

Dear Member of Congress,

We, the undersigned organizations, urgently request that your office consider proposing legislative action to clarify and improve our nation's Military Parental Leave Program (MPLP).

We recommend modeling the language after the Military Parental Leave Modernization Act, introduced during the 114<sup>th</sup> Congressional Session. The bill was designed to simplify and streamline military parental leave by creating 12 weeks of paid family leave for every servicemember whenever a new child enters the family. This language was based on an examination of military paid parental leave policies from around the world, balanced against the needs of the U.S. military for adequate staffing to carry out its mission.

Legislation like the Military Parental Leave Modernization Act would support the U.S. military's focus on recruitment, readiness, and retention of servicemembers while at the same time protecting the significant benefits to military families intended in the MPLP. Paid family leave supports family bonding and caregiving, allows women to successfully combine their reproductive and employment roles, supports increased breastfeeding rates, and provides other crucial protections to preserve the health of both mother and child and reduce health care costs.

In January 2016, then- Secretary of Defense Ashton Carter announced that the Department of Defense (DOD) would be establishing new policies for maternity and parental leave as part of the department's "Force of the Future" initiative *and* that the DOD would seek legislative action to extend parental leave for non-birth parents and adoptive parents. The "Force of the Future" initiative authorized up to 12 weeks of non-chargeable paid maternity leave for female servicemembers. The decision applies to all servicemembers in the active duty component and to certain activated reserve component members. The initiative did not address leave for same-sex, unmarried, non-birth or adoptive parents. Later that year, the National Defense Appropriations Act for fiscal year 2017 (NDAA17) was passed, including language that attempted to address these inequities.

**The Department of Defense released the DODI 1327.06, the "Military Parental Leave Program," in May of 2018, which defined three different types of paid parental leave:**

**Maternity Convalescent Leave (MCL):** Six weeks of block medical leave available only to the covered servicemember birthparent following a qualifying birth event.

**Primary Caregiver Leave (PCL):** Six weeks of non-chargeable block leave for a covered servicemember who self-designates as the primary caregiver for new child who enters the family through a qualifying birth event or adoption. PCL may be taken consecutively after MCL, or on its own by a non-birthparent.

**Secondary Caregiver Leave (SCL):** Up to to 21 days of non-chargeable block leave for a covered servicemember who self-designates as the secondary caregiver for a new child who enters the family through a qualifying birth event or adoption. SCL may be taken consecutively after MCL or on its own by a non-birthparent.

**Although it includes significant progress toward a more inclusive policy reflective of the diverse demographics of military families, this new policy creates significant challenges for military families desiring to use the allotted parental leave. There are several key problematic issues which lead to inconsistent and inequitable application of parental leave. There is an urgent need**

for correction of this existing policy as well as legislative action to ensure military parental leave is in alignment with the intent of the Force of the Future, NDAA17, and DOD Instructions.

## Critical Issues and Implications

Of considerable consequence for military families, the MPLP **reduces Maternity Convalescent Leave from 12 weeks to 6 weeks of convalescent leave**. It does authorize Primary Caregiver Leave (PCL) for an additional 6 weeks OR Secondary Caregiver Leave (SCL) for up to an additional 3 weeks. However, only Maternity Convalescent Leave (6 weeks, birthparent only) is mandatory. PCL and SCL are not universally applied, but rather left up to individual commanders to approve or disapprove.

- **Individual commanders may disapprove or curtail any caregiver leave.** This inequity undermines the intent of the DODI and NDAA17, which was to create one universal DOD parental leave policy applicable to all covered servicemembers.
- **Parental leave taken for adoption or having a child through surrogacy is now left up to command discretion, rather than guaranteed, as under the previous policy.** Adoption and surrogacy are relegated to a second-class category of bringing a child into a family. This is especially damaging to parents who wish to breastfeed a child born to a surrogate or adopted, as inducing lactation for a non-birthparent often takes many weeks of close contact with the child and intense lactation support.

