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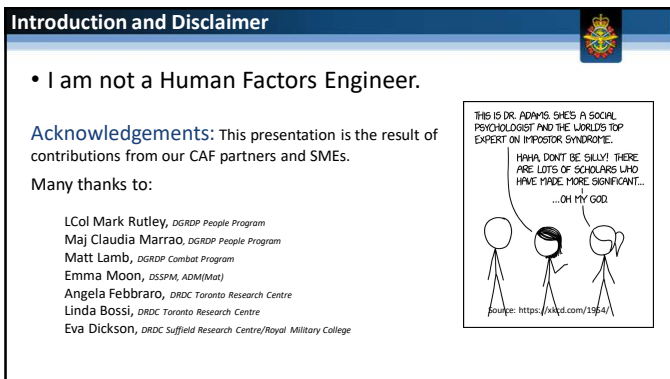
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### Outline

- A Diverse Fighting Force – History
- Challenges to Inclusive Clothing and Equipment
- Movement toward Solutions
  - Clothing and Equipment for Diverse Force
  - Anthropometric Research
  - GBA+ Considerations
- Conclusions

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### A Diverse Fighting Force - History

Timeline showing key events from 1910 to 2020, including the Canadian Human Rights Act (1981) and the introduction of rainbow pride flags (2010).

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### CAF Diversity By the Numbers

CAF Employment Equity Representation Rates – FY 2019-20				
Component	Females	Indigenous Peoples	Visible Minorities	Persons with Disabilities
Regular Force	15.7%	2.9%	8.5%	1.3%
Primary Reserve	16.6%	2.7%	11.4%	0.9%
Regular Force and Primary Reserve	16.0%	2.8%	9.4%	1.2%

- CAF Enrollments for 2019/2020: Of those individuals to join the Regular Force or Primary Reserve:
  - 18.7% were Women;
  - 12.0% were Visible Minorities; and
  - 2.8% were Indigenous peoples.

**CDS Goal of 25% females in CAF by 2026**

Ref: 2019-2020 Department of National Defence departmental progress report for Canada's National Action Plan on Women, Peace and Security

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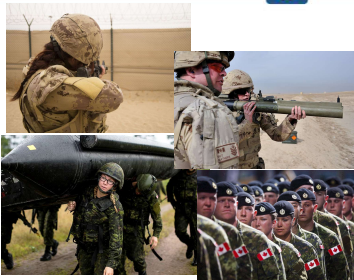
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### Operational Clothing and Equipment for Females in the CAF



• Multiple social sciences studies done over last 25 years indicate the same results:

- Davis (1997) "...majority of women expressed concern with **poorly fitting** uniforms and equipment (eg: rucksacks or helmets).
- Perception **repeated** in results of Waruszynski, et al. (2018). *Little to no change/progress.*
- Unisex operational clothing and equipment designs
  - Results in reductions in performance, reduced mobility and significant risk of injury for females.



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### Challenges to Female Operational Equipment Design



- **Historical data biases**
  - Lack of **female-specific** data continues to unconsciously influence design decisions both within DND and in industry
- **Lack of Representative Anthropometrics**
  - Poor representation of females in current CAF anthropometric surveys
- **Representative trial participant recruitment**
  - Fewer female in CAF means fewer females on field trials
- **Lack of Representative Physiological Data**
  - Many studies on female thermal physiology, but **little** uptake into equipment design
  - Limited studies on female-specific load carriage, operational nutritional requirements, etc;

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### Challenge: Historical Data Biases



• Lack of sex disaggregated data, drive to simplify supply chain causes bias for clothing and equipment design.

• Case Study: Body Armour



- Wrong size plates**
- ❑ Reduces shoulder mobility
  - ❑ Reduces torso flexion
  - ❑ Too heavy for females
  - ❑ Sits differently on female bodies

**Women in combat wear armor designed for men. That's finally changing in 2020.**

Tom Swales/Reuters

Published 2:27 pm - 27 Nov '19 | Updated 4:38 am - 27 Dec '19, 2020

**Press release**

**New body armour improvements for women in UK Armed Forces**

Defence is continuing to improve the experiences of women in the Armed Forces by rolling out updated combat clothing and body armour.

