

**WomenNC**

**North Carolina Committee for CEDAW/CSW**

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**Women and the Military:  
Workplace Respect and  
Maternal and Family Support**

**Beijing +20: Women and Health &  
Women and the Economy**

**CEDAW: Articles 2, 11, 12, 16 - Policies,  
Maternal Rights, Health, Reproductive Rights**

**Liv Alvarado  
Meredith College, Masters of Education**

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*"I remember the day I found out that I was pregnant. The sun in the exam room was so hot. It beat down on my head as I waited for the doctor to tell me. She spoke in slow motion. Her words made me nauseous. All I could think was: "How am I going to tell my command?" "I don't want anyone to know." "How long can I hide this for?" I knew that the guys in my shop would harass me and call me names. There was no way I could face my co-workers again. I was so ashamed.*

*Eventually it became known that I was pregnant and I was overlooked for promotion. I was not considered a contribution to the mission. In addition to discrimination at work, I was denied access to certain healthcare needs due to my status as an active duty servicewoman. I was not allowed to choose my obstetrician, nor did I have the option as to where I wanted to deliver my child. I experienced two high risk pregnancies, during both of which I was turned away from the patient's advocacy office when I sought help. As a result of the lack of prenatal and postnatal care, I spent the better part of the next year in adult diapers. I was humiliated. I was in pain and I had nowhere to seek assistance."*

-Karen Roberts\* US Navy 2014

Karen\* served in the United States Navy for eight years. She enlisted as an 18 year-old woman, fresh out of high school. Eager to serve her country, she did not consider the implications of motherhood nor the challenges that deciding to have her children would have upon her military career. Karen's poignant testimonial represents the experiences of many of the women who currently serve and who have served in the armed forces. Her statements personify the severe inequalities that servicewomen face with regards to their rights as mothers and their right to work in a safe and family-conducive environment. While there are US Department of Defense (DOD) instructions and policies with regards to rights of servicewomen in place, many of these directives are interpreted differently and often modified to fit in with the mission values of individual branches' mission values.

To safeguard the inalienable rights of all women with regards to motherhood, family support and a safe and equitable workplace, CEDAW (Convention on the Elimination of all Forms of Discrimination Against Women) Treaty was adopted by the UN General Assembly in 1979 and includes twenty-five recommendations. Article Two of CEDAW implores countries to eliminate discriminatory laws, policies, and practices that impede the advancement of women.. Article Eleven



addresses equity for women, specifically noting that women not suffer discrimination at the workplace based upon marital status or maternity (UN Women). CEDAW reminds us that every woman has the right to observe her maternal rights without the fear of discrimination in the workplace, including women who work in the military. A third article in CEDAW (Article Twelve), defends women's health, noting that every woman has the equal right to affordable health care services regardless of the services that are needed (UN Women). Finally, CEDAW Article Sixteen Section (e) promotes a woman's right to decide the number and spacing of her children and to have access to information and education which enables her to observe these rights (UN Women).

In addition to CEDAW, the Beijing Platform (insert year) was created to protect and support women in every nation across the world with regards to their rights to equitable healthcare and access to safe and family friendly work environments. Section C of the Beijing Platform refers specifically to the reproduction, maternal and overall health rights of women across the world and supports a woman's rights to family planning. Unfortunately, there are many women like Karen serving in the armed forces throughout the globe, who face obstacles and barriers that prevent them from accessing the gender specific or maternal healthcare that they need (Vergun, 2014). In addition to Section C of the Beijing Platform, Section F also has implications for women who serve in the US military, affording them equal access to the same economic opportunities as men. Unfortunately, many servicewomen suffer from a variety of medical and emotional conditions that are a result of their experiences in the military (Liddy, 2014)--experiences such as military sexual trauma (MST), combat exposure and unsanitary field conditions (Liddy, 2014). The mental and physical health problems the women suffer--caused by their military service and often improperly treated--lead to decreased employment opportunities and limited career success for many servicewomen (Vergun, 2014).



Despite the CEDAW and The Beijing Platform and other DOD policies, the rights of US military service women are diminished with regards to pregnancy, motherhood, family planning and the right to family conducive work environments in the United States, Israel and Australia with respect to the Beijing Platform and CEDAW articles two eleven and twelve.

### **Pregnancy and Deployment**

*“For-Deploying overseas as a female means you get a title: a Statistic- meaning you are young, single and become pregnant. Becoming pregnant is not something any female asks for, but you have limited access to contraception in some cases and female specific health care.”*  
-Amber Torres\* US Marines 2009

One of the main issues that affects US women who serve in the military concerns pregnancy and deployment. While there are a myriad of policies administered by the US DoD to direct and instruct military personnel with issues regarding physical fitness, pregnancy, patients’ rights and family advocacy programs, women in the US military become pregnant—often unintentionally. In 2008, nearly eleven percent of more than 7,000 active duty women surveyed reported unplanned pregnancies during the previous year (Grindlay & Grossman, 2013). Unplanned pregnancies can have a significant impact on the health of the servicewomen and also on troop readiness (Wilson, 2013). *Troop readiness* refers to the “depolyability” of service members. Service members must always be in a state of preparedness in the event of being called to deploy without notice.

