

DACOWITS

*Defense Department Advisory
Committee on Women in the Services*



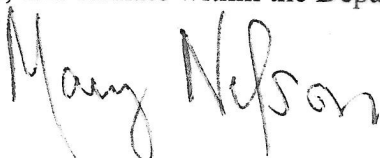
2007 Report

1. A U.S. Army Specialist from 47th Force Support Battalion provides security for fellow Soldiers during an operation in the Al Anbar province of Iraq.
2. U.S. Marines and Navy Sailors receive training in Al Asad, Iraq, during the Lioness Program, on various improvised explosive devices being used to attack coalition and Iraqi forces.
3. A Weapons Director from the 623rd Air Control Flight controls a mission by using a Base Air Defense Ground Environment system at Naha Air Base, Japan.
4. A Minnesota Air National Guard Staff Sergeant from the 148th Fighter Wing is all smiles as she hugs her son and husband after returning from a deployment on an Air Expeditionary Force mission.
5. A U.S. Navy Lieutenant greets his family during the homecoming celebration for the submarine tender USS Frank Cable (AS 40) in Apra Harbor, Guam.
6. A Coast Guard Member gives a tour of the Coast Guard Training Center Yorktown to members of United States Congressional Staff.

**Defense Department Advisory Committee on
Women in the Services (DACOWITS)**
4000 Defense Pentagon, Room 2C548A
Washington, District of Columbia 20301-4000

29 January 08

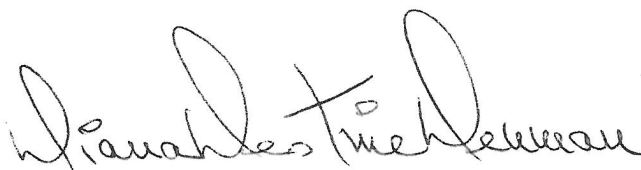
We, the appointed members of the Defense Department Advisory Committee on Women in the Services (DACOWITS), do hereby submit the results of our findings and offer our recommendations to improve the policies, procedures, and climate within the Department of Defense.



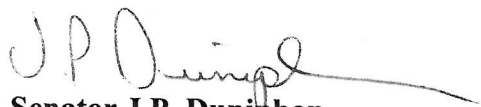
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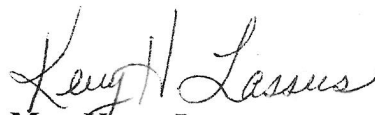
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DEFENSE DEPARTMENT
ADVISORY COMMITTEE ON
WOMEN IN THE SERVICES
(DACOWITS)

2007 REPORT

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EXECUTIVE SUMMARY

The mission of the Defense Department Advisory Committee on Women in the Services (DACOWITS) is to provide the Department with advice and recommendations on matters and policies relating to the recruitment, retention, and advancement of women in the Armed Forces. Further, the Committee is to provide advice and recommendations on family issues related to the recruitment and retention of a highly qualified professional military. With the guidance of Dr. Chu and Mr. Dominguez, who expressed a desire for DACOWITS to look at the horizon in order to assist the Department in identifying the developing issues that will define its outlook in the decades to come, members identified two issues that have both immediate and long-term ramifications. First, the Committee decided to assess the adequacy of health care for women serving in support of Operation Iraqi and/or Operation Enduring Freedom. The second topic selected by the Committee is military spouse career and employment opportunities.

A. FEMALE-SPECIFIC HEALTH CARE ISSUES OF DEPLOYED FEMALE SERVICE MEMBERS

Over the past 15 years, women's representation in the military has increased significantly. In 1990, women represented 12% of the Total Force, with 11% in the Active Duty force and 13% in Selected Reserve. By the year 2005, the percentage had increased to 15% of the Total Force, or 14.6% of Active Duty force and 17.2% of Selected Reserve. Women currently constitute 10% of all deployed forces.

Given the decision to deploy increasing numbers of women in support of military operations in Iraq and Afghanistan and the importance of adequate health care that will ensure continuity of service when and where these Service members are most needed, the Committee recognizes the importance of determining whether or not the health care needs of these Service members are being met. To determine the adequacy of female health care, the Committee studied this question from three different aspects – prior to deployment, during deployment, and post-deployment.

Pre-Deployment Health Care

In the pre-deployment period, each Service member undergoes a health screening, both to identify and address health issues and to determine deployment readiness. It should be noted that the Pre-Deployment Health Assessment is a screening, not a medical exam. Further, it is self-reporting, not investigatory. Thus, this health assessment presumes that each individual Service member will accurately report their health care needs. It further assumes each individual will take responsibility for obtaining follow-up medical tests and/or care prior to deployment.

In this era of rapid deployments, often with short notice and requiring long hours of work in order to be prepared prior to going overseas, medical needs can easily become a low priority as

other priorities take precedence. This rushed atmosphere may lead Service members, their leadership, and medical personnel not to ascribe adequate importance to this aspect of the preparation process. Thus, a Service member may not get the medical appointments necessary; they may have tests for which the results are not available prior to departure; and they may not get adequate supplies of their prescriptions (including contraceptives). Mental health needs are often completely overlooked. Health and hygiene briefings for female Service members, which would prepare them for coping with the difficult climate and situations, tend not to be provided consistently and across the board.

Gathering female-specific data on pre-deployment forms, providing good information, and making a commitment to ensuring Service members will have the medical attention they need prior to departure may well be the keys to better health care in the pre-deployment period that will carry over into adequately meeting the health care needs of these female Service members once they are in-theatre.

Health Care during Deployment

Once in-theatre, Service members experience severe climate conditions, as well as combat-related risks, both of which can wreak havoc with their physical well-being. For women, genitourinary issues are most often the result of these severe conditions. Lack of medical personnel trained to deal with gynecological issues and limited female-specific equipment may result in removing a female Service member from her unit in order to get care outside the theatre of operations or simply ignoring conditions until the Service member redeploys. Mental health care was viewed by some focus group participants as inadequate or not taken seriously; some believe that seeking mental health care would result in negatively impacting female Service members' evaluations, promotions, and ability to maintain a security clearance.

Privacy is an important issue in every aspect of health care for female Service members—before, during, and after deployment – but it is most acute *during* deployment. Medical practitioners from medics to physicians, as well as unit leaders, have been known to exhibit unprofessional behavior by discussing publicly information that ought to remain private. Although a problem at all levels, most privacy violations occurred by paraprofessional staff. The Committee urges all branches of Service to correct this problem, both through systematic training and by holding medical staff and unit leaders accountable for safeguarding confidentiality.

Post-Deployment Health Care

Redeployment is fraught with its own set of pressures that lead Service members not to obtain the medical care and attention they may have been waiting for throughout their deployment. The requirement to have Service members complete the Post Deployment Health Assessment form

prior to returning home often leads to rushing through the process, overlooking problems, and giving inaccurate answers. Moreover, the form gives limited attention to female-specific issues that need to be addressed. Long wait times for medical appointments and tests, as well as the need to consult a unit-level provider, may mean postponing much needed care.

Equally important, there is a lack of a systematic process for identifying and seeking treatment for mental health issues and a sense of being stigmatized if care is sought. Like the pre-deployment screening, the post-deployment health assessment is self-reporting and basically leaves responsibility for follow-up care to the individual Service member. DACOWITS members believe the new policy requiring a reassessment ninety days after return is an essential element to ensuring adequate post-deployment health care.

Differences between Reservists and Active Component Females

Female Reservists experience health care while in-theatre in much the same way as their Active Component counterparts. The most serious impact on health care for reservists during deployment results from a lack of documentation concerning prior medical care.

On the other hand, Reserve Component personnel perceive that the quality and/or availability of the health care they receive prior to and after deployment is worse for them than for Active Component personnel, although these perceptions are not necessarily exclusive to female Service members. By and large, lack of information regarding available medical resources and health insurance coverage is a key issue for Reservists.

B. MILITARY SPOUSE CAREER AND EMPLOYMENT OPPORTUNITY

Most Service members, both in the Active and Reserve Components, are married. Thus, military spouses are a large and influential group. Mainly female, young, and ethnically diverse, military spouses differ from their civilian counterparts by virtue of their higher educational attainment, on average, and by the fact that they are more likely to move and move long distances. A military spouse's support for a career in the Armed Forces is a top factor in the reenlistment decision of a married Service member. Thus, military spouse satisfaction is a retention issue not to be ignored.

A 2006 survey revealed that 77% of spouses want and/or need to work, although nearly 48% were not employed at the time of the survey. Seventy-three percent of DACOWITS focus group participants said they were trained for a specific career and more than half of these said they are currently working in the career for which they are trained. Of those not working, most said it is because they are taking care of children and family needs, or they need more education.

Outside studies reveal that the occupations held by military spouses are very similar to those held by their "look-alikes" in the civilian world, with the exception that military spouses are more

likely to work in retail and in childcare than their counterparts. Working from home is an attractive option for some, although the limitations of such jobs deter others.

Earning an income is important, both to meet immediate needs and to save for the future. Some of the factors that attract military spouses to a career are marketability, the availability of jobs, portability, and flexible hours, as well as good pay and benefits, and opportunities for advancement.

The two primary challenges that face military spouses who want or need to work are frequent relocation due to PCS moves and the fact that military service results in their bearing primary responsibility for children and family needs. Frequent PCS moves may prohibit career progression, achieving seniority, and accumulating vacation time and other benefits. Having to obtain and pay for new licensing or certification in certain careers can be a costly and daunting process. Military spouses often meet resistance from employers who are reluctant to hire and train them, only to lose them to another PCS move. Frequent relocation is the primary factor behind the earnings gap that exists between employed military spouses and their civilian look-alikes.

Perhaps because they have to do it so often, many military spouses have become quite expert about the ways to find and secure employment quickly, either before arriving at a new location or soon thereafter. All branches of the Service offer spouse employment resources, as does the Department of Defense. In recent years, the Defense Department has partnered with the U.S. Department of Labor to develop employment assistance programs as well. Nevertheless, many focus group participants said this type of information needs to be disseminated more widely both before and after the move.

The main resource spouses employ in their job search is the internet, whether through military spouse employment support offices or on their own. They have become adept at finding jobs using various job-listing websites, and in determining the necessary qualifications. Person-to-person initiatives are often equally effective as internet research. Sponsorship programs, newcomer/welcome briefings and personal networking were mentioned as helpful tools, as were Fleet and Family Services, Military OneSource, and Spouse Employment Centers. Installation newspapers are viewed as not helpful, because they generally list only menial jobs.

While many focus group participants mentioned the need for additional schooling or continuing their education, they encountered similar difficulties to those who were looking for jobs—that is, frequent PCS moves, as well as childcare and family commitments. There may not be enough time in a single location to apply, go to school, and complete all requirements. Nevertheless, their difficulties in getting training and education do not necessarily impact the Service member's decision to stay or leave the military.

C. CONCLUSION

Good health care is an essential element to ensuring that Service members are ready to meet the challenges they face in the Global War on Terror. Despite some shortcomings, both Active Component and Reserve Component female Service members experience a generally satisfactory level of health care during their deployment in the Iraq and Afghanistan theatres of operation. By contrast, the means of identifying and providing needed health care both before and after deployment often leave female Service members feeling vulnerable about potentially serious health issues. Better information dissemination and improved preparation may be the keys. In addition, there is a need to give priority to deploying and returning Service members, as well as taking seriously the importance of adequate mental health care.

Improvements can be made by expanding the scope of questions on the pre- and post-deployment health forms, by improving the training of physicians and medics who serve in-theatre, and by providing specialized briefings prior to deployment. DACOWITS members recommend the booklet published by the Army on *Female Soldier Readiness* as a “best practice.” It is currently *not* widely disseminated, but should be produced in a pocket version that is given to every Service member prior to their being deployed in-theatre.

Spouse employment, in many ways, is a bellwether of the overall good health of all branches of Service. In this, as in the impact on children, we see that it is families who serve their country, not simply the Service member alone. A spouse’s career opportunities, as well as the ability to obtain and/or complete educational goals, are almost fully dependent on the Service member’s career, frequent relocations, and geographical assignments. Like their civilian counterparts, most spouses either must work or want to work but, unlike most civilian spouses, their career decisions must first take into account how their career will fit into the Service member’s military obligation. A wide range of programs and support systems are in place, but these are often hidden and unknown to the uninitiated. Broader information dissemination is essential, and certainly more work can be done to support spouses by garnering military spouse preferences wherever possible and by negotiating financial support when additional education is the key. The long-term good health of all branches of the military is impacted in important ways by the strength of the family of each Service member. Thus, it is important to affirm the career and education goals of those who are on the home front.

I. INTRODUCTION

The Defense Department Advisory Committee on Women in the Services (DACOWITS) was established in 1951 with the mandate to provide the Department of Defense (DoD) with advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. Under the current charter, in place since 2002, the Committee also provides advice and recommendations on family issues related to the recruitment and retention of a highly qualified professional military. (See Appendix A for current charter.) The individuals who comprise the Committee are appointed by the Secretary of Defense to serve in a voluntary capacity for three-year terms. (See Appendix B for biographies of the 2007 DACOWITS Committee members.)

The DACOWITS charter authorizes the Committee to advise the DoD through the Principal Deputy Under Secretary of Defense (Personnel and Readiness) (PDUSD (P&R)). Each year, the Office of the Deputy Under Secretary frames for the Committee the Department's most salient concerns related to the integration of military women and family issues in the Armed Forces. Based on this guidance, the Committee then selects specific topics to investigate. These topics form the basis of the Committee's research activities for the year and for the annual report they provide to the Secretary of Defense.

In 2007, the Office of the Secretary of Defense (OSD) requested that DACOWITS target "decade-long" issues on the horizon rather than urgent issues that the Department is already addressing and that already have the attention of Congress and the press. With this guidance in mind, and based on a series of briefings provided by proponents from OSD and the Services, the Committee chose to examine two topics during the 2007 research cycle: Female-Specific Health Care Issues of Deployed Female Service members and Military Spouse Career and Employment Opportunity.

The Committee's research on Female-Specific Health Care Issues of Deployed Female Service members was intended to address the following overarching research questions:

- What processes are in place during pre-deployment to proactively address deploying female Service members' female-specific health care needs?
- How could pre-deployment processes related to female-specific health care be improved?
- How well are female-specific health care needs addressed in-theatre?
- How well are female Service members' mental health needs addressed in-theatre?
- How could female-specific health care in-theatre be improved?
- What processes are in place during redeployment or post-deployment to identify female-specific health care needs?
- How well are female-specific post-deployment health care needs addressed?

- How well are female Service members' post-deployment mental health needs addressed?
- How could female-specific post-deployment health care be improved?

A final research question addressed any perceived differences in the health care experiences of Active Component and Reserve Component female Service members.

The Committee's research on Military Spouse Career and Employment Opportunity was intended to address the following overarching research questions:

- To what extent are military spouses working in careers for which they have prepared?
- To what extent are military spouses interested in pursuing new careers?
- What are the factors that military spouses consider, or value, in choosing a career?
- What prevents military spouses from pursuing their career goals?
- How do military spouses seek employment?
- What are military spouses' experiences with available employment resources?
- To what extent does access to the necessary training and education influence the opportunity of military spouses to achieve their employment/career goals?
- How could the military better address the needs of military spouses in the areas of training and education, employment, and careers?

An additional research question pertained to the impact of deployment on Reserve Component spouse employment.

This report presents the available research on these topics, including the research conducted by DACOWITS. As in previous years, the Committee took a multi-pronged approach, to include: 1) the use of existing resources such as statistics, survey data, and other available research findings, and 2) the collection of data at military sites through focus groups, limited surveys, meetings, and observation.

The primary data collection involved site visits to eight military locations between April and July 2007 (See Appendix C for Installations Visited). Additionally, "virtual site visits" were made to Iraq, Afghanistan, and various U.S. locations via video-teleconferences and conference calls held at headquarters offices in the National Capital Region.

During these site visits, teams of Committee members conducted 54 focus groups with a total of 409 individuals. Most often, the site visit teams were composed of two DACOWITS members. Thirty-five of these focus groups addressed female-specific health care of deployed female Service members; these focus groups were attended by 269 female Service members and 39 medical providers. The remaining 19 focus groups, which addressed career and employment opportunity of military spouses, were attended by 101 military spouses.

Transcripts of each focus group session were produced, and these served as the basis for data analysis. Additional information was gathered from the focus group participants via short mini-surveys. (See Appendices D and E, respectively, for copies of the focus group protocols and surveys and Appendix F for detailed mini-survey results.)

A. BACKGROUND

To place the current research in context, the Committee presents here background information related to the 2007 topics. This context provides a useful point of departure for the subsequent analysis of focus group and other data.

Female-Specific Health Care Issues of Deployed Female Service Members

Women’s representation in the military has increased since 1990. In 1990, women comprised 11% of the DoD Active Duty force and 13% of the Selected Reserve, making up about 12% of the Total Force. In 2005, women comprised 14.6% of the DoD Active Duty force and 17.2% of the Selected Reserve, or 15% of the Total Force.¹ Women’s representation varies across the Services. For example, among the Active Component Services, the Marine Corps has the lowest percentage of women and the Air Force has the highest, as shown in Exhibit I-1. As the Exhibit shows, women’s representation has also increased in the Coast Guard over this period.

Exhibit I-1: Percentage of Women in Each Service, Active Component (1990 and 2005)										
Service	Army		Navy		Air Force		Marine Corps		Coast Guard	
Year	1990	2005	1990	2005	1990	2005	1990	2005	1990	2005
Percent	11%	14%	10%	14%	14%	20%	5%	6%	7%	12%

Sources: *2005 Profile of the Military Community*. (ODUSD-MC&FP); U.S. Coast Guard Snapshot: Summary of Facts and Figures about the U.S. Coast Guard, Department of Homeland Security.

Women do not deploy in proportion to their 15% representation in the military. In today’s environment, women generally comprise 10% of deployed personnel as compared to 19% of in-garrison personnel. This difference is likely due to certain combat military occupational specialties that remain closed to women.²

It is important to note that official deployment policies differ between the Services, and that certain characteristics of deployment health care (e.g., environmental conditions, available facilities) can also vary widely, depending on where one is stationed during a deployment. For

¹ Office of the Deputy Under Secretary of Defense for Military Family and Community Policy. (2006). *2005 Profile of the Military Community*. Washington, DC.

² Cox, K.L. (2007). *Gender & Health in the Military: What the Data Show*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS) March 28-29. Global Health Surveillance Force Health Protection & Readiness Programs.

example, there can be differences between the health care experiences of personnel serving in ground units deployed to austere locations in Iraq and Afghanistan and those deployed at sea on combat vessels. Ground forces often receive their routine care in tents and buildings not designed for medical services. In such circumstances, opportunities for more comprehensive care generally require travel and time away from the work place. By the same token, and depending on the size of the vessel, personnel serving aboard ship may also face limited health care options, and have to be transferred to larger ships or ports of call for serious medical issues. Others may serve on vessels with a full complement of modern medical facilities, equipment, and providers. What is more, deployment length varies between Services, and this may also influence Service members' perceptions of their health care. Generally speaking, deployments for Army personnel recently have been 12-15 months, with significant likelihood of extension. Deployment lengths for Air Force and Navy personnel have typically been shorter.

The exact number of Service members in-theatre in each Service—to include the number of females—is fluid. Exhibit I-2 presents, by Service, the numbers of female and male personnel in-theatre as of 1 June 2007. Throughout this report, the term “in-theatre” refers to ongoing military operations in Iraq (Operation Iraqi Freedom, or OIF) and Afghanistan (Operation Enduring Freedom, or OEF).

Exhibit I-2: Numbers of Women and Men Deployed In-Theatre, by Service as of 1 June 2007 (Active and Reserve components)						
Service	Army	Navy	Air Force	Marines	Coast Guard	Total
Women	9,572 (7.5%)	3,385 (11.5%)	4,047 (14.3%)	594 (2.1%)	15 (6.2%)	17,613 (8.3%)
Men	117,890 (92.5%)	26,134 (88.5%)	24,197 (85.7%)	27,055 (97.9%)	225 (93.7%)	195,501 (91.7%)
Total	127,462 (59.8%)	29,519 (13.9%)	28,244 (13.3%)	27,649 (13.0%)	240 (.08%)	213,114 (100%)

Sources: Office of the Joint Chiefs (J1), 4 Jun 07; U.S. Coast Guard.

As of 1 June 2007, the largest group of deployed women belonged to the Army. The Army's 9,572 female personnel on the ground outnumbered by more than two-to-one the next largest group of deployed women—which belonged to the Air Force (n=4,047).

Female casualties and female health care utilization

Women represent a relatively small fraction of deaths (2.3%) and wounded in action (1.9%) in the current conflicts in Iraq and Afghanistan.³ Nevertheless, 80 female military personnel have

³ Ibid.

been killed since the start of OIF in 2003 through September 2007—more than were killed in any other conflict since World War II.⁴

A recent review of health care utilization trends by the Director of Global Health Surveillance, Force Health Protection & Readiness Programs indicates that both sexes seek health care with greater frequency in-theatre than in-garrison. These data also show that gender patterns in health care utilization by diagnostic category are more or less comparable in-garrison and in-theatre. For example, in both environments, the diagnostic categories of the presenting concerns of men and women were similar, except women were more prone to genitourinary system problems and men were more prone to injury and poisoning.⁵

Some female genitourinary problems cannot be treated in-theatre and require medical evacuation. Approximately 11.7% of Medical Air Transports (MATs) are female, of which 83% are necessitated by diseases rather than injury, the most common of which are genitourinary disorders.⁶ Exhibit I-3 presents Medical Air Transport reasons by gender.

Exhibit I-3: Reasons for Medical Air Transport (MAT) by Gender, CY2005-2006				
Gender/ Causes	Battle Injuries	Non-Battle Injuries	Diseases	Total
Female	158 (3.5%)	608 (13.5%)	3,734 (83%)	4,500 (11.7%)
Male	7,605 (22.3%)	7,368 (22.4%)	18,854 (55.3%)	33,827 (88.3%)
Total	7,753	7,976	22,588	38,327 (100%)

Source: Cox, K.L. (2007) *Gender & Health in the Military: What the Data Show*.

Specifically, OIF/OEF medical evacuation statistics show that women were evacuated in FY06 for the following reasons:⁷

- Breast lump (30%)
- Pregnancy, including ectopic (25%)⁸
- Pap follow up (12%)
- Pelvic pain (10%)
- Bleeding (9%)

⁴ Department of Defense casualty data accessed 9/09/07 from <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/castop.htm>

⁵ Cox, *Gender & Health in the Military*

⁶ Ibid.

⁷ Eader, S.A. (2007) *Women's Healthcare in the U.S. Central Command Area of Responsibility* Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS) March 27. U.S. Central Command.

⁸ Females with problematic pregnancies are medically evacuated; more typically, pregnant females are administratively removed from theatre.

- Ovarian cyst (7%)
- Other (7%)

It should be noted that while females may be slightly over-represented among MATs, it does not appear that they are over-represented among early returns from theatre. The percentage of females who reported on the DoD Survey of Health-Related Behaviors that they had to return early from deployment was very small and commensurate with the percentage of male respondents—less than 3.5% for either sex.⁹

The quality of female health care in-theatre

The Surgeon General for the Central Command (CCSG), the joint command that has responsibility for all operations in the OIF/OEF Area of Responsibility (AOR), has concluded that while women-specific health care has continued to improve, there exists continued opportunity to improve the quality of care, as well as to decrease lost duty time due to medical evacuations. CCSG has identified the following conditions as impeding the in-theatre care of female Service members in the AOR and contributing to the need for evacuation:

- Women with incomplete health evaluations deploying into theatre
- Lack of reflexive Human Papilloma Virus (HPV) testing for Atypical Squamous Cells of Undetermined Significance (ASCUS)
- Limited contraceptive supplies and choices
- Shortages of female-specific health care equipment
- Inadequate ability to diagnose and manage ectopic pregnancies
- Inability to manage abnormal uterine bleeding
- Reliance on foreign health care systems
- Lack of connectivity to Landstuhl Regional Medical Center (LRMC).

CCSG recommended several courses of action to address these issues, some of which may be underway as of this writing.¹⁰

The “customer” perspective corroborates that the quality of female health care in-theatre is of concern. The TRICARE Management Activity (TMA) periodically administers the Health Care Survey of DoD Beneficiaries to military personnel, including those recently deployed. The most recent results come from the 2006 survey. Using a rating scale of 1 to 10 (1 = the worst possible care; 10 = best possible care), Service members were asked to rate various aspects of their health

⁹ TRICARE (2007) *Survey of Health Related Behaviors among Active Duty Personnel*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS) May 30. Health Program Analysis and Evaluation Division (HPA&E).

¹⁰ Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility*.

care. TMA found that deployed female Service members were less likely than deployed male Service members to give a positive health care rating.¹¹

DACOWITS' 2007 research explored these quality of care issues, including concerns surrounding treatment of genitourinary disorders, by gathering data firsthand from deployed or recently redeployed female Service members and from in-theatre and in-garrison medical providers.

Military Spouse Career and Employment Opportunity

With a force comprised of more married Service members than single or divorced, spouses comprise a significant constituency within the military community. As of 2005, there were approximately 750,320 married Active Duty personnel.¹² Exhibit I-4 shows percent married by Service for the Active Component.

Exhibit I-4: Percentage of Active Component Married Service Members, by Service						
Service	Army	Navy	Air Force	Marines	Total DoD	Coast Guard
Percent	54.0%	54.4%	60.8%	44.9%	54.6%	58.2%

Source: 2005 Profile of the Military Community. (ODUSD-MC&FP); U.S. Coast Guard Snapshot: Summary of Facts and Figures about the U.S. Coast Guard, Department of Homeland Security.

As of 2005, there were approximately 426,297 married personnel in the Selected Reserve.¹³ Exhibit I-5 shows percent married by Component for the Reserve.

Exhibit I-5: Percentage of Reserve Component Married Service Members	
Reserve Component	Percent
Army National Guard	49.2%
Army Reserve	48.2%
Navy Reserve	62.6%
Marine Corps Reserve	31.2%
Air National Guard	57.5%
Air Force Reserve	59.4%
Total DoD	51.4%
Coast Guard Reserve	55.6%
Total Selected Reserve	51.4%

Source: 2005 Profile of the Military Community. (ODUSD-MC&FP)

¹¹ Williams, T. (2007) *The Health Care Survey of DoD Beneficiaries: Perceptions of TRICARE among Women of the Armed Services*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS). Health Program Analysis and Evaluation Division (HPA&E).

¹² 2005 Profile of the Military Community.

¹³ Ibid.

For both the Active and Reserve Components, the percentage of married Service members increases with seniority. This is true within the officer corps as well as the enlisted ranks. Across all levels, officers are more likely to be married than enlisted personnel.¹⁴

Over 1,100,000 strong as of 2005, military spouses are a large and influential constituency within the military community. A number of studies have demonstrated that military spouses influence retention. In the 1990s, Army Family Research Program (AFRP) researchers showed that “the degree of spouse support for a Soldier staying in the Army affects retention intentions and behavior.”¹⁵ Similarly, through periodic surveys conducted by the Defense Manpower Data Center (DMDC), DoD monitors the extent to which spouses influence the retention decision. According to the December 2005 Status of Forces Survey, 70% of Reserve Component (RC) Service members believe their spouse influences their retention decision to a “moderate”, “large,” or “very large” extent (Exhibit I-6).

Exhibit I-6: To what extent does your spouse/significant other have a choice in whether you stay in the National Guard/Reserve?*	
Rating	Percent
1 – Not at all	17%
2 – Small extent	14%
3 – Moderate extent	27%
4 – Large extent	25%
5 – Very large extent	18%
Total	100%

Source: December 2005 Status of Forces Survey of Reserve Component Members, DMDC.

*Percentages may not sum to 100 due to rounding.

The 2006 Survey of Spouses of Active Duty Members corroborates that “...a military spouse’s support for a career in the Armed Forces is a top factor in the reenlistment decisions of a married Service member.”¹⁶ It should be noted that, while spouses have influence over Service member career intent and can thus sway military personnel to leave the military, the research also shows that Service members with spouses and children are generally more likely to stay in the military than those without.¹⁷

¹⁴ Ibid.

¹⁵ Segal, M.W. and Harris, J. (1993) *What We Know about Army Families*. Alexandria, VA: Army Research Institute for the Behavioral and Social Sciences.

¹⁶ OSD Office of the Deputy Under Secretary of Defense-Military Community and Family Policy (OUSD-MC&FP) (2007) *Military spouse education, training and careers*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS) March 27.

¹⁷ Segal and Harris, *What We Know about Army Families*.

Thus the popular adage that the military recruits Service members but retains families, though undoubtedly rooted in anecdote, is substantiated empirically. The size of the military spouse constituency across the Active and Reserve Components—as well as their demonstrated influence on Service members’ career decisions—make military spouse satisfaction a retention issue.

The demographic characteristics of military spouses

The military spouse population is largely female, young, ethnically diverse, and relatively well-educated. Many have young children and many have served in the military in their own right. Specific demographic characteristics of this population are highlighted below.

Exhibit I-7: Demographic Characteristics of Active Component Spouses	
Gender	<ul style="list-style-type: none"> • 93% are female
Age	<ul style="list-style-type: none"> • 51% are 30 years old or younger • Among enlisted spouses only, 58% are 30 years old or younger
Ethnicity	<ul style="list-style-type: none"> • 12% identify themselves as of Hispanic origin
Race	<ul style="list-style-type: none"> • 76% identify themselves as White; 16% as African American; 3% as American Indian/Alaska native; 9% as Asian or Hawaiian/Pacific Islander; 4% as multi-racial
Native tongue	<ul style="list-style-type: none"> • 14% speak English as a second language
Education	<ul style="list-style-type: none"> • 65% have completed at least 1 year of college
Military service	<ul style="list-style-type: none"> • 81% of male spouses and 17% of female spouses have served in the Active or Reserve component

Source: 2005 *Profile of the Military Community*. (ODUSD-MC&FP); 2006 Survey of Spouses of Active Duty Members, DMDC.

Military spouses differ from their civilian counterparts (i.e., individuals with similar demographic characteristics who are married to civilians) in several ways. For example, military spouses have higher educational attainment, on average.¹⁸ Military spouses are more likely to reside in metropolitan areas because, with the exception of Marine Corps bases, that is where most military installations in the Continental United States (CONUS) are located. As one might expect, military spouses also are more likely to move and, when they move, to move long distances.¹⁹ The following section briefly addresses the employment experiences of military spouses. More detailed information on this topic is provided in Chapter III.

¹⁸ RAND (2007) *Challenges to military spouse employment - a synthesis*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS) March 27.

¹⁹ Ibid.

Military spouse employment

According to the 2006 Survey of Active Duty Spouses conducted by DMDC, 77% of military spouses indicated that they *want and/or need to work*. When spouses were asked to rate the importance of various reasons for working (i.e., “important,” “moderately important,” or “not important”), their responses confirmed that earning an income is important to them. Seventy-six percent indicated that needing money for basic expenses is an important reason for working. Ninety-four percent and 79%, respectively, indicated that wanting to save money for the future or to have extra money to use now are important reasons for working. Active Duty spouses’ motivation is not purely financial, however—78% indicated that the desire for a career is an important reason for working.²⁰

Though the majority of Active Duty spouses indicated they want and/or need to work, only 45% indicated they were currently employed. On average, employed spouses work for pay 34 hours per week. Employed spouses most commonly cited family obligations as the reasons for working less than 35 hours per week, e.g., child care responsibilities (47% of respondents), need for flexibility while spouse is deployed (46%), other family/personal obligations (41%). Of those who are employed, 42% indicated they are overqualified for the work they do.²¹ For a description of the types of jobs most commonly held by military and civilian spouses, see Chapter III.

According to the 2006 Survey of Active Duty Spouses, 41% of spouses are not in the labor force, 7% are unemployed, and 7% are Active Duty Service members. The most common reasons given by spouses who are not employed and not looking for work are related to family obligations. Issues related to job qualifications and relocation are less commonly cited by survey respondents who are not employed, but these particular challenges are strongly emphasized by those who *are* currently employed (this is discussed in detail in Chapter III). Exhibit I-8 shows in descending order the most common reasons that Active Duty spouses are not looking for work. It should be acknowledged that a fairly large percentage (49%) of the Active Duty spouses who are not employed and not looking for work said that they do not want to work.

To facilitate comparison with civilian unemployment statistics published by the Department of Labor (DoL), DACOWITS calculated a military spouse unemployment rate based on data from the 2006 Survey of Spouses of Active Duty Members. We used DoL’s methodology for calculating the unemployment rate, which excludes Active Duty military from the labor force. (By contrast, DoD’s method for calculating unemployment includes Service members in the

²⁰ Defense Manpower Data Center (2006) *2006 Survey of Active Duty Spouses: Tabulations of Responses*. Arlington, VA: Programs Evaluation Division.

²¹ *Ibid.*

labor force).²² Using the DoL methodology, the military spouse unemployment rate for 2006 was 13.4%. This rate of unemployment is several times higher than the rate for married civilian women in the U.S. civilian labor force, which stood at 3.4% in 2005.²³ What is more, the DoD reports that military spouses earn \$3 per hour less, on average, than their civilian look-alikes.²⁴ It is not surprising, perhaps, that many military spouses have reported that being a military spouse has negatively impacted their career opportunities, primarily due to frequent relocation.²⁵

Exhibit I-8: Reasons for Not Looking for Work among Active Duty Spouses Who Are Not Employed	
Reason	Percent*
I am not working while my children are young	60%
I do not want to work	49%
I want to be available to transport my children to after-school activities	40%
My spouse does not want me to work	35%
I have child care problems (e.g., too costly, lack of availability)	28%
I cannot find work flexible enough to accommodate my spouse's schedule	27%
I lack the necessary schooling, training, skills, or experience	18%
I am attending school or other training	16%
I am preparing for a Permanent Change of Station (PCS)/move	13%
Other	13%
I am not physically prepared to work (e.g., pregnant, sick, disabled)	12%
There are no opportunities for work in my line of work at current location	11%
I am recovering from a recent PCS/move	9%
I could not find any work	9%
Employers appear biased against military spouses	7%
I have transportation problems	7%

Source: 2006 Survey of Spouses of Active Duty Members, DMDC.

*Total exceeds 100% because spouses could choose all that apply.

Frequent moves are much more common within the military than in most civilian jobs.

Exhibit I-9 displays the large differences in mobility between military and civilian workers in various occupations. The chart indicates that, of all the occupations shown, military workers are far more likely to have moved across county lines within the previous year.

²² DoL excludes Active Duty military personnel in the calculation of the nation's unemployment data, focusing exclusively on the civilian labor force. Thus, to facilitate an "apples to apples" comparison with DoL figures, we employed a comparable methodology. See Chapter III for a more complete discussion of this issue.

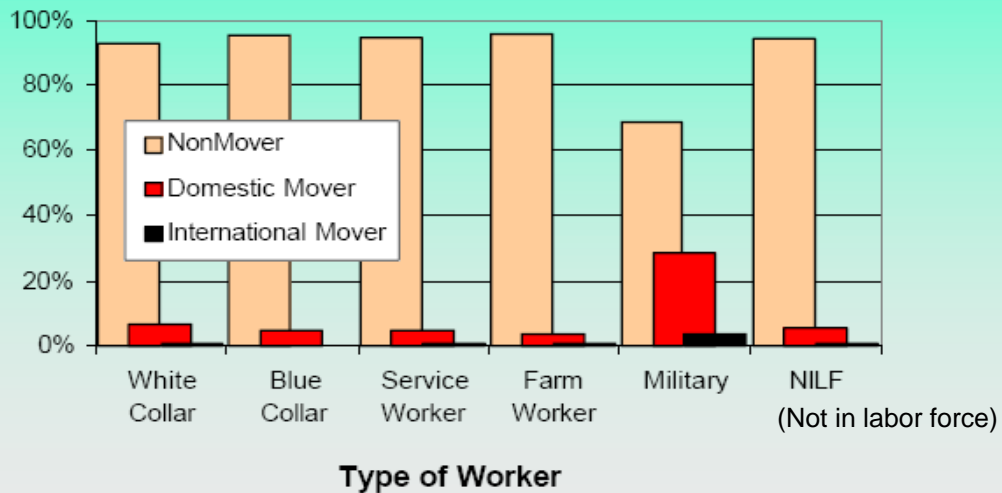
²³ Unemployment data obtained from the Department of Labor website at: <http://www.bls.gov/cps/#overview> Accessed 9/04/07. 2006 data not available by gender and marital status.

²⁴ OUSD-MC&FP, *Military spouse education, training and careers*.

²⁵ Harrell, M.C., Lim, N., Castaneda, L.W., and Golinelli, D. (2004). *Working Around the Military: Challenges to Military Spouse Employment and Education*. Washington, DC: RAND National Defense Research Institute.

**Exhibit I-9:
Geographic Mobility of Civilian vs. Military Workers**

Migration Across County Lines Between March 1998 & 1999
Data Source: Current Population Survey



Source: Wardynski, C. (2000) *Military Compensation in the Age of Two-Income Households*. Briefing prepared for the Assistant Secretary of the Army (M&RA) 9 February. Office of Economic and Manpower Analysis, Department of Social Science, United State Military Academy.

According to the DMDC 2006 Survey of Active Duty Spouses, about half of officers' spouses reported trying to find employment at their new location after their most recent PCS move, compared with 63% of enlisted Service members' spouses. Encouragingly, and despite the considerable obstacles spouses face to their careers due to Permanent Change of Station (PCS) moves, 68% of spouses who attempted to find employment at their new location reported they were no longer looking for work because they had found a position.

DACOWITS research for 2007 focused on documenting the employment and career challenges faced by military spouses, and developing recommendations to help spouses overcome these challenges and better meet their career goals. Findings from the focus groups on these topics are presented in Chapter III, and supplemented by information from the research literature and from surveys of the military community conducted by DoD and the Services. The chapter also provides a summary of initiatives and programs established by DoD and the Services to improve the employment and career opportunities for military spouses. Many of these services and programs aim to mitigate the disadvantages associated with such obstacles as frequent Permanent Change of Station (PCS) moves, ineligibility for certain state benefits due to a mobile lifestyle, de facto single parenting due to Service member absence, and childcare obstacles.

B. ORGANIZATION OF REPORT

The remainder of the report is presented in the following four chapters:

- Chapter II—Female-Specific Health Care Issues of Deployed Female Service Members
- Chapter III—Military Spouse Career and Employment Opportunity
- Chapter IV—Findings and Recommendations: Female-Specific Health Care Issues of Deployed Female Service Members
- Chapter V—Findings and Recommendations: Military Spouse Career and Employment Opportunity.

Chapters II and III provide a detailed description of the Committee’s primary research findings (i.e., from the focus groups and mini-surveys administered during the site visits) and are supplemented with data from the research literature and from military surveys. Chapters IV and V summarize the Committee’s major findings on each respective topic, and provide formal recommendations. Appendices are provided in the back of the report.

II. FEMALE-SPECIFIC HEALTH CARE ISSUES OF DEPLOYED FEMALE SERVICE MEMBERS

This chapter presents findings from DACOWITS focus groups conducted in 2007 with currently and formerly deployed female Service members and, separately, with military medical practitioners. The Committee's focus group findings are supplemented with results from mini-surveys completed by the focus group participants and from two large-scale health-related surveys: the 2005 Survey of Health-Related Behaviors and 2006 Healthcare Survey of DoD Beneficiaries, both administered by TRICARE, the military's health care agency. Information presented in briefings and other materials generated by the CCSG and the DoD Force Health Protection and Readiness Programs, Global Health Surveillance, supplements the findings in this chapter. Other literature, such as studies published in the journal *Military Medicine*, is cited throughout where applicable.

It is important to note that the Military Healthcare System (MHS) has undergone considerable change since the start of the Global War on Terror (GWOT) in 2001. Policies and regulations that govern MHS operations—not to mention the tools and techniques employed by military health care professionals to accomplish their mission—have been continuously updated and improved to serve the evolving needs of the force during the conflicts in Iraq and Afghanistan. For example, TRICARE benefits available to members of the Guard and Reserve have been recently enhanced and expanded.²⁶ DACOWITS recognizes that, in many areas, notable improvements in military health care have been made since the initial OIF/OEF deployments.

It was clear, however, that some focus group participants were not fully aware of the range of policy changes that have taken place, and from which they could potentially benefit. Others, lacking experience with multiple deployments, did not have the opportunity to observe improvements in deployment health care that may have taken place over time. These observations are noted not to minimize the opinions of focus group participants who were critical of their health care, but simply to provide context for the range of viewpoints, quotes and descriptions that appear in this chapter.

Following a description of the focus group samples, the chapter is organized in three main sections as follows:

- Health care experiences of female Service members *prior* to deployment
- Health care experiences of female Service members *during* deployment
- Health care experiences of female Service members *after* deployment.

²⁶ Recent actions to extend TRICARE eligibility to all Reserve Component personnel and their families are available at the TRICARE website: <http://www.tricare.mil/mybenefit/home/overview/Plans>. Accessed 10/18/07.

For the most part, focus group findings are based on the responses of the Service member sample only, unless otherwise specified. Limited findings specific to RC Service members are presented separately in a fourth section. Although the focus of the Committee's research was on females, certain findings apply to males as well and, in some cases, results are presented for males for comparative purposes.

A. CHARACTERISTICS OF THE FOCUS GROUP SAMPLES

DACOWITS Committee members conducted a total of 35 focus groups on the topic of female-specific health care issues of deployed female Service members. In all, 308 personnel attended these focus groups.

More than three-quarters of this data collection effort targeted the "customer" perspective. That is, 30 of the 35 focus groups were held with currently deployed or formerly deployed female Service members. A total of 269 Service members participated in these 30 groups, as follows:

- Twenty-four focus groups, containing 229 formerly deployed female Service members, were held at seven installations/locations throughout the continental United States (CONUS) and Hawaii.
- Four focus groups, containing eight formerly deployed female Service members, were conducted by telephone.
- Four focus groups, containing 32 currently deployed female Service members, were conducted by video-teleconference.

Among the formerly deployed Service members were some who had returned from Southwest Asia several years ago. Characteristics of the female-specific health care focus group sample, based on data from the mini-survey administered at the start of each focus group, are presented in Exhibit II-1.

The average age of the focus group participants was 31. The majority were either married (41%) or had significant relationships (24%), and fewer than half (41%) had dependent children at home. For a complete summary of the demographic characteristics of these focus group participants, see Appendix F.

