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BEFORE THE
SENATE ARMED SERVICES MILITARY PERSONNEL SUBCOMMITTEE

ON

MILITARY AND CIVILIAN PERSONNEL PROGRAMS IN THE DEPARTMENT OF DEFENSE IN REVIEW OF THE DEFENSE AUTHORIZATION REQUEST FOR FISCAL YEAR 2022 AND FUTURE YEARS DEFENSE PROGRAM

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Chairwoman Gillibrand, Ranking Member Tillis, distinguished members of the Subcommittee, thank you for the opportunity to discuss the Department of Defense's personnel and health policies and programs as we look forward to the Fiscal Year (FY) 2022 President's Budget and the upcoming National Defense Authorization Act (NDAA).

It has truly been a difficult year for the Nation and the Department, but the events of the past year, especially the COVID-19 pandemic, have reaffirmed why the people of this Department – our Soldiers, Sailors, Airmen, Marines and now our Guardians, as well as civilian personnel – are our greatest resource and critical asset.

In addition, President Biden, Secretary of Defense Austin and Deputy Secretary of Defense Hicks have all made it clear from the onset that the well-being and protection of our Service members, their families, and our civilian force are at the forefront of their agenda. In fact, in his March 4 *Message to the Force* Secretary Austin laid out as one of his top three priorities Taking Care of People, with three specific pillars: Grow our Talent, Build Resilience and Readiness, and Ensure Accountable Leadership. All the issues we will discuss today fall into each of these three pillars, whether it is extremism, sexual assault, Service members who identify as Transgender, diversity and inclusion, COVID-19, or military and civilian talent management.

The Office of the Under Secretary of Defense for Personnel & Readiness and its subordinate offices are at the forefront of these issues. We are working closely with our Service partners to advise the Secretary of Defense and the Deputy Secretary of Defense on decisions that will strengthen the readiness and resilience of our military. The issues we will address here are complex and diverse; however, we are all driven by a common motivation that drives all of our efforts – to build and sustain the greatest Total Force in defense of this nation.

Health Affairs

COVID-19 Response

The past fourteen months have represented a unique and challenging period for our Nation as we've confronted and responded to the COVID-19 pandemic. In line with the President's priorities, Secretary Austin has made clear that the greatest proximate challenge to our Nation's security is the threat of COVID-19. The Department has, and will continue to, act

boldly and quickly to support Federal government efforts to defeat this disease. The Military Health System (MHS) is providing critical health support worldwide to our military forces, supporting other Federal and state entities as part of a whole-of-government response to this crisis, and continuing to meet other strategic, global mission requirements, while sustaining high quality health services to our military Service members and their families.

Beginning with the declaration of a global pandemic in March 2020, the MHS provided essential crisis response services in support of military leaders and civilian demands. Though this summary is not all-inclusive, I will briefly mention several critical initiatives that contributed to the national response and also generated additional expenditures for the Department.

Surveillance and Laboratory Testing. Soon after the pandemic began, the Secretary of Defense established the DoD Coronavirus Task Force that included a Diagnostics and Testing Line of Effort. The Department grew its laboratory testing capacity from 16 operational laboratories in late March 2020 to 189 operational laboratories by March 2021, and increased on-hand SARS-COV-2 tests from approximately 200,000 to over 1.8 million. To date, the Department has conducted well over 3 million tests and has tests on-hand to conduct more than 100K tests per week. Testing is a key public health intervention that has helped to limit the spread of SARS-COV-2 within the military. Coupled with other public health measures like social distancing and masking, military installations have consistently lower positivity rates than their surrounding communities.

Even as vaccination efforts continue to increase, testing will remain a key pillar of our public health strategy to battle this disease and maintain a ready force. Screening through antigen and PCR testing using a variety of testing strategies in a post-vaccination environment will continue as part of the Department's COVID-19 risk mitigation strategy to drive cases down toward zero. The Department is also committed to whole genome sequencing and identification of variants of concern and interest and to understanding their prevalence among our Service members and other beneficiaries. The Department has already committed the resources and funding to more than double the number of specimens the Department can sequence and analyze each week.