## Additional Critical Issues to Address

- No parental leave is available for servicemembers with new foster children placements, and six weeks is often not enough for adoption process.
- The DODI instructs each Service Branch to develop their own policy for implementation. We are already seeing **inconsistency and inequity among service branches**. The Air Force and Coast Guard authorize 21 days of SCL, while the Navy and Marines are only authorized 14 days. The Army has yet to update their policy, and only authorizes 10 days of paternity leave.
- The MPLP states that any servicemember may be designated as either Primary or Secondary Caregiver, and that a birthparent may take either PCL or SCL following MCL. The Air Force and Marines Corps policies both contain language instructing that a servicemember who is not a birthparent will “normally” be considered a Secondary Caregiver. This assumes that non-military parents’ career obligations are not as pressing as servicemembers’ when, in fact, **most civilian spouses often only have FMLA, which is unpaid leave**. This language also may lead to discrimination against same-sex parents in which the servicemember is the Primary Caregiver.
- **No parental leave is authorized in the case of a stillbirth or infant death.** Maternity Convalescent Leave is rescinded, although “other convalescent leave” may be authorized. PCL and SCL are rescinded upon the death of a child, and commands may authorize emergency leave, **but this is chargeable leave, rather than non-chargeable parental leave**. This ignores the fact that the birthparent just gave birth to a child and must go through all of the physical steps to recovery, in addition to the added emotional burden of grieving a lost child. This is particularly cruel and psychologically damaging to the readiness of parents who suffer an infant loss, as it erases the fact of their parental relationship to the child who died.

We recognize several positive strides forward for military families that were incorporated into the NDAA17, including recognition of diverse families and unmarried parents by using non-gendered language, clarity in defining the three types of parental leave, and flexibility and choice for servicemembers in how they may choose to use this new leave. These updates will go a long way toward supporting military families. Overall, we believe the MPLP is a positive step forward for military families, but we need legislators to act to ensure that the promised benefits are applied to all covered servicemembers.

## Context, Background and Resources

Mom2Mom Global and Breastfeeding in Combat Boots are the only two organizations dedicated exclusively to support, education, and advocacy for breastfeeding military families, including both active duty servicemembers and dependents. We have compiled feedback from military servicemembers and families directly impacted by this policy, summarized in the attached document.

The U.S. is the only developed nation in the world without a national paid family and medical leave program, and American families are suffering and dying from the effects of this reality. Military families often face even more stressful circumstances on top of a return to duty. Often, babies are born just weeks before or after a move, leaving families without any immediate support network in place. Non-birthparents are not consistently given time to support their partners or bond with their new children. One of Mom2Mom Global's own staff recalls that for the birth of one of her children, her husband, an Air Force flight nurse, was paged to her room just before the child was born, then left immediately afterward to return to his duties in another part of the hospital.

Perinatal mood disorders, such as postpartum anxiety and depression, are increasing at alarming rates, and military families reflect this increase.<sup>1,2,3</sup> Although many military treatment facilities and Tricare network birthing facilities have taken steps to improve breastfeeding initiation, breastfeeding duration and exclusivity rates still lag behind the national average in many military communities, due to a lack of access to adequate postpartum support in the home and community. For military servicemembers who give birth, it is imperative to provide them with adequate recovery and bonding time to ensure servicemember and family readiness upon return to duty. For servicemembers who are the non-birthparent, time is needed to care for the new child, assist the birth parent in postpartum recovery, and possibly care for other children. A key factor in servicemember readiness is family readiness—the DOD has long recognized that when families are given the support they need during vulnerable times of transition, servicemembers are able to focus on the mission when they return to duty.

## Please Take Action Today

We urge you to examine the Military Parental Leave Modernization Act and to consider re-introducing it while there's still time in this Congressional session. We believe the language proposed in this bill would retain all of the positive intent of the NDAA17 language and the MPLP, and improve on it by offering clear and unequivocal policy, mandated by Congressional authorization.

