



DEFENSE HEALTH BOARD
OPEN SESSION MEETING MINUTES
NOVEMBER 5, 2020
Virtual Meeting

1. Attendees – Appendix One

2. Opening Remarks/Introductions

- CAPT Gorman introduced himself, welcomed attendees, and called the Open Session meeting to order.
- Dr. Jeremy Lazarus, Defense Health Board (DHB) President, welcomed members and reflected on the last meeting held on August 7, 2020. He noted the meeting's proceedings are available on the DHB website for download.
- Dr. Lazarus provided an overview of today's meeting schedule and agenda items, starting with a decision brief for the Active Duty Women's Health Care Services tasking and ending with an introduction to the Direct-to-Consumer Genetic Testing tasking.
- Dr. Lazarus initiated the roll call for the DHB members and subcommittee members. CAPT Gorman recognized the distinguished guests attending the meeting.
- Dr. Lazarus announced two DHB members, Dr. Vivian Lee and RADM (Ret.) H. Clifford Lane, will leave the DHB when their terms end in December 2020 and February 2021, respectively. He thanked them for their service and virtually presented each one with a plaque.
- CAPT Gorman reviewed the virtual meeting ground rules and requested that meeting attendees disclose any conflicts of interest.
- CAPT Gorman commended the Knowesis staff and thanked the Subject Matter Experts for their contributions to the development of the Active Duty Women's Health Care Services and Modernization of the TRICARE Benefit reports.
- Dr. Lazarus reviewed the rules for voting on the recommendations of the two reports.

3. Decision Brief: Active Duty Women's Health Care Services

- Dr. Michael Parkinson, DHB member and Chair of the Health Care Delivery Subcommittee, presented the Active Duty Women's Health Care Services report to the DHB for deliberation and approval.
 - Dr. Parkinson noted the charge was broad and permissive, requiring 14 months to thoroughly investigate objectives that included musculoskeletal injury, reproductive and mental health issues, and health care services that influence military women's operational readiness.
 - The subcommittee adopted a military woman's career lifecycle perspective guided by the eight domains of Total Force Fitness to inform the recommendations.
 - The report highlighted women's health best practices from across the Services and encouraged DoD leaders to use best practices to inform improvements in women's health across the enterprise.

- Board members and members of the public discussed the findings and recommendations in the report. Please see the slide deck on the Meeting Materials page of the DHB website (health.mil/dhb) for more information. Discussion points of note include (Appendix Two):
 - Health Care Delivery subcommittee members commended Dr. Parkinson on his concise summary of the 14 month long investigation.
 - The members discussed Recommendation 1.1:
 - Dr. Sharfstein asked if adding an office to the existing women’s health governance structure would be beneficial. Dr. Parkinson clarified that this recommendation establishes a unified women’s health organization at the highest levels of DoD. RADM Martin and Dr. Kaplan added that the recommendation enables authority and accountability in women’s health.
 - Dr. Jacobs asked if the Subcommittee reviewed dissemination and implementation efforts for women’s health initiatives in militaries with a high percentage of women. Dr. Parkinson responded that the Subcommittee reviewed efforts of allied partners and identified a few Israeli Defense Force initiatives as best practice models.
 - Dr. McCaw recommended inserting “and intimate partner” between “sexual” and “violence” to be consistent with best practices in violence prevention.
 - Dr. Blakely commented on recommendation 3, noting there are equipment issues that interface with training environments. Dr. Parkinson concurred with Dr. Blakely’s statement. Dr. Kaplan explained that any added costs of having trainers available during basic military training and for sourcing gender-customized clothing and equipment are more than repaid by avoiding injuries that (i) require costly treatment and rehabilitation, (ii) reduce readiness, and (iii) lower reenlistment rates.
 - Dr. Sharfstein commented that finding and recommendation 11 makes no mention of postpartum depression and postpartum psychosis. CAPT Gorman directed Dr. Sharfstein to page 113 where the report mentions postpartum screening. After re-reading that section of the report, Dr. Sharfstein recommended no change to the recommendation.
 - Dr. Browne asked if the DHB has the authority to request yearly updates. CAPT Gorman stated the DHB has no authority to require yearly updates but can request them.
 - COL McDaniels requested the DHB’s thoughts on the Army Physical Fitness Test since it is now occupationally specific but not gender specific. Dr. Parkinson explained that every career field has to employ tests that uniformly address occupational standards, but that foundational fitness assessment should be gender-specific and tailored.
 - Dr. Trego cited comments in the chat box regarding the ways to operationalize recommendation 1.1, including through inclusion in the National Defense Authorization Act (NDAA). Dr. Parkinson commented he hopes a DoD task force can operationalize the recommendation without needing direction through the NDAA.
 - Dr. Rick Burney stated the report infrequently mentions gynecologic pathologies that affect readiness of Service women such as endometriosis, polycystic ovary syndrome, and fibroids and that he hopes they are incorporated into the report during finalization. The Board discussed the issue and agreed with Dr. Lazarus’ suggestion