Clinical Support for Treatment and Therapeutics. Early in the COVID response, the Defense Health Agency (DHA) developed and released the first *DoD COVID-19 Practice Management Guide (PMG)* to provide clinicians and Military Medical Treatment Facilities

(MTFs)- our military clinics and hospitals- with a single document on best practices informed by the latest evidence, and guidance across all clinical care specialties. The PMG has been continually updated and rereleased, with the most recent version (Version 7) published in March 2021. The DHA also established a Joint Registry for COVID-19. Using the Joint Trauma Registry as a foundation for this effort, the COVID Registry collects and assesses clinical information on COVID patients, in order to inform our military medical community on the rapidly evolving science behind this disease. In April 2020, DHA also put forth the *Health Protection Condition Guidance in a COVID-19 Environment*, which contained Centers for Disease Control and Prevention (CDC) informed guidance to support MTFs in healthcare delivery in response to COVID-19, based on the locally-determined risk level.

In June 2020, DHA began an effort to collect donated units of plasma from patients who had fully recovered from COVID-19 to support development of an effective treatment against the disease. Again, the DHA relied on the COVID-19 registry to identify potential donors, as well as capture the use of, and outcomes from, convalescent plasma on hospitalized COVID patients. In August 2020, after receiving Emergency Use Authorization (EUA) from the Food and Drug Administration (FDA), COVID-19 convalescent plasma was made available to MTFs for investigational treatment of COVID-positive patients who met established criteria in accordance with approved protocols.

The MHS worked closely to implement other, FDA-approved treatments for COVID. In September 2020, shortly after Veklury® (remdesivir; first FDA-approved treatment for COVID-19) received an expanded EUA, the medication was rapidly pre-positioned throughout DoD to ensure availability to hospitalized patients with suspected or laboratory-confirmed COVID-19, irrespective of their severity of disease. Similarly, in November 2020, after receiving an EUA from FDA for COVID-19 monoclonal antibody treatment, DHA developed and disseminated specialized guidance to assist MTFs and healthcare providers regarding patient care considerations when administering this treatment for mild and moderate cases.

Individual Medical Readiness. COVID-19 did affect medical readiness within the military. The Department uses a concept called Individual Medical Readiness (IMR) to measure medical readiness, which consists of six elements. These are Dental Readiness, Immunizations, Medical Readiness Labs, Deployment-Limiting Medical Condition Status, Periodic Health Assessment, and Individual Medical Equipment. In 2015, the DoD Total Force Medically Ready

(TMFR) goal was set at 85 percent . Since 2015, the Total Force has consistently met or exceeded the 85 percent goal. With COVID-19 pandemic beginning in the 2nd quarter of 2020, TFMR decreased below the Department's 85 percent goal. As of the 4th Quarter of Calendar Year 2020, TFMR compliance was 82.2 percent ; Active Component IMR compliance was 82.4 percent and Reserve Component IMR compliance was 81.7percent . The COVID-19 vaccine is voluntary and therefore is not included in the IMR.

The COVID-19 pandemic most affected Dental Readiness and Immunizations. These IMR requirements can only be completed via in-person clinic visits. Of note, throughout the pandemic, medical readiness for deploying Service Members was prioritized and all personnel are required to be fully medically ready prior to deployment. Capabilities such as virtual and telephonic medical appointments allowed MTFs to continue to provide access to medical readiness support services. We expect IMR rates to quickly recover and return to pre-COVID levels as our vaccination campaign proceeds through spring and summer 2021.

Healthcare Delivery and Deferred Medical Care. In both the direct care system and the TRICARE network, the Department has worked to ensure beneficiaries receive medically necessary and readiness-related care throughout the pandemic and we are currently working to address delayed or deferred care. In addition to guidance for MTFs on standard processes to provide medically necessary care that could not be delayed, the Department significantly expanded the use of Virtual Health (VH) to meet beneficiary demand while minimizing unnecessary risks for patients and staff.

MTFs and Markets are increasing the number of available appointments to meet patient demand for care and schedule previously delayed care. Despite additional workload associated with COVID-related deployments and vaccinations, MTF appointment availability is approaching pre-pandemic levels and access to appointments for routine and follow-up care averages 4.8 days, which is better than the standard of 7.0 days or fewer. Likewise, specialty referrals are up from spring 2020 levels and are approaching pre-pandemic rates. While direct care performance on cancer and other preventive screening is lagging compared to strong pre-pandemic performance, MTF staff members are actively reaching out to beneficiaries to encourage and facilitate screening appointments.

For network care, DHA worked with the managed care support contractors to develop strategies to ensure our beneficiaries' ability to access care in the network, ensured resources

were monitored to confirm provider availability, expanded availability of VH and eased beneficiary access to providers by extending referral and authorization limits and adjusting rules impacting beneficiary cost shares.

