
EEOC FORM
715-01 PART E

U.S. Equal Employment Opportunity Commission

FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

Department of the Army, US Army Medical Command

for Period Covering October 1, 2008 to September 30, 2009

EXECUTIVE SUMMARY

Agency Vision:

America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People. Army Medicine...Army Strong!

Agency Mission:

- Promote, Sustain and Enhance Soldier Health
- Train, Develop, and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

Organization Leadership:

- Lieutenant General (LTG) Eric B. Schoomaker is The Surgeon General (TSG) of the Army and is dual-hatted as the Commander, US Army Medical Command (MEDCOM).
- As TSG, he serves as the medical expert on the Army staff and provides advice to the Secretary of the Army and senior Army leaders.
- As MEDCOM Commander, he provides direction and planning for subordinate commands, agencies, and fixed hospitals of the Army Medical Department.
- The "OneStaff Concept" blends the staffs at the Office of The Surgeon General (OTSG) and Headquarters (HQ) MEDCOM into a single staff to support OTSG/MEDCOM missions.

Strategic Themes:

- Maximize Value in Health Services
- Provide Global Operational Forces
- Build the Team
- Balance Innovation with Standardization
- Optimize Communication and Knowledge Management

MEDCOM Installations:

The MEDCOM has command and control of two Army installations -- Fort Detrick, located in Frederick, MD, and Walter Reed Army Medical Center (WRAMC), Washington, DC.

US Army Garrison (USAG) Fort Detrick hosts 30 tenants from the Department of Defense (DoD), Agriculture, Justice, Treasury, and Health and Human Services. US Army Medical Research and Materiel Command (MRMC) has HQs and several research and logistics units at Fort Detrick, MD.

In addition to WRAMC, the Walter Reed installation in Washington, DC, is home to the Northern Regional Medical Command, the Armed Forces Institute of Pathology, the Walter Reed Army Institute of Research (WRAIR), and the DoD Deployment Health Clinical Center, to name only a few of the distinguished organizations located on the installation.

While not under MEDCOM control, Fort Sam Houston, TX, is known as "the home of Army Medicine." It houses HQ MEDCOM, the Army Medical Department Center and School (AMEDD C&S), Brooke Army Medical Center (BAMC), the US Army Institute of Surgical Research, and other tenants.

Equal Employment Opportunity (EEO) Program:

The MEDCOM Office of EEO Programs' support of the MEDCOM mission includes:

- Providing guidance and assistance in the development of a diverse MEDCOM workforce that includes representation of women and minority groups, e.g. monitor workforce profile, identify applicant pools and resources, conduct timely staff assistance visits (SAV);
- Assisting MEDCOM commanders, managers, and supervisors in assuring a workforce environment free of any unlawful discrimination based on race, color, religion, sex, national origin, age, disability (physical and/or mental), or reprisal for engaging in EEO protected activity for all MEDCOM personnel, e.g. reduce EEO complaint processing time, train managers and employees; and
- Identifying and helping to eliminate barriers to the employment of qualified individuals with disabilities or accessibility to entitled services or programs at MEDCOM facilities, e.g. ensure access to services or programs, monitor information technology (IT) accessibility.

These activities are aligned with the Army Medicine Balanced Scorecard, Objective 17.0, Improve Recruiting and Retention of Army Medical Department Personnel.

The EEO Program is designed to ensure equal opportunity in all aspects of employment for approximately 40,000 appropriated fund (AF) and non-appropriated fund (NAF) MEDCOM civilian employees working at Army activities throughout the Continental United States (CONUS), Alaska, Hawaii, Europe, Korea, and Japan. The civilian workforce works alongside and supports the uniformed service members of the MEDCOM and performs the same or similar functions in most non-combat areas.

With the significant geographic dispersal of other MEDCOM facilities and activities (medical, dental, and veterinary), the greatest part of the operational aspect of the command's EEO Program continues to be conducted through EEO offices belonging to the Installation Management Command (IMCOM) or other Major Army commands (MACOM). Servicing responsibilities are outlined in Common Levels of Support or Memorandums of Understanding for intra-service assistance at installations located throughout CONUS and outside of CONUS.