While pregnancy is not forbidden in the military, there are conflicting directives about physical fitness and pregnancy. These directives have a direct impact on a woman’s rights as a mother as set forth in CEDAW and the Beijing Platform. Amid hundreds of policies, one can find buried pieces of maternity and motherhood rights instructions and directives. Under DoD Directive 1308.1 (DODD1308.1, 2004) lies the policy of physical fitness and pregnancy. Paragraph 4.1.6 states “Pregnant service members shall not be held to the standards of fitness and body fat testing until at least 6 months after pregnancy termination” (DODD 1308.1, 2004 p 3). This aligns with



Marine Corps Order 5000.12E W/CH 1-2 (MCO 5000.12E, 2004). Amended in 2004, this order states that Marines will be eligible for deployment six months after the termination of their pregnancy. While according to DODD 1308.31 a mother is considered physically able to return to full duty and adhere to full physical fitness standards, deploying a mother when she may still be nursing her infant, is not conducive to her motherhood rights or the health of her infant. Although not common practice, there is the potential for a new mother to deploy before she is able to meet physical fitness standards. However, if a servicewoman becomes pregnant while at home, she cannot be deployed, which may affect her career and cause her to be ineligible for promotion (Wilson, 2013). According to CEDAW Article eleven and Beijing Platform F, women have the right to be mothers and have the same access to career advancement as their male counterparts without discrimination based on their gender and maternal status (UN Women Article 11 & Beijing Platform (f)).

According to DoD Instruction 1342.19 (DODI 1342.19) regarding Family Care Plans, “military mothers of newborns shall receive a four month deferment from duty away from home station for the period immediately following the birth of a child.” As noted by the Johnson Family: “My husband and I were both active duty and when our daughter was four months old we both got orders to deploy. Our commands would not let even one of us stay home. We were forced to leave our baby for over six months in the hands of distant relatives.” (Johnson Family, personal communication, 2014).

This instruction contradicts other instructions which state that a service woman is not considered eligible for full physical fitness standards until after six months of childbirth (DODD 1308.1 & MCO 5000.12E, 2004). While DODI 1342.19 does set a precedent for the implementation



of Family Care Plans and for military installations to support families it does not formally mention implementation procedures for specific branches of the military. Each branch has unique missions and purposes to serve. Servicewomen and their commands need directives that are not ambiguous and contradictory in order to ensure that their rights as specified by CEDAW and the Beijing Platform (CEDAW Article 11, 12 & 16).

### **Rights of Mothers Who Choose to Nurse their Baby**

*"Some things never change. Just because we have policies in place does not mean they are followed. Women are still denied the time and place to pump due to 'operational commitments' or just plain ignorance on the part of a supervisor who does not even know a policy exists. Many women do not know where to find the policy for their branch of service (my number one question is where to find the policy-they are all on my website). Breastfeeding/pumping in uniform is still a contentious issue and one that needs resolving....*

*...[Women who choose to nurse consistently hear] 'women don't belong in the service, especially if they need to do THAT (meaning pumping, or just being a mother)', 'If we wanted you to have a family we would have issued you one', comments about breastfeeding women being slackers for needing 'time-off' to pump, and the usual gripes about how gross human milk is if it is in a communal refrigerator."*

(R. Roche-Paull, personal communication, January, 2015)

In addition to the US DOD orders on pregnancy and times of deployment deferment, orders concerning a service woman's right to nurse are difficult to locate on the US DOD website but can be located on websites of individual branches of service. Individual branches were found to have specific regulations regarding new mothers and their access to breastfeeding. For example, in the United States Marines, there is an order stating, "when possible, the service woman who continues to provide breast milk to her infant upon return to duty shall be, at a minimum, afforded the availability of a clean, secluded space (not a toilet space) with ready access to a water source for the purpose of pumping breast milk" (MCO 5000.12E CH 15, 2004). The order also details the responsibilities of supervisors and lactating service women with regards to issues such as allotted time required for proper expression of milk, proper facilities and workplace hazards (MCO 5000.12E CH 15, 2004).



Unfortunately, despite the order, there is much left to interpretation of the order.

Additionally, there is no monitoring program in place to ensure the proper implementation of safe and clean pumping facilities for nursing service women. Largely due to the negative attitudes of both supervisors and colleagues that are often openly expressed towards pregnant and nursing women in the military, it is nearly impossible to ensure that proper nursing facilities exist and are maintained by commands and supervisors (Breastfeeding in Combat Boots, 2015). Although an order is present, it is not effectively implemented. That is to say, in many situations there is no de facto support for breastfeeding servicewomen.

While the Family Care Plan (DODI 1342.19) provides a resource for a command or a military installation for families to seek out assistance or family support, it does not specifically detail what commands should do with regards to supporting nursing mothers at the command and workplace level, or how to create a clean and safe breast milk expressing environment (DODI 1342.19, 2004). Issues concerning nursing and breastfeeding are left up to individual branch discretion. Not all services have the same policies outlining how and when a servicewoman is permitted to nurse. All services do however have their own specific policies and/or order which provide guidelines for nursing mothers and their commands (Breastfeeding in Combat Boots, 2015). According to *Breastfeeding in Combat Boots* the US Army is the only US branch of military service which does not have a current breastfeeding policy (Breastfeeding in Combat Boots, 2015). All other branches have a solid policy that gives from six to twelve months of deferred deployment after childbirth and orders for a clean (non-toilet) area where a servicewoman can pump (Breastfeeding in Combat Boots, 2015). By having specific policies that address the rights of breastfeeding mothers, all services with the exception of the US Army are adhering to CEDAW (UN Women Articles 2, 11 & 12).



