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The United States military has implemented programs to help service members prepare for and healthfully cope with stress and trauma. Aid workers who serve in the national security apparatus of the United States, chiefly the United States Agency for International Development (USAID), also face stress and trauma. While the military has taken steps to implement resilience programs across branches of service, USAID has not similarly instituted resilience programming, but made resources available upon request. This paper examines the behaviors that contribute to resilience, the evidence and literature surrounding those behaviors, and evaluates the ways in which the US Army and Marine Corps have tried to inculcate resilience skills among service members. It then describes the similar threats and stressors that aid workers face and draws parallels between civilian and military service. This paper concludes with recommendations for USAID to consider in preparing the workforce to cope with the common stresses and potential trauma that employees face in service of US national security goals.

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## **Executive Summary**

**Title:** A Ready and Resilient Force: Applying Lessons from US Military Resilience Programs to the United States Agency for International Development

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**Thesis:** The United States military has implemented programs to help service members prepare for and healthfully cope with stress and trauma. Aid workers who serve in the national security apparatus of the United States, chiefly the United States Agency for International Development (USAID), also face stress and trauma. While the military has taken steps to implement resilience programs across branches of service, USAID has not similarly instituted resilience programming, but made resources available upon request. This paper examines the behaviors that contribute to resilience, the evidence and literature surrounding those behaviors, and evaluates the ways in which the US Army and Marine Corps have tried to inculcate resilience skills among service members. It then describes the similar threats and stressors that aid workers face and draws parallels between civilian and military service. This paper concludes with recommendations for USAID to consider in preparing the workforce to cope with the common stresses and potential trauma that employees face in service of US national security goals.

**Conclusion:** USAID and the military share important similarities in terms of occupational stress and exposure to trauma. Lessons from military resilience programs should inform a USAID effort to strengthen individual resilience in the interest of a healthier and more effective workforce.

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## **Preface**

I chose to write about resilience because USAID employees are part of the national security architecture of the United States. Like the military, we serve our nation in conflict zones and places that test our resilience. I survived an insurgent attack in Afghanistan that killed and wounded others. I went on to India where I worked with gender-based violence survivors. During my four-year tour in Uganda I met people in rural clinics who were losing the battle against HIV and I saw the tiny faces in Uganda's many refugee settlements that would become childhood mortality statistics. I have survived these challenges, but some officers, like Reggie Abelfatah and Anne Smedighoff, gave their lives in service.

All branches of the military have made efforts to equip service members with skills that can help them cope with the stress and trauma that are part of the profession of arms. USAID is not yet there. My home agency has thankfully made mental and behavioral health resources available to those who are wise enough to recognize that they need it, brave enough to ask for it, and diligent enough to access it. Not all of us are so wise, brave, and diligent that we learn these skills before we need them. Many of us, including me, only realize what we need once we are in distress. We may feel shame, blame ourselves, and cope negatively, to the detriment of our work and our beneficiaries. As I wrote this paper I tried to answer this question: "What do I wish I had known before I embarked on my career in foreign assistance?" The military has not perfected resilience programming, but I believe there is value in learning from military programs so that USAID can build a more resilient workforce for the benefit of every employee and beneficiary.

*“I used to think that I was kind of hardened to suffering and misery...You learn to deal with it and hold it at bay while you are working. It's when you're alone that it creeps up on you.”*  
- Paul E. Ares, *Watching for the Signals, in Sharing the Front Line and The Back Hills (2002)*

## **Introduction**

“An idyllic Mediterranean beach in Tunisia is not usually a place of high anxiety, but that’s where I spent the worst day of my life. I hadn’t slept in three nights and called in sick to work because I could no longer think. I felt I was losing my mind and spent the day as a zombie on the beach, feeling empty and alone on the sand.”<sup>1</sup> Rosalie Hughes describes a scene familiar to many aid workers who, like her, respond to man made and natural disasters and work in situations of seemingly intractable conflict and poverty. Like members of the military, occupational stress and trauma affects aid workers. Unlike the US Army and Marine Corps, USAID does not implement compulsory programs to promote individual resilience and well being among employees. USAID’s resilience programs are offered upon request and often as a resource for those in distress. The consequences are similar for many people who have untreated or unmanaged stress and trauma - substance abuse, suicide, violence, and self-harm. The US military has yet to perfect resilience programs, but the Department of Defense has studied the issue and tried to inculcate resilience skills across the armed forces. USAID and other civilian agencies that require employees to face grave risk and consequences should also pursue resilience as a component of workforce readiness, supervisory support, and leadership. USAID will benefit from an approach to fostering resilience skills among all employees rather than using resilience as a term for the kind of support necessary to help employees in distress.

United States foreign policy professionals in defense, diplomacy, and development face professional stress and trauma in service of foreign policy goals. National security professionals, including the military, diplomats, and development workers, face prolonged separation from

family and friends. They may also be targets of violence. National security professionals are at risk of experiencing secondary trauma in working alongside people or populations who have experienced famine, war, violence, and loss. It is in both the interest of the nation and the individual to ensure that national security policy professionals are able to learn skills that will help buffer stress responses and help them recover from stress and trauma. The term “resilience” has become an increasing part of the vocabulary of government service organizations like the US military, State Department, and Agency for International Development. While definitions vary and jargon abounds, there is an emerging set of practices that prepare individuals to manage stress and respond to it. The purpose of this paper is to expand the findings from military resilience programs to the United States Agency for International Development (USAID). USAID workers face stress and trauma, but USAID has not implemented institutional resilience programs similar to those that the military offers uniformed service members. This paper will define resilience and explore some practices that may foster it in order to move beyond jargon and establish a discourse within USAID that has positive outcomes for aid workers. This paper will examine Army and Marine Corps efforts to foster resilience because they provide useful points of references. Military examples can inform USAID resilience programming in terms of what may work and what has proven problematic in fostering resilience. Once the term resilience is unpacked and military examples are detailed, this paper will make recommendations about how this body of knowledge may be extended to diplomats and development professionals.

