on menopause, and Navy members are participating in that working group. CDR Schulz reported that the Navy hopes to see those clinical practice guidelines in 18 to 24 months. While waiting for those clinical practice guidelines to be published, the BUMED, OWH, has developed resources for servicewomen and providers on menopause and perimenopause, including "*The Information for Service Women: Perimenopause and Menopause Guide*," which is available on the Navy Women's Health Website. CDR Schulz added that three additional resources are in development: two for servicewomen and one for medical providers. For servicewomen, the "*Neuromusculoskeletal Implications of Perimenopause and Menopause*," resource is currently being developed to provide information on the mental health effects of perimenopause and menopause. In addition, the Navy is developing a guide for medical providers on hormone replacement therapies.

CDR Schulz reported there are no data available on active-duty servicewomen and potential early onset of perimenopause or menopause conditions due to military service and the unique working environments. However, some studies outside the DoD explored health outcomes in veterans who have experienced military sexual trauma and how it has impacted menopause symptoms.

CDR Schulz shared she is not aware of any survey specifically focused on menopause, but the 2022 RAND Corporation's Women's Reproductive Health Study included an option to respond as menopausal when asking about birth control use. However, because the survey was not specifically asking to identify menopause, RAND did not identify the number of respondents for

that question. Additionally, the 2024 Health of the Forces Survey included questions specifically about women's health and an area for free-text responses by Service members regarding medical care, but none were specific to menopause. The Navy is still awaiting the results of that survey; however, the same survey was conducted in 2022 and included women's health questions, and one respondent provided feedback that recommended primary care providers receive more training on menopause-related care.

CDR Schulz noted the Navy defers to any data collected from DHA on the onset of perimenopause and menopause, but civilian data shows demonstrated differences in Black and Hispanic women, with psychological stress being predictive of earlier menopause. Also, Black and Hispanic women may have more intense symptoms and experience symptoms for longer periods than White women. CDR Schulz added that some civilian research has demonstrated racial disparities and diagnosis of certain conditions caused by hormone imbalance, such as polycystic ovarian syndrome and primary ovarian insufficiency. For specific statistics on the number of women treated for perimenopause, CDR Schulz deferred to DHA. CDR Schulz explained that these statistics are not tracked specifically by the Navy, but the BUMED, OWH, maintains collaboration with DHA on all healthcare data collected.

CDR Schulz reported that medical providers initially receive training on menopause during their medical education, but the education they receive may vary depending on the institution and their medical specialty. Often, gynecologic surgeons and obstetricians, midwives, and women's health nurse practitioners receive the most training on menopause. Medical providers can refer patients to specialty care when needed to address menopause concerns for their patients. The USU is starting several menopausal-focused efforts, including updating and expanding the menopause-related curriculum for medical students and residents, which will help better prepare providers to deliver menopause-specific care to servicewomen. As other briefers previously mentioned, CDR Schulz shared that menopause clinical practice guidelines are in development. While these efforts are in development, the OWH and the Female Force Readiness Clinical Community are developing comprehensive resources for providers. These include "*Caring for Service Members During Menopause and Perimenopause*," and a hormone replacement therapy resource. These resources will contain clinical information on common symptoms, suggestions for lifestyle modifications changes, and provider guidelines and recommendations for clinical evaluations for menopause. CDR Schulz reported she and her colleagues hope to have these published soon.

CDR Schulz reiterated healthcare providers receive their education in menopause during their initial medical education. However, in recent years, medical education programs nationwide have recognized gaps in training and education on menopause. These gaps have even been recognized by ACOG, so efforts are growing nationwide to close this gap. CDR Schulz added that the clinical practice guidelines in development and the efforts by the USU are critical to keeping providers educated and caring for servicewomen.

In addition to Service member and provider resources, CDR Schulz reported that DHA held a virtual women's health seminar in 2023, which included a session on menopause. The Navy continues to explore options for ongoing virtual training and having menopause as an ongoing topic for providers.

CDR Schulz reiterated what was mentioned by DHA and the Army regarding pharmacologic treatment options. Treatment recommendations for menopause symptoms will be individualized to a patient's symptoms, health history, and treatment goals, and medical providers are recommended to evaluate environmental factors, patient behaviors, and lifestyle choices when working with patients experiencing menopause. Contraception, vaginal estrogen, hormone therapy, and antidepressants are available pharmacological options. CDR Schulz stated that nonpharmacologic methods and complementary therapies play a key role in the management of menopause and perimenopause symptoms as well. Some additional services include mental health referrals, smoking cessation programs, and consultation with nutritionists or dietitians. Providers can also recommend herbal therapies for symptom management but should discuss the risks, benefits, and evidence to support their use. Outside the medical setting, the Navy and Marine Corps can offer many services that support women in menopause, including nonclinical counseling, stress management classes, fitness coaching, strength training, yoga, and other fitness classes, which all have proven benefits for reducing menopause symptoms.

CDR Schulz shared that, in May 2024, the OWH hosted a Female Force Readiness summit with key leaders from across the Navy and Marine Corps. In preparation for the summit, an increased focus on menopause-related efforts was identified as necessary, initiating the development of many resources discussed in today's briefing. The Navy is sharing those resources at multiple leadership symposiums and conferences throughout the year and through cross-functional teams and in partnership with the Office of Women's Policy, which also distributes resources throughout the fleet.