While there are some policies that outline how and when a servicewoman may nurse or express milk, unfortunately servicewomen are routinely exposed to unique workplace hazards that could be potentially harmful to their milk supply (Breastfeeding in Combat Boots, 2015). Based on the nature of their jobs, servicewomen are subject to a plethora of chemicals which include, but are not limited to fuels, solvents, pesticides, heavy metals, certain medical drugs and gases, and lead (Breastfeeding in Combat Boots, 2015). During training scenarios, service members can also be subjected to tear gas. If they are stationed overseas, service members may be exposed to pathogens or biological/chemical warfare agents (Breastfeeding in Combat Boots, 2015). Depending on the amount and duration of exposure to the toxins, a servicewoman's milk supply could become saturated with the poisons (Fisher, Mahle, Bankston, Green & Gearhart, 1997). No studies show the extent to which infants are affected by high concentrations of toxins in servicewomen's breast milk. The exposure to hazardous materials while breastfeeding not only put the servicewoman at risk, but her baby as well as most of the toxins are absorbed through the fat in breast milk which is then passed to the child (Giroux, Lapointe, & Baril, 1992). A servicewoman must use her best discretion when deciding if her work environment is conducive for nursing as the workplace may not be the safest place for her to observe her motherhood right to breastfeed (UN Women Article 11 & 12).

Besides the health risks, the practice of women nursing while in uniform is also a controversial issue amongst services and service members. According to a comments found on a "pro-nursing in uniform" website (Roche-Paull, 2015), there is considerable debate surrounding the practices of nursing while in (military) uniform and nursing in public.

A retired Marine Corps captain who purports be an advocate for breast-feeding mothers in the military (Sitt, 2012) eloquently describes the dilemma and sacrifices faced by many military mothers.



*"I would never nurse in uniform. I took my child to the bathroom or a private office when her nanny brought her to me .... Not because I was ashamed of nursing, nor of being a mother. All the guys knew I pumped. The military is not a civilian job. We go to combat and we make life or death decisions, and not just for ourselves but for those we lead. The same reason I would never nurse in uniform is the same reason I do not chew gum, or walk and talk on my cell phone, or even run into the store in my utility uniform. ... We are warfighting professionals. Women before us have worked too hard to earn and retain the respect of their male peers. I don't want my Marines to look at me any other way than as a Marine. When I am asking them to fly into combat with me and do a dangerous mission, I do not want them to have the mental image of a babe at my breast. I want them to only see me as a Marine. We give up many freedoms being in the military...Breastfeeding in front of my fellow Marines was one of them."*

*-Retired USMC Captain*

While passionately written, this retired female marine articulates the struggle that many women face with regards to prioritizing career and professionalism over breastfeeding their child, and also helps to explain the decreasing of women who chose to breastfeed their children (Sitt, 2012). While there are women who prefer to breastfeed while in uniform, studies show an increase in breastfeeding cessation among active duty service women (Bales, Washburn & Bales, 2012 & Mao, Narang & Loreiato, 2012). Mao, Narang and Loreiato (2012) conducted a study which involved 253 servicewomen of new infants. They investigated the demographics and duration of breastfeeding among active duty mothers versus non-active duty mothers (Mao, Narang & Loreiato, 2012). Their study discovered that 51 % of mothers were nursing at six months and only 25% were still nursing at one-year. They also determined that active duty servicewomen were equally as likely as non-active duty mothers to nurse, but were 2.5 times less likely to breastfeed at one year (Mao, Narang & Loreiato, 2012). The study by Bales, Washburn and Bales (2012) had similar conclusions and concluded that the active duty service women were more likely to discontinue breastfeeding on account of their military obligations as compared to non-active duty mothers. These studies solidify



the sentiments of the retired female marine, in that many servicewomen chose their military career responsibilities and obligations over nursing their children. All women deserve the right to a supportive work environment that facilitates their responsibilities as both a mother and an active participant in the workforce (UN Women Articles 2 & 11). It must be a workforce that is conducive to career advancement that is equal to males regardless of a woman's motherhood status or breastfeeding choices (Beijing Platform (F)).

### **Family Planning**

In support of CEDAW Articles 2, 11, 12 and 16 with respect to family planning policies, maternal rights and overall health of servicewomen there are currently two bills awaiting approval by the United States 114<sup>th</sup> Congress. The first bill, Bill H.R. 5524 (Access to Contraception for Women Service members and Dependents Act of 2014) is an "amendment to title 10, United States Code to ensure that women members of the armed forces and their families have access to the contraception they need in order to promote the health and readiness of all members of the armed forces and for other purposes" (H.R. 5524, 2014). The second, H.R. MARCH for Military Women Act which proposes access to abortion on DoD installations and overturns 10 USC Sec 1093 (b) prohibiting the use of a "medical treatment facility (MTF) or other facility of the Department of Defense to perform an abortion except in the case of maternal life endangerment or in the case of rape or incest" (NARAL Pro-Choice Foundation, 2010 (a) (b)). Both bills seek to improve access to family planning for female service members and their families. While DODI 1342.19 establishes a precedent to programs that allow access to family planning programs, not all military facilities have strong programs to guide or facilitate adequate planning programs. While medical care for active duty and their dependents is free, deployed service women have limited access to preferred



methods of contraception (Grindlay et al, 2012). The implementation of the order is left up to individual needs and mission goals of specific services and locations (Grindlay et al, 2012).

In 2014, there were more than 350,000 women serving in the United States Armed Forces (H.R. 5524, 2014). A study in 2005 indicated that of 3,745 women in active duty military service between the ages of 18-44, nearly 20% were pregnant (H.R. 5524, 2014), and of this group of pregnant women (aged 18-44), slightly more than half of the pregnancies were unintended (H.R. 5524, 2014). In some cases, unintended pregnancies can be as high as 63% for servicewomen who originate from a lower socioeconomic status and have lower levels of education (CDC, 2015 & Grindlay et al, 2012).