### **Defining Resilience**

Resilience is a desirable attribute in national security professionals, yet literature and programs define it differently. Before USAID or any military program can pursue resilience,

there must be a common understanding of the concept. The American Psychological Association offers a useful starting place and defines resilience as follows:

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences. Research has shown that resilience is ordinary, not extraordinary. People commonly demonstrate resilience. One example is the response of many Americans to the September 11, 2001 terrorist attacks and individuals' efforts to rebuild their lives. Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.<sup>2</sup>

Resilience can be defined positively or negatively. Positive resilience includes learned behaviors, abilities, characteristics, and a set of attributes that enable recovery, growth, or adaptation after exposure to stress or trauma. Negative definitions of resilience include absences of post-traumatic stress, absences of symptoms of mental illness, or better-than-expected outcomes following stress or trauma. Positive and negative definitions are not mutually exclusive and the absence of illness or injury may accompany the presence of positive behaviors and characteristics. For the purpose of crafting resilience among national security professionals who face stress and potential trauma in service of the nation, positively defining resilience as the presence of something rather than the absence of something is more useful. Defining resilience as a set of skills allows for resilience to be both learned and taught. Positive definitions and skill-building create space for individual agency. The use of a positive definition allows an institution to take proactive measures to address stress and trauma rather than wait for stressful or traumatic events to occur. The military has accepted positive definitions of resilience and taken steps to teach resilience skills to soldiers and Marines rather than wait to treat signs of distress. Civilian agencies should pursue positive resilience programs.

Resilience can be used to describe individuals and groups. For the purpose of this analysis, defining group resilience is not a goal; however, understanding how groups impact individuals is critical. Groups affect how individuals respond to traumatic or stressful stimuli and play a role in individual resilience. Positive resilience behaviors can become individual habits and individual behaviors can impact group dynamics. For the purposes of this analysis, the important question is how professional units can reinforce individual resilience behaviors. For example, military programs emphasize the necessity for units to create positive command climates where leaders demonstrate and encourage resilience skills and peers reinforce those individual behaviors. The concept that the military refers to as a “positive command climate” is applicable to USAID and other civilian agencies. For the purposes of this paper, the individual, rather than the organization or institution will remain the unit of analysis. This paper will examine groups in the context of their influence on individuals.

The subsequent discussion of resilience will be individually focused and positive. The *Journal of Special Operations Medicine (JSOM)* offers a useful discussion about ways to define resilience for government agencies that aim to promote resilience among employees.<sup>3</sup> The adapted definition of resilience used in this analysis is derived from the discussion in JSOM: “A multidimensional psychological process that facilitates healthy functioning or psychological growth to cope with intense life-stressors.” This definition is useful because it considers the presence of skills, focused on the psychological processes that can be employed against life stressors and trauma. This definition allows for the measurable presence of skills that may be employed prior to exposure to stress as well as trauma and allows resilience to develop as a pre-emptive measure rather than as a treatment. With this definition in mind, it is necessary to examine resilience skills and the evidence on how they work for individuals.

## **Interventions to Promote Individual Resilience**

Examining some of the component parts of resilience behaviors, including physical, mental, and social resilience, will help overcome the jargon in literature and more clearly illustrate what positive resilience behaviors may include. Within these categories, the subsequent pages will describe practices and behaviors that can constitute resilience programs. It is useful to examine not only the skills that make up the resilience skill-set, but also data and findings from literature on how they may contribute to better individual outcomes. Developing an understanding of the granular components of resilience will make the discussion of military resilience programming more clear and provide a concrete set of ideas for conceptualizing resilience programs for USAID.

### Physical Resilience

Resilience programs are best when they include multiple domains. Biological and physical aspects of resilience are important, but they function as part of a broad set of behaviors and skills. Learned stress factors can trigger reactions within the sympathetic nervous system (SNS). The SNS governs the human “fight or flight” response and activates heartbeat, respiration, and increases blood pressure. External stressors can induce the body to produce hormones, for example cortisol, that aid the body in responding to an external threat with extra energy. The biological stress response is a healthy part of how humans function, but harmful effects emerge under chronic stress or perceived threats. Threat perception plays a role in physical stress. Individuals differ in how they perceive threats and occupational training or conditioning, like military training, may change the way an individual perceives and responds to

a stimulus. Activation of a stress response may be learned in one setting and applied in a different context. For example, military members may learn to recognize roadside obstructions as potential explosive devices in a conflict zone. When returning home to lower-threat environments, military members may continue to perceive roadside obstructions as threats. This learned threat perception can contribute to prolonged stress responses.

Prolonged activation of stress responses can lead to inflammation, which is positively correlated with cardiovascular disease, depression, anxiety, and other conditions. While the complex investigation of neuroscience is beyond the scope of this paper, it is critical to understand the links between external stress factors - real or perceived - and overall health. One scientist accurately sums up the key message “though psychological stress may often “all be in our heads,” it can still have very real effects on physiology, and ultimately, health.<sup>4</sup>

Genetics also play a role in an individual’s response to stress; however, genetics are not a determining factor in individual wellness. Efforts to screen individuals for resilience on the basis of their genetics or biology are shortsighted and ignore the fact that these factors are influences, but not predictors of individual health. Some research has demonstrated that early-life stress factors can cause modifications to a person’s DNA that change DNA transcription or expression. Epigenetics refers to the effect that non-genetic influences have on gene expression or transcription. Early-life stress can change neural responses including increased cortisol production. While scientific literature demonstrates the effects that early life stress can have on epigenetics, current research is not sufficiently advanced to predict behavior later in life.<sup>5</sup> Understanding epigenetics helps make the case that stress and trauma can leave lasting biological markers in human beings, but individuals still have the ability to learn and demonstrate resilience. Examining an individual’s fitness for stressful circumstances in terms of his or her

genetics misses the point that positive resilience is a teachable set of skills that can be applied regardless of any predispositions.

Positive coping skills are frequently studied in high-stress professions with potential for traumatic exposure including the military, law enforcement, and first responders. While resilience involves a set of behaviors and skills rather than any single practice, physical fitness is a common skill among many. Regular physical activity and associated physical attributes like cardiovascular and muscular strength and appropriate levels of fat and nutrition are a common part of multi-faceted resilience. The US Army found that high levels of physical activity and fitness are negatively associated with anxiety and depression.<sup>6</sup> The Army goes further and draws the conclusion that “[T]he higher the level of aerobic fitness, the greater the ability to tolerate high workloads and be minimally stressed by low ones.”<sup>7</sup> Other literature emphasizes the point that physical activity can reduce the amount of stress hormones in the body and induce a feeling of calm that combats perceived stress and mental distress.<sup>8</sup> Pulse and respiration are measures of physical stress and the US Army inquiries found that physical exercise is associated with appropriate cardiovascular function and lower levels of stress hormones in the body. Physical fitness is an element of overall resilience, but it is insufficient on its own.