**The Swedish Armed Forces orders body armour adapted for women**

Swedish Armed Forces Headquarters - 28 June 2022 16:11:00

Archived news

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### Solution: Research Support for Inclusive Body Armour

DRDC has a robust research program that is focused on **testing and evaluation** of operational clothing and equipment for a diverse fighting force.

Activities specific to better understanding ballistic protection for women:

- Risk assessment of high curvature ballistic plates and proposed modifications for current test protocols
- Preliminary ballistic evaluation of “commercial” modular plates aimed at informing requirements for female PPE
- Literature and State-Of-the-Art Review (SOAR) with recommendation for a way-ahead for female-inclusive armour

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### Challenge: Representative Anthropometrics

Two (2) Main anthropometric surveys used by CAF in clothing/equipment design:

- 1) *Anthropometric Survey of the Land Force*
  - Conducted in 1996/1997
  - Consists of 709 Reg Force Canadian Army personnel, of which 243 were **female (34%)**
- 2) *Canadian Forces Anthropometric Survey (2012)*
  - Conducted from 2010 – 2012
  - Consisted of 2205 CAF personnel, of which 315 were **female (14%)**

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### Solution: Updating the Anthro Models

CAF Anthropometric Program for Soldier System Acquisition (CAPSSA)

- CAF previously used Visimage Body Sizing System (now obsolete)
- Program to procure and install 3D full body scanning systems and associated databases.
- Ever-green database of body measurements that will change as CAF diversifies.
- **Significant** technological, privacy, process and security challenges.
- DRDC to provide support for validation and implementation of data

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### Challenge: Representation on Trials

- Reduced numbers of females in military (and even fewer in operational combat roles) equates to reduced representation of females for clothing and equipment user trials.

Mitigating strategy:

- Researchers will need to deliberately **oversample** females to ensure sufficient representation
- Application of Gender-based Analysis (GBA+) to all studies and field trials, to ensure capture of women-centric data

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### Gender Based Analysis +

- Currently being applied to all CAF/DND procurements and policy decisions,
- Beginning to be applied to research efforts from study design through to data collection.

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### SNAPSHOT: Current Research Efforts

**Hard Problem:** Strategies to improve soldier task performance and threats, higher fidelity digital models and physical tools, and validated, objective methodologies, and metrics that accurately capture the diversity of the CAF user population are required to inform immediate requirements for design and assessment of, and CONEMP for a modernized, modular and scalable operational clothing and equipment (OCE) system.

**S&T Solution:** By 2028 DRDC will deliver analysis and implications of and recommendations for **integrating GBA+** into all phases of OCE capability development to accommodate a diverse force and empirically validated user requirements: efficient and reliable objective metrics, digital and physical tools and methods for accommodation of a diverse force; fit and functional accommodation (applied anthropometry, range of motion, task performance); health, safety and survivability (thermal balance, optimized biomechanics, moisture management, noise, protection from environmental and battlefield threats); task performance (agility, access to critical combat supplies (load carriage), weapon handling, marksmanship); and overall effectiveness beginning with survivability, mobility, and lethality. DRDC will also deliver objective benchmarks/characterizations of the currently fielded baseline OCE and a range of MOTS/COTS alternatives for factors influencing OCE wearer effectiveness.

FY22/23	FY23/24	FY24/25	FY25/26
<ul style="list-style-type: none"> <li>Objective metrics to measure OCE wearer effectiveness</li> <li>Objective assessment of OCE system to measure OCE wearer effectiveness</li> <li>Physical models and tools to assess OCE system</li> <li>Physical models and tools to assess OCE system</li> <li>Physical models and tools to assess OCE system</li> </ul>	<ul style="list-style-type: none"> <li>Thermal models for a cold environment and hot</li> <li>Static review of OCE and any other equipment</li> <li>Objective assessment of baseline and OCE OCE system</li> <li>Objective assessment of baseline and OCE OCE system</li> <li>Objective assessment of baseline and OCE OCE system</li> </ul>	<ul style="list-style-type: none"> <li>Enhanced digital data visualization</li> <li>Static and ergonomic analysis of OCE</li> <li>Manufacture for OCE</li> <li>Characterization of mechanical and ergonomic performance and wearability</li> <li>Initial digital model modeling for biomechanics and fit</li> <li>Final reporting</li> </ul>	

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**Conclusions**

- Canada’s movement towards integrating women into the Armed Forces has been ongoing for over a century;
- Despite these efforts, operational clothing and equipment design is still lagging for females
- R&D is moving towards providing answers to guide effective solutions.

