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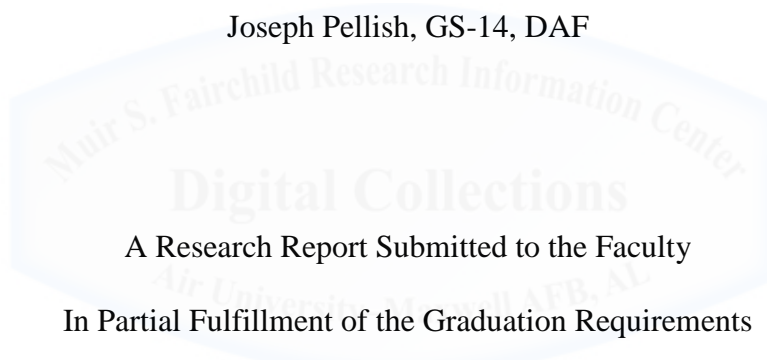
DISTANCE LEARNING

AIR UNIVERSITY

QUIT OR BE FIRED: TOUGH DECISIONS FOR AIR FORCE CIVILIANS  
WHO CANNOT MEET DEPLOYMENT REQUIREMENTS

by

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A Research Report Submitted to the Faculty

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## INTRODUCTION

### *Overview of the Study*

This research will analyze and examine the medical and physical standards utilized for Department of the Air Force (DAF) civilians to deploy and how these standards affect their retention. AF civilians (not contractors) have regularly been deploying, since 2001. There are over 100 AF civilians deployed, at any given time, and routinely 1000 rotating positions available in Iraq and Afghanistan. Most deployed civilians are volunteers. These civilians work side-by-side with the active duty force, sometimes in very austere conditions. Figure 1 shows the literal hand-in-hand relationship military and civilians have in the deployed environment. The Air Force Engineering and Technical Services (AFETS) program have deployed more than 1500 DAF civilians, since 2001. Furthermore, the Pentagon has benchmarked the AFETS deployment procedures for most civilian deployments. The AFETS program is the model of deploying civilians and their retention issues, in this research. However, this civilian workforce is aging. Inherently, with the aging process, medical and physical issues may arise for some of these individuals.

### *The Nature of the Problem*

Air Force civilians can volunteer or can be required to deploy to all of the combat Areas of Responsibility (AORs) active duty military members deploy. Many people, both military and civilian, do not even realize AF civilians deploy. Furthermore, most do not realize those deploying AF civilians are held to the same medical and physical standards as deploying active duty military members. However, these medical and physical deployment requirements are not imposed until the civilian is notified of deployment (60-90 days prior). If they cannot meet these

requirements, they may be subject to unfavorable disciplinary action or the process started to be released from employment- fired!

Currently, 45-60 AFETS civilians are deployed, at any given time. These civil servants work complex aircraft and communications system malfunctions, setup bare bases, and maintain/sustain aircraft and equipment. The ability to deploy and PCS these civilians, at management's discretion, is a condition of employment for AFETS. They sign mobility and PCS documents, prior to completion of the hiring process. So, they know upfront they will be deploying and moving.

### ***The Research Question***

What impact does holding DAF civilians to the same standards as deploying active duty members have on civilian employee retention? The Air Force (AF) requires medical and physical deployment standards for deploying AF civilians to ensure successful mission accomplishment with the total footprint of active duty, Guard, Reserve, and civilian components. Many civilians cannot meet these requirements due to older ages, medical issues, and physical constraints. Our expeditionary posture requires civilians to have the ability to deploy as experts in their career fields- fields other military components do not cover. AF civilians have been deploying at a significantly increased rate since 2001.

The DAF civilian workforce is aging. The average age of AFETS personnel is 56 years of age. Most join the AFETS program at 40-years-old or older, as the majority are retired military members. With age, comes medical and physical implications for most employees. Some of these implications are weight gain, Type II diabetes, sleep apnea, allergies, mild asthma, new medications- to name a few. Unfortunately, all these listed afflictions can stop an AF civilian from deploying. Since they cannot deploy, and cannot meet these requirements in 12 months or

less, disciplinary action will be taken or steps to remove the employee are initiated. Many times, the employee quits.

Critics have argued the military can handle every aspect of any deployment, without civilian contractors or AF civilians involved. Fortunately, the decades- long history of civilian deployments yields positive results in that argument. AF civilians have and currently provide “stop gap” measures and “one-deep” capabilities at almost every deployed location. But, will this exemplary support continue, given the inability most civilians have in meeting these requirements?

### ***Research Methodology***

A problem/solution framework will be utilized in this study. This framework is best suited because it employs intellectual investigation to discover and interpret human knowledge to solve a stated problem.<sup>1</sup> The framework enables the investigation of DAF civilian deployment requirements and standards to determine if they should differ from the deploying active duty Air Force members, to positively affect civilian retention.

### ***The Anticipated Significance of the Study***

In this research, the current processes and requirements are summarized. The audience gains the knowledge and a solution for the issue. The reality that some DAF civilian employees are choosing to quit or be fired because they cannot deploy under current medical and physical requirements/standards is the issue. The 2011 Rand Corporation Report on deploying civilians, Deployment Guide, medical standards, applicable Air Force Instructions, policies of the Air Force Engineering & Technical Services (AFETS), personal interviews, and personal experiences are the evidence. They correlate and summarize the findings to create proposed Courses of Action (COAs) for a solution. Mixed methods research shall be utilized.