The key takeaway is that stress and trauma produce physical manifestations and physical skills can contribute to individual ability to manage stress and trauma. The military has recognized this and it is reflected in military resilience programs. USAID may also consider physical fitness as a teachable practice in fostering individual resilience.

### Mental Resilience

Mental resilience is another common part of the resilience toolbox. It encompasses cognitive processes that help individuals cope with stress, trauma, or adversity. Some elements of mental resilience emerge in literature as skills that can be learned prior to traumatic exposure to prepare individuals to healthfully cope. The goal of teaching and learning these behaviors is not to prevent stress reactions or protect individuals from experiencing stress, but to prepare people to recognize stress and cope with it. Some of the skills that can be taught and learned for individuals in the armed services and other types of national security professions include systematic self-reflection, self-compassion, and mindfulness meditation. Like physical exercise, cognitive processes are teachable skills that are honed over time through practice and can promote healthy outcomes. Numerous cognitive processes and methods are documented in resilience literature and a smaller set has been tested and applied with members of the military. The following skills and processes have been evaluated among the military or first-responders. The purpose of detailing these practices here is to illustrate how mental resilience skills can be taught and learned to ensure that individuals are prepared to positively cope or “rebound” rather than turn to negative coping mechanisms like substance abuse or violence.

Systematic self-reflection is “a process of self-inquiry and enables an individual to make decisions about what are effective and desirable behaviors in a given demanding situation.”<sup>9</sup> Self-reflection is a pathway to self-efficacy; a consistent quality attributed to resilient individuals. In essence, individuals assess their own responses to past conflicts, stresses, or traumas and evaluate how they responded or coped. This process can be taught and learned as a way to prepare to confront future stressors. Self-reflection calls for individuals to first identify goals and values, for example, preserving health or honoring honesty in confronting stress. Then, individuals learn to identify how they have used adaptive and maladaptive coping mechanisms in

the past. Maladaptive mechanisms include harmful behaviors like substance abuse or violence. Positive coping mechanisms like talk therapy or physical exercise are examples of positive coping. The purpose of self-reflection is to establish self-efficacy, or whereby an individual is able to “both take responsibility for their actions and also accept that they have abilities.”<sup>10</sup> A study of service members in Australia found that “coping and emotion regulatory self-reflection may encourage the application of useful strategies and reinforce personal resilient capacities and coping self-efficacy.”<sup>11</sup>

Self-compassion is another teachable practice associated with mental resilience. Like systematic self-reflection, individuals can learn and preemptively build this skill to help cope with stress or trauma. Self-compassion derives from Buddhist tradition and consists of attention toward suffering, intentionality regarding suffering, and motivation to alleviate it.<sup>12</sup> The practice of self-compassion emerged from psychological inquiry into positive coping and cognition. It presents an alternative approach to fostering self-esteem. Self-esteem has been seen as “largely the outcome of doing well, not the cause of doing well.”<sup>13</sup> Self-compassion, unlike self-esteem, involves recognizing difficulty. The discipline of self-compassion starts with reflection and progresses toward accepting stress and trauma. Beyond accepting stress and trauma, individuals learn to address negative emotions with equanimity. Kristen Neff, a leading researcher of self-compassion, offers research-based evidence that “higher levels of self-compassion have been associated with greater life satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors.”<sup>14</sup> Among the military, one longitudinal study examined the practice of self-compassion and its effect on US combat veterans. The study

concluded that “self-compassion may influence the degree of chronicity of PTSD symptoms among Iraq and Afghanistan war veterans. As such, increasing self-compassion may be beneficial to some Iraq and Afghanistan war veterans who are struggling with PTSD symptoms.”<sup>15</sup> Though there are therapeutic effects for post-traumatic stress, the skill can be inculcated in the absence of stress and trauma as a pre-emptive mechanism.

Mindfulness, related to self-compassion and self-reflection, is a cognitive process that contributes to individual resilience. Mindfulness occurs when an individual pays attention to the present moment without judgement. The practice emphasizes the agency of the individual and awareness of emotions in order to regulate them. Mindfulness can be taught and learned and have measurable effects on stress in the body. Developing the capacity for mindfulness has proven useful for members of the military. Mindfulness-based interventions (MBI) have been the subject of scientific inquiry in the context of depression, anxiety, and posttraumatic stress disorder. While the types of MBIs vary, there is consensus in the literature that “when patients are open to learning mindfulness meditation and committed to adopting it as a health behavior change, it can become a powerful self-care tool that encourages individuals to actively engage in enhancing their mental health.”<sup>16</sup>

### Social Resilience

In addition to physical fitness and mental health, interpersonal relationships and social networks influence individual resilience. Examining how groups and communities shape resilience is worthwhile, particularly in the military where unit function and cohesion are critical. Belonging with a cohesive community, family, faith-based group, or professional unit can promote individual ability to cope with stress and trauma. Social support plays a role in trauma

recovery and building social cohesion is a pre-emptive resilience-building measure. Social resilience is “the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation.”<sup>17</sup> It can lead to improved outcomes for individuals facing stress or trauma and can be a positive alternative to maladaptive mechanisms.

A common theme in literature is the value that interpersonal relationships including friends, family, professional association, and other social groups have on individual psychology. Social support questions are common features of diagnostic tools, like the US Army Global Assessment Tool (GAT), that seek to identify an individual’s risk and coping factors associated with a variety of mental health challenges. Social structures can contribute to an individual’s sense of belonging, purpose, and self-worth. Social structures may function as a protective structure during stress and trauma or an outlet for sharing individual thoughts or feelings in response to perceived threats or stressors.<sup>18</sup> It is important to note that social structures can also contribute to harmful or negative coping. The presence or absence of social structures in an individual’s life does not automatically equate to positive coping. The extent to which social structures can influence individual resilience depends on the characteristics of that structure. Efforts to promote resilience must not stop at fostering social connections alone. They must ensure that social relationships are characterized by the types of interaction that help individuals positively cope.