Contraception and family planning are crucial to not only mission readiness but also to the reproductive rights of all women. In 2012, 2 of 3 (63%) pregnancies among surveyed enlisted female Sailors were unplanned. (NPRST, 2013) In other words, only 36% were intended. Unintended pregnancies occur despite the availability of contraceptives provided by the Military Health System (MHS) (Jacobson & Jensen, 2010). Although contraceptive options are available, contraceptive failure occurs as a result of poor health education as well as “cultural norms in the military that equate contraceptive use with promiscuity” (Jacobson et al, 2010 p 256; Chung-Park, 2007, 2008). The most common reason for not using birth control while deployed was simply that sex was unplanned (Grindlay et al, 2013). However, certain types of preferred methods of contraception (i.e. birth control pills and condoms) are not often available while on deployment (Wilson, 2013 & Grindlay et al., 2013). A lack of access to alternate birth control methods, such as Long-Acting Reversible Contraceptives (LARC), renders a deployed servicewoman at a family planning disadvantage (Grindlay et al., 2013). Often vaginal rings cannot be used due to refrigeration needs and refills of patches or pills may be delayed because of transport issues (Wilson, 2013 & Grindlay et al, 2013). Over a 15 month period during Operation Iraqi Freedom, 10.8% of pregnant women were medically evacuated for pregnancy-related reasons (Grindlay et al, 2013). The lack of access to all types of contraception while on deployment also contributes to the number of



unintended pregnancies for active duty forward deployed (for-deployed) service women (Wilson, 2013). Forward deployed refers to service members who are permanently stationed overseas for a period of one to three years. While stationed on a base, because they are overseas it is considered a long term deployment, hence the term *forward deployed*. As of 2010, emergency contraception (EC) was made available to women deployed in Afghanistan. However, to obtain access to EC a service woman would have to admit that sexual relations occurred. An admission which violates a woman's right to reproductive privacy (Jacobson et al, 2010 & Privacy Act 1974).

Although contraception is available to active duty servicewomen, many are not actively engaged in conversations with leadership or doctors in order to educate themselves on family planning issues. According to a 2012 study conducted by Grindlay and Grossman, more than half of their 281 female servicewomen survey respondents reported that they did not speak to a medical professional about birth control options before deploying (Grindlay et al, 2012). It was also reported that some servicewomen felt that the policies in place prohibit or discourage sex during deployment prevented them or their doctors from initiating a discussion regarding contraception (Grindlay et al, 2012). Their survey also found that among the most likely to have unintended pregnancies were servicewomen with some or no college and/or a high school diploma. Approximately 757 of 7,225 servicewomen who had some college or less reported unintended pregnancies, of that number 327 were not married (Grindlay et al, 2012). This number is far higher than servicewomen who reported completion of college and were married (Grindlay et al, 2012). According to the Center for Disease Control (CDC) women of lower socio-economic status and lower educational levels are more likely to become pregnant unintentionally (Center for Disease Control, 2015). The CDC indicates that it is the lack of education about reproduction and access to contraception that leads to higher rates of unintended pregnancies (Center for Disease Control,



2015). If a service woman does not know of her options with regards to family planning and contraception, her ability to take advantage of them is limited, thus leading to increased numbers of unintended pregnancies (H.R. 5524, 2014). Servicewomen deserve the same access to information and education about their reproductive rights and access to number and spacing of children as do their civilian counterparts. All women regardless of their rank or education level deserve the same access to family planning measures and education (UN Women Articles 11, 12 & 16 & Beijing Platform Section C & F).

What can be done to reduce the number of unplanned pregnancies among servicewomen? Family planning can increase overall mission readiness and “quality of life of all members” in the military. The Defense Advisory Committee of Women in the Services (DACOWITS), which is awaiting approval, recommends that all Armed Forces implement initiatives that inform service members of the importance of family planning, educate them regarding the methods of contraception and make a variety of methods of contraception available (H.R. 5524 p 5-6, 2014). In some locations, programs like SHARP (Sexual Health and Responsibility Program) have been put in place to help minimize unplanned pregnancies (Wilson, 2013). Programs like SHARP and legislation promoted by DACOWITS support Article 16 of CEDAW in that steps are being taken to address a woman’s access to information and education about how to manage the number and spacing of children. Through initiatives such as family planning programs--for both male and female service members—and increased access to various forms of contraceptives, reproductive rights can be improved for female service members (UN Women Article 16 (e)). While U.S. H.R. 5224 awaits passage in the 114<sup>th</sup> Congress, many active duty service women are being denied access to family planning and their reproductive rights.



Servicewomen are limited in their freedom to determine the number and spacing of their children. Typically, a woman who is deployed and becomes pregnant unintentionally is returned home—either to have her baby or obtain an abortion. If she is not deployed, and her life is in danger, OR she was raped or the victim of incest, she may be referred to a civilian doctor where her pregnancy may be terminated safely. However, if these conditions are not met, the servicewoman will have to pay out of pocket to terminate her pregnancy. Often cost is a determining factor in making this decision, so younger servicewomen may resort to this may cause her career to be derailed. But there is another choice besides returning home that should be available to these women.

Reproductive rights and family planning extend beyond contraception. Abortion or the right to terminate a pregnancy should the baby not be conducive to the career paths of the mother needs also to be examined. In support of creating policies that support a servicewoman's decision making power on number and spacing of children, H.R. 1389 was introduced to the 113<sup>th</sup> Congress in 2014 (CEDAW Article 2 & 16). This bill seeks to lift the ban on abortion on DOD medical and MHS facilities. If a female service member's life is in danger due to her pregnancy, she is often referred to a civilian doctor where a safe pregnancy terminating procedure can be performed (Jacobson et al, 2010). Conversely, if a service woman chooses to terminate her pregnancy and her life is not in danger or the pregnancy was not a result of rape or incest, she must pay for the abortion out of her own pocket and have it performed at a civilian facility (Jacobson et al, 2010). This applies to active duty and veterans alike. Many young servicewomen, who statistically have unintended pregnancies, do not yet earn enough money to pay for proper and safe abortion facilities in which to terminate their unwanted pregnancies (Jacobson et al, 2010). As a result, many outsource to cheaper, less safe pregnancy termination practices.