With medical and physical standards readdressed for age and area specificity, the AF Surgeon General and Combatant Commands can request and fully utilize the AF civilians they desperately require for mission accomplishment. The Air Force cannot afford to lose the experience, knowledge, and expertise of our DAF civilian employees, in the AOR.

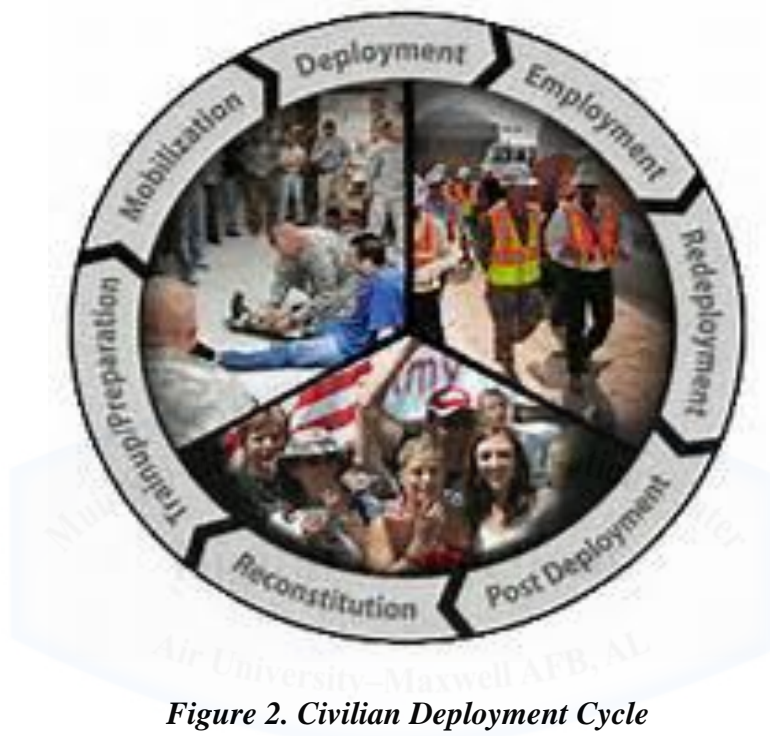


*Figure 1. Civilian volunteers participating in required training exercises in preparation for deployment to theater.<sup>2</sup>*

## LITERATURE REVIEW

An understanding of how and why DAF civilians deploy is essential to this research. The deployment process can be complicated, whether it is a civilian or an active-duty military member. To fully understand this effort to move civilians and military members to the far reaches of the world, an understanding of several Air Force documents and guides, DOD sanctioned studies, and Air Force Personnel Center (AFPC) media releases is required. Each document provides a “piece of the puzzle” to learn the deployment process and analyze the

effects of current deployment standards for DAF civilians. The pieces of the deployment puzzle are illustrated in the Civilian Deployment Cycle in Figure 2. This research will look at each element of the Cycle. Furthermore, this analysis will provide insight to determine if retention issues are specifically related to these current standards.



**Figure 2. Civilian Deployment Cycle**

### ***Civilian Expeditionary Workforce***

The *DOD Civilian Expeditionary Workforce.*” Directive 1404.10<sup>3</sup> was issued to establish policy through which an appropriately sized subset of the DOD civilian workforce pre-identified to be organized, trained, and equipped in a manner that facilitates the use of their capabilities for operational requirements. This DOD directive applies to any deploying civilian whether they are a volunteer, involuntarily selected, or deploying as a condition of employment.

The United States military is deployed to locations around the world. The U. S. Air Force is an integral part of these deployments. Furthermore, DAF civilian employees are key to these

deployment successes. Routinely, over 1,000 rotating requirements per year exist, in the AORs, for positions ranging from civil engineering to aircraft maintenance. There are more requirements than the active duty AF can fill.<sup>4</sup> These numbers are expected to continue to rise, as mission demands and civilian interests increase.<sup>5</sup> Thus, the importance of DAF civilians ready and willing to serve becomes even more paramount. Members selected and approved for deployment will go through training necessary to prepare them for the experience and improve survivability in the theater, to include Combat Airman Skills Training.<sup>6</sup> Civilian deployment is not for everyone. The hours are long, there are few (if any) days off, and those are spent in potentially dangerous and often austere locations for up to 12 months, all without loved ones nearby to offer comfort.<sup>7</sup> An in-depth look into why civilians deploy, what duties they perform while deployed, and what medical and physical standards they must meet is central to this research.

DAF civilian employees deploy for several reasons: they volunteer, they are involuntarily selected, or deployment is a condition of employment. The volunteers have an intrinsic desire to serve. Certainly, there are tangible benefits for civilians who deploy, but volunteers have a deep desire to serve their nation.<sup>8</sup> These tangible benefits are not as grand as many people think. Per diem of \$3.50 per day, possible hazardous duty pay, and possible family separation pay are some of the benefits and entitlements a deploying civilian may receive. A fact many do not know, the civilian deploying employee does not receive tax-free income, as the military members receive, in some combat areas. Many times the benefits are intangible. A civilian deployment is an opportunity to stand shoulder-to-shoulder with uniformed members in a fight that transcends personal comfort or safety. It is an opportunity to learn more about national defense from the rubber-meets-the-road perspective, and to give back to your country.<sup>9</sup> Civilian employees can be

just as patriotic as the military members. They want to serve their country. The Undersecretary of Defense for Personnel and Readiness calls an agile civilian workforce with expeditionary capabilities a critical component in the fight against terrorism.<sup>10</sup> In 2007, more than 1100 Department of Defense (DOD) civilians volunteered to fill 129 Provincial Reconstruction Team positions in Iraq. These civilians performed tasks such as administrative duties, contracting, civil engineering, construction, etc. With that overwhelming show of support, the Office of the Secretary of Defense (OSD) sought more opportunities for civilians to fill and Combatant Commands identified 150 unfilled requirements for 2009.<sup>11</sup> Civilians fill the positions the military cannot meet. They also fill positions specific to civilian-only career fields.