CDR Schulz concluded her briefing.

Department of the Air Force

Colonel (Col) Larissa F. Weir, Lead Consultant of the Air Force, Surgeon General Office, briefed the Committee for the DAF.

Col Weir explained that the term "hormonal imbalance" is not a specific medical diagnosis, nor does it relate to a specific medical condition. For this reason, Col Weir stated the brief would address perimenopause and menopause, and further details behind the intent of hormonal imbalance would be necessary to fully address that aspect of the RFI.

Col Weir stated that there is a scarceness of published research addressing menopause and perimenopause experiences of the military population. A brief PubMed search for the U.S. military and menopause produced only 37 studies, and only 5 of them were truly related to the menopause experience, and all with a veteran population, particularly in relation to military sexual trauma and the menopause experience. Col Weir added that there is also no specific DAF-published research related to menopause or perimenopause in Airmen and Guardians. To further assess the research gap, as well as identify research priorities within the DAF, the Women's Health and Performance Research Cell at the 711th Human Performance Wing is currently completing a scoping review on perimenopause and menopause in the military with an anticipated publication in spring 2025 that will provide the DAF with additional information about research gaps.

Col Weir shared that no specific DAF policies are related to menopause or the perimenopause transition. Because DHA is responsible for healthcare delivery, the DAF defers medical protocols to DHA. Col Weir reiterated from other briefers that DHA is in the process of publishing a practice recommendation about the menopause and perimenopause transition, and the DAF has provided subject matter expertise. Additionally, Col Weir mentioned the DoD/VA clinical practice guidelines for menopause and that the DAF is providing subject matter expertise for that initiative as well.

Col Weir reiterated that there is no DAF-specific published research related to military-specific exposures and the age of menopause and perimenopause in Airmen and Guardians but referred to the previously scoping review to indicate that the DAF is still seeking to identify studies on this nature.

With regards to surveys, Col Weir shared that servicewomen are asked about menopause during their PHA, specifically if they experienced it, but the main intent of this question is to allow servicewomen to bypass questions that no longer are relevant to them because they are no longer menstruating. Therefore, those questions are not really intended to assess prevalence of menopause or perimenopause within the Service. Col Weir added that demographic data indicates there are approximately 4,800 Airmen and Guardians who are older than age 41, which could potentially be used as a soft marker for the approximate number of women who are either postmenopausal or experiencing the perimenopausal transition.

Col Weir stated that many women experience menopause without seeking medical attention for it, so data is limited and difficult to capture. Col Weir reported that the DAF would defer to DHA for any healthcare-related data because DHA is able to assess diagnostic codes for menopause or perimenopause; however, those codes would not necessarily capture all women who are experiencing the menopause transition or who have gone through menopause.

Col Weir stated that, regarding provider training, menopause-specific topics are covered in initial training for several specialties. Gynecologic Surgeons and Obstetricians receive training in the evaluation, diagnosis, and treatment of menopause. These are tested competencies for both initial and continuing board certification through the American Board of Obstetricians and Gynecologists. Women's health nurse practitioners and certified nurse midwives also receive exposure training in their initial training, which is also a tested competency for the board certification process. Physician assistants often receive exposure to menopause care during their gynecologic rotations and their initial physician assistant training. Col Weir explained that once they have completed their initial training, it depends on the population that they are caring for whether they will continue to have access to clinical encounters of perimenopausal or menopausal women. When looking at primary care provider cohorts, family medicine physicians and internal medicine physicians receive training on menopause and perimenopause, and the Internal Medicine Board specifies management risks and benefits of therapy. These are all tested competencies for board certification for both these specialties as well.

Regarding having sufficient training to recognize and diagnose the onset of perimenopause and the subset of early onset, Col Weir reported that all providers previously discussed have training about the recognition and diagnosis of menopause. Perimenopause is less clearly defined as a clinical entity; however, ongoing clinical exposure to patients in this age range increases the

likelihood of clinical currency and maintaining skills they obtain during initial training. The goal is for providers to be able to identify patients who need to be referred to specialty care, medical surgeons, and obstetricians for further evaluation and management.

Col Weir reported that virtually all FDA-approved pharmacologic options for the management of menopause symptoms are available to beneficiaries through the TRICARE Uniform Formulary, which includes multiple formulations of menopausal hormone therapy and estrogen progesterone in various modalities, including oral, transdermal, and vaginal preparation. Similarly, Col Weir stated that both FDA-approved and non-FDA-approved options for the management of menopause symptoms, such as gabapentin and SSRIs, are also available through the TRICARE Uniform Formulary. Regarding CAM options, the ACOG finds there is limited data to be able to truly support the efficacy of many of these options. These supplements are not routinely available through the TRICARE Uniform Formulary or at MTFs. Some of these options, such as acupuncture and mental health treatment, are available in some locations; however, availability to individuals varies by location. Col Weir stated that servicewomen may receive information and counseling about menopause and perimenopause from their healthcare providers. Additionally, DHA provides additional resources such apps with education resources.

Col Weir concluded her briefing.

Coast Guard

CDR Buckler, Chief of Preventive Medicine and Population Health, briefed the Committee for the Coast Guard.