Exhibit II-1: Characteristics of Female Service Member Focus Group Sample (N=269)*		
Variable	N	Percent
Service:		
Army	71	26%
Navy	44	16%
Marine Corps	32	12%
Air Force	45	17%
Coast Guard	3	1%
Army National Guard	26	10%
Army Reserve	17	6%
Marine Reserve	29	11%
Navy Reserve or Air National Guard	2	2%
Pay Grade:		
E1 – E4	65	24%
E5 – E9	102	38%
O1 – O3 (including Warrant Officers)	61	23%
O4 – O6	38	14%
Age:		
18-25	67	25%
26-40	73	27%
31-40	93	35%
41 or older	34	13%
Marital status:		
Married	108	41%
Single, with a significant other	65	24%
Single, with no significant other	54	20%
Divorced or Legally Separated	38	14%
Widowed	1	1%
Dependent children in the home:		
No	155	59%
Yes	107	41%

*Percentages may not sum to 100 due to rounding. Not all participants answered every question on the mini-survey.

An additional five focus groups were held with 39 medical practitioners, as follows:

- Three focus groups were held with practitioners at three installations in CONUS and Hawaii
- Two focus groups were held with currently deployed practitioners via video-teleconference.

Of the 39 practitioners who participated in the focus groups, only 9 (23%) indicated they had not deployed. In contrast to the exclusively female Service member sample, the practitioner sample was 23% male. Demographic characteristics of the practitioner sample, based on data from the mini-survey, are presented in Exhibit II-2. Additional data are provided in Appendix F.

Exhibit II-2: Characteristics of Medical Practitioner Focus Group Sample (N=39)		
Variable	N	Percent*
Gender:		
Female	30	77%
Male	9	23%
Service:		
Army	10	26%
Navy	11	28%
Air Force	16	41%
Army Reserve or Army National Guard	2	5%
Pay Grade:		
E4 – E5	4	10%
E6 – E7	3	8%
O2 – O3	12	31%
O4 – O5	19	50%
Discipline:		
Nurse	10	26%
Nurse Practitioner	6	15%
Physician’s Assistant	5	13%
Physician	8	20%
Other	10	26%
Specialty:		
Family Practice/Family Medicine	9	35%
Aerospace	2	8%
OB/GYN	2	8%
Other	13	50%

*Percentages may not sum to 100 due to rounding. Not all participants answered every question.

The salience of the topic of health care for deployed female Service members is underscored by focus group participants’ responses to the mini-survey question: “How important is female-specific health care in your decision to stay in or leave the military?” Their responses are presented, by deployment phase, in Exhibit II-3.

More than 60% of mini-survey respondents indicated that female-specific health care is “very” or “moderately” important to their career intent throughout the deployment cycle, demonstrating that health care adequacy is indeed a retention and readiness issue. The topic thus merits close attention.

Exhibit II-3: Rate the importance of female-specific health care in your decision to stay in or leave the military*			
Deployment Phase	Rating	N	Percent
Health care prior to deployment	Very Important	102	46%
	Moderately Important	39	17%
	Slightly Important	44	20%
	Not at all Important	39	17%
	Total	224	100%
Health care during deployment	Very Important	90	42%
	Moderately Important	44	20%
	Slightly Important	44	20%
	Not at all Important	38	18%
	Total	216	100%
Health care after deployment	Very Important	106	49%
	Moderately Important	36	17%
	Slightly Important	39	18%
	Not at all Important	34	16%
	Total	215	100%

*Totals exclude participants choosing ‘does not apply.’

B. HEALTH CARE EXPERIENCES OF FEMALE SERVICE MEMBERS PRIOR TO DEPLOYMENT

This section of the chapter deals with the health care experiences of female Service members during the pre-deployment period. Health screenings are conducted with Service members during this period to identify and address health issues prior to deploying, and to determine deployment readiness. Also during this period, health-related information may be provided to deploying Service members. Findings are organized under the following sub-sections:

1. Components of the pre-deployment health screening process
2. Adequacy of the pre-deployment health screening process
3. Participant recommendations for improving the pre-deployment health screening process.

The section concludes with a brief summary.

1. Components of the pre-deployment health screening process

Focus group participants identified three potential components of the pre-deployment health screening process:

- Pre-Deployment Health Assessment
- Female-specific examination
- Mental health screening.

Each of these components is described separately below.

Pre-Deployment Health Assessment

The Pre-Deployment Health Assessment (form DD 2795) is a self-report form that Service members are required to complete within 30 days prior to deploying. The completed form is then reviewed with the Service member by a health care professional such as a medical technician, medic, or corpsman. (A copy of the Pre-Deployment Health Assessment Form is located at Appendix G). The Pre-Deployment Health Assessment includes questions such as “Do you have medical/dental problems?,” “Are you pregnant?,” “During the past year have you sought counseling for your mental health,” and “Do you currently have concerns about your health?” Because this is a self-report form, there is always the possibility that the Service member may fail to provide, intentionally or unintentionally, important information about their personal health.

If Service members indicate on the Pre-Deployment Health Assessment that they have a health issue that may affect their deployability, this should trigger a referral to a credentialed provider, who then determines the appropriate course of action.²⁷

“I remember, if you had any past diagnoses, then you had to be evaluated [by a practitioner] and cleared by them before deploying.”

—Female Airman

When the Pre-Deployment Health Assessment is reviewed, there is an opportunity for the Service member to discuss any other concerns that were not addressed on the form. This may also lead to referral, and for females, procedures such as pregnancy tests and gynecological exams.

“When I was a screener in Hawaii you had to ask “do you have any other concerns?” so the Soldier can say what gynecological concerns they have. And if the doctor thinks it needs to get evaluated, the Soldier gets a referral. In reality, anything the patient has a concern about can be addressed.”

—Army Practitioner

“It’s a form that gives people an opportunity to express medical concerns before deploying. Some people want to deploy and will withhold their concerns and some people don’t want to deploy so they will try to express a lot of concerns.”

—Navy Practitioner

²⁷ Underwood, P.K., Office of the Army Surgeon General. *Pre- and Post-Deployment Health Assessment Process* (a training module).

Birth control practices and supply may be addressed during the Pre-Deployment Health Assessment process.

“The form asked about birth control, and then whoever went over the form asked how much birth control you had.”

—Female Airman

Issues related to the use of birth control in-theatre are discussed further in the next sub-section, which deals with the adequacy of the pre-deployment health screening process.

There is some indication that the role of the Pre-Deployment Health Assessment in addressing Service members’ health concerns may be limited, regardless of gender. For example, DoD reported that, among personnel deploying in CY 2005-2006, only six percent of females and four percent of males indicated health concerns on the Pre-Deployment Health Assessment, and only seven percent of females and four percent of males were referred as a result of the Pre-Deployment Health Assessment process.²⁸ Five percent of the DACOWITS mini-survey respondents indicated they received no medical screening during pre-deployment.

Female-specific examination

Central Command (CENTCOM) policy calls for all deploying female Service members to complete a comprehensive women’s health evaluation prior to deployment. To allow time for any necessary follow-up, the evaluation is to be started approximately three months prior to the deployment date and should comprise:

- Pap Smear
- Counseling and prescription for contraceptives if requested
- Screening mammography for women age 40 or older.²⁹

CENTCOM guidance also recommends the use of reflexive HPV testing to determine the need for colposcopy.

The comments of health care practitioners and some female Service members attest that Pap smears, mammograms, and pregnancy tests are indeed a component of the pre-deployment health screening process.

²⁸ Cox, K. L. *Gender & Health in the Military*.

²⁹ U.S. Central Command (2007) Modification 8 to USCENTCOM Individual protection and Individual/Unit Deployment Policy (July). 61911Z Jul 07

“We did the whole brigade when they deployed. We made everyone get a Pap smear two weeks before departure and they also got a pregnancy test.”
—Army Practitioner (currently deployed)

These examinations do not appear to be standard procedure. For example, no deployed Service members mentioned mammograms being performed, although 13% of the Service members were over age 40 and should receive them annually.³⁰ DoD confirms that neither mammograms nor self-breast examination information are routinely provided prior to deployment.³¹ The prevalence of female-specific examinations is addressed further under *Adequacy of the pre-deployment health screening process*, to follow.

Mental health screening

The Pre-Deployment Health Assessment asks Service members general questions related to mental health, such as “Are you depressed?” and “During the past year have you sought counseling for your mental health?” While these Pre-Deployment Health Assessment questions constitute a mental health screening from DoD’s perspective, focus group comments and mini-survey responses suggest that many participants did not agree. For example, 29% percent of participants indicated on the mini-survey that they received no mental health screening prior to deployment. Some participants seemed to believe that a mental health screening would involve something more substantial, such as an evaluation by a mental health provider. The following comments reinforce this perception:

“I don’t remember any life skills or mental screenings, but that would’ve been important.”
—Female Airman

“I never heard anyone ask about it...Mental health was not addressed...at all.”
—Female Marine Reservist

“I think the pre-screening might miss some mental health issues.”
—Navy Practitioner

2. Adequacy of the pre-deployment health screening process

Participants were asked on the mini-survey to rate the helpfulness of the medical and mental health screenings they received prior to deployment. Exhibit II-4 shows that, among those who reported receiving a medical screening (N=245), most (63%) as rated it “moderately,” “very” or “extremely” helpful. In general, the mini-survey results yielded a more positive picture about the

³⁰ http://www.cancer.org/docroot/CRI/content/CRI_2_6x_Breast_Cancer_Early_Detection.asp Accessed 9/11/2007.

³¹ Cox, K. L. *Gender & Health in the Military*.

helpfulness of the medical screening than what emerged from the focus group comments (discussed below).

Exhibit II-4: How helpful to you was the mandatory <i>medical</i> screening prior to deployment?*		
Helpfulness of medical screening	N	Percent
Extremely helpful	30	12%
Very helpful	48	20%
Moderately helpful	76	31%
Slightly helpful	46	19%
Not at all helpful	45	18%
Total	245	100%

*Totals excludes those checking ‘did not receive’ or who did not answer (n=24).

Exhibit II-5 shows that participants who reported receiving a mental health screening considered it less helpful than the medical screening, with 42% rating their mental health screening “moderately,” “very,” or “extremely” helpful. As noted earlier, many participants (29%) indicated they received no mental health screening prior to deployment.

Exhibit II-5: How helpful to you was the mandatory <i>mental health</i> screening prior to deployment?*		
Helpfulness of mental health screening	N	Percent
Extremely helpful	14	8%
Very helpful	26	14%
Moderately helpful	37	20%
Slightly helpful	38	21%
Not at all helpful	66	37%
Total	181	100%

*Totals exclude those checking ‘did not receive’ or who did not answer (n=88).

The focus group protocol included several questions that addressed Service members’ views of the adequacy of the health screening process. These questions included:

- If you indicated health concerns on the screening form, how were those concerns addressed prior to deployment?
- How did your health screening assist health care providers in identifying and providing in-theatre care to you?
- Did anyone provide you female-specific information to prepare you for deployment?

The focus group findings corresponding to each of these questions are presented below.

Concerns were not consistently identified during pre-deployment health screening

Participants in almost three-fourths of the focus groups indicated that the health care concerns specified on the Pre-Deployment Health Assessment, or raised during the review of the Pre-Deployment Health Assessment with the health care professional, were *not* adequately addressed prior to deployment. Focus group participants' chief concern was a perceived emphasis by the military on Service members' deployability at the expense of their well-being. Other concerns raised included access to health care, untimely health screenings, and problems with the dispensation of medication, particularly birth control.

Focus on deployability versus well-being. Service members in roughly one-half of the focus groups expressed that the imperative to deploy as many people as possible detracts from a sound determination of deployability and from effective health care. In some cases, participants said they were told to answer their health questions "correctly" so that they would be deployable.

"We were rushed through. We had maybe a month or so to prepare and we had to rush through everything... They needed the numbers and didn't care... A lot of people had to go back home [after they had deployed] because there was something wrong medically.

All it comes down to is numbers."

—Female Soldier

"I think during the pre-screening, if you didn't meet a reason not to deploy they didn't research further in, because they didn't want to find problems and make people non-deployable. So, if something wasn't red-flagged then they just passed it over and you had to deal with it in-theatre. Otherwise they wouldn't have had the numbers they needed."

—Female Soldier

"They overlooked a lot of issues that may have made a Soldier undeployable, and tried to just band-aid them to meet the numbers needed."

—Female Army National Guardsman

"I think that a lot of times, people look at an answer like it is just that person's way to try to get out of deployment. Then they don't take it as seriously as they would if those answers came out at another screening."

—Navy Practitioner

"I don't think they gave us pregnancy tests or blood tests. But then people will get to the field and then be pregnant. They asked us but didn't test us."

—Female Airman

"Basically all they said is you need birth control and sent you on your way."

—Female Army National Guardsman

Limited access to health care. For those participants who felt the military prioritizes deployability over well-being, their perceptions may be fueled by their experiences with access to health care. For example, participants in a few focus groups indicated that they experienced difficulty scheduling well-woman exams before deploying, and were unable to receive a Pap smear. With longer deployments, receiving a Pap smear beforehand becomes increasingly important for female Service members.

“I know there were Soldiers who deployed without a Pap. It’s not a slip-through, it’s the majority. It is an annual requirement when you go through the SRP (Soldier Readiness Process), but when you can’t get an appointment, no one’s prioritizing to get a Pap before deployment.”

—Female Soldier

“Trying to get a women’s wellness appointment on post is very difficult. It was like a two-month wait.”

—Female Soldier

A recent article by Thomson and Nielsen citing survey data collected in 2003 from 251 deployed female Service members appears to corroborate that Pap smears are not routine for deploying women, although the study does not specify whether it was limited access that prevented women from obtaining them. Sixty-nine percent of the study participants had not received a Pap smear within three months before deploying, and 44% had not received one within six months before deploying. Depending on the lengths of their deployments, many of these women presumably had out-of-date Pap smears by the time they redeployed.³²

Untimely health screenings. Some focus group participants identified untimely health screenings as further evidence that their well-being is not a priority during pre-deployment. That is, in a small number of focus groups, it was reported that health screenings and subsequent procedures were not performed far enough in advance of deployment. Some participants perceived a rushed atmosphere, while others reported cursory screenings, or a lack of follow-up.

“It’s so rushed, so even if there was something wrong, you’re rushing through to get deployed and get it over with. Which is typical for military, but sometimes maybe things are overlooked and people who shouldn’t be there end up going.”

—Female Soldier

³² Thomson, B.A., and Nielsen, P.E. (2006). “Women’s health care in Operation Iraqi Freedom: A survey of camps with echelon I or II facilities.” *Military Medicine*, 171, 216-219.

“They dragged their feet a little about female health care. It was the last minute that a few of us had to have Pap smears. It was very slow and took pulling teeth.”

—Female Army National Guardsman

Problems with the dispensation of medication. In one-fourth of the focus groups, Service members described difficulty acquiring the correct type or a satisfactory quantity of medication—typically oral contraceptives. Women had difficulty convincing the pharmacy to provide more than the standard three-month supply.

“I knew exactly what I needed but it was still hard for me to get my birth control.”

—Female Marine Reservist

“My biggest problem before deployment is getting the people at my base to give me the 6-month supply of medication before I go... They say, “You have three months of it, why do you need more birth control?” Every time [I deploy] I go around and around with them and it’s very hard to get what I need because they do not want to give it to me.”

—Female Sailor

Other concerns. A few participants raised additional concerns about the pre-deployment health care screening process, including methods for pregnancy testing. Some participants felt, because a blood test can detect pregnancy earlier, this kind of test would be the most appropriate when deployment is imminent. According to these participants (and DoD), the blood test is not standard.³³ Other participants observed that the Pre-Deployment Health Assessment review process is not private, and that it jeopardizes confidentiality.

“It’s not very private or personal. It’s just open cubicles.”

—Female Soldier

“I don’t even want to write down I’m on birth control [when I’m sitting] next to other male Service members because it’s embarrassing.”

—Female Marine Reservist

Positive views on how health concerns were addressed prior to deployment. It is important to note that perspectives on how health concerns were addressed prior to deployment were mixed; that is, some participants expressed critical views while others made mostly positive comments. Almost one-half of the focus groups contained Service members who said their health needs were adequately addressed during the health screening process.

³³ Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility.*

“Everyone had to get shots and medical things done before being deployed. There was a physician’s assistant who scanned the form to see if anything else was wrong. If so, they asked about it. If not, we were processed along.”

—Female Coast Guardsman

“My doctor talked to us one-on-one. Each Soldier, male and female, talked to their health care provider and went through the questionnaire. Each question with an issue was addressed. If it was a mental issue, they talked to another doctor. If there was an issue with a test result, the Service member would be asked if they were able to deploy or not.”

—Female Soldier (currently deployed)

One-fourth of the focus groups contained participants who reported they *were* able to get appointments to address their health needs.

“They took care of my routine medical care needs before leaving to prepare me for deployment.”

—Female Sailor

“They gave individual appointments...if you identified any problems on the pre-screening form.”

—Female Soldier (currently deployed)

Several medical practitioners stated that concerns were taken seriously and that follow-up appointments were made.

“If I sign the bottom of a screening form and the Sailor says, ‘Yes, I will address it,’ I will follow-up. I don’t want my name on that form and to be in charge of them when they are being MEDEVACed back from theatre.”

—Navy Practitioner

“If the Soldier says they have a problem, they explain it. If it’s something like abnormal bleeding, it becomes an issue. A consult is generated and the patient has to be seen within 24-48 hours. If they’re deploying in a week, they’ll probably be seen the same day.”

—Army Practitioner

Similarly, problems acquiring medication were not consistent—in roughly one-fourth of the focus groups, participants indicated that they *were* able to obtain desired amounts of prescriptions, in some cases enough to last the entire deployment.

“They gave me like 12 months of allergy medicines and extra birth control pills.”

—Female Airman

“I got prescriptions that would sustain me for the deployment based on the screening.”

—Female Soldier

Pre-deployment health screening did not facilitate care in-theatre

Participants in nearly three-fourths of the focus groups agreed that the pre-deployment health screening did not impact the care they received in-theatre. These Service members explained that their medical records either were not reviewed by practitioners in-theatre, or were not available in-theatre.

“They don’t have the medical information on record or on a computer.”

—Female Soldier

“The medics never saw or knew anything about the health screening so whether I did it or not wouldn’t have mattered one way or another.”

—Female Army National Guardsman

“When I deployed the second time I got sick and they didn’t have any records. I almost got penicillin, which I’m allergic to. This has been in my records since I was in the Marine Corps.”

—Female Marine Reservist

“I can’t remember a provider ever looking at the [Pre-Deployment Health Assessment] form. They never referred to it.”

—Air Force Mental Health Technician

Focus group participants gave a few examples of cases in which the health screening did indeed assist with their in-theatre care, such as by enrolling them in the TRICARE Mail Order Pharmacy (TMOP) program or identifying shots that would need to be administered in-theatre.

“If we had any issues with medications, we were enrolled in the TMOP (TRICARE Mail Order Pharmacy) program and it was put in our chart so we could get help here.”

—Female Soldier (currently deployed)

“The troop commander was handed all those records... When we got into Kirkuk in Iraq we had them for everyone, if they needed to be pulled out.”

—Female Airman

Female-specific information was not provided during pre-deployment

There was nearly a consensus within the focus groups that information to specifically prepare female Service members for deployment tended *not* to be provided. Such information might have included, for example, what types of clothing to wear to prevent yeast infections (e.g.,

cotton underwear), the best type of birth control medication to bring (e.g., patches may fall off), which feminine supplies to pack, and how to contend with menstrual periods in the austere deployment environment.

“It’s 100% male-oriented when it comes to health issues. They should have briefed the females and they didn’t do it.”

—Female Marine Reservist

“Pre-deployment, as a screener I didn’t give that much information because it was basically a cattle-call. It was screening as opposed to teaching.”

—Army Practitioner

Menstrual cycles can be temporarily stopped (i.e., amenorrhea can be induced) through the use of oral contraceptive pills (OCPs). In a 2001 survey of deployed Service members conducted by Powell-Dunford et al., 83% of females desired temporary amenorrhea during deployment, but 54% were unaware that OCP’s could be used for this purpose, and only seven percent had used this practice during deployment.³⁴ A separate study found that in 2003, only 26% of surveyed Service members had received information on menstrual cycle control.³⁵

In rare instances, participants indicated that they did receive female-specific information. Some speculated that they did so because their commander was a female or because they worked in the medical field, but this was dependent on the unit.

“We had a female commander who made sure we got together on the side and held those briefings for the other females in the unit. But we’re a small case.”

—Female Army National Guardsman

“I give a medical briefing that says, ‘Don’t bring flower-scented deodorant because it attracts the bugs’ and ‘this type of tampon is better because of this reason,’ but we are a medical corps and we think of these things, so it may depend on which group you are with.”

—Female Medical Corps Sailor

It should be noted that the Army publishes two technical guides addressing female-specific health issues during deployment—one for leaders and one for female Soldiers. *A Leader’s Guide to Female Soldier Readiness* and *A Soldier’s Guide to Female Soldier Readiness* are intended to maximize the readiness of female Soldiers by addressing female-specific health care situations and considerations. Areas that are addressed include: the specific health care needs of female

³⁴ Powell-Dunford, N.C., Deuster, P.A., Claybaugh, J.R., & Chapin, M.G. (2003). “Attitudes and knowledge about continuous oral contraceptive pill use in military women.” *Military Medicine*, 168, 922-928.

³⁵ Thomson, B.A., & Nielsen, P.E. “Women’s Health Care in Operation Iraqi Freedom.”

soldiers in the field (to include general hygiene, packing lists, nutrition, weight management, STDs, and oral health, etc.), reproductive hazards, pregnancy, parenting, and preventive health measures for the barracks environment.³⁶ Though these guides represent potentially valuable resources for female Soldiers and their commanders, focus group comments suggest they may lack visibility.

3. Participants' recommendations for improving the pre-deployment health processing

The focus group protocol solicited participants' recommendations by asking the following two questions:

- What additional items, if any, should the health care screening have covered?
- What could be done differently prior to deployment to help female Service members better prepare to maintain their health while deployed?

Participant recommendations in response to these questions are summarized below.

Improve Pre-Deployment Health Assessment Form and review process

Add more female-specific questions. More than one-fourth of the focus groups contained participants who suggested adding female-specific questions either to the Pre-Deployment Health Assessment Form or creating a separate form. This assessment would include a checklist to ensure that all necessary female-specific examinations and screenings are performed prior to deploying.

“Maybe there should be a female-specific health assessment to go through issues and special issues instead of a general one.”

—Female Airman (currently deployed)

“A female-specific form would be helpful because we have a standard form for men and women but things will come up that are for women only.”

—Female Soldier

Conduct more thorough health assessments. In a small number of focus groups, participants recommended that the Pre-Deployment Health Assessment Form be more comprehensive. Specific examples included questions about recurring health issues and health history. It was also suggested that practitioners spend more time with each Service member during the screening process.

³⁶ U.S. Army Center for Health Promotion and Preventive Medicine (2004) *A Leader's Guide to Female Soldier Readiness*. Technical Guide (TG) 281A (March); U.S. Army Center for Health Promotion and Preventive Medicine (2004) *A Soldier's Guide to Female Soldier Readiness*. Technical Guide (TG) 281B (March).

“Being a female, I have a problem of getting UTI’s. I don’t need to always go to a doctor; I just need antibiotics. The pre-deployment health assessment should have had a question about recurring medical issues.”

—Female Marine Reservist

“Maybe doing a thorough history of problems before deployment so these problems can be caught.”

—Female Soldier

Provide more privacy during the Pre-Deployment Health Assessment review process. A few focus groups contained participants who felt their privacy was compromised when reviewing their Pre-Deployment Health Assessment Form with a practitioner. For example, they believed others could overhear their conversation and were uncomfortable having their colleagues learn about their personal issues. Private, one-on-one assessments and possibly outsourcing the assessments, were recommended.

“You don’t want to say that to a total stranger in a cubicle where people can hear. You smile and answer your questions and pass and then you move out. I think the Army needs to do them [health assessments] in a more private environment.”

—Female Soldier

“I think one of the issues for us was that they used our PAs (physician's assistants) and it’s uncomfortable because we have to see these guys the next day...They should’ve sourced it out to someone else rather than use our guys.”

—Female Army National Guardsman

Improve overall pre-deployment health readiness processing

Provide briefings on female-specific issues. Well over one-half the focus groups recommended briefings to help female Service members better prepare to maintain their health while deployed. To increase comfort levels and to ensure that they receive comprehensive information, they would prefer to receive these briefings from female doctors or females with prior deployment experience. These briefings would address issues such as:

- What personal products to bring
- How to maintain personal hygiene while deployed
- What medical conditions to expect and what services will be available to address them
- The interaction of mandatory vaccinations (e.g., malaria, smallpox) with birth control medication.

“I think we need to provide information to women that is in plain English so they can understand it. The stuff that’s out there is non-user friendly. They need to know the choices. Do you want a period or not? Do you want those meds? We need to talk to them at the right time (before deployment) and let them make as many choices as possible.”

—Female Soldier (currently deployed)

“UTI’s [Urinary Tract Infections] are very common. I’ve never gotten info on how to prevent it.”

—Female Soldier (currently deployed)

“Information is power. Inform women of what is available in-theatre prior to deployment, about the availability of resources.”

—Female Airman

“I was on birth control when I got pregnant but I had also started taking malaria pills, and they never briefed females that it might affect the birth control. That could be added somehow to a pre-deployment briefing.”

—Female Soldier

A few participants also recommended briefing commanding officers to raise their awareness of female-specific needs. A related suggestion was that commanders be educated about legitimate uses for birth control other than preventing pregnancy.

“I think that more emphasis could be placed on the CO and XO (Commanding Officer and Executive Officer) so skippers and CO’s are stressing the importance of females receiving correct care prior to leaving.”

—Female Sailor

Improve health care accessibility. Even when female Service members are referred for gynecologic exams, it is sometimes difficult to get an appointment. Nearly one-half of the focus groups contained participants who recommended hiring more physicians, including gynecologists and female physicians, to better meet the demand.

“Yes, you need the resources to handle the volume you are dealing with.”

—Female Marine Reservist

Others recommended alternative means of increasing access of deploying Soldiers to medical care, such as extending sick call hours, allowing Service members to make appointments directly rather than going through their unit provider first, and giving deploying Service members priority appointments.

“Maybe when you go to sick call, for it to not just be available in the morning, but other times too.”

—Female Soldier

“They don’t give us the freedom to make appointments...because we have to go through the corpsman first. Then you can get referred to medical, but you can’t go right to medical and we should be able to.”

—Female Sailor

A few participants recommended allowing Service members to receive medical care from civilian doctors, which would help to alleviate the demand on military physicians.

“Overall, because of the manning it is very rushed and getting appointments is a struggle. In my opinion, if you are not able to assist me..., then give me a referral to go somewhere else.”

—Female Airman

Finally, a few participants expressed interest in setting aside days for providers to only perform well-woman exams.

“Clear the clock so that you can get well-woman checkups. So if they could clear out a block, one day a week you can set aside providers to get well-women checkups.”

—Female Soldier

Require well-woman exams for deploying females. More than one-fourth of the focus groups contained participants who recommended mandatory well-woman exams, or gynecological visits, which would include a full physical (e.g., Pap smear, pregnancy test, breast exam, and pelvic exam).

“I’ve run into people who think that a well-woman’s exam is just a Pap, and it’s not.”

—Female Soldier

“...Pregnancies - not all of which occurred in the field - are what come to mind. People aren’t being tested before going.”

—Air Force Practitioner

“I think that having an OB/GYN appointment 30 days before you leave should be required. If my deployment was extended for a year or so, it would be important that I get it done before, especially at my age when things can creep up quickly.”

—Female Airman

“I would require them to make an appointment with a woman’s health practitioner or a female in general. They often come to me for a pre-deployment assessment and they don’t want to open up to me.”

—Male Air Force Practitioner

It was suggested that existing systems for monitoring health readiness, such as the Army’s Medical Protection System (MEDPROS), should add out-of-date Pap smear and irregular Pap smear results to the list of conditions that render a Service member undeployable.

“Pap smears should become a pre-deployment requirement. It’s not a MEDPROS lock and it needs to be.”

—Female Soldier

“If Pap smears were a MEDPROS requirement like dental, for not just getting it done but having positive results, then we wouldn’t have the problem of having to call people back.”

—Army Practitioner

Conduct mental health screenings. Focus group participants noted that being unable to handle the emotionally demanding deployment environment can lead to disastrous consequences such as suicide and mission failure. About one-fourth of the groups contained participants who suggested that screenings be routinely conducted to identify those who are not emotionally fit to deploy.

“Service members should go to a mandatory session before being sent away, but they don’t do any of that.”

—Female Marine Reservist

“They should have mandatory psychological counseling to identify people who won’t be able to handle deploying.”

—Female Soldier

Improve Service members’ ability to acquire prescription medication prior to deployment.

Participants in almost one-fourth of the focus groups advocated for easier access to prescription medication prior to deployment, particularly birth control. Specifically, recommendations included:

- Allow Service members to acquire a larger supply of birth control pills before deploying (e.g., 1 year’s worth)
- Give Service members more birth control options.

“This 30-60 days thing, it doesn’t work. The mail system has kinks in it, so 30 days isn’t enough. I mean really, who’s going to abuse birth control pills?”

—Female Soldier

“Men don’t seem to understand that birth control pills are for more than just preventing pregnancy. I think it should be mandatory that they can get 12 month’s worth of birth control. Or 15 months.”

—Female Soldier

“Preventative dosing. Why can’t you just bring the yeast infection pill in one dose to bring it with you? You could bring the over-the-counter stuff so why not let us have that pill? Things like that would be very helpful. They aren’t narcotics so they shouldn’t be such a highly controlled substance. Then I could just take it if I needed it without even needing the appointment. And it’s less embarrassing, too.”

—Female Sailor

TRICARE’s 2007 briefing to DACOWITS on the TRICARE Mail Order Pharmacy (TMOP) included the point that issuing large supplies of birth control to deploying Service members has distinct disadvantages, including occupying a great deal of space and the risk of becoming denatured over time due to the extreme heat.³⁷

Begin the health screening process earlier. Focus group participants indicated that, on average, Service members have only 30 days to complete all of their pre-deployment health processing tasks. This may not leave sufficient time to receive results (e.g., from Pap smears) or to have follow-up appointments. Participants in more than one-fourth of the focus groups recommended earlier testing to better identify undeployable Service members.

“It takes two weeks to get the results, so if you do the test two weeks out, then you find out as you’re deploying.”

—Female Soldier

“The lieutenant who I worked with had precancerous cells...She deployed before her Pap smear test came back, so she went to Kuwait to get it checked out, but that took her out of service a month to go to Kuwait. If she could’ve gotten it before she left it would’ve been better.”

—Female Soldier

“You’re supposed to have a checkup and have results back before deployment, but you do the math. I was in Iraq before the results came back.”

—Female Soldier

³⁷ Kelly, B. (2007) *TRICARE Mail Order Pharmacy Program—Deployment Support*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS). TRICARE Management Activity.

“I think four weeks prior would be better so they can get treatment or go ahead and deploy.”

—Air Force Practitioner

The CCSG’s Office has also noted that beginning the screening process earlier could help reduce burden on the military health care system in-theatre.³⁸

4. Summary

DACOWITS focus group participants identified three possible components of the pre-deployment health screening process, including the Pre-Deployment Health Assessment form, female-specific medical examinations and mental health screenings.

Data collected from the DACOWITS focus groups, the pre-session mini-surveys, and/or DoD briefings suggest that the role of the Pre-Deployment Health Assessment in addressing female Service members’ health concerns prior to deployment may be limited. Comments recorded in the focus groups further suggest that female-specific examinations do not appear to be standard pre-deployment procedure, and that mental health evaluations—apart from the mental health questions on the Pre-Deployment Health Assessment form—are not a routine part of the pre-deployment process.

The adequacy of the health screening process prior to deployment was examined. There were participants in almost three-fourths of the focus groups who indicated that the health care concerns specified on the Pre-Deployment Health Assessment (or raised during the review of the Pre-Deployment Health Assessment with the health care professional) were *not* adequately addressed prior to deployment. Focus group participants’ primary concern was a perception that, during the pre-deployment period, Service members’ health and well-being are secondary to their deployability. Other concerns that emerged among focus group participants included limited access to health care, untimely health screenings, and problems getting a supply of medication sufficient to last throughout their deployment.

Findings from the mini-surveys tended to paint a more positive picture of pre-deployment medical screening, with a large majority of participants rating their medical screening as “moderately helpful” or better. Mini-survey data indicated participants were less positive about the helpfulness of the pre-deployment mental health screening; less than half of those who provided a rating said the mental health screening was “moderately helpful” or better. Many participants could not rate the mental health screening because they believed they had not received one prior to deployment.

³⁸ CCSG Information Paper (15 Sep 06).

While a few focus group participants provided examples of cases in which the health screening assisted with their in-theatre care, participants in nearly three-fourths of the focus groups reported that the pre-deployment health screening did not impact their in-theatre care. These Service members indicated that their medical records either were not reviewed by practitioners in-theatre, or were not available in-theatre. Also, there was nearly a consensus among the focus groups that information specifically to prepare female Service members for deployment (e.g., what types of clothing to wear to prevent yeast infections, the best type of birth control medication to bring, which feminine supplies to pack) tended *not* to be provided.

Focus group participants offered recommendations for improving health processing during pre-deployment. Their suggestions included, for example:

- Enhance the Pre-Deployment Health Assessment Form and review process by adding more female-specific questions, conducting more thorough health assessments, providing a private setting for form completion and review, and beginning the Pre-Deployment Health Assessment process earlier.
- Improve overall pre-deployment health readiness processing through such steps as requiring well-woman exams, providing briefings on female-specific issues, and proactively addressing women's pharmaceutical needs, particularly related to oral contraceptives.

C. HEALTH CARE EXPERIENCES OF FEMALE SERVICE MEMBERS DURING DEPLOYMENT

This section of Chapter II deals with female-specific health needs during deployment, and how they were addressed. The findings are presented in the following sub-sections:

1. Health needs experienced by female Service members during deployment
2. Adequacy of health care provided to female Service members during deployment
3. Adequacy of mental health care provided to female Service members during deployment
4. Consequences of inadequate female-specific health care during deployment
5. Participants recommendations for improving female-specific health care during deployment

The section concludes with a brief summary.

1. Health needs experienced by female Service members during deployment

In addition to combat-related risks, deployed Service members' well-being is potentially threatened by the austere conditions in which they serve. The focus group participants were asked what female-specific health needs were experienced by female Service members during

the deployment and which ones seemed to be related to or triggered by deployment-related circumstances. They identified a variety of health conditions that arose during deployment, some of which were attributed to circumstances such as heat, difficulty maintaining personal hygiene, and water quality. The conditions they identified included:

- Genitourinary Problems
- Skin conditions and hair loss
- Pregnancy
- Other conditions.

These health issues are discussed in turn.

Genitourinary problems

By far, the most commonly mentioned female-specific health needs, raised by participants in approximately three-fourths of the focus groups, were of a genitourinary nature. These included urinary tract infections (UTI's), yeast infections, problems with the uterus or ovaries, and irregular periods. The focus group participants' reports mirror outside survey data. DoD found that genitourinary disorders were the greatest cause of medical air transports among female Service members in 2005-2006.³⁹ Similarly, Thomson and Nielsen's 2003 survey of 251 deployed Army, Army Reserve, and Army National Guard female Soldiers confirmed that 21% had experienced gynecologic problems during deployment.⁴⁰

Urinary tract infections (UTI's) and yeast infections. Many participants reported experiencing UTI's or yeast infections, attributing them to the heat, decreased levels of personal hygiene, and the detergent used to wash their clothes.

“UTI's. You have so much weight [from your equipment] that you're perpetually hot.”
—Female Airman

“UTI's are also a problem. I've had three since January [in a six-month span].”
—Female Soldier (currently deployed)

“The only thing I saw was high rates of yeast infections and UTI's because of the hot environment. We also didn't wash our own clothes, so we couldn't choose our detergent.”
—Female Airman

³⁹ Cox, K. L. *Gender & Health in the Military*.

⁴⁰ Thomson, B.A., & Nielsen, P.E. “Women's Health Care in Operation Iraqi Freedom.”

“There were higher incidences of UTI’s and yeast infections- hygiene levels down and incidents up.”

—Female Soldier

Some participants believe their UTI’s were caused by infrequent opportunities to urinate, e.g., when traveling in convoys as well as in the base camp environment, where there often are too few latrines. Participants explained that their options were either to “hold it,” resulting in a UTI, or to not drink as much, resulting in dehydration.

“On a lot of the convoys there would be no stops the entire day. Males can pee as they go, but females can’t exactly go to the bathroom during a convoy, especially if they’re driving. So a lot of us ended up dehydrating ourselves, which made things that much worse. And if we did have to go to the bathroom, we’d get UTI’s from holding it all day.”

—Female Army National Guardsman

“UTI’s are a big problem on the convoys because they are forced to hold it in for so long or face enemy fire.”

—Navy Practitioner

Irregular periods. Menstrual irregularities are not uncommon among female deployed Service members. Often attributed by the participants to high levels of stress, these irregularities included ongoing menses, as well as amenorrhea, or cessation of menses.

“I had my period for 40 days straight and the doctors had no clue what to do.”

—Female Marine Reservist

“Periods. I get stressed [during deployment], so it stops or goes fast even if I’m taking the birth control.”

—Female Sailor

“A lot of women’s cycles were messed up - either they weren’t getting them or they were getting them all the time due to the change in environment and stress.”

—Female Airman

Uterine/Ovarian problems. Some participants knew of Service members who had experienced problems with their uterus or ovaries, including precancerous cells, fibroids, ovarian cysts, and endometriosis.

“We did have a couple of ladies- all were ladies who had been over there for a long period of time- have female problems with the uterus and ovaries.”

—Female Airman

“Two [Service members] had ovarian cysts and had to redeploy early. Another during mid-tour found out that her cyst had grown.”

—Female Soldier

“Most of the females who got MEDEVACed to us were for endometriosis.”

—Navy Practitioner

Skin conditions and hair loss

Focus group participants stated that conditions such as rashes, eczema, and hair loss are common in-theatre. Participants mainly attributed these conditions to the water quality in the showers and the heat.

“The only thing I experienced was skin irritations because the water is disinfected.”

—Female Army Reservist (currently deployed)

“I got a rash/hives and couldn’t even fit into my boots, but I had to go to work.”

—Female Army Reservist

“Hair loss. A lot of us lost hair. I think it was more common for females.”

—Female Soldier

Pregnancy

Some participants spoke of Service members who became pregnant while deployed, or whose pregnancies were not detected before deploying. The CCSG found that 25% of female-specific OIF/OEF medical evacuations in 2006 were related to pregnancy issues, including ectopic pregnancies.⁴¹

“Pregnancy...I know you’re not supposed to do that there, but people are doing it and girls have had to go home because they’re getting pregnant.”

—Female Soldier

“There were 419 patients. Out of those, one had an ectopic pregnancy, one miscarriage, 20 were redeployed due to pregnancy, and approximately 12-15 were treated for Gonorrhea or Chlamydia.”

—Air Force Practitioner (currently deployed)

⁴¹ CCSG Information Paper (15 Sep 06).

Other conditions experienced in-theatre

Focus group participants mentioned a variety of additional conditions. Sexually transmitted diseases were mentioned in only a few focus groups, which is consistent with the findings of Wright et al. who found that only 2.5% of Soldiers seeking gynecologic care between September 2003 and March 2004 tested positive for an STD.⁴² Although not mentioned by any focus group participants, pelvic pain accounted for 10% of female-specific OIF/OEF medical evaluations counts in 2006,⁴³ and a survey of all Soldiers seen for gynecologic services between September 2003 and March 2004 at Camp Doha, Kuwait revealed that 14% of these patients had a pelvic pain disorder.⁴⁴

Sexual assault and rape were also mentioned by a small number of focus group participants.

“There was a female Soldier that was assaulted in Iraq by one of the males.”
—Female Soldier

“I had issues with male Marines. I had two stalkers. I also had an assault.”
—Female Marine Reservist

2. Adequacy of female-specific health care during deployment

Mini-survey results suggest that female Service members tended to be satisfied with health care in-theatre. A sizable majority (64%) said they were “satisfied” or “very satisfied” with the quality of medical care, tests, or treatment (Exhibit II-6).

Exhibit II-6: During your most recent deployment, to what extent were you satisfied with the quality of medical care, tests, or treatment?*		
Rating	N	Percent
Very satisfied	42	20%
Satisfied	92	44%
Neither satisfied nor dissatisfied	47	22%
Dissatisfied	25	12%
Very dissatisfied	4	2%
Total	210	100%

*Totals do not include those who reported not using medical care or who skipped the question (n =59).

⁴² Wright, J., Albright, T.S., Gehrich, A.P., Dunlow, S.G., Lettieri, C.F., & Buller, J.L. (2006). Sexually transmitted diseases in Operation Iraqi Freedom/Operation Enduring Freedom. *Military Medicine*, 171, 1024-1026.

⁴³ CCSG Information Paper (15 Sep 06).

⁴⁴ Wright, J., Albright, T.S., Gehrich, A.P., Dunlow, S.G., Lettieri, C.F., & Buller, J.L. (2006). Pelvic pain presenting in a combat environment. *Military Medicine*, 171, 841-843.

Similarly, when asked how much of a problem it was to obtain needed care, tests, or treatment for those who needed it, the large majority of participants (63%) indicated this was “not a problem” (Exhibit II-7).

Exhibit II-7: During your most recent deployment, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?*		
Rating	N	Percent
A big problem	16	8%
A small problem	59	30%
Not a problem	125	63%
Total	200	100%

*Percentages may not sum to 100 due to rounding. Totals do not include those who reported not needing medical care or skipped the question (n =69).

These positive views are consistent with results from the 2006 Health Care Survey of DoD Beneficiaries in the area of “satisfaction with physician communication.” On this TRICARE survey, 75% of deployed female Service members rated their doctors’ communication with them at least an eight out of 10.⁴⁵

While encouraging, these mini-survey and TRICARE findings tend to provide a more positive assessment than can be inferred from participants’ comments. When asked about the health care they received in-theatre, participants in almost three-fourths of the groups identified significant concerns. These concerns echoed sentiments heard by DACOWITS in previous years, and by researchers who have examined the issue during OIF and other conflicts. For example, in 2003, 44% of surveyed females serving in Iraq reported being unable to receive the health care needed to address their gynecological problems.⁴⁶ Prior to OIF, females serving in Bosnia identified shortcomings in the female-specific health care that was available to them as well as reservations about the command climate related to female health care.⁴⁷

Results from the 2006 Health Care Survey of DoD Beneficiaries, as reported to DACOWITS, confirm that there continues to be room for improvement in health care in-theatre for both genders, but particularly for women. Service members were asked to rate various aspects of health care on a scale of 1 to 10 (1 = worst possible care; 10 = best possible care). Pertinent results are summarized below; the percentages shown represent the share of respondents who *provided a rating of eight or higher*, which can be considered in the “very good” or “excellent” range.

