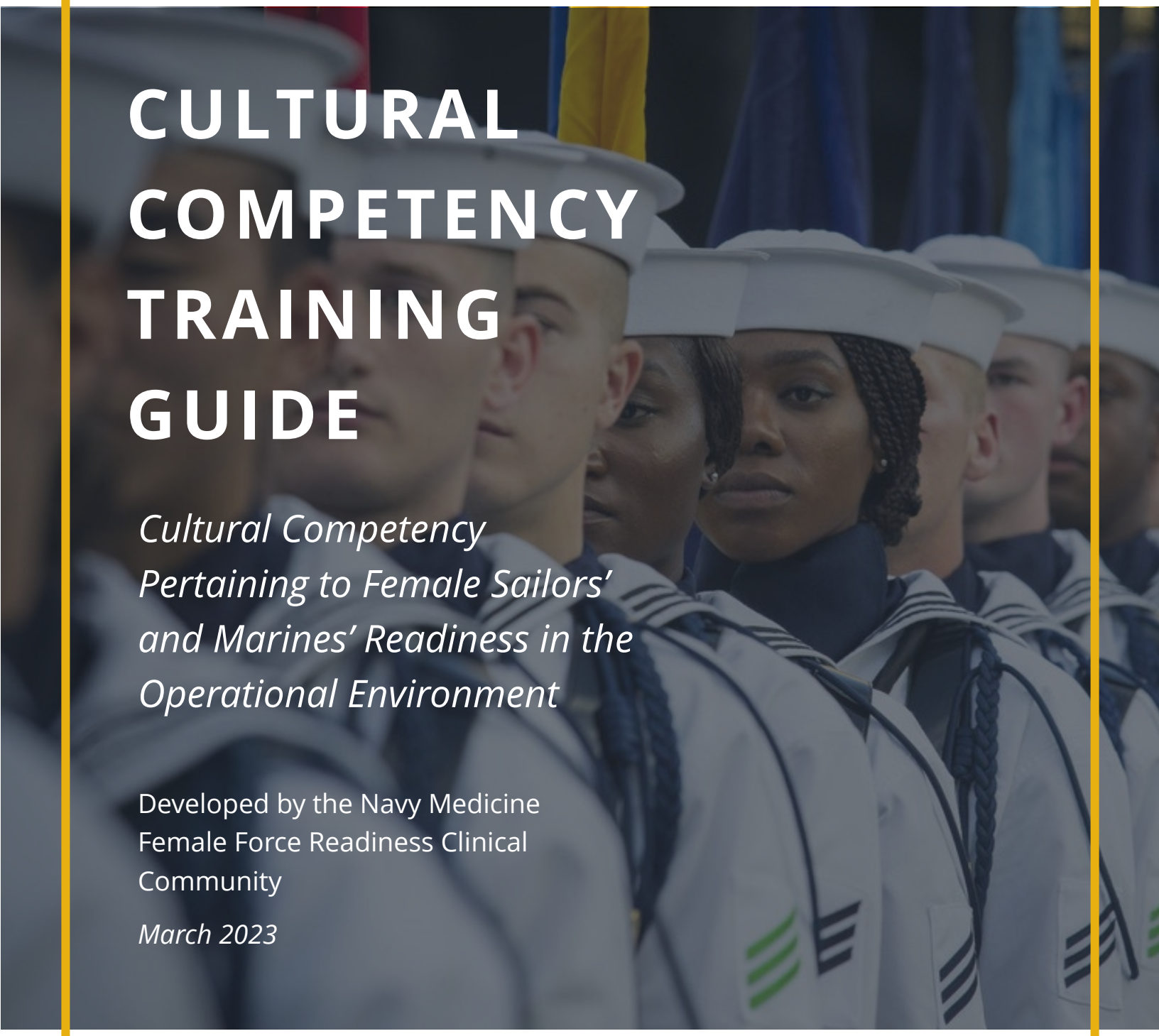

CULTURAL COMPETENCY TRAINING GUIDE

Cultural Competency Pertaining to Female Sailors' and Marines' Readiness in the Operational Environment

Developed by the Navy Medicine Female Force Readiness Clinical Community

March 2023

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NOTICE:

1) The focus of this Guide is cultural competency pertaining to females; however, the principles therein apply equally to males. Leaders shall ensure that female and male needs and interests are given equal priority, and that the needs/interests of one are not met through the sacrifice of the needs/interests of the other. Leaders are encouraged to use the principles discussed in this Guide to improve cultural competency pertaining to females and any other groups of people.

2) Throughout this Guide the terms "male/man/men" and "female/woman/women" are used in alignment with Navy and Department of Defense (DoD) use of these terms in policy and instruction (e.g., Navy Physical Readiness Test (PRT) Policy).

3) This Guide was created to address and focus on cultural competency. While concepts such as intersectionality, bias, microaggressions, and others may have some common elements to cultural competency, they are outside the scope of this Guide.

Training Guide Pre-Test

Use this Pre-Test to assess your knowledge and promote further learning. Save your answers to compare to your Training Guide Post-Test scores and assess knowledge gained from the Guide.

1) I have a working knowledge of what cultural competence is and how I can incorporate it into my organization. (Circle answer) **Yes No**

2) What is Cultural Competence? (Answer found in Section 1)

   Answer:

3) I am actively incorporating, or working on incorporating, cultural competence principles into my organization and actively seeking unmet needs so I can improve them. (Circle answer) **Yes No**

4) I understand that I can take the steps to achieve cultural competency, specifically pertaining to women's readiness, in my organization and better meet their needs. (Answer found in Sections 4-11) (Circle answer) **Yes No**

5) Needs unique to women in my organization include: (Answer found in Sections 4-11)

   Answer:

6) Historical challenges in meeting the needs of women in my organization include: (Answer found in Sections 4-11)

   Answer:

7) I have a strong understanding of the background and demographics of women in my organization and what motivates them. (Circle answer) **Yes No**

8) Important aspects of background, demographics, and motivations of women in my organization include: (Answer found in Section 3)

   Answer:

9) I can turn to the following points of contact and resources if I have questions and/or would like assistance in improving cultural competence so I can better meet the needs of the members of my organization: (Example resources found in Appendix B)

   Answer:

10) Based on your answers on this pre-test how aware, familiar, or competent are you to address the gender-based needs of service members. Use a scale of 0-10,

    a. 0: Completely unaware of and not at all competent in addressing the gender specific needs of service members
    b. 10: Absolutely aware, familiar with, and competent in addressing the gender specific needs of service members

Training Guide

1 | The 5 W's of Cultural Competency and Importance for Women's Readiness

WHO & WHERE: Leaders across the US Navy and Marine Corps.

WHAT: Broadly, cultural competence is the ability of individuals and organizations to function effectively across different cultures, including racial, ethnic, religious, social, gender, and other groups. ***Specifically, cultural competency related to female force readiness is the ability of the United States Navy and Marine Corps and female Sailors and Marines to effectively and cohesively interact and accomplish the mission.***

From an organizational view, this includes recognizing the unique needs among the individuals that comprise it and meeting those needs. From an individual view, cultural competency includes recognizing how one's personal culture, socialization, and implicit biases affect his or her perspective and behavior. Additionally, cultural competence is the ***ability for an individual to understand, communicate with, appreciate, and meaningfully interact with people and organizations from cultures or belief systems different from one's own***.

Critical elements of cultural competency include valuing diversity, having the capacity for self-assessment, being cognizant of the inherent dynamics when differing cultures interact, having institutionalized cultural knowledge, and having developed adaptations for mission accomplishment that reflect an understanding of cultural diversity. These elements should be evident and incorporated at every level of the organization's policies and practice.[1]

WHEN: Now. Recognizing the value of women in military service, the US Armed Forces has increased recruitment goals from the current 20% of service women, to 25% across the military by the year 2025.[2] ***In order for the Navy and Marine Corps to maximize operational readiness and lethality, there is no better time than the present to ensure that female service members' needs are met.*** As of 2020, women comprise over 1 in 5 service members (20.4%);[3] however, the current lack of cultural competence regarding the female force continues to put undue burden on all service members due to its negative effects on manpower (recruitment and retention challenges), unit cohesion and capability, and morale.[4]

WHY: Women are a significant portion of the US population, bringing not only talent but improved performance to the workplace. Industry studies show that gender diverse teams are more successful and have higher revenues compared to male dominated teams.[5] Diversity has also been shown to increase organizational adaptability and enhance problem-solving capability, two factors that can increase force readiness and lethality.[6] Having a higher percentage of women in an organization is correlated with increased job satisfaction, more organizational dedication, and less burnout.[7]

The military is currently facing declining numbers of qualified and interested recruits which jeopardizes military readiness. Recruiting and retaining talented and capable female service members is more crucial than ever.[8] Women bring unique characteristics, perspectives, and strengths that need to be recognized and acknowledged to maximize their abilities as integral members of a strong, ready force. Cultural competency is a skill that can be taught and continuously improved; the aim of this Training Guide is to connect leaders with the tools they need to learn those skills.