CDR Buckler reported the Coast Guard has no ongoing or planned research focusing on perimenopause, menopause, or hormonal imbalance issues for servicewomen. The Coast Guard currently does not have any specific policies or medical protocols addressing perimenopause, menopause, or hormonal imbalance. CDR Buckler stated that the Coast Guard has not conducted any research on whether servicewomen have earlier, or more severe onset of these conditions related to various aspects of their military service.

As other briefers mentioned, CDR Buckler explained that the PHA, which all Coast Guard Guardsmen complete annually, has two questions in section 9, the Women's Health section, that partially address these issues: "4. Are you postmenopausal and no longer experiencing menstrual cycles?" and "6. Do you have heavy and/or irregular menstrual cycles or pain or premenstrual syndrome?" Data from question 4 was pulled by year, age, pay grade, and ethnicity. There was a small increase in the total number of women who report having menopause between 2018 and 2023, going up from 1.5 percent to 2.2 percent. CDR Buckler reported that, as expected, the number increases by age, with 59 percent of those older than 55 reporting that they had experienced menopause, and it also increases in the higher-ranking officer and enlisted pay grades. CDR Buckler added that the percentages of women experiencing menopause are very similar across race and ethnicity, with slightly higher percentages in servicewomen who are non-Hispanic and Latina and Native Hawaiian or Islander of other or unknown race.

CDR Buckler shared data from question 6 to see whether it could provide information on the number of Guardsmen who experienced problems that might be related to hormonal imbalances,

perimenopause, or menopause. The two possible positive responses servicewomen may select are, “Yes, but in treatment and having no problems” and “Yes, and I am having ongoing issues.” Looking at responses based on the same criteria as question 4, both responses increased between 2018 and 2023, with the number of women choosing either of the two responses increasing from 20.8 percent to 26.7 percent. Women aged 31 to 40 and those aged 41 to 47 had percentages at 25 percent and 27.4 percent, respectively, whereas only 5.9 percent of women older than 55 answered either of those two questions positively. CDR Buckler also showed that the percentages across pay grades were similar, except that E6 to E9 were more likely to report that they had ongoing issues related to their menstrual cycles or premenstrual syndrome (PMS). Also, Hispanic and Latina women were slightly more likely to have ongoing issues than any other ethnicity group. Black women had higher rates of these issues, both those that are in treatment and not having problems and those having ongoing issues, with approximately 29 percent answering yes to one of the two questions. Finally, CDR Buckler reported that Asian women had lower overall rates of only 20 percent, predominately because they had a lower percentage noting ongoing issues. In all groups, more women reported having ongoing issues than those having no problems.

CDR Buckler reported that the Coast Guard does not have accurate information on the onset of perimenopause, menopause, and hormonal imbalance issues by race, age, and ethnicity.

CDR Buckler noted Coast Guard clinics used paper records until 2020; therefore, data from 2018 through 2020 is available only from the MTFs and could not be collated. Additionally, data is not available for servicewomen treated outside the MTFs or Coast Guard clinics. Data was retrieved using ICD-10 codes from MHS Genesis Encounter data using the Discern Reporting Tool. CDR Bucker reported that very few diagnoses are related to menopause or perimenopause, and only 102 Coast Guard servicewomen were treated for menopause and 41 for perimenopause over the 6-year period. However, CDR Buckler caveated that these numbers are likely underestimated because data is not available from all the physicians in the Coast Guard. The numbers and percentages for those treated for both menopause and perimenopause rose from 2018 to 2023, with less than 1 percent of servicewomen reporting an issue in the encounter data. The numbers and percentages of those treated for both menopause and perimenopause rose from 2018 to 2020, but CDR Buckler clarified that it is impossible to tell whether that was because more women actually had problems or whether there was better documentation or recognition of these issues.

CDR Buckler stated Coast Guard clinics are staffed with primary care providers who are trained to address women’s health issues. The Coast Guard does not have any OB/GYN, family nurse, or women’s health nurse practitioners or certified midwives. Women requiring women’s health specialty services are referred to MTFs or through the TRICARE network. Primary care physicians receive training in women’s health issues in medical school and residency training. CDR Buckler stated that perimenopause, menopause, and hormonal imbalance issues are topics covered in medical school and residency training programs as needed, and providers maintain up-to-date knowledge individually to retain board certification and licensure.

CDR Buckler explained that all FDA-approved medications as authorized under DoD Formulary are available to support servicewomen in perimenopause and menopause. She reported that the Coast Guard does not provide any CAM options specific to perimenopausal or menopausal symptom management in Coast Guard clinics. CDR Buckler stated that servicewomen in the

Coast Guard individually receive information and counseling on perimenopause, menopause, and hormonal imbalance issues from their medical providers.

CDR Buckler concluded her briefing.