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**Questions?**

Hillary Boulay Greene – A/Dir –R&D People  
 ADM(DRDC), Department of National Defence  
 Canada  
[Hillary.BoulayGreene@forces.gc.ca](mailto:Hillary.BoulayGreene@forces.gc.ca)

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**Military Women’s Population Health Surveillance**

Natalie Wells, M. D., M. P. H.

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### Disclaimer and Disclosures

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the U.S. Army, Department of Defense (DoD), nor of the U.S. Government.

I have no financial relationships to discuss.

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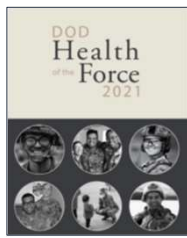
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### Population Health Surveillance

Published and accessible reports since 1995.



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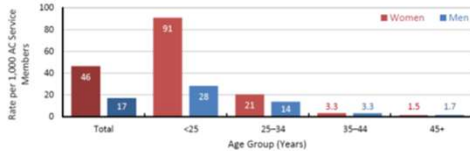
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### Sexually Transmitted Infections, 2021

**Incidence of Chlamydia and Gonorrhea by Sex and Age Group, AC Service Members, 2021**  
 Among AC Service members in 2021, females (46 per 1,000) had higher rates of chlamydia and gonorrhea compared to males (17 per 1,000), and rates were highest among the younger age groups.



Source: DoD Health of the Force Report, 2021 accessed at [Reports and Publications | Health.mil](https://www.health.mil/Reports-and-Publications)