HOW: To start, use this Guide and its Appendix. ***Through this resource, leaders will develop an awareness of their own cultural competence and increase their knowledge of service women's basic needs, making them more effective in leading their people, and in turn, achieving mission success.*** The "*Leaders' role in addressing each need*" in Sections 4-11 are the most important training component in this Guide, because without action taken to create change, cultural competency in the Navy and Marine Corps cannot be attained.

2 | Operational Communities and their Cultures

In order to better optimize cultural competency, leaders should ensure they and their Sailors and Marines have an understanding of not just organizational and community missions, but culture, protocols, and day-to-day business operations of their respective communities.

Operational Environment-Specific Characteristics

Key characteristics of Surface Warfare, Submarine Service, Aviation, and Marine Corps communities are included below. These characteristics cover some of the environmental and organizational characteristics that shape service members' day-to-day operations and influence a community's culture. Some characteristics can make it more challenging for leaders to foster an inclusive environment, which is further discussed on the next page. *Please note, this list is not inclusive of all Navy and Marine Corps communities. See the Appendix for a more detailed list of community-specific characteristics.*

Surface Warfare

- ***Long periods away from home*** with 3-6 month patrols or 6-8 month deployments.
- Work while in port can range from 6-18 hour days 5-7 days per week.
- Recurrent periods of watch can require personnel to ***go without sleep for over 24 hours*** 1-2 days per week.

Submarine Service

- Numerous days submerged with no exposure to sunlight.
- Little to ***no privacy or personal space*** (potentially sharing bunks as done on Los Angeles class submarines).
- Women relatively new to this service and a significant minority in population.

Aviation

- Females in Aviation are low in number.
- ***Hesitancy to contact medical*** due to fear of losing flight status (Pilots, Naval Flight Officers (NFOs), aircrew).[9]
- Can be ***psychologically taxing*** due to concerns for trauma (e.g., bombing missions causing Post-traumatic Stress Disorder (PTSD), etc.).[10]
- Back pain and neck pain; causes vary for each platform such as:
  - Helicopters: vibrations, heavy vest, poor ergonomics of cockpit.
  - Maritime Patrol and Reconnaissance Aircraft (MPRA): long flights and potential to not stand for 5 hours.
  - Jets: G-forces and poor ergonomics.

Marine Corps

- Regular group exercise almost daily; generally ***physically demanding***.
- Road marches, "Humps," are expected, consisting of walking long durations with 40-80 lbs. packs.
- More ***intrusive leadership tendencies*** due to needing to know fitness status for operational tempo purposes; leadership actively track medical appointment attendance.
- ***Women are newly integrated*** in ground combat military occupational specialties (MOS); women are an ***even smaller minority*** in the Marine Corps compared to other branches of service.
  - Facilities in some locations may not be fully adapted to accommodate both men and women, or may be retrofitted (e.g., showers, restrooms, lactation rooms, etc.).
  - Frequency and length of field exercises or austere conditions can ***hinder female hygiene practices***.

Community Characteristics' Impact on Fostering an Inclusive Environment

The below list provides ***examples*** of ways that certain operational community characteristics can make it ***more challenging for leaders to foster an inclusive environment*** for service women.

- Service women in operational communities with lower female populations may experience greater gender isolation or ostracism, which can contribute to decreased mental health.
- Long periods away from home or longer work hours can disproportionately impact service women as they are often the primary caregivers in their family.
- Gear and training were often designed with service men in mind, contributing to greater risk of injury in service women.
- Service women may postpone seeking medical care to avoid being perceived as weak, and this tendency may be exacerbated in communities with lower female populations, or with occupational concerns (e.g., fear of losing flight status).
- Limited access to lactation rooms (designated private and clean spaces that must include outlets for lactation supplies and access to running water; bathrooms do not suffice for this requirement) remains a challenge for service women despite mandates in policy to provide this space to postpartum service women. In a 2019 Personal and Professional Choices Survey, only 45% of active duty Sailor respondents said they had access to a lactation room in compliance with requirements in OPNAVINST 6000.1D.
- Ensuring postpartum service members have access to lactation space upon returning to duty is critical to supporting postpartum service members and combating stigma related to pregnancy by normalizing balancing the demands of duty and parenthood. Without proper access to lactation space, service members may be forced to use spaces such as their car or bathroom, which can be unsanitary and demoralizing. Providing adequate resources for new parents is an important component to readiness and retention.

3 | Motivations, Needs, and Challenges of Men and Women in Operational Communities

Use the operational community backgrounds described in Section 2, as well as the motivations of service members, needs of the Navy and Marine Corps from their service members, and challenges to meeting needs of the operational communities described in this section as context for the rest of the Guide, which covers ***8 high-priority, unmet needs of service women in the Navy and Marine Corps****.*

The Navy and Marine Corps are comprised of a diverse group of women and men from various backgrounds and demographics.

As of February 2021[3]:

- The total Navy end strength is ***80% male*** and ***20% female.***
- The total Marine Corps end strength is ***91% male*** and ***9% female***.

Despite their low numbers, women are now a part of nearly every operational community in the Navy and Marine Corps. ***It is important to understand their motivations to lead more effectively.***

Although no studies currently exist identifying the motivations of men and women to join the Navy and Marine Corps, a study published by RAND in 2018 provides data on why men and women enlist in the Army and similarities can be extrapolated.[11] There are overlapping institutional and occupational reasons why men and women serve.

Top 3 Institutional Reasons for Service

- A call to serve
- Family history
- Honor and respect

Top 3 Occupational Reasons for Service

- Adventure or travel
- Benefits, such as healthcare or tuition assistance
- Job pay and stability, including ability to learn new skills

In addition to the above reasons, there may be additional motivations for commissioning as officers. Many have taken advantage of various college programs and scholarships, such as Reserve Officers Training Corps (ROTC), and, as a result, are focused primarily on paying back their obligation.

Motivations for staying in the service closely mirror reasons for initial enlistment or commissioning, but may include additional reasoning:

- The overall goal of Sailors and Marines while serving in operational communities, regardless of gender, rank, rate, grade, or profession, is to obtain various qualifications which will aid in future advancement and employment either in or out of the military.
- Many also seize leadership opportunities as this will also help increase their chances of advancement and future employment.

NEEDS OF NAVY & MARINE CORPS COMMUNITIES FROM THEIR SAILORS AND MARINES

- ***100% readiness to deploy at all times***
- Reduction in unplanned losses
- Social cohesion of the command unit
- ***High competency*** in one's profession
- ***Resiliency*** and ***adaptability***
- Capability to work long hours with little resources in austere environments
- ***Willingness to make sacrifices*** for service to their country, including personal time, time with family, and potentially even sacrifice of one's life
- Ability to make do with limited healthcare resources in operational environments, including minimal mental health support

CHALLENGES TO MEETING NEEDS OF THE OPERATIONAL COMMUNITIES

- ***Retention of female service members***, which is lower than retention of males
- Perception of and impact of ***sexual harassment and sexual assault*** on women,[4] which impairs mission effectiveness and unit cohesion
- Perception from Sailors and Marines of being asked to "***do more with less***" (e.g., being undermanned, working extra hours, etc.), resulting in impaired work-life balance and burnout
- Perception of female members of ***exclusion and ostracism from male dominant areas*** (and interests) and practices of favoritism from male leaders[12]
- Unwillingness of some service members to remain on active duty because of other opportunities with better pay, no requirements to go underway/deploy, or caregiving needs of family[11]
- Potential motivation for service women to ***decline opportunities for promotion***[11] due to causes listed above
- Service women's greater representation in support roles, societal pressures to join certain career fields, or increased likelihood to consider ***careers that accommodate family or caretaker duties***[11]

- Ability for women to ***remain competitive for promotion while building their family*** (e.g., often women get "off track" in career progression or moved to non-competitive assignments due to pregnancy or postpartum)

4 | Privacy for Personal Hygiene and Bathroom Access

Service women need privacy in regard to personal hygiene and bathroom access.