Discussion

Dr. Ferguson asked the Military Services how issues of menopause had been elevated or brought forward as needing more attention. CDR Schulz explained for the Navy that the focus has primarily been on contraception and pregnancy; however, those only address women's health needs in a younger population. Women are serving longer today, so more women are entering menopause during their military service. CDR Schulz shared that Rear Admiral Pamela C. Miller, the Medical Officer of the Marine Corps, has raised the issue noting servicewomen will look elsewhere if they do not have information available to them, potentially reducing retention. LTC Nolan responded that the same is true in the Army and that awareness of perimenopause and menopause is increasing, as well as more research in civilian populations. Servicewomen are more comfortable talking with their providers about their experiences and issues related to perimenopause and menopause, which has put pressure on providers to increase their education and awareness. Maj Pombier from DHA added that there is more misinformation from external sources, such as social media, and the DoD is attempting to combat it with evidence-based information. Maj Pombier also emphasized that, while not all women will become pregnant, every woman will go through menopause, further underscoring its importance. Col Weir from DAF added that this has become a recent topic of interest, which may also be indicative of a cultural shift. Col Weir commended recent DAF discussion related to contraception, pregnancy, and flying while pregnant. These initiatives have made significant inroads and opened conversations about women's health and how it impacts servicewomen's military service and careers. Col Weir noted more women are serving and serving longer, which leads to women who are senior leaders experiencing menopause, raising the interest and priority level. CDR Buckler stated that she is new to the Coast Guard as a public health officer detailed to the Coast Guard and that this RFI was the first time it was brought to her attention. She reiterated more women are staying in the military for longer, and the Coast Guard is increasing the number of women, so this will be an issue that will need to be addressed long term. CDR Buckler added that she was excited to learn about the Clinical Practice Guidelines and Committees and will bring this information back to others in the Coast Guard. Dr. Ferguson then asked how much of the demand for this information is coming from women themselves. Col Weir said that a significant portion is coming from the women themselves who are experiencing these hormonal changes. CDR Schulz added that her social media is filled with menopause information, noting that if it is not addressed from the unique military perspective, women will get information elsewhere, so DoD and the Services need to be proactive in educating servicewomen and leaders on how to support women in this stage.

Dr. (CAPT Ret.) Cox asked Maj Pombier whether the nurse advice line has an algorithm process if someone calls with a question about perimenopause or menopause. Maj Pombier responded that there is not a specific algorithm, but that scenario would mostly consist of the nurse assisting the caller with scheduling an appointment with a medical provider.

Col (Ret.) Anderson remarked that LTC Nolan mentioned the recent \$500 million women's health research funding went to other issues and asked what those issues were. Maj Pombier said that DHA does not have the oversight for that budget and does not know how that money was distributed. LTC Nolan added that it was allocated to ongoing projects within women's health. Dr. (CAPT Ret.) Smith followed up to clarify whether any of the funding is addressing perimenopause or menopause. Col Weir responded she is not aware of explicit ongoing projects related to these topics, but she could provide more information with a follow-up request. CDR Schulz responded she has an upcoming meeting with the USU and their Women's Health Research and would inquire about it for the record.

Dr. (CAPT Ret.) Smith referenced the data shared that most women experience menopause between the ages of 40 and 58 and asked how many women experience menopause before age 40. Col Weir stated it would be considered premature ovarian insufficiency to experience menopause that early, which is a specific medical condition. Col Weir added that she does not have data as far as the number of women experiencing it but that it would be abnormal and is a specific medical condition that would need to be addressed. Brig Gen (Ret.) Sanborn asked whether DHA would have that data, and Maj Pombier replied that she does not have it now but could provide it in the future.

Brig Gen (Ret.) Sanborn asked how often servicewomen are seen in person by a medical provider, outside the annual PHA, and what providers' level of knowledge or qualifications are on women's health issues. Col Weir explained the annual PHA questionnaire is followed up by a telephonic visit with a primary care provider to address anything flagged at the PHA or any other concerns. An in-person visit could then be prompted by the Service member or by something that came up in the questionnaire or that telephonic visit. Brig Gen (Ret.) Sanborn asked whether the telephonic visit is annual, and Col Weir clarified that the questionnaire and telephonic visit are annual, and an in-person visit is prompted by Service member request or if something comes up in the initial questionnaire. Brig Gen (Ret.) Sanborn asked whether that is true for all the Military Services. CDR Schulz responded that annual women's health visits are recommended even if pap smears are not required that year. Brig Gen (Ret.) Sanborn noted that women's annual visits are recommended, but the Committee has heard about access issues from servicewomen in its focus groups. Brig Gen (Ret.) Sanborn asked how these appointments are made available to Service members. CDR Schulz responded that educating Service members that they are entitled to schedule an annual women's health visit is an area in need of improvement for education and awareness. Col Weir added that, in some locations, women can self-refer to a women's health specific provider, but in most locations, it is primary care provider referral-based. Maj Pombier responded that a women's health visit can usually be performed by a primary care provider, and a comprehensive women's health visit does not require a specialist. Brig Gen (Ret.) Sanborn asked whether they are all doctors or whether some providers Service members see are technicians, physician assistants, or nurses. Maj Pombier from DHA clarified that they are licensed providers—physicians, physician assistants, and nurse practitioners—so they would not be just a medical technician but someone with a medical license.

Col (Ret.) Anderson asked CDR Schulz where the perimenopause guides are posted for Sailors and Marines. CDR Schulz responded it is on the public-facing women's health site, which is available for Service members, leaders, or anyone in the public. Col (Ret.) Anderson asked whether it is only online or whether servicewomen would see a physical copy in the MTF. CDR

Schulz explained that it depends, as the website includes advertising resources so that clinics or leaders on a ship can advertise for individual resources or advertise the women's health website in general. Additionally, the public affairs office started a social media campaign to highlight resources. CDR Schulz provided the examples of breast cancer awareness in October on platforms such as Facebook and Instagram.