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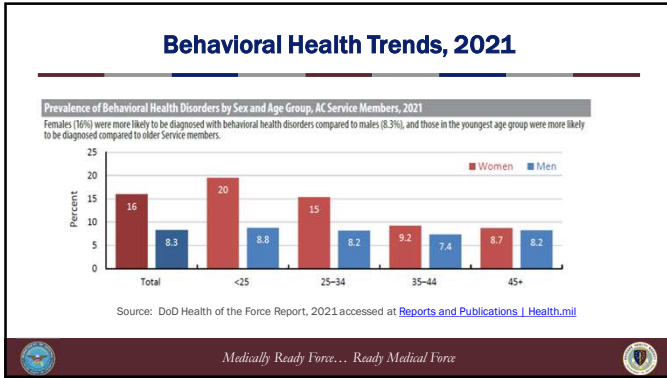
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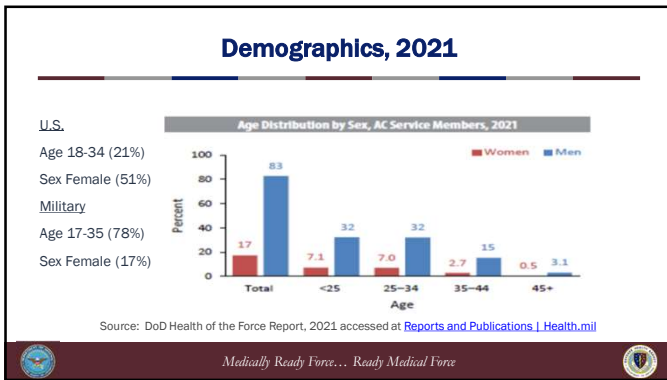
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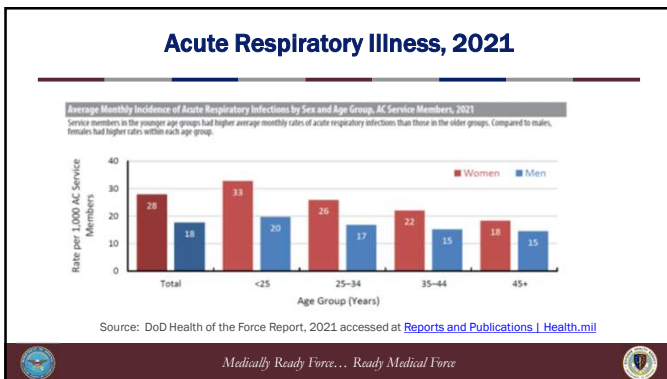
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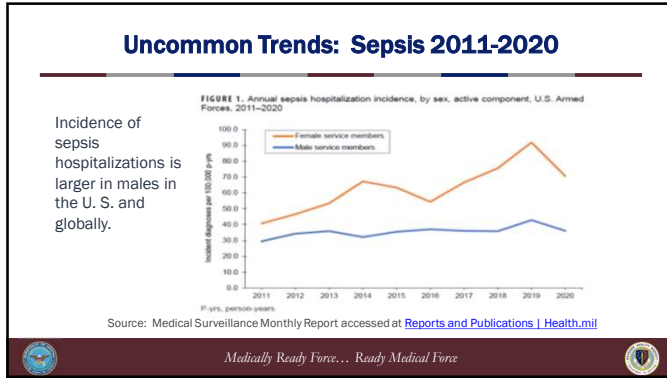
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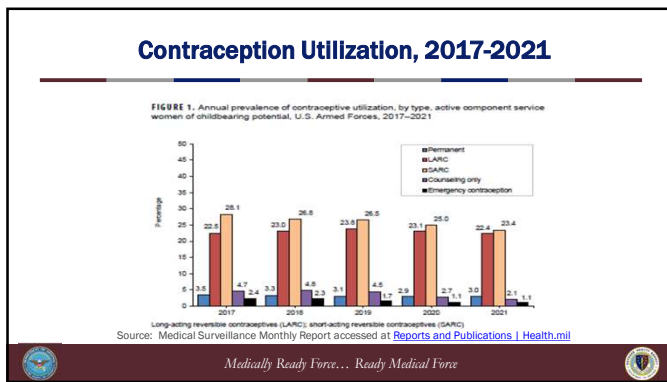
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- ### Summary
- Military population level health surveillance
    - Offers opportunities to view trends over time
    - Hypothesis generating for future research
    - Influenced by the demographic composition of the population
    - Focus on specific demographic groups
- Medically Ready Force... Ready Medical Force*

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### Contact Information

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 Public Health Directorate  
 Defense Health Agency  
 E-mail: [natalie.y.wells.mil@mail.mil](mailto:natalie.y.wells.mil@mail.mil)  
 Website: <https://health.mil/Military-Health-Topics/Health-Readiness/AFHSD>



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#### How DoD Public Health Policy is Molded and Modified: An Introduction to the Joint Preventive Medicine Policy Group

Colonel Michele A. Soltis, MD, MPH, FACPM  
 Chairperson, Joint Preventive Medicine Policy Group

February 1, 2023

Controlled by OSD OUSD P-R (USA)  
 Controlled by Health Readiness Policy & Oversight  
 CUI Category: (U)FOUO  
 Limited Dissemination Control: FEDCON,  
 REL to US (Canada)  
 POC: COL Douglas Beards, 703-691-8467

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#### Joint Preventive Medicine Policy Group Disclosures and Disclaimers

- The author has no financial or other potential conflicts of interest to disclose.
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**Joint Preventive Medicine Policy Group  
Agenda**

- Introduction
- Membership
- Objectives
- Recent Relevant Reviews/Recommendations



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**Joint Preventive Medicine Policy Group Introduction**

- Recommends joint preventive medicine policies for consideration of Deputy Assistant Secretary of Defense, Health Readiness Policy and Oversight (DASD(HRP&O))
- Strives to ensure evidence-based, comprehensive preventive medicine programs to sustain Force readiness



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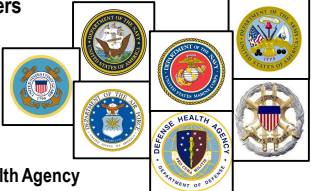
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**Joint Preventive Medicine Policy Group Membership**