Supportive social structures can be familial or non-kin relationships. The important quality of these structures is not the type or even frequency of interactions, but rather the prevailing dynamics within a group. Healthy social groups can support individual resilience in two ways: appraisal support and emotional support. Appraisal support refers to social interactions that assist an individual in defining and understanding the stress or trauma that he or

she may have experienced. Individuals who have relationships, either family or non-kin networks, to whom they can turn for appraisal support, may be better prepared to manage stress and trauma or cope with a particular event.<sup>19</sup> Emotional support refers to the sense of belonging an individual may find in a social group. Emotional support contributes to self-worth, which may be degraded by a stressful or traumatic event.<sup>20</sup> The important consequence of this finding is that resilience programs should not focus on the type of social group or interaction, for example, family, professional unit, or faith community, but rather the characteristics of the group.

The theory of “relational load” (TRR) is useful for understanding and assessing how intimate relationships impact individual resilience. TRR asserts that external stressors impact close relationships. Maintaining intimate relationships can improve emotional capital between partners and guard against harmful impacts of stress and trauma. Conversely, relationships that are neglected or lack committed levels of positive maintenance may become sources of stress. TRR advocates for individuals to practice regular interpersonal relationship maintenance through communication, supportive actions, and conflict resolution. Building positive patterns within relationships improves the ability of each individual in a relationship to cope with external stress and trauma in ways that lead to positive outcomes.<sup>21</sup> The TRR theory supports the assertion that merely having an intimate relationship is insufficient as a positive coping strategy. The character of intimate relationships is the critical factor in ensuring that they support individual resilience. The positive relationship maintenance descriptions in TRR provides further evidence that social resilience skills can be taught, learned, practiced, and improved over time.

The family genogram is a tool that individuals can use for assessing kin relationships and understanding the extent to which those social relations foster positive connections. The genogram originated as a tool for examining the relationships between members of a family, but

family therapists have adapted the genogram in a number of ways to analyze relationships between members of an ethnic group or professional group. The family genogram is a graphic depiction of a family that shows links between generations and individuals and includes information related to lived experience, for example, military service or domestic abuse. Clinicians use this tool to assess how an individual may be affected by family dynamics. It can also help identify risk factors for transmission of trauma through family members and protective factors within the family.<sup>22</sup> Clinicians and social workers who have used the genogram within military families highlight its utility: “From a solution-focused perspective, the clinician works in collaboration with clients, highlighting strengths that can enhance resilience and self-efficacy and therefore contribute to improved individual and family functioning and wellbeing.”<sup>23</sup> Tools like the genogram require administration by professionally trained practitioners, but also demonstrate that intentional examination of family networks is possible as a pre-emptive element of enhancing resilience and need not be used only as part of post-trauma or stress recovery.

The US Army Comprehensive Soldier Fitness Program (CSF) draws on social resilience as one among many positive resilience skills. The program uses modules to enhance soldiers' awareness of their roles within a group, particularly their professional unit, and view themselves as part of a cohesive whole. The function of spiritual resilience is partially rooted in social resilience. Faith-based groups can provide appraisal and emotional support to individuals who are part of their group. The GAT includes spiritual resilience among its battery of evaluation questions. Evaluation of the program has found that “The point is made that soldiers are more likely to fight effectively and adapt to the hardships and challenges they will confront if they are more inclusive about those around them—their team—rather than simply considering themselves.”<sup>24</sup>

In sum, a combination of physical, mental, and social, skills and habits can prepare individuals to better respond to stress and trauma through increasing feelings of self-worth, belonging, and reducing feelings of helplessness or loneliness. While biology plays a role, it is not a determinant of well being. Resilience skills can be successfully taught and learned and, in the case of social support, interpersonal relationships can be examined or built to provide healthful coping mechanisms both to and through stress and trauma. Understanding the building-blocks of resilience is a starting place for understanding resilience programming.

## **Resilience Programming in the US Army and Marine Corps**

### Resilience in the US Army

The US military has developed and deployed multiple resilience building programs and tools. Some programs have been short lived, including the curiously named US Air Force “One Shot One Kill: A Culturally Sensitive Program for the Warrior Culture”<sup>25</sup> others have proven more enduring and productive. Resilience programs in the US Army are noteworthy for their pre-emptive nature, focusing on building a multi-dimensional set of positive skills as opposed to developing resilience as a measure of care following distress or trauma. The Army programs are also inclusive of all soldiers, not only those at most risk of experiencing stress and trauma. The Army’s CSF and associated Master Resilience Training (MRT) programs foster positive skills for managing stress and trauma among soldiers. Army programs are interdisciplinary and do not promote a singularly biological or neurological approach to resilience. The Army’s holistic approach includes physical fitness, social connectedness, spirituality, and emotional well being, which are consistent with best practices. Other Army programs like the “Battlemind” training

prepare units for combat. While Battlemind is relevant to resilience, it focuses on combat readiness whereas the CSF is Army-wide and available in garrison and during deployment.

CSF is the US Army program first designed in 2009 “in an effort to increase the resilience and enhance the performance of soldiers, their families, and Army civilians. The definition of resilience is the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn and grow from setbacks.”<sup>26</sup> The CSF program addresses all soldiers, regardless of whether they exhibit outward signs of traumatic stress or distress. A key feature of the program is the GAT. It is a self-assessment of an individual’s resilience in five areas: social, emotional, family, spiritual, and physical.<sup>27</sup> The Army requires soldiers to take it annually. GAT is designed to identify areas where soldiers have strong resilience practices and beliefs. The tool also identifies soldiers who may need support to face challenges. Data collected from the GAT are available to individual commanders and the Army aggregates GAT data. The program has been the subject of both praise and critiques. For example, an early iteration of the GAT included a battery of questions regarding spirituality that tended to identify non-religious soldiers as being at risk or non-resilient, regardless of their scores in other areas.<sup>28</sup> While imperfect, the GAT offers a baseline for the Army to evaluate force resilience and year-on-year trends.