Dr. (CAPT Ret.) Cox thanked the Coast Guard for providing the numbers in response to RFI 6f and noted that the other Services did not provide the data or said that DHA is the owner of those data. Dr. (CAPT Ret.) Cox asked, for future RFIs, whether the Committee should request this data from DHA. Maj Pombier responded that it depends on what specific treatments the Committee is looking for and noted the Committee may want to know about things like hormone replacement therapy, which could be pulled. Maj Pombier stated the way the current RFI question was phrased was vague because in the perimenopause and menopause period, people are getting treatments that are not necessarily specific to perimenopause or menopause but are still perimenopause or menopause treatments. For example, a 45-year-old woman who seeks medical attention for mood symptoms is referred to behavioral health. This woman could be provided with an SSRI, which may be flagged as a mood disorder treated with an SSRI, but it is also a perimenopause and menopause treatment. Therefore, more specificity for what specific treatments or diagnosis would be necessary to provide more robust data. Maj Pombier added that this example may not be diagnosed as perimenopause or menopause, but it is perimenopause or menopause treatment. Dr. Ferguson asked what question would be helpful to ask. Maj Pombier said that she thinks it would be helpful to know what percentage of women are coming in and seeking treatment specifically for something that they view as perimenopause or menopause symptoms—so, how often a diagnostic code or perimenopause or menopause is put on the chart. Hormone replacement therapy is also specific, as in somebody comes in and is prescribed, and you know the purpose. Often women are seeking perimenopause or menopause care, but they may not view it themselves as perimenopause or menopause care. So, it becomes difficult to garner the data, and ultimately the goal is not that 100 percent of patients should be getting hormone replacement therapy. Instead, the goal should be that patients know what is normal and not normal, they know when to seek care, they know what is available for treatments, and then after being given risks and benefits, they can make their own individualized decision as to whether they want treatments. Maj Pombier stated the Committee could look at how many women are seeking menopause care specifically and rates of hormone replacement therapy prescriptions with the understanding that not every woman will need care or treatments for menopause.

Brig Gen (Ret.) Sanborn asked whether the Military Services can identify early onset menopause by using diagnostic codes. All the Military Service briefers responded affirmatively because it is a very specific diagnosis. Maj Pombier responded it is the primary ovarian deficiency ICD 10 code, which is an easy data pull. LTC Nolan added if a patient sees a primary care physician for palpitations and gets sent to cardiology, they might not ever be diagnosed with a perimenopausal symptom, and it is the same thing with anxiety. As they are learning more about what is related to perimenopause, there will be more information. Maj Pombier added the example of a 40-year-old woman with abnormal bleeding who is prescribed contraception because she needs to treat her bleeding and something to prevent pregnancy, but it is actually the start of menopause, so capturing that in a data pull would be difficult. Many patients may not view themselves as being in perimenopause when they are. Col Weir added is important to distinguish whether the focus is

women who go through menopause, which is all women at some point, versus symptomatic menopause, as not every woman going through menopause will need to seek medical care for her symptoms. Therefore, being more specific about symptomatic menopause would also help to determine the scope of the question.

Dr. (CAPT Ret.) Smith referenced research related to military sexual trauma and early onset of menopause. He asked whether any military research is related to linkages with early onset and combat. CDR Schulz responded there is no research on that topic in the Navy, but there may be cross-Service research at the USU. Col Weir responded she did not find anything specific to active military service and menopause experience in the current published literature. The existing small group of studies was related to the veteran population and was more focused on military sexual trauma.

Brig Gen (Ret.) Sanborn asked whether the other Military Services could provide PHA data similar to the Coast Guard. Col Weir answered it is possible, but there is hesitancy because the purpose of those questions is not to identify the prevalence of menopause. Col Weir also added the PHA second question is tricky because it broadly captures gynecologic problems, and while it may capture some of the symptomatic menopausal and premenopausal individuals, it will also capture other issues. Brig Gen (Ret.) Sanborn then asked what questions could be asked to get data to help inform prevalence rates. CDR Schulz responded it is a challenging question because the diagnosis of menopause and symptoms of menopause are not going to be an ICD diagnosis of menopause because it often presents as depression, anxiety, hot flashes, sleep disturbance, hair loss, and weight problems. Col Weir added menopause is a clinical retrospective diagnosis as a woman has gone through menopause when they have completed 12 months with no menstrual cycle, but the menopause transition or perimenopause can occur many years leading up to that. It is difficult to know whether a woman is experiencing perimenopause at age 46 or whether it is something else. The question Col Weir felt would be most relevant to the Committee is the number of women who are experiencing symptomatic menopause with impacts to their daily life or duties, but it is challenging to capture everyone without capturing other things. CDR Buckler from the Coast Guard added that educating women and letting them know that other common symptoms could be associated with perimenopause and menopause may help more women come in to the clinic to have it documented by a medical provider.

Dr. (CAPT Ret.) Smith asked whether the forthcoming practice guidelines are expected to address the issues being discussed during this briefing. Maj Pombier responded that the practice guideline recommendation is at the final signature stage, so it should be out imminently to help providers. She shared the DoD/VA joint clinical practice guidelines, however, will be very elaborate and in depth, but they are not yet drafted. These guidelines will touch on many topics that women experience in perimenopause and menopause. These types of clinical practice guidelines are usually hundreds of pages long and in depth with a lot of evidence behind the recommendations.