We thank you for your consideration of this matter, and welcome the opportunity to discuss this further. Attached, please find a compilation of statements of impact from actual military families, demonstrating why the current policy and proposed changes require clarification.

## SIGNATORY ORGANIZATIONS

### **International, National, and Tribal Organizations:**

Academy of Nutrition and Dietetics  
American Academy of Nursing  
American Association of Birth Centers  
American College of Osteopathic Pediatricians  
American Public Health Association  
Attachment Parenting International  
Association of State Public Health Nutritionists  
Association of Women's Health, Obstetrics and Neonatal Nurses  
Baby Café USA  
Baby-Friendly USA, Inc.  
Center for WorkLife Law, University of California, Hastings  
Childbirth and Postpartum Professionals Association  
Every Mother, Inc.  
HealthConnect One  
Healthy Children Project, Inc.  
Human Milk Banking Association of North America  
ImprovingBirth  
International Board of Lactation Consultant Examiners  
International Childbirth Education Association  
Lactation Education Accreditation and Approval Review Committee  
Lactation Education Resources  
La Leche League USA  
Lamaze International  
Mom2Mom Global  
MomsRising  
National Alliance for Breastfeeding Advocacy

National Association of Professional and Peer Lactation Supporters of Color  
National WIC Association  
Sargent Shriver National Center on Poverty Law  
Service Women's Action Network  
URGE: Unite for Reproductive & Gender Equity  
U.S. Breastfeeding Committee  
United States Lactation Consultant Association  
Women Employed  
Women's Law Project

### **Regional, State, and Local Organizations:**

Alimentación Segura Infantil  
Appalachian Breastfeeding Network  
Breastfeeding Coalition of Delaware  
BreastfeedLA  
Coalition of Oklahoma Breastfeeding Advocates  
Colorado Lactation Consultant Association  
Maine State Breastfeeding Coalition  
Maryland Breastfeeding Coalition  
Michigan Breastfeeding Network  
New Jersey Breastfeeding Coalition, Inc.  
New York Statewide Breastfeeding Coalition  
Vermont Breastfeeding Network  
Vermont Lactation Consultant Association, Inc.  
Virginia Council of Nurse Practitioners  
Wisconsin Breastfeeding Coalition

## Impact on Military Families

"Equitable paid family leave is more than a benefit, it is a key tool to recruitment, readiness, and retention of high-quality servicemembers. For birth parent servicemembers, the knowledge that they will have adequate time to recover physically and to bond adequately with their children, including establishing breastfeeding if they so choose, is key to recruitment and retention. Allowing servicemembers adequate time to recover from the prolonged physical impact of pregnancy and birth ensures that their return to duty is a smoother transition because they are prepared physically and psychologically. For all servicemembers, paid family leave allows adequate bonding time, which

increases family readiness and ensures that when the servicemember (whether birth parent or non birth parent) does return to duty, they are better able to focus on the mission, knowing that their family is cared for."

"I've heard of some [fathers] getting 10 days, 14 days, and 21 days. It's literally all over the place. And this confuses enlisted soldiers and creates frustrations with their command and armed service."

"I don't understand how some people in the same work area can be granted 21 days but others can't. It's so disheartening that not everyone is treated equally. It would be nice to have everyone on the same page. My husband didn't get 21 days either. Luckily I delivered right before the holidays and we were able to get those extra days and he had to use to leave as well."

"Spouses need to be home with [a] new baby AT LEAST 14 days. 21 would be great! Not JUST for bonding but to help the person who has given birth!!! How about for OUR sanity?!! It's a buddy check to help your S/O w postpartum depression, help her start baby in a routine, heck just give me a second to wash my hair."

"We signed up for the CDC [child development center] the day we were eligible (6 months pregnant). We had a premature baby in March. We are still waiting to get into the CDC. Without the 12 weeks I would have had to burn through so much leave to be with my child. The 12 weeks has also helped me to recover and offered me time to bond with my son. My husband is being allowed 10 days only. If we look at how to retain females in the Military, I'd say offering 12 weeks is a good step."