⁴⁵ Williams, T. *The Health Care Survey of DoD Beneficiaries: Perceptions of TRICARE among Women.*

⁴⁶ Thomson, B.A., & Nielsen, P.E. “Women’s Health Care in Operation Iraqi Freedom.”

⁴⁷ Government Accountability Office (GAO) Report to Congressional Committees (2002). *Defense Health Care: Health Care Benefit for Women Comparable to Other Plans.* Washington, DC: GAO.

- **Overall health care—deployed women versus deployed men:** Overall health care was rated an 8 or higher by fewer than half of *deployed* Service members (47% of women; 42% of men). The gender difference was not statistically significant.
- **Getting needed care:**⁴⁸
 - **Deployed versus non-deployed Active Duty women:** “Getting needed care” was rated an 8 or higher by proportionately fewer deployed than non-deployed AD women (55% versus 64%). This difference was statistically significant.
 - **Deployed women versus deployed men:** “Getting needed care” was rated an 8 or higher by proportionately fewer deployed women than deployed men (55% versus 63%). This gender difference in ratings was statistically significant.

This sub-section presents DACOWITS findings regarding the adequacy of female-specific health care in-theatre. These findings address:

- Lack of facilities and equipment
- Pharmacy limitations
- Unreliable electronic medical records system
- Stigmatization and lack of privacy
- Insufficient female or specialized practitioners
- Barriers to access
- Propensity to medicate rather than treat
- Positive views regarding adequacy of female-specific health care in-theatre.

Adequate facilities and equipment were lacking in-theatre

In approximately one-half of the focus groups, there were participants who identified a lack of female-specific facilities and equipment in-theatre, which they said limits access to gynecologic exams, procedures, and laboratory tests. FY 2006 MEDEVAC data corroborate a lack of facilities and equipment, showing that 17% of women seen in-theatre for female-specific issues were sent out of theatre for treatment,⁴⁹ and that 12% of all female-specific MEDEVACs were for Pap smear follow-up procedures.⁵⁰

⁴⁸ Responses to four survey questions were combined to yield a composite score for “getting needed care”. These four questions covered getting a doctor or nurse the Service member was happy with, getting a referral to a specialist, getting the necessary care, and delays in health care while awaiting approval from the Soldier’s health plan.

⁴⁹ Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility*.

⁵⁰ CCSG Information Paper (15 Sep 06)

“There was no possible way a female could get checked up, because there was one room with a door, and that was it. The way the room was set up, there was no way checkups could be done.”

—Female Army National Guardsman

“I waited until I got back since they couldn’t handle my issue while I was on the ship.”

—Female Sailor

“Time is also an issue. It can take up to two months to get the test results back [because we can’t perform the tests in-theatre].”

—Army Practitioner (currently deployed)

“It depends on where you are deployed. If you are at a small base, you might be out of luck with that.”

—Female Airman

Some participants mentioned concerns over a lack of mammogram equipment in-theatre. Here, too, MEDEVAC statistics support this concern, with 30% of female-specific MEDEVACs in 2006 attributed to breast lumps.⁵¹

“In addition to gynecologic concerns, there’s a lack of mammogram equipment in-theatre as well. If you are over 40, that may be a concern for those folks.”

—Female Soldier (currently deployed)

“I had issues with my breast health and the doctors couldn’t figure it out, so I had to wait until I got back.”

—Female Sailor

Mini-survey results regarding the adequacy of medical equipment in-theatre were more positive than the focus group results. When asked to rate the adequacy of equipment in-theatre to address female-specific health care, more than one-third of participants could not provide a rating because they did not know. Of those who did provide a rating (168 of 269 total participants), 81% rated the equipment as “adequate,” “good” or “very good” (Exhibit II-8).

⁵¹ Ibid.

Exhibit II-8: How would you rate the care you and others received for these female-specific health needs during deployment—in terms of adequacy of equipment?*		
Rating	N	Percent
Very Good	22	13%
Good	53	32%
Adequate	61	36%
Not Adequate	32	19%
Total	168	100%

*Totals do not include those checking ‘did not observe’ or who skipped the question (n =101).

A few practitioners implied that having more equipment in-theatre is unnecessary because they would prefer to MEDEVAC women than to treat them in-theatre.

“In terms of GYN exams, it’s very limited. One of the problems is that we’re not always in fixed environments, and moving GYN equipment isn’t always appropriate.”

—Army Practitioner (currently deployed)

“The medical mission in Iraq is trauma and not OB/GYN. If you have issues, why would I keep you there?”

—Navy Practitioner

Contrary to the views of these practitioners, it appears that DoD favors sending additional equipment and supplies to the theatre of operations. For example, only ultrasound equipment is available for diagnosing and managing ectopic pregnancies, when HCG (Human Chorionic Gonadotropin) testing is preferred.⁵² Equipment is also needed for hysteroscopies (e.g., for diagnosing abnormal uterine bleeding), fine needle aspiration (e.g., for performing breast biopsies), rapid STD tests, and performing female exams. (e.g., gynecological examination tables and speculum examination tables).⁵³ Central Command noted that the ability to perform reflexive HPV testing in-theatre for abnormal Pap smears would eliminate the need to perform repeat Pap smears four to six months later.⁵⁴ The CCSG also apparently supports the idea of establishing centralized health care facilities in-theatre, a recommendation made by some focus group participants (discussed at the end of this section).⁵⁵

Pharmacy was limited in-theatre

Although the comments from focus group participants about in-theatre pharmacy tended to focus on limited access (discussed later in this section), the mini-survey data collected on this topic

⁵² Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility*.

⁵³ Ibid.

⁵⁴ CCSG Information Paper (15 Sep 06).

⁵⁵ Ibid.

suggest many participants did not have experience with pharmacy during deployment, and most who did held positive views. For example, 83% of participants who provided a rating for in-theatre pharmacy rated it “adequate”, “good” or “very good” (Exhibit II-9).

Exhibit II-9: How would you rate the care received for female-specific health needs during deployment—in terms of adequacy of pharmacy?*		
Rating	N	Percent
Very Good	31	17%
Good	46	26%
Adequate	72	40%
Not Adequate	29	16%
Total	178	100%

*Percentages may not sum to 100 due to rounding. Totals do not include those checking ‘did not observe’ or who skipped the question (n =91).

With respect to TMOP, although some focus group participants complained about the long wait for TMOP deliveries, in fact, fewer than half of the mini-survey respondents (N=79) reported having used TMOP. Of those who did, 84% rated it “adequate”, “good” or “very good” (Exhibit II-10).

Exhibit II-10: How would you rate the care received for female-specific health needs during deployment—in terms of access to mail-order pharmacy?*		
Rating	N	Percent
Very Good	17	22%
Good	14	18%
Adequate	29	37%
Not Adequate	19	24%
Total	79	100%

*Percentages may not sum to 100 due to rounding. Totals do not include those checking ‘did not observe’ or who skipped the question (n =190).

In nearly one-half of the focus groups, there were participants who addressed their experiences with in-theatre pharmacy and the TMOP program. Their comments should be considered in light of the very strong ratings of in-theatre pharmacy collected through the mini-survey and shown in Exhibits II-9 and II-10. These participants described limited access to feminine products, birth control, and specific types of birth control, as well as untimely deliveries from TMOP.

“They only carry certain types of birth control so you either have to stock up before leaving and hope your deployment doesn’t extend or you have to switch and go through the new adjustment stuff with your cycle and all of that again.”

—Female Sailor

“The only thing is if you needed any prescription medicines then you were sent them in-theatre. But it was sent like six months later. So the delivery was kind of poor in that aspect.”

—Female Army Reservist

“I don’t think they get the female medications on the ship, like the pill to fight yeast infections.”

—Female Sailor

“Also, they’d only issue three months of birth control, which was inconvenient because then you had to use the mail order stuff. Or you had to change your type of birth control because they didn’t keep all kinds in stock.”

—Female Soldier

“We didn’t even have birth control pills at our huge pharmacy at Balat. We were supposed to have come over with it all.”

—Female Airman

The complaints heard in the focus groups about limited birth control options are not purely anecdotal. TRICARE statistics demonstrate that oral contraceptives are important to deployed women. Throughout 2006, TMOP filled prescriptions for a total of nearly 30,000 deployed women. Almost two-thirds of these women received prescriptions for oral contraceptives.⁵⁶ In a 2002 study, 23% of surveyed deployed female Service members using birth control reported having to change their birth control brand due to unavailability.⁵⁷ It should be noted that some pharmaceuticals are not conducive to use or distribution in-theatre. For example, while the NuvaRing may be preferred because it can help manage abnormal uterine bleeding,⁵⁸ it also needs to be refrigerated, which makes it difficult to stock.

In August 2007, TMOP initiated an online option for requesting prescription refills—an encouraging development that deployed personnel may find helpful.⁵⁹ In addition, TMOP reported in spring 2007 that deliveries were arriving within three weeks of receipt of the prescription.⁶⁰

Availability of medical records in-theatre was unreliable

As mentioned in regard to health care experiences prior to deployment (Section B), it appears that Service members’ medical records are not always available or complete in-theatre, which

⁵⁶ Kelly, *TRICARE Mail Order Pharmacy Program—Deployment Support*. Note: not all these women were deployed at the same time.

⁵⁷ Thomson, B.A., & Nielsen, P.E. “Women’s Health Care in Operation Iraqi Freedom.”

⁵⁸ CCSG Information Paper (15 Sep 06).

⁵⁹ Kelly, B. *TRICARE Mail Order Pharmacy Program—Deployment Support*.

⁶⁰ *Ibid.*

participants in nearly one-half of the focus groups indicated can prevent Service members from receiving optimal treatment. DoD acknowledges that the data in the electronic medical record system is “unreliable,” and that the system is being addressed and is “gradually improving.”⁶¹

“A couple months ago, I saw someone for a colonoscopy and the only way I could give her results was if she emailed me and I emailed her back her results. In addition to that, we use the AHLTA (Armed Forces Health Longitudinal Technology Application) system here, which allows us to put their medical info into the system, but I can’t see lab results or notes from their other bases. It would be very helpful if I could get their notes and labs through AHLTA.”

—Air Force Practitioner

Seeking and receiving health care in-theatre was associated with stigma and lack of privacy

In nearly one-half of the focus groups, there were participants who indicated that privacy and confidentiality are lacking in regard to both seeking and receiving health care in-theatre. A stigma attached to seeking health care, especially for females, compounds the concern about lack of privacy and confidentiality.

“I hated the fact that before I could go see a doctor I had to tell everyone else exactly why I wanted to go. I wouldn’t do that, so I couldn’t go.”

—Female Airman

“If you went to our medical center, the whole camp knew about it within 10 minutes. The walls were paper thin and everyone heard it.”

—Female Soldier

“One patient was really dehydrated so we had to give her a catheter to get a urine sample, and then later on the doctor proceeded to talk about her vagina, in the hospital. That blew my mind... It was hard to see that and then try to encourage people to see a physician.”

—Army National Guardsman Medic

“The perception in the Army is that women are whiners. Females are reluctant to go to the medic because they have made a name for themselves and once there’s a health issue they are looked down upon.”

—Female Soldier (currently deployed)

⁶¹ Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility.*

There were insufficient female and specialized practitioners in-theatre

With respect to the issue of qualified practitioners, participants’ ratings on the mini-survey were, again, considerably more positive than their focus group comments. The large majority (81%) of participants rated their in-theatre health care practitioners as “adequate,” “good,” or “very good” (Exhibit II-11).

Exhibit II-11: How would you rate the care received for female-specific health needs during deployment—in terms qualified practitioners?*		
Rating	N	Percent
Very Good	41	21%
Good	54	27%
Adequate	66	33%
Not Adequate	37	19%
Total	198	100%

*Totals do not include those checking ‘did not observe’ or who skipped the question (n =71).

Nevertheless, more than one-fourth of the focus groups contained participants who were dissatisfied with the quantity and quality of in-theatre practitioners. While some would have preferred more female practitioners, others simply complained that practitioners were not trained well in specialized areas such as gynecology.

“I don’t think we had any female medics. They’re looking at you like ‘you have *what?*’”
—Female Army Reservist

“The physician’s assistants aren’t educated to identify and treat these [female health] issues.”
—Female Soldier

“On my carrier we only had one doctor who was familiar with OB/GYN. When he left, his replacement didn’t know much about it and was reading the book as he went along.”
—Female Sailor

It is worthwhile to note that DoD confirms the shortage of GYN specialists in-theatre.⁶²

There were barriers to accessing health care in-theatre

In fewer than one-fourth of the focus groups, there were participants who described barriers to accessing health care. They explained that their work schedules were too busy to schedule or

⁶² Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility*.

attend an appointment, the facilities were too far away, no appointments were available, or their command did not view health care appointments as a priority.

“I think there was an overall frustration with what we needed to do to get birth control or a visit with a doctor. There was the frustration of finding the time with so much work and such busy schedules.”

—Female Coast Guardsman

“E6 and below had to get a note from their boss before they could go to clinic, and our clinic was near the housing area. Well, I had to walk all the way to the office and all the way back to the clinic, so I’d just suck it up and go to work.”

—Female Airman

“If you needed to see a gynecologist it was near impossible. And if you could find one it was months until you could get in.”

—Female Soldier

It should be noted that, according to the 2006 Health Care Survey of DoD Beneficiaries, female Service members who had recently deployed or were currently deployed did not significantly differ from Service members who had not deployed in their assessment of their ability to “get care quickly.” This suggests that barriers to accessing health care may not be unique to the deployment environment.⁶³

Providers in-theatre exhibited a propensity to medicate rather than treat

In fewer than one-fourth of the focus groups, there were participants who described instances of Service members being unnecessarily medicated for physical health concerns rather than treated. Although this criticism was not voiced by a large number of participants, it was mentioned in regard to both physical and mental health, and in regard to both in-theatre and post-deployment health care.

“If you’re not bleeding and it’s not broken, they just gave you some drugs.”

—Female Soldier

“Well, first of all, they give you Motrin for everything... Plus, while I was there I developed eczema and they gave me foot fungal cream to put on other parts of my body.”

—Female Sailor

⁶³ Williams, T. *The Health Care Survey of DoD Beneficiaries: Perceptions of TRICARE among Women.*

Other concerns related to adequacy of health care in-theatre

Miscellaneous concerns expressed by focus group participants included inadequate recovery time following procedures, perceived inaction by health care staff, and unsanitary facilities. Although not noted by the practitioner focus groups, DoD briefings identified additional concerns, such as limited availability of sexual assault response at the Echelon Level II of care,⁶⁴ and communication gaps between the theatre of operations and Landstuhl Regional Medical Center in Germany, where many patients and lab tests are sent.⁶⁵

Positive views regarding adequacy of health care in-theatre

While participants in some of the focus groups were critical of female-specific health care in-theatre, positive views were expressed in nearly one-half of the groups. Most comments were general in nature, but some cited specific examples such as quality practitioners, accessibility, privacy, and equipment availability.

“There was always someone who would see you when you needed them, and they always had what I needed. I never had a problem.

—Female Airman

“For me, it was no problem at all in-theatre. They had their own clinic and a women’s health provider, and they did Pap smears there and STD testing...everything you could need.”

—Female Airman

“I would personally rather be seen at Balat than [stateside]. I think you get better health care overseas than here.”

—Female Airman

“I sometimes had better equipment there than what I have here in the ICU.”

—Army Practitioner

“Very good...It is even a little better in-theatre because it’s so important there...The care is better [there] than it is here.”

—Navy Practitioner

⁶⁴ Eader, S.A. *Women’s Healthcare in the U.S. Central Command Area of Responsibility*.

⁶⁵ CCSG Information Paper (15 Sep 07).

3. Adequacy of mental health care for women during deployment

Focus group participants were asked to rate the care that female Service members receive in-theatre for their mental health concerns. In almost three-fourths of the focus groups, there were participants who indicated that in-theatre mental health care was inadequate. Much of the discussion applied to men as well as women. Themes that emerged in response to questions about mental health in-theatre fell into four broad categories:

- Poor quality mental health care
- Collateral effects of seeking mental health care
- Limited access to mental health care
- Other issues related to mental health care.

The focus group findings regarding mental health care in-theatre were not consistently negative. Positive views are also presented at the end of this sub-section.

Quality of mental health care in-theatre was poor

Almost one-half of the focus groups contained participants who expressed the opinion that mental health was not taken seriously or was not adequately addressed. Participants cited examples of women being dismissed as having Premenstrual Syndrome (PMS), being “mentally fragile,” being allowed to carry weapons when in a questionable psychological state, and medics ignoring suicide threats.

“I know they sent one female Marine out there on anti-depressants. I watched her everyday with that rifle or pistol because there would be those mood swings.”

—Female Marine

“One individual needed help and didn’t get it, and she snapped. She got back to normal and then after that they didn’t say anything, never sent her to the doctor to get evaluated, nothing.”

—Female Army National Guardsman

“Unless it’s a serious problem where you’ve said you want to commit suicide, they’re not concerned with how mentally fit you are... There’s no preventative care, only reactive care.”

—Female Soldier

“We had a new Soldier tell his supervisor that he was really upset and depressed and they told him to suck it up, and two days later he went into a port-a-john and shot himself. He was the only casualty in the whole battalion, but if someone had listened to him we probably could’ve prevented it.”

—Female Soldier

“I know someone who wants out now. There was a convoy and everyone was blown up except for her. She never received any counseling after that incident.”

—Female Airman

“We had a psychiatrist who said female depression was under-studied. Because men are more violent and more likely to shoot someone, we focus a lot on that and tend to not pay as much attention and under-diagnose female depression.”

—Army Practitioner

There were collateral consequences associated with seeking mental health care in-theatre

In almost one-half of the groups, there were participants who described negative ramifications of seeking mental health care in-theatre, to include negative effects on evaluations, promotions, and security clearances; stigmatization; lack of confidentiality; and being sent home.

“I had a frustration with my chain of command because there was no one else to turn to, and mental health’s recommendation was to not let your chain of command know you came here because you’ll be taken off flight status. It’s like you can’t even turn to anyone for help because you’re seen as less of an officer or less trustworthy.”

—Female Soldier

“We had a Marine who was suicidal. She was ridiculed so much about it that when we got back, she quit. She was told horrible things like “just jump” or “slit it this way,” so she left right away when she could.”

—Female Marine Reservist

“People are reluctant to seek the care they need for fear of it being used against them for promotions or duty.”

—Female Sailor

Access to mental health care in-theatre was limited

In almost one-fourth of the focus groups, barriers were noted in getting appointments for mental health services in-theatre. According to the focus group participants, access was limited by a dearth of mental health practitioners, not being informed of available services, or being discouraged by commanders from seeking out help.

“Looking back, it would’ve been nice if they would’ve said in our squad meetings that if someone’s having a hard time they should go to mental health. I don’t remember that even being an option.”

—Female Army National Guardsman

“I don’t think anybody receives any mental care during deployment.”

—Female Sailor

Other issues related to mental health care in-theatre

At some locations, Service members were advised to consult a chaplain with their mental health concerns. A small number of participants stated that they were not comfortable speaking with chaplains as mental health counselors, while others indicated they found chaplains quite approachable.

“I felt like I could’ve approached the chaplain very easily, so I felt good about that.”

—Female Airman

“I had a breakdown and they sent me to the chaplain. But some things you can’t really say to a chaplain, you know?”

—Female Army National Guardsman

A few participants expressed concern that mental health providers are quick to medicate. As noted previously, this concern was mentioned in regard to physical ailments as well, and it was not unique to the deployment setting.

“All they want to do is give you drugs for mental issues, which I think is bad.”

—Female Soldier (currently deployed)

Positive views related to mental health care in-theatre

Roughly one-fourth of the focus groups contained participants who had positive views about the quality of care that female Service members received for their mental health concerns.

“I had a lot of trouble on my second deployment and I saw a counselor there. They were very helpful and really great. It was really a great experience.”

—Female Airman

“We had teams at outlying locations and we rotated through, so maybe you didn’t have a provider at your FOB (Forward Operating Base) 24/7, but they were around and you’d send them by helicopter if you needed them. But I think there’s still a stigma of going for help. So we’ve tried to make it less obvious when people are going for help.”

—Female Soldier

“Mental health-wise, it was good because I was on an aircraft carrier where there are resources that smaller ships don’t have. Men and women would fly over from smaller ships for the mental and physical health care they needed. We had everyone. I can’t say enough about their skills. They were awesome.”

—Female Sailor

“I would say it is excellent. I personally have a consultant and we have stress teams throughout theatre.”

—Army Practitioner (currently deployed)

Similarly, minority views were expressed related to the accessibility of mental health care in-theatre.

“For someone who was the victim of sexual assault, every effort was made by the command to offer her the support she needed - the chaplain, the female doctor, everyone... When a death occurred on the ship, counseling was available.”

—Female Sailor

“At my post, there’s a robust mental health facility so it’s there if there’s a need. I don’t know if people go, but the services are there.”

—Female Soldier (currently deployed)

“Our mental health provider was our health practitioner, so it was very easy to see her on a regular basis. Because we were handling detainees, mental health was very important. We had a nurse practitioner, psychiatrist, combat stress team we could call if we needed it, and three mental health practitioners. I thought it was very good.”

—Army Practitioner

4. Consequences of inadequate female-specific health care during deployment

The focus group participants were asked what, if any, were the consequences of female Service members’ being unable to meet certain health care needs in-theatre. They cited two main consequences:

- Service member was removed from theatre of operations
- Service member’s condition worsened.

These discussions centered on consequences of inadequate care for physical rather than mental conditions.

Service member was removed from theatre of operations

In three-fourths of the groups, participants reported that a potential consequence of being unable to meet female health care needs in-theatre was to be removed from the theatre. It appears that females who left their unit for gynecological concerns were gone for an average of 7-10 days.⁶⁶ Whether they were redeployed or taken to a medical facility at another location such as Landstuhl, removing them resulted in an increased workload for the remaining unit members, as positions could not be backfilled.

“There are some positions where you can’t afford to be out because that means someone else has to take over your shift, so you’ll mess up the entire rotation and someone won’t be able to get sleep. So you almost can’t go because there’s no replacement.”

—Female Soldier

“If anything happens on deployment, it affects mission readiness.”

—Female Sailor

“The consequence of that is individuals have to work harder to fill in that gap. No one comes to replace them. People know that people have to go get care, but there isn’t an exchange program.”

—Army Practitioner

Service member’s condition worsened

In slightly less than half of the focus groups, there were participants who indicated that if a woman’s health care needs could not be met in-theatre, then they were not met at all, leading to a worsening of her condition.

“The situation gets worse. There was a Marine with cervical cancer and she didn’t know. She went to the medical place before she left and they told her she would get one [a Pap smear] in-theatre but she never did. She tried but they wouldn’t do it. She got back and they had to do an immediate hysterectomy. Now her mental health is at stake because she wanted kids. Now she is a lost cause. She got out of the military because she tried to kill herself.”

—Female Marine

⁶⁶ Thomson, B.A., & Nielsen, P.E. “Women’s Health Care in Operation Iraqi Freedom.”

5. Participants' recommendations for improving female-specific health care during deployment

Provide more medical practitioners in-theatre

Because some Service members found it difficult to get appointments in-theatre and/or did not feel comfortable with available practitioners, participants in more than one-half of the focus groups recommended hiring more doctors. Often, they specifically recommended providing more female practitioners, gynecologists, and mental health practitioners.

Provide more female practitioners. More than one-fourth of the focus groups contained participants who discussed how some females prefer consulting with a female practitioner for their health needs, either because they feel more comfortable or because they believe that males do not have as good an understanding of female health issues.

“I wish there was a female corpsman with the deploying unit because there are a lot of things we don’t want to talk about with guys. They just freak out.”

—Female Coast Guardsman

“I would say just the idea of having a female nurse practitioner—someone I could just tell something to who’s not a guy. Credentials wouldn’t even matter to me much. I’ve never had that.”

—Female Airman

Provide more gynecologists. Participants in one-fourth of the focus groups suggested that having more gynecologists in-theatre would allow more females to receive care and would reduce the need to send them out of theatre.

“With the gynecologist in-theatre, we can meet health care needs. When we’re not here, the military has to use extra resources to send [Service members] away. I can’t give you dollar figures, but having a gynecologist here to do ultrasounds to look at cysts is extremely beneficial.”

—Air Force Practitioner

Provide more mental health providers (not necessarily doctors). A few participants recommended providing greater access to mental health providers, particularly providers with psychological education and training.

“There needs to be one [mental health provider] per base so that there are no airlift requirements to get to them. They should be fully accessible, doors open at any time.”

—Female Airman

Provide better trained medical practitioners in-theatre

Almost one-half of the focus groups contained participants who requested improvement in the overall quality of medical care providers; including physicians, medics, and other medical professionals. While stopping short of proposing more gynecologists be sent to the theatre, some participants pointed out that many non-gynecologist physicians are ill-prepared to address female-specific concerns. The Committee infers from such comments that “GYN” refresher training for these physicians would be helpful.

“I’ve been in the military services 16 years. The way the medic treated me, I don’t want to go back—only if I lose a limb!”

—Female Soldier

“The medical personnel should be more professional. They shouldn’t be scared of females.”

—Female Marine Reservist

“Many of our practitioners are highly skilled in one area and have little familiarity dealing with female issues. That’s the reality. We have nuclear medicine doctors, hematologists, nephrologists, etc. These people haven’t done a GYN exam since their medical training.”

—Army Practitioner

Provide more comprehensive pharmacies and female-specific supplies in-theatre

Participants in more than one-fourth of the focus groups suggested a greater selection and supply of prescription medication and female-specific supplies, which they noted would reduce the reliance on mail-order prescriptions and would help to ensure that female Service members receive appropriate treatment.

“Having plentiful supplies. There are certain things they should have on-hand...like the cream for yeast infections... You shouldn’t have to leave your area.”

—Female Army Reservist

“The supplies are 100% male combat oriented.”

—Female Marine Reservist

“Give the women an opportunity to get their birth control. It kills me that they only get five options when there are so many choices here. That irritates me the most. I either have to get it from Landstuhl or have them send it to us. We should be taking care of the Service members instead of their being frustrated with us.”

—Army Practitioner

A few participants suggested that supply specialists should consider what proportion of each deployed unit will be female.

“When you’re determining which medicines should be stocked, there’s no consideration given to whether it’s [for] a male or female.”

—Female Airman

Take measures to ensure patient privacy and confidentiality in-theatre

Participants cited violations of patient privacy and lack of professionalism as examples of areas in which improvements are needed. It should be noted that these concerns with privacy and professionalism are not necessarily limited to the deployment environment.

Participants in more than one-fourth of the focus groups identified procedures to promote privacy and confidentiality, such as 1) blocking off a separate reception area for women, 2) enforcing confidentiality rules, and 3) allowing females to seek treatment without being required to inform their chain of command.

“... At the facilities at both of the deployments it was all open. Three feet away there was another person with another patient. So if you had a female issue, everyone could hear what was going on.”

—Female Airman

“People don’t seek medical help because of their fear of losing their right to privacy. They know that the doctor will go talk in the mess hall about them right away so they just wait until they get home, and by then it may be too late... we have to help them feel comfortable and know that we are truly committed to helping them seek this treatment.”

—Female Sailor

“There should be someone that you can talk to in confidence. When someone goes to the medic, everyone knows about it.”

—Female Marine Reservist

A few participants recommended improving the privacy in the tents and bathrooms, which could also allow females to better maintain their personal hygiene.

“Separating men and women’s tents. If a woman is with 11 other guys, that would restrict her from properly taking care of herself with respect to hygiene.”

—Female Airman

Expand the range of health care facilities and equipment in-theatre

Service members made several recommendations concerning the facilities and equipment available in-theatre to address female-specific health care needs.

Establish more comprehensive facilities with a fuller complement of equipment. Participants in over one-fourth of the focus groups recommended expanding the inventory of medical equipment and medical facilities in-theatre, which would allow more exams, procedures, and tests to be performed without sending women out of theatre. Some participants recommended establishing well-woman clinics.

“I think it goes back to having the appropriate equipment and facilities. The providers were there—they just didn’t have access to the equipment they needed to perform tests and get the results.”

—Female Soldier

“There should be better lab equipment, which is hard because of space and money. Also with the operating room, it’s difficult getting equipment to do surgery.”

—Air Force Practitioner

Establish centralized facilities. Because it may not be feasible to have equipment at every site, some focus group participants, particularly practitioners, recommended installing equipment at centralized locations as an alternative to transporting women to locations such as Germany.

“If medical facilities are established...Some of the major hubs should be able to provide sonograms for pregnancy or other reasons, all purpose x-rays, and full purpose services. I think we would be happy with that because we could get there.”

—Female Marine

“Pre-positioning tools and equipment so will be accessible to all the FOB’s (Forward Operating Bases).”

—Army Practitioner

Provide testing for sexually transmitted diseases (STDs). Several participants recommended introducing in-theatre STD testing capabilities, despite rules against sexual relations while deployed.⁶⁷

“They say I can’t get those extra tests...but I want to know that I’m ok.”

—Female Soldier (currently deployed)

⁶⁷ According to Service representatives, the term ‘sexually transmitted disease’ (STD) has been replaced by the term ‘sexually transmitted infections,’ or STI.

Initiate health care briefings in-theatre

Because not all females received briefings prior to deploying on topics such as maintaining female hygiene and available medical resources while deployed, participants in nearly one-fourth of the focus groups recommended that these briefings be delivered in-theatre as well.

“I am ok here, but the Service members far out should be aware of what services are available. Some women are scared and don’t want to talk about issues. I think they should know their options so problems don’t get out of hand.”

—Female Soldier (currently deployed)

“If we can create a document describing common GYN problems in-theatre and put it on AKO (Army Knowledge Online), then if female Service members have questions they can access that. You can log on anywhere.”

—Army Practitioner

6. Summary

According to DACOWITS focus group participants, the most commonly reported female-specific health needs in-theatre were of a genitourinary nature (e.g., urinary tract infections, yeast infections, problems with the uterus or ovaries, and irregular periods). Other conditions experienced by female Service members in-theatre included skin conditions and hair loss, and pregnancy. These findings are corroborated by outside data.

A number of female Service members who had deployed to OIF/OEF more than once noted anecdotally that the health care situation for women in-theatre is improving over time. Additionally, DACOWITS mini-survey ratings of health care in-theatre were quite favorable. Still, most available information—including the DACOWITS focus group findings—suggests that the adequacy of female-specific health care in-theatre remains an issue.

Participants in the focus groups identified a number of areas in which they found health care in-theatre to be inadequate. A lack of female-specific equipment and facilities, and pharmacy limitations, was frequently reported. The electronic medical records system was described as unreliable. Participants expressed concerns about being unable to seek care discreetly and also spoke of a perceived stigma associated with seeking care. They cited additional barriers to care, such as work tempo, distance from health care facilities, and too few female practitioners and female specialists.

Participants in several focus groups reported that female-specific mental health care in-theatre was inadequate. They expressed that Service members’ conditions were not taken seriously or were not appropriately addressed. Further, they identified negative consequences associated with

seeking mental health care in-theatre, such as jeopardizing performance evaluations, promotions, and security clearances; loss of privacy; and stigmatization.

Participant's recommendations for improving female-specific health care during deployment included:

- Increasing the number of medical practitioners equipped to address female-specific needs
- Increasing the capacity to treat female conditions in-theatre through improvements/expansions in facilities and equipment
- Providing more mental health providers
- Broadening the formulary available in-theatre, particularly the selection of female-specific medications and supplies
- Taking measures to better protect patient privacy and confidentiality.

D. HEALTH CARE EXPERIENCES POST-DEPLOYMENT

This section describes female Service members' post-deployment health care experiences. Based on the mini-survey data, 2007 focus group participants believe post-deployment health care influences their military career decision as much as, if not more than, the care they receive before and during deployment (see Exhibit II-1). The findings are presented in the following subsections, which correspond to the series of questions posed to participants on this topic:

- How female-specific health issues are identified post-deployment
- Adequacy of post-deployment health care
- Post-deployment mental health issues
- Adequacy of post-deployment mental health care
- Participants' recommendations for improving post-deployment health care.

The section concludes with a brief summary.

1. How female-specific health issues are identified post-deployment

Redeploying Service members—male and female—are required to complete the Post-Deployment Health Assessment (PDHA) Form (DD 2796). A copy of this form is included at Appendix G. The large majority of mini-survey respondents (89%) indicated that they completed this form as required.

PDHA does not effectively identify post-deployment health issues

Comments made in more than three-fourths of the focus groups suggest that the PDHA is not an effective tool for identifying post-deployment health issues, and that a process for systematically identifying redeployed Service members' health issues is lacking.

“It was more of a manufacturer’s line [i.e., assembly line]. You had to fill out some papers and it was like, ‘ok good, next.’ Because everyone wanted to go on leave, we got it done and the doctors were pushing us through.”

—Female Soldier

“When you do the round robins, it’s just a checklist. You’re not sitting down, you’re just going through. They’re hearing the problems, but they’re not getting addressed”

—Female Army Reservist

The specific shortcomings that focus group participants identified in both the form and the process are described below.

Female-specific issues are not targeted by post-deployment PDHA form

Although 89% of mini-survey respondents said they completed the PDHA form, in nearly one-fourth of the focus groups there were participants who said that their health issues—typically female-specific issues—were not identified. Additionally, they recalled no specific questions about female health issues.

“[The post-deployment health assessment form] to my knowledge don’t have anything that is female-specific. The member can write something in if they have female health concerns, but there is no question asking about it.”

—Female Airman

“I’ve gone through a lot of post-deployment health assessments. I don’t remember any female-specific things. I don’t remember any requirement for female health needs. There was really nothing female-specific on the post-deployment health assessment.”

—Army Practitioner (currently deployed)

Service members are prone to circumventing the post-deployment PDHA process

Participants in nearly one-fourth of the focus groups indicated that Service members “facilitated” redeployment processing by denying any health concerns, which allowed them to return home to their families as quickly as possible, but also precluded medical follow-up.

“They just fill it out quickly so they can see their families. This is just getting in their way of going home, so they fill it out and go. When they come back from leave, that’s when they start dealing with these issues, which is well after they’ve filled out the form.”

—Female Airman

2. Adequacy of post-deployment health care

Whereas the previous sub-section focused on how health issues were identified, this sub-section focuses on how adequately identified health issues were addressed. The focus groups expressed strong reservations about the adequacy of post-deployment health care, specifically:

- PDHA does not trigger medical follow-up
- Access to care is limited.

These concerns tended not to be female-specific, and may therefore apply to post-deployment health care for male Service members.

The post-deployment PDHA form/process does not trigger medical follow-up

Participants in approximately one-half of the focus groups indicated that, if they wanted to receive health care after they returned home, it was their personal responsibility to identify their health concerns and to self-refer, whether they had completed a PDHA form or not.

“You mean that questionnaire they made us fill out to get off the ship? I’d say it’s even less useful than the pre-deployment one.”

—Female Sailor

“It’s more of a self-implemented thing. It’s more up to you to get help for yourself.”

—Female Soldier

“They have to seek it on their own and come in. I can’t think of any female-specific questions on the post-deployment health assessment form.”

—Air Force Practitioner

While somewhat more positive than the focus group participants’ comments, the mini-survey results reinforce that there is room for improvement in the post-deployment medical screening process. For example, of those who reported receiving a post-deployment medical screening, 43% found it only “slightly” or “not at all” helpful (Exhibit II-12).

Exhibit II-12: How helpful to you was the mandatory medical screening after deployment?*		
Rating	N	Percent
Extremely helpful	24	11%
Very helpful	44	20%
Moderately helpful	55	26%
Slightly helpful	37	17%
Not at all helpful	56	26%
Total	216	100%

*Totals exclude those who answered ‘did not receive’ or who skipped the question (n=53).

Access to health care is limited during post-deployment

In almost one-half of the groups, there were participants who expressed dissatisfaction with their ability to access health care during post-deployment. Some participants said that the wait times for appointments could range from weeks to months. This was sometimes attributed to an insufficient number of doctors and specialists on military installations and to limited office hours. In some cases, participants explained that the length of time they had to wait for treatment was protracted by being required to first consult a unit-level provider.

“Every time you try to get an appointment they ask what your unit is. Like Dr. ___ won’t let you make an appointment until you see him in sick call. I couldn’t get an x-ray for a broken finger until I went through the provider for my brigade.”

—Female Soldier

“I had to go in for a Pap smear because I was due. The only problem was waiting for a gynecologist appointment to open up. They only have two gynecologists here and they only are in once a month. It takes a couple of months to get in.”

—Female Soldier

“Quality is great—timeliness is the issue.”

—Female Soldier

“We are short on women’s health care practitioners. We have 70 slots and only 59 are filled.”

—Air Force Practitioner

“Just getting access is the difficulty. I got back and I had to change duty station six months later, and I still hadn’t gotten my appointment done.”

—Army Practitioner

Positive views regarding adequacy of post-deployment health care

Participants in approximately one-fourth of the focus group participants described very effective follow-up procedures.

“Our forms were tracked. Our flight surgeons did that to make sure our Soldiers got follow-up. Their names would pop up on their electronic file and they had to go see a health professional.”

—Female Soldier (currently deployed)

“For us, we filled out a form and it got transferred. You had a mandatory appointment and they put it in your medical records. They ask you what’s wrong and they try to get it all handled. Even if your list is a mile long, they work through it with you.”

—Female Airman

Additionally, satisfaction with access to care and general praise for military health care in the garrison environment was expressed by some participants.

3. Post-deployment mental health issues

In almost three-fourths of the focus groups, there were participants who indicated that they knew of female Service members who experienced mental health issues during post-deployment. Some participants acknowledged experiencing mental health issues themselves after redeploying, to include being diagnosed with Post-Traumatic Stress Disorder (PTSD) and/or experiencing depression, nightmares, and adverse reactions to loud noises.

“They might not say it, but people from Iraq got PTSD. It depends on what your job was and where you were deployed.”

—Female Soldier (currently deployed)

“People were really jittery with loud noises and that type of thing when they came back.”

—Female Sailor

“Our PA (physician’s assistant) is overwhelmed because a lot of people are coming in with agitation, depression, and sleeplessness.”

—Female Soldier

A few participants noted that it takes time for psychological symptoms to develop.

“A lot of things...develop a little later once everything wears off...you get back into your normal routine and then things start popping up.”

—Female Marine

In fewer than one-fourth of the focus groups, participants talked about family reintegration experiences, citing examples of “not being the same person,” feeling like they have to get to know their family again, being overly aggressive or defensive with their spouse, and experiencing divorce.

“You don’t know your husband and kids like you used to...you’ve got to get back into their lives.”

—Female Marine

“I had a fellow officer who was deployed for a year and was going through a divorce. They had kids. After she got home after the year, it all fell apart.”

—Female Marine Reservist

“I’ve heard of so many soldiers who have tried their hardest to get help from the VA and they can’t get an appointment for so long... And the divorce rate is ridiculous, too.”

—Female Army Reservist

One should not draw inferences about the prevalence of mental health and reintegration difficulties among redeployed personnel based on the relatively small sample of 2007 focus group participants. For example, the 2006 Survey of Health-Related Behaviors examined three indicators of post-deployment adjustment—alcohol use, relationship with significant other, and divorce/separation—and found that the majority of previously deployed men and women reported no change in these areas.⁶⁸

4. Adequacy of post-deployment mental health care

Participants in three-fourths of the focus groups expressed dissatisfaction with the care received for mental health needs after deployment. They described five main obstacles to mental health care:

- Lack of a systematic process to identify and address mental health issues
- Reluctance to seek help
- Limited access to mental health care
- Propensity to treat rather than medicate
- Consequences of inadequate mental health care.

⁶⁸ Babeu, L. (2007) *Survey of Health Related Behaviors among Active Duty Personnel*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS). 30 May. TRICARE Health Program Analysis and Evaluation Division (HPA&E).

Lack of a systematic post-deployment process to identify and address mental health issues

In more than one-fourth of the focus groups, comments were made about the lack of a process to identify and treat mental health issues in redeployed Service members. Participants spoke of the absence of a mental health screening and of concerns going unaddressed.

“I think the mental health services are lacking. I think we should have better-trained physicians and people who are able to diagnose these things right off the bat, but it doesn’t happen.”

—Female Sailor

“I did the post-deployment assessment and our corpsman told me I had PTSD two years after I returned. I filled out three of these briefs and they didn’t catch it until two years after the fact.”

—Female Marine Reservist

Several participants noted that Service members are not educated about mental health issues and trouble signs on their return.

“I don’t know if Soldiers understand what is normal and what is a more serious issue. We weren’t taught the standard.”

—Female Soldier (currently deployed)

Mini-survey results reinforce the absence of a systematic process for identifying and treating mental health issues during post-deployment. A majority of participants (55%) who received a mental health screening upon their return rated the screening as “slightly” or “not at all” helpful (Exhibit II-13). Of the entire sample, 62 participants specifically indicated they had not received a post-deployment mental health screening. Of these 62 Service members, five were in ‘currently deployed’ focus groups and therefore may not yet have had the opportunity for post-deployment screening. The remaining 57, however, were individuals who had deployed and returned.

Exhibit II-13: How helpful to you was the mandatory mental health screening after deployment?*		
Rating	N	Percent
Extremely helpful	22	12%
Very helpful	22	12%
Moderately helpful	36	20%
Slightly helpful	39	22%
Not at all helpful	58	33%
Total	177	100%

*Percentages may not sum to 100 due to rounding. Totals exclude those who reported ‘did not receive’ or who skipped the question (n = 92).

Service members are reluctant to seek mental health care post-deployment

In over one-fourth of the focus groups, there were participants who said they felt uncomfortable seeking mental health assistance. They attributed their discomfort to various factors, the most notable being fear of stigmatization, worry about the impact on career, and a lack of a private, individualized attention. There also seems to be some perception that females who seek mental health help are treated differently than males—perhaps taken less seriously or demeaned.

“If it is a male getting help, he’s just ‘stressed and needs rest.’ For a female, she’s ‘having a nervous breakdown.’ In that sense it’s different.”

—Female Soldier

“I’ve seen females go in and they are told that nothing is wrong and that they are being overly emotional about it... There’s definitely still that female/male barrier there.”

—Female Airman

Limited access to mental health care during post-deployment

In fewer than one-fourth of the focus groups, participants mentioned difficulty getting appointments for mental health services, mainly due to understaffed clinics.

“I tried to send a Sailor to a mental health professional and his appointment was almost two months later. Who knows what he can do in two months?”

—Female Sailor

Positive views on adequacy of post-deployment mental health care

Practitioners in several focus groups stated that mental health care is both available and prompt.