to including a relevant sentence and insert “including and not limited to” the conditions mentioned.

- Dr. Dan Trone reiterated the NDAA suggestion from the public and requested details of the recommendations approval process. CAPT Gorman explained there is a 4-6 month process for the Department to review and respond with concurrence or non-concurrence to the recommendations.
- Dr. Trone commented that women report symptoms more frequently than men and recalled not seeing this phenomenon mentioned in the report. Drs. Parkinson and Kaplan countered his argument stating there is evidence that suggests women underreport symptoms of anxiety, depression, eating disorders, and urinary tract infections. Dr. Kaplan added that women who briefed the members stated the culture of “suck it up” contributes to the underreporting.
- Dr. Trego asked the Board to define the clause “with urgency” in recommendation 1.1. Dr. Parkinson stated the clause “with urgency” reflects the fact that there have been 20 years of similar recommendations that still remain to be addressed and that “enough is enough.”
- After public discussion, Dr. Lazarus asked the Board members if they required further discussion or edits to any specific findings and recommendations prior to a vote.
 - Dr. McCaw recommended the insertion of “and relationship” between “Launch” and “health” in recommendation 6.
 - The Board voted and approved all of Dr. McCaw’s amendments.
 - The DHB members approved all findings and recommendations by unanimous vote.

4. Decision Brief: Modernization of the TRICARE Benefit

- Dr. Michael-Anne Browne, DHB member and Modernization of TRICARE Benefit Working Group Chair, presented the Working Group’s report to the DHB for deliberation and approval.
 - The DHB developed criteria to prioritize commercial health care innovations listed in the Terms of Reference (ToR) for implementation within TRICARE.
 - The Working Group identified six prioritization criteria: potential impact on the Quadruple Aim, demonstrated success, ease of implementation, outcomes measurement, ease of management and monitoring, and compliance with statutory requirements.
 - The Working Group’s application of criteria prioritized six of the 21 innovations listed in the ToR for implementation: Accountable Care Organizations, Centers of Excellence, Virtual Value Providers, Advanced Care Management, Telehealth and Digital Health, and Utilization Management.
- Board members and members of the public discussed the report’s findings and recommendations. Please see the slide deck on the Meeting Materials page of the DHB website (health.mil/dhb) for more information. Discussion points of note (Appendix Two) included:
 - Dr. Armstrong asked if they considered a verification program for optimal resources. The members discussed transparency and outcomes, and promoting integration of efforts at centers of excellence.