Report Preparation:

Our Management Directive (MD) 715 Report analyzes the MEDCOM EEO Program from a global standpoint. Barrier identification and development of specific action plans for MEDCOM facilities and activities occur at the installation level, as needed. Servicing EEO offices incorporate MEDCOM facility-specific information in their individual MD 715 submissions and report directly to their higher Army HQs and the Equal Employment Opportunity Commission (EEOC). They provide the MEDCOM Office of EEO Programs with information that may have MEDCOM-wide implications for inclusion in the MEDCOM report.

The Department of Army (DA) deployed new demographic data collection software (Business Objects XI Version 3 [BOX1v3]) in May 2009 to interface with the DoD Civilian Personnel Data System (DCPDS). This software incorporates the EEO discrimination complaints tracking (iComplaints) system. Systemic anomalies have inhibited timely access to statistical data required for annual reporting and training of MEDCOM EEO personnel. The systems should assist in performing an improved barrier analysis of MEDCOM work environments and development of a more complete MD 715 report.

Queries for gathering applicant flow data, selection and promotion data, career development information, and quality step increase statistics have been added to the DA MD 715 Reporter tool. These queries continue to be rewritten upon recommendations from the DA EEO Modernization Committee.

AGENCY SELF-ASSESSMENT

Essential Element A: Demonstrated Commitment from Agency Leadership

LTG Schoomaker was appointed as the MEDCOM Commander on 14 December 2007. He signed and disseminated his current EEO policy statement on 22 April 2009. The Commander's policy statements at both the USAG Fort Detrick and Walter Reed have been signed, disseminated, and posted on all official bulletin boards readily accessible to their respective workforces.

Staff members of the MEDCOM Office of EEO Programs brief the Commander, the Chief of Staff, and senior leaders on the MEDCOM EEO Program semiannually. The briefings include information on workforce profiles, complaint activity, and Special Emphasis Program (SEP)/community outreach initiatives throughout the Major Subordinate Commands (MSCs). Servicing EEO officers are encouraged to provide regular EEO updates to their serviced MEDCOM commanders and provide similar program information. The EEO staff routinely participates in the Strategic Performance Action Plan, briefing the Chief of Staff on EEO complaint activity.

The Commander's EEO policy is available to new supervisors on the MEDCOM EEO website. This information is also referenced during Human Resources (HR) for Supervisors training, formerly known as the Basic Supervisory Development Course. This training is required for all new supervisors within six months of assuming supervisory duties. The policy is also accessible to all subordinate commanders, managers, supervisors, and employees. This information is made a part of New Employee Orientation training programs. In addition to the websites that have been developed by MSCs, MEDCOM organizations and installation EEO offices have likewise developed websites for posting of EEO policies and program information. The Walter Reed EEO Office publishes a quarterly newsletter that provides EEO Program information to the workforce.

Fiscal Year (FY) 2009 SAVs were conducted at three medical centers (MEDCEN), five medical treatment facilities (MTF) in CONUS, one MTF in Korea, and one MSC. The visits included reviewing policy statements, Affirmative Employment Programs (MD 715), SEP operations, and EEO complaint processing. All SAVs reflected command support for EEO tenets and practices and IMCOM EEO Office support for the MEDCOM organizations.

Supervisors receive a variety of training in managerial, communication, and interpersonal skills for supervising a diverse workforce. The courses to date have included the HR for Supervisors Course, the Leadership Education and Development Course, and senior leadership courses such as the Organizational Leadership for Executives course, Personnel Management for Executives I and II, and the Sustaining Base Leadership and Management Program. The Civilian Education System (CES), a progressive and sequential leader development program, continues to enhance leader development and education opportunities for Army civilians throughout their careers.