MRT is a train-the-trainers program designed to help Army officers promote resilience among their units. The MRT complements the GAT. In conjunction with the University of Pennsylvania Positive Psychology Program, the Army developed the seven-module MRT curriculum. It emphasizes mental and emotional skills. The curriculum includes mindfulness and social resilience by assessing and strengthening interpersonal skills.<sup>29</sup> The Army has measured the outcomes of the MRT program relative to GAT scores. The Army evaluated groups that

received MRT-trained officers against a control group over fifteen months in 2010 and 2011. It used GAT scores of eight randomly selected brigade combat teams (BCTs) to examine the program. The conclusions of the assessment were generally positive about the outcomes of MRT interventions. “Four [Brigade Combat Teams] received MRT and four did not. Over the 15-month period, [GAT] scores of the four BCTs receiving the training were significantly higher than the others, irrespective of other variables, such as unit leadership and cohesion.”<sup>30</sup> The assessment was inconclusive in determining which elements of the MRT were most effective and further inquiry is necessary to measure the impact of individual components of the MRT.<sup>31</sup> The Army has championed the CSF program as effective at promoting positive and pre-emptive resilience largely because of its multidisciplinary nature.

The CSF is not without critiques. The criticism of the program includes its management and implementation as well as its effects. Assessments of the CSF and other resilience programs in the military are particularly useful when they include qualitative feedback from individual participants and implementers in addition to quantitative results. One soldier who experienced the program within his unit published a critique of implementation stating:

We assessed the MRT program, and it did not fully attain our objectives within the unit. It became just an additional duty. First, the MRT was not a billeted position. The first battalion MRT held the position for three weeks, and then the Army put him on orders for recruiter duty. Second, battalion leaders believed MRTs and resilience training assistants were doing what squad leaders should be doing in the first place.<sup>32</sup>

This soldier went on to pair his critique with praise for other outcomes of the program including a heightened awareness of resilience and the ability of leaders to better discern risk factors among soldiers.<sup>33</sup> Another critique of MRT centers on the content and outcomes. Dr. Stephanie Smith offers a perspective that the CSF program shifts responsibility for distress from the institution to the soldier. She writes:

CSF's focus on correcting individual service members' coping skills and resilience, however, may deflect attention from alternate determinants of mental health outcomes, such as multiple redeployments and prolonged periods of combat related stress. This deflection could hinder a more robust understanding of how the current conflicts in the Middle East affect the health and functioning of US service members.<sup>34</sup>

Dr. Smith goes on to caution Army implementers and clinicians to be aware of the consequences of the program and monitor individuals who may feel that distress on their part is attributable to personal failure to learn and abide by the strategies outlined in the program.

### Resilience in the US Marine Corps

Like the Army, the US Marine Corps (USMC) has made increasing mention of resilience over the past decades and introduced resilience training for Marines. Resilience research and practice have included pre-deployment training and post-deployment transitions. Marine Corps doctrine and publications address resilience, though the use of the term and understanding of its utility diverges. Some Marines advocate for resilience as “a developed mindset”<sup>35</sup> and seek to develop it among Marines. Others refer to resilience as a static quality that should be measured among aspiring Marine recruits. The latter perspective appeared in the Commandant's Planning Guidance of 2012. Marine Corps writers and publications champion elements of resilience such as “grit” or “mental toughness” without a deeper definition of those qualities. While measuring resilience is a useful exercise for determining an individual's ability to thrive in the presence of stress, trauma, and adversity, it should not be used as a factor to determine the suitability of an individual for recruitment or a particular duty.

The concept of resilience in the USMC is nothing new, but programs to purposefully foster resilience have emerged in the past two decades. Early mentions of resilience as a multi-dimensional process aimed at positively coping with stress and trauma date back to the 1980s

and 1990s. Maj Joseph J. McMenemy describes individual resilience as an element of force readiness in his 1991 Marine Corps Gazette piece discussing the need to manage stress, develop meaningful social ties, and rely on trusted leadership. “During training, the soldier, and certainly the officer, can be given enough knowledge about human nature under the stresses of the battlefield when it comes his time to go forward, he can make tactical use of what he knows in the same way that he applies what he has learned about his equipment.”<sup>36</sup> This statement advances the notion that resilience is not a static skill, but rather as teachable as equipment maintenance.

Recent and current programming illustrates how the USMC understands resilience. In 1999 the Department of Defense issued Directive 6490.5 stating that “Combat Stress Control policies and programs shall be implemented throughout the Department of Defense to enhance readiness, contribute to combat effectiveness, enhance the physical and mental health of military personnel, and to prevent or minimize adverse effects of Combat Stress Reactions.” USMC resilience programs developed in response to the directive refer to Combat and Operational Stress (COS). The COS model differentiates between combat stress and the stress associated with life outside of combat - operational stress. Doctrinal publication MCTP 3-30E Combat and Operational Stress Control describes the approach to understanding and addressing COS.

The COS doctrine is organized in five areas: strengthen, mitigate, identify, treat, and reintegrate. Strengthening the ability of Marines to positively cope with stress, according to the doctrine, is a leadership responsibility. It acknowledges the multidisciplinary nature of resilience and describes its physical, mental, spiritual, and social elements. While the doctrine lists attributes like willpower, self-confidence, and courage, it falls short of providing meaningful evidence-based pathways or resources for achieving those endstates. The doctrine describes

discipline, ethics, and vision, but further programming is necessary to ensure that leaders of Marines are equipped to effectively promote individual resilience among Marines.

COS doctrine discusses mitigation techniques that are consistent with evidence-based findings about positively coping with stress. Mitigation involved actions that individual Marines and the USMC itself can take. Individual actions for leaders include recognizing signs of maladaptive coping and addressing them, enabling a positive command climate, fostering peer support, and addressing family cohesion. At a higher level, the doctrine suggests institutional responsibilities like minimizing the length of deployment or underway periods to reduce extended exposure to stress or trauma. The doctrine is a sound basis for leaders, but offers little for individual Marines seeking to build positive resilience. A primary difference in the Army and Marine approaches is agency. In the Army CSF program, an individual soldier has agency in examining her or his own resilience. USMC doctrine and programs place the onus on leaders to inculcate resilience among Marines and recognize when additional assistance is necessary.

The Marine Corps Operational Stress Control and Readiness (OSCAR) program arose around the same time that the US Army developed the CSF Program. OSCAR embedded mental health providers with Marines and trained leaders to recognize signs of stress and refer Marines for care. A 2015 Rand Corporation study of the program determined that it improved health seeking behavior among Marines, but the study did not recommend that the program continue due to the fact that it had no measurable impact on key mental health outcomes.<sup>37</sup> The Rand Corporation analysis of the OSCAR program aligns with the findings of other research that critique the USMC emphasis on identification and referral rather than a holistic approach. Dr. Frank Tortorello and William Marcellino wrote “Though there are worthwhile components of the US Navy/Marine Corps COS doctrine, we believe these are undermined by its emphasis on

identifying stress symptoms, constructing command climates that support Marines asking for help, and providing professional medical treatment for distressed Marines.”<sup>38</sup> The Marine Corps Center for Advanced Operational Culture Learning (CAOCL) conducted a study of resilience in the Marine Corps in 2013 with the final report drawing similar conclusions regarding the utility of resilience as both pre-emptive and multi-sectoral as opposed to a biological response subsequent to exposure to stress or trauma.

