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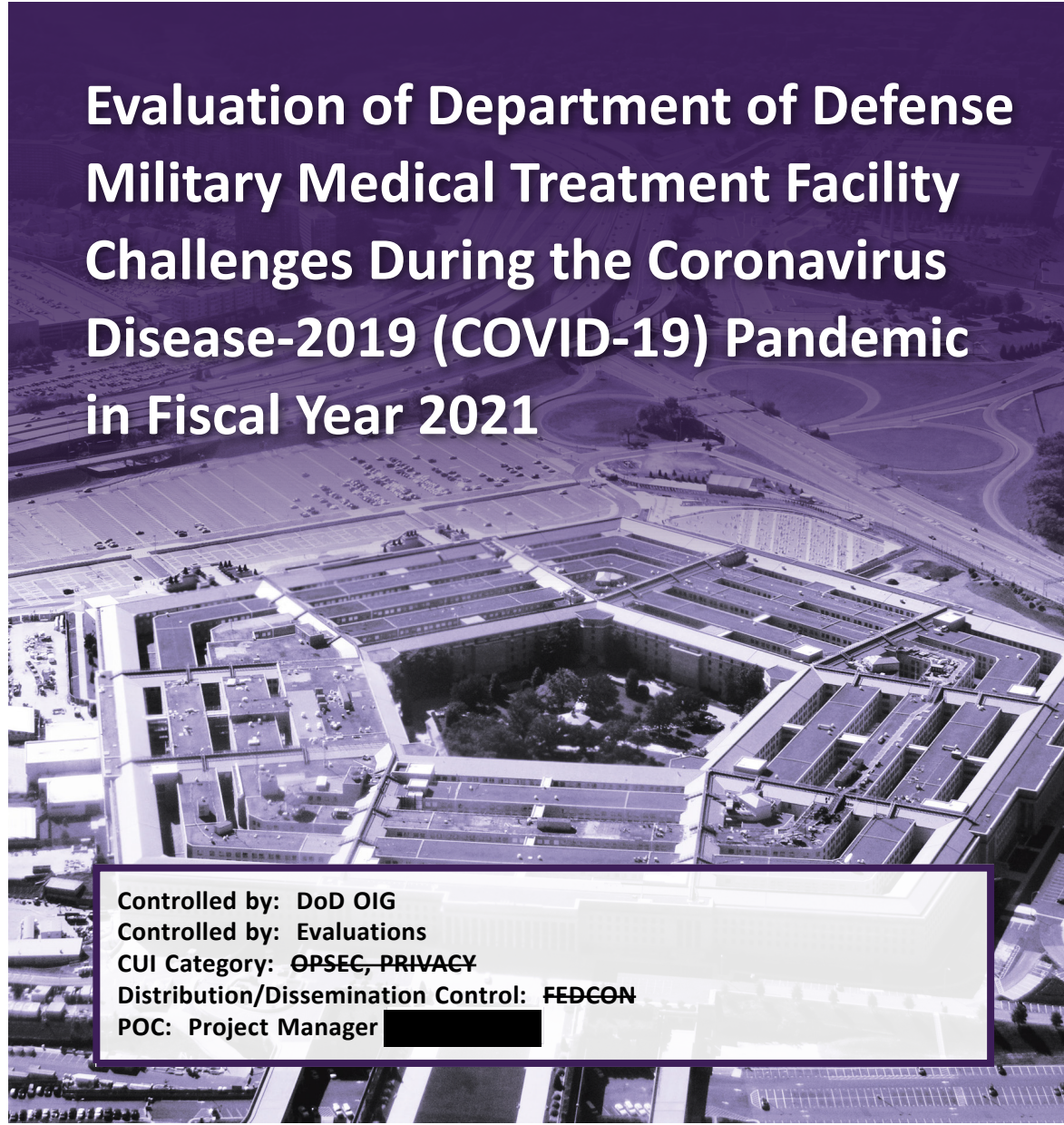
INSPECTOR GENERAL

U.S. Department of Defense

APRIL 5, 2022



Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic in Fiscal Year 2021



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(U) Results in Brief

(U) Evaluation of DoD Military Medical Treatment Facility Challenges During the COVID-19 Pandemic in FY 2021

April 5, 2022

(U) Objective

(U) The objective of this evaluation was to determine the challenges and concerns encountered by medical personnel working at DoD Military Medical Treatment Facilities (MTF) during the coronavirus disease-2019 (COVID-19) pandemic.

(U) Background

(U) On March 13, 2020, the President of the United States declared the COVID-19 outbreak an emergency. Since March 2020, the DoD's COVID-19 response operations supported the Federal Emergency Management Agency and the Department of Health and Human Services as part of the whole-of-government response to the COVID-19 pandemic. On November 9, 2020, the Secretary of Defense issued guidance stating that the Military Departments are responsible for readiness, giving the Military Departments the "unilateral authority to deploy military medical personnel from the MTFs to support wartime and related operational missions with feasible notice to the DHA [Defense Health Agency]."¹ In 2021, the DoD also supported Operation Allies Refuge and Operation Allies Welcome.

(U) Findings

(U) We analyzed interview responses and documentation provided by senior officials at 30 MTFs, the Military Medical

(U) Findings (cont'd)

(U) Departments, the Defense Health Agency (DHA), and the Office of the Assistant Secretary of Defense (Health Affairs). Based on this information, we identified the most serious reported challenges and future concerns for the MTFs. We also identified whether challenges reported by MTF officials in a 2020 DoD Office of Inspector General (OIG) report remained challenges in 2021.²

(U) We determined the following:

- Officials from 26 of the 30 MTFs reported staffing and manpower shortages as the most serious challenge encountered by medical personnel at the MTFs during the COVID-19 pandemic.
- Officials from 11 of the 30 MTFs reported that staff burnout and fatigue was the most serious concern that might be encountered in the future.
- Officials from at least one MTF stated that each of the challenges reported in the 2020 DoD OIG report continued to be a challenge in 2021. Officials from 28 MTFs continued to report that staff burnout due to personnel shortages and operational tempo is a challenge.

(U) MTF officials reported many causes for staffing and manpower shortages.

- The MTFs' COVID-19 pandemic response competed with the MTFs' health care delivery mission for staff.
- The national COVID-19 pandemic response and global missions competed with the MTFs' health care delivery mission for MTF staff.
- Recruiting staff was a challenge.
- MTF staff members could not work when they tested positive for COVID-19 or were exposed to someone who did.

¹ (U) Office of the Secretary of Defense Memorandum, "Guidance on Military Medical Health System Reform," November 9, 2020.

² (U) Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic," September 30, 2020.



(U) Results in Brief

(U) Evaluation of DoD Military Medical Treatment Facility Challenges During the COVID-19 Pandemic in FY 2021

(U) Findings (cont'd)

(U) MTF officials reported the following causes of burnout and fatigue.

- Staff members were overworked.
- They faced increased exposure to severe illness and death.
- They had limited access to behavioral health care.

(U) As a result of the personnel shortages and staff burnout, officials reported that MTFs faced staff resignations, and MTF patients encountered delays in receiving care and increased safety risks.

(U) Recommendations

(U) We recommend that the Assistant Secretary of Defense (Health Affairs):

- develop DoD policy to include maximum consecutive hours to be worked, maximum shifts per week, and coverage of duties when absent, for Military Health System staff to reduce the physical impacts leading to fatigue and burnout, and
- direct a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report.³

(U) We recommend that the Director of the Defense Health Agency:

- establish a working group to address the staffing challenges identified by MTFs during this evaluation,
- establish the manpower requirements for the COVID-19 mission within the MTFs, and
- identify the medical personnel requirements within the MTFs needed for future long-term pandemic response and biological incidents.

(U) Management Comments and Our Response

(U) The Senior Executive performing the duties of the Assistant Secretary of Defense for Health Affairs agreed to develop policy to address staff burnout and fatigue within MTFs and support the working group efforts to track implementation of recommendations contained in the Military Health System COVID-19 After Action Report. The Senior Executive's comments partially addressed the recommendations; he did not provide the specific actions he plans to take to establish maximum hours to be worked by Military Health System staff to reduce fatigue and burnout, or to direct a working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report. Therefore, the recommendations are unresolved.

(U) The Senior Executive also partially agreed with the recommendation to address the staffing challenges identified by MTFs during this evaluation. The Senior Executive's comments did not fully address the specifics of the recommendation; therefore, the recommendation is unresolved.

(U) Finally, the Senior Executive did not agree to establish the manpower requirements within the MTFs for the COVID-19 mission and future long-term pandemic response and biological incidents. The Senior Executive's comments did not fully address the specifics of the recommendation; therefore, the recommendation is unresolved.

(U) We request that the Assistant Secretary of Defense for Health Affairs and the DHA Director provide additional comments on planned actions to address the recommendations in response to the final report.

(U) Please see the Recommendations Table on the next page for the status of recommendations.

³ (U) "Military Health System COVID-19 After Action Report, April 2020-January 2021," January 25, 2021.

(U) Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Assistant Secretary of Defense (Health Affairs)	B, C	None	None
Director, Defense Health Agency	A.1.a, A.1.b, A.1.d, A.2.a, A.2.b	A.1.c	None

Please provide Management Comments by May 5, 2022.

Note: The following categories are used to describe agency management's comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – DoD OIG verified that the agreed upon corrective actions were implemented.

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**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

April 5, 2022

(U) MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY

(U) SUBJECT: Evaluation of Department of Defense Military Medical Treatment Facility
Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic
in Fiscal Year 2021 (Report No. DODIG-2022-081)

This final report provides the results of the DoD Office of Inspector General's evaluation. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

This report contains recommendations that are considered unresolved because the Senior Executive performing the duties of the Assistant Secretary of Defense for Health Affairs did not agree or did not fully address the recommendations presented in the report. Therefore, as discussed in the Recommendations, Management Comments, and Our Response section of this report, the recommendations remain open. We will track these recommendations until an agreement is reached on the actions that you will take to address the recommendations, and you have submitted adequate documentation showing that all agreed-upon actions are completed.

DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed on the unresolved recommendations. Send your response [REDACTED] if classified SECRET.

If you have any questions or would like to meet to discuss the evaluation, please contact [REDACTED]. We appreciate the cooperation and assistance received during the evaluation.

A handwritten signature in black ink, appearing to read "J. DuBinok", is located below the text.

Jefferson L. DuBinok
Acting Assistant Inspector General
Programs, Combatant Commands, and
Overseas Contingency Operations

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(U) Introduction

(U) Objective

(U) The objective of this evaluation was to determine the challenges and concerns encountered by medical personnel working at DoD Military Medical Treatment Facilities (MTF) during the coronavirus disease–2019 (COVID-19) pandemic.

(U) For this evaluation, we defined the following terms.

- Challenge: something that is impeding the ability of MTF medical personnel to perform daily or required duties currently and up to 90 days from now.
- Concern: a potential or predicted challenge 91 days to 1 year from now.

(U) Background

(U) COVID-19 is an infectious disease that can cause a wide spectrum of symptoms. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic. A pandemic is a global outbreak of a disease that can infect people and spread between people sustainably. On March 13, 2020, the President of the United States declared the COVID-19 outbreak an emergency. As of January 26, 2022, according to the Centers for Disease Control and Prevention COVID data tracker, total cumulative COVID-19 cases in the United States exceeded 72 million, with 873,957 COVID-19–related deaths.

(U) *Military Health System*

(U) According to the Defense Health Agency (DHA) website, the Military Health System (MHS) is a worldwide network of DoD and private hospitals and clinics that serves 9.6 million U.S. Service members, their families, and military retirees. The MHS operates with two systems: a direct care system consisting of 49 military hospitals, 465 clinics, and 192 dental clinics owned by the DoD; and a purchased care system, which provides health care through networks of civilian providers operated by civilian managed care support contractors.⁴

(U) *Military Health System Transition*

(U) Section 702 of the FY 2017 National Defense Authorization Act (NDAA) and sections 711 and 712 of the FY 2019 NDAA require that the Military Departments transition the administration of 450 MTFs to the DHA for the purpose of implementing an integrated system of readiness and health. The Deputy Secretary of Defense

⁴ (U) The MTF clinic count includes occupational health, community-based, embedded behavioral health, active duty troop, centers of excellence, and joint DoD–Department of Veterans Affairs (VA) clinics, and excludes leased or contracted facilities and aid stations. MTF counts are those projected for FY 2021.