According to the Marine Corps Field Hygiene and Sanitation Manual, good personal hygiene practices reduce the spread of disease and infestation of insects, such as body lice and mites, in both men and women.[13] Women's personal hygiene habits while in the field environment, such as during a deployment or field exercise, can have a strong impact on their overall health and well-being. ***A lack of privacy and bathroom access leads to changes in personal hygiene practices in the field environment.*** Poor personal hygiene leads to an increased risk of urinary tract infections (UTIs); UTIs are amongst the most frequent medical problem females face in the field.[13] Women tend to hold their urine or dehydrate themselves due to dirty latrines, lack of latrines, or lack of privacy or hassle of removing gear to urinate, which leads to negative health outcomes such as vaginal infections, UTIs, menstrual cycle symptoms, and possible heat injury.

Conflicts and challenges related to privacy for personal hygiene and bathroom access:

- Organizational Conflicts:
    - Unit facilities and platforms often have ***limited space*** and potentially were designed/built before women were a substantial population in the unit; therefore, there may not physically be space to provide optimal access and parity between genders.
    - Healthcare providers that lack experience in caring for service women may be ***unaware of preventative measures for women's health and hygiene***.
- Individual Conflicts:
    - If a service member seeks additional privacy, they may be relegated far from their workplace and team, viewed suspiciously, or distrusted by the group.
    - Service women are sometimes unaware or do not have access to ***solutions that can improve hygiene and urination options*** in an operational environment, such as Female Urinary Devices (FUD) that can help women urinate through the fly of the uniform without having to remove gear.
- Historical Challenges:
    - Budgetary constraints: retrofitting buildings and platforms is ***often costly*** and there may not be funds allocated in military budgets.
- Current Challenges:
    - Continued facility/platform and budgetary constraints as listed above.
    - ***Lack of awareness or consideration*** for service women's hygiene needs in communities that are still primarily comprised of men or lack female leadership.

Leaders' role in privacy regarding personal hygiene and bathroom access includes but is not limited to the following considerations:

- Be ***mindful of bathroom access capabilities*** and proactively evaluate facilities to ensure adequate support for the unit.
- Work with your team on how to ***optimize bathroom access*** for service women: discuss and ***implement unit norms*** if facilities for service women are unavailable, such as 1) service women announcing themselves before they enter a men's bathroom, 2) a "do not enter" sign that can be posted when a woman is using the facility, or 3) a gender-based schedule for facilities to allow service women private access for showers following training.

- Create ***pre-plan guidelines for field exercises*** that allow bathroom access and/or privacy for both genders.
- During breaks on humps/hikes, ***designate a direction for men and a separate direction for women*** to walk in order to relieve themselves.
- Ensure men's bathrooms ***have trash cans*** if service women are limited to using these facilities so they can hygienically and conveniently dispose of menstrual products.
- ***Request that new facility/platform design has adequate bathroom access for all.***
- Earmark ***future budget requests*** to allocate funds for adequate bathrooms/hygiene equipment.

5 | Sexual Assault Prevention and Decreasing Reporting Stigma

Service women need proactive prevention of sexual assault and decreased stigma in reporting cases of sexual assault.

Reports of sexual assault in the military have steadily risen since 2006,[14] including a 20% increase in the Marine Corps from 2017 to 2018.[15] ***Sexual assault degrades lethality and readiness, erodes the trust and cohesion of Navy and Marine Corps units, and inflicts lifelong trauma on the victim***.

The Family Advocacy Program (FAP) and the Sexual Assault Prevention and Response (SAPR) team work diligently to develop and implement programs to prevent sexual assault and provide support to victims. In addition, Secretary of Defense Lloyd Austin frames the problems of ***sexual assault in the ranks as an issue for leadership to directly address***.[16] All levels of leadership have an important role to play in their unit's culture and are instrumental in supporting the efforts of FAP and SAPR and taking actions that promote a respectful culture free of sexual harassment and covert forms of sexism, transparently upholding measures of accountability, encouraging reporting and help-seeking behavior, and educating themselves about sexual assault and the ***means to assess and address risk factors in their unit***.

Conflicts and challenges related to the prevention of sexual assault and the stigma associated with reporting:

- Organizational Conflicts:
    - Current military policy ***allows for removal of service members*** from duty or deployment if they report assault.[17] There is concern that a service member may report for purposes of secondary gain.
    - The value placed on individual and team performance may lead to ***attempts to minimize or dismiss claims*** against high performers.[18]
    - Permanent changes of station (PCS) are essential within the military but allow for ***perpetrators to take advantage*** of those new to the unit.[18]
    - Report of sexual assault may be viewed as a form of ***"betrayal" to unit cohesion***, rendering fellow service members to potentially view the report as "unnecessarily" causing trouble.[18]
    - ***Coed barracks or shared living spaces*** are sometimes necessary due to facility constraints or mission needs but create high-risk areas for sexual assault.[18]
- Individual Conflicts:
    - Service members ***may fear ostracism*** in their peer group when they report another service member for sexual assault,[19] and the service member may perceive they do not have friends or trusted agents in their unit as a result.
    - If service members report assault and are removed from duty or deployment as a result, then the unit may perceive that they are left to "pick up the slack," which may further increase stigma.
    - Service members are ***trained to be resilient and resolve conflicts on their own***, which may prevent them from reporting or seeking help.[18]
    - The ***concern for negative impact on performance evaluations*** and career progression may prevent a service member from reporting.

    - Service members may undergo a ***negative reporting experience*** or attempts within a unit or from leadership to deter a service member from filing the report.[18]
- Historical Challenges:
    - Lack of reporting resources.
    - Propagation of the ***belief that abuse is "part of the experience"*** of being in the military.[20]
    - Belief that men cannot be sexually assaulted, ***preventing men from reporting***.
    - ***Fear of ostracism and/or reprisal*** if one chooses to report.
- Current Challenges:
    - Service members continue to fear reprisal, ostracism, and/or retribution for reporting.
    - ***Toxic work environments*** propagate the potential for abuse and assault.
    - Leadership does ***not consistently set a zero-tolerance foundation*** for unsuitable behavior.
    - Some leaders believe that women submit sexual assault complaints as a means of getting out of trouble or avoiding repercussions of a sexual encounter that they regret.
    - Some leaders also believe that service members ***report sexual assault in order to take advantage*** of the opportunity to receive an expedited transfer.

Leaders' role in the prevention of sexual assault and the stigma associated with reporting includes but is not limited to the following considerations:

- ***Challenge others when they propagate stereotypes*** or exhibit misconceptions about sexual harassment or assault reporting. Simple, corrective statements can be effective, such as "what you just said is harmful" or "we don't say things like that here."[6]
- ***Talk openly about sexual harassment and assault*** and the impact it is having or has had on the unit; frame sexual assault as an "insider threat" to unit performance and readiness and violation of the Oath of Enlistment or Oath of Office.
- ***Pay attention*** to your own language and ***how you talk about sexual assault*** and harassment (e.g., using qualifiers to downplay the potential impact of sexual harassment or assault like using the words "just, only, a little," in describing the impact).
- Relate the actions to other people in your unit's lives, such as sisters, brothers, mothers, fathers, daughters, or sons.
- Invite those who have experienced sexual harassment to ***play a role in supporting the unit's effort to change*** the culture. They may be invited to share their story during a training, electronically, and even anonymously.
- ***Speak out*** when people ***attempt to dismiss*** the issue.[6]
- Advocate for victims and be transparent during investigation or other administrative procedures. Make a concerted effort to ensure victims and alleged perpetrators receive routine updates on their case.
- ***Remain empathetic*** to all parties, and ***do not express disbelief or doubt***, as this is exceptionally harmful to the service member and reinforces the stigma against reporting. Be focused on determining the truth, wherever that may lead, and providing appropriate support for all parties.
- ***Rehearse and plan*** the Sexual Assault Response Plan and familiarize yourself with the confidentiality of both reporting processes and the available support services.[6]
- ***Consult with embedded behavioral health providers*** to formulate action plans for victims of sexual assault if you observe trauma reactions such as: depression, anxiety, fatigue, increased risk-tasking behavior, avoidance, isolation, or increased alcohol use.[6]

6 | **Reducing the Stigma of Starting a Family**

Service women need reduction of the stigma associated with starting a family, giving birth, and taking maternity leave; as well, they need improved treatment and support during pregnancy.