Dr. (CAPT Ret.) Cox asked CDR Schulz to clarify what resource she said would be available later in December 2024 or in January 2025. CDR Schulz responded there are three resources in development: two patient resources and one provider resource, which are all menopause-focused. The patient ones are to help patients understand what menopause looks like, symptoms they might experience, and ways they can relieve their symptoms. The provider resource is to better

help primary care providers better assess for menopause symptoms and refer to specialty care and recognize that complaints might look like anxiety, depression, or irregularities, but may be menopause related.

VADM (Ret.) Braun asked whether and when the Navy's 2024 Health of the Forces Survey data would be published. CDR Schulz responded that she did not know, but the Navy's Office of Women's Policy would have that information.

Dr. Ferguson asked what perimenopause and menopause education is provided to leadership personnel. CDR Schulz responded the Culture of Excellence has adopted a Navy resource that talks about creating a culture that supports women and their individual health needs. That resource covers menopause, as well as the unique health needs of servicewomen in the military. Col Weir stated that the DAF does not currently have any specific training for leadership on menopause or the perimenopause transition, but she agrees with CDR Schulz that culture is an important part of the conversation. She noted the more resources that are out there for individuals, the more conversations will be had regarding menopause and increasing access to care supports servicewomen in accessing resources for perimenopause and menopause. LTC Nolan added that the Army does not have any specific leadership training on perimenopause and menopause, but she is optimistic that female Soldiers serving in leadership roles will bring attention to these issues and help continue to educate others. CDR Buckler also said that the Coast Guard does not have any specific leadership training on this topic.

Dr. Hunter recalled the earlier point about the use of social media to educate and inform Service members about this issue, but she stated that society is inundated with misinformation on social media about menopause. Dr. Hunter asked whether other educational campaigns, such as resources or toolkits, provide solid information to work against misinformation on social media that servicewomen may view. Maj Pombier responded they are limited in how they can use social media to target Service members, but the DoD tries to meet them where they are at, which is why there has been movement toward marketing through apps. However, she confirmed that DHA cannot use TikTok, Instagram is very curated, and Facebook is frequently used but fewer people are on Facebook than years ago. Maj Pombier said this is an issue DHA is looking into, but there is not a solution yet because of the challenges with operational security. Col Weir agreed and said that social media from the DAF and Air Force Medical Services is very curated. However, there are many informal social media outlets such as women's groups on social media platforms. Col Weir noted this is where the education for Service members and providers becomes useful because many individuals on social media platforms receive information this way.

Brig Gen (Ret.) Sanborn asked whether there is a way to contact all servicewomen—for instance, message women who are turning 40 about the signs and symptoms of perimenopause and menopause. LTC Nolan suggested that this is a good idea but also cautioned there are many servicewomen in that age range who are trying to get pregnant, so the message may cause fear and concern about potential limited fertility years. Brig Gen (Ret.) Sanborn added it may be helpful for women to be provided some information because so many are not aware, especially early on, about the symptoms or what to expect as they go through this transition. Maj Pombier responded that they are working on supportive technology to provide information, not just for perimenopause and menopause, but for mammograms and colonoscopies as well. Maj Pombier

also agreed with LTC Nolan that there is need to make sure the medical system or providers do not harm the relationship with Service members because part of the education process is patient receptivity.

Ms. Kelleher asked, given the complexity of the topic, if there is a way to understand long-term effects of exposure to potentially hazardous military environments on women's reproductive health life cycle or whether that is a fertility/infertility conversation. CDR Schulz responded that she is unsure but noted it is a great topic to examine to see what women's health research is being conducted in this area. CDR Schulz said that the Navy has looked at exposure related to fertility and suspects someone has thought about the fact that there is more than fertility out there, but she is not sure what has been done.

Dr. (CAPT Ret.) Smith asked whether the 2023 virtual women's health seminar was recorded and available for provider viewing. CDR Schulz responded that it was recorded and still available for military providers. CDR Schulz added that any future iterations would also be recorded and kept available so that providers can receive continuing education credit by watching. CDR Schulz specified that it is a provider training, but the Navy is considering a future iteration for Service members and feels it would be beneficial for leaders too.

MG (Ret.) Eder asked when education for servicewomen on perimenopause and menopause occurs, if not at age 40. She also asked whether it could be part of pre mobilization, predeployment, or postdeployment trainings and whether it is the same for the Reserve Component. Maj Pombier stated there is information related to menopause in deployment readiness resources.