(U) paused the MHS transition from April 2, 2020, through November 9, 2020, due to COVID-19–related factors. The transition is conditions based, and involves four milestones before its completion. The first three milestones are the certification, establishment, and optimization of an intermediate management-level entity, known as the market, to oversee, manage, and provide authority and control over a given set of MTFs.⁵ The last milestone is the MTF transfer, which will occur only after each market is established and will transfer MTF Military Department civilian personnel, property, and systems from the Military Department to the DoD. However, active duty Service members assigned to the DHA mission will remain the responsibility of their respective Military Departments.

(U) As of September 30, 2021, the DHA had established all of the DHA markets in the United States, assuming authority, direction, and control of the MTFs in those markets. However, the Military Departments continue to support MTF operations for MTFs that have not yet transferred, including support to MTF civilian personnel, through direct support relationships with the DHA. Additionally, until the MTFs are fully transitioned to the DHA, manpower levels at the MTFs are determined by their Military Departments. If MTF manpower requirements exceed their approved allocation, the MTF officials submit the additional requirements to their Military Departments for review and approval. As of October 19, 2021, only 2 MTFs had completed the transfer of civilian personnel to the DHA, and only 1 of the 450 transitioning MTFs had fully completed the administrative alignment of personnel, property, and systems from the Military Department to the DHA.

(U) Military Health System Roles and Responsibilities

(U) On November 9, 2020, the Secretary of Defense issued guidance stating that the Military Departments are responsible for readiness, giving the Military Departments the “unilateral authority to deploy military medical personnel from the MTFs to support wartime and related operational missions with feasible notice to the DHA.”⁶ The DHA is responsible for exercising authority, direction, and control over each MTF, ensuring the delivery of health care using both the MTFs and private sector care. While the Military Departments are responsible for identifying the clinical workload required to maintain the readiness of their medical personnel at the MTFs, the DHA is responsible for providing sufficient workload at the MTFs to maintain the clinical and non-clinical requirements of medical personnel within the Military Departments to accomplish the deployed

⁵ (U) “Market” is a group of MTFs or clinics in a single geographic area working together with the TRICARE network. A market is led by a market office, operating as a system by sharing patients, staff, and budget.

⁶ (U) Office of the Secretary of Defense Memorandum, “Guidance on Military Medical Health System Reform,” November 9, 2020.

(U) mission. In sum, the Military Departments are responsible for identifying the requirements for ensuring the medical readiness of their Service members, and the DHA is responsible for meeting those requirements.

(U) Military Health System Funding

(U) Congress traditionally appropriates funding annually for the MHS, including the Defense Health Program (DHP). In addition to \$34.4 billion appropriated to the DHP for FY 2020 to carry out the functions of DoD medical and health care programs, Congress appropriated \$3.8 billion to the DHP through the Coronavirus Aid, Relief, and Economic Security Act on March 27, 2020, to prevent, prepare, and respond to the COVID-19 outbreak.⁷ Congress also appropriated \$82 million to the DHP through the Families First Coronavirus Response Act passed by Congress on March 18, 2020, to provide health care services in response to the COVID-19 pandemic. These DHP funds were centrally held at the DHA and distributed to the Surgeons General of the Military Departments for distribution to the MTFs according to the DHA Budget Execution Guidance.

(U) For FY 2021, Congress appropriated \$34.1 billion for the DHP to carry out the functions of DoD medical and health care programs, but no additional DHP funding was allocated for responding to the COVID-19 pandemic. As of September 30, 2021, \$223 million in funds received under the Coronavirus Aid, Relief, and Economic Security Act and the Families First Coronavirus Response Act of March 2020 remain available to the MHS components until September 30, 2022.

(U) DoD Support to Global Missions and the National COVID-19 Pandemic Response

(U) As part of the whole-of-government response to the COVID-19 pandemic, U.S. Army North, which is the U.S. Northern Command's Joint Force Land Component Command, has been overseeing the DoD's COVID-19 response operations in support of the Federal Emergency Management Agency and the Department of Health and Human Services since March 2020. According to U.S. Army North's website, as of October 2021, over 4,700 military medical personnel supported 83 hospitals in 62 cities, and over 5,100 military medical and support personnel supported 48 vaccination sites in 42 cities. In 2021, the DoD also supported Operation Allies Refuge and Operation Allies Welcome.⁸ Senior officials from

⁷ (U) The DHP budget is a sub-account of the MHS budget. The MHS budget includes Operations & Maintenance (DHP), military personnel, military construction, and Medicare health care accrual contributions.

⁸ (U) Operation Allies Refuge involved support to the Commander of the U.S. Northern Command as well as the Department of State on or about July 29, 2021, to meet Special Immigrant Visa parolee health care requirements. Operation Allies Welcome involved support to the Commander of the U.S. Northern Command as well as the Department of Homeland Security to meet Special Immigrant Visa and vulnerable Afghans' health care requirements.

(U) the U.S. Army Medical Command and Air Force Medical Service provided us information showing that they articulated the risks to Military Service senior leadership of using MTF military staff to support Service-directed deployments.

(U) Prevention and Reduction of Burden Through Vaccination

(U) The Centers for Disease Control and Prevention states that COVID-19 vaccines are effective at reducing the risk of COVID-19 infections, including the risk of serious illness and death. On August 23, 2021, the Pfizer-BioNTech COVID-19 vaccine, now marketed as Comirnaty, received full approval by the U.S. Food and Drug Administration for the prevention of COVID-19 in individuals age 16 and older. As of January 3, 2022, Comirnaty is the only vaccine to receive full approval by the U.S. Food and Drug Administration for the prevention of COVID-19 in individuals age 16 and older.

(U) On August 24, 2021, the Secretary of Defense required Service members to get fully vaccinated.⁹ In response, each Military Service established vaccination deadlines for its Service members. According to the Secretary of Defense memorandum, Service members are considered fully vaccinated 14 days after receiving a second dose of Pfizer-BioNTech or Moderna's two-shot vaccine, or 14 days after a single dose of Johnson and Johnson's Janssen vaccine.¹⁰ Table 1 shows the Military Service vaccination deadlines for active duty Service members and COVID-19 vaccination rates as of January 11, 2022.

(U) Table 1. Military Service COVID-19 Vaccination Deadlines and COVID-19 Vaccination Rates as of January 11, 2022

Military Service	Deadline established for vaccination	Active duty Service members fully or partially vaccinated (Percent)
Army	December 15, 2021	97.0
Navy	November 28, 2021	98.1
Marines	November 28, 2021	96.7
Air Force*	November 2, 2021	97.7

* Space Force data are accounted for in the Air Force.

(U) Source: Army, Navy, and Air Force vaccination data from those Services' official websites, and Marine Corps data from the Navy and Marine Corps Public Health Center SharePoint.

⁹ (U) Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members," August 24, 2021.

¹⁰ (U) COVID-19 vaccines authorized for Emergency Use or FDA-approved are Pfizer-BioNTech COVID-19 Vaccine manufactured by Pfizer, Incorporated, and BioNTech, Moderna COVID-19 Vaccine manufactured by ModernaTX, Incorporated, and Janssen COVID-19 Vaccine manufactured by Janssen BiotTech, a Janssen Pharmaceutical Company of Johnson & Johnson. Comirnaty is the brand name for the Pfizer-BioNTech COVID-19 vaccine approved for individuals ages 16 years and older.

(U) Pandemic Preparedness Strategy

(U) The NDAA for FY 2021, section 732, “Department of Defense pandemic preparedness,” states: “The Secretary of Defense shall develop a strategy for pandemic preparedness and response,” which includes “reviewing the frequency of each exercise conducted by the Department, a military department, or Defense Agency that relates to a pandemic or severe influenza season or related force health protection scenario.”¹¹

(U) On November 1, 2021, the Secretary of Defense issued his biodefense vision, which states that the DoD will prioritize biodefense across the full spectrum of biological threats, from naturally occurring to accidental and deliberate biological incidents.¹² The Secretary of Defense directed the Under Secretary of Defense for Policy and the Under Secretary of Defense for Acquisition and Sustainment to co-lead a comprehensive Biodefense Posture Review, which will assess the biological threat landscape and establish the DoD’s approach to biodefense, including clarifying biodefense priorities, roles, responsibilities, authorities, capabilities, and posture. The memorandum states that every DoD component is expected to play a constructive role in the review.

¹¹ (U) H.R. 6395, “National Defense Authorization Act for Fiscal Year 2021,” January 3, 2020.

¹² (U) Secretary of Defense Memorandum, “Biodefense Vision,” November 1, 2021.

(U) Finding A. Military Medical Treatment Facility Officials Reported Challenges

(U) MTF Officials Reported Challenges Related to Staffing and Manpower Shortages

(U) Officials from 26 of 30 MTFs reported staffing and manpower shortages as the most serious challenges currently encountered by medical personnel working at the MTFs during the COVID-19 pandemic.¹³ MTF officials stated that the staffing challenges were not a direct result of the COVID-19 pandemic, but have been compounded by a combination of increased workload and decreased staff due to the MTFs' COVID-19 pandemic response, support for the national COVID-19 pandemic response, and support for global missions.¹⁴ MTF officials further reported that the additional requirements over the course of the pandemic were cumulative and adversely affected health care providers and clinical staff. See Appendix B for a list of all of the most serious challenges reported by the MTF officials. MTF officials specifically highlighted the following challenges related to staffing and manpower:

- competing demands for MTF staff due to the MTF COVID-19 pandemic response, support for the national COVID-19 pandemic response, and support for global missions;
- difficulty recruiting MTF staff; and
- MTF staff testing positive for COVID-19 or coming in close contact with someone with COVID-19.

(U) According to MTF officials, DoD-directed military medical personnel cuts, planned before the pandemic began, led to staffing shortages during the pandemic. Although the personnel cuts are on pause, MTF officials stated that the positions originally planned for reduction were not filled after the Service members left the MTF. Additionally, MTF officials from the Army and Navy stated that, prior to the pandemic, some MTF medical positions were moved or realigned to units outside the MTF, making those personnel unavailable to the MTF during the

¹³ (U) According to Chairman of the Joint Chiefs of Staff Instruction 4320.01E, "Requirement Authorization Documents for Joint Organizations, Joint Task Forces, Standing Joint Force Headquarters, and Other Joint Organizations," August 21, 2014, staffing is authorized under the Joint Manpower Program, which consists of the Joint Table of Distribution (peacetime footing) and Joint Table of Mobilization Distribution (wartime footing).

¹⁴ (U) For this evaluation, we defined three categories of mission support. MTFs' COVID-19 pandemic response included support for COVID-19 testing, vaccinations, contact tracing, and acute respiratory clinics. National COVID-19 pandemic response included support for the Federal Emergency Management Agency missions and deployments within the United States. Global missions included support for Operation Allies Refuge, Operation Allies Welcome, and deployments overseas.

(U) pandemic. Officials from 28 of the 30 MTFs said they encountered competing demands between normal health care delivery, the MTFs' COVID-19 pandemic response, support for the national COVID-19 pandemic response, and support for global missions.

(U) As a result of staffing and manpower shortages, the remaining medical personnel working at DoD MTFs during the COVID-19 pandemic faced the risk of staff burnout and fatigue, which could increase the risk to patient safety. Additionally, to mitigate MTF staffing and manpower shortages, the MTFs reduced other health care services, which could delay medical care for patients or lead to referrals to network providers who also have long delays for care. Reduced health care services at the MTFs also reduced medical staff training, which could decrease medical readiness.