Fifty three percent of service women believe that ***having a child negatively impacts the career of a female Sailor***.[21] Female Sailors and Marines that decide to start a family while on active duty face stigma from their peers and leadership that this decision is ***an indication that they are not committed to their career*** and places unnecessary burden on a command. Service women ***face career disruption during pregnancy***; pregnant service women's exit from the operational environment is often expedited despite the ability for many to continue safely working until week 20 of their pregnancy, and the billet reassignment is often misaligned with their skillset and/or career goals.[22] Support from leadership is a key enabler to career-related issues regarding family planning, reduced stress, and a healthy pregnancy.[6]

Conflicts and challenges related to improving support and reducing stigma for pregnant service women and mothers:

- Organizational Conflicts:
    - Family planning and the associated leave ***directly competes with staffing needs of the unit***, making achieving mission requirements more challenging.
    - Service members have the right to become pregnant without warning; this directly ***impacts scheduling and readiness*** capabilities of the unit.
- Individual Conflicts:
    - If service members become pregnant and take maternity leave, other members in the unit may perceive that they are "***left to pick up the slack***," which creates stigma.
    - Service men may perceive that women are being given more favorable treatment due to pregnancy accommodations and maternity leave.
    - Service women fear ***negative impact on performance evaluations*** and career progression due to operational deferment during pregnancy and the postpartum period.
    - Active duty service women report ***significantly higher rates of difficulty conceiving*** when actively trying to do so (30%) than the civilian population (12%),[23] leading ***fertility treatment to be a concern for*** many female Sailors and Marines.
    - Service members reported ***stopping breastfeeding earlier than expected*** (48%) due to pressures and lack of understanding from coworkers (30%),[24] demonstrating the prevalence of social pressures associated with motherhood that contribute to stigmas of starting a family while active duty.
- Historical Challenges:
    - Until 1976, a service woman would be involuntarily separated if she became pregnant.[25]
    - Women have historically comprised a smaller proportion of the military (although increasing) and issues related to pregnancy (e.g., operational deferment and its effect on career progression) were not prioritized by leadership.
- Current Challenges:
    - Force readiness may be perceived as weakened or compromised due to ***unplanned losses associated with pregnancy***, maternity leave, family planning, etc.
    - Service women face the existing stigma that pregnancy is "used" to get out of sea duty or deployment.[26]
    - There is a small window for service women to become pregnant ***without heavily impacting career***, especially for Sailors rotating through sea duties.[26]

- Family planning and career progression are not always perceived as being compatible. More work is needed by leadership to understand these issues so that practical solutions can be identified.[4]

Leaders' role in improving support and reducing stigma for pregnant service women includes but is not limited to the following considerations:

- Familiarize yourself with ***service members' rights during pregnancy***, with current policies and guidelines for those underdoing fertility treatment, and the postpartum period (e.g., non-deployable status timeline, physical fitness waivers, etc.); the 21st Century Sailor Office (OPNAV N17) website covers Parenthood and Pregnancy Policy.
- Female Sailors and Marines are required to report their pregnancy to the Commanding Officer. It is protected medical information. *The two-week rule no longer applies*. In 2023, the DoD released the Delayed Pregnancy Notification to Command Policy which provides service members the time and flexibility to make private healthcare decisions. Service members may **delay command notification of pregnancy to 20 weeks gestation;** however, certain military duties, occupational hazards, and medical conditions require notification earlier than 20 weeks. These instances include Special Personnel such as Naval Aviators, Naval Flight Officers, Aircrew assigned to duty involving flight operations, Sailors or Marines assigned to diving duty, Sailors on submarine duty, Sailors or Marines assigned or selected to other special duty assignments requiring completion of a Special Duty Assignment physical exam, and Sailors or Marines with acute medical conditions interfering with duty.
    - If earlier notification is required, the service member will notify their commander upon confirmation of pregnancy by a military healthcare provider and will be placed in a **temporary non-deployable status**, with limitations specific to medically confirmed pregnancy.
- If the previously mentioned special circumstances do not apply, DoD healthcare providers are not to disclose a service member's pregnancy status prior to 20 weeks gestation. If a service member chooses to delay command notification, the medical provider will place the service member in a **non-deployable, light duty status without reference to pregnancy**. This allows service members to maintain privacy and have time to make private health care decisions in a manner consistent with the responsibility of commanders to meet operational regulations.
- Have ***discussions with service members around personal and professional goals*** (e.g., "What are your short- and long-term family and career goals, and how can I support you?"). If a service woman's goals include pregnancy, help her build a plan that considers deployments or sea duty, options for limited duty, maternity leave, and postpartum recovery.[6]
- Maintain inclusivity by ***assigning pregnant service members meaningful work*** that is within their capabilities.[6]
- Recognize that pregnant (and postpartum) service women require more time away from duty for medical appointments. This may include specialty care in the civilian network, such as seeking pelvic floor physical therapy for postpartum recovery.
- ***Celebrate both men and women*** in this stage of ***parenthood*** and support their needs (e.g., maternity/paternity leave, etc.).

7 | **Women's Unique Medical Needs**

Service women need access to care for women's unique medical needs.

Despite increases in the female active duty population, ***women's healthcare is inconsistently available***, placing female force readiness and Naval superiority at risk.[26] Women's unique health needs include abortion care, preventative care (e.g., Pap smears, follow-up on abnormal results), family planning (e.g., preferred contraception, menstrual suppression, and menstrual products), maternity care, pregnancy loss, postpartum care and recovery, infertility treatment, treatment of menopause symptoms that impact functioning, and mental healthcare (e.g., treatment for mental health issues surrounding gender isolation, postpartum depression, etc.). Additionally, service women often have concerns about personal privacy related to healthcare in operational settings due to the nature of women's health exams.[22] Operational providers have limited women's health training and may find it difficult to maintain clinical women's health skills without refresher trainings or resources; therefore, operational providers should support service women in accessing specialty care when their women's health needs cannot be met in the operational setting.[22] Leaders have an ***important role to play in normalizing women's medical readiness as force readiness*** to empower service women and promote their self-management of healthcare.

Conflicts and challenges related to women's unique medical needs:

- Organizational Conflicts:
    - Command's operational tempo is such that access to specialty care and some basic women's health services is limited to periods between underways/deployments.
    - Forward deployed locations and ships have ***limited medical capabilities*** and access to specialty services is often ***delayed based on need for referral*** to host nation or medical evacuation.
    - Operational providers are often unable to meet women's unique health needs due to lack of training or inability to maintain women's health skills while primarily providing care for service men.[22]
    - Abortions are only covered by TRICARE under certain situations. ***TRICARE-covered abortions*** include abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person.
    - For a TRICARE covered abortion, convalescent leave for medical care and Temporary Additional Duty (if travel is necessary) will be recommended by the treating/referring physician. If there is no local access to abortion care, then service members will be put on government funded official travel orders and receive expeditious transport to the nearest location to provide the necessary abortion services. If federally authorized and medically necessary care (i.e., TRICARE-covered abortion care) is not available in the local area—either at an MTF or through a TRICARE authorized civilian provider—a beneficiary will be referred to another provider within the Military Health System. In some cases, the beneficiary may ***need to travel to another state*** to receive that care.
    - ***For service members stationed OCONUS, abortion access may be significantly limited due to host country laws***, travel required to access care, need for translators, and additional challenges creating increased barriers to abortion care. If stationed OCONUS, it is critical to take the time to understand current abortion restrictions and communicate them to service members, so individuals are aware of accessible resources and care options and so Commands can provide accurate and appropriate counsel.
- Individual Conflicts:
    - Women may face ***social stereotype of having extra needs compared to men*** and therefore being unfit for military service. Thus, there may be social pressure to avoid "excessive" medical appointments.
    - Female Sailors and Marines may ***feel pressure to limit medical appointments***, causing conditions to worsen and resulting in ***greater recovery time***.[26]

- Ensuring adequate menstrual supplies and/or contraception during long or remote deployments is an additional burden that men do not encounter.