The 2013 CAOCL research is an informative basis for further analysis. The work responded to the Commandant’s call for improving resilience and examined it from a social science perspective rather than something biological or neuroscientific. CAOCL research surfaced the finding that while resilience is a multi-dimensional process with physiological, mental, spiritual and social dimensions, the Navy and USMC “recognize stress primarily as a physical condition, measurable, for example, by the levels of the hormone cortisol in the pituitary and adrenal systems.”<sup>39</sup> The researchers offer an alternative approach to fostering resilience that is consistent with an understanding of resilience as a set of positive skills rather than the absence of illness or injury. This approach is useful for the Army and relevant to USAID.

### **Resilience and Foreign Aid and Development**

Like the military, USAID employees are public servants who work within the national security architecture of the US government, however, differences in organizational culture affect how the lessons from the military can translate to resilience programming for civilians. USAID employees and service members face similar stresses. USAID professionals often work overseas where they are separated from social networks and face threats including violence,

communicable disease, and vicarious trauma when they respond to others in distress. The United Nations Office of Coordination of Humanitarian Affairs collects data on violence against aid workers and reported in 2019 that, for the previous calendar year “2018 was the second worst year on record for aid worker security, with 405 aid workers affected by major violence in 226 separate attacks.”<sup>40</sup> Violence against aid workers occurred in conflict settings like Syria and public health emergencies like the Ebola pandemic in the Democratic Republic of Congo. The heightened risk of experiencing stress and trauma calls for heightened measures to increase personal resilience.

USAID employees, especially those serving outside of the US, face unique challenges. Unlike aid workers associated with politically neutral parties like the International Committee of the Red Cross, USAID employees are sometimes viewed as instruments of US national power or parties to a conflict. USAID’s mission statement reflects that its work purposefully advances American interests:

USAID is the world's premier international development agency and a catalytic actor driving development results. USAID's work advances US national security and economic prosperity, demonstrates American generosity, and promotes a path to recipient self-reliance and resilience.<sup>41</sup>

Unlike non-governmental aid organizations like Médecins Sans Frontières (Doctors without Borders), USAID efforts are always aligned with national policy and do not claim neutrality.<sup>42</sup> USAID implementing partners often cooperate with military forces and jointly serve stabilization or other objectives.<sup>43</sup> Outside of active conflict zones, USAID implementing partners can use armed security, which changes their profile from organizations that eschew weapons. As a result, USAID workers and partners have been treated as combatants, particularly by criminal or insurgent groups who disregard laws of armed conflict and diplomatic protections.

USAID foreign service officers and host nation employees have been deliberately targeted and killed. Some aid workers have suffered through trauma and distress as a result of their work. The death of a USAID Foreign Service Officer in Afghanistan in 2012 alongside three soldiers illustrates the gravity of danger that aid workers face.<sup>44</sup> In 2010 insurgents in Afghanistan targeted USAID-funded implementers killing four, injuring others, and leaving survivors with lasting post-traumatic stress disorder.<sup>45</sup> Violence against aid and development workers is not limited to conflict zones. In 2016 religious extremists murdered USAID employee and gay rights activist Xulhaz Mannan in a machete attack in his home.<sup>46</sup>

Some elements of stress and trauma are similar for military service members and USAID employees, but there are important differences. A source of stress and trauma that USAID employees may be more likely to face is vicarious trauma or secondary traumatic stress (STS). People who serve traumatized beneficiaries including refugees, victims of violence, and gender-based violence can experience STS, which “occurs as a result of indirect exposure to trauma through a firsthand account or narrative of a traumatic event.”<sup>47</sup> STS is also present in military populations, but programs like the Army’s CSF and Marine Corps OSCAR do not specifically address it.

Stress and trauma associated with real violence or the perceived threat of violence has health consequences including depression, anxiety, and post-traumatic stress. Operational stress, to borrow from the Marine Corps vocabulary, also affects USAID employees. Some organizations offer comprehensive mental health and behavioral health services tailored to the needs of international development professionals. The Headington Institute and Greenleaf Integrative are examples. The Headington Institute works with humanitarian organizations and other first responders to support the long-term wellbeing of professionals in those fields.<sup>48</sup>

Greenleaf Integrative works with a range of clients in “highly demanding environments to protect the wellbeing and resiliency of their employees and organizations.”<sup>49</sup> The presence of organizations like these shows that a host of humanitarian and development organizations need support and there are professionals available to help. USAID has the opportunity to learn from the US military and better prepare employees for stressful work. An article in the *European Journal of Psychotraumatology*, for instance, makes a compelling case for the need to foster pre-emptive resilience among aid and development professionals:

Organizations need to develop prevention policies and strategies to make their aid-workers feel more connected to their role at work, and the goals and vision of the organization, which eventually may benefit their wellbeing and health. Organizational policy makers need to realize that it is their responsibility to better equip aid-workers with the support needed to mitigate negative ramifications of trauma work on the physical and mental health, as well as the intimate relationships of aid-workers. Organizational support interventions are recommended to incorporate physical health as well as mental health strategies for aid-workers, since it is crucial, as an organizational pledge, to care for the caregivers to enhance their capacities in caring for the traumatized in humanitarian emergencies.<sup>50</sup>

USAID recognizes the necessity for fostering positive resilience in the workforce and makes resources available for employees, but there is room for growth. USAID’s Office of Human Capital and Talent Management (HCTM) Staff Care section is responsible for implementing wellness programs. Staff Care offers resources for USAID personnel world wide including wellness coaching. Resources are available to staff by phone when they access a 24-hour hotline.<sup>51</sup> These programs are implemented by non-USAID staff who are based in the US. USAID offers staff the Global Wellness Questionnaire for all employees to take free of charge; however, it requires individuals to take the initiative to access it unlike the GAT, which is a standardized tool for soldiers. USAID Staff Care programs are not implemented by USAID personnel, but rather outsourced to non-USAID vendors and not tailored to the needs of aid workers. The military uses programs like OSCAR and MRT to bring care and support proximate

to service members. USAID does not collect personal information for those who access services or track data on staff resilience whereas the Army collects and analyzes year-on-year GAT data.