“It is there if I need it.”

—Navy Practitioner

Similarly, Service members in roughly one-fourth of the focus groups spoke positively about the effectiveness of the PDHA system for identifying and addressing mental health issues.

“I can tell you the PDHA does flag mental health issues, because I came back to a less than welcome home, and when I went for my post-deployment health risk assessment, it did flag me and they offered additional counseling and stuff like that. So if the screener was doing their job, you’d get flagged.”

—Female Soldier

Participants in over one-fourth of the focus groups mentioned how they can obtain mental health care through such outside resources as Military OneSource and Army OneSource and appreciate the privacy that these outside sources afford.

“I ended up talking to Military OneSource. You can get free sessions and your command doesn’t know about it, and it was really good.”

—Female Marine Reservist

“From my personal experience, I was very hesitant to seek care on post, but I did use Army OneSource and got six free counseling sessions. I found that good...I do recommend using Army OneSource, who will send you everything you need and will check on you if there’s anything more they can do for you.”

—Female Soldier

5. Participants’ recommendations for improving post-deployment health care

Improve the post-deployment health screening process

Nearly all the focus groups contained participants who recommended improving the post-deployment health screening process, to include ensuring that it is standard operating procedure across all Services and situations. Their specific suggestions are presented below.

Make physicals/exams mandatory. Participants in almost one-half of the focus groups recommended mandatory physicals and/or gynecological exams.

“Make it a priority when Soldiers get back to screen for Pap smears and mammograms. Maybe even a colonoscopy. We don’t know what we’re getting downrange.”

—Female Soldier

“Having a full physical when we come home. Because to be honest, that was a concern of mine when I came home—did I contract anything? I have two kids and until I got tested I didn’t feel comfortable.”

—Female Airman

Make mental health screenings mandatory. Approximately one-fourth of the focus groups contained participants who suggested mandatory mental health screenings and/or counseling after redeploying. They noted that this would not only help to proactively identify problems, but also potentially help to mitigate the stigma of receiving mental health care by normalizing it.

“I think it should be an automatic thing where you talk to someone. When you use the handheld [electronic device] to answer the survey, you think, ‘how can I answer this so that I can get home as quickly as possible?’ If having a counseling session is an automatic thing, then it will get rid of the stigma of going.”

—Army Practitioner

Ensure more thorough, female-specific assessments. This recommendation, made in approximately one-fourth of the focus groups, encompasses requiring not only physicals and exams as described above, but also more in-depth review by practitioners of each patient’s status. This more in-depth review should be facilitated by adding more female-specific questions to the PDHA form or introducing a separate female-specific post-deployment health assessment form.

“Do a separate health assessment or put female-specific questions on the assessment.”

—Female Airman

Offer more private, individualized screening appointments. Participants in one-fourth of the focus groups suggested that health assessment sessions would be more beneficial if they were held one-on-one in a private setting rather than within earshot of other Service members.

“I think that you should get one-on-one assessments when you return so you can see the differences.”

—Female Soldier (currently deployed)

Ensure that medical screeners meet high standards of professionalism. A few participants expressed concern over how their medical issues were handled. They noted that Service members are willing to share concerns if they have confidence their practitioners will conduct themselves in a professional manner, particularly with respect to confidentiality.

“I think the confidentiality is a big thing for me. I want to know that if it is broken, there will be consequences.”

—Female Marine Reservist

Make post-deployment health care more accessible

Participants in more than one-fourth of the focus groups urged that health care be made more accessible to Service members when they return from deployment. This mirrored similar recommendations made by the focus groups regarding health care for Service members during pre-deployment and during deployment. Their specific recommendations are presented below. Each was recommended in fewer than one-fourth of the focus groups.

Give redeployed Service members appointment priority over other categories of patients.

“We should have priority to get appointments within 60 days of getting back.”

—Female Soldier

“We just need to find ways to get care in a timely manner.”

—Female Airman

Hire more medical personnel.

“I think we just need more medical personnel, both overseas and here.”

—Female Soldier

Cover visits to civilian physicians.

“Maybe TRICARE could more easily allow people to see civilian medical professionals after returning to alleviate that [appointment availability problem].”

—Army Practitioner (currently deployed)

“I want to go out of town and find a doctor but I’d have to pay for it out of my own pocket.”

—Female Sailor

Initiate consistent Post-Deployment Health Re-assessments (PDHRA)

The Post-Deployment Re-assessment is intended by DoD to be implemented several months after redeployment. (A copy of the Post-Deployment Re-assessment Form is located at Appendix G). Although the Committee did not routinely inquire about re-assessments, participants in a small number of focus groups (less than one fourth) brought them up. At the time of the DACOWITS data collection, participants in these groups had not yet encountered the PDHRA, but they clearly supported the concept of a second post-deployment screening.

“30-45 days after redeploying is too soon...3-6 months is better, because you get hit with so much when you come back.”

—Female Marine

“You don’t catch stuff right away and don’t realize everything you’re dealing with until months later. 30 days is too short. You’re high on adrenaline to see your family at that point.”

—Female Soldier

6. Summary

The Post-Deployment Health Assessment (PDHA) was not perceived by focus group participants as an effective tool for identifying post-deployment health issues. They noted that the form fails

to target female-specific issues. They also observed that the process is rushed, both by the personnel responsible for conducting the assessment as well as by the Service members, who are eager to get home and disinclined to acknowledge any health concerns that could prolong the assessment process.

Participants in some focus groups expressed strong reservations about the adequacy of post-deployment health care. Specifically, they reported that the PDHA form and process do not automatically trigger medical follow-up. Many indicated that, whether or not they had completed a PDHA form, they discovered during post-deployment that it was their own responsibility to identify health issues and to pursue treatment. Forty-seven percent of mini-survey respondents indicated that the mandatory medical screening was only “slightly” or “not at all” helpful.

Many focus group participants acknowledged knowing female Service members who had experienced mental health issues, or experiencing mental health issues themselves, during post-deployment. They also spoke of challenges related to reintegration with family members and friends. Some participants expressed dissatisfaction with the care available to deal with these issues. These Service members believed there was no systematic process to identify and treat the mental health issues of redeployed Service members. Additionally, some described a reluctance among themselves and their peers to seek help—due to concerns related to stigmatization, lack of confidentiality/privacy, and/or quality of care—and limited access to care.

Mini-survey results corroborated the absence of a systematic process for identifying and treating mental health issues during post-deployment. Many participants who had deployed and returned reported they had not received a post-deployment mental health screening and, of those who did, more than half (55%) rated it as only “slightly” or “not at all” helpful. It is important to note that some focus group participants were familiar with the availability of off-post counseling through Military OneSource, had used it, and were satisfied with the results.

Focus group participant’s recommendations for improving female Service members’ post-deployment health care experiences included:

- Making complete physical exams (including female-specific) and mental health screenings mandatory components of the assessment process
- Conducting the assessment in more private settings
- Increasing redeployed Service members’ access to medical appointments
- Increasing redeployed Service members’ access to mental health care.

Although few focus groups addressed the subject of the Post-Deployment Health Re-assessment, those that did expressed clear support for conducting this second assessment with Service members several months after their return from the theatre of operations.

E. DIFFERENCES IN THE HEALTH CARE EXPERIENCES OF RESERVE COMPONENT AND ACTIVE COMPONENT FEMALES

Of the thirty Service member focus groups that DACOWITS held in 2007, seven were with Reserve Component (RC) personnel, including:

- Two Army National Guard focus groups
- One Army Reserve focus group
- Four Marine Reserve focus groups.

These seven focus groups were attended by 72 Reserve personnel, including two Coast Guard Reservists. (Two additional Reserve personnel participated in Active Component focus groups.)

The RC focus groups were queried using the same focus group protocol as the AC focus groups, and integrated AC/RC findings are presented in the preceding sections of this chapter (B, C, and D). In this section, results are presented from one question that was asked exclusively of RC focus groups: What ways, if any, do the health care experiences of deployed female reservists differ from those of deployed Active Component females—whether before, during, or after deployment?

The concerns regarding the health care experiences of RC personnel revolved around the following issues:

- Quality/availability of health care before and after deployment
- Insurance and continuity of care issues
- Experiences with VA health care
- Lack of awareness regarding available medical resources.

These issues are discussed in turn, followed by a participant recommendation and a short summary.

Quality/availability of health care before and after deployment are worse for RC personnel

The RC focus groups agreed that the main differences in the AC and RC health care experience occurred prior to and after deployment. In each of the RC focus groups, participants perceived the quality and/or availability of care before and after deployment to be more of a problem for Reservists than for their AC counterparts.

“Before we were activated, they told us to get our Pap smear and do it ourselves. They also told us to take care of our prescriptions. We were not covered.”

—Female Marine Reservist

“You are there on base if you are Active Component, so you can get health care. Reservists can’t get it. You are home and alone.”

—Female Marine Reservist

“As a Reservist, we just don’t have the options the Active Component has. We get a simple question and do a little paperwork, but we don’t have the extensive treatments they have. If they are going to deploy us, they should let us have the same things.”

—Female Army Reservist

Deploying RC personnel experience problems related to insurance and continuity of care

Several of the RC focus groups, as well as a few practitioners, discussed how insufficient health insurance coverage affects Reservists both before deployment and afterward.

Pre-deployment coverage. Some practitioners described how Reservists are more apt to have health care needs than AC personnel during pre-deployment since, unlike their AC counterparts, they may lack health insurance.

“For pre-deployment Reserve Soldiers, many don’t have health insurance, so they may not have gotten the health care they need.”

—Army Practitioner

Continuity of medical information during pre-deployment. According to some practitioners, because Reservists either use civilian health care or have no health care prior to being called to duty, practitioners may have to obtain prior medical history directly from the activated Service member. So doing potentially jeopardizes sound determination of Service member deployability.

“They aren’t bringing medical records with them. Now there is no central place to contact for their medical history so we have to rely on their word rather than their medical history.”

—Air Force Practitioner

Post-deployment TRICARE coverage. Some Reservists described difficulties obtaining health care coverage when they returned. It was the perception of many focus group participants that their TRICARE coverage expired six months after redeploying.

“Some of these Soldiers don’t have insurance for various reasons, and they encountered problems while deployed...and when they come back...they’re back to no insurance again. And if it’s something that’s going to affect them long-term, then they have to go to the VA when their Active Duty orders are up, and that’s not a big help. I think the Army should care for its own.”

—Female Army National Guardsman

“... We treat Reservists on their post-assessment but then they need a six month follow-up appointment. We can call them and say, ‘Get this taken care of,’ but they are back in their civilian health care so we don’t know if it happens.”

—Air Force Practitioner

RC personnel lack awareness of available medical resources

A few participants described how many Reservists are unaware of how the military medical system works and what options they have. For example:

“There needs to be more education to the Reservists on available services.”

—Female Marine Reservist

“You’re VA eligible but no one knows that.”

—Female Army Reservist

A 2003 study by Washington et al. confirmed that many VA-eligible female Service members were unaware of their eligibility.⁶⁹ In a November 2007 briefing to DACOWITS, a TRICARE official noted that TRICARE Reserve Select and the pre-activation health care benefit are greatly under-utilized and acknowledged that lack of awareness may be part of the problem.⁷⁰

Participant recommendation: extend post-deployment TRICARE coverage for reservists

“TRICARE should be extended.”

—Female Army Reservist

“If you have up to two years to say that you have PTSD or claim something is wrong with you, then you should have two years of TRICARE [coverage]. Six months is too short-term.”

—Female Army Reservist

Summary

Participants in seven RC focus groups were asked in what ways the health care experiences of deployed RC females differ from those of deployed AC females—whether before, during, or after deployment. The RC focus groups concurred that the differences in the AC and RC health care experience occurred *prior to* and *after* deployment. They consistently reported that the

⁶⁹ Washington, D.L., Caffrey, C., Goldzweig, C., Simon, B., & Yano, E.M. (2004). Availability of comprehensive women’s health care through Department of Veterans Affairs Medical Center. *Women’s Health Issues, 15*(2), 50-54.

⁷⁰ Lillie, S. (2007). TRICARE: *Health Care and Dental Benefits for National Guard and Reserve Members: An Overview*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS) November 15. Director, TRICARE Program Operations Division.

quality and/or availability of health care during these periods were worse for RC personnel than for AC personnel.

Several RC focus groups and a few practitioners indicated that insufficient health insurance coverage affects RC personnel both before deployment and afterward. Practitioners reported that Reservists are more apt to have health care needs than AC personnel during pre-deployment due to lack of health insurance. Some practitioners reported that, because many Reservists have no health care (or use civilian health care) prior to deployment, practitioners must obtain medical histories directly from the Service member, which can undermine the accurate determination of deployability. Reservists also identified difficulties in obtaining insurance after their TRICARE coverage expired, as well as a lack of awareness among RC personnel of the VA and other medical resources available to them upon redeployment.

F. HEALTH CARE PROGRAMS AVAILABLE TO RESERVISTS

DACOWITS RC focus groups and practitioner focus groups indicated that obtaining needed health care before and after deployment is more of a problem for Reservists than for AC personnel. It was also noted that some inactive Reservists lack health insurance and that many Reservists are unaware of the health care programs available to them. This section briefly highlights the health care programs available to active and inactive Reservists and their families.

Through the Reserve Health Readiness Program (RHRP) and TRICARE, DoD has assembled a continuum of health care programs to cover Reservist and family health care needs for every reserve military status, throughout the operational life cycle, to include reserve health care programs for:

- Pre-activation status
- Activation status
- De-activation status
- Steady state/drill status.

The RHRP and TRICARE resources available to Reservists in each status are summarized below.⁷¹

⁷¹ Ibid; Presley, D. (2007). *Federal Strategic Health Alliance (FEDS_HEAL) & Reserve Health Readiness Program (RHRP)*. Briefing provided to the Defense Department Advisory Committee on Women in the Services (DACOWITS) November 16; TRICARE (2007). *TRICARE for National Guard and Reserve: Your Passport to Quality Health Care (for National Guard and Reserve Members and Their Families)*.

Reserve health care programs for pre-activation status

RHRP provides Reserve units **medical and dental services during pre-mobilization**, through Logistics Health, Inc. of La Crosse, Wisconsin, which manages a nationwide network of providers. RHRP services include eye and hearing exams, immunizations, dental restorations, and laboratory work. Services are provided by mobile teams for mass events on-site, e.g., during unit pre-deployment readiness processing, or in provider offices/clinics.

TRICARE provides a **pre-activation TRICARE benefit** for Reservists activated for 30 days or more in support of a contingency operation. This benefit provides early eligibility for active duty TRICARE coverage, up to 90 days prior to activation subject to receipt of delayed-effective-date orders. The benefit includes pharmacy. Eligible family members also are covered.

Reserve health care programs for activation status

When Reservists are activated for 30 days or more in support of a contingency operation, they become eligible for the **same health care benefits that their AC counterparts receive**. These benefits include TRICARE Prime or TRICARE Prime Remote, pharmacy coverage, and active duty dental coverage (through military dental treatment facilities) or the Tri-Service Remote Dental Program. Family members are also eligible for TRICARE health care benefits, including pharmacy and the TRICARE Dental Program.

Reserve health care programs for de-activation status

RHRP provides Reserve units **medical and dental services during post-mobilization**, through Logistics Health, Inc. The services that RHRP provides during post-deployment are similar to those it provides during pre-deployment. In addition, RHRP provides Post-Deployment Health Re-assessment (PDHRA) screenings for all Reserve Components.

TRICARE offers transitional health care coverage to Reservists coming off a 30-day plus activation in support of a contingency operation. This benefit, known as the **Transitional Assistance Management Program (TAMP)**, extends qualified Reservists' active duty TRICARE eligibility for an additional 180 days. Eligible family members also qualify for coverage.

The **Continued Health Care Benefit Program (CHCBP)** is a premium-based health care program (similar to the coverage provided by the Consolidated Omnibus Budget Reconciliation Act of 1986, or COBRA) that qualified AC and RC personnel may purchase following the loss of entitlement to military medical benefits. Eligible family members also qualify for coverage.

Reserve health care programs for steady-state

Qualified inactive Reservists may purchase **TRICARE Reserve Select (TRS)**, a voluntary, **premium-based health plan**, for themselves and their family members after their active duty TRICARE or TAMP coverage ends. TRS is an economical group health insurance plan that compares very favorably with those provided by civilian employers. Service members already eligible for the Federal employees Health Benefits program or enrolled in TAMP are ineligible for TRS.

Qualified inactive Reservists may also purchase the voluntary, **premium-based TRICARE Dental Program (TDP)** for themselves and their family members. Eligibility and coverage is independent of the Reservist's military status, although the cost-share is reduced while he or she is active duty.

When Reservists are activated for 30 days or less (e.g., during drill weekends or Annual Training), they are eligible to receive **Line of Duty (LOD) health care**. Family members are not eligible for LOD health care. RHRP also provides through Logistics Health, Inc., **periodic health assessments (PHAs)** for inactive, i.e., drilling, Reservists.

Detailed information regarding TRICARE health care options for Reservists and their families is available online.⁷²

⁷² Visit, for example, www.tricare.mil/reserve.

III. MILITARY SPOUSE CAREER AND EMPLOYMENT OPPORTUNITY

This chapter of the report documents the views and perceptions of 2007 DACOWITS focus group participants regarding career and employment opportunities for military spouses. Survey data and findings from the social science literature on this topic, as well as information provided by the Services in briefings to the Committee, are also presented where appropriate. The findings are organized in the following sections:

- Characteristics of the spouse employment focus group sample
- Characteristics of the careers of military spouses
- Opportunities for military spouses to find employment
- Opportunities for military spouses to find training and education
- DoD and Service initiatives and programs for enhancing spouse employment opportunities.

Each section is presented below.

A. CHARACTERISTICS OF THE FOCUS GROUP SAMPLE

Nineteen spouse employment focus group sessions were held at eight different locations, with an average of five spouses attending each group. In total, there were 101 focus group participants, representing the Army, Navy, Air Force, Marine, Coast Guard, and Army National Guard communities. Characteristics of the spouse employment focus group sample, which was nearly all female (99 of 101 participants), are shown in Exhibit III-1.

As Exhibit III-1 indicates, the sample was primarily composed of spouses of Army (38%) and Air Force (29%) personnel. Most of the spouses (74%) were married to enlisted personnel. On average, participants had 8½ years of experience as a military spouse, and experienced three PCS moves. The spouse employment sample was generally well-educated, with 41% holding at least a Bachelor's degree. Two-thirds of the sample had children living with them, and the average age of participants was 34. Additional data on the characteristics of participants are provided in relevant sections throughout the report, as well as in Appendix F.

Exhibit III-1: Demographic Profile of Spouse Employment Focus Group Participants (N=101)*		
Variable	N	Percent
Branch of participant's spouse:		
Army	38	38%
Navy	16	16%
Marine Corps	9	9%
Air Force	29	29%
Coast Guard	3	3%
Army National Guard	5	5%
Pay Grade of participant's spouse:		
E1 – E4	26	26%
E5 – E9	47	47%
O1 – O3 (and Warrant Officers)	9	9%
O4 – O6	16	16%
Years as a military spouse:		
Less than 1	7	7%
1-5	32	33%
6-10	24	25%
11-15	16	17%
16 or more	17	17%
Number of PCS moves experienced:		
0	17	18%
1-3	40	43%
4-6	27	29%
7 or more	9	10%
Dependent children living with participant:		
No	33	33%
Yes	68	67%
Age of participant:		
18-25	20	20%
26-30	19	19%
31-40	37	37%
41 or older	24	24%

*Not all focus group participants answered each question, resulting in fewer than 101 total participants for some items.

B. CHARACTERISTICS OF THE CAREERS OF MILITARY SPOUSES

DACOWITS asked focus group participants a variety of questions related to their career status, choices, and training. Specific topics addressed included:

- Current employment status of participants
- Preferred career choices of participants
- Factors that influence military spouses career choices
- Obstacles to participants' pursuit of their career goals
- Suggestions for how the military could better aid military spouses to achieve their career goals.

Each of these topics is addressed in detail in this section, followed by a short summary.

1. Current employment status of participants

Fifty-six percent of the focus group participants who completed the pre-session mini-survey indicated they were employed (36% full-time and 20% part-time; see Exhibit III-2). Nine percent of participants indicated they were unemployed and did not want a paying job. Of participants who were not working outside the home (N=40), 80% indicated they were either actively looking or were not looking but still desired employment.

Exhibit III-2: Employment Status of DACOWITS 2007 Focus Groups Participants*		
Employment Status	N	Percent
Employed full time	33	36%
Employed part-time	18	20%
Not employed, currently looking for employment	23	25%
Not employed, not currently looking for employment but would like a paying job	9	10%
Not employed, not looking for employment and do not want a paying job now	8	9%
Total	91	100%

*Ten participants did not provide their employment status on the mini-survey, but noted they were in school and/or did volunteer work.

The percentage of employed spouses within the 2007 DACOWITS focus group sample was somewhat higher than that found in the 2006 Survey of Active Duty Spouses.⁷³ As noted in Chapter I, 45% of spouses indicated on the 2006 DMDC survey that they were employed in the civilian workforce, and 7% were Active Duty Service members (Exhibit III-3).

⁷³ This is likely due to the fact that DACOWITS focus group sample overrepresents spouses of more senior Service members (e.g., spouses of E5-E9s and of O4s and up).

Exhibit III-3: Employment Status of Active Duty Spouses: 2006	
Employment Status	Percent
Employed	45%
Not employed	7%
Not in labor force	41%
Armed Forces member	7%
Total	100%

Source: 2006 Survey of Active Duty Spouses, DMDC.

Based on data from the 2006 Survey of Active Duty Spouses, DMDC notes that the current unemployment rate for military spouses is 12%.⁷⁴ However, DoD calculates the unemployment rate differently than the Department of Labor (DoL).⁷⁵ Specifically, DoD includes Active Duty Service members in its calculation, whereas DoL considers military personnel outside the civilian labor force and excludes them. Using the 2006 Survey of Active Duty Spouses and the DoL methodology—which facilitates a direct comparison to civilian unemployment data—the unemployment rate for civilian military spouses is 13.5%. This rate is more than three times higher than the rate for the U.S. population in 2006 (4.2%)⁷⁶, and more than four times higher than the rate for married civilian women in 2005 (3.2%).⁷⁷

By a show of hands, 73% of DACOWITS focus group participants indicated that they had received training and/or education for a specific career, and of these spouses, more than half indicated they were currently working in the career for which they had trained. During the focus groups, DACOWITS asked spouses if they were interested in pursuing work in an industry they were not in currently. Responses to this question varied. In about three-fourths of the focus groups, there were spouses who said they wanted to work in a different occupation than their current one.

“I’m not a huge fan of going back to school but... if I were to change careers I’d do a complete 180. I’d study business so I could have my own working horse stables. I’d need the business knowledge as opposed to medical knowledge (currently working as a nurse).”

—Air Force Spouse

⁷⁴ Defense Manpower Data Center (2006) *2006 Survey of Active Duty Spouses. Tabulations of Responses*. Arlington, VA: Programs Evaluation Division.

⁷⁵ The methodology used by the Department of Labor methodology to define and measure employment is available on its website at: http://www.bls.gov/cps/cps_faq.htm Accessed 9/04/07

⁷⁶ The 2006 unemployment rate for the U.S. was 4.6%. Figures obtained from the Department of Labor website at: <http://www.bls.gov/cps/#overview> Accessed 9/04/07.

⁷⁷ Chao, E.L., and Utgoff, K. (2005, May) *Women in the Labor Force: A Databook* (Report 985). Page 12, Table 4: Employment status by marital status and sex. Washington D.C., U.S Bureau Department of Labor Statistics.

“I’ve been thinking about maybe pursuing accounting/becoming a CPA, and going back to school and getting training for that.”

—Air Force Spouse

Spouses in about one-third of the focus groups held the opposite view, and expressed a desire to stay in their current career field.

“I believe that at this point, I want to stay in the career field where I have had some training and education. I would like to grow there rather than start over with something new.”

—Coast Guard Spouse

Participants who did not work outside the home cited a number of reasons why they were not currently pursuing a career. The most frequently mentioned were the need for additional education, being enrolled in school, and/or that of taking care of children or the family needs is the priority at the moment.

“I stay at home because I thought it’d be difficult to have another job and to take care of my family. I think it’s very difficult. We made the decision to live meagerly. It cuts down on a lot of frustration of leaving a job you love.”

—Air Force Spouse

“I don’t know if I ever wanted a career. I always knew that I wanted to be a stay-at-home mom and hopefully when our child gets older, then I could work part-time.”

—Air Force Spouse

In a small number of groups, participants suggested they are not currently in a position that they would call a “career,” but they are working:

“My current job is not in a career field. I associate careers with a salary and with benefits, and I work as a skills trainer, so it’s hourly wages with no benefits...”

—Navy Spouse

“You don’t really find a career. If you find a job, you say ‘Oh thank you for giving me a job.’ You just want to find a job. You take what you can find.

—Marine Corps Spouse

2. Preferred career choices of participants

Results from the mini-survey provide insight into the types of jobs and/or careers favored by focus group participants (Exhibit III-4). The job category preferred by the largest percentage of participants was “professional” (39%), followed by “part-time clerical or administrative support” positions (21%). Fifteen percent of spouses indicated they would prefer to work from home. Several spouses indicated more than one preference.

Exhibit III-4: Which category best describes the job activity or business you would like to be involved in, even if you are not involved in it now?*	
Preferred Job or Business Activity	Percent
Professional (doctor, registered nurse, lawyer, engineer, scientist, teacher, social worker, accountant, chemist, dietician, artist.)	39%
Employed part-time Clerical or Administrative Support (secretary bookkeeper, mailroom supervisor, mail clerk, cashier, bank teller, etc.)	21%
Executive, Administrative, or Managerial (company executive, personnel manager, accountant, school principal, public official, etc.)	15%
Working from Home	15%
Other (write-ins included cosmetologist, library technician and postal service)	14%
Service (childcare worker, dental assistant, waiter/waitress, teacher's aide, cook, beautician, housekeeper, hospital orderly, etc.)	10%
Technician (computer programmer, paralegal, dental hygienist, licensed practical nurse, laboratory technician, air traffic controller, airplane pilot and navigator, etc.)	10%
Protective service (police officer, firefighter, security guard, etc.)	5%
Sales (real estate or insurance agent, sales clerk, automobile sales, etc.)	2%
Farming, Forestry, or Fishing (farm owner, nursery worker, farm worker, field supervisor, gardener, logger, etc.)	1%
Laborer, Helper, Handler, Equipment Cleaner (unskilled construction worker, dock worker, machinist helper, stock handler, car washer, etc.)	1%
Transportation or Material Moving (truck or bus driver, railroad conductor, chauffeur, taxicab driver, etc.)	1%

*Total exceeds 100% because respondents could select multiple options.

The 2006 Survey of Active Duty Spouses did not gather information on the specific occupations of respondents, but did ask those who were employed to identify the sector in which they worked. These are shown in Exhibit III-5.

Exhibit III-5: Employment Sector of Employed Active Duty Spouses: 2006	
Sector	Percent
Private or public company	60%
Private not-profit or charitable organization	5%
Federal government	16%
State government	4%
Local government	5%
Self-employed in own business/practice/farm	8%
Working without pay in family business/farm	2%
Total	100%

Source: 2006 Survey of Active Duty Spouses, DMDC.

Using both Census data and personal interviews conducted in 2003 with hundreds of military spouses on the topic of employment, RAND concluded that the occupations held by military

spouses are very similar to those held by their “look-alikes” in the civilian world (i.e., to spouses with similar demographic characteristics but who are married to civilians).⁷⁸ For example, Exhibit III-6 indicates that a ranking of the jobs most commonly-held by military spouses also accounts for many of the jobs most commonly held by their civilian look-alikes.

Exhibit III-6: Most common occupations of military spouses, and the comparative ranking for civilian spouses		
Occupations	Ranking	
	Military Spouses	Civilian Spouses
Administrative (less well paid)	1	1
Retail sales	2	5
Administrative (better paid)	3	2
School teacher	4	4
Restaurant	5	7
Child care	6	-
Blue Collar, majority male	7	3

Source: *Working Around the Military*, citing U.S. Census data, RAND.

RAND researchers note that the major differences between the groups are that military spouses are more likely to work in retail and in childcare than their counterparts, but less likely to have a higher-paid administrative job or work in a traditionally male “blue collar” field.

RAND also reports that the following occupations are similarly represented among both military and civilian spouse populations:

- Registered nurses, stock clerks and order fillers, licensed practical vocational nurses, teacher assistants, first-line supervisors/managers of office, administrative support workers, waiters/waitresses, receptionists, information clerks, tellers postsecondary teachers, financial managers, cooks, interviews (except eligibility/loan), dental assistants, hairdressers, hairstylists, cosmetologists, bill and account collectors, clinical laboratory technicians, maids and housekeeping cleaners, and designers.

By contrast, occupations that are more commonly represented among military spouses than among their look-alikes include:

- Childcare workers, retail salespeople, cashiers, elementary and middle school teachers, medical assistants and other health care support occupations, preschool and kindergarten teachers, secretaries and administrative assistants.

⁷⁸ Findings in this section are from: Harrell, M.C., Lim, N., Castaneda, L.W., and Golinelli, D. (2004). *Working around the Military: Challenges to Military Spouse Employment and Education*. Washington, DC: RAND National Defense Research Institute.

As is true in the civilian community, the kinds of work obtained by military spouses is partly a function of their education and job skills—referred to by economists as “human capital.” Because human capital can vary considerably by age, experience and whether a spouse is married to an officer or enlisted member (e.g., officers’ spouses are more likely to hold college degrees), the jobs military spouses hold vary also, and depend heavily on these factors. For example, RAND found that among 597 employed spouses interviewed, spouses of senior officers were more likely to hold a teaching job, work in health care, or be an entrepreneur than spouses of junior enlistees. Junior enlisted spouses, by contrast, were more likely to work in retail or lower paid administrative positions.

3. Factors that influence military spouses’ career choices

To understand which factors influence military spouses in their career choices, DACOWITS asked focus group participants:

- If you are in a career now what attracted you to it?
- If you want to pursue a career in the future what would attract you to a specific career?

Participants’ responses to these questions are summarized below. The section concludes with an overview of results from questions on the 2006 Survey of Active Duty Spouses that covered reasons for working outside the home.

3.1 Factors that attract military spouses to specific career fields

On this topic, the views of focus group participants who were employed at the time of the focus groups are presented separately from the views of those who were not employed.

Views of currently employed spouses

One-third of the focus groups contained participants who reported that they were attracted to their career because it is marketable and available in many locations (i.e., it is available in military towns and/or is a portable position).

“I knew that my husband was going to join the military so I picked something I knew would be easy to travel with.”

—Army Spouse

One-fourth of the groups contained participants who indicated that flexible hours or a flexible schedule is what attracted them.

“What attracted me was [working with] the children, the flexibility and the weekends off, and when he’s (spouse) off, I’m off. The convenience; when we deploy, the job transfers over and I get the same job again.”

—Army Spouse

“I’m planning my career around my kids so I can do nursing at night and stay at home with my kids during the day.”

—Air Force Spouse

Finally, several groups had participants who indicated that they were attracted to their career because of a desire to work with children, while others emphasized pay and/or financial factors:

“Money. That’s the truth. I wanted better for myself and my children. Overall I just want a better lifestyle, comfortable and relaxed. The idea of my bills being paid and I can basically come and go as I choose works for me.”

—Army Spouse

Additional reasons that emerged in a few groups included the ability to say that you have a “career,” (as opposed to just a job), the desire to help their military spouses, a job with opportunities for advancement, and working with pleasant and diverse coworkers.

Views of spouses who were not employed

DACOWITS also asked military spouses who currently do not have a specific career, but who might want to pursue a career in the future, what factors would attract them to a specific field. Over two-thirds of the focus groups contained participants who reported that portability and flexibility were the most attractive factors. Spouses explained that these factors would allow them to maintain a career while meeting the needs of their family, particularly the needs of their children, despite the frequent moves required by a military lifestyle.

“The hours. My family’s going to come first. It’s a question of ‘Can I get my children on the bus in the morning without getting early morning care, and get them off the bus in the afternoon without getting after school care?’ Do I have to work nights and weekends?

And when my spouse is gone...ugh.”

—Marine Corps Spouse

“Flexibility and scheduling are important to me, especially when my husband is deployed. Taking care of my children’s schedules can be really hard, but as a parent you want to be able to do this. Family comes first.”

—Navy Spouse

Additionally, almost half of the focus groups contained participants who did not have a specific career but who reported that they would be drawn to a career which offers them what was considered to be a ‘good job.’ A good job was characterized as one that offers sufficient pay and benefits, including a salary that is high enough to offset the high cost of childcare, provides an opportunity to advance/develop within the organization, and which requires a higher level of education or training:

“It is important that the pay is good enough to make it worthwhile because it costs a lot of money for childcare. My husband and I have discussed me getting a job but a lot of times it does not seem worth it.”

—Air Force Spouse

“I would also say that, ‘promotability,’ or the opportunity to advance, is important too.”

—Coast Guard Spouse

“Also, I would like a career that requires advanced education like a master’s degree.”

—Air Force Spouse

Spouses in one-third of the focus groups reported that they would be drawn to a career providing a gratifying work experience.

“I don’t have kids, I never did that, so for me working was always partially for the extra income but mainly so I felt like I was accomplishing something and for my own self-worth. It’s for fulfillment along with that income. I’ve been in a variety of jobs but mostly in administrative work.”

—Navy Spouse

“I like a job that challenges me and is part of a mission. I’m very attracted to hard work so I don’t want to sit and be bored.”

—Air Force Spouse

Other appealing factors that emerged among military spouses who might want to pursue a career in the future included stability, finding a career that is worth the commute, and finding a new work position where you don’t start ‘at the bottom’ as a result of a move.

3.2 Factors that attract military spouses to working from home

All of the focus groups contained participants who reported that they are interested in working from home. Those responding included some spouses already working from home, and several who would like to work from home only when their children are young or only after their children get older.

“My job now allows me to work from home, because a lot of things are done electronically. It allows me to be flexible with my family.”

—Air Force Spouse

Though many spouses expressed a desire to work from home, this viewpoint was not universal. The comments below describe the types of home-based careers that spouses aspire to, followed by a discussion of the concerns raised by those who expressed reservations about working from home.

Desirable home-based careers

When asked what type of career(s) they envisioned from home, about one-third of focus groups contained participants who reported that they envisioned a business career from home. Some of these spouses specifically mentioned consulting.

“I would like anything having to do with business. I can work on a computer or through phone calls - it doesn't matter to me as long as I can be with my kids.”

—Air Force Spouse

“Ideally I'd like to become a consultant in the environmental industry, so I think that'd be more of a possibility to work from home.”

—Air Force Spouse

One-fourth of focus groups contained spouses who indicated that they envisioned a career from home involving work with computers or information technology and/or accounting, finance or financial trading.

“I would like to stay with the Information Technology piece but, I would like to be on the management and planning side, like contingency planning for networks and how you're going to build in redundancy so if something catastrophic happens here you have it backed up somewhere else.”

—Coast Guard Spouse

“Anything to do with computers, like graphic design, organization, accounting, business-things you can do from home and don't need an office for.”

—Marine Corps Spouse

“In the military they need the financial counseling and many of them fear letting the command know about this. I would love to be in a position to help people make those changes and not make the mistakes we made when we were a young military couple.”

—Navy Spouse

Reservations about working from home

Despite participants' strong positive response to the concept of working from home and the multitude of jobs they envisioned as being possible from home, spouses in about one-third of the focus groups reported that they would not like to and/or were not interested in working from home. These spouses cited both practical reasons as well as their own personal choices to support their views.

With respect to practical constraints, some participants reported there were military prohibitions against including business goods in military-covered household goods shipments, and/or regulations against establishing a home business in military quarters. Others explained that it is difficult and confusing to find a work-from-home program that is legitimate, but does not have an access fee.

“To find a work from home program is really hard. I don't think you should have to pay to go to work. And it's hard to find a legit company that you don't have to pay to access them to do work. It's hard to find it.”

—Army Spouse

“The military won't let you move business goods on their expense so it gets expensive to move them around when you move so often.”

—Navy Spouse

“You aren't supposed to do work out of your home if you live on base so that can limit people working from home.”

—Navy Spouse

It should be noted that DoD policy permits the establishment of a home business at the discretion of the installation commander.⁷⁹ More specifically, this policy states that:

‘Members of military families residing in Government family housing may conduct a home enterprise as determined by the installation commander. When practicable and feasible, occupants should be allowed to make minor modifications to housing units at the occupant's expense. Occupants shall remove the modifications at termination of occupancy if the installation commander determines that to be necessary. Enterprises should be consistent with Federal, State, and local laws as well as any Status of Forces Agreement.’

It is possible that the increase in privatized military housing managed by the private sector may bring this issue to the forefront in the future.

⁷⁹ DoD 4165.63-M, *Department of Defense Housing Management Manual*, September 30, 1993.

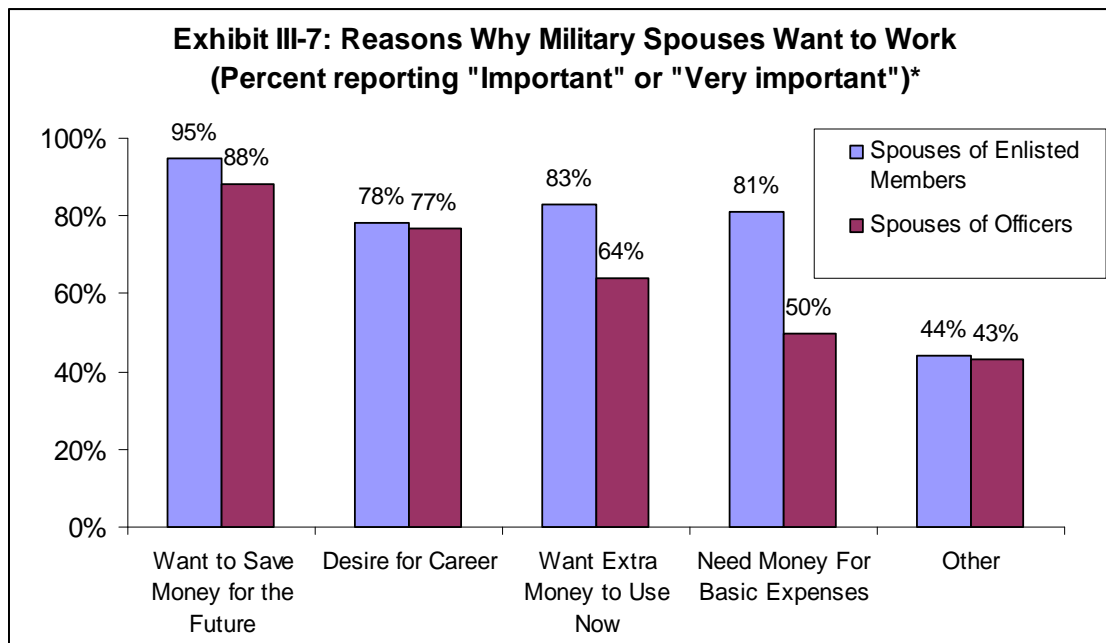
Other spouses cited personal reasons for not considering working from home. These participants explained that the kinds of work that can be done from home are not interesting or challenging enough, or that working at home provides no social outlet (such as the ability to interact with coworkers).

“Since my children are younger, I’ve thought about it but nothing that I can do from home is challenging enough. Plus, I’m social so I like to get out of the house.”

—Air Force Spouse

3.3 Reasons military spouses work outside the home

Exhibit III-7 displays, for employed spouses of officers and enlisted personnel, the reasons given for working outside the home, based on the results of the 2006 Survey of Active Duty Spouses. The data indicate that a large majority of both officer and enlisted spouses consider saving money for the future, having their own career, needing extra money now, and needing money for basic expenses as “important” or “very important” reasons for working. Spouses of enlisted personnel, however, were more likely than spouses of officers to indicate that needing money for basic expenses and wanting extra money to use now were important reasons for working.



Source: 2006 Survey of Active Duty Spouses, DMDC.

*Percentages are among employed spouses.

Based on interviews conducted in 2003 with more than 700 employed military spouses, RAND researchers found similar patterns in the reasons military spouses are in the labor force. RAND reports the following major themes in response to the question of why spouses work:

- Paying for bills and meeting basic expenses was most frequently reported as the *most important* reason for military spouses to work. Other reasons, such as extra spending money, saving, keeping busy, and personal fulfillment were also mentioned as important.
- The *most important* reason to work varied by type of spouse:
 - **Spouses of junior and mid-grade enlisted** personnel cite paying bills and meeting basic expenses as their most important reason
 - **Spouses of senior enlisted** personnel cited future savings
 - **Spouses of junior officers** cited non-financial reasons as most important (e.g., avoiding boredom/keeping busy, personal fulfillment/independence, strengthening skills and career)
 - **Spouses of senior officers** cited personal fulfillment and independence (also a non-financial reason).
- Spouses' primary reason for working also varies by their educational attainment:
 - **Spouses with high school education** cited bills, basic expenses and extra spending money as their most important reasons
 - **Spouses with a college degree** cited personal fulfillment/independence
 - **Spouses with a graduate degree** cited personal fulfillment/ independence and strengthening their skills and career.⁸⁰

4. Obstacles to participants' pursuit of their career goals

Focus group participants identified several impediments to the pursuit of their careers. These impediments—which were related to frequent relocation/PCS moves, childcare issues, and transportation/commuting challenges—are discussed in this section.⁸¹

4.1 Relocation/PCS moves

The most frequently reported obstacle participants said prevented them from pursuing their career goals was the frequent relocation caused by PCS moves. This issue was raised in more than three-fourths of the focus groups.

“Moving around so much is always an issue, depending on what you do for a living. For me it’s very easy but in some other fields if you come to a small town or are very specialized, it can be very hard to find a job. With young kids it’s very hard to find daycare.”

—Coast Guard Spouse

⁸⁰ RAND (2007) *Challenges to military spouse employment - a synthesis*. Briefing presented to the Defense Department Advisory Committee on Women in the Services, March 22.

⁸¹ These questions were covered in groups with spouses of Active Component personnel only.

“Probably the PCSing. You go somewhere thinking you’ll spend two or three years and you might get papers (to move) the next month. There’s a definite uncertainty.”

—Army Spouse

When DACOWITS asked military spouses to describe the specific ways that frequent PCS moves impacted their career, several themes emerged, including:

- Progression within the organization or career field is stunted
- Employers are reluctant to hire military spouses
- Desired jobs are not available
- Education is interrupted.

DACOWITS also posed a specific question about the impact of PCS moves on obtaining licenses and certifications. Answers to this follow-up question are also presented in this section.