The CES consists of four courses (Foundation, Basic, Intermediate, and Advanced) that replaced the previous inventory of legacy courses offered for Army civilians. The MEDCOM Office of EEO Programs has also developed EEO-related training modules for managerial, communication, and interpersonal skills. These modules are available to the Civilian Personnel Liaison Officers at MEDCOM organizations to be used in the training of new managers and supervisors or in refresher training for managers and supervisors.

The Prevention of Sexual Harassment (POSH) training is conducted throughout the MEDCOM. All military and civilian personnel train to the same standard (twice each year) per the MEDCOM Commander's guidance exceeding the DA requirement of once every other year. The training incorporates all required elements. To meet this training requirement and ensure a sufficient number of trained course managers, MEDCOM EEO has nominated numerous Equal Opportunity (military) Advisors and Leaders, in addition to EEO professionals in our MEDCOM EEO Offices, for the Army POSH Train-the-Trainer Program.

Notification and Federal Employee Anti-Discrimination and Retaliation (No FEAR) Act of 2002 training is conducted throughout MEDCOM. All civilian personnel and military supervisors of civilian personnel received initial No FEAR Act training in November and December 2006 and all new employees continue to receive the training at New Employee Orientations. Refresher training is required biennially. During Calendar Year 2009, approximately 91% of the applicable MEDCOM workforce has completed No FEAR Act refresher training.

The MEDCOM Minority College Relations Program provides management officials with a mechanism for enforcing the Command's EEO policy. The program enables the development of partnerships with Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), Tribal Colleges and Universities (TCU), and Minority Institutions (MI). MEDCOM organizations have also continued their community outreach programs to local schools by participating in mentoring programs, career days, science fairs, and donations of excess computer equipment.

Essential Element B: Integration of EEO into the Agency's Strategic Mission

EEO Offices within the MEDCOM are fully staffed and funded to ensure successful operation. The EEO Office at Fort Detrick was assigned a DA EEO Intern during the last reporting period. She is being trained in all functional elements of the program, various elements of the civilian personnel management system, and other EEO-related programs and processes. A specific Individual Development Plan has been designed for her. She will be placed as a full-time EEO Specialist at the Fort Detrick EEO Office upon completion of her internship.

EEO Officers at USAG Fort Detrick and Walter Reed are active members of their respective Command Strategic Planning Committees.

The Office of EEO Programs and Civilian Human Resources Division officials continually collaborate on improving processes and procedures for conducting strategic recruitments, vacancy projection, and succession planning. The Director of EEO Programs is included as a presenter at regularly scheduled training sessions for new MEDCOM Commanders at the Pre-Command Course and for MEDCOM Career Program/Field Managers. These venues offer opportunities to provide new commanders and managers with information on current EEO issues, proper management of civilian employees, and personnel actions/decisions affecting careerists. Over 60% of the MEDCOM workforce is employed in career programs/fields. The 2009 Pre-Command Course was attended by 50 military officers preparing to take command of MEDCOM organizations. EEO information was also provided to the Deputy Surgeon General during the reporting period for his presentation at a similar course.

MEDCOM installation EEO Offices are included in the review process for all recruitment/selection actions occurring in serviced organizations. This provides an opportunity to ensure that the area of consideration for vacancy announcements is large enough to reach interested applicants from underrepresented groups and that selecting officials are informed of affirmative employment objectives.

SEP managers and committees have been established at both MEDCOM installations. All SEP managers have received appropriate training and committee members have been trained. Emphasis has been placed on developing and conducting employment-related programs and activities.

The MEDCOM EEO Director is a member of the MEDCOM Civilian Advisory Board (CAB). The CAB was chartered to identify, review, coordinate, and make recommendations to the MEDCOM Commander and staff about training and leader development issues affecting the MEDCOM civilian workforce; to serve as an advocate for MEDCOM Army civilians in matters raised to the Commander; and to highlight the importance of keeping civilian workforce issues integrated into the command planning process. The CAB was joined with the MEDCOM National Security Personnel System (NSPS) Executive Board (MEDNEB) to provide a forum for addressing civilian human resources' requirements, issues, and priorities for all projects and initiatives that affect the life cycle management of civilians assigned to OTSG and MEDCOM. The Director of EEO Programs remains an Advisory Member to the MEDNEB-CAB.