"Had I not had 12 weeks, I don't know how I would've survived going back. It took 6 weeks for me to feel anywhere close to normal. It took 6 weeks for my son to take a bottle. My freezer stash [of breast milk] didn't exist at 6 weeks. 6 weeks is not enough. 12 weeks helps."

"This is crazy. I had my first son with the 6 weeks leave policy and it really wasn't enough. I was a single parent overseas and my son almost didn't have a daycare spot in time for me to go back to work, and I put him on the list when he was a week old. I wasn't ready to go back to work. I'm due any day now with my second child and having the 12 weeks is going to be such a help for my family being dual military, especially helping my toddler adjust to life with a new baby. I also feel that fathers should have more than 2 weeks. It would help a lot of families giving new fathers at least 21 days, preferably a month."

"I had 90 days after a c-section in the army at 6 weeks I was still in pain sometimes I couldn't lift my son and carry him for long periods of time, and mentally leaving him at 6 weeks would have been very hard. Even after the time I did have going back to work was hard."

"Six weeks was such a joke...the day after my time was up, I was posted on a gate for an 8 hour shift...standing for 8 hours after giving birth only six weeks ago? I felt like my uterus was going to fall out. Miserable. And of course everyone assumes you are completely back to normal by that time."

"They expected me to do PT with everyone the week I got back. I had problems and my first 4 weeks of being home I was in bed most of the time due to the doctors screwing up. Then I had to tell them I haven't been walking but two weeks, much less run."

"These 12 weeks are very necessary. The 6 week plan was terrible, and was not really 6 weeks. The clock was ticking against you from the moment you came home with your new baby. Every day was

one day closer to having to be separated from your baby just when both you and your baby were starting to fall into a routine."

"I had my son under the six weeks and took an additional two weeks of my leave on top of it. Still this was not enough time, I was mentally exhausted and emotionally drained. I was depressed for several weeks having to drop him off at daycare every morning. I am currently pregnant with my second child and I have been looking forward to the 12 weeks, the proper healing time both mentally and physically after birth and giving your family proper time to adjust to the new little life in your house. I cross my fingers they don't change it! Sometimes I believe it would be easier to just ETS [leave military service] than to be a mother in the military..."

"I had awful PPD and I can tell you my work situation and leaving my daughter so early didn't help me one bit."

"Had I had more than 6 weeks while in, I think my mental health would have never turned in the direction that it did, leading to my discharge."

"Government Service (DOD civilians) get no paid maternity leave unless we want to use our accrued annual and sick leave. Yes there's FMLA but unpaid, and there's no option for GS workers to purchase short-term disability insurance."

"I work in behavioral health and I have seen a big increase in postpartum depression. Many dependents say they don't have much support (spouses not getting enough time at home, lack of social support due to being a foreign country, etc). I always try to think of the military as a business. I believe that if you send a woman back to work at 6 weeks, not only are you setting her up for failure but also the mission. The readiness of that woman is probably decreased significantly which results in overall loss of combat effectiveness for that team. So, giving the 12 weeks is more beneficial for the military...they are getting a stronger person back."

"I really feel for you ladies. I'm full-time regular force Canadian Forces and I got 52 weeks at 98% pay for both of my babies. I really hope the US comes on board with a longer parental leave package for you."

#### References:

---

<sup>1</sup> França UL, McManus ML. Frequency, trends, and antecedents of severe maternal depression after three million U.S. births. *PLOS ONE*. 2018 Feb 14;13(2):e0192854

<sup>2</sup> Ko JY, et al. *Trends in Postpartum Depressive Symptoms — 27 States, 2004, 2008, and 2012*. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. 2017;66(6):153-158.

<sup>3</sup> Miller LJ, Ghadiali NY. Mental health across the reproductive cycle in women veterans. *Mil Med*. 2018 May 1;183(5-6):e140-e146.