- Dr. Sharfstein noted the absence of references to embedded behavioral health providers in the briefing slides. Dr. Browne assured Dr. Sharfstein that appropriate details are in the report.
- Ms. Karen Ruedisueli asked for clarification on the benchmarks examined for co-pays. Dr. Browne stated that examining co-pays is too granular in scope and the Working Group focused more on medical care services.
- Mr. Christopher Priest addressed a number of the questions asked by the public from his perspective as Deputy Assistant Director Healthcare Operations for the Defense Health Agency.
- After public discussion, Dr. Lazarus asked the Board members if they required further discussion or edits to the prioritization criteria and prioritized innovations prior to a vote. Members made no requests. Dr. Lazarus called for a vote on the prioritization criteria and innovations. The DHB members approved the report by unanimous vote.

5. Direct-to-Consumer Genetic Testing Briefing/Introduction to Direct-to-Consumer Genetic Testing Tasking Briefing

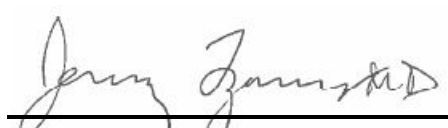
- Dr. Clesson Turner, Assistant Professor of Pediatrics and Clinical and Molecular Geneticist, briefed the DHB on consumer and clinical genetics tests. Please see read-ahead slide deck for more information. Discussion points of note included:
 - Dr. Turner provided a brief overview of genetics, types of results from direct-to-consumer testing, and results of direct-to-consumer testing versus clinical genetic testing.
 - Dr. Turner highlighted the military specific concerns with the direct-to-consumer genetic testing regarding individual Service members, the Military Health System, and National Security
- Dr. David Resnik, Medical Ethics Subcommittee Chair, provided an overview on the Direct-to-Consumer Genetic Testing Tasking. This tasking requests a DHB review of the ethics of testing and disclosure of results of direct-to-consumer-driven genetic testing by Service members.
- Discussion points of note included:
 - Dr. Lazarus wondered whether genetic test results could impact children of Service members who wish to join the military.
 - Dr. Parkinson suggested a focus on genetic illnesses that have implications for entry into the military.
 - Dr. Browne commented that some military parents are against rapid whole genome sequencing because of the lack of protections against discrimination by the military.
 - Dr. McCaw suggested interviewing experts in the field of racism. Drs. Resnick and Turner explained that race is not a genetic construct and that test results discriminate across lineages. Dr. Browne elaborated on her previous comment and questioned how the DoD will use the genetic testing information.
 - RADM Doll referred the DHB to an expert from the intelligence community.

6. Administrative Updates

The next DHB quarterly meeting is scheduled to occur in March 2021 and to be held in person in Falls Church, VA. While the DHB staff continues to plan for an in person meeting, it may be converted to a virtual or hybrid meeting based on COVID-19 related concerns.

7. Certification of Minutes

I hereby certify that, to the best of my knowledge, the foregoing meeting minutes are accurate and complete.