The Department of State (DoS) is USAID's parent organization and provides some with resilience resources that can be made available to USAID employees.<sup>52</sup> DoS pre-departure training is required for all overseas employees via the Foreign Affairs Counter Threat (FACT) program. FACT is administered by the DoS Diplomatic Security Service over the course of five days of on-site training at a DSS-affiliated training center. Currently, the FACT program includes a one-hour module for all personnel entitled "Lifestyle Management" that encompasses certain aspects of resilience including physical fitness and mitigation of maladaptive coping mechanisms like substance abuse.<sup>53</sup> FACT is the only mandatory training program for USAID employees that includes material on positive resilience.

The DoS Foreign Service Institute (FSI) offers resilience training available to USAID employees in Washington D.C. via the FSI Transition Center. The suite of resilience courses available FSI include: Building Your Resilience, Resilience Leadership, and Encouraging Resilience in Your Foreign Affairs Child. These programs are optional and unavailable to USAID workers serving overseas.<sup>54</sup> Accessing the FSI resilience programs takes proactive efforts on the part of Washington-based employees and the consent of their supervisors, who may be only disposed to allow for required training programs.

While the case for fostering pre-emptive resilience among aid workers is strong, the methods and programs for doing so are unclear. Examining military programs is a useful exercise; however, some differences should be noted up front. The extent to which foreign service officers exercise individual autonomy is greater than the autonomy afforded armed service members. The US military restricts and governs the actions of its members within the

boundaries of their professional responsibilities and in their lives outside of duty. Members of the military are accustomed to their professional leaders acting *in loco parentis* governing their whereabouts, physical appearance, exercise, sleep habits, and often counseling service members about personal relationships and finances.

USAID employees enjoy greater autonomy than military members, though extremes of behavior, like alcoholism or domestic violence, garner the attention of their superiors. The prevalence of chaplains in the military, who often take on roles of significance to fostering resilience, are absent at USAID. While chaplains cannot fulfill the role of a clinically trained mental health provider, they can serve as a safe entry point for military members seeking mental health care, both pre-emptively and *ex post facto*. For those who seek to foster spiritual practices as an element of resilience, chaplains can help. USAID employees lack a similar intermediary. Physical fitness also plays a prominent role in the military. While fitness is only one element of positive resilience, military members are compelled to be physically fit to perform their duties, which has a residual benefit for positive resilience. USAID employees are required to meet a minimum standard of medical fitness to serve overseas, but are not governed by the same standards.

USAID workers are a distinct population from the military, but they can benefit from learning some of the same positive resilience behaviors and practices. The organizational differences between military and civilian institutions require different implementation modalities and points of entry. The military resilience-building programs like the Army CSF can be useful to USAID employees insofar as they take a multi-disciplinary and pre-emptive approach to fostering resilience among all members of the profession, not only those who are distressed. USAID can and should approach positive resilience building in a similar multi-disciplinary

manner, but it must be implemented within the cultural norms of the civilian institution. For example, while the Army can require soldiers to take the GAT and report their answers to their immediate leadership, USAID may make the use of such a tool voluntary and limit the information and resources for personal use. While the military, as demonstrated in USMC doctrine, places the onus on leadership to ensure the personal resilience of Marines, civilian culture is less invasive and must leave the initiative up to the individual while providing resources for those who wish to access them.

### Recommendations for USAID

USAID has the ability to learn from the military and help employees foster positive resilience behaviors. In order to do this USAID can take concrete steps to improve resilience. The fundamental change required for USAID is to proactively support employees in developing positive coping skills for stress and trauma. The current paradigm within USAID is that individuals must recognize their need for resilience support and take individual action to find and access resources for building resilience. The Army and Marine Corps have recognized that stress and trauma are risks of the working environment and resilience programs must not be driven by demand only from employees who are already experiencing distress. Like the military, USAID can and should take action to inculcate resilience skills for the entire workforce and restate the importance of resilience with regularity.

A USAID effort to promote resilience among employees should start with Agency leadership. Supporting change requires the buy-in and advocacy of the Agency Administrator. The Administrator and other key leaders, including the senate-confirmed heads of the regional and function bureaus and the chief of the Human Capital and Talent Management Office can

become champions for resilience. An initial step for USAID would be to place resilience on the agenda of the Administrator's Leadership Council (ALC). One purpose of the ALC meetings, which are chaired by the USAID Administrator and attended by senior leaders, is "to deep-dive into specific issues requiring the attention of the leadership team."<sup>55</sup> The senior USAID leaders are charged to ensure the safety, security, and well-being of all USAID employees. By adding resilience to the agenda of the ALC, USAID would demonstrate a cross-agency commitment to the well-being of the workforce. In the context of the ALC, USAID can devise a plan of action to ensure that a meaningful suite of resilience skill-building resources are made available to employees worldwide. Such a plan should start with the acknowledgement that resilience is not a treatment for individuals in distress, but rather a set of skills that will enhance the well-being of the workforce and influence the quality of work that USAID professionals deliver. The ALC should consider adopting a positive definition of resilience for individuals and plan for methods to make staff aware of what it means to be resilient. The Journal of Special Operations Medicine discussion of resilience definitions would be useful for USAID to adapt because it shows that resilience is positive, teachable, and pre-emptive. A conversation about pre-emptive resilience at the highest levels of the Agency can set an agenda for change within the organization.

USAID can and should seek out champions throughout the organization that help provide resilience resources to individuals. USAID should recognize the role of subordinate leadership in fostering resilience and take the resources out of the exclusive domain of the Staff Care section and senior leaders in Washington. The most important leaders for encouraging and enabling resilience skill building are those who are proximate to individuals. As one Army college said in reference to the Army MRT, "[fostering resilience] is what squad leaders should be doing anyway." USAID should make efforts through overseas mission directors, deputy mission

directors, or executive officers to ensure that staff members are aware of resources, have access to them, and make use of them before they are in distress. Identification of champions both overseas and in Washington who are close to their peers is critical for ensuring that resilience skills are part of the toolbox of every USAID employee, regardless of their duty station. Resilience champions should be those who are willing to learn about the skills that individuals need to enhance resilience, aware of the resources that USAID has available to promote resilience, and those who are visible and approachable at missions overseas. For resilience efforts to succeed, USAID must foster a multi-level and multi-party network of champions who can reach out to staff and to whom USAID staff can turn.