A repercussion of unsafe abortions or other poor treatments acquired while on active duty, many servicewomen find that they leave active service with medical needs. In 2009 about seven percent of women veterans who received service-connected disability compensation had a partial or full removal of their female reproductive organs or glands as a result of medical or training conditions exacerbated by their military service (National Center for Veteran Analysis and Statistics (NCVAS), 2012, Carlson et al, 2013). At least some percentage of these health related conditions could be the result of unsafe pregnancy termination practices. In addition to the possibility of acquiring conditions that may decrease the likelihood of future successful pregnancies, women veterans experience higher rates of divorce, younger ages of marriage, mental illness, back pain and migraines (National Center for Veteran Analysis and Statistics (NCVAS), 2012; National Center for Veterans Analysis and Statistics, 2011 & Department of Veterans Affairs (VA) Health Services Research & Development Service, 2011). These life-long mental, physical and social conditions are often attributed to a service related jobs such as those involving exposure to hazardous chemicals, Military Sexual Trauma (MST), combat environments, and a lack of gender specific support systems while on active duty, as the sources of military influence on their conditions (Bauchtold et al, 2009; National Center for Veterans Analysis and Statistics, 2011; Department of Veterans Affairs (VA) Health Services Research & Development Service et al, 2011 & Carlson et al, 2013), For many women, their service to the United States limits their access to successful careers, motherhood and overall well-being (Baechtold & De Sawal, 2009; Carlson et al, 2013). With the approval of U.S. H.R. 1389, which will repeal the restriction on abortions on DOD installations and MHS (Military Health Services) facilities, service women will have access to funded pregnancy termination practices, resulting in higher mission readiness and greater personal safety and health (H.R. 1389, 2014 & Jacobson et al, 2010).



If a service woman is deployed in a country where abortions are illegal, she is unable to terminate her pregnancy on the DOD or MHS installation or off base. As a result, active duty and veteran servicewomen are forced to have a child if they are stationed or contracted for work in a country or state where abortion is illegal and they cannot return to the United States in time for a safe procedure. Had the pregnant servicewoman been residing in the United States, she would have had the choice to obtain and pay for “out of pocket” the abortion (Jacobson et al, 2011). With lack of access to information about contraception and lack of access to contraception itself, the rights of women deployed in countries such as Afghanistan are legally restricted (Grindlay et al, 2012). Women who wish to terminate their pregnancies must be evacuated to facilities which provide access to pregnancy termination facilities (Grindlay et al, 2012 & Jacobson et al, 2010). Evacuating service members is a heavy cost to the armed forces and leads to a decrease in mission readiness (Jacobson et al, 2010). Passage of H.R. 1389 would lift the ban on abortion on DOD installations and MHS facilities, thus allowing servicewomen access to abortions overseas. As a result, mission readiness would improve. The quality of life for the women would improve. And, above all, the women’s reproductive rights with regards to the number and spacing of children would be assured (Grindlay et al, 2012 & CEDAW Article 16 (e)).

While family planning is advantageous to all service members, active duty and veteran, its accessibility is limited to knowledge and implementation of family specific programs, abortion and contraception options (Grindlay et al, 2012 & Wilson, 2013). Many enlisted service men and women have had limited access to information about reproduction rights and responsibilities while in the military (Grindlay et al, 2012). This could be due to the fact that statistically enlisted service men and women have lower levels of education, thus leaving them at a disadvantage for access to reproductive information (Center for Disease Control, 2015; Jacobson et al, 2011 & Grindlay et al,



2012). It is clear that more programs like SHARP are needed to educate service men and women regarding their role in equity in parenting and knowledge of reproductive rights with regards to family planning, contraception and pregnancy termination (Wilson, 2013 & UN Women CEDAW Article 2, 11, 12, 16).

### **International Women in the Military**

In addition to the US, many other countries allow women to serve in their Armed Forces. Most countries have voluntary services for both men and women, with Israel being the only country with compulsory service for all citizens (IDFinfo, 2015). Each country has its own requirements and standards for combat and non-combat positions for women. Several countries such as Australia, Canada, Israel, New Zealand, North Korea and Eritrea permit women to serve in combat positions (Fisher, 2013). While there is disagreement about the roles of women in combat positions, Israel and Australia have been exemplary leaders in allowing women to serve in combat (Neuman, 2013). What makes Israel exemplary is their policies and requirements for women to serve. Australia serves as a model program with regards to supporting the maternal rights of women in combat.

### **Israel**

In respects to the number and spacing of children and access to equal and gender specific healthcare provisions, the IDF can serve as a best practice model for the observation of CEDAW Articles 16 and 11, in that they observe a woman's rights for family planning and healthcare (UN Women Article 16). They allow for the option of abortion, complete access to all forms of contraception and alternate options of services for mothers and observers of religious rights.