- Historical Challenges:
  - Limited availability of medical staff that are equipped for care and examinations specific to women's health due to a historically low number of women in the military.
  - Abortion access across the United States will continue to ***change and vary by state***.
- Current Challenges:
  - The overturn of ***ROE vs. WADE*** dictated that access to abortion care will be dependent upon individual state laws. The Supreme Court ruling does not prohibit the DoD from continuing to perform and pay for covered abortions, as is consistent with federal law. Therefore, the DoD does not need to comply with state laws restricting access to covered abortion care.
    - Due to the 1976 ***Hyde Amendment***, there are already limitations in which federal funds can be used for abortions, making the new US Supreme Court decision limit women's options even further. Limited access to abortion care threatens female force readiness because it may result in service women needing to take ***significant time off duty to travel to seek care***. Additionally, service members who have challenges accessing abortion care may feel forced to carry the pregnancy and/or become a parent. These service members will be faced with additional responsibilities which may unduly impact their career trajectory. ***Unintended pregnancy greatly affects a service members' readiness*** as pregnant service members are non-deployable for nearly two years.
  - Abortions are only covered by TRICARE under certain situations.
    - **TRICARE Covered abortion care includes abortions for a pregnancy that is the result of rape or incest or a pregnancy that endangers the life of the pregnant person.** For a covered abortion, convalescent leave for medical care and Temporary Additional Duty (if travel is necessary) will be recommended by the treating/referring physician. If there is no local access, the service member will be placed on government-funded official travel orders and receive expeditious transport to the nearest location to provide the necessary abortion services.
    - **Non-covered abortion care includes all other situations of pregnancy termination.** For a non-TRICARE covered abortion, service members must pay out-of-pocket and obtain abortion care outside of the MHS.
    - However, the Secretary of Defense released policies on 16 February 2023, which authorize service members to receive administrative absences and travel and transportation allowances for obtaining non-covered reproductive healthcare.
      - **The Administrative Absence for Non-Covered Reproductive Health Care policy** provides service members the ability to request an administrative absence without being charged leave. Service members may **request an administrative absence from their normal duty** stations for non-TRICARE covered reproductive health care without being charged leave, **for a period of up to 21 days**. The period of absence will be limited to the minimum number of days essential to receive the required care. Commanders will not levy additional requirements on the service member prior to approving or denying the absence.
      - **The Travel for Non-Covered Reproductive Health Care Services policy** reduces the burden and cost for service members and their dependents who may need to travel significant distances to access non-TRICARE covered reproductive health care. Service members or eligible dependents **can receive travel and transportation allowances to**

receive non-TRICARE covered reproductive health care services when timely access is not available within the local area. The service member must certify in writing the location of the closest available medical facility for care.

- Commands must adhere to fiscal regulations and may not authorize travel which is not required or for which funding is not available. However, all levels of leadership are expected to support this policy and prioritize available resources accordingly.

- Out of pocket abortions typically cost between ***$300-$3,000*** and increase in price as an individual is further along in their pregnancy.
- With the majority of leaders being male, there is often ***little experience or understanding of abortion care*** options and considerations.
- Unplanned pregnancies negatively impact force readiness, yet ***contraceptive education is not a focus*** in operational provider training.
- Access to the range of provider types, experience, and gender are limited within embedded forces, and women may be uncomfortable and have a concern for privacy with male providers in regard to female specific needs.
- With the majority of leaders being male, there is often ***little experience or understanding of family planning*** options and considerations. Leaders are often unaware that contraception can be used for reasons beyond family planning, such as for menstrual suppression.
- Not all military medical facilities can support women's health needs. Women must take time off work to attend these appointments at large Military Treatment Facilities (MTFs) or see network providers.
- Military deployments can result in ***limited access to acceptable medical services*** and increase the inconvenience and logistical difficulty of hygienic management of menstruation. This may ***predispose deployed women to greater risk of gynecologic conditions***. Additionally, deployment may interrupt preventive care (e.g., cervical or breast cancer screening) or ongoing treatment or evaluation for conditions, such as menorrhagia, endometriosis, or uterine leiomyoma.

Leaders' role in addressing women's unique medical needs includes but is not limited to the following considerations:

- Familiarize yourself with women's health needs related to readiness; consider using the Navy Medicine Women's Health Guide for Navy and Marine Corps Leadership, found under the *Resources for Leaders* tab on the Women's Health Webpage.
- Engage unit medical providers to host ***educational women's health opportunities*** for female Sailors and Marines. Sessions can cover topics such as the range of contraceptive options, menstrual suppression, mental health as a gender minority, or women's health considerations during deployment. Service women can also access health educational materials directly on the Navy and Marine Corps Public Health Center Women's Health Webpage.
- Coordinate with medical and mental health staff to develop plans of action on how to address the following:
  - ***Family planning*** (including counseling on the full range of contraceptive options) for the members of the unit.
  - Deployment issues regarding ***limited access to medical services***, hygienic management of menstruation, ***preventative/ongoing gynecologic care*** (e.g., cervical cancer screening, endometriosis, menorrhagia, etc.), and access to a supply of preferred contraception to last through deployment.
  - Clear ***plan of action that allows for women's healthcare needs to be met*** in a manner that does not isolate or alienate them from the unit (e.g., support from leadership for time away from duty for medical appointments).
  - ***Supporting service members seeking TRICARE covered and non-TRICARE covered abortions.***

- Encourage female Sailors and Marines to seek information from their provider about ***medical interventions and exercises that aid postpartum recovery***.[27] The Navy is working on a pilot of an adaptation of the

evidence-based Army Pregnancy and Postpartum Physical Training Program (P3T). This Program maintains fitness during pregnancy and eases and enhances the transition to physical readiness training postpartum.

- Confer with local leadership (such as Command Fitness Leaders) to see if this program exists, or could be implemented, within your command.
- Support operational providers in ***maintaining patient privacy and patient trust*** (e.g., refrain from requesting information from a service member on reasons for a medical appointment or asking a provider for patient
- information that is not critical to mission readiness) as service women may avoid seeking care in environments where healthcare confidentiality is unnecessarily comprised.[22]
- Strive toward incorporating ***access to providers of both genders*** to maximize male and female patient comfort. In units where having providers of both genders is not practical, coordination should be available for service members to obtain care with providers in neighboring units or in the region.

8 | Childcare with Extended Hours and Minimized Wait Times

Service women need childcare at the Child Development Centers (CDC) and on-base before/after care that includes extended hours to reflect actual duty hours and call schedules, as well as CDC capacity that minimizes wait times for childcare enrollment.

Seventy percent of female Sailors cited the ability to have or adopt children as their primary influence to leave the Navy, rendering ***family planning in the current military climate a significant threat to retention***.[28] Childcare continues to be a stressor related to military life, and limited CDC hours and lengthy wait lists contribute to additional stress for military families. Service women are less likely than service men to have a stay-at-home spouse and ***more likely to feel the burden of balancing family and military responsibilities***.[4] Without access to affordable, convenient childcare, service women may opt to leave the military service.

Conflicts and challenges related to childcare necessities for service women:

- Organizational Conflicts:
    - Organizations need to be able to count on personnel to be at their duty stations when ordered. Duty periods commonly span nights, holidays, and weekends. However, childcare institutions are ***usually limited to regular business hours***.
    - Limited base budget and availability of qualified CDC facilities and staff contribute to long wait lists for military families for on-base childcare.
- Individual Conflicts:
    - Women may feel pressured to stay in dysfunctional or abusive relationships due to inability to secure necessary childcare. They may be required to leave children with trusted family members outside of their geographical area and live apart from children. They may ***place children in non-vetted childcare settings,*** such as in homes of friends they do not know well or unlicensed care centers.
- Historical Challenges:
    - Childcare in the military was ***not considered imperative until the 1970's***.[29] It is a relatively new program that was developed due to the increasing proportion of women in the military.
        - As the DoD continually expanded its recruiting efforts, the proportion of women in the active component grew from about 2.5% in 1973 to 20% in 2021. Today ***there are almost twice as many dual-military couples and single parents serving on active duty than in 1985***.[29]
- Current Challenges:

- As the proportion of female service members increases and demand for childcare increases, it has become increasingly difficult to obtain CDC childcare. There are ***long waitlists for CDCs***.[4] Many civilian centers are also at full capacity with ***waitlists and at higher costs***. Childcare can be very difficult to obtain and the stress of staying home on days in which childcare cannot be secured continues to fall primarily on mothers.[29]
    - In 2019, the Navy reported ***9,000 children on CDC waiting lists***, mainly concentrated in fleet areas (e.g., Norfolk, VA and San Diego, CA).[28] This number was significantly higher than wait lists in the other services (4,500 for the Army, 3,200 for the Air Force, and 850 for the Marine Corps).
    - A larger percentage of female service members and Veterans have ***cited childcare issues as a major stressor associated with their time in service***, relative to their male counterparts.[29]
- Some opponents of government sponsored childcare suggest that the use of taxpayer dollars to subsidize single parent families or those with two working parents is inherently inequitable or discriminatory against those without children or those families with one parent who stays at home to care for children. Specifically, in terms of DoD-funded childcare programs, military leaders and other experts have raised ***concerns about rising personnel costs*** and that increased spending on personnel benefits could supersede spending on other warfighting capabilities.[29]

Leaders' role in addressing childcare necessities for their service members includes but is not limited to the following considerations:

- Start discussions with service members on childcare and childcare options early. If a service woman is considering using military childcare, ***recommend she get on the CDC waiting list as soon as she shares the confirmation of her pregnancy***, since waiting lists of 12-18 months are not uncommon.[27]
- Revisit childcare discussions with service men and women following their return to work to understand the type of care they are using and its limitations.[27]
- Schedule mandatory meetings and physical training (PT) ***during CDC standard hours*** (typically 0600 – 1800) whenever possible to avoid childcare conflicts.[27]
- Provide watch duty assignments ***well in advance*** when possible to allow parents to plan ahead for childcare.
- Initiate ***joint efforts*** among commands in the area to communicate with higher headquarters for additional CDC resource requests if deemed necessary.

9 | Support for Breastfeeding Women

Service women need lactation support to include a private area and scheduled time for pumping, refrigeration of milk, and lactation assistance from medical personnel who are knowledgeable in this area.

Breastfeeding is beneficial for the health of both the child and the mother. ***Breastfeeding increases postpartum readiness*** through reduced risk of postpartum hemorrhage, type 2 diabetes, and breast, uterine, and ovarian cancer.[6] The Navy Bureau of Medicine and Surgery (BUMED) Instruction 6000.14B Support of Women in Lactation and Breastfeeding directs commanders to ***ensure facilities have a clean, secluded place available to breastfeed/pump*** at work as well as access to cold storage of expressed milk. Time allowed to breast feed/pump varies and is coordinated between member and supervisor. Educating everyone, from the mothers to the commanders, about breastfeeding and its importance is key.

Conflicts and challenges related to lactation support:

- Organizational Conflicts:
    - Public lactation or pumping is not widely socially accepted in military settings. Lactation spaces are also not commonly found, even in forward deployed medical settings. Often, ***space is at a premium*** in

commands, and it may be financially and logistically challenging to establish a convenient and clean lactation space with easy access to water.
    - Pumping on average takes 15-20 minutes depending on the environment, plus additional time before and after to set up and clean equipment. This process, repeated every three to four hours, can ***reduce availability of the service member over a typical workday*** for approximately 60-90 minutes per day or more.

- Individual Conflicts:
    - Choosing to breastfeed and duration of breastfeeding is a personal and important decision for parents. Working mothers ***may feel pressure to discontinue breastfeeding early*** if their workplace does not support the practice. Studies have shown that early discontinuation of breastfeeding is associated with postnatal depression and anxiety for the mother.[6]
    - Service women may experience social pressure to discontinue breastfeeding if coworkers express concern or dissatisfaction with their recurrent absence. If they continue to pump despite these pressures, they may find that they are left out of important work conversations/meetings because they are inaccessible during lactation breaks.
    - Women who wish to breastfeed but find it difficult to make time for lactation breaks during working hours may experience premature reduction in breast milk production or might be more likely to experience medical complications such as an impacted milk duct.
- Historical Challenges:
    - Many workspaces ***did not account for female needs*** when originally designed.
    - Units may be unable to identify designated spaces to support lactating women during the workday ***due to space restrictions*** on/in operational platforms like ships and submarines.
    - The need for flexibility in work schedule to accommodate breastfeeding is not always recognized or supported.
- Current Challenges:
    - Not all facilities have private areas that can be utilized for pumping or offer refrigeration for milk to be stored.
    - ***A lack of command flexibility*** to support modifications in work schedule may prevent a service woman from finding time for lactation breaks.
    - A lack of understanding among leadership for the negative consequences of inadequate access to lactation space on service member well-being and readiness contributes to the difficulty of service women to balance breastfeeding needs with duty.

Leaders' role in ensuring lactation support for their service members includes but is not limited to the following considerations:

- ***Allocate workspace to allow for lactation.*** In facilities in which no structural space is available, consider a modular system such as that which is already present in some US airports (see photo on the right). Portable/collapsible systems are able to be engineered for operational platforms. Per Navy policy, using a bathroom for lactation space is not acceptable due to sanitation issues.[30] Some best practices for lactation rooms include: a curtain in front of the door to prevent accidental exposure or the ability to lock the door from the inside, and a comfortable chair with a nearby power outlet.[6] Service members often express that there is a lack of command support for the frequency of mothers' pumping needs. When service members feel more comfortable utilizing

Modular Lactation Pod

lactation/pumping resources, there is noted increased workplace productivity (through reduced absenteeism), improved morale, and increased service member retention. To ensure access to lactation rooms, leaders should confirm there is space at their command, communicate any gaps in the provision of space to their leadership, and spread awareness of these resources to encourage their use.

- Consult with staff to search for ways in which ***work schedules can be made more flexible to accommodate breastfeeding*** in a manner that does not give a perception that female members are given special benefits. If no accommodation can practically be made due to inherent mission requirements of a specific unit or community, then commanders and the communities in which they work should make this transparently known so that service members are informed when choosing assignments and career paths (e.g., Navy SEAL operational tempo, missions/deployments, and overall job requirements may not be conducive to adequate lactation resources).
- Coordinate with the medical support in the region to ***ensure that postpartum service members have access to specialized expert lactation support if desired***. If none exists in the region, commanders should advocate for this service with the commanding officers of regional MTFs.
- Consult with command staff to **support the frequency of mothers' pumping needs and normalize regular pumping breaks**.

10 | **Mentorship and Sponsorship**

Service women need mentorship from those who are knowledgeable in the same rate and able to recognize the unique challenges faced by females in military service; service women also need sponsorship (i.e., active advocacy for the career progression) by immediate supervisors/leadership.

Mentorship is beneficial for both mentor and mentee as it opens communication, builds stronger and more efficient teams, and prepares the next generation of leaders within an organization. However, research shows that ***women face more obstacles in securing a mentor than men***. Traditionally, mentoring is thought of as a male-to-male or female-to-female relationship, leaving service women with fewer options for senior level mentorship.[31] While some service women may prefer a same-gender mentor, ***the assumption that only women can mentor women takes for granted*** that there are enough service women in leadership to mentor junior women; this assumption also furthers inaccurate gender stereotypes that only same-gender service members can maintain professional relationships because men and women are inherently different.[6] Sponsorship goes beyond the mentor relationship of professional development, as sponsors use their influence to directly advocate for the service member's career advancement (e.g., recommending them for challenging and highly visible roles that increase likelihood for promotion).

Conflicts and challenges related to mentorship and sponsorship for service women:

- Organizational Conflicts:
    - Providing mentorship/sponsorship is an expectation for all service members. However, gender-congruent mentorship is ***limited based on reduced representation*** of females in leadership roles, and some males may be hesitant or unwilling to mentor females.[4]
- Individual Conflicts:
    - Female leaders may feel ***unduly stretched to mentor numerous junior Sailors or Marines***.
    - Females may feel that they have to settle for a male ***mentor who does not fully understand*** or appreciate the unique challenges faced by female service members.
- Historical Challenges:

- Women face increased barriers to securing a mentor due to ***limited female leadership*** within the service and the hesitancy of some men to meet with women "behind closed doors" or mentor women altogether due to fear of the perception of "impropriety."[6]
- In 2008 the Navy developed the Navy Women eMentoring pilot program, which utilized a web-based matching tool to assign formal mentors. There is no follow-on assessment to report the success of this program; however, there were ***limits with utilizing a web-based platform for mentorship***, as deployment decreased access to the platform.

- Current Challenges:
  - There are greater ***difficulties with the retention of women*** in the service compared to men due to issues such as burdens of family life, competing caretaker duties, and greater difficulty securing a mentor or sponsor to provide career advice and advocacy.
  - ***Pressure is placed on female leaders to provide mentorship to junior women*** rather than on men to acquire knowledge about the female-specific challenges military members face.