(U) MTFs Reported That the MTF COVID-19 Response Competed With the MTFs' Health Care Mission for Staff

(U) MTF officials stated that the mission to provide staff in response to the COVID-19 pandemic resulted in other staff shortages at the MTFs. Officials at multiple MTFs stated that they set up COVID-19 testing sites, vaccination sites, and an acute respiratory clinic, which did not exist before the pandemic and which required medical staff. MTF officials stated that the staff required to meet the continued MTF COVID-19 pandemic response missions were taken from existing MTF staff, and all of these new COVID-19 work sites required medical personnel from the MTFs. MTF officials further stated that providing COVID-19 testing and vaccinations created an additional administrative burden that the MTFs lacked dedicated staff to perform, resulting in the use of existing staff to perform these duties. An official from one MTF stated that COVID-19 testing in support of Operation Allies Refuge required MTF lab staff, patient administration staff, and providers to work 12-hour shifts to enable 24-hour operations.

(U) Officials from 11 of the 30 MTFs reported staffing challenges caused by the new requirement to conduct contact tracing for each COVID-19 positive test result. For example, one MTF official stated that the contact tracing requirement led to a 7-day-a-week operation due to the complex and arduous task of tracing each positive case. Another MTF official stated that the MTF did not have enough staff to do public health work, such as contact tracing, and was unable to effectively track individuals who had contact with COVID-19-positive patients. Additionally, an MTF official stated that the contact tracing team conducted many interviews on weekends, leading to 16- or 17-hour days for the corpsmen.

(U) Officials at one MTF provided the results of their medical unit's Defense Organizational Climate Survey administered during the pandemic, which showed respondents have a 48 percent favorability rating of the medical unit's operational processes. One individual who completed the survey described the conflict between the normal workload of providing health care and the COVID-19 operations.

(U) I strongly dislike that we are back to normal ops given the fact that we are going through a pandemic, there is an added work load due to COVID, and we are still expected to do our normal workload. We are expected to work long hours, weekends, holidays and etc. We are stretched thin and exhausted, if we complain we are seen as lazy and don't want to do our job, what makes it worst is the leadership does not know what they want to prioritize and keeps flip flopping between COVID ops and normal ops. We don't have the manpower to do what is needed. We cannot sustain normal ops while there is uptick in cases on and off base. When the ones who you depend on most during this pandemic cannot function and do their job due to work stress and being burnt out, (leadership) knew that this has been a problem and still let it continue.

(U) MTFs Reported That the National COVID-19 Response and Global Missions Also Competed for MTF Staff

(U) According to MTF officials, MTF staff members were repeatedly tasked to support missions outside the MTFs and, as a result, MTFs did not have the resources needed to support the day-to-day mission to care for MTF beneficiaries. An MTF official stated that personnel cannot meet all mission requirements, so they must prioritize what is important; however, all the missions are no-fail missions. For example, the official stated that the MTF sent personnel to support the USS Kidd, which limited the MTF's ability to provide care to active duty Service members and families.

(U) Officials from one MTF reported a lack of coordination between the Services and the DHA about missions that diverted personnel from the MTF. The officials stated that the DHA did not know about all the missions that diverted personnel from the MTF.

(U) MTF officials also reported challenges with deployment of medical personnel in support of Afghanistan missions. Officials from one MTF reported that due to their support of the Afghanistan mission, they were able to staff only 7 of their 16 intensive care unit beds and there were no available intensive care unit beds in the local provider network. An official at an overseas MTF stated that MTF personnel are responsible for vaccinating Afghan refugees as part of Operation Allies Welcome. The official stated that the combination of the COVID-19, Operation Allies Welcome,

(U) and Operation Allies Refuge missions has limited beneficiaries' access to health care at the MTF. The official further stated that due to its support for the Operation Allies Welcome mission, the MTF would not be able to deal with another pandemic wave.

(U) MTF officials interviewed at 23 of the 30 MTFs reported challenges receiving backfills (military Reserve substitutes) to replace personnel who were deployed from the MTF.¹⁵ MTF officials provided documents showing requests for backfills were denied. In one case, an MTF requested 38 backfills and received approval for only one. In another case, the MTF requested eight reservists and all of the requests were denied.

(U) MTFs Reported That Recruiting Staff Was a Challenge

(U) Officials we interviewed at two-thirds of the MTFs reported difficulty with recruiting and hiring civilian medical staff because, they stated, salaries are too low, especially for nurses. For example, one MTF official stated that the MTF faced bidding wars for respiratory therapists and critical care nurses that it could not win, even before the pandemic. Another official stated that recruiting is a big challenge because the MTF location is an expensive area to live in and the salaries offered for civilian and contractor jobs are not competitive. Multiple MTF officials also stated that the General Schedule grade levels for recently graduated nurses, established in accordance with Office of Personnel Management guidelines, were too low to enable the MTFs to compete for nurses in the hiring market. An Army Medical Command official stated that the command has proposed updates to the DoD unique qualifications requirements for nurses since the Office of Personnel Management qualifications update in 2017; however, the issue has not been resolved.

(U) MTF officials also reported that a lack of funding inhibited their ability to hire more civilian and contract personnel in FY 2021. One official stated that the official's MTF needs flexibility in how to spend its money to meet total staffing requirements. An official from another MTF stated that each MTF was left on its own to get contractors with baseline budget funding and did not receive additional funding. The topic of funding available to the MTF is discussed in further detail in the section, "The Defense Health Agency Does Not Have Manpower Standards for the MTF's COVID-19 Mission."

¹⁵ (U) According to Joint Publication 4-05, "Joint Mobility Planning," October 23, 2018, backfill is Reserve Component units and individuals recalled to replace deploying active units and individuals.

(U) MTF officials also attributed hiring and recruiting challenges to a long and delayed hiring and onboarding process. A DHA official stated that there is a nine-step hiring process for civilian employees. MTF officials stated that the process for hiring civilians is extremely cumbersome and can take 6 to 12 months. One MTF official stated that the civilian sector can hire qualified applicants immediately at a job fair and onboard them in days; in contrast, the Government hiring process may take months. Further, another MTF reported that the earliest it could complete a hiring action before the COVID-19 pandemic was 7 months, but during the pandemic it takes 12 months.

(U) MTFs Reported Challenges With Loss of Staff From Covid-19 Exposure

(U) MTF officials stated that MTF personnel who tested positive for COVID-19 contributed to staffing shortages because of the loss of those staff members for 14 or more days.¹⁶ An MTF official at a small hospital stated that if one of its specialty providers contracted COVID-19, the MTF would have to request backfill from higher headquarters or offload those services to the purchased care system. For example, the official stated that a pediatrician at the hospital had recently tested positive for COVID-19. The hospital quickly received additional personnel from Naval Medical Forces Pacific, but the loss of a pediatrician at a small hospital could have been a significant safety concern because all labor and delivery patients require a pediatrician to be present. The official further stated that one member in the lab was positive for COVID-19 and two close contacts were also placed on restriction of movement.¹⁷ An official from another MTF stated that nearly everyone has had to work extra shifts because of colleagues who contracted COVID-19 or came in close contact with someone with COVID-19.

¹⁶ (U) According to the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 18)—Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Coronavirus Disease 2019 Pandemic," March 17, 2021, asymptomatic, non-immunized personnel with potential exposure to COVID-19 should not return to the workplace until they have a confirmed negative COVID-19 test or following the appropriate self-quarantine period (for example, 14 days starting on the last day traveling or starting on the date on which close contact occurred). "Close contact" means a person has spent more than a total of 15 minutes in a 24-hour period within 6 feet of a COVID-19–infected individual.

¹⁷ (U) According to DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) Within the DoD," March 28, 2019, restriction of movement is defined as limiting movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to, from, or on a military installation; isolation; quarantine; and conditional release.

(U) MTF Officials Reported Multiple Impacts of Challenges Related to Staffing and Manpower Shortages

(U) MTF officials reported multiple, significant impacts related to the challenges of staffing and manpower shortages during the COVID-19 pandemic, including reduced beneficiary access to care, increased patient safety risks, and staff unable to receive necessary training. During our interviews with senior leaders at the 30 MTFs, we asked, “What is the impact of each challenge?” The MTF officials identified the following impacts.

- (U) *Reduced health care services at the MTF.* MTF officials stated that they had to reduce MTF operations and decrease the number of patients they could see. For example, one official stated that the MTF had to reduce inpatient bed capacity because staff members were on deployments or temporary duty assignments. Other hospitals in the area were full, causing patients to wait in the emergency department for 6 hours to be transferred. Another MTF official stated that medical technicians were primarily tasked to perform COVID-19–related duties and, as a result, there were not enough technicians to staff the clinics in the MTF.
- (U) *Patient referrals to the civilian network.* DHA officials stated that TRICARE network support contractors could adjust network services to compensate for any changes in MTF capabilities; however, MTF officials still identified challenges and impacts to patients when referring to network providers. One MTF official stated that the level of health care provided in the network depended on the local community’s health care system, and there were especially long delays for specialty care. The official stated that staffing shortages led to referrals for active duty Service members, which could decrease readiness because Service members have to wait for care in the network. Another MTF official stated that sending patients to the network required patients to travel 1.5 to 3 hours to receive care. At this MTF, active duty trainees who are referred to the network must be accompanied by another trainee and a drill sergeant, further reducing active duty readiness.

(U) Additionally, officials at multiple MTFs expressed challenges obtaining complex care for their patients in the civilian network. For example, an official stated that an MTF had to fly several patients to a Navy hospital with an intensive care unit for obstetrical care because the local community could not support the patients. An official at another MTF stated that, if a patient transfer was needed prior to the COVID-19 pandemic, the MTF could typically find a bed in the civilian network. However, because the civilian network was also stressed

(U) due to COVID-19, the MTF had to fly a COVID-19 patient who needed extracorporeal membrane oxygenation to another military medical center. The official stated that there are limited resources during a Critical Care Air Transport flight, and to justify the risk during transport the medical personnel try to transfer only patients who require a higher level of care.¹⁸ Officials from another MTF stated that a patient seen in the emergency department required a higher level of care than what was available at the MTF. The emergency department physician contacted multiple local hospitals seeking to transfer the patient, but none had an available bed. The patient died before transfer to the nearest military medical center could occur.

- ~~(CUI)~~ *Delayed medical care.* MTF officials stated that a reduction in MTF services sometimes delayed patient care. For example, one MTF reported that a retired Service member's colonoscopy was delayed when an MTF physician was deployed, and when the colonoscopy was finally performed, the patient had invasive colon cancer. The MTF official stated that the diagnosis was delayed due to staffing challenges and delayed colonoscopy screening capabilities. [REDACTED]

- ~~(CUI)~~ *Reduced staff training.* An official at one MTF stated that a reduction in the volume of surgical patients during the pandemic has decreased the ability of health care professionals to stay current with their clinical skills. Members of the surgical staff depend on the MTFs for training and clinical currency to maintain their readiness. [REDACTED]

- (U) *Staff burnout and fatigue.* Officials at 8 of the 30 MTFs stated that "staff burnout and fatigue" was one of their most serious current challenges. An MTF official stated that he had two Airmen break down

¹⁸ (U) A Critical Care Air Transport Team is a highly specialized and uniquely skilled three-person medical team that augments standard aeromedical evacuation crew members and turns an aircraft into a flying intensive care unit.

¹⁹ (U) The Joint Commission accredits and certifies health care organizations and programs in the United States, including hospitals and health care organizations that provide ambulatory and office-based surgery, behavioral health, home health care, and laboratory and nursing care center services.

(U) According to DHA Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 2: Patient Safety," August 29, 2019, The Joint Commission's sentinel event is a patient safety event (not related to the natural course of illness or underlying condition) that reaches the patient and results in death, permanent harm, or severe temporary harm. Severe temporary harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual but requires transfer to a higher level of care or monitoring and additional surgery, procedure, or treatment to resolve.

(U) in the middle of the lab and three Airmen cry in his office because they were overworked. Another MTF official stated that the nurses are “burning at both ends across the board.” An official from another MTF stated that inpatient staffing shortages caused active duty Service members to work extra duty hours to cover the workload, leading to more burnout, turnover, and reporting thoughts of suicide. Officials from another MTF provided us four examples of MTF staff who received mental health services due to workload stressors. Staff burnout and fatigue, discussed further in Finding B, is also the most serious future concern reported by MTF officials.