Jeremy Lazarus, MD
President, Defense Health Board

11/24/2020

Date

APPENDIX ONE: MEETING ATTENDEES

BOARD MEMBERS			
TITLE	FIRST NAME	LAST NAME	ORGANIZATION
Dr.	Jeremy	Lazarus	<i>DHB President</i> Past President, American Medical Association; Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
RADM (Ret)	Kathleen	Martin	<i>DHB Second Vice President</i> Chief Executive Officer, Vinson Hall Retirement Community-Vinson Hall LLC; Former Executive Director, Navy Marine Coast Guard Residence Foundation
Dr.	John	Armstrong	Division Director and Associate Professor of Surgery, University of South Florida; 3 rd Florida State Surgeon General and Secretary of Health, and 27 th State Health Officer of Florida
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	Michael-Anne`	Browne	Associate Chief Medical Officer, Stanford Children's Health; Clinical Associate Professor, Stanford University School of Medicine
Dr.	Jonathan	Friedman	Professor of Surgery, Neuroscience and Experimental Therapeutics; Texas A&M Health Science Center College of Medicine; Director, The Texas Brain and Spine Institute
Dr.	Steven	Gordon	Chair, Department of Infectious Diseases, Cleveland Clinic
Dr.	Karen	Guice	Executive Officer and Chief Medical Officer, Government and Public Sector Advisory Service, Ernst & Young
Dr.	Lenworth	Jacobs, Jr.	Director, Trauma Institute, Hartford Hospital; Professor of Surgery, University of Connecticut
Dr.	Robert	Kaplan	Senior Fellow and Marvin Bower Professor of Leadership Development, Emeritus at the Harvard Business School
Dr.	H. Clifford	Lane	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Vivian	Lee	President, Health Platforms, Verily (formerly Google Life Sciences)
Dr.	Brigid	McCaw	Former Medical Director, Family Violence Prevention Program, Kaiser Permanente Northern California Region
Dr.	Michael	Parkinson	Senior Medical Director, University of Pittsburgh Medical Center
Dr.	Steven	Sharfstein	President Emeritus, Sheppard Pratt Health System; Clinical Professor of Psychiatry, University of Maryland
Dr.	Alex	Valadka	Professor and Chair, Department of Neurosurgery, Virginia Commonwealth University
DHB STAFF			
CAPT	Greg	Gorman	Executive Director/Designated Federal Officer (DFO)
Dr.	Catherine	Zebrowski	Executive Secretary/Clinical Consultant/Alternate DFO
Ms.	Camille	Gaviola	Deputy Director/Alternate DFO
Ms.	Chizoba	Chukwura	DHB Research Science Analyst, Knowesis, Inc.
Mr.	Christopher	Fogle	DHB Management Analyst, Knowesis, Inc.

Ms.	Victoria	Okereke	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Michele	Porter	DHB Management Analyst, Knowesis, Inc.
Mr.	Paul	Schaettle	DHB Research Science Analyst, Knowesis, Inc.
Dr.	Clarice	Waters	DHB Task Lead/Senior Analyst, Knowesis, Inc.
HEALTH CARE DELIVERY SUBCOMMITTEE MEMBERS			
Dr.	Bernie	Good	Senior Medical Director, University of Pittsburgh Medical Center (UPMC) Center for Value Based Pharmacy Initiatives, Professor of Medicine and Pharmacy University of Pittsburgh School of Medicine
COL	Lee	Norman	Secretary of the Kansas Department of Health and Environment, State Surgeon of Kansas
TRICARE HEALTH PLAN WORK GROUP MEMBER			
Dr.	Wilsie	Bishop	Vice President of Health Affairs East Tennessee State University
PUBLIC ATTENDEES			
Mr.	Brian	Acker	Senior Associate, Knowesis, Inc.
Mr.	Gregory	Atkinson	Senior Healthcare Analyst, Program, Review and Evaluation, Office of the Assistant Secretary of Defense (Health Affairs), Health Resources Management and Policy
Mr.	Patrick	Baird	Director, Federal Accounts, Alkermes, Inc.
Dr.	Elizabeth	Barfield	AAAS Science & Technology Policy Fellow Office of the Assistant Secretary of Defense (Health Affairs), Health Services Policy & Oversight
Dr.	Neal	Baumgartner	Chief, AF Exercise Science
Dr.	Krystyna	Bienia	Program Manager, Complex Pediatric Clinical Community, DHA, Medical Affairs
Dr.	Megan	Brooks	Principal, Innovation Policy Solutions
Dr.	Rick	Burney	Department of Clinical Investigation, Madigan Army Medical Center
Dr.	Theresa	Casey	Director, Trainee Health Surveillance
Col	Valerie	Castle	Chief, Preventive Medicine, AFMRA/SG3PM
COL	Melinda	Cavicchia	DHA Public Health Directorate
Dr.	Michelle	Chervak	Injury Prevention Program, Army Public Health Center
Ms.	Trinity	Cleveland	National Government, Mercer Government
Dr.	Ava Marie	Conlin	DoD Birth and Infant Health Research (BIHR) Program Deployment Health Research Department, Naval Health Research Center
Dr.	Paul	Cordts	Deputy Assistant Director, Medical Affairs Defense Health Agency
Mr.	Ricardo	Cortes	National Government Director, VA/DoD/HIS/FboP, US Market Access
Dr.	Jen	Crockett	Director, Behavioral Health Program for Military Families Kennedy Krieger Institute