Progression in the organization or career field is stunted

The theme of “having to start over” at a job or career field as result of PCS moves was recorded in more than three-fourths of the focus group sessions. Participants who experienced frequent PCS moves described several specific issues associated with starting over, including a slower pace of advancement and promotions and the loss of tenure, retirement and other benefits (e.g., pay, seniority, responsibility, vacation time). Participants in these focus groups also reported that it is difficult to reestablish a client base, prove your worth, establish a reputation for yourself within a new company, and/or develop new professional relationships after a PCS move. Spouses also said that, even for jobs that transfer (lateral moves), the transition is difficult and often results in the loss of some of the benefits previously mentioned.

“You find yourself starting over each time, and it’s not always at the level where you left off. Depending on where you go, there’s someone who’s been there longer or who has more experience. You may not get the same pay for the same exact position.”

—Marine Corps Spouse

“I think that the toughest thing to get past or to get over is that every time you relocate, you feel like you’re being asked to start over again. All of the relationships you built and all of the work you put into proving yourself as credible starts over again each time.”

—Coast Guard Spouse

“Some people think it’s an easy lateral move but its not.”

—Navy Spouse

“You don’t establish tenure. So you’re forced to make a choice between staying in your career or your family. And it’s not fair.”

—Army Spouse

“And progression is based on how long you’ve been in, and so it’s hard to progress.”

—Army Spouse

“I could have moved up faster there and here I have to start over. They’ll recommend me here but you’re more than likely going to get a lower level position than you would have had you stayed there.”

—Navy Spouse

“Moving around, you build up your tenure on the job and have to leave it, and then you’re the lowest guy on the totem poll again. And if you need to take time off you might not get it because you’re the newbie on the poll.”

—Army Spouse

“I think it’s hard to build a base when all of a sudden you start over. It takes a long time to build a base and once you move you start all over again. Your clients and word of mouth from others are both so useful.”

—Navy Spouse

It should be noted that nearly one-fourth of focus groups contained participants who reported that their careers have *not* suffered through frequent relocation:

“I chose to work in daycare because it can easily move from base to base.”

—Marine Corps Spouse

“My job is very marketable and flexible- I don’t have too many problems.”

—Marine Corps Spouse

“When I was hired by Pepsi she asked me if I was hired how long I’d stay, and she still hired me. So it probably just depends on the location.”

—Army Spouse

Employers are reluctant to hire military spouses

Over three-fourths of focus groups contained participants who reported encountering employer reluctance to hire military spouses as a result of PCS moves and/or relocating. These spouses indicated that bias results from employers’ knowledge that they will be moving after a few years, and therefore employers are reluctant to hire, provide training or long-term work opportunities for, or promote military spouses in the same way that they would non-military employees.

“I just recently went on an interview for a daycare center and she asked if there were plans for deployment. I said they would be stabilized for a relatively long time, and she was like, I don’t know if I’m going to hire you because you may be PCSing. They’re definitely biased.”

—Army Spouse

“Sometimes you meet people who are willing to write you off before they give you a chance because they know you are only going to be there for three or four years. Sometimes they don’t give you the jobs that require long term follow-through or they don’t think you’ll take this job seriously. However, I am in it for more than a paycheck, so it’s hard.”

—Coast Guard Spouse

“Another problem is training. They tell you, we don’t want to invest in you and your training because odds are you’ll go somewhere else where we don’t have an office and so another company will benefit instead.”

—Navy Spouse

“I’ve been told that I couldn’t be hired because I was military, and that’s illegal, but nothing happened. They look at you like you’ve got a plague. And to keep out of getting into trouble, they just say ‘I’ll call you.’”

—Army Spouse

“The studies show that the average employee is with an employer less than three years, and the average military assignment is four years, so that prejudice of employers is based on a misconception. In actuality you’re probably more stable than a civil employee.”

—Air Force Spouse

“Employers love military spouses because they know they are hard workers and dedicated but they are torn because they know they only have you for a little while.”

—Navy Spouse

Military spouses in these focus groups also emphasized that employers react negatively to the PCS-related gaps in their employment histories, which make spouses appear to be “job hopping” or “unstable.”

“Your resume looks like you’re job hopping.”

—Army Spouse

“They look at my resume and see the moves and they say, ‘You’re military, right?’ You’re not supposed to ask that, but they do. If I’m not going to be there long enough for them, they may not even consider me.”

—Navy Spouse

Desired jobs are not available

Two-thirds of the focus groups contained participants who reported that they cannot stay in their career field or maintain earning power when they move because certain jobs are not available in all locations. Specifically, these participants indicated that military locations are limited, particularly for positions that are considered to be “good jobs” and that require higher levels of training and/or education.

“That’s a great impact on your career, because that career may not be available to you in a different location.”

—Army Spouse

“Coming from DC where you have a security clearance and feel good about yourself... and then you move to Jacksonville, Florida. Whatever you did in DC doesn’t mean anything down there. You’ll be happy to make \$7/hr because there’s a line of people behind you willing to make that.”

—Marine Corps Spouse

“Military OneSource has websites for jobs and they say, ‘These companies are military-spouse-friendly,’ and you click on it and it brings up Home Depot. Well, great, I can go sell hammers. Thanks? (Said with sarcasm)...My husband promised me four years and then he was out because I wanted a career. I could make more money than him if he got out. Definitely the location in smaller, rural areas does not offer careers that aren’t blue-collar.”

—Air Force Spouse

Education is interrupted

Almost half of the focus groups contained military spouses who reported that they have difficulty pursuing higher education, particularly advanced degrees, due to frequency of moving. They reported they are not in one place long enough to apply, get accepted, and complete schooling. Spouses also mentioned the difficulty of transferring credits when they move to a new location and emphasized that this often results in losing credits or repeating courses, further delay in completing the degree, and increased cost.

Participants also indicated that they have trouble with the availability of higher education because programs are not always available in close proximity to the base. Others emphasized

that, unlike undergraduate degrees, many advanced degrees cannot be obtained through the use of online programs.

“No schools in the immediate vicinity have the master’s program I want to pursue.”

—Air Force Spouse

“We were here when I was going to college, but I had to leave while school was going on and I owe my grant back now. We’ve been in Italy and Germany and now back here, so that’s hard.”

—Army Spouse

“Moving around. It’s like the minute you get into what you really want to do- like now I got accepted into an RN program, and then we have to drop everything and move. That happened two times. It’s like, should I just let go and do something else?”

—Army Spouse

Impact of PCS moves on obtaining licenses and certifications

DACOWITS asked participants how difficult it is to get new licenses/certifications when they move to a new state. Over three-fourths of the focus groups contained military spouses who reported that getting new certifications and licenses upon moving to a new state is difficult. Specifically, focus group participants mentioned the length of time it takes to complete the process, as well as the amount of time they themselves must invest. Participants also mentioned the financial setbacks from paying for a new license or certification in states that do not offer reciprocity, paying for the courses that must be taken before that license/certification can be acquired, and for time lost from a job to get this new license/certification.

“I would need a year or two to qualify for something here and to specialize in something else but then I leave after year three so I think it’s a problem. Plus those two years mean no paycheck.”

—Navy Spouse

“I was in real estate so every state had a new requirement...it’s that way for any licensing”

—Navy Spouse

“It is problematic because its very time consuming and you have to contact people from out of state who need to send forms from out of state. And it’s costly. Just to take the bar and get the background it costs 500 or 600 dollars and another 1200 dollars for the bar review course.”

—Navy Spouse

“It is very difficult. In California, you need to be fingerprinted by the FBI and do a background check. It took nine months to get my license for nursing in California.”

—Navy Spouse

“A lot of states don’t have reciprocity so my license takes a long time. The clinical social work license, that is. This means you have to go back and find old supervisors and get in contact with them and then you need new supervision hours in the new location.”

—Navy Spouse

“I also have a cosmetology license and I looked into changing it over to New York and I’d have to pay \$1000 to change it over, and it only originally cost me \$100 to get it!”

—Army Spouse

“Teaching is horrible because each state has their own certification requirements so you start at the bottom of the payroll each time you move no matter how much experience you’ve had. It’s the same with nursing since it’s not a nationwide thing.”

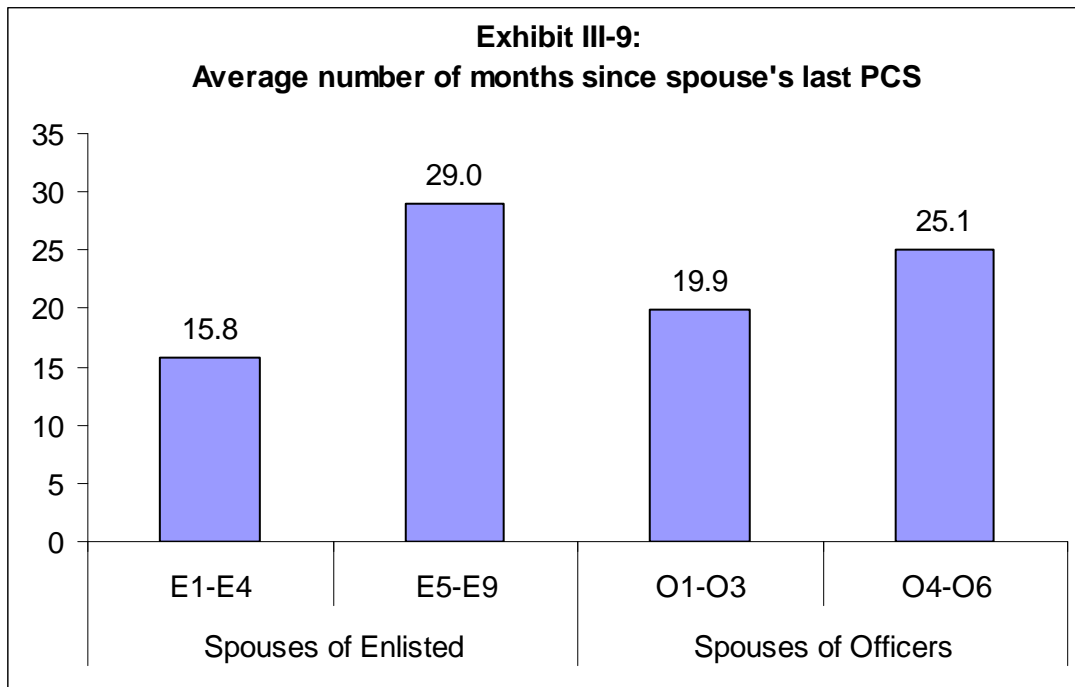
—Air Force Spouse

On the mini-survey, DACOWITS collected information on the PCS experiences of focus group participants. Exhibit III-8 shows that approximately half of the participants had experienced three or more PCS moves. For comparative purposes, the rightmost column of the exhibit shows the results of a similar question from the 2006 Survey of Active Duty Spouses—a much larger survey of military spouses, weighted to provide a statistically representative snapshot of the actual population characteristics. The pattern of PCS moves within both samples is similar, with the exception that the DACOWITS focus group participants contained a smaller share of individuals who had not experienced a PCS move (18% vs. 27%, respectively). This is not surprising, given that the DACOWITS sample contained a larger share of more senior spouses, compared to the military spouse community as a whole.

Exhibit III-8: Frequency of PCS Moves: DACOWITS Focus Groups & DoD 2006 Survey of Active Duty Spouses		
Number of PCS Moves	DACOWITS 2007 Sample	DoD 2006 Sample
0 PCS moves	18%	27%
1 PCS move	25%	17%
2 PCS moves	8%	16%
3 PCS moves	11%	13%
4 PCS moves	17%	9%
5-6 PCS moves	12%	10%
7 or more PCS moves	9%	8%
Total	100%	100%

Sources: DACOWITS 2007 Mini-Survey; 2006 Survey of Active Duty Spouses, DMDC.

Though senior military spouses have obviously experienced more moves, the 2006 Survey of Active Duty Spouses indicates that time between stations tends to be shorter for junior spouses, meaning they are moving more frequently, on average. Exhibit III-9 shows the average time since the last PCS for spouses of Service members in four different pay grade groups. Among both officers and enlisted spouses, those in the junior grades had less time since their last move.



Source: 2006 Survey of Active Duty Spouses, DMDC.

Outside research corroborates that frequent relocation significantly impedes military spouses' careers. Frequent relocation has been found to be the primary factor behind the earnings gap that exists between employed military spouses and their civilian "look-alikes." This earning gap, which is well-documented,⁸² is estimated to exceed \$5000 annually for the "average" military spouse, and tends to be even larger for spouses with higher educational attainment (e.g., for spouses with college degrees and graduate degrees). For example, a 2007 study by Little and Hisnanick using 2000 Census data estimates that military wives would have to earn 57% more per year to equal the earning of their civilian counterparts. In an influential 1992 comparative

⁸² Studies that have estimated the earning penalty paid by military wives and explain it primarily as a function of frequent relocation include the following:
Hosek, J., Asch, B. J., Fair, C. C., Martin, C., & Mattock M. (2002). *Married to the military: The employment and earnings of military wives compared with those of civilian wives*. Santa Monica, CA: RAND.
Little, R.D. and Hisnanick, J.J. (2007). The earnings of tied-migrant military husbands. *Armed Forces & Society* (33) 4: 547-570.
Payne, D., Warner, J.T., and Little, R.D. (1992). Tied Migration and Returns to Human Capital: The Case of Military Wives. *Social Science Quarterly*. 73: 324-339.

study of the earning of military and civilian wives, Payne et al. use a term from social science literature on migration—*tied migrants*—to characterize the mobility patterns of military spouses, because their moves are a function of their ties to their Service member spouse. Demographers have found that other kinds of tied migrants (not just military spouses) also pay earnings penalties as a result being tied movers.⁸³

Research conducted by social scientists at RAND found that, among nearly 1000 military spouses interviewed, one-third believed that their work opportunities had been negatively impacted due to frequent or disruptive moves. Additionally, the higher the spouse's level of education, the more likely she was to perceive a negative impact from moving. Spouses interviewed by RAND also indicated that they lose benefits, such as vested retirement or the lack of acquired seniority which impacts both the substance of work as well as pay increases. Issues around occupational licensure also emerged in the RAND interviews, albeit less frequently than the impact of frequently relocating, and of meeting childcare challenges while trying to maintain a job with a deployed spouse (a theme that DACOWITS participants raised also, and which is discussed shortly).⁸⁴ Taken together, the themes reported by military spouses in the 2003 RAND interviews strongly echo comments made to DACOWITS during the 2007 focus groups.

As noted, frequent relocation is identified in most of the literature as the primary driver of poor labor market outcomes for military spouses. However, DACOWITS focus group participants also stressed the limitations of the job markets in some of the areas where they have been stationed. The role of geography, or “place,” in the spouse employment picture is less recognized in the literature, but there are a few notable exceptions. For example, Wardynski finds that most Army personnel are stationed in regions with relatively poor wage and income distributions, and that the policy option of limiting PCS moves through “home-stationing” to increase spouse employment could actually serve to reduce retention.⁸⁵ Similarly, using data from the 1990 Census, Booth has shown that labor markets with a dense military presence (i.e., a high ratio of armed forces personnel relative to the size of the civilian workforce) are associated with lower average wages and employment outcomes for women in the labor force.⁸⁶

⁸³ LeClere, F.B. and McLaughlin, D.K. (1997) Family migration and changes in women's earnings: A decomposition analysis. *Population Research Policy Review*. (16) 4: 315-335

⁸⁴ Harrell, et al. *Working Around the Military*.

⁸⁵ Wardynski, C. (2000). Military compensation in the age of two-income households: adding spouses to the earnings to the compensation policy mix. (RGSD-154). Santa Monica, CA: RAND.

⁸⁶ Booth, B. (2003) Contextual effects of military presence on the women's earnings. *Armed Forces and Society*, 30(1), 25–52.

4.2 Childcare and Family Obligations

The second most frequently mentioned obstacle preventing focus group participants from pursuing their career goals was childcare and family obligations. This theme was raised by participants in two-thirds of the focus groups. More specifically, spouses indicated that one parent is often gone, so the childcare and other family responsibilities that the Service member would usually assume at home must be taken on by the single spouse. Focus group participants indicated a need for job flexibility in order to address these family concerns, and emphasized that part-time positions are not available in many career fields. Additionally, several participants in one focus group mentioned that childcare needs limit their ability to conduct a job search and attend job interviews.

“Since we move around so much, we are away from our families and don’t have that extended network to rely on for childcare needs.”

—Navy Spouse

“The need for flexibility limits me. I can’t rely on my spouse to be home and take care of my children and I don’t want to leave my children in the care of someone else.”

—Navy Spouse

“You don’t have the money to get childcare while you’re looking for a job either. And you have to get on the waitlist and get physicals and such.”

—Army Spouse

4.3 Commuting/Transportation

One-third of focus groups contained military spouses who reported that difficulty with their commute and/or transportation prevents them from meeting career goals:

“Tacoma is blue collar and so I would have to work in Seattle to get the types of jobs that I would want. Then that’s an hour to a two hour commute.”

—Air Force Spouse

“There are so many unemployed spouses because there’s nothing for us out there. The housing is so remote.”

—Army Spouse

5. Suggestions for how the military could better aid military spouses to achieve their career goals

DACOWITS asked military spouses what the military could do, in general, to better meet the employment and/or career needs of military spouses and to ease their transition when moving to

a new base. Recommendations are presented here in the order of frequency with which they were recorded across the focus groups. “Primary” recommendations suggested across several sites by many participants are discussed first. “Additional” recommendations that were less frequently expressed, but are nevertheless noteworthy, are also provided. The section concludes by comparing these recommendations with those garnered by RAND through a separate study with military spouses.

5.1 Primary Recommendations

Spouse’s primary recommendations collected in the focus groups included:

- Provide a welcome briefing for spouses after arrival at new location
- Provide easier access to the Government Service (GS) system
- Improve the sponsorship program
- Improve the military websites
- Improve the spousal preference program
- Improve the ‘Welcome Packet’
- Improve the distribution/marketing of employment information.

These recommendations are described in more detail below.

Provide welcome briefing after arrival at new location

Half of the focus groups contained participants who recommended having military spouses attend a newcomer’s briefing/meeting and/or classes after their first PCS and/or after leaving one base for another. Military spouses reported that this would help familiarize them with available resources, including employment information. Focus group participants suggested that this should also provide an opportunity for military spouses to provide their email addresses to sign up to receive a spouse newsletter. Participants emphasized that military spouse welcome courses do not always occur, that they do not always include employment information, that military spouses are not always sure that they are eligible to attend, and that military spouses are not always told that this meeting is occurring. Finally, focus group participants recommended the implementation of spouse-only courses because spouses are often intimidated or afraid to attend such courses when mostly Service members are present.

“What might help is having classes for new spouses. Just put it out there and make it known that there is an orientation course.”

—Marine Corps Spouse

“I attended the Welcome Aboard brief, and I was the lone spouse among a sea of men. Not everyone will feel comfortable if they’re the only civilian. Maybe make a course that’s only for spouses, not just the Welcome Aboard brief.”

—Marine Corps Spouse

“I think personally just coming into this as a brand new spouse, I have no idea what any programs are or where to look. I’m completely lost. If the information was available about where to go and who could help me out, that would be a big help. My husband was already here when I came, so I didn’t have any sort of welcome meeting.”

—Army Spouse

“Neither me nor my spouse got a Family Readiness or whatever meeting when we got here. I know there’s supposed to be one, but we never got notice of anything because my husband deployed immediately after we got here.”

—Army Spouse

“There needs to be a mandatory spouse’s newcomer meeting. A lot of the time Service members don’t tell their spouses because they think they aren’t allowed or that they wouldn’t be interested and then they cancelled it because no one came. They cancelled it due to a lack of interest but I don’t think they knew.”

—Air Force Spouse

“The Soldiers aren’t encouraged to bring spouses to orientations or reintegration trainings here.”

—Army Spouse

Provide easier access to the Government Service (GS) system

Almost half of the focus groups also contained participants who recommended making it easier for spouses to get into the GS system. Participants reported that it is very difficult to “get your foot in the door” for government positions via the current system. Focus group participants also indicated that it is often unclear how spouse preference works within the GS system. Specific suggestions from focus group participants included increasing spousal preference within the GS system for federal employment, classifying spouses as internal rather than external applicants or as excepted civil service versus competitive civil service, and eliminating the current minimum time for a military spouse to be considered eligible to compete in the GS level.

“When I applied for a GS job, they asked about spouse preference, but they asked if you had just PCSed, so the understanding isn’t clear about what you can qualify for.”

—Army Spouse

“I just think that maybe making the civil service world a little easier to get into. I know there’s the spouse preference and whatnot, but it doesn’t always seem to work that way.”

—Air Force Spouse

“I think they need to enable spouse preference, broaden it, make it more accessible for family members. I think there’s still that mentality that if we wanted you to have a family we would’ve issued you one. It’s still not gone.”

—Air Force Spouse

“It’s hard to get your foot in. It can be a little confusing and there’s more competition.”

—Army Spouse

Improve sponsorship program

Over one-third of focus groups contained military spouses who recommended improving the sponsorship program to help spouses when they arrive at a new base. Focus group participants stressed the inconsistencies which result in excellent spouse sponsorship programs at some locations and less helpful or no programs at all at other locations. Military spouses further stressed that sponsorship programs are underutilized at some bases, typically in cases where a sponsor’s involvement ends once the new family arrives at the new base and continued assistance with the transition is not provided.

Focus group participants reported that many sponsorship programs offer welcome packets that contain helpful information such as local destinations for families with children and employment information for the Service member’s spouse (discussed later in this Chapter). Participants reported that these programs also provide the spouse with the opportunity to receive an online spousal newsletter. According to focus group participants, the newsletter is helpful not only because it reduces the burden on the Service member to bring home important information (such as available employment resources on base), but also because it is an effective means of distributing information to large numbers of spouses. One focus group contained spouses who suggested that the Air Force Phoenix Spouse Program, which is based on the Navy Ombudsman program, may be a “best-practice” model to apply to other bases and/or Services.

“Our squadron hands out a folder of information about places to go for fun with kids or places to go with husbands. It has employment information too. Each new spouse gets this folder as a welcome and it’s so helpful. They call it the *Phoenix Spouse Program*... Everyone is asked if they want to be on that email list and it has been really helpful. We get a spouse newsletter sent out routinely and it’s so helpful to know what’s going on.”

—Air Force Spouse

“It was called PEP [People Encouraging People], in Germany. It was a course where they show you the ins and outs of everything on post. Everything that you need, they basically show you. My experience so far in the Army has been easy for me.”

—Army Spouse

“The Coast Guard used to call it a ‘sponsor program’ - it is more informal now - but they still give you someone who holds your hand here. My husband comes in knowing people and the area a bit better than I do, but the one-on-one attention I got from this person was helpful.”

—Coast Guard Spouse

Improve military websites

One-fourth of the focus groups contained spouses who recommended improving military websites by making them easier to navigate, keeping them up-to-date, standardizing them within services and/or programs, and offering a greater variety in employment options promoted by military websites.

“Websites aren’t standardized across MCCS [Marine Corps Community Services]. From one employment center to another they’re completely different.”

—Marine Corps Spouse

“And our website isn’t easy to navigate. Every link is a dead-end. It doesn’t flow. Half the pages haven’t been updated, and there’s no search engine. I’ve been told that they’re working on it, but I haven’t seen the changes.”

—Air Force Spouse

“But the majority of resources [the websites] have are retail, not administrative/executive type jobs.”

—Marine Corps Spouse

Improve spousal preference program

One-fourth of the focus groups contained focus group participants who recommended improving the spousal preference program so that military spouses have a priority status for getting jobs. Participants expressed frustration because they felt that veteran preference and disabled veteran preference take precedence over spouses for government positions. They recommended having a certain number of jobs reserved for military spouses—both in the U.S. and overseas. Focus group participants noted limitations including that it takes a long time to get a job even if you are overqualified for the position, that declining a position precludes your being considered for other positions through the program, that preference is only good for six months and you can only use

spousal preference once rather than each time you move, and that you often have to work in a field before they can help you find a job in that field.

“Provide a little assistance to keep us competitive with those who do not move all the time.”

—Air Force Spouse

“Even in civil service, you start over. I used the spousal preference program so I got hired when I moved here but if you don’t take the job that they offer you, you go off the list and that’s it. If you don’t take it, you go off the list. We moved here in November and I got the job in March and that is considered fast for the program... You have to get into civil service first before you can use the spousal preference. You have to be in the field first and you’re competing against disability veterans and regular veterans and all the other spouses out there.”

—Navy Spouse

Improve “Welcome Packet”

Almost one-fourth of focus groups contained military spouses who recommended providing additional information in the “Welcome Packet” given to personnel who are first arriving at a new location, particularly spousal employment information. It was also recommended that this item be delivered directly to the spouse rather than through the Service member.

“So if he did get a welcome book I might not ever see it. But I got mailed something while I was still in California from the commander.”

—Army Spouse

“It’d be nice if they set up a packet for you when you come. Even my husband didn’t know about what was available.”

—Army Spouse

Improve distribution/marketing of employment information

Nearly one-fourth of focus groups contained participants who recommended improving the way information related to employment is dispersed and/or improving advertising/marketing techniques for employment-related resources on base. Methods such as direct mail, websites, newsletters, base newspaper, local newspaper, and e-mails were suggested by participants. However, participants also pointed out that such systems must be well-designed and maintained to make this work, especially since contact information needs to be continuously updated.

“I have no clue... We’ve been here three years and I didn’t know any of this.”

—Air Force Spouse

“Have the information more available to new spouses about different types of training and ESL [English as a Second Language] classes and of availability of childcare so that you can go to school.”

—Army Spouse

5.2 Additional Recommendations

Several additional recommendations were provided that were less common but nevertheless noteworthy:

- Provide spouse departure briefing as part of outprocessing for PCS
- Work with states to allow license reciprocity
- Perform community outreach to increase employer awareness
- Use a consistent naming system(s) for employment programs
- Improve the job fairs

Provide spouse departure briefing as part of outprocessing for PCS

Two focus groups contained participants who recommended offering military spouses a briefing or class before their first PCS and/or whenever they are preparing to depart to a new location.

“Outprocessing for spouses when they leave a base - we have nothing to do with that outprocessing. When we moved here I had no idea I was eligible for unemployment. If we outprocessed, maybe that’s something that could be brought up. Then we’d feel more involved, too.”

—Air Force Spouse

Work with states to allow license reciprocity and/or assist with funding

Two focus groups contained participants who recommended working with states to allow license reciprocity and/or funding the cost of obtaining a new license.

“Help with the cost of my nursing license when we move.”

—Navy Spouse

“Teachers have a really hard time with that too. It’s awful because we have such a shortage, couldn’t they work with DoD and make this easier for teachers?”

—Navy Spouse

“I’ve been a nurse for 28 years and before they did compact licensing I had to always reapply. At one point I had licenses in three states.”

—Air Force Spouse

Perform community outreach to increase employer awareness

Two focus groups contained participants who recommended performing outreach within the local communities to promote military spouses as employees to local businesses and to increase community and employer awareness of the stress deployment puts on spouses (e.g., through workshops or seminars to the Chamber of Commerce) which may help reduce the negative impact of deployment on Reserve Component spouse employment.

“...The third thing I would do is do outreach in local communities. They don’t want to hire military spouses and there are no statistics at all to back up this assumption. I think that community outreach through a body or an organization would help with this as an initiative to the businesses saying, ‘This is us’ and ‘this is why you want to hire us,’ and to get the message out that civilian turnover is high too.”

—Air Force Spouse

Use consistent naming system for employment programs

One focus group contained participants who recommended using a consistent naming system for employment programs across installations.

“At the installations, the family member employment program falls under Marine Family Services, but there’s so much inconsistency in the names of agencies. So when you ask a question they think that that specific program is gone. I think there should be the same name and structure in each installation.

—Marine Corps Spouse

Improve job fairs

One focus group contained participants who recommended improving job fairs. They mentioned that job fairs can be an intimidating format which young spouses feel uncomfortable attending, and that the fairs are often held during the day with little available parking. It was suggested to improve parking for job fairs, to provide this information in alternative formats for spouses who are too intimidated to attend, and to hold job fairs in the evening as well so that people who have childcare concerns or who cannot miss a day at their current job can also attend.

5.3 Comparison to RAND Recommendations

The recent RAND publication, *Working Around the Military*, was based on hundreds of personal interviews with military spouses and supplemented with findings on spouse employment derived from Census data. Like the DACOWITS report for 2007, *Working Around the Military* also provides recommendations for how the military can help spouses achieve their career goals. The report contains suggestions from spouses that track closely with many of those provided by

DACOWITS focus groups participants. Similar recommendations among those provided in the RAND report included the following:

- Explore ways to address licensing and certification issues for spouses who relocate
- Reexamine the priority system (i.e., spousal preference program) for civil service jobs (specifically, to reconsider whether military spouses should receive higher priority, such as a priority slightly lower than military retirees but ahead of non-retiree veterans)
- Raise awareness about existing Spouse Employment programs to include the use of more consistent dissemination and marketing efforts.

A few recommendations included in the RAND report did not emerge consistently in the DACOWITS focus groups. Among these were the need to explore relationships between DoD and large, nationally prevalent employers (to include the exploration of outreach programs with local employers or the promotion of legislation that would provide incentives for local employers to hire military spouses), and the need for incentives or other programs to encourage military contractors to hire qualified military spouses.

The RAND report also included a recommendation to acknowledge the value of being perceived as a family-friendly employer (specifically the need to continue to address military child care availability and affordability). It should be noted that similar recommendations were provided by DACOWITS focus group participants. However, these are addressed in subsequent sections of this chapter that are specifically related to the employment and education/training of military spouses.

6. Summary

The characteristics of the careers of military spouses were examined. Data from DACOWITS focus groups showed that 56% of DACOWITS focus group participants were employed, a figure slightly higher than is true for civilian spouses of Active Duty personnel nationwide. The types of jobs and/or careers favored by the focus group participants included “professional,” followed by “part-time clerical or administrative support” positions. Fifteen percent of spouses indicated they would prefer to work from home. Existing literature indicates that the occupations held by military spouses are very similar to those held by their civilian “look-alikes,” with the administrative and retail sectors being the most frequently held positions. Seventy-three percent of DACOWITS focus group participants indicated that they had received training and/or education for a specific career, and of these spouses, more than half indicated that they were currently working in the career for which they had trained.

DACOWITS focus group participants who were employed at the time of the focus group indicated several factors that attracted them to their career including: marketability and availability (of the career), flexible hours and/or schedule, and pay and/or compensation. Similar

factors were reported by military spouses without careers. They reported factors traditionally associated with a ‘good job,’ such as sufficient pay and benefits (to offset the high cost of childcare), opportunity for advancement, and opportunity to use one’s advanced education. All of the focus groups contained participants who reported that they would like to and/or are interested in working from home, while one-third of the focus groups contained participants who reported otherwise, citing practical limitations including the military’s policy regarding shipping of home business supplies with household goods and overall uncertainty about legitimate and affordable work-at-home programs.

The primary obstacles interfering with military spouses’ pursuit of their career goals included frequent relocation/PCS moves, childcare issues, and transportation/commuting challenges. Frequent relocation, especially PCS moves, was cited in three-fourths of the focus groups and affected spouses’ pursuit of a career(s) in many different ways. These included employer reluctance to hire and/or provide training, limited long-term work opportunities or promotions; difficulty staying in their career field or maintaining earning power; difficulty pursuing/attaining higher education; loss of tenure, retirement and other benefits; and being forced to get new certifications and/or licenses. Spouses interviewed by RAND in 2003 raised many of the same issues with respect to the employment challenges caused by frequent relocation.

Over half of spouses who have been married to their Service member more than 10 years have experienced at least five PCS moves, and those in the more junior grades, among both officers and enlisted spouses, tend to move more frequently. Outside research suggests that frequent relocation is the primary factor behind the earnings gap that exists between employed military spouses and their civilian “look-alikes.”

Focus group participants’ primary recommendations for how the military could better aid military spouses achieve their career goals included: providing a welcome briefing after arrival at new location; providing easier access to the GS system; improving the sponsorship program, military websites, the spousal preference program, the ‘Welcome Packet,’ and the distribution/marketing of employment information. Other recommendations included providing a welcome briefing before arrival at new location; working with states to allow license reciprocity; and performing community outreach to increase employer awareness. Recommendations included in outside literature generally support those provided by DACOWITS focus groups participants.

C. EMPLOYMENT OPPORTUNITIES FOR MILITARY SPOUSES

This section highlights focus group participants’ views about their opportunities to find employment as a military spouse. In this line of questioning, DACOWITS sought to focus on employment more broadly, rather than on the spouse’s desired *career*, which was discussed earlier. Focus group participants were asked how they go about searching for a job, how satisfied

they were with employment opportunities, and what resources are available to inform their job search. Results are presented in the following sub-sections:

- How spouses seek employment
- Spouses' satisfaction with employment opportunities
- Existing resources to help find employment.

These topics are followed by an overview of participants' recommendations on how the military could help to increase military spouse employment opportunities. The section concludes with a brief summary.

1. How spouses seek employment

DACOWITS asked participants to describe the strategies they use to find employment before and after a PCS move. Responses to each question are presented separately, beginning with strategies used prior to relocation.

1.1 Before the PCS move

Nearly two-thirds of DACOWITS focus groups contained participants who reported that they use the internet to find job opportunities before moving to the new location. Spouses cited an array of web-based resources that they use to seek employment. These included state websites, military websites (such as Navy.com, the Non-Appropriated Funds (NAF) website), private sites (such as military.com, monster.com, guru.com, and careerbuilder.com), and on-line classified advertisements.

“You can look at jobs on the Navy website and you could send your resume 30 days before going to a new location.”

—Navy Spouse

“I did have a job offer coming here. Previously with my husband's other moves I've waited to get there to find jobs. But now with access to the Internet nowadays it's easier to get information.”

—Air Force Spouse

“I went online through the NAF (Non-appropriated Fund) website that posted all the jobs I wanted in Ft Bragg. So you could have a portfolio to send to them. But once you get here you have to start the process again.”

—Army Spouse

Participants in about one-fourth of the groups reported that they used the Family Support Center, Family Readiness Center, or Family Employment Office as an employment resource prior to a

PCS move. Participants mentioned that, while their process to seek employment usually involves searching online, these centers/offices provide guidance to additional resources.

“The family support center is a great resource. There is always someone there who can help find you a position and some have preference for spouses.”

—Air Force Spouse

“You can contact the Family Readiness Center here and they have someone who can help you get resumes out and start looking for jobs. I did that before I decided to go back to school. There I was working with the center here in Washington while we were still there in Oklahoma.”

—Air Force Spouse

Additional resources reported by participants in several focus groups included networking, both through friends and within your business, using the phone book, and using the newspaper.

“Networking is a big one. You might call your girlfriends to see if they know of anything.”

—Marine Corps Spouse

Almost one-fourth of the focus groups contained participants who reported that they typically would not search for a job prior to a PCS move, because they need time to find a new home, get settled into the new home, help the children adjust to their new schools, unpack, and complete other transition-oriented tasks. Participants also mentioned that orders may change, so searching in advance would only result in wasted time under such circumstances. Spouses said it is difficult to schedule an interview prior to moving (because the exact time of arrival at the new location is not always known), which further discourages searching for a job prior to the move.

“Typically my experience when you PCS to a new installation is you know you have to quit your job, and you know you want a job when you get there, but normally the spouse is the one who has to set up the household and find and secure a place to live, get household goods delivered, and settle kids into school, so employment takes a backseat until the family is situated.”

—Air Force Spouse

“It’s hard for me to set up an interview when you don’t know exactly when you’ll get there. Going up to Alaska I would’ve missed my appointment if I’d had one.”

—Army Spouse

1.2 After a PCS move and/or arrival at the new location/installation

The resources that focus group participants use to seek employment opportunities *after* moving are similar to those used before moving. Over three-fourths of focus groups contained participants who reported that they use internet resources, including military-sponsored websites, private websites, and state and local government websites to seek employment once they have relocated. Specific internet resources mentioned by spouses included: MilitaryOneSource.com, google.com, monster.com, yahoo.com, snagajob.com, securityclearances.com, usajobs.com/usajobs.gov, the state workforce commission website, city websites, school district websites, and the Air Force Personnel Center website.

“It’s easy. I liked how you can go online and see what kind of jobs you can have. This is how I got mine - by looking online.”

—Air Force Spouse

“I had posted my resume when we first got here on Monster.com, securityclearances.com, and all the other websites I could.”

—Marine Corps Spouse

Spouses in about two-thirds of the groups mentioned using military-sponsored employment resources and programs, though they also mentioned the limitations of the programs in many of their comments. The following employment military-sponsored resources/programs were specifically mentioned:

- Military OneSource
- Spouse Employment Program
- LINKS (Lifestyle Insights, Networking, Knowledge and Skills)
- MWR (Moral Welfare Recreation)
- AAFES (Army & Air Force Exchange Service)
- JEMS (Joint Employment Management Systems)
- Fleet and Family Services
- NAF (Non-Appropriated Funds Office)
- MCCS (Marine Corps Community Service)
- ACS (Army Community Service)

The following quotes from spouses emphasize their experiences with some of these individual services.

“We hand out information on Military OneSource constantly. It’s a nice resource because there’s a ton of material free of charge.”

—Air Force Spouse

“The Fleet and Family Services were my best friends here. When I first got here I went there and I wanted access to the internet. All we had to do was show up and they let me use the internet there to search for jobs. While I was there, I saw that there were a lot of classes and so I attended a course on how to find a job in Hawaii. It helped with generally what to expect and how things might be different from the mainland. I also attended the federal job course. The people were very helpful and very friendly. It’s a wonderful resource.”

—Navy Spouse

While these resources were reported to be useful, it was also emphasized that military spouses are often unaware of many of these programs:

“Actually we have a family resource/support center where you can see job listings, use faxes, printers, copiers, and more. The people over there are really helpful, but a lot of people don’t know about it. I’ve heard more stuff about what’s available there in the last two months than what I heard in eight and a half years.”

—Air Force Spouse

About half the groups contained spouses who reported using resources such as newspapers, spouse briefings, employment offices and/or commissions, temporary staffing agencies, Family Readiness Groups, professional organizations, and job fairs.

Finally, participants in roughly half of the groups reported using word of mouth and/or networking via other spouses, neighbors, people they meet through their children’s programs, or former coworkers to seek employment after a PCS move.

2. Spouses’ satisfaction with employment opportunities

Data from the DACOWITS mini-survey provide a depiction of focus group participants’ overall levels of satisfaction with their employment opportunities (Exhibit III-10). Forty percent indicated that they were either satisfied or very satisfied with these opportunities.



Attitudes of the DACOWITS focus group participants about their employment opportunities were similar to those measured on the 2006 Survey of Active Duty Spouses (Exhibit III-11), though a slightly larger segment of the focus group participants reported being dissatisfied.

Exhibit III-11: Military Spouses' Satisfaction with Employment and Career Opportunities		
	In General	In current location/community
Satisfied/ Very Satisfied	42%	41%
Neither Satisfied nor Dissatisfied	39%	34%
Dissatisfied/ Very Dissatisfied	19%	25%
Total	100%	100%

Source: 2006 Survey of Active Duty Spouses, DMDC.

3. Existing resources to help spouses find employment

Focus group discussions about how relocating spouses seek employment highlighted several resources that are commonly used during this process. These discussions provided additional insight regarding spouse's awareness, use, and appraisals of resources currently available to aid in finding employment.

3.1 Spouses' awareness of existing resources

Almost three-fourths of the focus groups contained spouses who reported that the resource they are most aware of to help find employment is the internet. Similar to their responses to earlier questions, participants mentioned a number of websites as resources, including private company websites; state, local, and federal government site; and military-sponsored websites. The following were mentioned specifically by participants:

- Military OneSource
- Monster.com
- 'Great Life Hawaii' website
- Office of Personnel Management website (which can be used to access and search all branches of the Service simultaneously)
- The MWR (Morale, Welfare, and Recreation) website
- Google.com
- Clearancejobs.com
- USAjobs.com
- MCCS (Marine Corps Community Services) website
- FRG (Family Readiness Group) websites
- State workforce websites.

The following quotes illustrate spouses' awareness and experiences with these resources:

“The state workforce, monster.com, and I know there are several websites that are similar to that but I can't remember them at this moment. Even the state and county governments post their jobs online. I would also go to private company's websites for those positions.”

—Coast Guard Spouse

“I used Military OneSource while my husband was gone and I still use it because they have a lot of other information out there besides employment.”

—Army National Guard Spouse

Participants in one-third of the sessions mentioned a large number of military-sponsored programs as resources that they are aware of that could help them find employment. They indicated that these programs provide a variety of options for assistance such as free internet access, free online courses, books or internet databases which list available jobs, courses on job interviewing skills, financial support for entering the teaching profession, and access to staff members to help them search for jobs or prepare/edit a resume. Specific programs mentioned by participants that provide such services included:

- Spouse Learning Centers
- Family Readiness Centers
- Family Member Employee Assistance programs.

“The Spouse Learning Center has online accessibility where you can take free classes: business training, personal development, almost anything you can think of and it’s absolutely free. You can find Marinenet through LINKS.”

—Marine Corps Spouse

“The Family Readiness Center always has a lot of job listings. They’ll help you with your resumes. They’re a good source but not used as much as they should be. I think spouses don’t know a lot about it. It’s not what you’re used to maybe. You’re used to looking in the paper or something, not having someone help you.”

—Air Force Spouse

Other resources mentioned by participants in about one fourth of groups included:

- ACS (Army Community Service)—which provides training on how to look for a job, how to succeed in job interviews, and how to create a resume
- NAF (Non-Appropriated Funds)—which has publications announcing job vacancies
- Spouses to Teachers Program
- Jobs for Military Families Program
- Job fairs

“We had a class for a week on job interviews and building your resume (through ACS). They also have a list of places you can go in the ACS office.”

—Army Spouse

“They [Spouses to Teachers Program] are doing a program now, paying up to \$1500 for spouses to go into the teaching field. That’s really about the only thing we have.”

—Army National Guard Spouse

“Yes, someone I know did (find a job through a job fair). Some people might not want what jobs are available though.”

—Air Force Spouse

While participants were aware of many employment resources, one-third of focus groups contained spouses who reported that information about such resources and support services does not always reach military spouses who are seeking employment. These participants emphasized that the marketing and distribution of this information should be improved.

3.2 Spouses' use of available resources

DACOWITS asked focus group participants the extent to which they have used the various employment resources that they described. As noted earlier, the most frequently used resource was the internet. Participants in over half of the focus groups reported frequent use of online employment resources.

“I use the Internet looking for jobs at least twice a week.”