- ~~(CUI)~~ *Increased risk to patient safety.* MTF officials stated that patient safety incidents have increased and that insufficient and overworked staff could compromise the quality of care. One MTF official stated that people have a higher chance of making mistakes when they are overworked, distracted, and stressed. One MTF official highlighted an increase in respiratory therapists’ workload that exceeded safety standards.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].²⁰

(U) An MTF official provided the laboratory data in Table 2 that indicate the impact of a substantial increase in workload and decrease in staffing and the resulting numbers of identified safety issues. The amount of lab tests performed from August 2020 through August of 2021 almost doubled. The quantity of COVID-19 tests performed increased by over six times during that period. Patient safety issues occurred almost three times as often. Meanwhile, staffing decreased by 20 percent over the same period that work demands increased. Another official stated that the Service members were expected to produce the same quality results with more work and fewer people.

²⁰ (U) According to DHA Procedures Manual 6025.13, “Clinical Quality Management in the Military Health System, Volume 2: Patient Safety,” August 29, 2019, a Comprehensive Systematic Analysis is a thorough, credible, and acceptable analysis following a patient safety event that seeks to identify system vulnerabilities so that they can be eliminated or mitigated in a sustainable manner to prevent reoccurrence.

(U) Table 2. MTF-Provided Lab Workload, Staffing, and Safety Issues at One MTF

	Lab Tests Performed	COVID Tests Performed	Safety Issues	Staffing
AUG 20	8424	416	8	25
SEP 20	10443	444	7	24
OCT 20	10971	504	4	24
NOV 20	9305	398	2	24
DEC 20	8806	769	3	26
JAN 21	10515	1805	16	22
FEB 21	10162	1158	12	24
MAR 21	11875	1862	18	22
APR 21	11263	1590	12	22
MAY 21	11380	1778	12	19
JUN 21	12123	2136	17	19
JUL 21	13875	2209	18	19
AUG 21	15299	2600	23	20

Source: Data from an MTF official on the MTF's clinical laboratory workload and safety statistics from August 2020 through August 2021.

(U) MTF Officials Suggest Hiring Improvements, Unity of Command, and a Strategy for Staffing Requirements

(U) During our interviews with the senior leadership at the 30 MTFs, we asked, "What can the DoD do to resolve each challenge?" The MTF officials provided the following ideas.

- *Establish unity of command or unity of effort.* One MTF official stated that there should be a central decision authority with the knowledge of the individual staff and large group deployment requests coming from the Services. Another MTF official compared the COVID-19 mission to incidence management wherein there is a single incidence commander; however, the official stated that this does not exist for the COVID-19 mission.
- *Develop a manpower strategy for the personnel required for the COVID-19 mission.* MTF senior officials stated that they need additional contract money, civilian personnel, or Guard and Reserve personnel to quickly fill gaps in professional health care staffing. Another MTF official stated that the DoD should develop a way to support the MTFs by bringing medical assets that do not work at the MTFs back to the MTF when the MTF is surging. MTF officials stated that the DoD should establish contracts for COVID-19 testing and contact tracing, or, alternatively, look at technical solutions to improve contact tracing. One MTF official stated that they formed a medical team dedicated to the MTF COVID-19 mission with team members who are treated as if they are deployed-in-place for 90 days, but they are still assigned to the MTF. The official stated the medical team allowed the MTF to maintain consistency, continuity, and skills and

maximize the efficiency of its staff. The MTF official stated that another MTF planned to implement this program and suggested this as something the DoD should consider for long-term pandemic planning.

- *Reassess the TRICARE network.* An MTF official stated that the Military Health System should reassess the adequacy of the TRICARE network and determine how much capacity is required at the MTF to support the population. A senior Army official stated that there is an assumption that the DHA can outsource workload to the TRICARE network when uniformed personnel are deployed, but this is a challenge when the civilian community is also struggling and there is no “release valve” to the network.
- *Improve civilian and contract hiring.* MTF senior officials stated that the DoD needs to speed up the processes for civilian hiring, firing, and on-boarding. Officials at one MTF stated that onboarding new personnel was challenging during the pandemic due to the inability to obtain IDs for new staff because no one was working in-person at the Pass and ID office. The officials suggested that the DoD look at the mission force health protection posture for the Pass and ID office personnel. MTF officials also stated that they need timely, effective, and responsive contracting, including temporary contracts, to support both normal operations and surge capabilities.

(U) The Defense Health Agency Does Not Have Manpower Standards for the MTFs’ COVID-19 Mission

(U) MTF officials stated that the staffing required to complete the COVID-19 mission at the MTFs comes from personnel who already have a health care delivery mission in the MTFs. According to MTF officials, the COVID-19 mission within the MTFs included COVID-19 testing, vaccinations, contact tracing, and acute respiratory clinics. MTF officials further stated that the additional personnel required for the COVID-19 mission is not accounted for in standard manning documents and projections. In a response from an MTF Commander to a major command Surgeon General, the MTF Commander stated, “Our manning on paper looks fine. It’s our un-resourced mission that has grown significantly.” The MTF Commander further stated that the MTF’s mission is severely stretched due to an un-resourced, high-volume COVID-19 mission.

(U) According to DHA officials, the DHA does not have manpower standards for the COVID-19 mission within the MTFs. DHA officials also stated that manpower standards are normally not built for a surge workload, which is expected to be relatively short-term.

(U) Since the COVID-19 pandemic has been going on for 21 months as of December 2021, and the end is still unknown due to new variants of the virus, we determined that the COVID-19 mission is no longer short term, so there should be a plan to meet the increased workload demand. As one MTF official stated in September 2021, medical personnel have been “sprinting for 18 months.” Furthermore, we determined that establishing manpower standards for the COVID-19 mission within the MTFs could help the DoD identify the MTF medical personnel requirements for future long-term pandemic response and biological incidents.

(U) MTF officials also reported that a lack of funding inhibited their ability to hire more civilian and contract personnel in FY 2021. We found that as of September 30, 2021, \$223 million received under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the Families First Coronavirus Response Act of March 2020 remain available for the MHS components to use until September 30, 2022. DHA officials stated that the DHA distributed the funds to DHP comptrollers and advised the comptrollers to keep track of their unobligated balances. According to DHA officials:

(U) CARES Act funding guidance require[s] Components to fully describe their requirement and how the funding will be used to prevent, prepare for, or respond to coronavirus domestically or internationally. Unless expressly provided for in the CARES Act, amounts in the supplemental are not available to cover pre-existing funding shortfalls, or growth in such shortfalls, that would have continued regardless of COVID-19.

(U) Although MTF officials stated that staffing challenges pre-dated the pandemic, we determined that MTF officials can use CARES Act funding for medical personnel if the CARES Act funding guidance is met. We determined that having manpower standards for the COVID-19 mission within the MTFs could delineate COVID-19 manpower requirements from requirements un-resourced before the COVID-19 pandemic.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation A.1

(U) We recommend that the Director of the Defense Health Agency, in conjunction with the Secretaries of the Military Departments, establish a working group to address the staffing challenges identified by Military Medical Treatment Facilities during this evaluation. The working group should establish milestones to:

- a. Streamline the hiring process to allow Military Medical Treatment Facilities to more quickly fill civilian staffing positions.

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of the Assistant Secretary of Defense for Health Affairs, responding for the DHA Director, partially agreed with the recommendation. The Senior Executive stated that provider credentialing occurs at the MTF and that the DHA is working to centralize the credentialing and privileging capabilities to enable a more streamlined approach to onboarding contractor personnel. The Senior Executive stated that the DHA took the following actions during the COVID-19 response to decrease the time required to on-board contractor personnel: 1) reviewed the time-to-hire process, as defined by the U.S. Office of Personnel Management, and will implement improvements to DHA processes to streamline the hiring process; 2) authorized the waiver of credentialing and privileging of contractor personnel, when critically necessary; and 3) used similarly scoped task orders, rather than write new task orders, to make new purchases.

(U) Our Response

(U) The Senior Executive partially addressed the recommendation; therefore, the recommendation is unresolved. The intent of this recommendation is for the DHA to assess the hiring process for General Schedule civilian personnel at the MTF and identify actions the DHA can take to improve the hiring process. The Senior Executive stated that during the COVID-19 response, the DHA took actions to decrease the time to onboard contractor personnel; however, it appears that one of the actions identified would apply only to General Schedule civilian personnel. The DHA's response does not explicitly state whether the actions it took during the COVID-19 response to reduce the time it takes to onboard contractor personnel also applied to civilian employees.

(U) We request that the DHA Director provide additional comments on the final report to clarify whether the identified actions apply to General Schedule civilian personnel and to provide the status of the implementation of the identified actions. We further request that the DHA Director provide a response to the recommendation to establish a working group to assess the hiring and onboarding process and milestones to streamline the hiring process.

- b. Determine if salaries for Military Medical Treatment Facility civilian nurses are commensurate with each facility's local market and if MTFs are able to hire nurses at those salaries. For locations where MTF salaries are not commensurate with the local market, take appropriate actions that will reduce the disparity in those markets.**

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of the Assistant Secretary of Defense for Health Affairs, responding for the DHA Director, partially agreed with the recommendation. The Senior Executive stated that the DHA will direct subordinate organizations to submit requests for special salary rates for specified locations to determine if salaries for MTF civilian nurses are commensurate with the local market and that the DHA will authorize local MTFs to leverage all available incentives to acquire the best talent. The Senior Executive also stated that MTF personnel determine appropriate salary ranges and that the Medical Q-coded Service contracts allow for negotiation of salary at the task order level.

(U) Our Response

(U) The Senior Executive partially addressed the recommendation; therefore, the recommendation is unresolved. The intent of this recommendation is for the DHA Director to assess nurse salaries at all MTFs relative to nurse salaries in the local market and to determine if salaries for MTF civilian nurse salaries are commensurate with the local market. It is not clear from the DHA response if, by directing subordinate organizations to submit special salary rates for specified locations, that the DHA will obtain salary information for all MTFs and corresponding local markets, or only a subset of MTFs. It is also not clear whether the DHA will assess the special salary rates proposed by the MTFs to determine if the special salary rate is commensurate with the local market rates. We request that the DHA Director clarify whether he will obtain salary information for all, or a subset, of MTFs and local markets. If the DHA Director only plans to obtain information from a subset, we request he provide the selection criteria for that subset. We also request that the DHA Director provide additional comments to the final report on planned actions to establish a working group to determine if

(U) salaries for all MTF General Schedule civilian nurses are commensurate with the local market and, if not, take appropriate actions that will bring the salaries of MTF civilian nurses into alignment with those of nurses employed in the local market.

- c. **Establish a central authority with the knowledge of the Services' requests for individual and large group deployments of medical staff coming out of Military Medical Treatment Facilities and the associated risks to health care delivery.**

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of Assistant Secretary of Defense for Health Affairs, responding for the DHA Director, partially agreed with the recommendation. The Senior Executive stated that the DHA established the J-3/5/7 as the central authority with the knowledge of individual and large group deployments of medical staff. The Senior Executive stated that the J-3/5/7 coordinates with the Joint Staff and Military Medical Departments to obtain information on deployments and the Assistant Director for Healthcare Operations can then assess the risks to health care delivery.

(U) Our Response

(U) The Senior Executive addressed all specifics of the recommendation; therefore, the recommendation is resolved but will remain open. The Senior Executive stated that the DHA has already established a central authority with the knowledge of the Services' requests for individual and large group deployments of medical staff from MTFs and the associated risks to health care delivery. To close this recommendation, we request that the DHA provide documentation showing that the DHA J-3/5/7 has full knowledge of the Services' requests for individual and large group deployments of medical staff coming out of the MTFs and assesses and communicates the risks to MTF health care delivery associated with these requests.

- d. **Assess the ability of Military Medical Treatment Facilities to rapidly receive augmentation of medical staff from the Reserve Components.**

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of Assistant Secretary of Defense for Health Affairs, responding for the DHA Director, partially agreed with the recommendation. The Senior Executive stated that, with the exception of contract augmentation, the DHA does not have the authority to influence Reserve Component personnel.