Dr.	Thomas	Cropper	Retired, Former Director of Trainee Health Surveillance
Mr.	William	Culp	Director, Business Development Humana Government Business, Humana
Ms.	Odeyra	Curcic	Advisory Committee on Industrial Security and Industrial Base Policy (CISIBP), Defense Counterintelligence and Security Agency
RADM	Bruce	Doll	Assistant Vice President for Technology Research and Innovation, Uniformed Services University
CAPT	Joel	Dulaigh	Chief of Staff to the Surgeon General
Dr.	Nicole	Frazer	Acting Division Chief, Psychological Health Center of Excellence, J9 Research Directorate, Defense Health Agency
Brig Gen	Paul	Friedrichs	Joint Staff Surgeon
Mr.	Carlos	Fuentes	Senior Government Strategist, Federal Government Relations
Col	Kara	Gormont	Chief of Staff, Defense Health Agency
COL	Raphael	Grippi	France, Foreign Medical Liaison Officer
SGM	Nicole	Haines	Defense Health Agency, Senior Enlisted Leader Representative
RDML	James	Hancock	Medical Officer of the Marine Corps, Director, Health Services, HQMC
Mr.	Fred	Hannett	Representative, The Capitol Alliance
Ms.	Theresa	Hart	Women and Infant Clinical Community, Program Manager, Defense Health Agency, Medical Affairs
Dr.	Bruce	Jones	Senior Scientist, Clinical Public Health and Epidemiology Directorate, Army Public Health Center
Dr.	Neal	Kennington	National Government, Mercer Government
Ms.	Patricia	Kime	Journalist, Military.com
CAPT	Christopher	Kurtz	BUMED Deputy Chief, Operations, Plans, & Readiness (M2/M3/M5)
Ms.	Kimberly	Lahm	GS-15, Program Director, Women's, Child & Family Health Policy, Office of the Assistant Secretary of Defense (Health Affairs)
CDR	Shannon	Lamb	OBBGYN Specialty Advisor to the Navy Surgeon General
Dr.	Robert	Mabry	Principal Deputy Assistant Secretary of Defense, Health Affairs
Mr.	Jaison	Marks	Founder & CEO, CartilaGen, Inc.
Ms.	Hannah	Martin	Director, Legislative and Government Affairs Academy of Nutrition and Dietetics
Dr.	Rayna	Matsuno	Epidemiologist, Naval Health Research Center
MAJ	Elony	May	Reserve Deputy Director for Collection Management (J26)
HON	Thomas	McCaffery	Assistant Secretary of Defense for Health Affairs Organization: Office Secretary of Defense (OSD)
Dr.	Holly	McClung	Nutritional Physiologist, Biophysics & Biomedical Modeling Division, USARIEM

