

DACOWITS' 2007 Recommendations:

1	Recommend incorporating more female-specific questions into the Pre-Deployment Health Assessment form (e.g., “When was your last GYN exam?” and “Do you have a sufficient supply of contraceptives for the entire length of your deployment?”).
2	Recommend vigilantly enforcing Central Command policy requiring that all deploying females receive a comprehensive women’s health evaluation approximately 90 days prior to the expected deployment date. If TRICARE Prime appointment access standards cannot be met at the Military Treatment Facility, authorize Service members to see a civilian provider.
3	Recommend incorporating female-specific health and hygiene briefings as a standard component of the pre-deployment process for deploying female Service members to better prepare them for conditions in-theatre. This briefing would provide information about types of clothing to wear, feminine hygiene issues, feasible contraception options, which feminine supplies to pack, etc.
4	Recommend that all female Service members be provided a copy of the U.S. Army Center for Health Promotion and Preventive Medicine’s (CHPPM) <i>Soldier’s Guide to Female Soldier Readiness</i> (Technical Guide 281), or a comparable publication, prior to pre-deployment exercises and/or deployment.
5	Recommend CHPPM publish the above-mentioned technical guide in a pocket-guide format, and make available to all Services to order for dissemination to female Service members preparing for deployment.
6	Recommend refresher training on female-specific health care be provided prior to deployment to physicians and other practitioners who do not routinely practice gynecologic care.
7	Recommend enhancing female-specific health care capabilities in-theatre by increasing the inventory of gynecological equipment and supplies at centralized locations. These could include exam tables with stirrups, rapid testing for sexually transmitted diseases, hysteroscopic equipment, and laboratory testing to diagnose ectopic pregnancies.
8	Recommend briefing female Service members in-theatre on female-specific health and hygiene issues, using the CHPPM <i>Soldier’s Guide to Female Soldier Readiness</i> or comparable document as a guide. This will ensure that all female Service members have the health and hygiene information they need while deployed.
9	Recommend leadership hold all medical personnel accountable for safeguarding and respecting patient confidentiality and privacy.
10	Recommend improving Service member access to mental health care in-theatre by whatever means necessary, such as increasing the number of providers, reallocating assets, etc.
11	Recommend making sexual assault medical response capability available at Level II medical facilities.
12	Recommend incorporating female-specific health questions into the PDHA and PDHRA forms to increase their utility as mechanisms to trigger follow-up (e.g., “Are there female-specific health needs you experienced in-theatre or discovered post- deployment that have not been addressed?” and “When was your last GYN exam?”).
13	Recommend returning Service members receive priority access to follow-up health care. If TRICARE Prime appointment access standards cannot be met at the Military Treatment Facility, ensure service members are referred to a health care finder.
14	Recommend educating returning Service members as to their right to receive care in accordance with TRICARE Prime standards.
15	Recommend DoD and the Services identify and encourage military and civilian opportunities to support female Service members returning from contingency operations and extended deployments. Such opportunities should provide forums for sharing personal and operational challenges and should facilitate successful readjustment.

16	Recommend the Reserve Component undertake a marketing campaign to increase awareness of the continuum of health care programs available to RC Service members and their families.
17	Recommend TRICARE design and administer a survey to assess RC Service members' awareness, perceptions, and utilization of the continuum of health care programs available to them. Survey should include a section on female-specific health care.
18	Recommend DoD provide additional funding to expand the capacity to provide childcare resources to support military spouses' employment needs. Since a large proportion of military families live off-base and cannot easily take advantage of on-base childcare, these resources should not be limited to increased on-base capacity.
19	Recommend DoD de-conflict housing policies that limit the conduct of home-based businesses. Although housing regulations give installation commanders the discretion to permit military spouses to operate home businesses in government quarters, some privatized housing rules prohibit this.
20	Recommend continuation of force stabilization as feasible. Departments are required to monitor and measure PCS turbulence. Time-on-Station requirements are established to enhance operational readiness by stabilizing members in units, to reduce PCS costs, and to improve the quality of life by reducing personal and/or family turbulence. Force stabilization will enhance career opportunities for military spouses.
21	Recommend DoD negotiate military spouse employment preference agreements with DoD contractors located near military installations.
22	Recommend DoD ensure that spouses are invited to installation-level newcomer/welcome briefings and that the briefings consistently include information about spouse employment programs and resources.
23	Recommend DoD continue to market to federal, state, and local employers the benefits of hiring military spouses.
24	Recommend DoD continue to promote Military OneSource and other DoD resources available to military spouses seeking child care, training/education, and employment/career opportunities.
25	Recommend DoD continue to promote networking and mentoring programs for spouses, such as the Marine Corps Lifestyle Insights, Networking, Knowledge and Skills (LINKS) program and the Navy's COMPASS program.
26	Recommend DoD continue to encourage all states to offer in-state tuition to military spouses.
27	Recommend the Services extend to spouses eligibility to participate in e-learning and similar programs (e.g., Army spouses may now take courses on eArmyU).
28	Recommend DoD continue efforts to expand state reciprocity agreements related to licensure and certification for various professions and continue lobbying states to waive licensure fees.
29	Recommend DoD continue efforts to obtain unemployment compensation for spouses leaving employment due to a PCS move.
30	Recommend DoD issue a policy statement in support of spouse education concurrent with the RAND recommendation.
31	Recommend the Services provide education to spouses of currently serving outpatient wounded warriors, so they may qualify to be compensated for serving as the professional care-giver (e.g., Personal and Home Aide or Home Health Aide) for their wounded warrior.

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Recommend DoD and the Services continue to develop long-term partnerships—with industry, non-profits, federal agencies, and state and local governments—dedicated to spouse employment. The return on investment of these partnerships should be studied over time to determine the most cost-effective strategies for supporting military spouse employment.