(U) Our Response

(U) The Senior Executive partially addressed the recommendation; therefore, the recommendation is unresolved. We agree that the DHA does not have direct authority to activate Reserve Component personnel. However, the intent of this recommendation is for the DHA, in conjunction with the Military Departments, to address the staffing concerns identified by the MTFs during this evaluation by establishing a working group to assess the ability of the MTFs to receive and use Reserve augmentation. We request that the DHA Director provide additional comments to the final report on plans to establish a working group to assess the ability of MTFs to rapidly receive augmentation of medical staff from the Reserve Components, and establish milestones to improve the ability of MTFs to receive Reserve augmentation or mitigate the inability of the MTFs to receive Reserve augmentation.

(U) Recommendation A.2

(U) We recommend that the Director of the Defense Health Agency, in coordination with the Secretaries of the Military Departments:

- a. Establish the manpower requirements for the coronavirus disease–2019 mission within the Military Medical Treatment Facilities for the staff required to support testing, vaccinations, contact tracing, and acute respiratory clinics.**
- b. Identify the medical personnel requirements within the Military Medical Treatment Facilities, including clinicians, nurses, and support staff, needed for future long-term pandemic response and biological incidents.**

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of Assistant Secretary of Defense for Health Affairs, responding for the DHA Director, disagreed with the recommendation, stating that each MTF's all-hazards emergency management plans already include staffing information. Furthermore, the Senior Executive stated that the DHA established guidance on how MTFs can adjust activities during a contingency, such as COVID-19, when there is a decrease in manpower, changes to health protection condition levels, or additional responsibilities. The Senior Executive further stated that the DHA does not establish manpower requirements for addressing a specific virus, pandemic, or other contingency operation. Instead, the DHA establishes manpower requirements based on supply to meet demand for care in support of readiness and great outcomes. The Senior Executive specifically stated that the DHA supports development of manpower standards for normal operations and collaboration with Military Departments to surge capability and capacity when needed to better support MTFs.

(U) Our Response

(U) Comments from the Senior Executive did not address the specifics of the recommendation; therefore, the recommendation is unresolved. We acknowledge that the MTF emergency response plans include staffing information; however, we disagree that the plans include medical personnel requirements for a long-term pandemic response and biological incidents. For example, one MTF emergency response plan we reviewed included the assumption that external military or civilian resources will be available to assist in a variety of emergencies and contingencies, including pandemics. MTF officials stated that the external military and civilian resources were already strained and were not available to assist. For this reason, we made the recommendation that the DHA should support the MTF Emergency Response Plans by providing a designated manpower requirement for COVID-19 testing, vaccinations, contact tracing, and acute respiratory clinics and for future long-term pandemic response and biological incidents.

(U) We acknowledge the DHA provided contingency guidance on how to adjust activities and reallocate MTF personnel within the MTF to meet pandemic requirements when manpower is insufficient. However, during our evaluation, MTF officials stated that manning levels look fine on paper, but the un-resourced mission has grown significantly and the MTF's mission is severely stretched due to the high-volume COVID-19 mission. Documentation we obtained during this evaluation showed that the reallocation of staff resulted in a reduction in MTF bed capacity, delayed medical care, increased risk to patient safety, and staff burnout and fatigue.

(U) The intent of our recommendation was that the DHA Director establish MTF manpower requirements for COVID-19 and future long-term pandemic and biological incident response. In its role as a combat support agency, the DHA can identify the MTF medical personnel requirements, in coordination with the Combatant Commands, and document the requirement (coded as part of mission expansion positions) on the Joint Table of Distribution. We request that the DHA Director provide additional comments to the final report on planned actions to identify and establish MTF manpower requirements for the COVID-19 mission and for future long-term pandemic response and biological incidents.

(U) Finding B. Military Medical Treatment Facility Officials Reported Future Concerns

(U) MTF Officials Reported Concerns of Staff Burnout and Fatigue

(U) We asked senior leadership at 30 MTFs, “What is the most serious concern that might be encountered in the future by medical personnel working at your MTF during the COVID-19 pandemic?” Officials from 11 of the 30 MTFs stated that staff burnout and fatigue was the most serious concern that might be encountered in the future. MTF officials also related their current manpower and staffing challenges to current levels of staff burnout and fatigue. During our interviews, officials from 25 of the 30 MTFs discussed burnout as a serious challenge, an impact or cause of a serious challenge, or a future concern. See Appendix B for a complete list of the most serious concerns reported by the MTF officials.

(U) The National Academies of Sciences, Engineering, and Medicine (NASEM) defined burnout as a syndrome characterized by high emotional exhaustion, high depersonalization (for example, cynicism), and a low sense of personal accomplishment from work. According to NASEM, research shows that 35 to 54 percent of U.S. nurses and physicians have substantial symptoms of burnout. NASEM further stated that a chronic imbalance of high job demands and inadequate job resources can lead to burnout for medical personnel.²¹ NASEM defined the personal consequences of burnout for medical staff as occupational injury, problematic alcohol use, and risk of suicide. NASEM further stated that burnout adversely affects the quality of patient care and is associated with an increased risk of patient safety incidents.

(U) MTF officials specifically reported the following concerns related to staff burnout and fatigue:

- staff working overtime or being overworked,
- increased staff exposure to death and dying, and
- limited staff access to behavioral and mental health care.

²¹ (U) National Academies of Sciences, Engineering, and Medicine, “Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being,” 2019.

(U) MTF officials stated that burnout has caused some staff to quit, further exacerbating staff shortages. MTF officials also stated that burnout adversely affected staff members' psychological health and caused them to use emergency mental health services for behavioral health problems and suicidal ideations.

(U) MTF Officials Reported Staff Are Working Overtime and Are Overworked

(U) Officials at 18 of the 30 MTFs reported that staff worked overtime or extra hours. A senior official from one MTF stated that burnout is a huge concern among health care providers in general, and explained that at this MTF, burnout was caused by overtime work and staffing shortages. Results from the 2019 MHS Culture of Patient Safety survey showed that MHS staff members who work more than 50 hours per week experience levels of burnout more than twice that of personnel who work 40 hours per week. Service members working in MTFs do not have a limit on how many hours they can work.

(U) An official from one MTF stated the medical force is already at 80-percent staffing and is overworked. The official stated that active duty personnel receive 30 days of leave per year, but that people cannot or do not feel they can take time off. The official stated that MTF personnel do not have time to take care of themselves, because they are busy taking care of other people. Another MTF official stated that health care professionals will do everything they can to preserve life. The official further stated that one intensive care unit nurse was going to work 11 days straight until leadership intervened. The official also stated that MTF staffs are notorious for not asking for help, and will do whatever it takes to accomplish the mission.

(U) Officials at 25 of the 30 MTFs reported staff burnout and fatigue as a current challenge or future concern. Of the 25 MTFs that reported staff burnout and fatigue:

- 92 percent (23 of the 25 MTFs) reported shortages in skilled staff or vacant positions, and
- 96 percent (24 of the 25 MTFs) reported having to navigate competing missions of MTF COVID-19 response, support for national COVID-19 response, global missions, and health care delivery.

(U) MTF Officials Reported More Exposure to Death

(U) MTF officials stated that staff burnout and fatigue was a result of the high pace and increased severe illness and death during the pandemic. A senior official from one MTF stated that more deaths occurred during the Delta wave of the pandemic

(U) than during other waves, and one could see the burnout by the look on people's faces. The official stated that the MTF saw one or two deaths per day, and that even though leaders, chaplains, and behavioral health stress control teams would check on the staff, the deaths were wearing on the team. Another MTF official stated that all providers, nurses, and administrators in the system are overworked and have seen more patients die during the pandemic than in their entire career. The official expressed concern about provider resilience and compassion fatigue.

(U) MTF Officials Reported That Staff Access to Behavioral Health Care Was Limited

(U) Multiple MTF officials stated that access to behavioral health care was limited for beneficiaries and staff. An MTF official expressed concern that the mental health department was already overrun and that the pandemic may lead to post-traumatic stress disorder. The official asked rhetorically whether the MTF would have an "additional supply" of mental health personnel. Officials from another MTF stated that behavioral health resources should be resourced and available but that those programs are limited and already overtaxed. To reduce the psychological effects of burnout and fatigue, some MTFs created dedicated access to behavioral health providers for MTF staff, such as medical student-led peer support with a specific phone line for MTF staff to use.

(U) MTF Officials Reported Multiple Impacts of Burnout and Fatigue

(U) We asked senior leadership at 30 MTFs, "What is the most serious concern that might be encountered in the future by medical personnel working at your MTF during the COVID-19 pandemic?" As discussed previously, officials stated that staff burnout and fatigue could lead to patient safety concerns. Additionally, MTF officials reported that burnout already has led to or could lead to staff resignations and mental health concerns. In addition to impacts such as patient safety risk and access to care challenges, the MTF officials identified the following effects of burnout.

- *Staff resignations and shortages.* MTF senior officials stated that burnout led to staff resignations and shortages. For example, one senior MTF official stated that the front desk staff declined from nine medical support assistants to two. The official described a cycle of burnout leading to a loss of staff, which then leads to the 9-to-12-month process of getting new employees. Other officials stated that personnel were not coming to work, were retiring, or were quitting due to burnout. One MTF official

stated that the decreased resilience of the force is causing people to retire early, shift to less stressful positions, or transition to the civilian sector for more pay.

- *Mental health concerns.* A senior official stated that the mission is not sustainable and that if the COVID-19 pandemic does not end soon there will be big mental health challenges without adequate mental health resources. The official also stated that it takes over 70 days in the network to see a mental health provider. Another MTF official stated that burned out and fatigued personnel were having emotional breakdowns on the job. An official from an MTF stated that there has been a lot of stress on MTF staff from the pandemic and that the MTF cannot maintain such a high stress level during this “new normal” without significant effects on mental health stability. The official further expressed concern that the MTF will match the burnout rates of the civilian sector providers and wondered how long staff members could maintain their mental health for such an extended period. The official finished by stating that ultimately civilian and military personnel will begin to leave and the staff’s demand for mental health care will go up, which the MTF had already begun experiencing.
- *Staff use of emergency behavioral health care.* Multiple MTF officials stated that burnout and fatigue have led staff members to seek behavioral health care, and one MTF official stated that some were already so burned out that they were seeking emergency care for mental health. An MTF official shared that the number of patients, including staff members, coming into the emergency room for behavioral health issues, suicidal ideations, and suicide-related matters has gone up significantly. Another MTF official stated that the staff works every day except for holidays, and about 20 percent of this official’s team has received mental health services.

(U) MTF Officials Suggest Increasing Staff, Increasing Access to Behavioral Health Services, and Creating a Strategic Approach to Mitigate Burnout and Fatigue

(U) During our interviews with the senior leadership at the 30 MTFs, we asked, “What can the DoD do to mitigate or prepare for this problem?” Service officials stated that the DHA is responsible for mitigation of burnout and fatigue within the MTFs. A senior DHA official stated that plans to mitigate staff burnout are based on patient and provider satisfaction survey results and the identification of key performance indicators, rather than a comprehensive strategy. Senior MTF officials recommend being proactive to reduce burnout and fatigue.

(U) MTF officials provided the following suggestions to mitigate or prepare for the problem of staff burnout and fatigue.

- *Create a strategy for fatigue and operational stress reduction.* Multiple MTF officials stated that they would like to see the DoD take a strategic approach to operational stress control, fatigue, and burnout mitigation. An official stated that globally, there is a medical workforce shortage, and people are talking about getting out of medicine. The official stated that if the DoD does not take a strategic approach to reduce stress, the official is not sure how much longer people will be able to continue. Another MTF official suggested “an institution of a burnout program” to help staff manage day-to-day life, while they deal with clinical requirements, children being out of school, and so forth. The official explained that the DoD has multiple programs and resources to help Service members balance life at home and at work and thought there would be value in a health care provider-specific program to help with these problems.
- *Increase MTF staffing.* Multiple MTF officials suggested increasing manpower authorizations at MTFs or augmenting MTF staff with additional personnel so that staff can take leave. Other MTF officials stated that MTFs need more military billets. One official explained that when personnel are working 12- to 13-hour days, 6 to 7 days straight, and missing holidays, all the talk in the world will not change the fact that the MTFs do not have enough people to staff the mission. Another official stated that the DoD can resolve this by hiring more personnel, paying them more, increasing pay for active duty providers, incentivizing with education and leave awards, and expanding the peer support program. According to a senior official, the DoD could mitigate burnout for overseas MTFs by prioritizing the filling of billets to 100 percent at overseas MTF sites over stateside MTFs that have ample network support, and providing an expedited Reserve augmentation process.
- *Increase staffing for behavioral health services.* An MTF senior official stated that the DoD should increase the number of social workers, psychologists, and psychiatrists, stating that “the mental health emergency is coming.” Another MTF official stated that the MTF is authorized 12 military family life counselors but has only 5, and wants more behavioral health assets.