COL	Myron	McDaniels	Assistant Chief of Staff & Troop Commander Office of The Surgeon General and United States Medical Command
CAPT	Anne	McMillan	USPHS - Program Manager, Military-specific Clinical Community & interim lead for Women/Infant Clinical Management Team (CMT) - DHA Medical Affairs
Ms.	Ellen	Milhiser	Editor, Synopsis
Maj Gen	Robert	Miller	USAF, MC, SFS, Director, SG3/4
Ms.	Aileen	Mooney	Graduate Student, Uniformed Services University of Health Sciences
Ms.	Madison	Moore	Government Affairs Lead, Humana Military
Dr.	Holly	O'Reilly	Clinical Psychologist, Psychological Health Center of Excellence
Dr.	Louis	Pangaro	Professor & Chair, Dept. of Medicine, Uniformed Services University of the Health Sciences (USUHS)
Dr.	Lula	Pelayo	Dean, College of Allied Health Sciences, USUHS
Mr.	Christopher	Priest	Deputy Assistant Director, Healthcare Operations Defense Health Agency
Ms.	Calais	Prince	AAAS Science and Technology Policy Fellow OUSD (P&R); Health Affairs; HSPO
Ms.	Michelle	Reiff	Bubo Learning Design, LLC.
Dr.	David	Resnik	Bioethicist, National Institute of Environmental Health Science, National Institutes of Health
Dr.	Timothy	Roberts	Associate Professor of Pediatrics, Division of Adolescent Medicine, Children's Mercy Kansas City, University of Missouri, Kansas City School of Medicine
RADM (Ret.)	Carol	Romano	Dean and Professor, Graduate School of Nursing Uniformed Services University of the Health Sciences
CDR	Juan	Rosario	Executive Assistant, BUMED Deputy Chief Operations, Plans, & Readiness (M2/M3/M5)
Ms.	Karen	Ruedisueli	Director, Health Affairs, Military Officers Association of America (MOAA)
Mr.	Matthew	Ruest	Vice President, Government Relations, Health Net Federal Services, LLC
Dr.	Anthony	Samir	Director, MGH Center for Ultrasound Research & Translation
Col (Ret.)	Thomas	Schneid	Executive Dean, Postgraduate Dental College Uniformed Services University of the Health Sciences
RADM	Erica	Schwartz	Deputy Surgeon General, Office of the Surgeon General United States Public Health Service, U.S. Department of Health and Human Services
LTC	Leilani	Siaki	Nurse Scientist/Nurse Practitioner, Madigan Army Medical Center
CAPT	Edward	Simmer	Chief Medical Officer, TRICARE Health Plan Officer in Charge, DHA Navy Element
Mr.	Benjamin	Solis	Innovation Architect, Mercer
CAPT	Shane	Steiner	Assistant Chief Medical Officer, USCG
Ms.	Cara	Tenenbaum	Director, Pyxis Partners

Dr.	Lori	Trego	Associate Professor, College of Nursing University of Colorado Anschutz Medical Campus
Dr.	Daniel	Trone	Principal Investigator, Epidemiology Research Naval Health Research Center, San Diego
Col (Ret.)	Clesson	Turner	Interim Director of the Precision Medicine Initiative for Military Medical Education and Research Assistant Professor, Department of Pediatrics F. Edward Hébert School of Medicine, USUHS
Ms.	Kaley	Wilkinson	Principal, H&B Strategy & Innovation, Mercer
Dr.	Candy	Wilson	Deputy Director, PhD Nursing Science Program Associate Professor, Daniel K. Inouye Graduate School of Nursing, USUHS
Dr.	Catherine	Witkop	Associate Dean for Medical Education Uniformed Services University of the Health Sciences
Dr.	Kenneth	Yale	Senior Advisor, Health Strategy and Innovation Office of the Assistant Secretary of Defense for Health Affairs
Dr.	Lauren	Zapf	Chief, Clinical Requirements, Medical Affairs, DHA
Dr.	David	Zieg	Partner, Clinical Services Leader, Mercer

APPENDIX TWO: Open Session Zoom Chat Notes

From Lori Trego 12:23:46 :

Thank you so much! These are incredibly relevant and evidence-based recommendations. What are the next steps for operationalizing each recommendation? Clearly, they will have a fiscal implications.

From COL Lee Norman - HCD Subcommittee Member 12:29:30 :

Agree, Lori Trego. But I can say, as an Army State Surgeon who does Line of Duty determinations, we're paying for the disability and injuries now. Oftentimes for the remainder of the service member's life.

From Catherine Witkop 12:29:33 :

Thank you! On behalf of countless health professionals who have worked on many of these issues, we appreciate all the work that clearly went into this comprehensive and actionable brief.