Israel is the only country in the world to require compulsory service of both men and women. The Israeli Defense Forces (IDF) requires either military service or *Sherut Leumi* (the



alternate form of service to the country of Israel for women who observe their religion or are already mothers) instead of army service for women (IDFinfo, 2015). It is mandatory for women between the ages of 18-19 to serve a minimum of twenty-four months, but for women 20-25 service is voluntary for a minimum of twelve months (IDFinfo, 2015). Women are exempt from army service if they arrive in Israel by the age of twenty and they may volunteer for service up to the age of 26 (IDFinfo, 2015). Active practitioners of religion and married women can be exempt from military service and there is no requirement for women to do *Sherut Leumi* instead of military service. *Sherut Leumi* is a form of community service rather than serving Israel through the military (IDF.info, 2015). However, should a woman chose to fulfill her service to her country, she may opt for Seminary (*olah*), *Aluma* track, *Sherut Leumi*, *Garin Tzabar* and a religious education track which permits a woman to become a Soldier-Teacher in a community, a girls' school or a school counselor. *Garin Tzabar* is a Scout program for young Diaspora Jews who choose to immigrant to Israel and serve in the Israel Defense Forces (Friends of Israel Scouts, 2014). Women who are mothers or married may also choose one of these paths of service instead of the army (Mahal-IDF, & IDFinfo, 2015). According to these common practices, the IDF acknowledges the roles and responsibilities of family and motherhood and allows access to women for proper practice of motherhood rights, thus adhering to CEDAW Articles 2, 11, 12 and 16 as well as supporting sections F and C of the Beijing Platform.

Healthcare in Israel is universal. The National Health Insurance Law provides access to healthcare to all Israelis. Individuals not serving actively in the IDF are required to pay a co-payment for services rendered (Megnezi, Weiss, Cohen & Shmueli, 2006). All female specific healthcare is covered at no cost to the active duty IDF servicewomen this includes cost of abortion and all forms of contraception as well (Megnezi et al, 2006, Owens, 2013 & Siggins, 2014). By



providing health insurance to all of its citizens and female healthcare options for active duty servicewomen, Israel is aligning to CEDAW Articles two, eleven, twelve and sixteen (UN Women Articles 2, 11, 12 & 16).

Women who become pregnant while serving in the IDF have the option to have an abortion or to complete the pregnancy and deliver the baby (Megnezi et al, 2006, Owens, 2013 & Siggins, 2014). Should an active duty female choose to go through with her pregnancy she is afforded services and counseling by the IDF on the proper care and plan that should be implemented on a case by case basis and individual needs of the mother to be. In essence, if an active duty IDF female becomes pregnant, she has access to the choice of an abortion anywhere in her country, as abortion is completely legal regardless of the reasons for becoming pregnant or access to a support system that can guide her through the guiles of motherhood in the military.

Under Israeli law, in order for an IDF servicewoman to receive an abortion she must receive approval from a government-endorsed panel consisting of two doctors and one social worker, at least one of which must be female (Owens, 2013 & Siggins, 2014). Approximately 98% of all abortions are approved by the panel, resulting in a total of 20,000 abortions performed annually between active military and non-military Israeli women (Siggins, 2014). Regardless if a woman is actively serving her country in the IDF or not, the fathers of the babies have no say in the abortion under Israeli law (Siggins, 2014 & Owens, 2013). These laws allow for a servicewoman to observe her rights as to number and spacing of children as detailed under CEDAW Article 16.

### **Australia**

Like many countries in the world, Australia provides voluntary military service for both men and women. In 2011, the Royal Australian Air Force (RAAF) published a guidebook which outlines the procedures that both mothers and commands should follow to become a "Breastfeeding friendly



workplace” (Royal Australian Air Force, 2012 p 7). The guidebook addresses the physical, mental and job related challenges that a servicewoman might face upon returning to work while continuing to nurse. This publication is unique in that it shows institutional support for women’s motherhood rights with regards to breastfeeding and family planning (CEDAW articles x, y, z) while simultaneously supporting women in attaining their career goals (UN Women Articles 2, 11 & 16, 2015 & Beijing Platform, 1979).

One of the most important issues addressed in the RAAF guidebook is the importance of clear and effective communication between a servicewoman and her command. The RAAF position is that effective communication between the servicewoman and her command will enhance and support both the mission of the RAAF and the servicewoman’s motherhood rights. Several examples are provided to illustrate how effective communication is mutually beneficial. In case, active duty mothers express their appreciation and approval for their command’s continued respect, permitting them to nurse during working hours. In other examples, pending pre-approval, mothers were allowed to leave work at regular intervals to go to their child’s local, on-base daycare center to nurse them (Royal Australian Air Force, 2012).

As a final example of the support offered mothers who serve, the guidebook provides information regarding physical fitness programs for new mothers, how to access facilities that accommodate pumping and uniform modifications that can be adjusted to the mothers’ changing bodies. The personal testimonials in the book give realistic and successful implementation examples of what other mothers have done to observe their motherhood rights while serving (Royal Australian Air Force, 2012). Furthermore, these accommodations serve to benefit the RAAF as well in terms of increased retention of personnel, reduced absenteeism and greater effectiveness



and productivity (Royal Australian Air Force, 2012). By laying a strong foundation based on communication between the servicewoman and her command, respecting and supporting a woman's right to nurse her child in a safe and comfortable environment and making accommodations for uniforms and physical fitness, the motherhood and access to career advancement rights of the active duty RAAF woman are being observed.

This system of communication and breastfeeding guidelines in place in Australia appear to be successful. According to a 2009 study (cite) ninety-eight percent of the ADF servicewomen initiated breastfeeding and breastfed for an average of eight months. Sixty-six percent of the women who returned to work full-time were found to have an average nursing time of seven months as opposed to women who returned part-time who nursed for an average of ten months post-partum (Stewart, 2014). Based on these findings, it can be concluded that breastfeeding rates among this group of Australian Defense Force women are comparable with women in the general Australian population until the child is nine months old (Stewart, 2014). The policies in the Air Force Diversity Handbook are clearly helpful in supporting servicewomen who continue to nurse and pursue their careers. The Australian service women's rights are supported as described in CEDAW articles 2, 11, 12 and 16 and the Beijing Platform sections F and C.