(U) The DoD Should Implement Policies and Practices to Minimize the Physical and Psychological Circumstances That Lead to Burnout for MTF Staff

(U) The DoD should create and implement a policy to reduce the fatigue and corresponding burnout experienced by medical professionals. For example, the DoD could adopt components of state laws that establish limits on the consecutive hours worked by medical professionals. Beyond the physical component, there is also a psychological feature to burnout. The DoD could modify existing combat- and deployment-related operational stress control policies for MTF employees to help control the impacts of stress. Furthermore, the Military Health System could integrate a psychological support system for MTF staff, which could eliminate the impediments to receiving support.

(U) The Military Health System Does Not Have a Policy Limiting Consecutive Hours of Work or Mandating Rest Periods After Work for MTF Staff to Reduce Fatigue and Burnout

(U) In a 2017 report, “DoD’s Response to the Patient Safety Elements in the 2014 Military Health System Review,” the DoD OIG recommended that the Under Secretary of Defense for Personnel and Readiness establish and implement a specific DoD policy on fatigue risk management for Military Health System staff. The DoD OIG Patient Safety Report highlighted the DHA’s 2016 Patient Safety Culture Survey results, concluding that “qualitative findings suggest patient safety is compromised because staff are burnt out.”

(U) The DHA repeated the Military Health System Culture of Patient Safety survey in 2019, prior to the pandemic, and again reported workplace burnout for staff working in the MHS. The results of the 2019 survey showed that 34 percent of officials providing direct patient care reported experiencing burnout. Military active duty officials reported the highest levels of burnout (38 percent), and civilian and contractor officials reported the lowest levels of burnout (18 percent). The report stated that for the most part, there is a gradient pattern in the proportion of burnout and hours worked per week, with those working greater hours having larger proportions of burnout:

- 48 percent of the staff working 60 hours or more per week reported burnout,
- 50 percent of the staff working 50 to 59 hours per week reported burnout,
- 38 percent of staff working 41 to 49 hours per week reported burnout,
- 23 percent of staff working 40 hours per week reported burnout, and
- 22 percent of staff working less than 39 hours per week reported burnout.

(U) The Military Health System Culture of Patient Safety survey reported that the perception of being short-staffed was pervasive across the survey topics and themes. The MHS survey report stated that the largest proportion of comments raised concerns about excessive workload and its causes. Officials reported feeling overscheduled due to staff shortages, while the number of patients they are expected to see remains the same or continues to increase. The survey report stated that respondent comments suggested that increased staffing would be the most effective way to mitigate staff burnout and improve patient safety. Additionally, the 2019 MHS Culture of Safety Survey suggested that systematic-focused interventions (policies related to leave and coverage of duties when staff are absent) were seen as important.

(U) MTF officials stated that the MHS does not have policies for limiting the number of hours active duty military staff can work in the MTF; however, multiple states have set a precedent for limiting mandatory overtime and the number of consecutive hours worked by nurses in hospitals. A Massachusetts law from July 2012 states, "A nurse shall not be allowed to exceed 16 consecutive hours worked in a 24 hour period."²² In the event a nurse works 16 consecutive hours, that nurse must be given at least 8 consecutive hours of off-duty time immediately after the worked overtime. Oregon law 333-510-0130 restricts hospitals from requiring nurses to work beyond the agreed-upon shift, work more than 48 hours in any workweek, or work more than 12 consecutive hours in a 24-hour period.²³ The law also provides for a mandatory 10 hour rest period following a 12-hour shift.

(U) In 2014, the American Nurses Association published a position paper, "Addressing Nurse Fatigue to Promote Safety and Health."²⁴ This paper recommended that employers adopt, as official policy, the position that registered nurses have the right to accept or reject a work assignment, to prevent risks from fatigue. The paper stated that safe levels of staffing are essential to providing optimal patient care and ensuring a safer environment. The paper also stated that registered nurses should limit the number of consecutive shifts and not work more than 40 hours in a 7-day period, and that employers should limit shifts to a maximum of 12 hours in a 24-hour period. Those limitations include on-call hours worked in addition to actual work hours.

²² (U) Massachusetts Senate Bill 2400, "An Act On Improving The Quality Of Healthcare. No. 2400," Section 226, July 2012.

²³ (U) Oregon Administrative Rule 333-510-0130, "Nursing Staff Member Overtime."

²⁴ (U) American Nurses Association, Position statement, "Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks 2014."

(U) The DoD Has Policies or Programs to Reduce the Psychological Impacts of Stress Outside of MTFs, but Not Within MTFs

(U) DoDI 6490.05, “Maintenance of Psychological Health in Military Operations,” establishes policy and assigns responsibilities for developing combat and operational stress control programs.²⁵ It also establishes requirements for activities supporting psychological health in military operations to preserve mission effectiveness and mitigate adverse physical and psychological consequences of exposure to severe stress. However, DoDI 6490.05 applies to the physical and psychological stress incurred in a Joint Forces or Service-specific operational setting, and does not mention stress incurred in MTF settings. Additionally, DoDI 6490.05 requires the Defense Health Agency to monitor the quality and effectiveness of Military Service Combat and Operational Stress Programs established by the Military Services but does not require the DHA to develop its own programs for MTF staff.

(U) We asked officials from the Office of the Assistant Secretary of Defense (Health Affairs) (OASD[HA]) what actions they have taken or plan to take to address the challenge of MTF staff burnout. They stated that the OASD(HA) is revising DoDI 6490.05, which recognizes that stress can occur in personnel who did not directly experience war or combat, including individuals exposed to stressful or traumatic events in military operations related to COVID-19. An OASD(HA) official also stated that the DHA has developed provider resilience tools that include self-care tips and digital health tools to promote resilience among providers. These self-help options differ from the Combat Operational Stress Control requirement in that they are not administered by a trained member tasked with assessing and controlling stress reactions. These options rely on the staff members experiencing burnout to self-assess and self-administer aid.

(U) DHA officials stated that management of MTF staff burnout and fatigue is the responsibility of the DHA J1, Administration and Management, in collaboration with the Deputy Assistant Director for Medical Affairs. We asked the DHA for an update on the status of the open 2017 DoD OIG recommendation that the Under Secretary of Defense for Personnel and Readiness establish and implement specific DoD policy on fatigue risk management for Military Health System staff. On December 1, 2021, DHA officials stated that the DHA had determined that implementing policy aimed at addressing workforce burnout, rather than fatigue, would have greater positive impact on MHS workforce resilience, survey scores, and patient safety. DHA

²⁵ (U) DoD Instruction 6490.05, “Maintenance of Psychological Health in Military Operations,” November 22, 2011.

(U) officials said that a policy titled “Ready, Reliable Care Safety Communication Bundle” has been approved and will be released after obtaining the DHA Director’s signature.

(U) We asked the Military Departments how they manage or address medical staff burnout and fatigue. Navy officials identified Naval Bureau of Medicine and Surgery Instruction 6300.24, which establishes policy and assigns responsibilities for implementing a standardized, comprehensive Caregiver Occupational Stress Control Program to help mitigate burnout for Navy medical personnel.²⁶ However, the Instruction does not apply to personnel who work in the MTFs. Navy officials were not aware of any similar DHA programs for staff within the MTFs.

(U) The 2019 MHS Culture of Safety survey stated that, in addition to staffing, interventions that focus on mindfulness activities or include evidence-based forms of therapy were most effective at reducing burnout. Integration of psychological support into everyday activities (for example, integration of self-care and peer support and training on how to identify stress and burnout) was also seen as beneficial. To reduce burnout, which was the most commonly reported serious concern in our interviews with MTF officials, the DoD could assess the need for, and occurrences of, interventions that focus on mindfulness activities or include evidence-based forms of therapy for MTF staff.

(U) Recommendations, Management Comments, and our Response

(U) Recommendation B

(U) We recommend that the Assistant Secretary of Defense (Health Affairs) develop DoD policy for the maximum consecutive hours to be worked, maximum shifts per week, and coverage of duties when absent, for Military Health System staff (at minimum, active duty military and civilian physicians, nurses, respiratory therapists, and lab technicians) working in Military Medical Treatment Facilities to reduce the physical impacts leading to fatigue and burnout, and develop the appropriate waivers of this policy for Military Health System staff.

(U) Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of the Assistant Secretary of Defense for Health Affairs agreed with the recommendation. The Senior Executive stated that he supports developing policy to address staff burnout and fatigue within MTFs.

²⁶ (U) Naval Bureau of Medicine and Surgery Instruction 6300.24, “Caregiver Occupational Stress Control Program,” May 3, 2019.

(U) Our Response

(U) Comments from the Senior Executive partially addressed the recommendation; therefore, the recommendation is unresolved. Although the Senior Executive stated his support for the recommendation, he did not provide specifics about the actions he plans to take to implement the recommendation. Therefore, we request that the Assistant Secretary of Defense for Health Affairs provide additional comments to the final report that describe the actions planned to develop a policy for Military Health System staff maximum hours to be worked, maximum shifts per week, and the coverage of duties when absent, including active duty military and civilian physicians, nurses, respiratory therapists, and laboratory technicians working in MTFs.

(U) Finding C. Military Medical Treatment Facility Officials Reported Enduring Challenges

(U) DoD Military Medical Treatment Facilities Continue to Face Enduring COVID-19 Pandemic Challenges

(U) In FY 2020, the DoD OIG team interviewed officials from 54 MTFs and identified MTF challenges in five main areas, resulting in the “Evaluation of Department of Defense Medical Treatment Facility Challenges During the COVID-19 Pandemic” report (the FY 2020 COVID-19 Pandemic report).²⁷ The five topic areas identified in that report were:

- personnel,
- supplies,
- testing capabilities,
- information technology, and
- guidance and lines of authority.

(U) For this report, we reviewed the FY 2020 COVID-19 Pandemic report and identified 22 unique challenges under the five topic areas. We surveyed 30 of the original 54 MTFs to determine if the 22 challenges in the prior report remain challenges for the MTFs; 29 of the 30 MTFs responded to the survey. For each of the 22 challenges reported in the prior report, at least one MTF stated that it was still a challenge. As a result, the challenges identified in the previous report (see table in Appendix C) are still enduring. Among the 29 MTFs that responded to the survey:

- 28 MTFs reported staff burnout due to personnel shortages and the operational tempo;
- 26 MTFs reported insufficient staff to support the medical mission and the additional requirements resulting from the response to COVID-19;
- 23 MTFs reported high volume of and unclear or contradictory guidance for responding to COVID-19;
- 23 MTFs reported excessive COVID-19 reporting requests from leadership, most with different requirements and formats; and
- 19 MTFs reported personnel who could not work because they could not find child care.

²⁷ (U) Report No. DODIG-2020-133, “Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic,” September 30, 2020.

(U) MHS COVID-19 After Action Review Identified Lessons Learned

(U) The Assistant Secretary of Defense (Health Affairs) conducted an MHS COVID-19 After Action Review to address the challenges identified in the DoD OIG FY 2020 COVID-19 Pandemic report.²⁸ The After Action Review, conducted from April 2020 to January 2021, resulted in a report that identified 23 key lessons learned and made 79 recommendations. We determined that 13 of the 23 key lessons learned could address the MTFs' enduring challenges identified in this evaluation.