The DOD realized the impact of a civilian deployment force. Thus, DOD Directive 1404.10 was issued on 29 January 2009, to establish a civilian deployment policy.<sup>12</sup> These employees would be known as the DOD Civilian Expeditionary Workforce (CEW). Members of the CEW shall be organized, trained, cleared, equipped, and ready to deploy in support of combat operations by the military; contingencies; emergency operations; humanitarian missions; disaster relief; restoration of order; drug interdiction; and stability operations of the Department of Defense.<sup>13</sup> The four categories of the newly-developed CEW are the Emergency-Essential (E-E) civilian employee positions, Non-Combat Essential (NCE), Capability-Based Volunteers (CBVs), and former DOD employees.<sup>14</sup> This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Office of the Joint Chiefs of Staff, the Joint Staff, the Combatant Commands, the Inspector General of the DOD, the Defense Agencies, and all other entities within the DOD.<sup>15</sup> The DOD policy relies on a mix of capable military members and DOD civilian employees to meet DOD global national security mission requirements.<sup>16</sup> The policy stated the civilian workforce was integral for US national security mission requirements.

The policy further stated to support workforce stability and deployment predictability, the timeframes during which the DOD CEW is susceptible to expeditionary assignments, will be designed in 6-month rotational periods.<sup>17</sup> Assurances that medical requirements are met is also part of that DOD policy. Individual deployment tours shall not exceed 2 years and consecutive deployments should not be approved without at least a 90-day period of reintegration between deployments.<sup>18</sup> This document sets the stage for civilians to deploy to current Areas of Operations (AORs) and assist combatant commanders in the missions. The OSD has directed commanders at all levels to support those civilian employees wishing to volunteer to deploy.<sup>19</sup>

The policy also establishes metrics to measure and assess DOD Civilian Expeditionary Workforce readiness.<sup>20</sup> The following metrics are utilized:

*Employee Capabilities.* Ensure the DOD civilian employees have the related competencies, skills, abilities, medical, and psychological fitness to be successful in high pressure and austere operational environments; ability to work as part of an integrated team including military, contractor, Federal civilian, and foreign national personnel; a record of successful job performance to deliver results; and the highest professional and ethical behavior to maintain good order, discipline, and conduct.<sup>21</sup>

*Training.* Train, develop, and prepare civilian employees who are part of the CEW to meet expeditionary requirements and foreseeable risks they are likely to face in the theater of operations. Initial orientation, training on any specialized equipment, counseling on their legal status, training in obtaining medical treatment, and training to recognize stress-related conditions that may result from serving expeditionary requirements are the minimum training standards outlined.<sup>22</sup>

*Medical and Psychological Fitness.* The DOD takes seriously the need to protect the health of deployed DOD civilians. An annual health assessment is required to determine if the employee is available for worldwide deployment. Force health protection pre- and post-health assessments shall be conducted. CEW employees who become ill, contract a disease, or who are injured or wounded while deployed are eligible for medical evacuation and health care treatment and services in Military Treatment Facilities (MTFs) at no cost to the civilian employee. Civilians will not be charged leave while undergoing therapy and rehabilitation due to a combat, combat support, duty related, or non-duty related injury incurred during deployment. Under most conditions, the CEW employee is covered for treatment for those illness/injuries incurred while deployed once they return to their home base.<sup>23</sup>

*Administrative Preparedness.* The employing DOD Component shall provide employees of the CEW with a valid Official Passport, Common Access Card, Geneva Conventions Identification Card, and required security clearances. CEW employees are required to maintain current and valid administrative documents and clearances and a current Family Care Plan. Families of CEW employees shall be supported and provided with information on benefits and entitlements and post-deployment counseling. Eligible CEW employees may receive the Defense Medal for the Global War on Terrorism and other civilian awards.<sup>24</sup>

The policy outlines responsibilities for the DOD, OSD, Heads of the DOD Components, Chairman of the Joint Chiefs of Staff, Commanders of the Combatant Commands, and the Commander, U.S. Joint Forces Command. For detailed information, please see Department of

Defense Directive 1404.10 in Appendix A. Along with Directives, a policy is required to outline the specifics.

### ***Deployment Policy***

The *USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL-UNIT DEPLOYMENT POLICY; MOD ELEVEN*<sup>25</sup> is the most current standard for deploying individuals and units. The majority of deploying DAF civilians and active duty AF members deploy to USCENTCOM. This AOR-specific document outlines and presents the requirements necessary for successful deployment to the area. The medical ability to deploy (Medical Deployability), medical fitness, screenings, medical waivers, exceptions, medical equipment, immunizations, testing, risk assessment and health surveillance are clearly defined in the USCENTCOM Policy.