A resilience agenda for USAID should carefully consider individual agency. Unlike the military, USAID does not mandate individual skill building like physical fitness or provide agency resources for social or spiritual matters like the military does. Though individuals in USAID are less subject to personal oversight than members of the military, the Agency can and should seek institutional entry points to addressing resilience and create a network of champions who can promote a resilience agenda. Resilience skill-building should be voluntary for USAID employees, yet it can be encouraged by professionals at every level of the institution. Peers, supervisors, and leaders may not mandate resilience skill building, but they can provide resources to employees and make the case for resilience as a part of professional growth. Entry points for encouragement and referral may include regular supervisory check-ins, pre-departure consultations, or engagements at overseas posts through the Community Liaison Officer. These occasions and milestones are regular enough to reinforce the message of positive coping and to help individuals build and reinforce skills.

Incorporating resilience should happen in two ways. First, individuals should be equipped with a robust understanding of what resilience means. Second, they should have access to skill-building resources from USAID. Supervisory check-ins, for instance, are required through the performance management system. Including resilience as a voluntary part of performance management may be a useful way to highlight resilience alongside individual professional development. Like the Army GAT tool, a USAID resilience tool could be part of the performance self-assessment, though only for individuals to use rather than a way of measuring performance. Supervisors can also use professional development check ins to gauge employee interest in resilience and to express support for resilience skill-building. Providing a purpose and a means for individuals to take action supports resilience skill building without crossing the boundaries between professional and personal behavior that differ between civilian and military institutions.

USAID should also emphasize pre-emptive resilience as opposed to referral for care. As the military has demonstrated, treating someone who is ill or suffers a moral injury is costlier and more difficult than fostering positive coping in advance of stress or trauma. USAID should not only encourage staff to reach out for help in times of crisis or distress, but make resilience part of every employee's professional development plan or at least use supervisory check-ins to raise awareness about resources available before crisis and distress. Resilience is not a static set of skills, it can be built over time and practiced. The USAID skills matrices are the standards against which every USAID employee is measured. Among the skills on the matrix are promoting the skills and talents of subordinates. Incorporating encouraging messages for resilience building into the skills matrices for all USAID supervisors can create an entry point that is both proximate to individuals and applicable to everyone - not only those in distress. To

promote resilience, individuals and supervisors can draw on some of the extant physical, mental, and social skill-building modules that are available from staff care and the Foreign Service Institute and direct all employees to them. While these modules should be voluntary for USAID staff as opposed to mandatory, as in the military, ready training in Washington and at overseas posts would help individuals learn and grow and provide supervisors the resources to reach out to employees before they show signs of distress.

USAID must also further invest in tailored resources for aid workers. The military programs like CSF and OSCAR recognize that the military is a unique organization with its own culture. Like the military, USAID culture, particularly overseas, is different from domestic government employment. The existing resources available through StaffCare are of a general nature and do not account for unique barriers that USAID staff may face, including cultural and language barriers, distance from supportive social networks, or physically challenging or threatening environments. Tailored tools for aid workers should seek to educate staff and increase awareness of primary as well as secondary trauma. Unique tools may be necessary for non-US foreign service national staff members who may be unable or less inclined to use English language resources or resources that are developed for a primarily American audience. There are service providers that specialize in international humanitarian health and well-being and USAID should consider engaging them to augment the more general resilience building tools that it currently makes available to staff who request support. While private firms and non-governmental organizations offer good resources for fostering resilience skills, USAID must be careful not to outsource the entire effort. Ownership and accountability for resilience building must remain within the agency.

Further, resilience skill-building for USAID employees must be an ongoing process. Like physical fitness, resilience skills are perishable and an individual's needs will vary during different times in his or her career. Fostering resilience should not only take place during a discrete training, it must be conceived of and reinforced as a skill that requires maintenance. Like the variable entry points, there must be a consistent and prolonged series of milestones whereby USAID employees encounter resilience messaging. New employee training is a useful time to introduce the concept of resilience among employees and share how and why resilience behaviors can help employees cope with stress and trauma. Onboarding; however, is not enough. A lifecycle-approach to resilience that mirrors other cycles would be useful. For instance, USAID foreign service officers receive checklists and other resources in advance of overseas posts. Including information in these packages about resilience resources, for example, places, groups and people who exercise regularly, meditation or yoga classes, religious institutions, counseling and support groups, and other self-guided resources may be helpful supplements to the "getting to post" checklist.

Finally, USAID must seek to make resilience a comprehensive skill set. Resilience resources must encompass physical, mental, and social elements in line with the best practices fostered by the US Army. USAID must also take care that resilience is described in secular terms and not exclude those without a professed religious faith. The essence of resilience is that it is a set of skills that can and should be reinforced and nurtured rather than a singular training that will help employees avert stress and distress.

## **Conclusion**

Resilience is best defined as the presence of healthy skills, behaviors, and attributes that help a person cope with stress and trauma and rebound. USAID has the opportunity to adopt a positive definition of resilience and help employees build the skills that they need to serve within the national security architecture of the US. The US military has undertaken resilience programming with mixed results, but proven that it is a teachable, learnable, and perishable set of skills and behaviors that are necessary for a strong and ready force.

Resilience involves physical, mental, and social elements and practices that can be taught and strengthened over time and through repetition. USAID has the opportunity to support employees by establishing tailored interventions informed by the military experience to make these skills and practices available to the workforce. The military has demonstrated that resilience programs are best when they are championed by peers and supervisors close to individuals. Resilience programs for USAID should be voluntary, yet readily available to employees regardless of their duty station. USAID can and should investigate resilience resources and programming to include the non-American employees serving overseas. With advocacy from leadership and consistent messages about the availability of effective resources for physical fitness, mental health, and social support, USAID can strengthen the resilience of its global workforce.

While the military has made strides, it can still improve. The military should continue to study resilience programs and optimize programs based on operational learning performed over time. The Army and Marine Corps can continue to evolve and inform the discourse on resilience that is critical to all people working in service of the United States of America.

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