(U) We asked senior officials from the OASD(HA) and the DHA to provide the status of the 13 key lessons learned that could address these enduring challenges. The DHA was designated as the office of primary responsibility for 10 of the lessons learned and the OASD(HA) for 2 of the lessons learned. Both the OASD(HA) and the DHA were each designated as the office of primary responsibility for one of the lessons learned. DHA senior officials responded to the status on 10 of their 11 key lessons learned. Based on the information provided by DHA senior officials, we could not determine if there were formal action plans and milestones associated with each of the 11 key lessons learned and associated recommendations. As of January 10, 2022, the OASD(HA) had not responded concerning its three lessons learned.

(U) The MHS COVID-19 After Action Review stated that the recommendations in the report should be implemented as soon as possible and that the recommendations would serve as the basis of the NDAA Section 731 Report to Congress. During our interview with senior officials from the OASD(HA), we asked for a copy of the Section 731 report of NDAA FY 2021, which was due in June 2021. A senior official from OASD(HA) stated that the interim report was sent out in June 2021 and has not been approved by the Under Secretary of Defense for Personnel and Readiness. The senior official also stated that the interim report included eight elements and findings. According to a senior OASD(HA) official, there have not been any working group-level meetings for about 6 months, and that once the report is approved, the DoD OIG will be provided a copy. At the time of this report's publication, the OASD(HA) had not provided us with the final Section 731 report to Congress.

(U) Based on the responses from the OASD(HA) and the DHA, we could not determine if there were formal action plans and milestones associated with each of the 13 key lessons learned in the MHS COVID-19 After Action Review that aligned with the enduring challenges. We found that the NDAA Section 731 Report

²⁸ "(U) Military Health System COVID-19 After Action Report, April 2020–January 2021," January 25, 2021.

(U) to Congress due in June 2021 was not approved as of the date of this report's publication. We also found that the Section 731 After Action Review work group is not actively meeting.

(U) Recommendations, Management Comments, and our Response

(U) Recommendation C

(U) We recommend that the Assistant Secretary of Defense (Health Affairs) direct a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report and to develop and monitor milestones for each recommendation.

Assistant Secretary of Defense for Health Affairs Comments

(U) The Senior Executive performing the duties of Assistant Secretary of Defense for Health Affairs agreed with the recommendation. Specifically, the Senior Executive stated that the DHA supports the working group efforts to track implementation of recommendations contained in the report.

Our Response

(U) Comments from the Senior Executive partially addressed the recommendation; therefore, the recommendation is unresolved. Although the Senior Executive agreed, he did not describe the specific actions he will take to direct a new or existing working group to develop a plan to implement the recommendations in the Military Health System COVID-19 After Action Report and to develop and monitor milestones for each recommendation. We request that the Assistant Secretary of Defense for Health Affairs provide additional comments to the final report on planned actions to address this recommendation.

(U) Appendix A

(U) Scope and Methodology

(U) We conducted this evaluation from August 2021 through February 2022 in accordance with the “Quality Standards for Inspection and Evaluation,” published in January 2012 by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

(U) The challenges and concerns reported are from testimonial and documentary evidence collected from officials at 30 Military Medical Treatment Facilities (MTF). This report was not a followup report on the recommendations made in the previous FY 2020 COVID-19 Pandemic report.²⁹ Based on our objective and scope, we determined only whether the issues identified in the previous FY 2020 COVID-19 Pandemic report continue to endure at the selected MTFs.

(U) We conducted interviews with MTF officials from September 9, 2021, through October 4, 2021. We interviewed key personnel responsible for the MTFs’ operations from the OASD(HA), the DHA, and the Military Departments from October 14, 2021, through October 25, 2021, to obtain additional information.

(U) We asked the MTF officials to identify three current challenges that were most serious to them during the COVID-19 pandemic. We also asked the MTF officials to identify the most serious concern that they might encounter in the future. MTF responses reflect a point in time. Since our interviews, some MTF challenges may have worsened and others may have improved.

(U) We selected a nonstatistical sample of 30 MTFs out of 54 sites interviewed in the prior FY 2020 COVID-19 Pandemic report based on the following characteristics:

- MTFs within the continental United States and outside the continental United States
- MTF size and capability (medical center, community hospital, clinic)
- inpatient and outpatient MTFs

²⁹ Report No. DODIG-2020-133, “Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic,” September 30, 2020.

(U) From September 9, 2021, through October 4, 2021, we conducted 1-hour interviews by telephone with key personnel responsible for the MTFs' operations who responded to our interview requests. The 30 MTFs included 18 inpatient MTFs and 3 outpatient MTFs in the continental United States, as well as 7 inpatient MTFs and 2 outpatient MTFs outside the continental United States.

(U) Participants from the MTFs were self-selected and included individuals such as MTF commanders, public health emergency officers, leaders for MTF administration and nursing, logisticians, and others. We asked the following pre-determined questions.

- What are the three most serious challenges currently encountered by medical personnel working at your MTF during the COVID-19 pandemic?
- What is the most serious concern that might be encountered in the future by medical personnel working at your MTF during the COVID-19 pandemic?

(U) For this report, we reviewed the FY 2020 COVID-19 Pandemic report and identified 22 unique challenges under five topic areas. We asked the participants from the MTFs to specify with a yes or no whether those 22 challenges are current challenges. The five topic areas and 22 unique challenges from the FY 2020 COVID-19 Pandemic report included:

- Personnel
 - Insufficient staff to support the medical mission and the additional COVID-19 requirements.
 - Personnel who could not find care for their children and could not return to work.
 - Deployment of medical staff with unique specialties that reduced or removed the MTFs' ability to provide care in their specialty areas.
 - Coordination between the DHA and the Services regarding staffing decisions that were made for the MTFs with personnel from multiple Services.
 - Military retirees who were recalled to active duty arrived without orders.
 - Based on the Reserve Component activation and orders process, the reservists who volunteered to stay at the MTF after their initial activation tour ended would have to return home, have a 2-week restriction of movement period required due to COVID-19, get new orders to come back to the MTF, and then undergo another 2-week restriction of movement period before returning to work in the MTF.

- Contracts that did not allow flexibility for contracted personnel to work in other departments of the hospital.
- Lack of mission-essential designations in the civilian position description.
- Personnel shortages and the operational tempo that caused available personnel to experience “burnout.”
- Supplies
 - Challenges with personal protective equipment, medical supplies, disinfecting cleaners, and cleaning supplies due to the critical medical shortages across the supply system.
 - COVID-19 testing supplies shortages, such as assays, swabs, and viral transport media necessary to perform COVID-19 testing.
 - COVID-19 response supply shortages, such as tents, trailers, or vehicles, to support the shift to COVID-19 medical operations outside their MTF.
- Testing capabilities
 - Lack of necessary testing equipment or supplies or insufficient staffing to process the COVID-19 tests.
 - Lack of testing capability to conduct the number of tests required by the DoD’s screening and surveillance strategy.
 - Lack of sufficient personnel to effectively track individuals who had contact with COVID-19-positive patients.
- Information technology (IT)
 - MTFs that lacked the IT infrastructure (for example, webcams, laptops, bandwidth, and access to the virtual private network) necessary to optimize telework and conduct virtual health care appointments.
 - Clinicians who needed training and standard operating procedures for using secure messaging and Adobe Connect to care for patients via virtual appointments.
 - MTFs that did not have robust public affairs office messaging plans, resulting in inconsistent messaging, communication delays, and patient complaints.
 - Challenges with technology for internal and external communication, including virtual private networks that could not sustain the amount of personnel teleworking.

- Guidance and lines of authority
 - The high volume and unclear or contradictory nature of guidance for responding to COVID-19.
 - Excessive COVID-19 reporting requests from leadership, most with different requirements and formats.

(U) From October 14, 2021, through October 25, 2021, we conducted 1-hour interviews by telephone with key personnel from OASD(HA), the DHA, and the Military Departments. The questions were e-mailed in advance before the interview and included topics on staffing and manpower, hiring process and compensation, and staff burnout and fatigue.

(U) Use of Computer-Processed Data

(U) We did not use computer-processed data to perform this evaluation.

(U) Prior Coverage

(U) During the last 5 years, the DoD Office of Inspector General (DoD OIG) issued one report discussing the evaluation of Department of Defense medical treatment facility challenges during the Coronavirus Disease-2019 (COVID-19) pandemic. Unrestricted DoD OIG reports can be accessed at <https://www.dodig.mil/reports.html/Article/2369425/evaluation-of-department-of-defense-medical-treatment-facility-challenges-durin/>.

(U) The Health and Human Services (HHS) OIG issued two reports discussing hospitals reporting that the COVID-19 pandemic has significantly strained health care delivery. Unrestricted HHS OIG reports can be accessed at <https://oig.hhs.gov/oei/reports/OEI-09-21-00140.asp> and at <https://oig.hhs.gov/oei/reports/oei-06-20-00300.asp>.

(U) DoD OIG

(U) Report No. DODIG-2020-133, "Evaluation of Department of Defense Medical Treatment Facility Challenges During the Coronavirus Disease-2019 (COVID-19) Pandemic," September 30, 2020

(U) The objective of this evaluation was to determine the challenges and needs encountered by personnel working at DoD MTFs while responding to the COVID-19 pandemic. The evaluation team conducted interviews with officials from 54 MTFs to identify challenges expressed by MTF personnel. MTF officials reported challenges in five main areas during the COVID-19 pandemic: personnel, supplies, testing capabilities, information technology,

(U) and guidance and lines of authority. The evaluation team did not validate the information provided by personnel responsible for the MTFs' operations and COVID-19 response. The report recommended that the Under Secretary of Defense for Personnel & Readiness, in conjunction with the Assistant Secretary of Defense (Health Affairs) and Secretaries of the Military Departments, establish a working group within 30 days to address the personnel, supplies, testing capabilities, information technology, communication, and lines of authority challenges identified during the COVID-19 pandemic between the Services and the DHA.

(U) HHS OIG

(U) Report No. OEI-09-21-00140, "Hospitals Reported That the COVID-19 Pandemic Has Significantly Strained Health Care Delivery," March 2021

(U) The HHS OIG conducted a "pulse" survey, consisting of brief interviews with officials at 320 hospitals nationwide in February 2021. HHS asked hospital officials questions about their most difficult challenges, strategies to address the challenges, greatest concerns going forward, and how government can support the hospital. HHS identified key challenges related to health care delivery, staffing, vaccinations, and finances at the hospitals interviewed. HHS reported on the challenges faced by the hospitals and the strategies used by hospitals to address those strategies. HHS did not make any recommendations.

(U) Report No. OEI-06-20-00300, "Hospital Experiences Responding to the COVID-19 Pandemic: Results of a National Pulse Survey," April 2020

(U) The HHS OIG conducted a "pulse" survey, consisting of brief interviews with officials at 323 hospitals across 46 States, the District of Columbia, and Puerto Rico in March 2020. HHS asked hospital officials questions about their most difficult challenges in responding to COVID-19, strategies used to address or mitigate the challenges, and how government can best support the hospitals. HHS identified key challenges related to health care delivery, personnel protective equipment, staffing, and finances at the hospitals interviewed. HHS reported on the challenges faced by the hospitals and the strategies used by hospitals to address those strategies. HHS did not make any recommendations.

(U) Appendix B

(U) The Most Serious Challenges Reported by MTF Officials

(U) We asked the MTF officials to identify three current challenges that were most serious to them during the COVID-19 pandemic. Table 3 shows the most serious challenges reported by the MTF officials for each discrete category, sorted from most frequent to least frequent, with “Others” listed as the last category. Each of the 30 MTFs we contacted reported three challenges, for a total of 90 challenges.

(U) Table 3. Challenges Reported as One of the Three Most Serious Challenges by the MTF Officials

Challenges	Reported as One of the Three Most Serious Challenges by the MTF Officials
Staffing and Manpower Shortage	26
Staff Burnout and Fatigue	8
Reduced Health Care Services at the MTF	8
Competing demands from the DHA and the Services for the finite MTF Staff	6
Information Technology Infrastructure or Support	6
Medical Equipment and Supplies	6
Conflicting or Delayed COVID-19 Guidance from Higher Headquarters	6
Contact Tracing Workload	4
Funding for COVID-19 mission	3
Staff is tired of COVID-19 restrictions	2
Childcare for Staff’s Dependents	1
Inability for Staff to Perform Training	1
TRICARE Network	1
Others	12
Total	90

Source: The DoD OIG, based on interviews with senior officials from the 30 MTFs selected.