- **Voting Members**
  - Army
  - Navy
  - Air Force
  - Marines
  - Coast Guard
  - Defense Health Agency
  - Office of the Joint Staff Surgeon



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**Joint Preventive Medicine Policy Group Membership (cont'd)**

- **Non-voting Members**
  - Armed Forces Health Services Division
  - Immunization Healthcare Division
  - National Center for Medical Intelligence
  - Office of the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
  - Office of the Deputy Assistant Secretary of Defense for Health Services Policy and Oversight

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**Joint Preventive Medicine Policy Group Membership (cont'd)**

- **Ad-hoc Members/Invited Guests**
  - DoD Liaison to the CDC
  - CDC Liaison to the DoD
  - Canadian and British Medical Liaisons to the DoD
  - Service Infectious Disease Specialty Consultants
  - Geographic Combatant Commands
  - Uniformed Services University
  - Other subject matter experts, as necessary

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Wyeth, A. (1946). Christina's World. Retrieved from [www.arthistory.about.com](http://www.arthistory.about.com)

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**Joint Preventive Medicine Policy Group Objectives**

- Evaluate evidence-based clinical and community preventive services
- Exchange, coordinate and communicate preventive medicine policy, programs, and best practices
- Inform preventive medicine support and guidance
- Promote interoperability among the Service
- Identify policy gaps and opportunities

to improve current programs

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**Joint Preventive Medicine Policy Group Objectives (cont'd)**

- Review and analyze preventive medicine issues
- Submit actionable recommendations for the consideration of the DASD(HRP&O)
- Evaluate programs and policies to ensure currency and continued relevancy



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Georges-Alexandre, C. (1904). Le Tubage. Retrieved from <http://iicd.ca/ordjournal.org>

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Munch, E. (1885-86). The Sick Child. Retrieved from <https://www.thegallery.org/artist/munch-edvard/>

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**Joint Preventive Medicine Policy Group Recent Relevant Reviews/Recommendations**

- COVID-19 vaccine recommendations and approaches to risk communication for pregnant, breastfeeding, and other reproductive-age women
- HPV vaccine considerations for female Service members

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Toulouse-Lautrec, H. (1894). The Medical Inspection. Retrieved from <https://www.dailymusegallery.com/artists/toulouse-lautrec/>

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**LGBT Policy in the DoD**

Holly N. Hoffmeyer, Ph.D.  
February 1, 2023

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**Disclosures**

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- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the United States Department of Defense, nor the United States Government.
- Dr. Holly N. Hoffmeyer has no financial interests to disclose. Commercial support was not received for this activity.
- No conflict of interest.
- No discussion of non-FDA-approved medications or devices.

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**Agenda**

- LGBT Behavioral Health Disparities
- Sexual Orientation Gender Identity Barriers
- LGBT Behavioral Health Support
- LGBT Policy

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**LGBT Behavioral Health Disparities within DoD**

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**Behavioral Health Disparities per Millennium Cohort study: PTSD and Depression**

	FEMALE			MALE		
	Hetero female	Gay/lesbian	Bisexual	Hetero Male	Gay	Bisexual
No PTSD/MDD	84.5%	79.4%	66.8%	86.2%	79.1%	68.4%
Depression	2.8%	3.7%	5.7%	2.0%	4.0%	5.1%
PTSD	5.9%	7.9%	12.1%	5.7%	7.0%	12.6%
Both PTSD/MDD	6.8%	9.0%	15.4%	6.1%	9.9%	13.9%

(Carey et al. in press)

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**Behavioral Health Disparities per Millennium Cohort study:  
PTSD and Depression**

	FEMALE			MALE		
	Hetero female	Gay/ lesbian	Bisexual	Hetero Male	Gay	Bisexual
No PTSD/MDD	84.5%	79.4%	66.8%	86.2%	79.1%	68.4%
Depression	2.8%	3.7%	5.7%	2.0%	4.0%	5.1%
PTSD	5.9%	7.9%	12.1%	5.7%	7.0%	12.6%
Both PTSD/MDD	6.8%	9.0%	15.4%	6.1%	9.9%	13.9%