Public Health Planning. The COVID-19 pandemic has highlighted the importance of integrated DoD and interagency public health planning, which includes conducting realistic exercises with federal, state and local public health partners. However, the MHS pivoted quickly and effectively in responding to the pandemic across a wide range of requirements, both internal to DoD and across the public health universe. In the process, we learned lessons and developed associated recommendations that can have an immediate and sustained impact on the ability of the MHS to support the ongoing pandemic and to prepare for future major public health emergencies. Chief among these actions is developing even tighter integrated coordination with interagency partners within the Departments of Health and Human Services, Homeland Security, Veterans Affairs and State to include the CDC, FDA, the Assistant Secretary of HHS for Preparedness and Response, the National Institutes of Health, the Federal Emergency Management Agency and other organizations regarding global medical surveillance of cases and variants of concern. As a primary partner in the interagency scientific community, DoD shares genetic sequencing, seroprevalence information and other relevant surveillance data with interagency partners.

Medical Education & Training. The collaborative leadership efforts of the Medical Enlisted Training Campus and the Services resulted in minimal disruptions in training by maximizing the interoperability and capabilities of alternative learning modalities and technology adoption. The MHS kept graduation rates on target, and the end-strength of enlisted medical career fields healthy and ready to support Combatant Commanders. Additionally, the MHS expanded support for continuing education credits for 16 healthcare specialties and awarded over 90 thousand continuing education/medical credits. Continuing education credits are required for health professional licensure and certifications. The Defense Medical Modeling and Simulation Office recognized an opportunity to provide immediate support in meeting COVID-19 related simulation training gaps/needs of the transitioned Markets and associated MTFs.

COVID-19 Vaccine and Immunization Implementation. Since December 2020, the Department introduced a global immunization campaign to deliver expanding supplies of

vaccines approved for use under an EUA. In December 2020, DHA issued a DHA Interim Procedures Memorandum to implement instructions, assign responsibilities, and prescribe procedures for the COVID-19 Vaccination Program. DHA continues to issue updates on the coordinated strategy for prioritizing, distributing, and administering the COVID-19 vaccine, with the most recent DoD Vaccination Plan modification (MOD-12) released in April 2021.

As of April 16, 2021, the Department had administered over 2.5 million doses of the three vaccines authorized by the FDA under an EUA. However, on April 14th, DoD implemented the CDC and FDA recommendation to pause administration of the Johnson & Johnson vaccine until federal health experts conclude their review of the rare, severe adverse events that have occurred in a small number of individuals. Although DoD was distributing all of its Johnson & Johnson vaccine to overseas locations, the Moderna vaccine still represented the majority of our overseas allocation. If this pause extends beyond several weeks, DoD will consider adjusting its current allocations to accommodate our overseas requirements.

Adapted from the CDC tiered framework for prioritizing individuals for vaccination, the DoD population schema includes persons in critical national security positions and deploying forces in the Tier 1 priorities. Vaccinations are being administered at 350 DoD sites around the world, in addition to access to civilian sources for our beneficiaries. On April 19, 2021, the Department fully opened vaccine appointments to all eligible individuals, consistent with the President's direction to all jurisdictions.

The vaccine remains voluntary for all eligible persons to include active duty Service members. The Department has implemented a comprehensive outreach and communications effort to encourage all eligible persons seek out these highly safe and effective vaccines. We are encouraged by the trends in vaccine acceptance, and are confident that all individuals over the age of 15 who want the vaccine will be fully vaccinated by mid-Summer.

Defense Support to Civilian Authorities. In addition to the comprehensive response in support of the military mission, the Defense Department has provided significant expertise, logistics support, and personnel to civilian communities. Early in the pandemic, the DHA coordinated the delivery of critical inventory from existing strategic reserves to FEMA for redistribution to civilian communities. This support included delivery of five million N-95 masks and over two thousand ventilators. The US Navy deployed the USNS Comfort and USNS Mercy to civilian ports on the east and west coasts to provide hospital bed surge capacity for

cities in crisis. Throughout 2020, Army, Navy and Air Force personnel deployed as units to civilian hospitals around the country to augment local staff. Military medical personnel took on key positions with Operation Warp Speed, and infectious disease experts and medical researchers from DoD medical research and development offices collaborated closely with the broader American medical research community.