Leaders' role in the promotion of mentorship and sponsorship opportunities includes but is not limited to the following considerations:

- ***Recognize mentorship as a critical tool*** for leadership development and professional advancement. Encourage other leaders to seek out mentorship opportunities based on professional relationships and shared careers paths rather than gender.
- Prioritize the ***development of a formal mentorship program*** for both males and females. Due to historical underrepresentation of female mentorship, commanders should coordinate with senior female leaders in their units to enable mentoring for junior female service members by both female and male leaders.
- Encourage ***male leaders to take on mentorship roles for female service members***, especially in operational communities with lower female representation. Consider using the books Athena Rising: How and Why Men Should Mentor Women and Good Buys: How Men Can Be Better Allies for Women in the Workplace for further recommendations on how male leaders can serve as effective mentors to females.[6]
- If a commander has a unit in which there are not enough female leaders to serve as mentors, then they should ***consider tools such as social media platforms*** that can be accessed anywhere in the world both synchronously and asynchronously, or the creation of a women's mentorship group. Engage mental health or chaplaincy staff to further discuss the stand-up of mentorship groups.

11 | Equal Opportunity and Retention

Service women need equal opportunities to advance and succeed in their military careers, which will increase female retention and representation in senior ranks.

The Navy and Marine Corps are committed to a culture of respect where equal opportunity is not merely the law, but the foundation for an environment where all service members are valued and included.[32] Equal opportunity is critical for recruiting, developing, and retaining a high-performing force. Despite the value placed on equal opportunity in the military, ***gender disparities in occupational distribution still exist***.

The Navy and Marine Corps have a historically disproportionate number of men in leadership positions (see Breakdown of Service Women in the Forces by Rank Table below).[32] While women make up about 20% of the officer corps, they account for less than 10% of the highest leadership positions in all services but the Air Force.

Breakdown of Service Women in the Forces by Rank[3]

Service Branch	% of Active Duty Force	% of Total Enlisted	% of Senior Enlisted	% of Total Officers	% of General/Flag Officers
Army	15.7%	14.8%	11.8%	19.8%	7.0%
Air Force	21.2%	20.9%	20.7%	22.4%	11.1%
Navy	20.5%	20.5%	12.5%	20.4%	6.8%
Marine Corps	9.0%	9.0%	6.2%	9.1%	3.5%

Officers excludes Warrant Officers for purposes of comparison as they are ineligible for General/Flag rank and the Air Force does not have Warrant Officers. Senior Enlisted includes E-7, E-8, E-9. General/Flag officers includes O-7s and above.

Note: Total

The data shows that women leave the military at higher rates than men at various points during their career. The average female officer remains in the service for 10.85 years prior to separation, compared to 13.71 years for her male counterpart.[28] Only 55% of female Sailors in a 2018 survey planned to remain in the Navy until retirement, compared to 71% of their male counterparts.[28] Therefore, even while new cohorts of officer accessions may have a higher percentage of females, that ratio may drop significantly by the time that cohort is eligible for promotion to more senior ranks.[33]

Conflicts and challenges related to equal opportunity and retention:

- Organizational Conflicts:
    - Although there may be policies governing equal opportunity principles, execution in daily practice may still be ***perceived as unequitable***.
- Individual Conflicts:
    - Reporting equal opportunity issues can be highly stressful, and individuals facing sex-based prejudice may ***fear that reporting will bring unwanted attention***, increased scrutiny, and potentially greater divide with team members that may disagree with the reported complaint.
    - Service women may perceive exclusion from male dominant areas (occupational specialties or communities) and favoritism amongst male leaders and peers.
    - Service women may prioritize support roles or career paths that accommodate family or caretaker duties.
- Historical Challenges:
    - The low proportion of women in the active duty population historically ***rendered recruitment and retention of service women more difficult*** due to gender isolation, lack of consideration for service women's needs, career limitations, and sex-based prejudices. While these issues still exist to varying

degrees, the proportion of women in the military has steadily risen to 20% in the Navy and 9% in the Marine Corps.[3]
    - It was not until 2010 that women were allowed to serve on the Ohio Class submarines and only in 2016 that Defense Secretary Ash Carter opened all combat jobs to women.
- Current Challenges:
    - Factors leading to hesitancy to report equal opportunity issues as listed above still persist.
    - Service women face ***societal pressure to join certain career fields*** or to prioritize family duties over career progression.
    - While female representation throughout the Navy and Marine Corps has improved, ***retention still remains difficult***.

Leaders' role in equal opportunity and retention includes but is not limited to the following considerations:

- Encourage mentorship best practices that include semi-regular (e.g., quarterly) ***opportunities for service women to express their goals***, the milestones they have achieved towards accomplishing these goals, any barriers or inequities that they have experienced, and what further ***assistance they need from the command***. This could be considered for incorporation into existing practices such as Career Development Boards.
- Implement ***frequent feedback sessions*** in which documentation occurs periodically, ensuring transparency and accountability towards positive change. This goes above and beyond standard "Defense Organizational Climate Surveys" (DEOCS), to include frequent "deck plate," ***in-person check-ins*** with the members of the unit.
- Utilize ***recommendations in the previous sections*** as efforts to improve female force retention. Actions taken by leadership detailed in Sections 4 – 10 can promote a culture that supports service women in balancing their family and career goals, empowers service women to seek healthcare, prevents sexual assault, and encourages female mentorship, therefore ***fostering an environment conducive to increased retention*** of female Sailors and Marines.
- **Note:** The above considerations stress equal *opportunity* for all qualified personnel. This is completely different than unduly causing equal *outcomes* for the sake of reaching quotas.

12 | **Conclusion and Where to Go from Here**

The preceding Guide is intended to provide an orientation and familiarization for operational leaders on the concept of cultural competency, and in particular, how this applies to female force readiness.

After reading this Guide, ***leaders should have a better understanding of what cultural competency is, how it applies to female force readiness, why it is important, some top unmet needs associated with cultural competency, barriers that have been faced in the past and at present,*** and ***ways to improve going forward***.

Where to Go from Here

- After reading this Guide, leaders should take the brief Post-Test in the Appendix to assess their understanding of the concepts. This Post-Test is "open book" with the sole intention of helping the reader reinforce their learning and identifying areas for further discussion.
- After taking the Post-Test, ***leaders should meet with their operational mental health officer, command climate specialist or equal opportunity program manager,*** and other appropriate staff members to discuss this guide, ***how cultural competency applies to their unit, any unmet needs that need to be addressed, and how to make a plan of action to promote improvement.***

Appendix

A | Additional Operational Community-Specific Characteristics

SURFACE WARFARE

- Long periods away from home with 3-6 month patrols or 6-8 month deployments.
- Work while at port can range from 6-18 hour days 5-7 days per week.
- Work is often performed in small groups in shops of 3-4 personnel.
- Limited healthcare resources on board with minimal mental health support.
- Lack of privacy and close quarters.
- As with many large facilities and organizations throughout various work communities, "scuttle butt," gossip, rumors, and drama occurs and varies dramatically from ship to ship and impacts unit cohesion.
- Physically demanding with potential exposure to toxic agents.
- Recurrent periods of watch can require personnel to go without sleep for over 24 hours 1-2 times per week.
- Leaders expect immediate response from embedded mental health providers.
- Undesignated Sailors are assigned basic tasks (like painting or cleaning) without a community until striking a rate.
- Some rates have a high incidence of turnover on the ship.
- Alcohol is a common component of social activities.

SUBMARINE SERVICE

- Deployment cycles vary by submarine type; can have crew rotation for deployments and patrols.
- High operational tempo with uncertain underway schedules.
- Numerous days submerged with no exposure to sunlight.
- Little to no privacy or personal space (potentially sharing bunks as done on Los Angeles class submarines).
- Pervasive sleep deprivation due to extended watches that can lead to disorientation.
- Exposure to nuclear reactors and other potential mechanical hazards.
- Risk for head injuries is elevated.
- Women relatively new to service and a significant minority in population.
- Highly resistant to medical care due to concerns about fitness for duty restrictions on submarines, and even more severe restrictions for nuclear submariners.