(Carey et al, in press)

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**Behavioral Health Disparities per Millennium Cohort study:  
Behavioral Health**

	FEMALE			MALE		
	Hetero female	Gay/ lesbian	Bisexual	Hetero Male	Gay	Bisexual
No Panic/ Anxiety	87.0%	83.1%	72.1%	91.2%	85.6%	81.4%
Panic/ Anxiety	13.0%	16.9%	27.9%	8.8%	14.4%	18.6%
No problem anger	83.3%	76.0%	66.8%	82.4%	77.8%	66.3%
Problematic anger	16.7%	24.0%	33.2%	17.6%	22.2%	33.7%

(Carey et al, in press)

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**Behavioral Health Disparities per Millennium Cohort study:  
Behavioral Health**

	FEMALE			MALE		
	Hetero female	Gay/ lesbian	Bisexual	Hetero Male	Gay	Bisexual
No Panic/ Anxiety	87.0%	83.1%	72.1%	91.2%	85.6%	81.4%
Panic/ Anxiety	13.0%	16.9%	27.9%	8.8%	14.4%	18.6%
No problem anger	83.3%	76.0%	66.8%	82.4%	77.8%	66.3%
Problematic anger	16.7%	24.0%	33.2%	17.6%	22.2%	33.7%

(Carey et al, in press)

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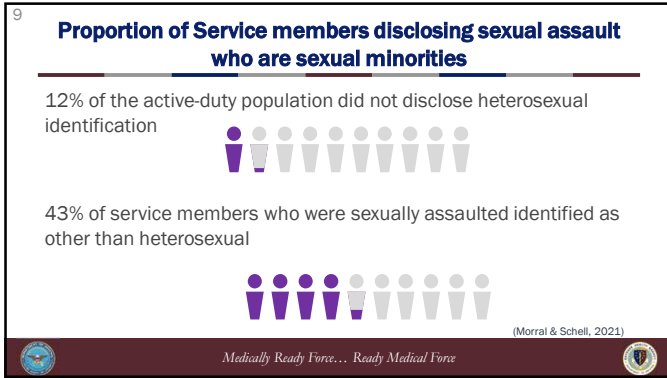
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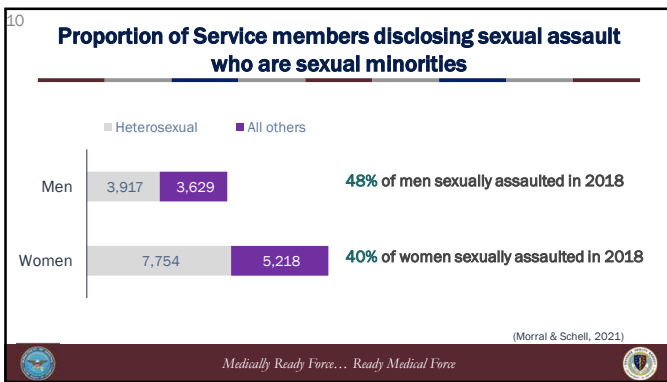
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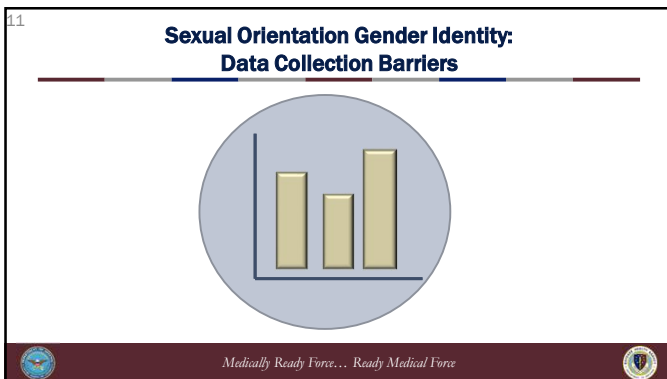
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**Sexual Orientation Gender Identity (SOGI):  
Background**