This deployment policy defines deployment, for medical purposes, as “travel to or through the USCENTCOM Area of Responsibility (AOR), with expected or actual time in the country (AKA “Boots on Ground”) for a period greater than 30 days.”<sup>26</sup> The applicability of this MOD is important as it “applies to military personnel, DOD civilians, DOD contractors, all Host Nation, Local National, and Third Country Nationals, and volunteers are traveling or deploying to the CENTCOM AOR.”<sup>27</sup> Medical Deployability is comprised of several components. Deployed health service support infrastructure provides only limited medical care. Limited fixed facilities exist in the AOR. All personnel (military, civilian, and contractor) will be medically evaluated and if deemed unable to comply with CENTCOM deployment requirements on a continuing basis, disqualified for deployment IAW service and this MOD policy.<sup>28</sup> A non-deployable member will not enter or reenter the theater until the non-deployable condition is cleared or a waiver for the non-deployable condition is approved.<sup>29</sup> The policy further states,

“DOD civilian employees are covered the Rehabilitation Act of 1973.” As such, an apparently disqualifying medical condition nevertheless requires an individualized assessment be made to determine whether the employee can perform the essential functions of his/her position in the deployed environment, with or without reasonable accommodation, without causing unique hardship.”<sup>30</sup> A DAF civilian usually receives 60-90 days notification of a deployment.

Deployment notification for civilians varies by program and location. However, the 60-90 day notification is considered the norm. This amount of time may not be sufficient for an older person (50+ years of age) to overcome any temporary or permanent medical or physical conditions. Details for these issues will be outlined more thoroughly in the Analysis section. However, the components of medical deployability are important to the current topic. These components are:

*Responsibility.* Medical deployment eligibility determination, IAW MOD 11 and service standards, lies with the health care providers assigned to the medical section of the deployment screening site.<sup>31</sup> Please note, the DAF civilian and contractor most likely utilize a civilian health care provider. However, because of deployment notification, are now medically assessed by a military health care provider for medical deployability.

*Medical Fitness.* Cases of in-theater/deployed personnel identified as unfit IAW this MOD 11, due to conditions that existed before deployment, will be forwarded to the component surgeon for investigation and potential redeployment determination (sent home).<sup>32</sup> Medical and psychological fitness includes, but is not limited to, the ability to accomplish the tasks and duties unique to a particular operation, and ability to tolerate the environmental and operational conditions of the deployed location. Minimum standards of fitness include the ability to wear ballistic and respiratory protective equipment,

chemical and biological, personal protective equipment, and use of required medications.<sup>33</sup>

*Medical Waivers.* Waiver approval authority lies at the Combatant Command Surgeon General level. Waiver authority is delegated to the USCENTCOM Surgeon General for all deploying personnel within their respective component for all non-behavioral health conditions.<sup>34</sup> If a medical waiver is desired, the local medical providers will forward a medical waiver request form, or like document, at the request of the patient's commander or representative.<sup>35</sup> Bottom line – the CENTCOM Surgeon General makes the waiver adjudication, based on the medical and physical standards set forth.

All components of Medical Deployability are key elements to the process of ensuring medically and physically fit personnel are deployed to combatant AORs. These components and medical standards apply to all U.S. personnel selected for deployment- active duty, DOD civilians, and DOD contractors- no matter their age or physical condition. Many deploying personnel, active duty and civilian, require medications. The medications are also critical elements of Medical Deployability.

*Pharmacy.* The pharmaceutical aspect of the medical ability to deploy is also a factor with requirements. Personnel who require medication and are deploying will take no less than an 180-day supply of their maintenance medications, with arrangements to obtain another 180-day supply through follow-on refill prescription.<sup>36</sup> Exceptions to 180-day prescription quantity requirement follow below:<sup>37</sup>

- Personnel requiring malaria chemo-prophylactic medications will deploy with enough quantity for the entire deployment.

- Psychotropic medication and all CIII-V medications may be dispensed for up to a 180-day supply with no refill.
- If required, the provider may provide a limited quantity with no refills to facilitate clinical follow-up in theater.

The use of the Prescription Medication Analysis and Reporting Tool (PMART) is mandatory to screen deploying personnel for high-risk medications, identify medications not available on the CENTCOM formulary, and over-the-counter and temperature sensitive medications not available through the mail order pharmacy.<sup>38</sup> This tool is utilized at home station by the deployment platform provider. There may be several items, such as medications, a deploying employee may require.

*Medical Equipment.* Some medical equipment is permitted and other medical equipment is not permitted. Corrective eyewear and hearing aids should be taken to the AOR with the appropriate amount of spares and batteries.<sup>39</sup> Personal durable medical equipment is (nebulizers, scooters, CPAP machines) not permitted. Medical maintenance, logistical support, and infectious control protocols are not available and electricity is often unreliable.<sup>40</sup> Any durable medical equipment that is not medically compulsory, but used for relief or maintenance of a medical condition, will require waiver. Army, Navy, and Marine personnel will not deploy with contact lenses. Air Force personnel may deploy with contact lenses, with commander approval.<sup>41</sup> The reason for the difference is that AF pilots require contact lenses, in some instances.

*Immunizations.* All personnel traveling for any period of time to the theater will be current with Advisory Committee on Immunization Practices (ACIP) immunization guidelines and service Individual Medical Readiness (IMR) requirements.<sup>42</sup> Each immunization is listed with time requirements, in this section. Two mandatory immunizations of note are the Anthrax

and Smallpox vaccines. Again, all AF personnel (active duty, DAF civilian, or DOD contractor) must meet these immunization requirements.