MG (Ret.) Combs asked whether DoD tracks hysterectomies that cause menopause prematurely. Maj Pombier responded that is not actively tracked but is data that could be provided to the Committee. Maj Pombier wondered whether the interest is in hysterectomies or bilateral oophorectomies, where the ovaries are actually removed, or simply a loss of the uterus, which causes women to stop menstruating but may not mean they are in menopause. She reiterated a future RFI request could cover this information and data. MG (Ret.) Combs responded this may not be a population of servicewomen who are identified via current survey data. Maj Pombier noted that it is common knowledge among providers who conduct those procedures that you need to address hormone replacement therapy when the patient is a younger woman. In terms of simply removing the uterus and leaving the ovaries in place, which is the standard of care the majority of time for younger women, those women are not anticipated to go through menopause after their uterus is removed. They are not having menstrual cycles, but their ovaries are still continuing to produce hormones, so they should not be experiencing symptoms of perimenopause or menopause. Maj Pombier stated data on surgical menopause rates could be pulled. Col Weir added that if a woman goes through bilateral oophorectomies and has the ovaries removed and no longer has the hormone component, the symptoms she will experience will be very similar to or the same as the symptoms she would experience in natural menopause. The onset and duration may be different, but ultimately if someone goes through menopause because her ovaries were removed and was experiencing hot flashes, she would be evaluated for hot flashes the same as in the natural menopause process.

CDR (Ret.) Tutalo mentioned that contrary to earlier discussions of misinformation on social media, you can also find great resources on social media. CDR (Ret.) Tutalo felt given the information provided in the briefings there is a lack of expertise internal to the Military Services, and there is not a dedicated person who provides expertise on hormone imbalance issues. She mentioned that the briefing discussion has shown the data is complicated, and there is no true specialist who creates an environment where servicewomen may go out on their own to understand what is going on in their body. CDR (Ret.) Tutalo asked whether there are any penalties to going outside the Military to seek a provider if they desire alternative therapy options. Maj Pombier asked what kinds of specialists CDR (Ret.) Tutalo is referring to who are external to the MHS for treatment of perimenopause and menopause. CDR (Ret.) Tutalo responded a specialist on perimenopause and menopause or those with a more holistic medical perspective related to hormonal imbalance issues. She noted the civilian sector has doctors and nurse practitioners who have extra training specific to these topics. Maj Pombier responded there are osteopathic doctors and menopause-certified practitioners within MHS, and many providers are experts in the care of perimenopause and menopause. Maj Pombier cautioned that external providers may only be self-proclaimed experts on this topic, without actually having a higher level of expertise. CDR (Ret.) Tutalo asked whether there is any penalty for a Service member seeking medical care resources outside MHS, either by Service or by occupational specialty, such as being a pilot. Col Weir said that if a Service member were to seek care outside the TRICARE benefit, they would incur the cost. In addition, depending on that Service member's Service branch and specific duties, there may be reporting requirements for treatment that were rendered external to MHS. Col Weir echoed Maj Pombier's earlier remarks that the standard of care for menopause in this country is The Menopause Society, previously known as NAMS, and the Military Services have Service members credentialed through NAMS for menopause treatment.

Brig Gen (Ret.) Sanborn referenced the research that has been published on veterans and linkages between sexual trauma and early onset perimenopause. She asked whether those findings are publicly available, as the veteran experience often goes back to what happened on active duty. Col Weir said studies are available through PUBMED, and CDR Schulz noted the studies are referenced in her written response.

Dr. Ferguson mentioned that the briefers all have subject matter expertise in this topic and asked what, in general, is being offered in terms of information on these topics for providers. Col Weir said that the DHA practice recommendation is tailored toward primary care providers so that when perimenopausal or menopausal women are in front of them either asking questions about menopause or expressing symptoms that many be associated, that provider has additional resources. Maj Pombier added that the DHA has multiple menopause-certified providers who assist with the creation of the guidance and recommendations, and they address through the diagnosis and recognition of perimenopause and menopause and different potential symptoms such as vasomotor symptoms, genitourinary symptoms, mood changes, and weight changes. Additionally, the Performance and Nutrition Working group provided input, as did the behavioral health clinical community on topics related to menopause and associated symptoms, such as hot flashes, weight changes, and mood changes. There is also a prescribing algorithm to help primary care providers who may be more hesitant or uncomfortable supporting women going through these changes. The guide also talks about hormone replacement therapy and the different kinds and combinations available. Maj Pombier described that the purpose of the

guidance and recommendations is to help a provider who felt uncomfortable treating menopause symptoms and would instead send a menopausal patient to a specialist. The guidance is meant to help these providers become more comfortable addressing the needs of the patient without going to a specialist, if appropriate.

Dr. Ferguson asked, aside from education and awareness, whether there are any other specific things the Military Services could do to help women through perimenopause and menopause process. CDR Schulz responded that this relates back to the musculoskeletal changes that occur in perimenopause and menopause. There is a need to think about injury prevention and bone density in women and how hormonal changes impact other activities, such as carrying a pack. CDR Schulz said the Services need to be thinking about how menopause impacts the ability to do the job and about injury prevention and what additional supports may be needed. LTC Nolan added there is a need for support throughout the whole life cycle from how they are being taken care of today, how they are being taken care of in the midlife transition, and how they will be kept active and productive at the ages of 70 and 80. LTC Nolan said they need to help servicewomen through active duty, through the VA, and as they continue on through life. Col Weir responded this echoes many conversations on women-specific topics and women in the service. There are now conversations about perimenopause and menopause and the impact it has on women's everyday lives and how it may impact their service. She noted it is very similar to the topic of infertility. With women-specific concerns, there needs to be more education on it, including education for leaders, and an understanding that it can impact daily lives. There needs to be an awareness of where the resources are and how to address issues when needed. Col Wier shared that perimenopause and menopause vary by individual, and every woman will experience them a little bit differently, so a general and continued conversation is key.