In addition to the progress being made by the assistance from the guidebook, Australia has taken the issues concerning gender equality in the military even further. At the 2015 Commission on the Status of Women, the Secretary of Gender Equality in Australia spoke about programs that she has implemented within the military branches to ensure that male leaders are addressing the specific needs of lower ranking female service members. During the session she discussed measures such as generals sitting and listening to ADF servicewomen talk about what they experience on a daily basis at work that have had a positive impact on the success of women in the military. As a result of these discussions, male leaders were made more aware of the gender specific needs that women have and were more willing to make provisions to



address them. These actions taken by the Australian government further support the issues of women and the economy as stated in CEDAW article 2 and the Beijing Platform.

### **Best Practice Models—United States**

To promote greater compliance with the Beijing Platform sections F and C and CEDAW Articles 2, 11, 12 and 16, models of best practice in support of these policies can be examined. It is difficult to identify one particular organization that supports all of the aspects of women's reproductive rights, maternal rights and rights to a safe and equitable workplace. However, several organizations in the US have been identified as exemplars of supporting various components of women's reproductive and material rights.

#### **Mothers Who Chose to Nurse their Babies**

An exemplary model for supporting a servicewomen's right to nurse and observe success in her career is the website, *Breastfeeding in Combat Boots*. Established by Robyn Roche-Paull in [what year], this organization offers helpful guidelines and resources for active duty mothers who wish to breastfeed their children. The mission of *Breastfeeding in Combat Boots* is to:

- To support Active Duty, Reserve, Guard breastfeeding military moms by providing accurate, evidence-based information regarding breastfeeding while serving in the military*
- To collect and share resources for Active Duty, Reserve and Guard breastfeeding mothers serving in the military*
- To educate moms and others about the importance of breastfeeding for babies, moms and the military*
- To contribute to the increase in Active Duty, Reserve and Guard mothers successfully breastfeeding while continuing to serve their country*
- To PROTECT, PROMOTE and SUPPORT breastfeeding in the military"*

(Breastfeeding in Combat Boots, 2015).



The organization seeks to accomplish these goals through a comprehensive website with support resources accessible on their website. The website offers many links to individual branches of service along with their policies regarding motherhood and breastfeeding while actively serving. One of the most beneficial sections of the website is the Frequently Asked Questions (FAQ). Roche-Paull reports to having helped more than 10,000 servicewomen through her website and on-base seminars (R. Roche-Paull, personal communications, January 2015). *Breastfeeding in Combat Boots* provides servicewomen with a straight forward and fact-based resource that supports their decisions to pursue their military careers while continuing to nurse their children. Due to military obligations, servicewomen are often exposed to HAZMAT such as tear gas and JP-8 (*Breastfeeding in Combat Boots*, 2015). Important information regarding hazardous materials (HAZMAT) and breast milk contamination is provided to support nursing servicewomen, should they work in toxic environments. *Breastfeeding in Combat Boots* provides a guide for nursing mothers to advise them of their rights and how to address health concerns to their commands.

One of the most positive advances made in the last 20 years for breastfeeding servicewomen is the development of the new DOD policies (what are they?) that are specifically designed to support pregnant and breastfeeding servicewomen (except for the Army, they still do not) (Roche-Paull, personal communication, January 2015). Roche-Paull states that:

*“The word is getting out there that [nursing] is a health and wellness issue, as well as a readiness and morale issue. Some commands are handling it beautifully by writing up local policies to support breastfeeding mothers, putting in lactation rooms, buying hospital-grade pumps. What is behind this are the increasing numbers of women in the service period, but also those coming up in the ranks that have positions of authority who want to combine family and service to country and so are making the changes needed. That wasn’t available 20 years ago when I was serving, or even as much 9 years ago when you were serving. A lot has changed just in the last decade as the final barriers to women serving the military in ALL rates/ranks/etc. are falling.”*

(R. Roche-Paull, personal communication, January, 2015)



With respect to CEDAW Articles 2, 11, 12 and 16 and The Beijing Platform sections F and C, *Breastfeeding in Combat Boots* is an exemplary model of supporting and encouraging nursing servicewomen to advance in their careers while continuing to nurse their children. The organization provides policies, support group information and useful tips for new mothers.

### **Post-Active Duty Health Support**

North Carolina is home to the fifth highest veteran population in the United States. With nearly 90,000 female veterans reported living in North Carolina, women's veteran support programs are crucial to supporting and ensuring service women's human rights (Department of the VA, 2013). Women's veteran support programs like *Women Veterans Support Services* founded in 2007, is a non-profit organization located in the Raleigh Triangle Research area of North Carolina has seen an increase of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans who are unable to receive or obtain VA service in the immediate Raleigh, NC area. The Women Veterans Support Services website states there are nearly 500 homeless veterans of both sexes living in the Raleigh-Durham area. There are also many uncounted homeless veterans living in the wooded areas in and around the cities of Raleigh, Durham and Chapel Hill. The volunteers of Women Veterans Support Services have spoken with many homeless male and female veterans in the Raleigh-Durham area of North Carolina (Women Veterans Support Services, 2015). According to the founder of Women Veterans Support Services, Reverend Shirley King, many women do not believe that they are eligible for VA services as they did not serve or are not considered to have served in a combat zone or because they do not know how to navigate the VHA system to apply for benefits (Rev. Shirley King, personal communication, January 2, 2015). As a result they are unable to receive or obtain VA services.