*Health Assessments.* Periodic health assessments must be current IAW service policy at the time of deployment. All DOD personnel traveling to the theater for more than 30 days will complete or confirm as current a pre-deployment health assessment within 60 days of the expected deployment date.<sup>43</sup> All personnel required to complete a pre-deployment health assessment will complete a post-deployment health assessment no earlier than 30 days before redeployment or no later than 30 days after redeployment.<sup>44</sup> A person-to-person mental health assessment , with a licensed mental health professional or trained and certified health care personnel within two months before deployment and in three time frames after deployment.<sup>45</sup>



**Figure 3. Deployed DOD Civilian**

*Pre-deployment Training.* The scope of pre-deployment training utilizes information regarding known and suspected health risks and exposures, health risk countermeasures and their proper employment, planned environmental and occupational surveillance monitoring, and the overall operational risk management.<sup>46</sup> The training should include, but is not limited to, the following areas: Combat Operational Stress Control and Resilience; Post-Traumatic Stress and Suicide Prevention; Mild Traumatic Brain Injury Risk and Identification; Nuclear Biological and Chemical Threats; Endemic Plant, Animal, Reptile, and Insect Hazards and Infections; Communicable Diseases; Vector-borne Diseases; Environmental Conditions; Safety; and Occupational Health.<sup>47</sup> Figure 3 depicts the standard protective gear deployed civilians wear in their daily duties. The use of each element of their protective gear is part of the pre-deployment training. Medical health and training fitness are integral to deployment success. Physical fitness also plays a key role for a successful deployment.

*Minimal Standards of Fitness.* Tab A accompanies the MOD Eleven to USCENTCOM Individual Protection and Individual/Unit Deployment Policy. Tab A provides amplification of the minimal standards of fitness for deployment to the CENTCOM AOR, including a list of medical conditions that may be sufficient to deny medical clearance for or to disapprove deployment of a service member, civilian employee, volunteer, or contractor's employee.<sup>48</sup> The list of deployment-limiting conditions is not comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Rather, it imposes the requirement to obtain a knowledgeable physician's opinion as to the deployability status of the individual. "Medical conditions" as used here also include those health conditions usually referred to as dental, oral, psychological and emotional.<sup>49</sup> Please note, most of the DAF civilian employees have off-base doctors who know very little of deployment requirements. Yet, the final review of

any civilian, service member, or contractor's employee's medical fitness is performed by a military doctor.

The medical provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, increased physiologic demand, and poor air quality, while the operating conditions impose extremes of diet, sleep deprivation, emotional stress, and sleep disturbance.<sup>50</sup> If avoidance of these extremes or conditions is required, he/she should not deploy. TAB A further details Specific Medical Conditions, Cardiovascular Conditions, Infectious Diseases, Eye, Ear, Nose, Throat, Dental Conditions, Psychiatric Conditions; and Medication Issues.<sup>51</sup>

The USCENTCOM Deployment Policy is encompassing and detailed. However, it cannot predict or provide guidance for all medical and physical conditions and issues that may arise for any deploying member. The policy also does not differentiate any standards for military versus civilian employees. The standards and requirements are the same. The military and civilian deploying personnel must be ready and trained for the deployment.

### ***Deployment Guide***

The Civilian Expeditionary Workforce Program Office *PRE-DEPLOYMENT INSTRUCTION GUIDE*<sup>52</sup> is a valuable document in understanding how to deploy. The mechanics of deploying are presented in the Instruction Guide by the Civilian Expeditionary Workforce Program Office. It provides the civilian and military deployer with a comprehensive description of the required activities, forms, and training they must complete to deploy. These activities include a several week TDY for residential training at Camp Atterbury, Indiana. This camp provides AOR-specific training, lodging, clothing, activities, and work environments. Throughout the process, the civilian employee works closely with a Civilian Expeditionary

Workforce (CEW) processor, assigned to the employee to assist during all phases of pre-deployment.<sup>53</sup> All deploying personnel must complete specified medical and dental examinations, obtain an official passport, complete and submit numerous required forms and documents, attend online and residential training, and coordinate travel arrangements to and from the training camp to home station and the AOR.<sup>54</sup> Upon arrival to Camp Atterbury, deploying civilians must provide a thorough medical and dental evaluation to the medical staff no later than 14 days before arrival. The examinations must have been completed no earlier than 90 days before deployment and no later than 30 days before deployment. The Camp Atterbury medical staff determine fitness for deployment IAW the USCENTCOM MOD Eleven detailed above in the “Deployment Policy” section. The medical clearance process evaluates health status to ensure medical fitness to do the job in a contingency environment. Be open and honest about health and history/medical issues. Don’t run the risk of being sent home or medically evacuated from theater. Here is a general list of medical tests for deployment and medical conditions that will likely preclude deployment; in other words Top Reasons for Non-Deployability or Delay in Deployment.<sup>55</sup>

- BODY MASS INDEX (BMI)
  - BMI Greater than 40%.
  - BMI Greater than 35% with medical co-factors like: Diabetes, heart disease, joint disease, hypertension or obstructive sleep apnea (Non-deployable/Non Waiver-able).
- ABNORMAL EKG or FRAMINGHAM GREATER THAN 15%
  - May need stress testing to include Myocardial Perfusion / 2D echo to clear the issues and/or cardiologist consult.
- NON-DIAGNOSED DIABETIC, NEWLY DIAGNOSED or PRE-DIABETIC
  - Non-Diagnosed or Pre-Diabetic: Has a Hemoglobin A1C of > 6.5 or greater.
  - Needs physician consult of diagnosis, prognosis, treatment plan to include full diabetic exam (eyes, feet, etc.) and medications, if needed.
  - Show 90 day stability with lifestyle changes and/or medications for waiver consideration.

- ABNORMAL LABS

- Must have Specialist diagnosis, treatment plan, and medications (if needed); and ability to deploy to an austere environment for the deployment period without need for follow up, and any further testing
- Must have a letter typed on letterhead from treating Primary Care Physician outlining the above findings.