COVID-19 After Action Review (AAR). The MHS is a learning organization, and we are committed to continuously improving our performance – whether in battlefield medicine, health care quality and safety, or our COVID response efforts. Consistent with Section 731 of the National Defense Authorization Act (NDAA) for FY2021, the MHS established a rigorous After Action Review (AAR) process, led by the Uniformed Services University of the Health Sciences. This AAR builds on the MHS interim AAR process and report established by the Assistant Secretary of Defense (Health Affairs) in May 2020 and completed in January 2021. The Department will submit a substantive, interim report to Congress under Section 731 by 1 June, and submit a final report by the close of 2021.

MHS Reforms and Transition

The FY 2017 National Defense Authorization Act (NDAA for FY 2017) enacted sweeping reforms to the organization and management of military medicine. The over-arching direction from Congress was to centralize and standardize many military health care functions in a way that better integrates readiness and health delivery throughout the Department. Included among these reforms: the expanded authority and responsibility of the DHA to manage MTFs worldwide; and the authority to adjust medical infrastructure in the MHS to maintain readiness and core competencies of health care providers.

Following a strategic pause in transition activities due to the initial COVID-19 pandemic response, which was directed and then lifted by the Secretary of Defense in April and November 2020 respectively, the MHS has continued executing the transition of MTFs to DHA management in accordance with the Department's approved, conditions-based execution plan that meets the intent of Section 702 of the NDAA for FY 2017.

In the coming weeks, we expect to certify all Wave 1 Market Offices (i.e, San Antonio, Tidewater, Colorado, Puget Sound, and Hawaii). These critical markets account for 34 percent of the MHS' dispositions, 48 percent of the MHS's direct care expenditures, and 11 percent of

the MHS's purchased care expenditures -- providing tremendous opportunities for continued standardization and optimization. Wave 2 Market Establishment planning is underway, and we plan to institute an intermediate headquarters to manage the remainder of our small hospitals and clinics in early June.

Section 703 of the NDAA for FY2017 directed the Secretary of Defense to submit to the congressional defense committees an implementation plan to restructure or realign military medical treatment facilities. This report was transmitted to Congress on February 19, 2020. The report articulated the DoD's decisions to align MTFs to increase the readiness of our operational and medical forces and achieve a proper balance between meeting readiness requirements and managing the total cost of health care in the direct and purchased care systems.

All restructuring efforts were paused on April 2, 2020 as a result of the resources required to respond to the COVID-19 pandemic. The Department is revalidating the assumptions made regarding its readiness requirements prior to the pandemic, as well as the assessment of network capacity to absorb additional patients where we intend to proceed with right-sizing plans. The DHA will take a conditions-based approach to any transition of medical services. In other words, transition will only occur when we are certain that local TRICARE networks can provide timely and quality access to health care. If they cannot, we will revise our plans.

MHS GENESIS Implementation

The Department continues to proceed with the multi-year implementation of its new, Electronic Health Record (EHR), MHS GENESIS. Although we paused a number of specific, in-person activities during the COVID-19 response, we still delivered the two Waves scheduled for completion in 2020, two currently in 2021, and remain on schedule for enterprise completion in 2023. As of today, MHS GENESIS supports the delivery of safe, high-quality data to patients and providers across 20 MTFs.

The value of MHS GENESIS has become even more apparent during the COVID-19 response. We were able to implement COVID-specific configuration changes in MHS GENESIS within hours on several occasions that provided senior military and civilian leaders with timely information on COVID laboratory testing results and the health of our force and our beneficiaries; the same changes in our legacy systems took nearly four weeks to implement.

MHS GENESIS' mass vaccination capabilities have produced a significant improved workflow that allows the Military Departments to assess the status of service member inoculations in order to ensure readiness. For example, medical personnel at Twentynine Palms, California successfully screened 700 active duty Marine records within days of going live with MHS GENESIS in September. The process was so successful that Cerner made the solution part of its baseline product for commercial use.

DoD and VA continue to closely collaborate on a fully integrated EHR with the oversight of the Federal Electronic Health Record Modernization (FEHRM) office. The Departments collaborated with the FEHRM to launch the joint health information exchange (joint HIE) in April 2020, creating a single common gateway through which DOD and VA providers can send data to and retrieve data from participating private sector partners. With the FEHRM's leadership, the Departments support a Federal Enclave providing a single, common record with high cybersecurity standards, joint configuration boards to ensure standardized workflows, and shared risks, schedules and lessons learned.

TRICARE 5th Generation Contracts (T-5)

The Department continues to manage the TRICARE Program in a manner that seeks to reduce the growth in health care costs while ensuring our health benefit remains an exceptional tool for recruitment and retention of military personnel and their families. Among the most important strategies we pursue is the development of effective TRICARE contracts that deliver high-value, patient-centric care designed to seamlessly integrate military and private sector care in support of readiness and health outcomes.