- July 22, 2011, Memorandum "Certification of the Repeal of "Don't Ask, Don't Tell" allowed unrestricted service of Lesbian Gay Bisexual persons
- Restriction " DOD components, including the Services, are not authorized to request, collect or maintain information about the sexual orientation of Service members, except when it is an essential part of an otherwise appropriate investigation or other official action

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**Sexual Orientation Gender Identity (SOGI):  
Background**

- DoDI 1300.28, "In-Service Transition of Transgender Service Members", April 30, 2021
- 4.4.d. Gender identity is a personal and private matter. DoD Components, including the Military Departments and Services, require written approval from the USD(P&R) to collect transgender and transgender related data or publically release such data.

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**Sexual Orientation Gender Identity (SOGI):  
Data Collection waiver**

SOGI data collection requires a waiver from Under Secretary of Defense (Personnel and Readiness) in most cases

**Exception**  
DODI 6400.11 "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders" December 22, 2022

5.3.a "the collection of data concerning transgender related data for survey-based prevention research does not require written approval from USD (P&R)"

- Requires confidentiality or anonymous design
- Must use standard items from the item bank
- Need IRB approval
- Numerous other requirements need to be met

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### Support for LGBT Community within DoD

**DIVERSE**

**INCLUSIVE**

**ACCEPTING**

**WELCOMING**

**SAFE SPACE**

**FOR EVERYONE**

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### Support for LGBT Behavioral Health

- Defense Health Agency Pride month celebration
- Behavioral Health Diversity Working group (BHDWG)
  - Co-host VA/DoD Women's Behavioral Health mini-residency
  - Supported medical personnel training on Gender-Affirming care
  - DHA Sharepoint site (resources, blogs)
  - Respond to leadership inquiries
  - Support dissemination of relevant research

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### Support for LGB and T Behavioral Health

BHDWG

- Clinical support tools
  - ✓ Intersectionality
  - ✓ Transgender Affirming Care for Behavioral Health providers
  - ✓ Commanders tool for Leading Transgender and Gender Diverse SM




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### Department of Defense LGBT Policy

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### Executive Order 14004

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- Enabling All Qualified Americans to Serve their Country in Uniform
- “an inclusive military strengthens our national security”



All Americans who are qualified to serve in the Armed Forces of the United States should be able to serve.

President Joseph R. Biden  
Executive Order 14004  
January 26, 2021

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### DoD Transgender Policy

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**DoDI 1300.28, "In-Service Transition for Transgender Service Members," April 30, 2021**

- Published in response to Executive Order 14004
- Supersedes any previously published guidance
- Establishes policy and procedures regarding the process of in-Service transition and changing a Service member's (SM) gender marker in the Defense Enrollment Eligibility Reporting System (DEERS)
- Military medical clinics must be prepared to provide medical care with *dignity and respect* to ALL individuals

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### Mandatory Training

- Mandated training for all MHS personnel on DHA Transgender policy, key terms, barriers to care and creating an inclusive and welcoming environment – available online early 2023
- Affirmative Behavioral Health Care Training for Transgender and Gender Diverse Service members
  - Currently in development
  - Will be available on Joint Knowledge Online (on demand)
  - Guidance on assessment & diagnosis, creating an inclusive environment, engagement strategies, therapy topics, vignettes

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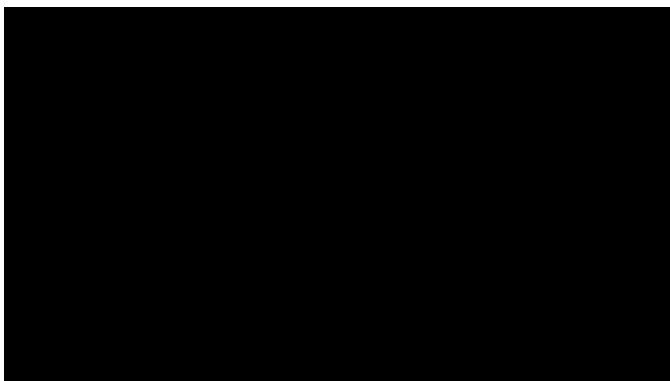
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