- ABNORMAL ASTS AND ALTS FOUND IN THE CMP (LIVER FUNCTION TEST)

- After repeat of CMP or Liver Function Test with abnormal results, may need Specialist consult and further testing.
- May need abdominal ultrasound to exclude liver and gallbladder disease, and Hepatitis ABC antibody profile.

- POSITIVE PPD (Tuberculosis) TEST

- Must have a waiver.
- Must have chest X-ray less than 90 days old.
- Proof of counseling or Proof of Latent TB treatment by medication for 9 months.

- HEMATURIA (BLOOD IN URINE)

- After repeat of urinalysis with abnormal results, may need consultation and testing form Urology Specialist.
- Must have a letter typed on letterhead from treatment Specialist outlining the above findings.

- OBSTRUCTIVE SLEEP APNEA (OSA) treated with APAP/BPAP/CPAP or ORAL DEVICES

- Must have a 30-day compliance report from machine.
- Must have 75% compliancy score for greater than 4 hours.
- At least 4 hours per nights for 30 days on average.
- Must bring machine, battery back-up and supplies to Camp Atterbury for inspection.
- Split Sleep Study within 12 months
- Other more severe modes OSA Treatment – Non-Deployable (ASV/AVAPS)

Completing a thorough and timely health assessment can ensure the employee is ready and able for the duties and environment of the AOR. Good health is not the only requirement for deployment. Other requirements exist for the deploying civilian.

Travel documents are another element of deployment requirements. The deploying employee must arrive with an official passport. The passport is required for the travel to

numerous foreign countries. This passport must:<sup>56</sup>

-Have an expiration date of at least 60 days or more past the last date of your deployment.

-Have the same name on it that appears on your Common Access Card (CAC).

The CEW Program Office recommends that deploying personnel have both valid official and tourist passports, for ease in traveling in foreign countries.<sup>57</sup> The backlog of passport processing may require very early application for the deploying civilian.

The home agency of DOD civilians will provide the travel to and from Camp Atterbury. However, after you complete your residential training at Camp Atterbury, their personnel will setup travel directly to and from the AOR, leaving from Indianapolis International Airport. At the end of the deployment, travel will be scheduled for return to Camp Atterbury for the demobilization process.<sup>58</sup>

### ***Expeditionary Civilians***

*Expeditionary Civilians: Creating a Viable Practice of Department of Defense Civilian Deployment,*<sup>59</sup> by the Rand Corporation presents the results of DOD civilian deployment intended to inform DOD practices and processes for utilizing civilians to meet the needs of the US Combatant Commands. This report provides in-depth, objective research, by an outside entity, to the strengths and weaknesses of the civilian deployment process. The report sets the background, objectives of the study, and report organization. The research was conducted in 2014, and the findings were current as of mid-2015. The research was sponsored by the Office of the Deputy Assistant Secretary of Defense for Civilian Personnel Policy.<sup>60</sup>

Overall, the study found the current practice of DOD civilian deployment requires certain modifications to be viable over the long term.<sup>61</sup> Several reasons are presented for this conclusion. First, civilians were given little incentive to support the service deployments. There was no

promotion potential. Also, monetary incentives were very menial. The intangible benefits were still there. However, the required number of civilian employees to deploy was not being met.

Second, the sourcing model employed by USCENTCOM is not entirely applicable to other Combatant Commands. Therefore, this model is not broadly generalizable for potential future missions.<sup>62</sup> AFETS mostly deploy to CENTCOM. However, several have deployed to Forward Operating Bases and outposts in many different AORs. Each region brings forth its processes and obstacles to overcome. There is no standardization.

Third, the extent to which military planning considers civilian expeditionary requirements is questionable at this point.<sup>63</sup> Since this report, the AFETS program has instilled the utilization of civilian employee deployments into the deploying unit's planning processes. For example, a minimum of one AFETS civilian is already programmed to deploy with any "package" of six aircraft or more. The position is built in that package and the name is loaded to that position, as the deployment nears. Fourth, since many Combatant Commanders are unaware of the benefits that expeditionary civilians can provide, they appear unlikely to utilize these capabilities.<sup>64</sup>

Finally, the report's interviews uncovered conflicting perceptions across the DOD regarding the costs of deploying expeditionary civilians versus U.S. military personnel. This cost can vary depending where the civilian is originating, the amount of training required prior to their deployment, what benefits and entitlements they will earn, and if overtime payments may be required. The study found the relative costs of deploying expeditionary civilians remains a mystery.<sup>65</sup>

*Recommendations of the Study.* It is useful to consider the management of civilian deployment capabilities as being divided into three categories of activities: policy, planning and

strategy, and operations. Policy responsibilities entail writing policy to determine the guidelines for civilian deployments. Planning and strategy responsibilities entail mission-based, scenario-specific forecasting and strategic human capital planning. Operational responsibilities entail the assignment of requirements, sourcing, readiness preparation, and during/post-deployment tracking of expeditionary civilians.<sup>66</sup> Deployment planners must utilize these three categories for successful civilian deployment. The study also recommends future research should focus on developing improved planning and forecasting models and on practical aspects of civilian deployments, such as safety, operating with military personnel, performance metrics, pre- and post-deployment stress evaluations, and the psychological impact of deployments.<sup>67</sup> These recommendations provide avenues to improve processes for civilian deployments. The Rand Corporation study states, "...if implemented correctly, they (recommendations) could improve efficiency and cost savings across the DOD as it seeks to meet its operational missions through improved Total Force planning and strategic human capital management."<sup>68</sup>

The directives, policies, guides, and studies detailed in this section present the current processes to deploy DOD civilians. The processes can be daunting, lengthy, and confusing at times. The realization that as a DOD civilian you cannot meet some of these deployment requirements can be even more daunting.