—Air Force Spouse

3.3 Spouses' appraisals of existing resources

Focus group participants were also asked how helpful they found the various resources available to seek employment. Two-thirds of focus groups contained participants who reported that certain military resources were helpful and/or that they were successful in finding employment through the use of certain military resources. Specifically, focus group participants reported that Fleet and Family Services, Family Member Employee Assistance (FMEA), Military OneSource, and the Spouse Employment Center are helpful resources.

“I used Military OneSource while my husband was gone and I still use it because they have a lot of other information out there besides employment. Like information on helping out your children, and you can print out pamphlets. I do go on there quite often.”

—National Guard Spouse

“FMEA was the most helpful, but it varies from base to base.”

—Marine Corps Spouse

“The staff at the Family Service Center is awesome. They follow up and tell us to let them know if you become employed.”

—Navy Spouse

Alternatively, over one-third of focus groups contained participants who mentioned a number of programs/resources that they felt were *not* helpful. Among these were some military resources, such as installation newspapers, which some participants reported are not helpful because they tend to advertise only personal service jobs or menial work.

4. Suggestions for how the military could help to increase military spouse employment opportunities

One-third of focus groups contained participants who made recommendations regarding the PCS and deployment processes. Participant's suggestions included the following:

- Decreasing the number of PCS moves a military family makes/extending the time spent at each location
- Prioritizing PCS location for spouses looking for employment
- Decreasing the length of deployments to help spouses balance work and family commitments.

Some participants emphasized that reducing the pace of relocations would save the military money and allow the spouses to tell a potential employer that they will be at a certain location for at least four years.

“Cut down on the number of times they PCS families. It would save the military a lot of money too. But they say if you’re not moving, you’re not moving up.”

—Navy Spouse

“...It would help to know if they might extend tours to four years and that we could tell employers that we would be here for at least four years. That’s longer than most civilians would work here anyway.”

—Air Force Spouse

Some spouses recommended the military consider spouses’ labor market choices in determining assignments. Other spouses felt that deployment length was negatively impacting their employment option and should be shortened:

“Have shorter deployments. 15 months is a really long time, and it has a huge impact on why I don’t work.”

—Army Spouse

5. Summary

DACOWITS asked focus group participants to discuss the specific resources they use to seek employment opportunities before and after moving. Resources used during both periods were similar, to include the most frequently used resource—the internet. Spouses cited an array of military, private, and state and local government web-based resources that they use to seek employment. Other resources used included: the Family Support Center, Family Readiness Center, or Family Employment Office; the newspaper; spouse briefings; temporary staffing agencies; professional organizations; job fairs; and networking. Data from the DACOWITS mini-survey indicate that 40% of participants were either satisfied or very satisfied with the opportunities to find employment, 30% were dissatisfied and 30% had neutral opinions. Survey data collected by DoD found a similar level of spouse satisfaction with employment resources.

DACOWITS focus group discussions concerning military spouses' awareness, use, and appraisals of the resources available to find employment yielded results similar to those already indicated. The most frequently reported resource that participants were aware of, and used, to help find employment is the internet. However, participants in one-third of the sessions mentioned a large number of military-sponsored programs as well. Participants indicated that these programs provide a variety of options for assistance including: free internet access, free online courses, books or internet databases which list available jobs, courses on job interviewing skills, financial support for entering the teaching profession, and access to staff members to help in the employment search. Over one-third of focus groups contained participants who mentioned a number of programs/resources that they felt were not helpful, including military resources such as the base newspaper.

Focus group participants suggested ways that the military could help to increase military spouse employment opportunities. These included decreasing the number of PCS moves a military family makes and/or extending the time spent at each location; prioritizing the PCS location for spouses looking for employment; and decreasing the length of deployments to help spouses balance work and family commitments.

D. TRAINING AND EDUCATION OPPORTUNITIES FOR MILITARY SPOUSES

The previous sections of this chapter focused on the career preferences and the opportunities for employment (i.e., jobs) for military spouses. This section addresses the opportunities for military spouses to find the *training* and/or *education* needed to pursue a job and/or career, and the factors that interfere with the receipt of such training and education. Also included in this section are recommendations from focus group participants regarding ways in which the military can help military spouses better meet their education and training needs. The findings are presented in the following sections:

- Training and/or education needed to pursue career goals
- Obstacles to obtaining needed training or education
- Impact of training or education obstacles on military career intent
- Participants' recommendations for how the military could help spouses better meet their education and training needs

This section concludes with a brief Summary.

1. Training and/or education needed to pursue career goals

DACOWITS asked military spouses what type of training and/or education they needed to pursue a particular career or job. Nearly three-fourths of focus groups contained participants who

reported a need for additional schooling in order to pursue their career goals or to help them be employable.

“Mine [my job] would require more college.”

—Army Spouse

“It depends on how far I want to go in my career field. Right now I’m working on my Associate’s degree and then I will go back for my bachelor’s degree. I could go back for my Master’s degree too but it all depends on when I want more hours and more money. For now I am happy with the lower level positions because I want more time for my kids.”

—Air Force Spouse

“In my specific case, if I wish to be further ‘promotable’ in the government positions, I need to seriously consider going back to school and getting my master’s degree.”

—Coast Guard Spouse

One-third of focus groups contained participants who reported needing continuing education courses to stay current in their fields, needing annual training courses which are required to maintain certifications (i.e. CPR courses, first aid courses, etc.), and needing other related courses which are necessary to maintain and/or earn licenses and/or certifications.

“For me, I need to take continuing education courses and have to pay for that out of pocket a lot and that’s not fun because that’s expensive.”

—Coast Guard Spouse

“To maintain our licenses we have to have CE (Continuing Education) credits so there are online courses, conferences, etc. Once again the Internet can be a wonderful thing. When we were in San Antonio I finished my graduate degree there. So if I continue with another degree later it would probably be online.”

—Air Force Spouse

Participants in about one-third of the groups also mentioned needing additional computer training. One participant specifically lauded Camp Pendleton for having free computer classes, which are helpful for military spouses who are applying for jobs.

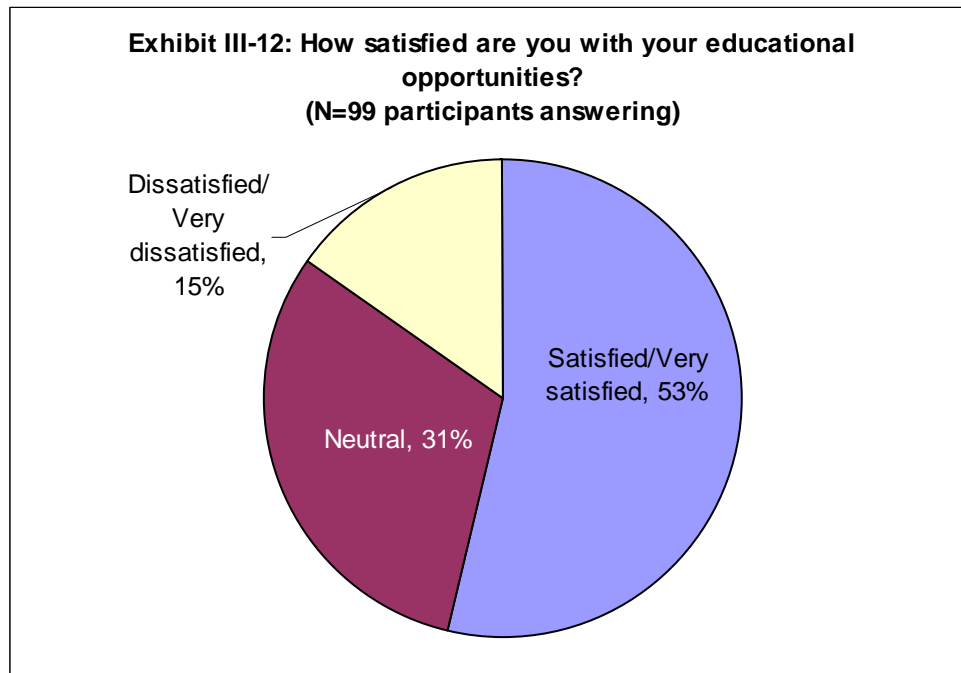
“Definitely computer knowledge- you have to be computer literate and they did offer that at Camp Pendleton. They made that available to the spouses for free, which was really good and a lot of people took advantage of that. You were able to get the basic skills you needed to apply for jobs.”

—Marine Corps Spouse

“I have to keep up-to-date on the computer side of things. It is important for me to keep current in all of the new technologies out there.”

—Air Force Spouse

Data from the mini-survey indicate that a slight majority (53%) of spouses in the focus groups felt satisfied or very satisfied with their educational opportunities (Exhibit III-12).



DACOWITS also asked military spouses where or how they obtain information about the kind of education and training that they need. Two-thirds of focus groups contained participants who reported that they obtain information about the kind of education and training that they need via the internet. Participants mentioned looking at job sites and/or job postings online, especially for the required qualifications for desirable jobs. The following web-based searches were specifically mentioned: google.com, state-level Department of Employment website(s), and various college websites to locate the specific educational program(s) of interest.

“I could look on the job sites and in the job applications for the qualification standards. It will say you need this class and this class. It’s very specific of exactly what classes or qualifications I need.”

—Navy Spouse

“I can go to the Department of Employment website and see what I need to be a special education teacher here in Hawaii.”

—Navy Spouse

“You pull up the area on the internet to find out what universities are in the area and then go directly to the school websites. Also, being here you look at the newspaper and you see the schools and programs listed and go from there.”

—Marine Corps Spouse

One-fourth of focus groups contained participants who indicated that they obtain information about the kind of education and training they need through networking, both at their place of employment and outside of work. Participants specifically mentioned networking or speaking with mentors/supervisors within their place of employment.

“I think the majority of it comes from the people you are already working with or from your mentor in the program. Through meetings with your supervisor, you find out what you can do to help develop yourself to become more of an asset to the program.”

—Coast Guard Spouse

Participants in about one-fourth of the groups reported that they obtain information about education and training they need through professional magazines and/or associations, or through the installation education center. Two participants specifically mentioned that speaking to the counselors at the education center was particularly helpful.

“They are really good about taking into account that you are a military spouse and helping you plan for that.”

—Air Force Spouse

“They told me, ‘Here are the classes you want to take online that will transfer when you move.’ She was very helpful with everything.”

—Air Force Spouse

2. Obstacles to obtaining needed training or education

When participants were asked what prevents them from obtaining the education and training that they need, spouses in more than three-fourths of the groups said that family and childcare commitments limit the time they have available for education and training. Spouses explained that the Service member is often gone, so childcare becomes the sole responsibility of the spouse who remains behind, constraining their flexibility. Also, additional family responsibilities are placed on a spouse when the Service member is deployed, limiting spouses’ time. Participants indicated a need for flexibility and for their education and/or training schedules to work around the family’s schedules, which is difficult to accomplish. Spouses mentioned that the high cost of childcare is an additional obstacle to obtaining training and education.

“My husband was reassigned while he was deployed and I have a baby and don’t have enough training, so more than half my paycheck will go towards childcare, so I may as well stay home.”

—Army Spouse

“Childcare and time. I did all my Bachelors classes online, but you still have to go to the chats once a week and if you can’t make it, it affects your grade. If you have kids, even if you’re going online when your spouse is gone it’s kind of hard to do. Sometimes it would take me all day to do one assignment because I had to watch my kids too. But I did finish my bachelors degree - the majority I did while my husband was deployed.”

—National Guard Spouse

“Deployments. It’s more demanding on your time when they’re gone.”

—Army Spouse

Spouses in more than two-thirds of the groups indicated that the cost of higher education and/or training courses limits their ability to pursue such opportunities:

“For me the cost because I want to find childcare and it’s expensive. It’s \$280/month on base. And for my daughter it’s more. It might not be good for me to pay a lot of money for childcare when I might not make as much at work.”

—Army Spouse

“Since my husband is a lower rank, I get funding for school without any problems. However, once he hits the rank of E5 he doesn’t make much more than before yet there goes my funding.”

—Air Force Spouse

“Money, ‘*cha-ching!*’ So many spouses invest and start and then they have to move and they lose credits and are in debt and if you’re overseas, forget it. Online courses help but while the kids are around and your husband is gone, it’s scheduling and money...”

—Navy Spouse

When issues of cost emerged, they were often strongly linked with the effect of PCS moves. Specifically, participants explained that moving frequently makes it more difficult to afford higher education and/or training because it reduces income for a few months when the military spouse is searching for a new job, and because they often must pay out-of-state tuition.

“Finances is probably the biggest issue for most spouses. Especially if when you’re moving and you just lost three months of income and you don’t have a stable income to pay for education. Many states allow spouses to pay in-state tuition, but sometimes it’s difficult getting them to recognize and do that.”

—Air Force Spouse

While the cost of education and/or training was reported to be a limiting factor in many focus groups, several participants reported that scholarships can help defray this cost. Participants specifically mentioned that there are great scholarship opportunities for obtaining undergraduate degrees.

“There are grants and scholarships available. I found them at the Airmen and Family Readiness Center.”

—Air Force Spouse

Finally, PCS moves—for reasons apart from their effect on education costs—were reported as a barrier to education and training in over half of the focus groups. Participants indicated that it is difficult to apply for school, attend school, and complete a degree in one location due to frequent moves. Participants mentioned that they lose credits, repeat courses, and have licenses that do not carry over to their new locations, and therefore must seek additional education/training to get a new one. Spouses also mentioned that many advanced degrees cannot be obtained online and can be difficult to transfer.

“My degree isn’t available online. Online programs are fantastic for Bachelor’s degrees and Associate’s Degrees but it’s a challenge for advanced degrees.”

—Air Force Spouse

“When you go to an installation and start a degree, you hope you’ll be able to finish. If you’re transferring, they may not take all the credits you’ve done and it’ll take you longer to finish.”

—Marine Corps Spouse

3. Impact of training or education obstacles on military career intent

DACOWITS asked spouses how the obstacles they encounter in pursuing training or education affect what they and their soldier think about staying in the military. Responses to this question were mixed, but the dominant theme was that difficulties associated with obtaining education and training do not impact the decision to stay in or leave the military. This theme was expressed in over two-thirds of focus groups; their reasons, listed below, suggest a willingness to postpone the spouse’s career, to include pursuit of education or training.

- Spouses did not feel that the Service member leaving the military would improve their ability to maintain a career.

“Well in our case, I don’t think the two are directly linked. His getting out of the military would not make it any easier for me to get a career other than geographic stability. Certainly you go into a new duty tour knowing the approximate longevity to it, so getting a master’s degree is feasible with the things that have been done lately within the military to allow geographic stability in the Coast Guard.”

—Coast Guard Spouse

- As a military spouse, one basically chooses to give up and/or delay his or her career until the Service member leaves the military.

“My husband’s an officer on the career track. When we were married, it was stipulated that his career would take priority and after he retired I would get my turn. But I didn’t anticipate it being this difficult.”

—Air Force Spouse

“It’s not affecting anything for us. When we got married I knew that that was what I was marrying into. But we really like the military.”

—Air Force Spouse

“With his commitment to the Navy, I don’t think we can both do our own jobs and raise our children the way we want them to be raised so we made the choice for my career to be flexible because his couldn’t be.”

—Navy Spouse

- The Service member’s or the couple’s passion(s) for being part of the military is more important.

“It’s hard. However, it is not going to change my encouraging him to stay in because he loves it. It’s his passion. How can I take that away from him so that I can do my thing? I can’t do it. It wouldn’t be fair. He was in the Navy when I met him and it’s his passion...”

I love being married to a man who will give up his life for his country, there’s a lot of pride in that.”

—Navy Spouse

In almost half of focus groups, there were spouses who indicated that a lack of education and training to enhance his or her employment opportunities *does have*, or *may have*, a negative influence on the family’s retention decision. Participants reported that the issue can cause a debate for some families over whether or not to stay in, particularly for younger and enlisted couples with a lower military salaries, who have difficulty living on just one income.

“It might be a factor for us I guess, because my education and job are really important to me. He wasn’t in the military when we met, so it may be a factor.”

—Air Force Spouse

“I think it puts a tremendous amount of stress and pressure on young spouses, male or female, because there seems to be so many closed doors to what they really want to do - financial, scheduling, whatever it may be - and it can be overwhelming. There’s a high rate of divorce in the younger ones for this reason.”

—Navy Spouse

“I told him I wasn’t PCSing again. I am not PCSing again. Next time I get a job, I am not leaving it.”

—Air Force Spouse

4. Participants’ recommendations for how the military could help spouses better meet their education and training needs

Participants’ recommendations for improving training and education opportunities for military spouses are provided first in this section, followed by a brief comparison to recommendations provided by spouses interviewed for the RAND study *Working Around the Military*.

4.1 Recommendations from focus group participants

Spouses’ recommendations are presented here in order of the frequency with which they were recorded across the focus groups:

- Defray the cost of education
- Offer more courses on-base
- Adjust PCS and deployment processes
- Increase outreach to schools.

Defray the cost of education

Participants in nearly every focus group recommended helping spouses defray the cost of education and/or continuing education. Participants mentioned a number of ways this could be accomplished:

- Provide free or reduced education for military spouses
- Implement within CONUS spouse tuition assistance programs similar to those offered overseas
- Allow Service members to transfer and/or share the GI bill with their spouse and/or children

- Expand the GI bill to include spouses and/or children
- Offer in-state tuition in every state, regardless of length of residency
- Offer government education vouchers to spouses
- Provide a stipend for spouses' education and/or continuing education
- Provide additional scholarships.

Offer more courses on installations

Participants in over half of the focus groups recommended offering spouses more courses on installations, including those for training, education, and employment. Participants specifically mentioned the following:

- Offer English as a Second Language (ESL) courses, lab work and/or technical courses, and more federal job application classes
- Provide training for spouses, especially for 'hard-to-fill' jobs on installations
- Expand and improve courses that already exist, such as the program that trains spouses to be teachers, and offer the program that trains military members to be physician's assistants.

Adjust PCS and deployment processes

Over one-third of focus groups contained spouses who made recommendations regarding the PCS and deployment processes. In one-fourth of the focus groups, participants suggested decreasing the frequency of PCS moves. Participants emphasized that this will not only save the military money, but will allow them to finish a degree.

Increase outreach to higher education institutions

One-fourth of focus groups contained participants who recommended that the military increase networking/outreach efforts with schools to create a more military-friendly environment and/or policies which would facilitate the transfer of credits. Three participants also recommended lobbying schools to give military spouses credits for life experiences similar to the way that Service members can receive credits for military courses they took.

4.2 Comparison to RAND recommendations

The RAND report *Working Around the Military* also provides recommendations, gathered from interviews with military spouses, on the topic of improvements in educational opportunities.⁸⁷ Four recommendations provided in the RAND report track closely with those provided by DACOWITS focus group participants.

⁸⁷ Harrell, et al., *Working Around the Military*.

Pursue opportunities to gain in-state tuition rates for military spouses

The RAND report indicated that the military should address tuition rates for military spouses. More specifically, the report recommended that DoD explore ways in which it can influence states to provide in-state tuition arrangements for military families, in order to reduce educational costs.

Strengthen relationships between DoD and educational providers

Military outreach to educational providers was also highlighted as an important recommendation by the spouses interviewed by RAND. The report recommends that DoD work to strengthen its relationship with universities, such as that with the Service Members Opportunity Colleges (SOC) program,⁸⁸ to maximize the number of classes offered on military bases, encourage such universities to consider offering coursework other than technical courses aimed primarily at Service members, and increase the ease with which military spouses (and military members) can transfer credits. It was also recommended that if institutions that cater to the military community, such as the University of Maryland, could increase the number of bases where they offer classes, transferring credits would be less of a problem.

Support and facilitate online education or distance learning

The RAND report recommended that DoD explore how the military can support online education, to include providing or loaning computers, or subsidizing the cost of home computers or online access. Additional support may include establishing distance-learning facilities on post or providing spouses access to programs such as eArmyU.⁸⁹

Develop a policy statement regarding DoD's position on spouse education

Finally, the report noted that the absence of an official DoD policy regarding spouse education (including the extent to which DoD supports spouse education) is notable and creates a vacuum of context for policies regarding the extent to which the department should support military spouse education. Consequently, DoD should determine whether or not promoting spouse education is to its benefit, and in doing so, establish an official statement reflecting its position which would address the complaints and suggestions of many military spouses.

5. Summary

DACOWITS explored the factors associated with the opportunities for military spouses to find training and education. Nearly three-fourths of focus groups contained participants who reported a

⁸⁸ See www.soc.aascu.org for more information on the SOC program.

⁸⁹ *eArmyU* is a distance-learning program offered to Service members. For more information, see www.earmy.com.

need for additional education in order to pursue their career goals or to help them be employable. Spouses also emphasized the need to stay current in their fields and the need for training courses to earn and/or maintain licenses and/or certifications. Data from the mini-survey indicate that a majority (53%) of spouses felt satisfied or very satisfied with their educational opportunities. Consistent with previous findings, the majority of spouses indicated that they obtain information about the kind of education and training that they need via the internet, and mentioned several job sites commonly used to obtain such information including: MilitaryOneSource.com, google.com, Department of Employment website(s), and various college websites. Other participants reported obtaining such information through networking, from professional magazines and/or associations, or through the education center located on-base.

The most frequently reported obstacle facing military spouses desirous of training or education was family commitments, including childcare, which limit their available time and constrain both their flexibility and financial capabilities. The high cost of education and training, in general, was reported as a limiting factor among spouses in more than two-thirds of the groups. The issue of cost was often strongly linked with the effect of PCS moves. PCS moves—for reasons apart from their effect on education costs—were reported as a barrier to education and training in over half of the focus groups because, among other reasons, they make it difficult to complete a degree in one location.

Participants in two-thirds of focus group reported that the obstacles associated with obtaining education and training do not have an impact on their family's decision to remain in or leave the military. The view that these challenges may lead their family to consider leaving the military was expressed in about half of the groups.

Suggestions for how the military could help spouses better meet their education and training needs included: defraying the cost of education; offering more courses on installations, including those for training, education, and employment; decreasing the number of PCS moves a military family makes and/or extending the time spent at each location; and increasing outreach efforts to schools to create more military-friendly policies, such as easier transfer of credits for military spouses. These recommendations were similar to those provided by military spouses in response to research conducted by RAND.

E. DOD AND SERVICE INITIATIVES AND PROGRAMS FOR ENHANCING SPOUSE EMPLOYMENT OPPORTUNITIES

This section briefly highlights a range of services and proactive initiatives maintained by the Services, DoD, and DoL to help military spouses make the most of their skills and opportunities for rewarding jobs and careers. The section concludes with a short summary of some of the dual-career initiatives maintained by civilian firms.

1. Spouse Employment Support Sponsored by the Military Services, DoD, and DoL

1.1 Army Programs

The Army's Employment Readiness Program is part of Army Community Service (ACS). This program provides spouses with the information and critical skills necessary to build or maintain a career, and to increase their personal satisfaction and financial well-being. Though not a direct job-placement service, the program offers job search training and assistance, access to career references, and the opportunity to attend career seminars and workshops at 95 locations worldwide.⁹⁰

Additionally, ACS has established the Army Spouse Employment Partnership (ASEP).⁹¹ Through this initiative, the Army has created unique partnerships with 26 private firms, facilitating improved employment continuity during relocation. The ASEP also includes:

- Military Spouse Job Search (www.msjs.org): collaborating with America's Job Bank, this site contains a job and resume database for military spouses
- HR training modules for ACS Employment Readiness Program Managers and corporate Human Resource personnel
- ASEP Partnership Alley: partnership with Army Career and Alumni Program (ACAP) to offer job fairs and corporate recruiting events.

Since 2003, the ASEP has partnered with Dell, Inc. of Austin, Texas, to help military spouses find employment. The initiative was piloted in 2005 with Army spouses at Fort Hood, and has since been expanded to allow 200 more spouses in the area to work from home in Dell customer service.⁹²

An additional resource for spouses includes web-based employment information and referral materials available through www.MyArmyLifeToo.com. Materials available through this web portal allow spouses to connect with employers and provide career resources.

⁹⁰ Booth, B., et al. (2007) *What we know about Army Families: 2007 update*. Prepared for the Family and Morale Welfare and Recreation Command. Fairfax, VA: ICF International.

⁹¹ Johnson, D. (2007) *Army Spouse Employment Partnership (ASEP)*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS). March 27-28. Family and Morale, Welfare and Recreation Command.

⁹² McKenzie, M. (2006). "Program Expands Employment Opportunities for Military Spouses. *USA CFSC Public Affairs*. Accessed 10/27/07 from <http://www.army.com/resources>.

1.2 Navy Programs

The Navy's Family Employment Readiness Program (FERP) (also known as Spouse Employment Assistance Program [SEAP]) addresses relocation challenges through workshops, one-on-one career counseling, and with self-help resources.⁹³ Though it is not a staffing agency or placement service, the FERP provides staff-assisted computerized job searching; education and training resources; volunteer opportunities; assistance in resume preparation, job search and interviewing techniques; and federal employment and entrepreneur business opportunities. Navy resources also include:

- **Virtual Business Owners (VBO)** (<http://www.vsscyberoffice.com/vbo>): a web resource that educates spouses on the steps to becoming self-employed virtual business owners. Since 2004, over 800 spouses have completed the online training program.
- **Career Accelerator**: this program, offered by Adecco through a partnership with the Department of the Navy, helps Navy, Marine Corps, Coast Guard, Army and Air National Guard, and Reserve spouses find employment. The program offers job placements and training and allows members to retain vacation and benefits as they relocate, all at no cost to spouses or the military. Of the 30,000 spouses who registered with Adecco by December 2006, 12,300 (41%) had accepted assignments.

1.3 Marine Corps Programs

The Marine Corps' Family Member Employment Assistance Program (FMEAP) offers resources and assistance to family members on career and workforce development, labor market information, and business and employer knowledge. FMEAP, which has received Certified Workforce Development Professional (CWDP) certification, provides information on assessments, career-training matching, job search strategies, resume writing, interviewing skills, self-employment, and the Federal employment system.⁹⁴ In 2006, FMEAP held 927 workshops, held 5,539 Command Outreach events, and provided 6,452 one-on-one counseling sessions. The Marine Corps has also established the Self-Employed Association of Military Spouses (SEAMS) in order to provide networking opportunities to spouses to help each other improve their businesses.

⁹³ Stokoe, C. (2007). *The Family Employment Readiness Program*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS). March 27-28. Navy Installations Command.

⁹⁴ Burns, B. (2007). *Family Member Employment Assistance Program (FMEAP)*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS). March 27-28.

1.4 Air Force Programs

The Air Force has established several initiatives to help Airmen and their families adjust to the mobile lifestyle of the military, including spouse employment challenges.⁹⁵ For example, the Airman and Family Readiness Center (A&FRC) provides classes and group instruction on relocation services, career development, the Air Force Aid Society, personal financial management, family life skills, volunteerism, readiness, and the transition to civilian life. The Discovery Resource Center (DRC) functions as a information and referral center for spouses seeking employment, providing videos and books; computers for resume, educational, and scholarship information; computer-aided resume writing; internet access; and fax services for job searches, relocation, and education. Additionally, the Air Force Aid Society (AFAS) helps Air Force members and their families pursue their academic goals.

A number of recent initiatives have focused on helping Air Force spouses find short- and long-term employment, to include:

- Spouse Employment Program: offers local entry-level job training to Air Force spouses to help them find immediate employment. The program helps pay for spouses' tuition, instructor fees, and books and handouts.
- General Henry H. Arnold Education Grant Program: provides \$2,000 grants to select Air Force family members to pursue undergraduate education. Funds may be allocated towards tuition, books, fees, or other required materials for the curriculum. The competitive grants are awarded based on family income and education cost, and are administered by ACT Recognition Program Services—a not-for-profit organization. The program has awarded 77,929 grants since 1988.
- General George S. Brown Spouse Tuition Assistance Program (STAP): provides partial tuition assistance to spouses who accompany Active Duty members overseas and attend college to enable them to complete their degree or certificate programs and increase their opportunities for employment. Tuition assistance is offered at 50% of the unmet tuition charge per course, with a \$1,500 maximum per term.

1.5 Coast Guard Programs

The Coast Guard's Spouse Employment Assistance Program (SEAP) offers employment information and services at Work-Life Offices to help spouses find employment. While the program is not an employment office and does not offer placement services, SEAP does provide

⁹⁵ Nichols, S. (2007) *Air Force Spouse Employment Program*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS). March 27-28. Air Force Personnel Center: Airman, Family, and Community Operations Branch.

self-service employment resources, access to computers and a reference library, general employment information, and assistance in preparing Government resumes.⁹⁶

1.6 Department of Defense Programs

In addition to the individual Services' initiatives discussed above, DoD provides a range of web-based and other resources to help military spouses develop their careers:⁹⁷

- **Military Spouse Career Center** (<http://www.Military.com/Spouse>): provides job searches, career advice, information about popular military spouse career fields, resume builder, scholarship search, education resources and training information, spouse-friendly employers, a newsletter highlighting career tips, and discussion forums.
- **Spouses to Teachers (SST)** (<http://www.spousestoteachers.com/>): supports spouses pursuing K-12 teaching positions through a partnership with the American Board for Certification of Teacher Excellence (ABCTE). This program provides a maximum financial assistance of \$600 per person to reimburse the cost of state teacher licensure/certification examinations across 14 states. SST also provides counseling on certification requirements and options, transcript review and guidance for obtaining a degree, application assistance in transferring certification across states, guidance in locating the financial aid resources available at the state and federal levels, and networking opportunities for state teaching positions.
- **Military Spouse Resource Center** (<http://www.MilSpouse.org>): partnering with DoD and DoL's America's Job Bank (AJB), this site provides links to local OneStop Career Centers and other sources of information, including DoD, DoL, state and local business resources, and an online BRAC (Base Realignment and Closure) coach. The site focuses on information in five key functional areas:
 - The spouse's military installation
 - Finding a job
 - Adult education and training
 - Relocation resources
 - Benefits and services.
- **Military Spouse Career Network** (www.military.com/spouse): created through a partnership between the DoD and Monster, Inc.'s military.com, this site allows spouses to post resumes and search jobs in the private and federal (USAJOBS) sectors through the use of installation names. Over 500 spouse-friendly companies have posted jobs on this

⁹⁶ U.S. Coast Guard (2007). *2007 Coast Guard Spouse Handbook*.

⁹⁷ Smith, P. (2007) *Military Spouse Education, Training and Careers*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS), March 27-28. Office of the Deputy Under Secretary of Defense for Military Community and Family Policy.

site at no cost and conducted searches for military spouses. More than six million job searches have been conducted on the website, and over 24,000 resumes posted.

- **Military Spouse Corporate Careers Network (MSCCN)** (<http://www.mscn.org>): operates with Memorandums of Understanding (MOUs) with all military branches to find employment placement for military spouses. Originally founded by Concentra in 2004, MSCCN converted to a non-profit organization in 2005 and is fully funded by corporate America; its services are offered at no cost to spouses or the DoD. The network of employers offers a preferential hiring practice, career portability, support and resources in-job career advancement, and scholarships.

1.7 Department of Labor Programs⁹⁸

- **Partnership for Jobs:** partnership between DoL's Employment and Training Administration (ETA) and national partners, including Adecco and Manpower; helps spouses join the labor pool.
- **DoL Workforce Investment Act (WIA):** provides training, workforce investment programs, and work-life programs to spouses in Forts Bragg, Carson, Hood, and Riley.
- **DoD/DoL Registered Apprenticeship Program (Military Spouse Medical Transcriptionist Program):** sponsored by the American Association for Medical Transcription (AAMT) and Medical Transcription Industry Association (MTIA), this program provides training and technical instruction for qualified spouses specializing in medical transcription. Discounts, scholarships, specialized grants, Pell grants, or Sallie Mae student loans are offered to spouses for tuition. Additionally, spouses may receive individual school loans and payment plans and local scholarships from installation Family Centers or WIA funding from One-Stop Career Centers. Apprentices receive on-the-job learning and academic instruction from organizations registered as apprenticeship sponsors for a minimum of 144 hours per year for a total of one to five years. Apprentices are paid, with wages increasing as they gain proficiency in the occupation. Upon completion of the apprenticeship, spouses are awarded an Apprenticeship Completion Certificate and are recognized nationally as qualified workers. Overall, Registered Apprenticeships are offered by 40,000 program sponsors nationwide in a number of fields (including construction and manufacturing, service, health care, etc.). Approximately 325,000 apprentices have been trained to date.
- The DoL has provided **National Emergency Grants (NEG)** to seven states, totaling \$92 million. ETA is guiding these states in using the funding to help spouses.

⁹⁸ Department of Labor (2007) *Serving Our "Heroes at Home": ETA's Action Strategy for Enhancing Services to Transitioning Service Members, Veterans, and Military Spouses*. Briefing presented to the Defense Department Advisory Committee on Women in the Services (DACOWITS) May 31.

- **Transition Assistance Program (TAP):** offers workshops and transition assistance to spouses and women separating from the military.

Individual states have also contributed to helping military spouses, with some providing in-state tuition and unemployment compensation. Colleges and universities have also funded scholarships, grants, or reduced tuition for spouses.

2. Spouse Relocation and Employment Assistance Programs in the Civilian Sector

Outside of the military, a number of civilian companies have also developed employment assistance for spouses of relocating employees. A 1990 review sponsored by the Conference Board, a business research organization, found that more than half of American businesses offer employment assistance, either formally or informally, to spouses.⁹⁹ While most of this assistance was outsourced, some companies did have in-house programs. Most programs were informal and ad-hoc, offering assistance in at least one of the following ways:

- Information on self-marketing techniques
- Access to local job markets
- Personalized counseling and support.

More recent research suggests there has been an increase in companies offering spouse employment assistance programs. Based on periodic surveys of corporations, Runzheimer, a private firm specializing in employee mobility issues, reports that among surveyed firms, the share of companies offering spouse re-employment assistance increased from 22% in 1995 to 42% in 2004.¹⁰⁰ This increase is due in part to a rise in the average number of employees being relocated by their firms; this figure grew by 55% from 2000 to 2003 among surveyed firms. Thus, as more families are asked to relocate, companies need to provide some form of spouse employment assistance to maintain a competitive edge.

Another Runzheimer study compares formal and informal assistance programs and concludes that informal programs are less effective because of lack of communication.¹⁰¹ The report notes that when assistance is given on a case-by-case basis, as in many informal programs, spouses may hesitate to ask for help because of lack of knowledge about available assistance or because they fear “rock[ing] the boat”. By contrast, formal programs are more successful, both for

⁹⁹ Johnson, A. (1990) “Relocating Two-Earner Couples: What Companies Are Doing.” Research Bulletin No. 247. New York, NY: The Conference Board.

¹⁰⁰ Runzheimer International (2004) “Survey & Analysis of Domestic Employee Relocation Policies & Costs.” *Runzheimer Reports on Relocation*, June, 23(1).

¹⁰¹ Runzheimer International (2000) “Spouse Re-Employment Assistance.” *Runzheimer Reports on Relocation*, January 2000, 18(11).

employees and their spouses, as they allow the employee to focus on their job sooner, free of the distraction and stress of helping their spouse find employment.

The formal spouse employment programs mentioned in the report took various forms:

- 71% reimbursed employees for using external career services
- 49% outsourced services
- 28% employed the spouse within the company
- 17% provided a resume exchange with other local companies
- 9% maintained an employment agency or search firm
- 8% had their own personnel help prepare resumes and do career counseling
- 8% participated in a spouse resume exchange consortium
- 8% reimbursed employees to take employment-search trips in other locations
- 7% used a homefinding company or real estate brokerage's services.

Of firms that had informal programs:

- 47% outsourced services through a third party
- 45% located employment within the organization
- 36% provided a resume exchange with other local companies
- 29% used a homefinding company or real estate brokerage's services
- 24% reimbursed employees for using external sources for career services
- 17% had their own personnel help prepare resumes and do career counseling
- 12% maintained an employment agency or search firm.

Increasingly, corporations are offering employment assistance to spouses of employees relocating abroad. As the number of expatriate assignees increases, companies are taking note of spouses influence on employees' decisions to take or refuse an assignment. A recent publication by GMAC's Global Relocation Division notes that spouse/partner career concerns ranked third among employees refusing to relocate.¹⁰² Current programs for expatriate spouses offer language training and education assistance; sponsor work permits; assist with job searching and job search fees; offer career planning assistance, networking and volunteering opportunities, and reimbursement of career enhancement; and pay for lost spouse income.

¹⁰² Aldred, G. (2006) "Dual Career Support: Strategies for Defining and Providing Career Support for International Assignee Partners" *GMAC Strategic Advisor*. (Feb) Vol. 2(6).

IV. 2007 DACOWITS FINDINGS AND RECOMMENDATIONS: Female-Specific Health Care Issues of Deployed Female Service Members

The Committee's research on female-specific health care issues was intended to address pre-deployment, during deployment, and post-deployment health care services.

1. Health Care Experiences of Female Service Members prior to Deployment

a. Findings

- i. Data collected from the DACOWITS focus group discussions and mini-surveys, as well as other sources, suggest that the role of the Pre-Deployment Health Assessment in identifying and addressing female Service members' health concerns prior to deployment has been limited.
- ii. Although 63% of the focus group participants indicated on the mini-survey that the Pre-Deployment Health Assessment was moderately to extremely helpful, their comments during the focus groups discussions were less favorable.
- iii. The data suggest that female-specific examinations have not been a standard pre-deployment requirement. In July 2007, Central Command issued policy (Mod 8 to USCENTCOM Individual/Unit Deployment Policy, 061911ZJul07) requiring that women's health examinations be conducted approximately 90 days prior to deployment.
- iv. Some focus group participants noted that an evaluation by a professional mental health provider is not a routine component of the pre-deployment health screening process. In July 2007, Central Command issued policy (Mod 8 to USCENTCOM Individual/Unit Deployment Policy, 061911ZJul07) requiring that mental health evaluations be conducted for personnel who screen positive on Pre-Deployment Health Assessment mental health-related questions. However, even when screening positive for a mental health question, the CENTCOM guidance does not require a mental health provider conduct the follow-up, but lists a variety of health care providers eligible to conduct the follow-up.
- v. There is a continued perception by focus group members that there is limited access to health care, poorly timed and late health screenings, and difficulty acquiring medication. The 2004 DACOWITS report identified similar concerns and made a recommendation for improvement, but this continues to be a concern among female Service members.
- vi. There was nearly a consensus among the focus group participants that information about how to maintain female health and hygiene in-theatre (e.g., types of clothing to

wear to prevent yeast infections, possibility of menstrual irregularities, contraceptive options, which feminine supplies to pack) was not systematically disseminated.

b. Recommendations

- i. 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?”).
- ii. 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.
- iii. 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.
- iv. Recommend that all female Service members be provided a copy of the U.S. Army Center for Health Promotion and Preventive Medicine’s (CHPPM) *Soldier’s Guide to Female Soldier Readiness* (Technical Guide 281), or a comparable publication, prior to pre-deployment exercises and/or deployment.
- v. 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.

2. Health Care Experiences of Female Service Members during Deployment

a. Findings

- i. The focus group participants corroborated reports that the most commonly reported female-specific health needs in-theatre are of a genitourinary nature (e.g., urinary tract infections, yeast infections, problems with the uterus or ovaries, and irregular periods). Other conditions experienced by female Service members in-theatre included skin conditions, hair loss, and pregnancy.
- ii. Sixty-four percent of mini-survey respondents indicated they were satisfied or very satisfied with health care in-theatre. Comments made during the focus group discussions were less positive.

- iii. Female-specific health care in-theatre, particularly for gynecological problems, varies greatly from location to location and may require that a woman be removed from her unit in order to obtain the appropriate level of care.
- iv. Pharmacies in-theatre stock limited supplies of contraceptives and feminine hygiene products.
- v. The participants indicated that there are too few female practitioners and gynecological specialists in-theatre.
- vi. The participants said there is a lack of privacy in connection with seeking health care in-theatre. Specifically, they expressed concern that they cannot seek health care discreetly, described a stigma associated with seeking health care, and said that some health care providers as well as leaders demonstrate a disregard for confidentiality.
- vii. Participants perceive that mental health care for female Service members in-theatre is inadequate. Participants said that symptoms are not taken seriously or are not appropriately addressed, citing examples of women being dismissed as having Pre-Menstrual Syndrome (PMS) or as being mentally fragile.
- viii. The participants noted that seeking mental health care in-theatre can jeopardize one's performance evaluations, promotions, and security clearances.
- ix. The participants reported a lack of female camaraderie due to the small numbers of female Service members in many locations. In these instances, women lack the opportunity to talk with one another about the stresses they are experiencing in-theatre. Male Service members, in contrast, experience no shortage of male camaraderie.
- x. Service members' medical records are not always available or complete in-theatre.

b. Recommendations

- i. 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.
- ii. 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.

- iii. Recommend briefing female Service members in-theatre on female-specific health and hygiene issues, using the CHPPM *Soldier's Guide to Female Soldier Readiness* or comparable document as a guide. This will ensure that all female Service members have the health and hygiene information they need while deployed.
- iv. Recommend leadership hold all medical personnel accountable for safeguarding and respecting patient confidentiality and privacy.
- v. 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.
- vi. Recommend making sexual assault medical response capability available at Level II medical facilities.

3. Health Care Experiences of Female Service Members Post-Deployment

a. Findings

- i. Focus groups indicated that the Post-Deployment Health Assessment (PDHA) is not an effective tool for identifying post-deployment health issues. In particular, they noted that the form fails to target female-specific issues.
- ii. In focus group discussions, participants indicated that the Post-Deployment Health Assessment (PDHA) does not automatically trigger medical follow-up. Mini-survey results confirmed that there is room for improvement in the post-deployment medical screening process.
- iii. Once health issues are identified, access to care is hindered by long waits for appointments and the requirement to first consult a unit-level provider.
- iv. In focus group discussions, participants indicated that a systematic process for identifying and treating mental health issues during post-deployment is lacking. A substantial number of mini-survey respondents indicated that they received no mental health screening upon their return. More than half of those who did receive a mental health screening said it was either slightly or not at all helpful.
- v. The Post-Deployment Health Re-assessment (PDHRA) is intended to be implemented several months after redeployment. Although the Committee did not routinely inquire about reassessments, participants clearly supported the requirement for a second post-deployment screening.

b. Recommendations

- i. 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?”).
- ii. 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.
- iii. Recommend educating returning Service members as to their right to receive care in accordance with TRICARE Prime standards.
- iv. 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.