The briefing discussion concluded.

Final Remarks

COL Jardin, DACOWITS Military Director and DFO, stated the next meeting would be held March 18, 2025. The location of the next meeting will be announced after January 1, 2025. 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 December 2024 QBM

RFI 2	
<p>Gender Role-Focused Self-Efficacy Approach to Increasing Women’s Propensity to Serve</p> <p>The Recruitment and Retention (R&R) Subcommittee will study the connection between recruitment, self-efficacy, and propensity to serve to further examine a gender role-focused self-efficacy approach to increasing women’s propensity. This will be an extension to the previous DACOWITS’ research and recommendations conducted over the past decade regarding marketing and propensity.</p>	
<p>The Committee is interested in being updated on specific data collected and analyzed by the Joint Advertising Market Research & Studies (JAMRS) pertaining to women’s recruitment, self-efficacy, and propensity to serve and targeted marketing by the Military Services to the 16–25-year-old female talent pool.</p> <p>The Committee requests a literature review from the DACOWITS Research Contractor (Westat) on self-efficacy related to women in the military, in a military context, in non-traditional environments and in male-dominated career fields, including:</p> <ol style="list-style-type: none"> a. Summarize and provide an overview of definitions and concepts of self-efficacy or related relevant concepts from peer-reviewed literature. Provide and summarize any findings on self-efficacy in the military or in military contexts. b. Synthesize peer-reviewed literature on self-efficacy for women and girls. c. Provide research findings on self-efficacy for women and girls in non-traditional environments and male dominated career fields, such as in STEM, military, police, firefighting, construction, etc. d. Identify any recommendations from peer-reviewed literature on how to increase self-efficacy for women and girls, and if possible, recommendations for increasing self-efficacy in women and girls in non-traditional environments and male-dominated career fields. 	
Organization	Description
Westat	Westat provided the Committee with a response.

Impact on Military Mothers Reintegrating into Family/Home Life After Deployment

The Well-Being and Treatment (WB&T) Subcommittee will renew the 2019 DACOWITS' study which examined the impact of deployments on military mothers who reintegrate into family/home life after deployment. Determine whether additional policy development is required, or if the Department and Military Services have sufficiently addressed concerns.

In 2019, the Committee identified challenges, impacts, and issues military mothers experience returning from deployment as they reintegrate to family and work life, and subsequently recommended that the Secretary of Defense commission a foundational research study to identify and assess these potentially unique impacts on military mothers and identify measures to help ease their transition back to "normal" family and home life. The Committee seeks information on the progress of research and initiatives to address these reintegration concerns.

The Committee requests a **written response** from the **USD(P&R) via Military Personnel Policy (MPP) and Military Community and Family Policy (MC&FP) and both the Active and Reserve Components of the Military Services (Army, Navy, Marine Corps, Department of the Air Force (Air & Space)), Coast Guard, and the National Guard Bureau** on the following

- a. What research or studies have been undertaken or is ongoing to identify the issues unique to returning mothers and reintegration? Provide links to or copies of findings and reports. What actions have been taken to address issues identified by the research or studies, if applicable?
- b. Section 555 of the FY21 NDAA directed the Secretary of Defense to develop policy that, among other issues, outlined "[r]esponses to the effects specific to covered members who reintegrate into home life after deployment." What policy, initiatives, or resources have been developed to assist returning military mothers with the challenges they face on return from deployment. Provide copies of relevant policies, training, and other documents,
- c. What are the issues and challenges that have been identified, including the restoration of the parent-child bond, and resumption of prior family roles and responsibilities?
- d. What policies and procedures does each Service have to support reintegration. Are there any programs specific to mothers and being a woman?
- e. Are there any resources or programs geared to military mothers prior to deployment to help them plan for and more successfully reintegrate postdeployment? If so, describe these efforts and provide links to policies, programs, etc.
- f. DACOWITS' 2019 focus group participants expressed that post-deployment reintegration/assistance efforts were male-centric and lacked resources to assist the unique challenges returning military mothers faced. What efforts have been made to address this important subset of re-integration assistance?
- g. What kind of mentorship and support are specifically provided to deploying mothers?
- h. What efforts have the Women's Initiatives Teams (WITs) initiated, if any, and how are the Services supporting those recommendations?
- i. What type of mental health screening/care is provided?
- j. What kind of follow up is provided and at what intervals?
- k. Is leadership training provided to military leaders about the challenges and difficulties of reintegration that military mothers may encounter, the range of impacts of those challenges, in order to increase knowledge and understanding? Provide links to or copies of such training.
- l. What second and third order effects of reintegration difficulties have been identified (e.g., on military readiness, work productivity, psychological and physical health, attrition rates)?
- m. Do exit surveys have questions related to whether reintegration/post-deployment challenges are a reason for separation

Organization	Description
MPP	The MPP provided the Committee with a response.
Army	The Army provided the Committee with a response.
Navy	The Navy provided the Committee with a response.
Marine Corps	The Marine Corps provided the Committee with a response.
Department of the Air Force (Air & Space)	The Air 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.

Report Submitted by:

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COL Seana M. Jardin, USA

DACOWITS Military Director &
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Report Certified by:



VADM (Ret.) Robin R. Braun, USN

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