## **ANALYSIS**

This analysis utilizes the processes outlined in the directives, policies, guides, and reports, listed above, to present the effects of the DOD civilian deployment(s) on civilian retention. As noted earlier, DOD civilians deploy in three categories: voluntarily, involuntarily, and as a condition of employment. Many DOD civilians will never deploy, while some will

deploy several times throughout their careers. How they are selected for deployment plays an important role in their retention decisions.

### ***Voluntarily***

Any DOD civilian may volunteer for a deployment. There must be a verified need and position, in any of the AORs, for their skills and career field. The employee's supervisor and service component commander must recommend them for deployment. The employees must also complete the deployment training and medical assessments outlined above.

### ***Involuntarily***

DOD civilian employees may be directed to deploy. Management retains the authority to direct and assign civilian employees, either voluntarily, involuntarily, or on an unexpected basis to accomplish the DOD mission.<sup>69</sup> The DOD wants volunteers. However, if no employees volunteer to deploy, the government selects the most qualified individual to deploy involuntarily. Involuntarily selected DOD civilians must also complete the required training and medical assessments.

### ***Condition of Employment***

Some DOD civilian positions require mobility as a condition of employment. In other words, you must deploy and complete Permanent Changes of Station (PCSs), at management's direction. This requirement is stated in the vacancy announcement for the position and the applicant is made aware of the requirement throughout the hiring process. Most of the positions, with this requirement are Emergency-Essential (E-E) designations, as discussed earlier. The employee signs the DD Form 2365, DOD Civilian Employee Emergency-Essential Position Agreement, stating they agree to the mobility commitment. The employees are aware, from the moment of the tentative job offer, they must deploy and PCS.

***Air Force Engineering and Technical Services***

The Air Force Engineering and Technical Services (AFETS) is the model for civilian deployments, in this analysis. All AFETS employees are designated as Emergency-Essential personnel and sign a mobility commitment. The program has deployed ~1,100 DOD civilians, since 2001. The AFETS deployment process has been benchmarked by several DOD agencies. AFETS is a division of Air Combat Command (ACC), A4 Logistics Directorate. The program was approximately 500 DOD civilian employees strong, from 1974 until 2013. DOD civilian personnel cuts and sequestration decreased the AFETS personnel totals to 233 DOD civilian employees. While the personnel decreased, the deployments and operational tempo increased.

AFETS employees are assigned, on the Unit Manning Document, to Langley AFB, VA. However, other than a contingent of 15 leadership and support personnel, the field AFETS employees are stationed around the world, at 47 bases, encompassing 6 Air Force major commands. Langley AFETS leadership has central administrative control of all AFETS, no matter where they are assigned. Yet, the Maintenance Group and Support Group Commanders have operational control at their local bases. AFETS employees' duties cover two major areas- Aircraft Maintenance and Communications Systems and Platforms. The Aircraft AFETS employees' skillsets range from keeping an aging A-10 Warthog aircraft flying to initiating flying operations for the new F-35 Lightning. The Communications AFETS employees' skillsets range from keeping the communications link to deployed Predator drones closed to engaging a new satellite uplink to a recently launched space platform. Most AFETS employees provide 20 years or more of experience in their specialty. The majority of AFETS employees are retired active-duty Air Force. AFETS personnel provide expertise, at a small footprint, for the warfighter.

The AFETS employees are embedded within Air Force units. AFETS employees' offices are next to the military technicians in the unit. These civilians deploy and accompany military members on temporary duty assignments (TDY). Some AFETS employees deploy more than others. The airframe or communications platform they work determines the deployment rate. For example, F-16 AFETS employees usually deploy two to three times, within a three-year assignment, for up to six to nine months each time. Whereas, F-35 AFETS employees will not deploy at all. The F-16 aircraft are seasoned veterans for combat and the F-35 aircraft are not fully operational, at the time this research is presented.

Volunteers to deploy are requested, when a firm deployment of the unit is announced. If no AFETS employees volunteer, the AFETS program leadership utilize a rotational list for deployment selection. This list details each assigned AFETS employee, by career field (i.e., F-16, F-15, RPA, Communications), and dates, times, and length of previous deployment(s). Most bases are only "one-deep" per AFETS career field, since the civilian personnel cuts. Hence, an F-16 base, for example, may have one crew chief AFETS, one avionics AFETS, one weapons AFETS, and one propulsion AFETS assigned to support three flying squadrons. Deploying units usually request two AFETS personnel for each deployment and they request certain specialties more than others. This request is based on historic trends for that aircraft. Notification of a pending deployment requiring AFETS employees can be six months. However, the norm is AFETS employee deployment notification within 60-90 days. This is a minimal amount of time to complete all requirements.

With a firm deployment date, the AFETS employee must begin all the training and processing required by the Air Force and combatant commands. The training will involve small arms training, numerous Computer-Based Training (CBT) modules, and AOR specific training,

to name a few. The processing portion requires medical and mental health assessments, immunizations, and medical clearances. This is the time problems arise for the AFETS civilian employee.

The average age of an AFETS civilian employee is 56 years of age.<sup>70</sup> Many of the AFETS employees are reliant on several health maintenance medications and may have been diagnosed with Type II diabetes, sleep apnea, arthritis, and other non-life threatening diseases and conditions. Weight management issues and obesity are other conditions present for these aging employees. Most of these conditions make the AFETS employee non-deployable, for the reasons outlined in this research. The ability to deploy, at management discretion, is a condition of employment for AFETS employees. When they cannot meet the requirements to deploy, two events occur.