(U) The Most Serious Concerns Reported by MTF Officials

(U) We asked the MTF officials to identify the most serious concern that they might encounter in the future. Table 4 shows the most serious concern reported by the MTF officials for each discrete category sorted from most frequent to least frequent, with “Others” listed as the last category. Each of the 30 MTFs we contacted reported 1 concern, for a total of 30 concerns.

(U) Table 4. Concerns Reported as the Most Serious Concern by the MTF Officials

Concerns	Reported as the Most Serious Concern by the MTF Officials
Staff Burnout and Fatigue	11
Ability to execute the mission	6
Staffing and Manpower Shortage	5
TRICARE Network	2
Staff is Tired of COVID-19 Restrictions	1
Childcare for Staff’s Dependents	1
Inability for Staff to Perform Training	1
Others	3
Total	30

Source: The DoD OIG, based on interviews with senior officials from the 30 MTFs selected.

(U) Appendix C

(U) The Enduring Challenges Reported by MTF Officials

(U) Table 5 shows the enduring challenges reported by the MTF officials for each challenge we identified in our review of the FY 2020 COVID-19 Pandemic report. An enduring challenge is a specific problem identified as a challenge in the last report that was defined by at least one MTF as a current challenge. A total of 29 of the 30 MTFs responded to a survey asking whether the challenges identified in the previous report are currently challenges.

(U) Table 5. Enduring Challenges Reported by MTF Officials

Enduring Challenges Identified in DODIG Report No. 2020-133	Number of MTFs Saying It Is a Current Challenge
Personnel	
1. Insufficient staff to support the medical mission and the additional COVID-19 requirements.	26
2. Personnel who could not find care for their children and could not return to work.	19
3. Deployment of medical staff with unique specialties reduced or removed the MTF's ability to provide care in its specialty areas.	16
4. Coordination between the DHA and the Services regarding staffing decisions made for the MTFs with personnel from multiple Services.	17
5. Military retirees recalled to active duty arrived without orders.	1
6. Based on the Reserve Component activation and orders process, the reservists who volunteered to stay at the MTF after their initial activation tour ended would have to return home, have a 2-week restriction of movement period required due to COVID-19, get new orders to come back to the MTF, and then undergo another 2-week restriction of movement period before returning to work in the MTF.	2
7. Contracts did not allow flexibility for contracted personnel to work in other departments of the hospital.	16
8. Lack of mission-essential designations in the civilian position description.	13
9. Personnel shortages and the operational tempo caused available personnel to experience "burnout."	28
Supplies	
10. Challenges with personal protective equipment, medical supplies, disinfecting cleaners, and cleaning supplies due to the critical medical shortages across the supply system.	12
11. COVID-19 testing supplies, such as assays, swabs, and viral transport media necessary to perform COVID-19 testing.	8

Enduring Challenges Identified in DODIG Report No. 2020-133	Number of MTFs Saying It Is a Current Challenge
12. COVID-19 response supplies, such as tents, trailers, or vehicles to support the shift to COVID-19 medical operations outside their MTF.	10
Testing Capabilities	
13. Did not have the necessary testing equipment or supplies, or had insufficient staffing to process the COVID-19 tests.	14
14. Did not have the testing capability to conduct the number of tests required by the DoD's screening and surveillance strategy.	12
15. Did not have enough personnel to effectively track individuals who had contact with COVID-19-positive patients.	19
Information Technology (IT)	
16. MTFs lacked the IT infrastructure (for example, webcams, laptops, bandwidth, and access to the virtual private network), necessary to optimize telework and conduct virtual health care appointments.	17
17. Clinicians need training and standard operating procedures using secure messaging and Adobe Connect to care for patients via virtual appointments.	18
18. The MTFs did not have robust public affairs office messaging plans within and among the MTFs, resulting in inconsistent messaging, communication delays, and patient complaints.	12
19. Challenges with technology for internal and external communication, including virtual private networks (VPN) that could not sustain the amount of personnel teleworking.	15
Guidance and Lines of Authority	
20. The high volume and unclear or contradictory nature of guidance for responding to COVID-19.	24
21. Excessive COVID-19 reporting requests from leadership, most with different requirements and formats.	23
22. Information included in the reports was not always realistic for various reasons, including formulas to calculate inpatient capabilities that did not account for personnel pulled for deployment missions or personnel placed on restriction of movement orders.	19

Source: The DoD OIG, based on MTFs' written responses to surveyed questions the DoD OIG sent to the 30 MTFs from September 9, 2021, through October 4, 2021.

(U) Management Comments

(U) Assistant Secretary of Defense for Health Affairs



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MAR 25 2022

HEALTH AFFAIRS

MEMORANDUM FOR THE DEPARTMENT OF DEFENSE INSPECTOR GENERAL

SUBJECT: Response to Department of Defense Office of the Inspector General Draft Report
(Project No. D2021-DEV0PB-0144)

Thank you for the opportunity to review and comment on the Draft Report D2021-DEV0PB-0144. I concur with the Draft Report, with the exception of specific concerns outlined by the Defense Health Agency in Tab B. The COVID-19 pandemic highlighted manpower resourcing challenges at military medical treatment facilities (MTFs) in both normal and high operational tempo environments. I support development of manpower standards for normal operations and collaboration with Military Departments to surge capability and capacity when needed to better support MTFs. I support development of policy to address staff burnout and fatigue within MTFs, as well as working group efforts to track implementation of recommendations contained in the report.

My points of contact for this matter are [REDACTED]
[REDACTED]
[REDACTED]

David J. Smith, M.D.
Performing the Duties of the Assistant Secretary
of Defense for Health Affairs

Attachments:
As stated

(U) Assistant Secretary of Defense for Health Affairs (cont'd)

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DOD IG DRAFT REPORT DATED FEBRUARY 22, 2022 D2021-DEV0PB-0144.000

“Evaluation of Department of Defense Military Medical Treatment Facility Challenges During the CoronavirusDisease-2019 (COVID-19) Pandemic in Fiscal Year 2021”

DEFENSE HEALTH AGENCY RESPONSE TO THE DOD IG RECOMMENDATIONS

RECOMMENDATION A.1: We recommend that the Director, Defense Health Agency (DHA), in conjunction with the Secretaries of the Military Departments, establish a working group to address the staffing challenges identified by Military Medical Treatment Facilities (MTF) during this evaluation. The working group should establish milestones to:

- a. Streamline the hiring process to allow MTFs to more quickly fill civilian staffing positions.
- b. Determine if salaries for MTF civilian nurses are commensurate with each facility's local market and if MTFs are able to hire nurses at those salaries. For locations where MTF salaries are not commensurate with the local market, take appropriate actions that will reduce the disparity in those markets.
- c. Establish a central authority with the knowledge of the Services' requests for individual and large group deployments of medical staff coming out of MTFs and the associated risks to health care delivery.
- d. Assess the ability of MTFs to rapidly receive augmentation of medical staff from the Reserve Components.

DHA RESPONSE: The DHA partially concurs with this recommendation and is working towards meeting those requirements not fully met within the entirety of Recommendation A.1.

- a. Currently, credentialing is accomplished at each MTF. The DHA Contracting Activity (CA) is currently working with programmatic officials to centralize its credentialing and privileging capabilities. With the stand-up of DHA markets, centralized credentialing will enable more efficient and streamlined approaches to credentialing personnel, thus enabling faster on-boarding and movement of contractor personnel within a given geographic area without having to go through a repeat credentialing process. During the COVID response, the following actions were taken to decrease the time to on-board contractor personnel.
 - (1) The DHA reviewed the time to hire processes as defined by the Office of Personnel Management. The DHA will implement the below listed improvements with internal DHA processes to streamline the hiring process.
 - a. Initiate recruitment actions as soon as notified of employee departing position.

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- b. If possible, use existing classified positions descriptions for vice positions and consider using established position descriptions for new positions, if available.
- c. Establish Standardized Position Descriptions where not already done.
- d. Require hiring official response to Strategic Recruitment Discussions and planning in a timely manner with oversight reports provided by the Human Resource Servicing Agency.
- e. Establish and maintain measures of 15 days initially for review and selection of candidates with one (1) extension to a maximum of 28 days. Any additional extension require higher approval and justification.
- f. Execute advance planning for review of applicants and interview panels to reduce the need for extensions of certificates.
- g. Establish a goal to issue Certificate of Eligibility within 16 days from closing job announcements.
- h. Establish and maintain firm time standard of three (3) days for response of tentative job offers.
- i. Establish and maintain firm time standard for entry on duty dates of 14 days for local lateral hires and not more than 30 days for promotions and for PCS to CONUS and 45 PCS to OCONUS

(2) When critically necessary and appropriate, the DHA would authorize the waiving of credential and privileging of contractor personnel. This was the exception, but not the rule.

(3) To decrease the contracting timeline, DHACA would utilize like and/or similarly scoped task to make new purchases, as opposed to writing new task orders.

(4) Provide early notification/communication via email blast to all available contractors of pending needs.

These actions have been codified as lessons learned for future pandemics. However, the time required to credential and privileging contractors was deemed the most significant barrier to the onboarding of contractor personnel.

- b. To determine if salaries for MTF civilian nurses are commensurate with each facility local market, the DHA will direct subordinate organizations to submit requests for special salary rates within specified locations. The DHA will also authorize local MTFs to leverage all available incentives to acquire the best talent. Medical Q-coded Service contracts allows for the negotiation of salary at the task order level due to variability of need. The local requirement owner at the MTF determines appropriate salary ranges, based on specialty and need. The master contracts purposefully do not have set pricing. The requirement owner is responsible for determining pricing, given that they have the technical knowledge of the specialty. Based on feedback from the MTF requirement owner and contractor proposal, the contracting officer would make a "fair and reasonableness" determination. To ensure equitable salaries, the MQS ordering guide requires that the vendor submit a compensation plan for each FTE. The Contracting Officer is required to review the compensation plan to make sure

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that member's salary was appropriate. The Federal Acquisition Regulation also allows Contracting Officer to increase/adjustment in pay, when necessary.

- c. The DHA established the J-3/5/7 under the Director of Staff as the central authority with the knowledge of the Services' requests for individual and large group deployments of medical staff. The J-3/5/7 coordinates with the Joint Staff and the Military Medical Departments to obtain information on deployments. The Deputy Assistant Director for Healthcare Operations can then assess the risk and impact to health care delivery.
- d. The DHA partially concurs with the recommendation regarding assessing MTFs ability to rapidly receive augmentation of medical staff from the Reserve Components. With the exception of contract augmentations, DHA does not have the authority to influence any of the Reserve Component personnel.

RECOMMENDATION A.2: We recommend the Director, DHA, in coordination with the Secretaries of the Military Departments:

- a. Establish the manpower requirements for the coronavirus disease-2019 mission within the MTFs for the staff required to support testing, vaccinations, contact tracing, and acute respiratory clinics.
- b. Identify the medical personnel requirements within the MTFs, including clinicians, nurses, and support staff, needed for future long-term pandemic response and biological incidents.

DHA RESPONSE: The DHA non-concurs with this recommendation. Each MTF includes staffing as an element of all-hazards emergency management planning to meet to The Joint Commission standards. The DHA does not establish manpower requirements to address a specific virus, pandemic or other contingency operation. Instead, the DHA is establishing manpower requirements based on supply to meet demand for care in support of readiness and great outcomes. The DHA established contingency guidance on how to adjust activities in MTFs in the event manpower is decreased due to contingencies, health protection condition levels, and/or additional responsibilities during contingencies such as COVID. This may include but is not limited to, re-purposing personnel from less critical activities to core clinical activities in outpatient and inpatient settings.

(U) Acronyms and Abbreviations

COVID-19	Coronavirus Disease–2019 (lowercase in text)
DHA	Defense Health Agency
DHP	Defense Health Program
MHS	Military Health System
MTF	Military Medical Treatment Facility
NASEM	National Academies of Sciences, Engineering, and Medicine
NDAA	National Defense Authorization Act
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)

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