The T-5 contracts represent the next generation of contracts that provide DHA with the flexibility to adjust network requirements, improve professional services support, and adapt care delivery models in support of evolving mission requirements and changes in American health care delivery. After an extensive, multi-year engagement with Department leaders, industry, and other stakeholders, as well as three draft Requests for Proposal (RFPs) shared with industry, the Department issued the T-5 RFP on April 9, 2021. The goals of this procurement support (1) military medical readiness and the readiness of the medical force; (2) beneficiary choice; (3) high value care; and the adoption of Industry Business Standards.

The Department looks forward to healthy competition from industry and the inclusion of new health care delivery models in the coming proposals. As part of the T-5 process, the Department will conduct "Competitive Demonstrations" during the contract's period of performance. Twenty-one potential markets are identified in geographic areas where MTFs may rightsize, downsize or where DHA provides TRICARE Prime but no MTF exists. The RFP also specifies three innovations: Virtual Value Networks, Advanced Primary Care, and Care Collaboration Tools that will start with T-5 initiation and up to seven other demonstrations are planned during the life of the contract. DHA anticipates receipt of offeror proposals no later than August 13, 2021. The new contracts are planned to begin health care delivery in Calendar Year 2024.

Medical Research and Development

The Department is grateful for the long-term advocacy and support for its military medical research program. The Defense Health Program research, development, test, and evaluation (RDT&E) focus is to advance the state of medical science in those areas of most pressing need and relevance to today's emerging threats, which includes the COVID-19 pandemic.

We seek to discover and explore innovative approaches to protect and support the readiness, health, and welfare of military personnel; to accelerate the transition of medical technologies to development and acquisition; and to accelerate the translation of advances in knowledge into new standards of care and treatment that can be applied in the field or in military medical treatment facilities.

In the coming years, we hope to leverage new technologies to include artificial intelligence and machine learning, biotechnology, and autonomous systems. The goal is to accelerate the transition of medical technologies to development and acquisition programs, and to further the translation of new standards of care to support and treatment that can be applied in the field or in military medical treatment facilities. We will seek to mitigate deployment-limiting medical conditions for service members by focusing on injury prevention and rehabilitation.

The MHS continue to employ and strengthen our enterprise-wide performance management systems that provide stakeholders – both medical and line leadership – at all levels of the military with visibility into how we are performing on key metrics. These dashboards

show longitudinal performance in measures of readiness, health, access, quality, safety and cost. We monitor critical indicators of quality and safety – – that point us toward high reliability as a system of care. Access to primary care and specialty care are measured along with patient satisfaction to ensure we are meeting patient expectations. We have provided Department leadership, MTF commanders and staff with visibility into COVID-19 specific measures that include, but are not limited to operational hospital bed capacity and surge capabilities, timely laboratory test results, personal protective equipment inventories, COVID-19 vaccine target population and vaccine administration data, as well as important private sector care data.

Our dashboards can be viewed at an enterprise level, by Service, by market, and by individual hospital or clinic. We will continue to adapt this management system as the MTF transition progresses. Commanders can assess their performance against expected benchmarks, against peer institutions, and – where possible – against civilian sector performance as well. These dashboards help us to both assess how we are doing in these areas, and where we need to invest resources, training, or management attention in order to achieve further improvement.

Manpower & Reserve Affairs (M&RA)

The diverse portfolio of the Office of the Assistant Secretary of Defense (Manpower & Reserve Affairs) directly supports the priority of **taking care of our people** and includes Military Personnel Policy, Civilian Personnel Policy, Military Community and Family Policy, Reserve Integration, the Defense Commissary Agency (DeCA) and the Department of Defense Education Agency (DoDEA).

Military Personnel Benefits

We are grateful for Congress' strong support provided in the FY 2021 NDAA. Your continued support is vital to ensuring our Soldiers, Sailors, Airmen, Marines, Guardians, and Civilians have the tools, resources, and support to carry out their missions. Our people are the backbone of our nation's security; they protect and defend our nation and our American way of life. This important legislation supports vital investments in our military's readiness and modernization, allows for more flexibility in hiring and supporting our families, and provides our Service members with a substantial pay increase.