First, when an AFETS civilian cannot deploy, a replacement is required immediately. An AFETS civilian employee from that same base, who recently deployed, may have to deploy again. However, if that option does not exist, an AFETS civilian, from another base, will be required to deploy. That employee will deploy with an unknown unit. Furthermore, the unit will deploy with an unknown civilian technician. Many times, notification to deploy for these replacement personnel is only a few days or weeks. At this point, the rotational list is skewed and the morale of the AFETS employee involved is seriously degraded. More importantly, a civilian employee must leave his family, on minimal notification, and deploy for up to nine months.

Second, the status of the original employee, who could not deploy, must be addressed. Currently, the AFETS program gives employees 12 months to fix whatever issue made them unable to deploy. They must provide their progress to their supervisor and AFETS leadership monitors the employee progression. If the employee does not progress or cannot rectify the issue

in 12 months, corrective or disciplinary action is taken. This action can lead to termination of employment, for not meeting conditions of employment.

Deployment data can be difficult to obtain. However, the AFETS program has detailed personnel deployments since deployment inception. Mr. Kenneth Patton, GS-13, AFETS Regional Manager, provided the following AFETS deployment data, on 4 January 2017:<sup>71</sup>

-114 AFETS employees deployed in 2016; approximately 70 AFETS deployed per year between 2001 and 2015, totaling approximately 1,100 Aircraft and Communications AFETS personnel.

-25 AFETS employees have been denied deployment for medical reasons, since 2007.

-The common medical reasons and conditions for denial of deployment were high blood pressure, obesity, sleep apnea, knee issues, back issues, heart conditions, starting new medications, and eye issues.

-Only four AFETS were denied deployment for non-medical reasons.

-20 AFETS employees chose to quit or retire, since 2007, rather than receive disciplinary action because they could not deploy.

-One AFETS was terminated due to inability to deploy for medical reasons and non-progression to rectify the problem.

This data presents the issues the AFETS civilian employee and the program face in attempting to meet deployment requirements. The AFETS program total force of 233 civilian employees is negatively impacted by a loss of 25 experienced personnel who cannot deploy. Many families are affected by the short-notice deployments of the replacement AFETS employees. The AFETS civilians possess the knowledge, skills, and ability to perform their duties in the AOR. Yet, they are unable to deploy because they cannot meet the same medical and physical standards as a 20-year-old active-duty member.

## CONCLUSION

This research study presents the processes required for a DOD civilian to deploy to the AOR. The DOD directives, Deployment Guides, and USCENTCOM Instructions are outlined. The study also presents the findings of the Rand Corporation Report on civilian deployments. This report noted the service components were not utilizing the Civilian Expeditionary Workforce (CEW) to its fullest potential.<sup>72</sup> Specifically, the AFETS program was utilized as the model for DOD civilian employee deployments, in the research. These older civilian employees are skilled and ready to deploy to perform their duties. However, the minimal deployment notification and the anxiety of attempting to meet the same medical and physical standards as the younger active-duty members injects stress and confusion into an already complex and harrowing experience.

A 60-year-old DOD civilian employee, with over 40 years duty experience, should not have to worry about disciplinary actions or termination of employment, because the doctor prescribed a new health maintenance medication within 90 days of deployment. A 55-year-old DOD civilian employee should not be denied deployment because the diabetic sugar level is a half-point over the requirement. There should be separate, age-specific medical and physical requirements set for deploying DOD civilians. Combatant commanders continually request DOD civilians for the AOR. Commanders specifically want qualified AFETS civilian employees with every aircraft package sent to the fight and every communications platform being fielded in the AOR. When an AFETS employee falls out of the deployment, for any reason, the combatant commanders want immediate replacements.

## RECOMMENDATIONS

DOD civilian employees are valuable assets to the US government and its national security efforts. These employees are also essential for combat and deployed operations in overseas locations. The knowledge, experience, skillsets, and maturity of these civilian employees are valuable attributes required for successful mission accomplishment. However, changes must be made to the current Air Force medical and physical standards required to deploy.

The Air Force Surgeon General should review and analyze the current medical and physical deployment requirements, as they apply to DOD civilian employees. Furthermore, new and separate requirements should be developed, specifically for deploying civilians. It is imperative all who deploy to the AOR are healthy and physically fit. However, by holding DOD civilian employees to the same standards as a much younger and healthier active-duty force, the mission can suffer. Once denied deployment, many valuable civilian employees will choose to quit or retire. The low-density and high demand civilian employees are needed by commanders in the AOR. An age-appropriate medical and physical vetting process is required. A less-stringent and more age-appropriate requirement set is needed to enhance successful mission accomplishment.

In conjunction with the new standards, funding for the deploying DOD civilian employees to utilize the military treatment facilities would be very beneficial. Currently, the civilian employee maintains a private civilian doctor for care. However, when selected for deployment, a military doctor provides the vetting for the civilian employee to deploy. DOD civilian employees, designated as deploying employees, should have a military health assessment

every six months. These assessments would combat last-minute medical and physical issues that hamper the ability of the employee to deploy.

DOD civilian employees have a strong desire to serve and assist in successful mission accomplishment. Current medical and physical standards should not be a roadblock to that goal. Our deployed active-duty troops need the civilian employees' skills, experience, and knowledge to succeed. A review and revision of current standards and requirements may ensure the success of all.

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