AVIATION *(Needs differ based on each type of wing community)*

As a whole

- Stress of living by the flight schedule as can be highly variable.
- Crew rest is already established (opportunity for 8 hours of uninterrupted sleep).
- Females in Aviation are low in number.
- Hesitancy to contact medical due to fear of losing flight status (Pilots, NFOs, aircrew).
- Multiple communities with radar exposure.
- Noise concerns often require double hearing protection.
- While home, typically work in unit's shop.
- Alcohol is a common component socially, but there is a set 12 hours "bottle to brief" or planning policy to minimize opportunities for alcohol abuse.
- Physically demanding with long missions.
- Can be psychologically taxing due to concerns for trauma (i.e., bombing missions causing PTSD, etc.).[10]

- Back pain and neck pain are common and varies for each platform:
  - Helicopters: vibrations, heavy vest, poor ergonomics of cockpit.
  - MPRA: long flights and potential to not stand for 5 hours.
  - Jets: G-forces and poor ergonomics.

Carrier (helicopters, jets, E-2s)

- Pre-set operational tempo.
- Binge drinking common in port.
- Meals at specific times with risk of rations getting low.
- Lengthy pre-deployment workups.
- Risk of exposure, or temptation, to engage in illegal activities in foreign countries.
- Mental health concerns, specifically suicidal ideations.
- Lots of ship maintenance and damage control in addition to normal shop/rate.
- If maintenance is undermanned, this can lead to more watch duty assignments.
- Depending on work location, may not see daylight for extended period (e.g., on a reactor).

Expeditionary (multiple)

- Uncertain schedule, based on tasking, and can be short notice.
- Helicopter Maritime Strike (HMS):
  - Smaller ships: Limited health and mental health care resources on board.
  - Small quarters.

Shore-based Deployments such as Maritime Patrol Reconnaissance Aircraft (MPRA, P-3's, P-8's)

- Typically scheduled to cycle 3-8 month tours at sea; 6-8 month shore based.
- VP (patrol) about 6-7 months deployment cycles; VQ (aerial, electronic reconnaissance) 3 months.
- Generally good living quarters: sleep in hotel, good access to Wi-Fi, good quality of life.
- VP can be limited in healthcare depending on deployment/detachment location.

MARINE CORPS

- Expected to participate in regular group exercise almost daily and is generally very physically demanding.
- Road marches, "Humps," are expected, consisting of walking long durations with 40-80 lbs. packs.
- Leadership tends towards being more intrusive due to needing to know fitness status for operational tempo purposes and therefore, actively tracks medical appointment attendance.
- Frequent field exercises for pre-deployment workups that can be lengthy.
- Deployment living conditions can range dramatically from onboard ship to hasty field positions while on extended patrols.
- Women are newly integrated in ground combat MOS's; women are an even smaller minority in the Marine Corps compared to other branches of services.
  - Facilities in some locations may not be fully adapted to accommodate both men and women, or may be retrofitted (e.g., showers, restrooms, lactation rooms, etc.).
  - Frequency and length of field exercises or austere conditions can hinder female hygiene practices.
  - High potential for sexual harassment and/or assault.[34]
- Strong team cohesion, with a sense of membership based on the hardship of difficult training, low standard of living/training conditions, and making do with limited resources.
  - This can lead to ostracism if a Marine does not "fit in."

Infantry

- Physical fitness is a top priority due to numerous MOS's requiring physical movement.
  - Can lead to mental health issues like body dysmorphia as well as body shaming by others.[35]
- Frequent musculoskeletal complaints given physical strain.
  - Hiking packs contain same amount of weight regardless of body type or size.
  - Frequently run in boots, leading to foot/ankle issues.
- Culture of grit (e.g., toughness and perseverance) influences both under- and over-utilization of medical resources, dependent on the service member's motives to remain fully fit, to avoid arduous duties, or to avoid being perceived as weak.
- There can be wide variability in the operational tempo with periods of high activity followed or preceded by periods of low activity and uncertainty.
- Can lead to issues with fatigue, significant time away from the family, and a lot of time spent in undesirable conditions.
- Significant challenges in recruiting females for infantry positions.[36]

B | **Further Resources**

Points of contact for leaders to discuss cultural competence further may include command resources such as Equal Employment Opportunity (EEO), Embedded Mental Health (EMH) providers, and Legal.

Military Resources

- Women's Health Webpage hosted by the Navy and Marine Corps Public Health Center: (https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/)
- Navy Medicine Female Force Readiness Clinical Community: Women's Health Guide for Navy and Marine Corps Leadership (available under the *Resources for Leadership* Tab of the Women's Health Webpage: (https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Womens-Health/)
- The Company Leader: Athena Thriving: A Unit Guide to Combating Gender Discrimination in the Army (https://companyleader.themilitaryleader.com/2020/11/07/athena-thriving-gender-discrimination/)
- The Company Leader: Athena Thriving II: A Unit Guide to Leading Pregnant and Postpartum Soldiers (http://companyleader.themilitaryleader.com/2021/04/30/athena-thriving-ii/)
- Defense Advisory Committee on Women in the Services (DACOWITS): 2019 Annual Report (https://dacowits.defense.gov/Portals/48/Documents/Reports/2019/Annual%20Report/DACOWITS%202019.pdf)

Government Agency Resources and Training

- Agency for Healthcare Research and Quality: Women's Health Care (https://www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/womenhealth/index.html)
- Centers for Disease Control: National Health Statistics Reports (https://www.cdc.gov/nchs/data/nhsr/nhsr130-508.pdf)
- National Institutes of Health (NIH): Cultural Respect (https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect)
- Substance Abuse and Mental Health Services Administration: Improving Cultural Competence Guide (https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849)
- U.S. Department of Health and Human Services: Cultural and Linguistic Competence (https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6)
- U.S. Department of Health and Human Services: Improving Cultural Competency for Behavioral Health Professionals (https://thinkculturalhealth.hhs.gov/behavioral-health/)
- U.S. Department of Health and Human Services: Women's Health (https://www.womenshealth.gov/)

University Based Resources

- Georgetown University: National Center for Cultural Competence (https://nccc.georgetown.edu/)
- University of Pittsburgh: Cultural Competence Resources (https://www.healthdiversity.pitt.edu/resources/cultural-competence-resources)
- University of Kansas: Community Toolbox (https://ctb.ku.edu/en/table-of-contents/culture/racial-injustice-and-inclusion)

Non-Profit/Other Organizations Resources

- Diversity Rx: Cultural Competence 101 (http://www.diversityrx.org/topic-areas/cultural-competence-101)

If there are any other questions or concerns, please reach out to your operational medical provider who can connect you to the appropriate points of contact including the Navy Medicine Female Force Readiness Advisory Board and mental health providers.

DISCLAIMER | *The views presented in this resource do not reflect those of the Department of Defense and any medical information is not intended to replace advice from a professional health care provider. Any mention of specific products does not indicate endorsement but is meant to serve as an example that has worked for others.*

C | **Training Guide Post-Test**

Take this Post-Test to assess lessons learned from the Training Guide and promote further learning.

1) I have a working knowledge of what cultural competence is and how I can incorporate it into my organization. (Circle answer) **Yes No**

2) What is Cultural Competence? (Answer found in Section 1)

   Answer:

3) I am actively incorporating, or working on incorporating, cultural competence principles into my organization and actively seeking unmet needs so I can improve them. (Circle answer) **Yes No**

4) I understand that I can take the steps to achieve cultural competency, specifically pertaining to women's readiness, in my organization and better meet their needs. (Answer found in Sections 4-11) (Circle answer) **Yes No**

5) Needs unique to women in my organization include: (Answer found in Sections 4-11)

   Answer:

6) Historical challenges in meeting the needs of women in my organization include: (Answer found in Sections 4-11)

   Answer:

7) I have a strong understanding of the background and demographics of women in my organization and what motivates them. (Circle answer) **Yes No**

8) Important aspects of background, demographics, and motivations of women in my organization include: (Answer found in Section 3)

   Answer:

9) I can turn to the following points of contact and resources if I have questions and/or would like assistance in improving cultural competence so I can better meet the needs of the members of my organization: (Example resources found in Appendix B)

   Answer:

10) Based on your answers on this pre-test how aware, familiar, or competent are you to address the gender-based needs of service members. Use a scale of 0-10,

    a. 0: Completely unaware of and not at all competent in addressing the gender specific needs of service members
    b. 10: Absolutely aware, familiar with, and competent in addressing the gender specific needs of service members

11) I found this guide helpful in improving my leadership and care for those I lead. (Circle Answer) **Yes No**

    Please explain your answer:

12) I found the following information the most helpful:

    Answer:

13) I will adopt the following into my leadership practice because of this training:

    Answer:

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