In addition to an increase in pay, the NDAA also supported the wide range of benefits we provide our Service members, from housing to health care, to congressionally mandated commissary savings. The 13th Quadrennial Review of Military Compensation found that junior enlisted military members are paid at or above the 90th percentile as compared to their private-sector peers. The Department is proud of how we take care of our people but understand there are still challenges facing our Service members and their families. We appreciate the Congress' interest on the issue of **food insecurity** among our Services members, and while the number remains low, even one family struggling financially is too many. We recognize there are Service members who have relied on government food assistance programs and food pantries to feed their families, at no fault of their own, for a variety of reasons, and we are committed to providing the education and resources necessary to our Service members throughout their careers so they can focus on their mission and not worry about financial stability.

Military & Civilian Workforce Policies

Since March of 2020, M&RA has been a key part of the DoD response to **COVID-19**. From the development of stop movement orders to the establishment of the conditions-based, phased approach for resumption of personnel movement M&RA has played a central role in protecting the Nation and our Service members, DoD civilians, and families. M&RA's directorates issued updated policies for pay, hiring, and workplace flexibilities for civilian employees and oversaw the rapid mobilization of reserve forces, enabling more than 65,000 Reserve Component members to support the Government's response. In addition, MR&A provided guidance on the modified operation of child development centers at more than 200 installations worldwide; designed safe, flexible instructional models for both in-person and remote learning at DoDEA schools; and managed supply chain shortages to keep commissaries operating during the pandemic.

While M&RA continues to support the Nation's fight against COVID-19, the organization is also advancing many other initiatives across its portfolio to take care of our people and build the DoD workforce needed to protect America now and in the future. This starts by ensuring that all applicants for military service and military Service members are treated with dignity and respect at all times. The All-Volunteer Force thrives when it is comprised of diverse Americans who can meet the high standards for military service in an inclusive military

force—all of which strengthens our national security posture. At the direction of President Biden and Secretary Austin, the Department has published updated policy on the open service of **transgender** individuals. Service members who meet appropriate standards are permitted to serve in their self-identified gender without a waiver.

As the Department looks towards goals of modernization and standardization, we are proud to update the Congress on our improvements in the United States Military Entrance Processing Command (USMEPCOM). In February, we launched the **MEPCOM Integrated Resource System** 1.1, a cloud-based system that streamlines the screening process that includes processing data from cognitive tests, medical evaluation and background checks. No longer are the days of #2 pencils and written answer sheets during processing, or recruits carrying large manila folders with personal information through airports and bus stations. This modernization, along with the hard work and creativity of our 65 processing centers, allowed all Services to remain on track for their end strength goals, while recruiting throughout the pandemic. As the country continues to grapple with the effects of the pandemic, we are paying close attention to how young Americans react to a call to service in a dramatically increasing job market. Ensuring the recruiting mission is appropriately resourced is key to the future success of the All-Volunteer Force, and we are laser focused on providing the necessary resources to that end.

The Department is continuing to enhance our screening capacity of incoming Service members. Applicants answer questions about involvement with law enforcement, arrests, charges, citations, parole and probation, detention, and other indicators of concern. All recruits undergo a fingerprint check and a FBI name check. Recruits are also screened for offensive, racist, or supremacist tattoos, including those that may reflect gang affiliation. In 2020, the Under Secretaries of Defense for Personnel and Readiness, and for Intelligence and Security established procedures to incorporate FBI review of questionable tattoos/branding through the FBI Cryptology & Racketeering Records Unit. The Department stands by the statement that the majority of those who serve in uniform, and their civilian colleagues, do so with great integrity and honor, but that any **extremist** behavior in the force can have an outsized impact. As of today, all active component military and the Fourth Estate have completed their Secretary directed Department-wide stand-downs to address extremism; the Reserve Component will be mission-complete this summer. The Department is committed to maintaining the highest

standards of conduct, to understanding the threat of extremist activities, and to taking all appropriate actions to achieve these objectives.

As we continue to build the All-Volunteer Force, the Department continues to innovate to compete with other global powers and be the **employer of choice** for all young people across America. We strive to become a distinctly data-centered organization that enables readiness for the Joint warfighter, and manages our talent through a comprehensively linked digital architecture to support rapid, data-informed decisions at all levels. For example, in partnership with Institute for Defense Analyses, we have trained a machine learning algorithm that accurately estimates the probability that any given service member will remain in the military for any specified time horizon. This algorithm, known as the Retention Prediction Model, allows us to use predictive analytics to solve a range of personnel life cycle related problems with far greater accuracy than ever before.