This organization's goals are to provide crisis support for homeless or otherwise in need of immediate help to female veterans who are unable to obtain the needed support from the localized VA facilities. They focus covering on short term living expenses and arrangements for homeless woman veterans and provide support to work the servicewoman through her time of need (King, 2015). While their resources are limited, the individuals involved with this organization offer free support to women veterans who are not receiving or do not know how to receive VA health related services or access to disability benefits (Rev. Shirley King, personal communication, January 2,, 2015).

Another women veteran's support organization can be found in Albany, NY. This group holds a monthly women's support group that enhances servicewomen's inner strengths, teaches them resume building skills as well as providing them with a safe environment in which to support one another through group therapy sessions. Headed by Jane Weber, who is also head of the Women's Health Clinic at the Albany VA Hospital, the support group provides weekend getaways, healthcare counseling as well as access to external VA support organizations such as the VFW and Korean War Veterans. These efforts and services combined provide substantial assistance to women veterans seeking access to motherhood rights and rights to employment.

These two organizations, the Women's Veterans Support Services of Raleigh, NC and the Women's Support Group in Albany, NY provide much needed gender specific physical and mental health support for women veterans seeking services that they could not otherwise receive under the limited provisions of the VHA. Their practices and efforts-- which align with CEDAW Articles 2, 11, 12, and 16 as well as the Beijing Platform Sections C and F--could have profound effects on the immediate Raleigh, NC area to provide extended services to servicewomen in need of access to motherhood rights, reproductive rights and family planning (UN Women Articles 2, 11, 12 & 16).



### Recommendations

While the United States, Israel, Australia and many more countries have made countless improvements for the conditions of servicewomen in the Armed Forces, there are still a plethora of women's rights issues that need continued support. With respect to number and spacing of children (CEDAW Article 16), policies which support servicewomen's rights (CEDAW Article 2), a servicewomen's right to breastfeed (CEDAW Article 11) and a servicewomen's equal access to quality healthcare (CEDAW Article 12) the following recommendations are encouraged:

#### **Nationally (the United States)**

Across the United States as a whole, there are a variety of programs and individuals that could advocate for and further implement support programs for servicewomen. Increasing the number of women in high-ranking leadership positions within the military would provide not only exemplary role models but also provide a voice at the influential levels of the Armed Forces. According to the *Alliance for National Defense*, an advocacy group for females in the military, in 2014 Admiral Michelle Howard became the US Navy's first four star Admiral (Cameron, 2014). She joins the ranks of two other service women who bear the insignia of a four star General (*Alliance for National Defense*, 2014). These three women in top leadership roles, have provided extensive instruction and advocacy for all members in the Armed Forces particularly in the arena of sexual assault awareness and victim advocacy (Cameron, 2014). Their ability to "break through the brass ceiling" gives hope to and vicarious support to junior females currently serving, as well as inspiration to women veterans everywhere (Cameron, 2014 p 1). If there were more women in leadership positions a voice for servicewomen would be created. Strong women in leadership positions create role models that support the struggles and represent the accomplishments of servicewomen worldwide. If more women were in leadership positions, CEDAW Articles two,



eleven, twelve and sixteen as well as The Beijing Platform Sections C and F would be better supported and implemented for servicewomen worldwide.

### **Locally (Raleigh-Durham, NC)**

There is an extreme deficiency of female-specific military support groups in the Raleigh Triangle area of North Carolina. In addition to a lack of advocacy organizations, many women do not know of or how to take advantage of their rights as women who have served or who are actively serving in the armed forces (King, 2015). By creating localized ad campaigns of military support organizations, awareness of the specific needs of servicewomen in the triangle would increase. The ad campaigns would also encourage further support for smaller grassroots women veterans support organizations in the immediate Raleigh area. Advertisement campaigns that educate the public about the rights and health services to which servicewomen are entitled, have the potential to increase personnel serving in provider roles as well as further supporting the unique needs of servicewomen. A simple billboard or a fifteen second television commercial could make enough people aware of the maladies servicewomen face during and after their service. Support organizations such as *Women Veterans Support Services* or *Breastfeeding in Combat Boots* could make the public more aware of their services through a simple billboard alongside a main highway. Raising awareness of the gender specific needs of servicewomen will help grow an extended support circle that can better address issues of motherhood and reproductive rights observations.

### **Conclusions**

The gender-specific rights of women serving in the armed forces around the world need to be improved. Special attention needs to be given to CEDAW Articles two, eleven, twelve and sixteen and the Beijing Platform Sections C and F. Women who defend their country's rights should be granted those same rights. While many military branches and countries with women who serve



have policies in place which acknowledge or support maternal rights and rights to number and spacing of children, there are additional actions that need to be taken to ensure that US servicewomen receive all the rights they are granted by CEDAW Articles two, eleven, twelve and sixteen. The Beijing Platform was created to monitor the status of women according to the CEDAW articles. All militaries worldwide need to ensure that they are implementing and following Sections C and F of the Beijing Platform to accurately facilitate the implementation of CEDAW.

Whether they are actively serving, or are veterans of the Armed Forces, women share a specific set of healthcare needs. These needs can arise from deployments or working conditions that can affect their access to contraception or HAZMAT free nursing environments (Breastfeeding in Combat Boots, 2015 & Grindlay et al, 2012). While there are advocacy organizations and branches of the Armed Forces around the world who adhere to and adequately support female specific healthcare, motherhood rights and family planning, there are still many instances where servicewomen are being denied access to their rights as defined by CEDAW articles two, eleven, twelve and sixteen as well as the Beijing Platform Sections C and F (UN Women Articles 2, 11, 12 & 16 & Beijing Platform Sections C & F). As United States servicewomen become more informed through the internet and as more women attain leadership roles, the rights of women as stated in CEDAW and The Beijing Platform can be fully realized by those who serve their country.

\*Names have been changed to protect the identities of the servicewomen who shared their experiences



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