The MEDCOM Office of EEO Programs participates in NSPS planning, training, and implementation sessions within the Command in concert with the Civilian Human Resources Division team. The EEO Director also had an opportunity in June and August 2008 to participate in a review and usability process for the latest version of the NSPS Performance Appraisal Application (PAA v3.0) which was released in October 2008.

Essential Element C: Management and Program Accountability

There is no MEDCOM-wide Merit Promotion Plan. Merit Promotion Program policy and procedures, Employee Recognition/Award Programs, and Employee Development and

Training Programs are centrally controlled by the DA Civilian Human Resources Agency and Civilian Personnel Operations Centers. Servicing Civilian Personnel Advisory Centers (CPAC) generally prepare a 1-2 page document that addresses the local Merit Promotion policy.

The MEDCOM Office of EEO Programs is a non-voting participant on the High Grade Review Panel which recommends approval or disapproval of new positions, position upgrades, and position modifications for grades GS-14 and above to the MEDCOM Chief of Staff. The Office is a non-voting observer for the semiannual USA Dental Command Expanded Functions Dental Assistant Selection Panel process. The Office also reviews all NSPS pay setting actions.

Essential Element D: Proactive Prevention

The MEDCOM Office of EEO Programs is coordinating with the Commanders of the AMEDDC&S and Regional Medical Commands to include EEO training in leadership development training for mid-level and senior-level leaders.

During the SAVs conducted in FY2009, coordination was made to ensure that information on AR 600-7 (Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army) and Title 10 US Code Section 1561 (Complaints of Sexual Harassment: Investigation by Commanding Officers) was furnished to local commanders and staff. This information helps to ensure facility accessibility compliance and proper processing of complaints filed under Title 10 USC Section 1561.

The Walter Reed EEO Officer restructured EEO Program priorities and created a training/mediator position to place greater emphasis on alternative dispute resolution (ADR). The EEO Officer participates in developing business plan and strategic plan initiatives ensuring that business practices, Base Realignment and Closure incentive initiatives, and strategic recruitment efforts promote civil rights and EEO.

Essential Element E: Efficiency

With the DA complaints tracking system (iComplaints), the MEDCOM Office of EEO Programs has been able to monitor the timely processing of complaints filed against MEDCOM organizations and address delays (to include investigations) directly with servicing EEO Offices, the Investigations and Resolutions Division (IRD), or EEOC. EEO discrimination complaint investigators from IRD are DoD Civilian Personnel Management Service assets not under the supervision of DA EEO Officers. It is sometimes difficult, therefore, to ensure that investigations are conducted in a timely manner and reports received within the 180-day timeframe. The office also maintains close cooperation with IRD's Army Component Director in resolving any processing issues.

There is a total of 71 servicing EEO offices performing EEO complaints management, including counseling, for MEDCOM facilities worldwide. EEO SAVs to our MEDCOM

organizations provide an opportunity to meet with and discuss servicing issues with the EEO Office personnel at the Garrisons where those organizations are tenants. We have reviewed in particular the availability of EEO counselors (DA-trained and certified) and refresher training that is being conducted for counselors (an EEOC requirement), the use of ADR/mediation in both the informal and formal stages of the process, and data input into the iComplaints data system.

EEO Specialists from the HQ MEDCOM Office of EEO Programs and USAG Fort Detrick EEO Office participated in a DA-certified EEO Counselor Train-the-Trainer Course in July 2008 and were certified as members of a 23-person, DA-qualified, core training team to train new collateral-duty EEO counselors throughout Army. These Specialists are scheduled to teach courses for MEDCOM personnel and other Federal collateral-duty counselors who periodically counsel for servicing Army EEO offices.