4. Differences in the Health Care Experiences of Reserve Component (RC) and Active Component (AC) Females

a. Findings

- i. RC focus group participants perceive that the quality and availability of the health care they receive *before* and *after* activation are inferior to that received by their AC counterparts.
- ii. Some RC focus group participants, as well as a few practitioners, indicated that insufficient health insurance coverage affects RC personnel both before activation and after deactivation.
- iii. Practitioners reported that RC Service members are more apt than AC personnel to require health care during pre-deployment because, when inactive, they may lack health insurance and/or they may lack awareness of the health care that they are eligible to receive.
- iv. According to some practitioners, because many RC Service members either use civilian health care or receive no health care prior to being called to duty, military providers often must obtain prior medical history directly from the activated Service member rather than from medical records. Such reliance on self-report can undermine the accurate determination of deployability.

- v. RC Service members reported difficulties obtaining insurance upon redeployment, after their TRICARE coverage expired. Overall, they seemed to lack awareness of the medical resources – VA or otherwise – available to them upon deactivation.

b. Recommendations

- i. 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.
- ii. 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.

V. 2007 DACOWITS FINDINGS AND RECOMMENDATIONS: Military Spouse Career and Employment Opportunity

Military spouses were asked about their employment and career goals and opportunities. They were also asked about training and education opportunities relating to employment and careers.

1. Characteristics of the Careers of Military Spouses

a. Findings

- i. Although the DMDC 2006 Survey of Active Duty Spouses indicated that the majority of spouses desire or need to work, nearly half were not employed at the time of the survey. Studies show that Active Duty spouses are employed most frequently in administrative and retail sales positions.
- ii. In more than half of the DACOWITS focus groups, there were spouses working in careers for which they had been trained. In approximately three-fourths of the focus groups, there were spouses who desired to change their occupations. In the 2006 Survey of Active Duty Spouses, 84% said that getting a better job was a goal for them.
- iii. Fifteen percent of DACOWITS mini-survey respondents indicated an interest in working from home. Focus group participants and other sources identified several obstacles to military spouses working from home. Restrictions on using military housing for operating at-home businesses severely constrain spouse employment opportunities, including DoD employment initiatives. Additionally, PCS travel regulations prohibit transportation of spouses' business products with household goods. Despite these difficulties, all focus groups included spouses who were interested in working from home.
- iv. Focus group participants identified factors that attract them to their current career or careers in general. They indicated they value marketability, availability of jobs, portability, and flexible hours. Also important are sufficient pay and benefits, and opportunities for advancement commensurate with their education and experience.
- v. Frequent relocation due to PCS moves comprises the primary challenge to military spouses' pursuit of their career goals. Focus group participants reported that frequent relocation not only inhibits spouses' career progression and attainment of seniority, but also results in loss of pay, vacation time, and other benefits.
- vi. Military spouses in certain careers—e.g., nursing, teaching, and real estate—must obtain new licensure and certifications each time they move, which can be a costly and lengthy process. Spouses have reported in the 2006 Survey of Active Duty

Spouses that easier state-to-state transfer of certification would have helped them obtain employment after their last move.

- vii. Childcare and family obligations comprise the second most frequently mentioned career obstacle cited by focus group participants. When the Service member is away, military spouses must function as single parents, which demands job flexibility. Additionally, childcare needs limit a spouse's ability to search for jobs and to attend job interviews.
- viii. Focus group participants noted that some employers are reluctant to hire and train military spouses due to the perception that military spouses are more transient than the rest of the population.

b. Recommendations

- i. 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.
- ii. 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.
- iii. 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.

2. Ways in which Military Spouses Find Employment

a. Findings

- i. Spouses in most focus groups utilized military-sponsored employment programs both at installation employment assistance centers and through the internet (e.g., Military OneSource).
- ii. Sponsorship programs can help military spouses identify employment opportunities at their new location. Focus group participants expressed that, in their experience, sponsorship programs at some locations are excellent, while at other locations they are either less helpful or non-existent. Not all focus group participants were aware of sponsorship programs.

- iii. Focus group participants discussed installation newcomer/welcome briefings. They indicated that these briefings are designed mostly for Service members and often do not include spouse-specific employment information. Not all spouses were aware they could attend installation newcomer/welcome briefings.
- iv. Although personal networking is shown to be a highly effective job placement tool, participants did not identify it as something that military-sponsored spouse employment programs promote.
- v. Although the internet is not necessarily an effective tool for finding employment, the focus group participants indicated that the internet is the tool they most often utilize. Additionally, new DoD security requirements are making certain internet resources more difficult to access.

b. Recommendations

- i. Recommend DoD negotiate military spouse employment preference agreements with DoD contractors located near military installations.
- ii. 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.
- iii. Recommend DoD continue to market to federal, state, and local employers the benefits of hiring military spouses.
- iv. Recommend DoD continue to promote Military OneSource and other DoD resources available to military spouses seeking child care, training/education, and employment/career opportunities.
- v. 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.

3. Opportunities for Military Spouses to Find Training and Education

a. Findings

- i. Participants in three-fourths of the focus groups reported a need for additional education in order to pursue their career goals or help them become employable.
- ii. Focus group participants said that family commitments and childcare needs prevent some military spouses from obtaining the education and training that they need. This is particularly true as longer deployments place sustained increased family responsibilities on the shoulders of the spouse who remains behind. The 2006 Survey

- of Active Duty Spouses likewise found that family responsibilities are cited by the majority (71%) of those who would like to attend school, but are unable to do so.
- iii. Participants in the focus groups noted that frequent PCS moves prevent some military spouses from obtaining the education and training they need to be employable or to pursue a career. They cited difficulty transferring college credits and noted that short assignments do not allow sufficient time to apply for, much less complete, training/education programs. The 2006 Survey of Active Duty Spouses also noted frequent moves are a reason that some spouses are unable to attend school.
 - iv. Participants noted the cost of education and training is a limiting factor for military spouses. In-state tuition is often not available. The 2006 Survey of Active Duty Spouses confirmed that cost is frequently a barrier to obtaining education and training. Participants specifically mentioned, however, that there are scholarship opportunities for spouses pursuing undergraduate degrees.
 - v. Some spouses noted limited opportunity to pursue advanced degrees at their locations.
 - vi. Focus group participants' perspectives were mixed regarding the impact of their opportunity to obtain education and training on their family's intent to leave or stay in the military.

b. Recommendations

- i. Recommend DoD continue to encourage all states to offer in-state tuition to military spouses.
- ii. 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).
- iii. 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.
- iv. Recommend DoD continue efforts to obtain unemployment compensation for spouses leaving employment due to a PCS move.
- v. Recommend DoD issue a policy statement in support of spouse education concurrent with the RAND recommendation.
- vi. 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.

4. DoD and Service Initiatives and Programs for Enhancing Spouse Employment Opportunities

a. Findings

- i. DoD and the Services have an array of programs to support spouse employment.
- ii. The installation-level spouse employment offices are not staffing or placement agencies. Rather, they conduct outreach, training, counseling, and program delivery functions.
- iii. Numerous cost-efficient spouse employment programs and partnerships exist inside and outside DoD. For example, the committee views as best practices the Army Spouse Employment Partnership (ASEP)/Dell, Inc. partnership, which started at Fort Hood, Texas; the nationwide Adecco “Career Accelerator” partnership with the Department of the Navy; and the Military Spouse Corporate Careers Network (MSCCN), an initiative that began with a Memorandum of Understanding with Concentra and that is now privately funded.

b. Recommendations

- iii. 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.

VI. APPENDICES

- A. DACOWITS Charter
- B. Biographies of DACOWITS Members
- C. Installations Visited
- D. Focus Group Protocols
- E. Mini-Surveys
- F. Mini-Survey Results
- G. Pre/Post Deployment Health Assessment Forms
- H. Briefings Presented to DACOWITS
- I. Acronyms Used in Report

**APPENDIX A:
DACOWITS CHARTER**

**APPENDIX A:
DACOWITS CHARTER**

**Defense Department Advisory Committee
on Women in the Services**

- A. Official Designation: The Committee shall be known as the Defense Department Advisory Committee on Women in the Services (hereafter referred to as the Committee).
- B. Objectives and Scope of Activities: The Committee, under the provisions of the Federal Advisory Committee Act of 1972, as amended, shall provide the Secretary of Defense, through the Under Secretary of Defense (Personnel and Readiness) and within the staff cognizance of the Principal Deputy Under Secretary of Defense (Personnel and Readiness), independent advice and recommendations on matters and policies relating to the recruitment and retention, treatment, employment, integration, and well-being of highly qualified professional women in the Armed Forces. In addition, the Committee shall provide advice and recommendations on family issues related to the recruitment and retention of a highly qualified professional military. The Under Secretary of Defense (Personnel and Readiness) may act upon the Committee's advice and recommendations.
- C. Committee Membership: The Committee shall be composed of not more than fifteen Committee Members, who represent a distribution of demography, professional career fields, community service, and geography, and selected on the basis of their experience in the military, as a member of a military family, or with women's or family-related workforce issues. Committee Members appointed by the Secretary of Defense, who are not full-time Federal officers or employees, shall serve as Special Government Employees under the authority of 5 U.S.C. § 3109. Committee Members shall be appointed on an annual basis by the Secretary of Defense, and shall normally serve no more than three years on the Committee; however, when necessary the Secretary of Defense may authorize a Committee Member to serve longer than three years on the Committee.

The Secretary of Defense, based upon the recommendation of the Under Secretary of Defense (Personnel and Readiness) shall select the Committee's Chairperson. Committee Members shall, with the exception of travel and per diem for official

travel, serve without compensation. In addition, the Under Secretary of Defense (Personnel and Readiness) or designee may invite other distinguished Government officers to serve as non-voting observers of the Committee, and appoint consultants, with special expertise, to assist the Committee on an ad hoc basis.

- D. Committee Meetings: The Committee shall meet at the call of the Designated Federal Officer, in consultation with the Chairperson, and the estimated number of Committee meetings is four per year. The Committee shall be authorized to establish subcommittees, as necessary, to fulfill its mission, and these subcommittees shall operate under the provisions of the Federal Advisory Committee Act of 1972, as amended.
- E. Duration of the Committee: The need for this advisory function is on a continuing basis; however, it is subject to renewal every two years.
- F. Agency Support: The Department of Defense, through the Under Secretary of Defense (Personnel and Readiness), shall provide support as deemed necessary for the performance of the Committee's functions, and shall ensure compliance with the requirements of 5 U.S.C. App. 2 Section 6. Additional information and assistance as required may be obtained from the Military Departments and other agencies of the Department of Defense, and from the Department of Homeland Security, in the case of the U.S. Coast Guard, as appropriate.
- G. Termination Date: The Committee shall terminate upon completion of its mission or two years from the date of this Charter is filed, whichever is sooner, unless the Secretary of Defense extends it.
- H. Operating Costs: It is estimated that the operating costs, to include travel costs and contract support, for this Committee is \$500,000.00. The estimated personnel costs to the Department of Defense are 5.0 full-time equivalents (FTEs).
- I. Charter Filed: 17 April 2006

**APPENDIX B:
BIOGRAPHIES OF DACOWITS MEMBERS**

**APPENDIX B:
BIOGRAPHIES OF DACOWITS MEMBERS**

Denise W. Balzano, -- McLean, Virginia

Denise Balzano is a co-Founder of Balzano Associates, a grass roots lobbying firm. She has served as Assistant to the Vice President and Chief of Staff for Marilyn Quayle and as Executive Director of the Republican Women's Federal Forum. Ms. Balzano is a member of the National Board of Childhelp, one of the nation's oldest and largest child abuse treatment and prevention programs, and serves as a pro-bono lobbyist for this nonprofit organization. Ms. Balzano received a BA in political science from Hollins College, VA, and an MA in International Relations from Georgetown University.

The Honorable Diana Denman, -- San Antonio, Texas

As a presidential appointee under President Ronald Reagan, she served as the Peace Corps Advisory Co-Chairman and a member of the Institute of Museum Services Board. She currently serves on the Jamestown Foundation Board, WHINSEC Board of Visitors (Western Hemisphere Institute for Security Cooperation), Department of Defense, and DACOWITS (Defense Department Advisory Committee on Women in the Services), Department of Defense. Mrs. Denman's long-time interests in issues of National Defense and National Security have led her as an Election Observer to the nations of Ukraine, Russia, Honduras and Nicaragua.

Senator J. P. Duniphan, -- Rapid City, South Dakota

J.P.Duniphan served as a State Representative and State Senator for South Dakota for twelve years. She was Chairman of the Local Government Committee, a Majority Whip and on the Executive Governing Board of the Legislature. Senator Duniphan was Chairman of the State Corrections Commission and Chairman of the Interstate Compact of Prisoners Commission. She is a business owner and partner in Hospitality Systems Inc, Airport Services LLC and Quad Investments. She is Chairman of the Board of the PCHA Commission that provides rental housing for eligible low income families, the elderly, and persons with disabilities. Sen. Duniphan is a member of the ESGR [Employer Support of the Guard and Reserve} State Committee and an Honorary Commander for Ellsworth Air Force Base and on the Military Affairs Committee for the Rapid City Chamber of Commerce where she served on the Executive Board. She serves on the Hardrock Board for the South Dakota School of Mines and Technology. She received a B.A. from Loretto Heights College in Denver Colorado. Sen. Duniphan serves on the Academy Selection Committee for U.S. Senator John Thune and has served on Sen. Pressler's, Congressman Janklow's and then Rep. Thune's.

Mrs. Kerry H. Lassus, -- Ft Belvoir, Virginia

Mrs. Kerry H. Lassus has been in government service at both the federal and state levels, having served as an Assistant District Attorney in Louisiana, as Director of Consumer Affairs for US

Forces Korea in Seoul, Korea, and in the Office of General Counsel for the Panama Canal Commission. She holds a Juris Doctorate from Tulane University and a Bachelor of Arts degree in Political Science from the University of New Orleans. As an editor/legal writer for the National Legal Research Group, Mrs. Lassus has authored/edited more than 25 legal publications. Mrs. Lassus is an Army spouse and continues to be involved in volunteer work for both the civilian and military communities. She is currently a Sales Director with Mary Kay Inc.

Dr. Mary Ann Nelson, Chairperson -- Lafayette, Colorado

Mary Nelson has taught mathematics at all levels over the past 35 years, and is currently an Applied Mathematics instructor at the University of Colorado at Boulder and the Applied Math Director of Assessment. Her focus is improvement of college mathematics teaching. Previous college teaching positions included George Mason University, the University of Maryland Overseas Division and Front Range Community College. Dr. Nelson has a B.S. and M.S. in mathematics from Marquette and George Mason University, respectively, and completed her dissertation in Research and Evaluation Methodology. She was an Army spouse for 26 years including ten years in Germany and two in Moscow, Russia. In Moscow, she managed an AID program through the Commerce Department, which brought scientists and businessmen from all over the former Soviet Union to the United States for internships.

Mrs. Judith Page O'Flaherty, -- Norfolk, Virginia

Mrs. O'Flaherty is a 1992 graduate of the US Naval Academy and served in the US Navy from 1992 to 1997 as an aviation maintenance officer. During her work in industry she was a team leader opening a new manufacturing center with the Frito Lay Company in Visalia, California. Additionally, Mrs. O'Flaherty was an elementary school teacher in Lemoore, California. Mrs. O'Flaherty is a military spouse and has served in numerous leadership positions in military spouse and family organizations. She served as the Asia representative advisor for the Command Spouse Leadership Course in Newport, Rhode Island, and is currently living in Norfolk, Virginia. She is a licensed real estate professional and works in Norfolk and Hampton Roads. In addition to volunteering for military support organizations, Mrs. O'Flaherty is an active volunteer in her children's school.

CSM Roberta Santiago, USAR Retired, -- Castro Valley, California

Roberta Santiago served in U.S. Army Reserve for twenty four years in a variety of assignments including senior legal specialist, personnel staff NCO, senior financial sergeant, first sergeant of a Cargo Transportation Company and command sergeant major of three US Army Reserve hospitals. Her last Army Reserve assignment was as the Command Sergeant Major of the 352nd Combat Support Hospital, Oakland, California. She has been a federal civil servant for over thirty years working for the Departments of Justice, Army, Navy and Homeland Security in resource management, human resources and reserve program management. She has extensive experience volunteering with the Association of the United States Army at the local and national

level supporting the Army through interaction with local installations, reserve and National Guard units, local joint services organizations and family support groups. She currently serves as a Department of Homeland Security civilian for the US Coast Guard.

Colonel Vance Shaw, USAFR Retired, -- McLean, Virginia

Vance Shaw is a retired U.S. Air Force Reserves Colonel and a Vietnam veteran with the Legion of Merit and a Bronze Star. He currently works as a Human Resources consultant with John Snow, Inc. in Arlington, Virginia. He taught AFROTC at Tuskegee University; taught Military History at the US Air Force Academy; and taught as an Adjunct Professor for Johns Hopkins Graduate School of Business. He has facilitated over 2,000 workshops on Human Relations and Diversity. He is a member of Sigma Pi Phi-Boule Fraternity where he mentors high school male students. He is a former member of the Board of Directors at Lake Michigan College. He served as a member of DACOWITS from 2002-2005 and was re-appointed for a second term to DACOWITS in 2006. He has a B.A. in Psychology from Texas A&M University, an M.A. in Police Administration from Michigan State University, and an M.S. in Urban Sociology from the University of Northern Colorado.

Colonel Felipe (Phil) Torres, USMC Retired -- Helotes, Texas

Phil Torres is a retired U.S. Marine Corps Colonel with 34 years of active service and a Vietnam veteran who earned the Silver Star as a Platoon Sergeant. He served in a variety of command and staff assignments in the Marine Corps to include law enforcement, corrections, nuclear security management, leadership development training, and Equal Opportunity Advisor to the Commandant. Col Torres' last assignment on active duty was as the Base Inspector for Marine Corps Bases Japan. In 2000, upon his retirement, he was hired as the Director of Staff Development and Training, Cornerstone Programs Corporation, Englewood, Colorado, a nationally recognized juvenile services company. He is presently self-employed as an Independent Security Contractor/Consultant and Leadership and Teamwork Facilitator/Consultant.

Margaret M. White, -- McLean, Virginia

Margaret White worked as a special assistant for Senator Spencer Abraham of Michigan. She was a research assistant in the Government Relations Department of The Heritage Foundation, a research and educational institution in Washington, DC, where she concentrated on issues related to government oversight and the 1993 Government Performance and Results Act. She received her Bachelor of Arts Degree, *magna cum laude*, in Politics from the University of Dallas in Irving, Texas and her Juris Doctor Degree, *cum laude*, from George Mason University's School of Law in Arlington, Virginia. Presently, she is a volunteer religious education teacher at her local parish.

**APPENDIX C:
INSTALLATIONS VISITED**

**APPENDIX C:
INSTALLATIONS VISITED**

Site	Members	Dates
MCB Quantico, VA	All	29 Mar 07
Coast Guard Sector Corpus Christi, Texas	COL (USMC, Retired) Torres & COL (USAFR, Retired) Shaw	12-14 Apr 07
Naval Forces Hawaii (Pearl Harbor)	Senator Duniphan, Mrs. Balzano, & Mrs. Lassus	22-27 Apr 07
4 th Medical Battalion, San Diego, CA	CSM (USAR, Retired) Santiago & COL (USMC, Retired) Torres	5 May 07
Teleconference with Coast Guard personnel	Mrs. Balzano	11 May 07
McChord AFB, WA	CSM Santiago & COL Shaw	22-23 May 07
Kirtland AFB, NM	Senator Duniphan, The Honorable Diana Denman, & COL Torres	23-24 May 07
VTC with Iraq & Afghanistan	Mrs. White, Mrs. Balzano, COL Shaw & Mrs. O'Flaherty	23-24 May 07
North Carolina National Guard	Senator Duniphan & Mrs. O'Flaherty	2 Jun 07
Fort Bragg, NC	Senator Duniphan & Mrs. O'Flaherty	4-5 Jun 07
Fort Hood, TX	COL Shaw, Mrs. Lassus, & The Honorable Diana Denman	7-10 Jul 07

**APPENDIX D:
FOCUS GROUP PROTOCOLS**

**APPENDIX D-1:
DACOWITS 2007 FOCUS GROUP PROTOCOL
Health Care of Deployed Female Service Members**

SESSION INFORMATION

Location:

Date: Time:

Facilitator:

Recorder:

of Participants Present for Entire Session:

of participants excused:

Reason(s) they were excused:

[Scribe: highlight in bold type the appropriate focus group categories.]

THE FOCUS GROUP KICK-OFF: KEY POINTS TO COVER

- **Distribute and gather mini-surveys (can occur before or after introductions)**
- **Welcome attendees**
 - Thank you for taking the time to join our discussion today.
 - I am ___ (insert name) and I am a member of the DACOWITS Committee, and this is ___ (introduce partner), also a member of DACOWITS.
- **Introduce/define DACOWITS**
 - “Department of Defense Advisory Committee on Women in the Services”
 - DACOWITS is responsible for advising the Department of Defense on issues relating to integration of women in the Armed Forces; it also is tasked to examine family issues related to the recruitment and retention
 - Every year, with input from the Office of the Secretary of Defense, DACOWITS selects specific topics on which to prepare a report for the Secretary of Defense
 - Current topic under examination:
 - Military spouse employment opportunity/Health care for deployed female Service members

- **Explain DACOWITS data collection process**
 - Committee members visit sites across the military
 - Hold focus groups with spouses/female Service members and health care practitioners to tap their experiences/perspectives.
- **Describe how the focus group session will work**
 - This session is intended for participants who are female who have been previously deployed.
 - We have scripted questions
 - The session will last approximately 90 minutes, and we will not take a formal break
 - Each of us has a role to play
 - I serve as an impartial data gatherer and discussion regulator, with help from my co-moderator
 - Our scribe serves as recorder—note she is taking no names.
 - You serve as subject matter experts.
- **Emphasize that participation is voluntary**
 - Your participation in this session is voluntary
 - While we would like to hear from everyone, feel free to answer as many or as few questions as you prefer
 - If you would prefer to excuse yourself from the focus group at this time, you are free to do so
- **Address confidentiality**
 - Information you share is confidential to the maximum extent permitted by law; in fact, my colleagues and I sign a confidentiality agreement pledging to safeguard the confidentiality of the information we gather in these sessions
 - No information will be attributed to you by name
 - You should likewise treat what you hear in this room with confidentiality
- **Explain ground rules**
 - Speak clearly and one at a time
 - There are no right or wrong answers
 - We want to hear the good and the bad
 - We respect and value differences of opinion
 - Please avoid sidebar conversations.
- **Conduct introductions**
 - Our scribe, ___ (insert name), is with Caliber Associates, a research firm hired to record these sessions
 - Now let's go around the room, so you can introduce yourselves (e.g., employment status/recent deployment history)

Introductions/icebreaker: We are here to hear your experiences with female-specific health care as it relates to deployment. Before we get started, let's go around the room and please tell us:

- How you'd like us to refer to you
- When and where you last deployed
- How you came to be a participant in this focus group

A. PRIOR TO DEPLOYMENT

I am going to ask you some questions about the health care you received prior to deployment.

- A1. We assume you received a health screening prior to deployment? (The form that is used is called the "Pre-Deployment Health Assessment.") How many of you remember a pre-deployment screening for health care?
- A2. What additional items if any should the screening have covered?
- A3. If you indicated any health concerns on the screening form how were those concerns addressed prior to deployment?
- A4. How did your health screening assist care providers in identifying and providing in-theater care to you?
- A5. During pre-deployment screening, did anyone provide you female-specific information to prepare you for deployment?
- A6. What could be done differently prior to deployment to help female Service members better prepare to maintain their health while deployed? (e.g., improved checklist, better information, better coordination between garrison/theatre medical activities)

B. DURING DEPLOYMENT

- B1. What, if any, female-specific health needs do you know of that were experienced by female Service members during the deployment?
 - a. Routine?
 - b. Acute?
 - c. Chronic?
- B2. What kinds of female-specific health needs arose, if any, that seemed to be related to or triggered by deployment-related or environmental circumstances?

- B3. What, if any, were the consequences of being unable to meet certain female Service members' health care needs in theatre?
- B4. Mental health during deployment is also an important concern. If at all, how would you rate the care that female Service members received for their mental health concerns?
- B5. How could women's health care in theatre be improved? (e.g., specialized equipment, more comprehensive pharmacy)

C. POST-DEPLOYMENT

- C1. How were female-specific health issues identified after the deployment?
 - a. Routine post-deployment exam for all Service members?
 - b. Post-deployment screening including female-specific questions?
 - c. Up to Service member to seek medical attention?
- C2. How would you rate the care you and others received for these female-specific health needs after deployment?
- C3. Do you know of any female Service members who had post-deployment mental health issues?
- C4. How would you rate the care provided for these mental health needs post-deployment?
- C5. What, if any, were the consequences of any inadequate health care you or anyone you know received during post deployment?
- C6. How could women's health care during post-deployment be improved?

D. WRAP-UP

- D1. (For Reserves only) Do you have any awareness of the ways, if any, that the health care experiences of deployed female reservists differ from those of deployed Active Component females—whether before, during, or after deployment?
- D2. If you could recommend just one change to improve the health care of female Service members who deploy, what would it be?

**APPENDIX D-2:
DACOWITS 2007 FOCUS GROUP PROTOCOL**

Practitioners' Views regarding Health Care of Deployed Female Service Members

SESSION INFORMATION

Location:

Date: Time:

Facilitator:

Recorder:

of Participants Present for Entire Session:

of participants excused:

Reason(s) they were excused:

[Scribe: highlight in bold type the appropriate focus group categories.]

THE FOCUS GROUP KICK-OFF: KEY POINTS TO COVER

- **Distribute and gather mini-surveys (occur before introductions) usually as they come in.**
- **Welcome attendees**
 - Thank you for taking the time to join our discussion today. We appreciate your service.
 - I am ___ (insert name) and I am a member of the DACOWITS Committee, and this is ___(introduce partner), also a member of DACOWITS.
- **Introduce/define DACOWITS**
 - “Department of Defense Advisory Committee on Women in the Services”
 - DACOWITS is responsible for advising the Department of Defense on issues relating to integration of women in the Armed Forces; it also is tasked to examine family issues related to the recruitment and retention
 - Every year, with input from the Office of the Secretary of Defense, DACOWITS selects specific topics on which to prepare a report for the SecDef
 - Current topic under examination: Spousal Employment and Women's Health Care in the theaters of operation Iraq and Afghanistan

- **Explain DACOWITS data collection process**
 - Committee members visit sites across the military
 - Hold focus groups with Service members and family members to tap their experiences/perspectives.
- **Describe how the focus group session will work**
 - This session is intended for participants who are military spouses.
 - We have scripted questions
 - The session will last approximately 90 minutes, and we will not take a formal break
 - Each of us has a role to play
 - I serve as an impartial data gatherer and discussion regulator, with help from my co-moderator
 - Our scribe serves as recorder—note she is taking no names.
 - You serve as subject matter experts.
- **Emphasize that participation is voluntary**
 - Your participation in this session is voluntary
 - While we would like to hear from everyone, feel free to answer as many or as few questions as you prefer.
- **Address confidentiality**
 - Information you share is confidential to the maximum extent permitted by law
 - No information will be attributed to you by name
 - You should likewise treat what you hear in this room with confidentiality.
- **Explain ground rules**
 - Speak clearly and one at a time
 - There are no right or wrong answers
 - We want to hear the good and the bad
 - We respect and value differences of opinion
 - Please avoid sidebar conversations.
- **Conduct introductions**
 - Our scribe, NAME OF SCRIBE is with Caliber Associates, a research firm hired to record these sessions.

Introductions/icebreaker: We are here to hear your experiences with female-specific health care as it relates to deployment. Before we get started, let's go around the room and please tell us:

- How you'd like us to refer to you
- When and where you last deployed
- Your job while deployed and currently
- On a scale of 1-5, how familiar would you say you are with women's deployment-related health care issues, with 1 signifying no familiarity and 5 signifying great familiarity?

A. PRIOR TO DEPLOYMENT

- A1. As far as you know, what does the pre-deployment health screening comprise in terms of female-specific concerns? (The form is called the “Pre-Deployment Health Assessment.)
- A2. If women provide information during the health screening, how is that information used in their behalf?
- A3. During pre-deployment, what kind of female-specific information do women receive from the screeners, or the military?
- A4. How does that information impact women’s health/health care while deployed?
- A5. What could be done differently prior to deployment to help female Service members better prepare to maintain their health while deployed? (e.g., improved checklist, better information, better coordination between garrison/theatre medical activities)

B. DURING DEPLOYMENT

- B1. In your experience, what are the main female-specific health needs that women experience during deployment?
 - a. Routine?
 - b. Acute?
 - c. Chronic?
- B2. What kinds of female-specific health needs arise, if any, that seem to be related to or triggered by deployment-related or environmental circumstances?
- B3. How would you rate the care that women receive for their female-specific health needs in theatre? (Note to moderator, encourage speakers to link their appraisals of care to specific needs.) In terms of:
 - a. Timeliness?
 - b. Appropriate and qualified practitioners?
 - c. Adequacy of pharmacy?
 - d. Access to the Mail Order Pharmacy?
 - e. Availability of lab tests/timely results?
 - f. Adequacy of equipment?
- B4. Mental health during deployment is also an important concern. How would you rate the care that female Service members receive for their mental health concerns?

- B5. What are the consequences of being unable to meet certain female Service members' health care needs in theatre?
- For women (e.g., well-being)?
 - For the military (e.g., mission readiness)?
- B6. How could women's health care in theatre be improved? (e.g., specialized equipment, broader formulary)

A. POST-DEPLOYMENT

- C1. How are female-specific health issues identified after the deployment?
- Routine post-deployment exam for all Service members?
 - Post-deployment screening including female-specific questions?
 - Up to Service member to seek medical attention?
- C2. Do redeployed female Service members tend to experience any particular female-specific health issues?
- Issues related to being deployed?
 - Issues related to lack of care or inadequate care while deployed?
- C3. How would you rate the care that women receive for these female-specific health needs after deployment?
- C4. How would you rate the care you and others received for any mental health needs after deployment?
- C5. (If participants rate care unfavorably) What were the consequences of these problems that you have identified with the health care or mental health care available to female Service members who have returned from deployment?
- For women (e.g., well-being)
 - For the military (e.g., mission readiness, retention)
- C6. How could women's health care during post-deployment be improved?

D. WRAP-UP

- D1. Do you have any awareness of the ways, if any, that the health care experiences of deployed female reservists differ from those of deployed Active Component females—whether before, during, or after deployment?
- D2. If you could recommend just one change to improve the health care of female Service members who deploy, what would it be?

**APPENDIX D-3:
DACOWITS 2007 FOCUS GROUP PROTOCOL**

Military Spouse Employment Opportunity Protocol (for Civilian Spouses Only)

SESSION INFORMATION

Location:

Date: Time:

Facilitator:

Recorder:

of Participants Present for Entire Session:

of participants excused:

Reason(s) they were excused:

[Scribe: highlight in bold type the appropriate focus group categories.]

THE FOCUS GROUP KICK-OFF: KEY POINTS TO COVER

- **Distribute and gather mini-surveys (can occur before or after introductions)**
- **Welcome attendees**
 - Thank you for taking the time to join our discussion today.
 - I am ___ (insert name) and I am a member of the DACOWITS Committee, and this is ___ (introduce partner), also a member of DACOWITS.
- **Introduce/define DACOWITS**
 - “Department of Defense Advisory Committee on Women in the Services”
 - DACOWITS is responsible for advising the Department of Defense on issues relating to integration of women in the Armed Forces; it also is tasked to examine family issues related to the recruitment and retention
 - Every year, with input from the Office of the Secretary of Defense, DACOWITS selects specific topics on which to prepare a report for the Secretary of Defense
 - Current topic under examination:
 - Military spouse employment opportunity/Health care for deployed female Service members

- **Explain DACOWITS data collection process**
 - Committee members visit sites across the military
 - Hold focus groups with spouses/female Service members and health care practitioners to tap their experiences/perspectives.
- **Describe how the focus group session will work**
 - This session is intended for participants who are military spouses.
 - We have scripted questions
 - The session will last approximately 90 minutes, and we will not take a formal break
 - Each of us has a role to play
 - I serve as an impartial data gatherer and discussion regulator, with help from my co-moderator
 - Our scribe serves as recorder—note she is taking no names.
 - You serve as subject matter experts.
- **Emphasize that participation is voluntary**
 - Your participation in this session is voluntary
 - While we would like to hear from everyone, feel free to answer as many or as few questions as you prefer
 - If you would prefer to excuse yourself from the focus group at this time, you are free to do so
- **Address confidentiality**
 - Information you share is confidential to the maximum extent permitted by law
 - No information will be attributed to you by name
 - You should likewise treat what you hear in this room with confidentiality.
- **Explain ground rules**
 - Speak clearly and one at a time
 - There are no right or wrong answers
 - We want to hear the good and the bad
 - We respect and value differences of opinion
 - Please avoid sidebar conversations.
- **Conduct introductions**
 - Our scribe, ___ (insert name), is with Caliber Associates, a research firm hired to record these sessions
 - Now let's go around the room, so you can introduce yourselves (e.g., employment status/recent deployment history)

A. MILITARY SPOUSE CAREERS

We'll start by talking about careers as opposed to working in a job. We recognize that some spouses chose to stay at home.

A1. If you are in a career now what attracted you to it?

- A2. How many of you have already received education/training for a specific career?
(Show of hands)
- A3. Are you currently working in that career?
- A4. If you want to pursue a career in the future what would attract you to a specific career?
(Portable/mobile; require certification/licensure; require college degree; require technical training)
- A5. How many of you would like to pursue a particular career field or work in particular industry that you are not in now? (Show of hands)
- A6. How many of you are interested in a career that allows you to work from your home?
(Show of hands)
- A7. What type of career do you envision out of your home?

B. PROTOCOL QUESTION FOR ACTIVE COMPONENT CIVILIAN SPOUSES ONLY

- B1. What is the main thing that prevents you (or military spouses in general) from pursuing your career goals?
- B2. How do frequent relocations impact your career?
- B3. How problematic is having to get new certifications and licenses when you move to a new state?
- B4. How does frequent PCS impact career progression and tenure?
- B5. Are there other things that prevent you from pursuing your career goals?

C. PROTOCOL QUESTION FOR NATIONAL GUARD /RESERVE CIVILIAN SPOUSES ONLY

- C1. When RC Service members deploy, what is the impact on RC spouse employment?
- C2. How does deployment typically affect RC family income and need for spouse income?
- C3. How does deployment affect employed RC spouses' ability to continue working?
- C4. What can be done to minimize the negative impact of deployment on RC spouse employment?

D. MILITARY SPOUSE EMPLOYMENT

As we know, one may be employed without having a career. One may also be employed outside of their career. Let's now turn from the topic of careers to the topic of Jobs.

- D1. What are the opportunities to obtain employment at a new location prior to relocating?
- D2. How do you go about obtaining employment information once you've arrived at your new location?
- D3. Is there a difference in how you seek out information about civilian employment versus government jobs?
- D4. What resources/programs/tools/initiatives are you aware of that could help you find employment?
- D5. To what extent have you used these resources? (Have participants specify which resource they are speaking about)
- D6. How helpful did you find them? (Have participants specify which resource they are speaking about)

E. MILITARY SPOUSE TRAINING AND EDUCATION NEEDS

Certain training and education can be prerequisite for some jobs and careers.

- E1. What education or training do you need in order to pursue your career or to help you be employable?
- E2. Where or how do you obtain information about the kind of education and training you need?
- E3. What prevents you from obtaining the education and training you need?
 - a. Cost?
 - b. Other obstacles?
- E4. How does the difficulty of obtaining the education and training you need affect what you and your spouse think about staying in the military?
- E5. What could the military do to better meet your education and training needs?

F. WRAP-UP

- F1. What could the military do in general to better meet your employment/career needs?

**APPENDIX E:
MINI-SURVEYS**

**APPENDIX E-1:
DACOWITS MINI-SURVEY**

Health Care of Deployed Female Service Members (completed by female Service members)

1. **What is your branch of Service?**
- Air Force Navy
 Army Army Reserve
 Coast Guard Marine Reserve
 Marine Corps Army National Guard

2. **What is your age?** _____

3. **What is your paygrade?** _____

4. **What is your marital status?**
- Single, with no significant other
 Single, but with a significant other
(e.g., girlfriend/boyfriend, fiancée)
 Married
 Divorced or legally separated
 Widowed

5. **How many dependent children in the following age groups are living with you?**

- _____ Infant/Toddler (birth to 2 years)
_____ Pre-K - Kindergarten (3 - 5 years)
_____ Elementary (6 - 10 years)
_____ Middle School (11 - 13 years)
_____ High School (14 - 17 years)
_____ 18 or over

6. **In the past 3 years, about how much time in total have you spent deployed?**

- Less than 1 month
 1 - 3 months
 4 - 6 months
 7 - 9 months
 10 months to less than 1 year
 1 year to 18 months
 More than 18 months, but less than 2 years
 2 years or more

7. **What are the dates of your last deployment?**

Deployed _____ Redeployed _____

8. **During your most recent deployment, to what extent were you satisfied with the quality of medical care, tests, or treatment?**

- I did not use any medical care or services.
 Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

9. **During your most recent deployment, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?**

- A big problem
 A small problem
 Not a problem
 I had no need for care, tests, or treatment

10. **During your most recent deployment, how would you rate the pharmacy or the TRICARE Mail Order Pharmacy (TMOP) for female specific health care?**

- Does not apply, I have not used this.
 Very satisfied
 Satisfied
 Neither satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

11. **How helpful to you was the mandatory medical screening prior to/after deployment? Please mark one answer in each column.**

FACTOR: Mandatory Medical Screening	How helpful to you:	
	Prior to deployment?	After deployment?
Extremely helpful	<input type="radio"/>	<input type="radio"/>
Very helpful	<input type="radio"/>	<input type="radio"/>
Moderately helpful	<input type="radio"/>	<input type="radio"/>
Slightly helpful	<input type="radio"/>	<input type="radio"/>
Not at all helpful	<input type="radio"/>	<input type="radio"/>
Did not receive this	<input type="radio"/>	<input type="radio"/>

12. **How helpful to you was the mandatory mental health screening prior to/after deployment? Please mark one answer in each column.**

FACTOR: Mandatory Mental Health Screening	How helpful to you:	
	Prior to deployment?	After deployment?
Extremely helpful	<input type="radio"/>	<input type="radio"/>
Very helpful	<input type="radio"/>	<input type="radio"/>
Moderately helpful	<input type="radio"/>	<input type="radio"/>
Slightly helpful	<input type="radio"/>	<input type="radio"/>
Not at all helpful	<input type="radio"/>	<input type="radio"/>
Did not receive this	<input type="radio"/>	<input type="radio"/>

Please see next page.

13. Please rate the importance of female-specific health care prior to, during, and after deployment in your decision to stay in or leave the military. Please mark one answer in each column.

FACTOR: Health Care	How important in your decision to stay or leave:		
	Prior to deployment?	During deployment?	After deployment?
Very Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderately Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slightly Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all Important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know/ Does not apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How would you rate the care you and others received for these female-specific health needs during deployment? Please rate for each factor:

FACTORS	Adequacy of female-specific care:				
	1 Very Good	2 Good	3 Adequate	4 Not Adequate	5 Not Observed
Timeliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Qualified Practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Mail order Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely Results of Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**APPENDIX E-2:
DACOWITS 2007 MINI-SURVEY**

Health Care of Deployed Female Service Members (completed by practitioners)

- 1. What is your branch of Service?**
- Air Force Navy
 - Army Army Reserve
 - Coast Guard Marine Reserve
 - Marine Corps Army National Guard

- 2. What is your discipline?**
- Physician. Specialty: _____
 - Physician's assistant. Specialty: _____
 - Nurse practitioner. Specialty: _____
 - I am a nurse
 - Other: _____

- 3. What is your gender?**
- Female
 - Male

4. What is your age? _____

5. What is your paygrade? _____

- 6. In the past 3 years, about how much time in total have you spent deployed?**
- Less than 1 month
 - 1 - 3 months
 - 4 - 6 months
 - 7 - 9 months
 - 10 months to less than 1 year
 - 1 year to 18 months
 - More than 18 months, but less than 2 years
 - 2 years or more

7. What are the dates of your last deployment?
Deployed _____ Redeployed _____

- 8. During your most recent deployment, how stressful were concerns about personal health to the female Service members you treated?**
- Not at all
 - Slightly
 - Moderately
 - Highly
 - Very highly
 - Extremely highly
 - I do not know

- 9. During your most recent deployment, how would you rate the pharmacy or the TRICARE Mail Order Pharmacy (TMOP) for female specific health care?**
- Does not apply, I have not used this.

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

10. How helpful to female Service members is the mandatory medical screening prior to/after deployment?

Please mark one answer in each column.

FACTOR: Mandatory Medical Screening	How helpful to you:	
	Prior to deployment?	After deployment?
Extremely helpful	○	○
Very helpful	○	○
Moderately helpful	○	○
Slightly helpful	○	○
Not at all helpful	○	○
I do not know	○	○

11. How helpful to female Service members is the mandatory mental health screening prior to/after deployment?

Please mark one answer in each column.

FACTOR: Mandatory Mental Health Screening	How helpful to you:	
	Prior to deployment?	After deployment?
Extremely helpful	○	○
Very helpful	○	○
Moderately helpful	○	○
Slightly helpful	○	○
Not at all helpful	○	○
Did not receive this	○	○

12. During your most recent deployment, to what extent were you satisfied with the quality of care, tests, or treatment available for female Service members?