The Department has been able to maintain numbers during a COVID-19 because of high retention due to the dedication of our Service members. However, in addressing various **retention** issues, the Department is actively pursuing initiatives to increase career path opportunities, identifying non-monetary career-enhancing opportunities, addressing operational tempo, and managing operational commitments to reduce the strain of deployments.

In addition to our Service members, the Department understands the importance of building its **civilian workforce.** To meet this need, we are expanding civilian marketing and recruitment outreach efforts, specifically, targeting critical functional communities such as cyber and digital. The Department appreciates, and continues to exercise the flexibilities granted by Congress to design and implement programs and policies that promote the health of the total civilian workforce **including direct hire authority.** As we employ the necessary authorities to efficiently recruit and retain top talent, we continue to work diligently to close critical talent gaps, enhance professional development, and build a robust student pipeline that will position the Department for future success.

Support to Military Families and Spouses

The readiness of the force is dependent on our Service members knowing that their **families** are cared for. During the pandemic our Service members and their families faced enormous challenges and continued to show the great resiliency that makes us the greatest

fighting force in the world. The Department looks forward to the partnership with the First Lady **and Joining Forces** on the critical issues they have identified as priorities.

We know that there are serious issues that face the country as a whole and the Department is not exempt. One of them is the ugliness of **domestic violence and child abuse**. The Family Advocacy Program is focused on prevention, victim advocacy, trauma-informed victim-centered care, abuser rehabilitation, and family and individual well-being. The Department is on target with the development of a database to track incidents of problematic sexual behaviors for children and youth. We anticipate the system to be fully operational next spring. The Department recognizes the incentive to do all we can to protect our community and will keep working to ensure a positive culture for all that serve.

Another challenge that the country faces, particularly during the pandemic—and our military families were not immune—is access to quality **child care**. Access to child care is a workforce issue that directly impacts the readiness and retention of the Total Force. The Department is proud of our rigorous national standards and oversight requirements that ensure comprehensive health and safety needs are met and quality programming is provided to participating children. During the pandemic, very few changes had to be made to operations because of the thorough and high standards (e.g., cleaning) that were already in place and implemented daily. In response to COVID-19, installation child development programs are open but are operating at a reduced capacity to accommodate social distancing and health protection condition procedures. The Department recognizes the issue of child care waitlists and continues to work toward solutions. We anticipate the pilot program to provide fee assistance for in-home child care providers will be available for families beginning in the summer of 2021. This initiative will expand the use of fee assistance for in-home child care providers, and assist us in meeting the child care need. In addition to fee assistance, the Department continues to pursue efforts to increase child care staffing, maximize current capacity, explore public-private partnerships, and identify construction requirements.

Military spouses face barriers to **employment** related to their mobile military lifestyle, including frequent relocations and extended periods of family separation due to deployments. The Spouse Education and Career Opportunities program provides military spouses individualized support and robust tools to plan and finance their education, define and pursue a job or career and grow their professional and personal networks to suit their needs. The

Department is also developing plans to expand the financial assistance covered to include continuing education courses and national testing. A good news story is the Department's cooperative agreement with the Council of State Governments (CSG) to provide grants to establish interstate compacts for licensure portability. Five professions have been provided grants to work with CSG to develop compacts: teaching, social work, cosmetology, massage therapy, and dentistry/dental hygiene.

Force Resiliency

The Department's efforts to strengthen resiliency and prevent problematic behaviors is one of our highest priorities. We are developing tools to leverage data in order to gain enhanced visibility of issues at the installation and unit level, while incorporating emerging, evidence-informed best practices.

Within the last year, we have built out an approach that we refer to as *integrated violence prevention*. All leaders and members of the military community play a role in the prevention of violent, abusive, or harmful acts. An integrated approach enables them to work in mutual support towards the Department's efforts to reduce and stop these readiness detracting behaviors.

Our new *Integrated Violence Prevention Policy* requires specific prevention personnel, eliminates 'on size fits all' approaches, expands prevention activities to better address risk factors, and establishes an oversight framework. It is a critical component of our growing efforts, but more work remains. The *Prevention Collaboration Forum* is the organizing governance to help drive progress in this area.

We recognize that unhealthy command climates can increase risk and exacerbate problems that can contribute to sexual assault, harassment, and suicide. In January 2021, we updated the command climate survey to improve our detection of unhealthy command climates; enable military leaders to drive change; and, as appropriate, take corrective actions. New survey constructs help assess a range of factors related to high level leadership, intermediate leadership, peer groups, and individuals.