From Rick Burney 12:30:48 :

Outstanding report with evidence based findings and recommendations that resonate with me as a practicing military women's health provider. I am struck by a few gaps that do not appear to be adequately addressed:

1. Fertility preservation particularly in AD servicewomen
 2. Gender specific sequelae of STDs, particularly chlamydia and gonorrhea
- Unique gynecologic pathologies that affect readiness of service women: endometriosis, polycystic ovary syndrome and fibroids - these are mentioned very infrequently in the report

From Dan Trone - Naval Health Research Center 12:33:37 :

These recommendation have to make their way into an NDAA and eventually appropriate funds, perhaps to the Defense Health Agency/Program, for action. Where will the DHB recommendations go? What is next?

From Lori Trego 12:35:19 :

NDAA may be the most realistic avenue to establish the Office for Women as it requires accountability to Congress.

From Aileen Mooney 12:35:37 :

This is a wonderful report. To build upon what Rick Burney stated above regarding gynecologic pathologies: many of these can lead to other chronic health conditions that also affect readiness (e.g. PCOS is closely linked to diabetes).

From LTC Leilani Siaki 12:36:00 :

DITTO everyone's comments, awesome report, and look forward to next steps. Especially agree with funding up front to mitigate more expensive downstream effects

From Col Candy Wilson-USU 12:39:07 :

Great report. When considering the whole person, you hit all the highlights. The inclusion of basic health needs, such as nutrition, is so encouraging for the advancement of women, particularly since 97.5% of women serving are child-bearing aged with a comparable unintended pregnancy rate as the civilian population.

From Lori Trego 12:43:56 :

Based on the evidence, the DHB recommendations (when finalized) can be used to inform policies at the Service level now. Immediate action is necessary at all levels, as we await the establishment of the DoD level Office.

From Lori Trego 12:46:02 :

Based on a Social-Ecological Model for Military Women's Health, I agree with Dr. Parkinson's call for determining if there are military-unique measures needed.

From Lori Trego 13:02:32 :

The Women's Health Research Interest Group will be publishing scoping reviews on 7 topics where there are gaps in knowledge and policies related to particular conditions.

From Lori Trego 13:06:24 :

In-depth analysis of our current knowledge in obstetrics, breastfeeding, unintended pregnancies, STI's, cervical cancer, affective disorders, and sleep plus policy implications will be published in a supplemental issue of Women's Health Issues.

From Dan Trone - Naval Health Research Center 13:08:52 :

Disparities in symptom reporting can account for much of the reported rate differences among men and women. Women use medical services more frequently, and that may account for higher diagnoses frequencies in: mental health; musculoskeletal injuries; suicide; sexual harassment and assault. Encouraging symptom reporting and possibly employing active surveillance will provide evidence for the disparities. One concern of mine is that women might be seen as less ready for service if igher [sic] rates are reported without making a statement about symptom reporting.

From Dr. Louis Pangaro 13:09:17 :

Kudos is certainly deserved for this excellent report. As Interim Dean of the USU School of Medicine I will ask our faculty and curriculum committee to look for alignment with our goals and objectives.

From Lori Trego 13:16:23 :

When you are deliberating on the recommendations can you define what a response "with urgency" means?

From Rick Burney 13:27:26 :

Gender disparity in fertility preservation needs are now well-recognized in the civilian sector and are equally (if not more so due to deployment UPTempo) relevant to military servicewomen. This need disparity is fundamentally due to the absence of gamete progenitor/stem cells in the

ovary. Emphasis on fertility preservation services (particularly for women diagnosed with cancer) would be a refreshing add to Recommendation 9.

From Karen Ruedisueli 14:32:09 :

I would be interested to understand the benchmarks you examined for copays. By design, ADSMs and ADFMS on Prime do not pay copays. On the other hand, ADFMs on Select and Retirees on both Prime and Select have copays that are in line with FEHBP programs, even higher for mental health visits and PT, Speech and Occupational Therapy.