- Does not apply, I have not used this.
- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

13. During your most recent deployment, how much of a problem, if any, was it for female Service members to get the care, tests, or treatment they or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem
- I do not know

**APPENDIX E-3:
DACOWITS 2007 MINI-SURVEY**

Military Spouse Employment Opportunity (completed by civilian spouses)

1. **What is your age?** _____
2. **What is your gender?**
 - Female
 - Male
3. **How many dependent children in the following age groups are living with you?**
 - _____ Infant/Toddler (birth to 2 years)
 - _____ Pre-K - Kindergarten (3 - 5 years)
 - _____ Elementary (6 - 10 years)
 - _____ Middle School (11 - 13 years)
 - _____ High School (14 - 17 years)
 - _____ 18 or over
4. **How many years have you been a civilian military spouse?**

5. **How many times have you PCSed?** _____
6. **What is the highest level of education you have completed?**
 - Some high school or less, but no diploma, certificate, or GED
 - High school diploma or GED
 - From 1 to 2 years of college, but no degree
 - Associate degree
 - From 3 to 4 years of college, but no degree
 - Bachelor's degree
 - A year or more of graduate credit, but no graduate degree
 - Master's degree
 - Doctorate degree
 - Professional degree, such as MD, DDS, or JD
7. **What is your current employment status? Mark ALL that apply.**
 - Employed full-time
 - Employed part-time
 - Not employed, currently looking for employment
 - Not employed, not currently looking for employment but would like a paying job
 - Not employed, not looking for employment and do not want a paying job now
 - Volunteer my time
 - In school
8. **Which category best describes the job activity or business you would like to be involved in even if you are not involved in it now? If you currently enjoy your job mark the category that best describes your current job.**
 - Clerical or Administrative Support (secretary, bookkeeper, mailroom supervisor, mail clerk, cashier, bank teller, etc.)
 - Construction, Mining, or Drilling (skilled construction worker such as carpenter, plumber, supervisor, roofer, miner, well driller, etc.)
 - Craft or Precision Production (automobile body repairer, aircraft mechanic, cabinet maker, heating and air conditioning repairer, carpet installer, baker, etc.)
 - Executive, Administrative, or Managerial (company executive, personnel manager, accountant, school principal, public official, etc.)
 - Farming, Forestry, or Fishing (farm owner, nursery worker, farm worker, field supervisor, gardener, logger, etc.)
 - Laborer, Helper, Handler, Equipment Cleaner (unskilled construction worker, dock worker, machinist helper, stock handler, car washer, etc.)
 - Machine Operator, Assembler, or Inspector (laundry and dry cleaning machine operator, sewing machine operator, mill supervisor, furniture assembler, meat inspector, welder, etc.)
 - Mechanic or Repairer (automobile or aircraft mechanic, maintenance supervisor, television repairer, locksmith, etc.)
 - Professional (doctor, registered nurse, lawyer, engineer, scientist, teacher, social worker, accountant, chemist, dietician, artist.)
 - Protective service (police officer, firefighter, security guard, etc.)
 - Sales (real estate or insurance agent, sales clerk, automobile sales, etc.)
 - Service (childcare worker, dental assistant, waiter/waitress, teacher's aide, cook, beautician, housekeeper, hospital orderly, etc.)
 - Technician (computer programmer, paralegal, dental hygienist, licensed practical nurse, laboratory technician, air traffic controller, airplane pilot and navigator, etc.)
 - Transportation or Material Moving (truck or bus driver, railroad conductor, chauffeur, taxicab driver, etc.)
 - Working From Home
 - Other

9. How well do your qualifications match the work you do in your current primary job?

- Not applicable; I am not employed
- I am greatly overqualified for the work
- I am somewhat overqualified for the work
- My qualifications are appropriate for the work
- I am somewhat underqualified for the work
- I am greatly underqualified for the work

10. How well informed are you about the Spouse Employment Program?

- Not informed
- Somewhat informed
- Well informed

11. To what extent are you satisfied or dissatisfied with each of the following:

FACTOR	Extent of satisfaction:				
	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
Your educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employment opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your long-term career opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What is your spouse's branch of Service?

- Air Force Navy
- Army Army Reserve
- Coast Guard Marine Reserve
- Marine Corps Army National Guard

13. What is your spouse's pay grade? _____

**APPENDIX F:
MINI-SURVEY RESULTS**

**APPENDIX F-1:
MINI-SURVEY RESULTS FOR SERVICE MEMBERS**

Demographic Profile of Female-Specific Health Care Focus Group Participants (N= 269)*		
Variable	N	Percent
Gender:		
Female	269	100%
Male	0	0%
Total	269	100%
Service:		
Army	71	26%
Navy	44	16%
Marine Corps	32	12%
Air Force	45	17%
Coast Guard	3	1%
Amy Reserve	17	6%
Marine Reserve	29	11%
Navy Reserve	1	1%
Army National Guard	26	10%
Air National Guard	1	1%
Total	269	100%
Pay Grade:		
E1	1	0%
E2	1	0%
E3	18	7%
E4	45	17%
E5	36	13%
E6	31	12%
E7	25	9%
E8/E9	10	3%
WO	6	2%
O1	1	0%
O2	15	6%
O3	39	15%
O4	27	10%
O5/O6	11	4%
Total	266	100%
Marital Status:		
Single, with no significant other	54	20%
Single, but with a significant other	65	24%
Married	108	41%
Divorced or Legally Separated	38	14%
Widowed	1	1%
Total	266	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

Demographic Profile of Female-Specific Health Care Focus Group Participants (continued)*		
Variable	N	Percent
Dependent Children Living with You:		
Yes	155	59%
No	107	41%
Total	262	100%
Number of Dependent Children by Age:		
Infant/Toddler (birth to 2 years)	29	18%
Pre-K- Kindergarten (3-5 years)	29	18%
Elementary (6-10 years)	33	21%
Middle School (11-13 years)	28	18%
High School (14-17 years)	25	16%
18 or over	14	9%
Total	158	100%
Age		
18-20	5	2%
21-25	62	23%
26-30	73	27%
31-35	51	19%
36-40	42	16%
41-45	21	8%
46-	13	5%
Total	267	100%

*Not every participant answered each question.

In the past 3 years, about how much time in total have you spent deployed?*			
Variable		N	Percent
Time Spent Deployed (Past 36 Months)	Have not been deployed	15	6%
	1-3 Months	12	5%
	4-6 Months	57	24%
	7-9 Months	43	18%
	10 months to less than 1 year	30	12%
	1 year to 18 months	64	26%
	More than 18 months, but less than 2 years	15	6%
	2 years or more	6	2%
Total		242	100%
Current Deployment Status	Currently Deployed	34	13%
	Not currently deployed	235	87%
	Total	269	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

During your most recent deployment, to what extent were you <u>satisfied</u> with the quality of medical care, tests, or treatment?*		
Rating	N	Percent
I did not use any medical care or services	45	18%
Very satisfied	42	17%
Satisfied	91	36%
Neither satisfied nor dissatisfied	45	18%
Dissatisfied	24	10%
Very dissatisfied	4	2%
Total	251	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

During your most recent deployment, <u>how much of a problem</u>, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?*		
Rating	N	Percent
A big problem	15	6%
A small problem	57	23%
Not a problem	125	49%
I had no need for care, tests, or treatment	56	22%
Total	253	100%

*Not every participant answered each question.

During your most recent deployment, how would you rate the pharmacy or the TRICARE Mail Order Pharmacy (TMOP) for female-specific health care?*		
Rating	N	Percent
Does not apply, I have not used this	153	60%
Very satisfied	19	8%
Satisfied	42	17%
Neither satisfied nor dissatisfied	28	11%
Dissatisfied	9	4%
Very dissatisfied	2	1%
Total	253	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

How helpful to you was the mandatory <u>medical</u> screening prior to/after deployment?*			
	Rating	N	Percent
Prior to Deployment?	Extremely helpful	28	11%
	Very helpful	48	19%
	Moderately helpful	74	29%
	Slightly helpful	46	18%
	Not at all helpful	44	17%
	Did not receive this	13	5%
	Total	253	100%
After deployment?	Extremely helpful	23	10%
	Very helpful	43	18%
	Moderately helpful	54	23%
	Slightly helpful	37	16%
	Not at all helpful	55	23%
	Did not receive this	25	11%
	Total	237	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

How helpful to you was the mandatory <u>mental health</u> screening prior to/after deployment?*			
	Rating	N	Percent
Prior to Deployment?	Extremely helpful	12	5%
	Very helpful	26	10%
	Moderately helpful	37	15%
	Slightly helpful	38	15%
	Not at all helpful	65	26%
	Did not receive this	73	29%
	Total	251	100%
After deployment?	Extremely helpful	20	9%
	Very helpful	22	9%
	Moderately helpful	36	15%
	Slightly helpful	39	17%
	Not at all helpful	56	24%
	Did not receive this	62	26%
	Total	235	100%

*Not every participant answered each question.

How would you rate the care you and others received for these female-specific health needs during deployment? In terms of:*			
	Rating	N	Percent
Timeliness?	Very Good	39	16%
	Good	51	21%
	Adequate	75	31%
	Not Adequate	27	11%
	Not Observed	53	22%
	Total	245	100%
Qualified Practitioners?	Very Good	40	16%
	Good	53	21%
	Adequate	65	26%
	Not Adequate	36	15%
	Not Observed	55	22%
	Total	249	100%
Adequacy of Pharmacy?	Very Good	30	12%
	Good	45	18%
	Adequate	70	29%
	Not Adequate	29	12%
	Not Observed	72	29%
	Total	246	100%
Access to Mail order Pharmacy?	Very Good	16	7%
	Good	14	6%
	Adequate	29	12%
	Not Adequate	19	8%
	Not Observed	167	68%
	Total	245	100%
Timely Results of Tests?	Very Good	20	8%
	Good	36	15%
	Adequate	59	24%
	Not Adequate	25	10%
	Not Observed	106	43%
	Total	246	100%
Adequacy of Equipment?	Very Good	21	9%
	Good	50	20%
	Adequate	61	25%
	Not Adequate	32	13%
	Not Observed	82	33%
	Total	246	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

Please rate the importance of female-specific health care prior to, during, and after deployment in your decision to stay in or leave the military.*			
	Rating	N	Percent
Prior to Deployment?	Very Important	100	40%
	Moderately Important	37	15%
	Slightly Important	43	17%
	Not at all Important	39	16%
	Don't know/ Does not apply	32	13%
	Total	251	100%
During deployment?	Very Important	89	36%
	Moderately Important	42	17%
	Slightly Important	43	17%
	Not at all Important	38	15%
	Don't know/ Does not apply	37	14%
	Total	249	100%
After deployment?	Very Important	104	42%
	Moderately Important	35	14%
	Slightly Important	38	16%
	Not at all Important	34	14%
	Don't know/ Does not apply	34	14%
	Total	245	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

**APPENDIX F-2:
MINI-SURVEY RESULTS FOR HEALTH CARE PRACTITIONERS**

Demographic Profile of Health Care Practitioner Focus Group Participants (N=39)*		
Variable	N	Percent
Gender:		
Female	30	77%
Male	9	23%
Total	39	100%
Service:		
Army	10	26%
Navy	11	28%
Air Force	16	41%
Amy Reserve	1	2.5%
Army National Guard	1	2.5%
Total	39	100%
Pay Grade:		
E4	2	5%
E5	2	5%
E6	2	5%
E7	1	3%
O2	2	5%
O3	10	26%
O4	10	26%
O5	9	24%
Total	38	100%
Discipline:		
Physician	8	20%
Physician's Assistant	5	13%
Nurse Practitioner	6	15%
Nurse	10	26%
Other	10	26%
Total	39	100%
Specialty:		
Family Practice/Family Medicine	9	35%
Aerospace Services Craftsman	2	7.5%
OB/GYN	2	7.5%
Other	13	50%
Total	26	100%
Age:		
20-29	5	13%
30-39	16	42%
40 and above	17	45%
Total	38	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

In the past 3 years, about how much time in total have you spent deployed?*			
Variable		N	Percent
Time Spent Deployed (Past 36 Months)	Have not been deployed	9	24%
	Less than 1 month	6	16%
	1-3 Months	1	3%
	4-6 Months	7	18%
	7-9 Months	7	18%
	10 months to less than 1 year	3	8%
	1 year to 18 months	3	8%
	More than 18 months, but less than 2 years	2	5%
	Total	38	100%
Current Deployment Status	Currently Deployed	9	23%
	Not currently deployed	30	77%
	Total	39	100%

*Not every participant answered each question.

During your most recent deployment, how stressful were concerns about personal health to the female Service members you treated?*		
Rating	N	Percent
Not at all	5	15%
Slightly	8	24%
Moderately	10	30%
Highly	3	9%
Very highly	1	3%
Extremely highly	1	3%
I do not know	5	15%
Total	33	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

During your most recent deployment, how would you rate the pharmacy or the TRICARE Mail Order Pharmacy (TMOP) for female-specific health care?*		
Rating	N	Percent
Does not apply, I have not used this.	18	53%
Very satisfied	4	12%
Satisfied	8	24%
Neither satisfied nor dissatisfied	4	12%
Dissatisfied	0	0
Very dissatisfied	0	0
Total	34	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

How helpful to female Service members is the mandatory <u>medical</u> screening prior to/after deployment?*			
	Rating	N	Percent
Prior to Deployment?	Extremely helpful	5	14%
	Very helpful	6	17%
	Moderately helpful	4	11%
	Slightly helpful	5	14%
	Not at all helpful	5	14%
	I do not know	11	31%
	Total	36	100%
After deployment?	Extremely helpful	4	13%
	Very helpful	3	10%
	Moderately helpful	4	13%
	Slightly helpful	6	20%
	Not at all helpful	2	7%
	I do not know	11	37%
	Total	30	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

How helpful to female Service members is the mandatory <u>mental health</u> screening prior to/after deployment?*			
	Rating	N	Percent
Prior to Deployment?	Extremely helpful	2	6%
	Very helpful	2	6%
	Moderately helpful	4	11%
	Slightly helpful	6	17%
	Not at all helpful	2	6%
	Did not receive this	19	54%
	Total	35	100%
After deployment?	Extremely helpful	2	7%
	Very helpful	3	10%
	Moderately helpful	3	10%
	Slightly helpful	8	27%
	Not at all helpful	0	0%
	Did not receive this	14	47%
	Total	30	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

During your most recent deployment, to what extent were you <u>satisfied</u> with the quality of care, tests, or treatment available for female Service members?*		
Rating	N	Percent
Does not apply, I have not used this	13	37%
Very satisfied	4	11%
Satisfied	12	34%
Neither satisfied nor dissatisfied	5	14%
Dissatisfied	1	3%
Very dissatisfied	0	0%
Total	35	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

During your most recent deployment, <u>how much of a problem</u>, if any, was it for female Service members to get the care, tests, or treatment they or a doctor believed necessary?*		
Rating	N	Percent
A big problem	0	0%
A small problem	11	32%
Not a problem	8	24%
I do not know	15	44%
Total	34	100%

*Not every participant answered each question.

**APPENDIX F-3:
MINI-SURVEY RESULTS FOR MILITARY SPOUSES**

Demographic Profile of Spouse Employment Focus Group Participants (N=101)*		
Variable	N	Percent
Gender:		
Female	99	98%
Male	2	2%
Total	101	100%
Spouse's Branch of Service:		
Army	38	38%
Navy	16	16%
Marine Corps	9	9%
Air Force	29	29%
Coast Guard	3	3%
Army National Guard	5	5%
Total	100	100%
Spouse's Pay Grade:		
E2	1	1%
E3	4	4%
E4	21	21%
E5	20	20%
E6	9	9%
E7	8	8%
E8	3	3%
E9	7	7%
WO	2	2%
O2	1	1%
O3	6	6%
O4	4	4%
O5	9	9%
O6	3	3%
Total	98	100%
Years as a Military Spouse:		
Less than 1	7	7%
1-5	32	33%
6-10	24	25%
11-15	16	17%
16-20	10	10%
21-	7	7%
Total	96	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

Number of PCS Moves:		
0	17	18%
1	23	25%
2	7	8%
3	10	11%
4	16	17%
5	5	5%
6	6	7%
7-9	4	4%
10-12	2	2%
13+	3	3%
Total	93	100%
Highest Level of Education Completed:		
High school diploma or GED	13	13%
From 1 to 2 years of college, but no degree	28	28%
Associate degree	11	11%
From 3 to 4 years of college, but no degree	8	8%
Bachelor's degree	18	18%
A year or more of graduate credit, but no graduate degree	1	1%
Master's degree	21	21%
Professional degree, such as MD, DDS, or JD	1	1%
Total	101	100%
Dependent Children Living with You:		
No	33	33%
Yes	68	67%
Total	101	100%
Presence of Dependent Children, by Age:		
Yes-Infant/Toddler (birth to 2 years)	24	21%
Yes-Pre-K- Kindergarten (3-5 years)	17	15%
Yes-Elementary (6-10 years)	26	23%
Yes-Middle School (11-13 years)	19	17%
Yes-High School (14-17 years)	19	17%
Yes-18 or over	8	7%
Total	113	100%
Age:		
18-25	20	20%
26-30	19	19%
31-35	18	18%
36-40	19	19%
41-45	15	15%
46-50	6	6%
51 and up	3	3%
Total	100	100%

Not every participant answered each question. Percentages may not sum to 100 due to rounding.

Which category best describes the job activity or business you would like to be involved in even if you are not involved in it now?*		
Job/Business Activity	N	Percent
Professional (doctor, registered nurse, lawyer, engineer, scientist, teacher, social worker, accountant, chemist, dietician, artist.)	39	29%
Employed part-time Clerical or Administrative Support (secretary bookkeeper, mailroom supervisor, mail clerk, cashier, bank teller, etc.)	21	16%
Executive, Administrative, or Managerial (company executive, personnel manager, accountant, school principal, public official, etc.)	15	11%
Working from Home	15	11%
Other	14	10%
Service (childcare worker, dental assistant, waiter/waitress, teacher's aide, cook, beautician, housekeeper, hospital orderly, etc.)	10	7%
Technician (computer programmer, paralegal, dental hygienist, licensed practical nurse, laboratory technician, air traffic controller, airplane pilot and navigator, etc.)	10	7%
Protective service (police officer, firefighter, security guard, etc.)	5	4%
Sales (real estate or insurance agent, sales clerk, automobile sales, etc.)	2	2%
Farming, Forestry, or Fishing (farm owner, nursery worker, farm worker, field supervisor, gardener, logger, etc.)	1	1%
Laborer, Helper, Handler, Equipment Cleaner (unskilled construction worker, dock worker, machinist helper, stock handler, car washer, etc.)	1	1%
Transportation or Material Moving (truck or bus driver, railroad conductor, chauffeur, taxicab driver, etc.)	1	1%
Total	134	100%

Not every participant answered each question.

*Respondents could choose all that apply

How well do your qualifications match the work you do in your current primary job?*		
Rating	N	Percent
Not applicable; I am not employed	41	41%
I am greatly overqualified for the work	7	7%
I am somewhat overqualified for the work	11	11%
My qualifications are appropriate for the work	40	40%
I am somewhat underqualified for the work	1	1%
I am greatly underqualified for the work	0	0%
Total	100	100%

*Not every participant answered each question.

How well informed are you about the Spouse Employment Program?*		
Rating	N	Percent
Not informed	37	37%
Somewhat informed	44	44%
Well informed	19	19%
Total	100	100%

*Not every participant answered each question.

To what extent are you satisfied or dissatisfied with each of the following:			
	Rating	N	Percent
Educational Opportunities?	Very Satisfied	20	20%
	Satisfied	33	33%
	Neither Satisfied nor Dissatisfied	31	31%
	Dissatisfied	10	10%
	Very Dissatisfied	5	5%
	Total	99	100%
Employment Opportunities?	Very Satisfied	9	9%
	Satisfied	30	31%
	Neither Satisfied nor Dissatisfied	29	30%
	Dissatisfied	21	21%
	Very Dissatisfied	9	9%
	Total	98	100%
Long-term Career Opportunities?	Very Satisfied	9	9%
	Satisfied	25	26%
	Neither Satisfied nor Dissatisfied	32	33%
	Dissatisfied	21	21%
	Very Dissatisfied	11	11%
	Total	98	100%

*Not every participant answered each question. Percentages may not sum to 100 due to rounding.

**APPENDIX G:
PRE/POST DEPLOYMENT HEALTH ASSESSMENT FORMS**



33823

APPENDIX G-1 PRE-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health before possible deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name

MI

Deploying Unit

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Gender

- Male
- Female

Service Branch

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Other

Component

- Active Duty
- National Guard
- Reserves
- Civilian Government Employee

Pay Grade

- E1 O1 W1
- E2 O2 W2
- E3 O3 W3
- E4 O4 W4
- E5 O5 W5
- E6 O6 Other
- E7 O7
- E8 O8
- E9 O9
- O10

Location of Operation

- Europe Australia
- SW Asia Africa
- SE Asia Central America
- Asia (Other) Unknown
- South America

Deployment Location (IF KNOWN) (CITY, TOWN, or BASE):

List country (IF KNOWN):

Name of Operation:

Administrator Use Only

Indicate the status of each of the following:

- | Yes | No | N/A | |
|-----------------------|-----------------------|-----------------------|---------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical threat briefing completed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Medical information sheet distributed |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Serum for HIV drawn within 12 months |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Immunizations current |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PPD screening within 24 months |





33823

PLEASE FILL IN SOCIAL SECURITY #

SSN input boxes: [][][] - [][] - [][][][]

Health Assessment

- 1. Would you say your health in general is: Excellent Very Good Good Fair Poor
- 2. Do you have any medical or dental problems? Yes No
- 3. Are you currently on a profile, or light duty, or are you undergoing a medical board? Yes No
- 4. Are you pregnant? (FEMALES ONLY) Don't Know Yes No
- 5. Do you have a 90-day supply of your prescription medication or birth control pills? N/A Yes No
- 6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment? N/A Yes No
- 7. During the past year, have you sought counseling or care for your mental health? Yes No
- 8. Do you currently have any questions or concerns about your health? Yes No

Please list your concerns:

Two horizontal lines for listing concerns

Service Member Signature

I certify that responses on this form are true.

Signature box

Pre-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

- None
- Cardiac
- Combat / Operational Stress Reaction
- Dental
- Dermatologic
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multisystem complaint
- GI
- GU
- GYN
- Mental Health
- Neurologic
- Orthopedic
- Pregnancy
- Pulmonary
- Other _____

FINAL MEDICAL DISPOSITION:

- Deployable
- Not Deployable

Comments: (If not deployable, explain)

Three horizontal lines for comments

I certify that this review process has been completed.

Provider's signature and stamp:

Signature box

Date (dd/mm/yyyy)

Date input boxes: [][] / [][] / [][][][]

End of Health Review

33823



Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- Health stayed about the same or got better
- Health got worse

2. How many times were you seen in sick call during this deployment?

--	--

No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- No
- Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?

- Smallpox (leaves a scar on the arm)
- Anthrax
- Botulism
- Typhoid
- Meningococcal
- Other, list: _____
- Don't know
- None

5. Did you take any of the following medications during this deployment?

- (mark all that apply)*
- PB (pyridostigmine bromide) nerve agent pill
 - Mark-1 antidote kit
 - Anti-malaria pills
 - Pills to stay awake, such as dexedrine
 - Other, please list _____
 - Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now		No	Yes During	Yes Now	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin diseases or rashes				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness of eyes with tearing				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dimming of vision, like the lights were going out				

7. Did you see anyone wounded, killed or dead during this deployment?

(mark all that apply)

- No
- Yes - coalition
- Yes - enemy
- Yes - civilian

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

- No
- Yes

8. Were you engaged in direct combat where you discharged your weapon?

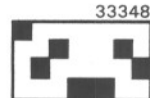
- No
- Yes (land sea air)

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

- | None | Some | A Lot | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Little interest or pleasure in doing things |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling down, depressed, or hopeless |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thoughts that you would be better off dead or hurting yourself in some way |

9. During this deployment, did you ever feel that you were in great danger of being killed?

- No
- Yes



Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

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Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: Excellent Very Good Good Fair Poor
2. Do you have any medical or dental problems that developed during this deployment? Yes No
3. Are you currently on a profile or light duty? Yes No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? Yes No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? Yes No
Please list concerns: _____
6. Do you currently have any questions or concerns about your health? Yes No
Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- None
- Cardiac
- Combat/Operational Stress Reaction
- Dental
- Dermatologic
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multisystem complaint
- Audiology

- GI
- GU
- GYN
- Mental Health
- Neurologic
- Orthopedic
- Pregnancy
- Pulmonary
- Other _____

EXPOSURE CONCERNS (During deployment):

- Environmental
- Occupational
- Combat or mission related
- None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

--

This visit is coded by V70.5 __ 6

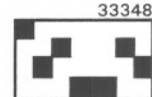
Date (dd/mm/yyyy)

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End of Health Review

DD FORM 2796, APR 2003

ASD(HA) APPROVED



APPENDIX G-3

POST-DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, 1074f, 3013, 5013, 8013 and E.O. 9397.

PRINCIPAL PURPOSE(S): To assess your state of health after deployment in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care you may need. The information you provide may result in a referral for additional healthcare that may include medical, dental or behavioral healthcare or diverse community support services.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, to other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

DISCLOSURE: Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before entering your response or marking your selection. **YOU ARE ENCOURAGED TO ANSWER EACH QUESTION.** Withholding or providing inaccurate information may impair a healthcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help. Please respond based on your **MOST RECENT DEPLOYMENT.**

DEMOGRAPHICS

Last Name	First Name	Middle Initial
_____	_____	_____
Social Security Number	Date of Birth (dd/mmm/yyyy)	Today's Date (dd/mmm/yyyy)
_____	_____	_____
Date arrived theater (dd/mmm/yyyy)	Date departed theater (dd/mmm/yyyy)	
_____	_____	

Gender	Service Branch	Status Prior to Deployment	Pay Grade
<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Air Force <input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Marine Corps <input type="radio"/> Coast Guard <input type="radio"/> Civilian Employee <input type="radio"/> Other	<input type="radio"/> Active Duty <input type="radio"/> Selected Reserves - Reserve - Unit <input type="radio"/> Selected Reserves - Reserve - AGR <input type="radio"/> Selected Reserves - Reserve - IMA <input type="radio"/> Selected Reserves - National Guard - Unit <input type="radio"/> Selected Reserves - National Guard - AGR <input type="radio"/> Ready Reserves - IRR <input type="radio"/> Ready Reserves - ING <input type="radio"/> Civilian Government Employee <input type="radio"/> Other	<input type="radio"/> E1 <input type="radio"/> O1 <input type="radio"/> W1 <input type="radio"/> E2 <input type="radio"/> O2 <input type="radio"/> W2 <input type="radio"/> E3 <input type="radio"/> O3 <input type="radio"/> W3 <input type="radio"/> E4 <input type="radio"/> O4 <input type="radio"/> W4 <input type="radio"/> E5 <input type="radio"/> O5 <input type="radio"/> W5 <input type="radio"/> E6 <input type="radio"/> O6 <input type="radio"/> E7 <input type="radio"/> O7 <input type="radio"/> Other <input type="radio"/> E8 <input type="radio"/> O8 <input type="radio"/> E9 <input type="radio"/> O9 <input type="radio"/> O10

Location of Operation
 To what areas were you mainly deployed (*land-based operations more than 30 days*)? Please mark all that apply, including the number of months spent at each location.

<input type="radio"/> Country 1	_____	Months	_____
<input type="radio"/> Country 2	_____	Months	_____
<input type="radio"/> Country 3	_____	Months	_____
<input type="radio"/> Country 4	_____	Months	_____
<input type="radio"/> Country 5	_____	Months	_____

Since return from deployment I have:

- Maintained/returned to previous status
- Transitioned to Selected Reserves
- Transitioned to IRR
- Transitioned to ING
- Retired from Military Service
- Separated from Military Service

Current Contact Information:

Phone: _____
 Cell: _____
 DSN: _____
 Email: _____
 Address: _____

Total Deployments in Past 5 Years:

OIF	OEF	Other
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input checked="" type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5 or more	<input type="radio"/> 5 or more	<input type="radio"/> 5 or more

Current Unit of Assignment

Current Assignment Location

Point of Contact who can always reach you:

Name: _____
 Phone: _____
 Email: _____
 Mailing Address: _____

Service Member's Social Security Number:

1. Overall, how would you rate your health during the PAST MONTH?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Compared to before your most recent deployment, how would you rate your health in general now?

- Much better now than before I deployed
- Somewhat better now than before I deployed
- About the same as before I deployed
- Somewhat worse now than before I deployed
- Much worse now than before I deployed

3. During the past 4 weeks, how difficult have physical health problems (illness or injury) made it for you to do your work or other regular daily activities?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

4. During the past 4 weeks, how difficult have emotional problems (such as feeling depressed or anxious) made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

5. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?

- No visits
- 1 visit
- 2-3 visits
- 4-5 visits
- 6 or more

6. Since you returned from deployment, have you been hospitalized?

- Yes
- No

7. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt?

- Yes
- No

If NO, skip to Question 8.

7a. If YES, are you still having problems related to this wound, assault, or injury?

- Yes
- No
- Unsure

8. In addition to wounds or injuries you listed in question 7., do you currently have a health concern or condition that you feel is related to your deployment?

- Yes
- No
- Unsure

If NO, skip to Question 9.

8a. If YES, please mark the item(s) that best describe your deployment-related condition or concern:

<input type="radio"/> Fever	<input type="radio"/> Dimming of vision, like the lights were going out
<input type="radio"/> Cough lasting more than 3 weeks	<input type="radio"/> Chest pain or pressure
<input type="radio"/> Trouble breathing	<input type="radio"/> Dizzy, light headed, passed out
<input type="radio"/> Bad headaches	<input type="radio"/> Diarrhea, vomiting, or frequent indigestion/heartburn
<input type="radio"/> Generally feeling weak	<input type="radio"/> Problems sleeping or still feeling tired after sleeping
<input type="radio"/> Muscle aches	<input type="radio"/> Trouble concentrating, easily distracted
<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/> Forgetful or trouble remembering things
<input type="radio"/> Back pain	<input type="radio"/> Hard to make up your mind or make decisions
<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/> Increased irritability
<input type="radio"/> Trouble hearing	<input type="radio"/> Taking more risks such as driving faster
<input type="radio"/> Ringing in the ears	<input type="radio"/> Skin diseases or rashes
<input type="radio"/> Watery, red eyes	<input type="radio"/> Other (please list): _____

9. This section assesses whether you might have suffered a traumatic brain injury.

a. During this deployment, did you experience any of the following events? (Mark all that apply)

- | | Yes | No |
|--|-----------------------|-----------------------|
| (1) Blast or explosion (IED, RPG, land mine, grenade, etc.) | <input type="radio"/> | <input type="radio"/> |
| (2) Vehicular accident/crash (any vehicle, including aircraft) | <input type="radio"/> | <input type="radio"/> |
| (3) Fragment wound or bullet wound above your shoulders | <input type="radio"/> | <input type="radio"/> |
| (4) Fall | <input type="radio"/> | <input type="radio"/> |
| (5) Other event (for example, a sports injury to your head). Describe: _____ | <input type="radio"/> | <input type="radio"/> |

b. Did any of the following happen to you, or were you told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9.a.? (Mark all that apply)

- | | Yes | No |
|---|-----------------------|-----------------------|
| (1) Lost consciousness or got "knocked out" | <input type="radio"/> | <input type="radio"/> |
| (2) Felt dazed, confused, or "saw stars" | <input type="radio"/> | <input type="radio"/> |
| (3) Didn't remember the event | <input type="radio"/> | <input type="radio"/> |
| (4) Had a concussion | <input type="radio"/> | <input type="radio"/> |
| (5) Had a head injury | <input type="radio"/> | <input type="radio"/> |

c. Did any of the following problems begin or get worse after the event(s) you noted in question 9.a.? (Mark all that apply)

- | | Yes | No |
|-----------------------------------|-----------------------|-----------------------|
| (1) Memory problems or lapses | <input type="radio"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input type="radio"/> | <input type="radio"/> |
| (3) Ringing in the ears | <input type="radio"/> | <input type="radio"/> |
| (4) Sensitivity to bright light | <input type="radio"/> | <input type="radio"/> |
| (5) Irritability | <input type="radio"/> | <input type="radio"/> |
| (6) Headaches | <input type="radio"/> | <input type="radio"/> |
| (7) Sleep problems | <input type="radio"/> | <input type="radio"/> |

d. In the past week, have you had any of the symptoms you indicated in 9.c.? (Mark all that apply)

- | | Yes | No |
|-----------------------------------|-----------------------|-----------------------|
| (1) Memory problems or lapses | <input type="radio"/> | <input type="radio"/> |
| (2) Balance problems or dizziness | <input type="radio"/> | <input type="radio"/> |
| (3) Ringing in the ears | <input type="radio"/> | <input type="radio"/> |
| (4) Sensitivity to bright light | <input type="radio"/> | <input type="radio"/> |
| (5) Irritability | <input type="radio"/> | <input type="radio"/> |
| (6) Headaches | <input type="radio"/> | <input type="radio"/> |
| (7) Sleep problems | <input type="radio"/> | <input type="radio"/> |

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- | <u>No</u> | <u>Yes</u> | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Have had any nightmares about it or thought about it when you did not want to? |
| <input type="radio"/> | <input type="radio"/> | Tried hard not to think about it or went out of your way to avoid situations that remind you of it? |
| <input type="radio"/> | <input type="radio"/> | Were constantly on guard, watchful, or easily startled? |
| <input type="radio"/> | <input type="radio"/> | Felt numb or detached from others, activities, or your surroundings? |

13. Are you having thoughts or concerns that ...

- | <u>No</u> | <u>Yes</u> | <u>Unsure</u> | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You may have serious conflicts with your spouse, family members, or close friends? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You might hurt or lose control with someone? |

14. While you were deployed, were you exposed to:
(mark all that apply)

- | <u>No</u> | <u>Sometimes</u> | <u>Often</u> | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | DEET insect repellent applied to skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide-treated uniforms |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Environmental pesticides (like area fogging) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Flea or tick collars |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide strips |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from oil fire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from burning trash or feces |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vehicle or truck exhaust fumes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tent heater smoke |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | JP8 or other fuels |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fog oils (smoke screen) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Solvents |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Paints |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ionizing radiation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Radar/microwaves |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lasers |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loud noises |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive vibration |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Industrial pollution |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sand/dust |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depleted Uranium (If yes, explain) _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other exposures _____ |

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

- No Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- No Don't know
 Yes, explain with date and location

33348



Service Member's Social Security Number:

10. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? Yes No
 If **NO**, skip to question 11.

10.a. If **YES**, please mark the item(s) that best describe your concern:

<input type="radio"/> Animal bites	<input type="radio"/> Loud noises
<input type="radio"/> Animal bodies (dead)	<input type="radio"/> Paints
<input type="radio"/> Chlorine gas	<input type="radio"/> Pesticides
<input type="radio"/> Depleted uranium (If yes, explain)	<input type="radio"/> Radar/Microwaves
<input type="radio"/> Excessive vibration	<input type="radio"/> Sand/dust
<input type="radio"/> Fog oils (smoke screen)	<input type="radio"/> Smoke from burning trash or feces
<input type="radio"/> Garbage	<input type="radio"/> Smoke from oil fire
<input type="radio"/> Human blood, body fluids, body parts, or dead bodies	<input type="radio"/> Solvents
<input type="radio"/> Industrial pollution	<input type="radio"/> Tent heater smoke
<input type="radio"/> Insect bites	<input type="radio"/> Vehicle or truck exhaust fumes
<input type="radio"/> Ionizing radiation	<input type="radio"/> Other exposures to toxic chemicals or materials, such as ammonia, nitric acid, etc.: (If yes, explain)
<input type="radio"/> JP8 or other fuels	
<input type="radio"/> Lasers	

11. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? Yes No Unsure

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- a. Have had nightmares about it or thought about it when you did not want to? Yes No
- b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No
- c. Were constantly on guard, watchful, or easily startled? Yes No
- d. Felt numb or detached from others, activities, or your surroundings? Yes No

13.a. In the PAST MONTH, Did you use alcohol more than you meant to? Yes No

b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? Yes No

c. How often do you have a drink containing alcohol?
 Never Monthly or less 2 to 4 times a month 2 to 4 times a week 4 or more times a week

d. How many drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2 3 or 4 5 or 6 7 to 9 10 or more

e. How often do you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily

14. Over the PAST MONTH, have you been bothered by the following problems?

	Not at all	Few or several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? Yes No

16. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? Yes No

17. Are you currently interested in receiving assistance for a family or relationship concern? Yes No

18. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No

Service Member's Social Security Number:

Date (dd/mmm/yyyy):

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

7. Identified Concerns	Minor Concern	Major Concern	Already Under Care		8. Referral Information	Within 24 hours	Within 7 days	Within 30 days
			Yes	No				
<input type="checkbox"/> Physical Symptom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Primary Care, Family Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exposure Symptom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Behavioral Health in Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depression symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Mental Health Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PTSD symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Other specialty care:			
<input type="checkbox"/> Anger/Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social/Family Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					e. Case Manager, Care Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					f. Substance Abuse Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					g. Health Promotion, Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					h. Chaplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					i. Family Support, Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					j. Military OneSource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				k. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				l. No referral made <input type="checkbox"/>				

I certify that this review process has been completed.

10. Provider's signature and stamp:

ICD-9 Code for this visit: V70.5 _ F

Ancillary Staff/Administrative Section

11. Member was provided the following:	12. Referral was made to the following healthcare or support system:
<input type="checkbox"/> Health Education and Information	<input type="checkbox"/> Military Treatment Facility
<input type="checkbox"/> Health Care Benefits and Resources Information	<input type="checkbox"/> Division/Line-based medical resource
<input type="checkbox"/> Appointment Assistance	<input type="checkbox"/> VA Medical Center or Community Clinic
<input type="checkbox"/> Service member declined to complete form	<input type="checkbox"/> Vet Center
<input type="checkbox"/> Service member declined to complete interview/assessment	<input type="checkbox"/> TRICARE Provider
<input type="checkbox"/> Service member declined referral for services	<input type="checkbox"/> Contract Support: _____
<input type="checkbox"/> LOD	<input type="checkbox"/> Community Service: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> None

**APPENDIX H:
BRIEFINGS PRESENTED TO DACOWITS**

APPENDIX H:
BRIEFINGS PRESENTED TO DACOWITS DURING FY07 BUSINESS MEETINGS

Army Spouse Employment Partnership (ASEP) – Presented by Ms. Delores Johnson

Women’s Healthcare in the U.S. Central Command Area of Responsibility – Presented by MAJ Scott A. Eader (USA) from U.S. Central Command

Focus Group Facilitation Training – Presented by ICF International/CALIBER

Gender & Health in the Military: *What the Data Show* – Presented by Col Kenneth Cox from the Global Health Surveillance Force Health Protection and Readiness Programs office

Military Spouse Education, Training and Careers – Presented by the Office of the Deputy Under Secretary of Defense for Military Community and Family Policy (MC&FP)

Family Employment Readiness Program – Presented by Catherine Stokoe of the Commander Navy Installations Command

Challenges to Military Spouse Employment: *A Synthesis* – Presented by RAND, National Defense Research Institute

Air Force Spouse Employment Program – Presented by Ms. Sandra Nichols of the Airman, Family, and Community Operations Branch

Serving Our “Heroes at Home”: ETA’s Action Strategy for Enhancing Services to Transitioning Service Members, Veterans, and Military Spouses – Presented by Gretchen A. Sullivan of the Workforce Solutions & Investments Unit Division of Adult Services Office of Workforce Investment of the Department of Labor

The Health Care Survey of DoD Beneficiaries: *Perceptions of TRICARE among Women of the Armed Services* – Presented by Dr. Thomas Williams of the TRICARE Management Activity; Health Programs Analysis and Evaluation

Survey of Health Related Behaviors Among Active Duty Personnel – Presented by LTC Lorraine Babeu of the TRICARE Management Agency

Family Member Employment Assistance Program (FMEAP) – Presented by Ms. Bonnie Burns from the Family Member Employment Assistance Program Office

TRICARE Mail Order Pharmacy Program – Deployment Support – Presented by LTC Brett Kelly of the TRICARE Management Agency

Survey of Army Families V: Your Paid and Volunteer Work – Presented by Dr. Richard Fafara of the U.S. Army Family and MWR Command

2006 Survey of Active Duty Spouses – Presented by Dr. Rachel N. Lipari of DMDC

2006 Navy Spouse Survey: Military Spouse Education and Employment Issues – Presented by Dr. Rosemary Schultz, Dr. Paul Rosenfeld, & Ms Zannette Uriell of the Navy Personnel Research, Studies, and Technology Department

Federal Strategic Health Alliance (FEDS_HEAL) & Reserve Health Readiness Program (RHRP) – Presented by CDR Diedre Presley

TRICARE: Health Care and Dental Benefits for National Guard and Reserve Members: An Overview - Presented by Mr. Steve Lillie from the TRICARE Operations Division

**APPENDIX I:
ACRONYMS USED IN REPORT**

**APPENDIX I:
ACRONYMS USED IN REPORT**

AAFES	Army & Air Force Exchange Service
AC	Active Component
ACS	Army Community Service
AHLTA	Armed Forces Health Longitudinal Technology Application
ANG	Air National Guard
AOR	Area of Responsibility
ARNG	Army National Guard
ASCUS	Atypical Squamous Cells of Undetermined Significance
BX	Base Exchange
CCSG	Central Command Surgeon General
CE	Continuing Education
CO	Commanding Officer
CONUS	Continental United States
CPS	Current Population Survey
CY	Calendar Year
DACOWITS	Defense Department Advisory Committee on Women in the Services
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DoL	Department of Labor
ESL	English as a Second Language
FFS	Fleet and Family Services
FMEA	Family Member Employee Assistance
FOB	Forward Operating Base
FRG	Family Readiness Group
GS	Government Service
HCSDB	Health Care Survey of DoD Beneficiaries
HPV	Human Papilloma Virus
IED	Improvised Explosive Device
IT	Information Technology
JEMS	Joint Employment Management System
LINKS	Lifestyle Insights, Networking, Knowledge and Skills
LRMC	Landstuhl Regional Medical Center
MATs	Medical Air Transports
MCCS	Marine Corps Community Service
MEDEVAC	Medical Evacuation
MEDPROS	Medical Protection System
MOS	Military Occupational Specialty
MWR	Morale, Welfare, and Recreation
NAF	Non-Appropriated Funds

OB/GYN	Obstetrician/Gynecologist
OCPs	Oral Contraceptive Pills
ODUSD (MC&FP)	Office of the Deputy Under Secretary of Defense (Military Community and Family Policy)
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OPMS	Office of Personnel Management System
OSD	Office of the Secretary of Defense
PA	Physician Assistant
PCS	Permanent Change of Station
PDHA	Post Deployment Health Assessment
PDHRA	Post Deployment Health Re-assessment
PDUSD (P&R)	Principal Deputy Under Secretary of Defense (Personnel and Readiness)
PEP	People Encouraging People
PMS	Premenstrual Syndrome
PTSD	Post Traumatic Stress Disorder
RC	Reserve Component
SEP	Spouse Employment Program
SOC	Service Members Opportunity Colleges
SRP	Soldier Readiness Processing
STD	Sexually Transmitted Disease
TB	Tuberculosis
TDY	Temporary Duty
TMA	TRICARE Management Activity
TMC	Troop Medical Clinic
TMOP	TRICARE Mail Order Pharmacy
TQ	Al Taqaddum Airbase
USA	United States Army
USAF	United States Air Force
USAFR	United States Air Force Reserve
USAR	United States Army Reserve
USCG	United States Coast Guard
USCGR	United States Coast Guard Reserve
USMC	United States Marine Corps
USN	United States Navy
USNR	United States Naval Reserve
UTI	Urinary Tract Infection
VA	Department of Veterans Affairs
XO	Executive Officer