Immediate Actions to Address Sexual Assault and Sexual Harassment

One of Secretary Austin's first actions focused on stopping sexual assault and sexual harassment. Most recently the Secretary directed three Immediate Actions to accelerate our efforts to prevent sexual assault and harassment.

The Secretary directed the Services to complete an assessment of compliance with sexual assault, sexual harassment, and integrated violence prevention policy as well as alignment with the Department's *Prevention Plan of Action*. Since new initiatives from the Department, Military Services, or the 90-Day Independent Review Commission will be ineffective if the Services do not comply with policies at the installation level, this assessment is critical. This effort is underway and in progress.

The Department is also working to further improve senior leaders' visibility of command climates across installations; give our leaders targeted data that enables them to take specific actions to make improvements and address issues; and, when necessary, hold leaders appropriately accountable for unhealthy climates, and incentivize those who are driving healthy environments. We are gathering data on key climate risk and protective factors force-wide to help identify installations for biennial onsite evaluations to identify opportunities to improve prevention efforts and gather lessons from promising practices. The Department will produce a report on the first iteration of evaluations for the Secretary this fall.

The last immediate action directs the establishment of a prevention workforce. While the Services have taken action to bring their workforces in compliance with best practices for violence prevention, some installations do not yet have appropriate prevention workforce in place to be considered compliant with the *Prevention Plan of Action*. The Services are currently assessing their staffing, training, and resourcing, and will report on them to the Secretary in the fall.

Suicide Prevention

Every death by suicide is a tragedy. The Department addresses suicide prevention comprehensively through a public health approach, which incorporates both community-based prevention efforts and clinical care at the individual level. We constantly work to ensure that Service members seek help and check-in with each other, while using simple safety measures and precautions to reduce the risk of suicide.

As no two individuals are the same, our suicide prevention efforts address a range of issues that can affect many people. We work to enhance protective factors (e.g., social connections and coping skills) and address risk factors (e.g., relationship, financial, and mental health challenges). The Department's efforts also target our population of greatest concern – young and enlisted Service members – and support initiatives to support military families.

We also recognize the potential impact of COVID-19 pandemic on the well-being of our Service members and families. The Department has been working to stay ahead of this issue with multiple initiatives and virtual support efforts to promote connectedness and access to care. We have increased telehealth availability, peer support, and leadership engagement. The Services stood-up behavioral health teams to support Military Treatment Facility staff in critical and emergency care. DoD also launched tailored products, resources, and senior leader messages, sharing them through a variety of communication venues to enhance awareness and access.

At this time, it is too early to determine whether suicide rates increased in Calendar Year (CY) 2020. The Department will release official suicide counts and rates in the CY 2020 Annual Suicide Report this fall.

DoD remains steadfast in our commitment to the well-being of our Service members and their families. We have much more work ahead of us, and we will not relent in our efforts to prevent these tragedies.

Diversity, Equity, and Inclusion

As Secretary Austin recently stated, "We maintain and enhance force readiness and develop the capabilities we need to protect America when we fully embrace a diversity of backgrounds, experiences, and thoughts." Our commitment to leveraging the strengths of all our people is not only important for who we are and to represent our values, but these efforts also strengthen our national security. Yet, we are not where we need to be.

Over the last ten years, overall composition of racial/ethnic minorities and women has increased across the officer and enlisted corps, but not to the degree we would like. And our latest data shows that too many minority active duty Service members experience racial or ethnic harassment or discrimination. This is unacceptable.

Within the last year, the Department has identified numerous actions to enhance diversity, equity, and inclusion within the force. Such efforts include publication of a new policy to promote a diverse workforce that appropriately reflects the population of the United States, bolstering minority inclusion, and leveraging data capabilities to target outreach and recruiting efforts to underrepresented populations. Further, to combat problematic behaviors, we recently issued and updated policies to address harassment, discrimination, equal opportunity, and other critical matters. Additionally, to meet requirements from the FY2021 National Defense Authorization Act, the Department has initiated an effort to better identify discrepancies in rates of retention and promotion of officers related to race, ethnicity, and gender, which will help us target potential barriers to diverse military leadership.

Our efforts, though, must continue. More work remains to ensure our commitment to every member of our Total Force – military, civilian, and contractor – can succeed.

Conclusion:

Thank you again for the opportunity to discuss the important issues in the FY 2022 military and civilian personnel programs and efforts the Department is taking to ensure our Nation's military remains the greatest fighting force in the world. We also appreciate your continued support to our Service members, civilian employees, and families. We look forward to your questions.