Managers and supervisors receive ADR training as part of mandatory Birth Month Annual Review (BMAR) training, HR for Supervisors Training, and other EEO training developed locally for supervisors/managers.

The MEDCOM Office of EEO Programs assists servicing EEO offices by identifying appropriate management officials for participation as ADR/mediation resolution authorities.

Essential Element F: Responsiveness and Legal Compliance

Ensuring compliance with EEOC orders is not specifically included as a performance standard for all agency employees. The responsibility for support of the EEO Program rests with all members of MEDCOM. This is articulated in the Commander's policy and is reflected in EEO critical elements of all civilian and military supervisors and managers.

In EEO complaints where Negotiated Settlement Agreements have been made, the MEDCOM organizations have worked cooperatively with the servicing EEO Office, CPAC, and Staff Judge Advocate Office (Labor Counselor) to ensure adherence with all terms of the agreement. A culpability study is also encouraged where appropriate.

The HQ MEDCOM Office of EEO Programs is closely monitoring the processing of all EEO complaints filed against MEDCOM organizations throughout the Army through the iComplaints data system. Continued interface with servicing EEO Offices on almost a daily basis provides an additional opportunity to evaluate the MEDCOM complaint activity and the timely processing of complaints.

WORKFORCE ANALYSIS

Hispanic Males Representation (Data Tables A6-1-1 and 6-1-2). MEDCOM representation of Hispanic males decreased by .23% in 2009 (2.62%) from FY2008 (2.85%). This representation has not reached parity with the 2000 National Civilian Labor Force statistic for Hispanic males (6.10%).

The EEO-1 Aggregate Report published by EEOC, North American Industry Classification System (NAICS-3) Code 622 Hospitals, indicates a Hispanic male representation of 1.8% overall and rates of 0.8% for Hispanic Professionals and 2.5% for Hispanic Technicians.

Review of the five most critical professional (medical, dental, veterinary) and five most critical technical occupations in MEDCOM indicates a MEDCOM Hispanic male representation of 1.6% overall, rates of 1.1% for Hispanic Professionals, and 0.9% for Hispanics Technicians. Percentages compare relatively favorably overall and exceed the rate of Hispanic professionals in the private sector.

Hispanic Males	NAICS-3 %	MEDCOM %
Overall	1.8	1.6
Top 5 Professional Occupations	0.8	0.9
Top 5 Technical Occupations	2.5	1.6

Strategies for further increasing representation of Hispanic males include:

- The use of the Hispanic Association of Colleges and Universities Local Intern Program -- a DA initiative that provides college students from HSIs an opportunity to work in Army during a fall, spring, or summer session -- has been briefed to MEDCOM commanders.

- The Command supports the San Antonio Diversity Consortium (SADC). The Consortium, established in 2000, was developed in direct response to the Hispanic hiring initiative outlined in Executive Order 13171, *Hispanic Employment in the Federal Government*, and in support of the Office of Personnel Management’s Hispanic Employment Initiative, 9-Point Plan. The SADC provides its members with:

- A resource for increasing awareness that diversity is not only a social responsibility, but an economic necessity and a critical business practice.

- A forum for the exchange of information among government, business, and education leaders about employment strategies and challenges.

- A point of coordination for the development and operation of recruitment programs and other opportunities for employment.

- A means of reducing costs by avoiding duplication of efforts.

2+ Races Representation (Data Table A-1). The restructuring of the race/national origin (RNO) reporting paradigms resulted in changes of all RNO categories from FY2006, particularly an increase in the “2+ Races” category displayed below.

	FY2006		FY2007		FY2008		FY2009	
	#	Net Change						
Males	1605	421.1%	110	- 93.1%	198	80.0%	355	79.3%
Females	3045	393.5%	230	- 92.3%	449	95.2%	738	64.4%

NOTE: The introduction of the new paradigms causes fluctuation in other RNO categories, particularly negatively skewed data in FY2006. It may take at least five years of comparative data using the new paradigms to have an accurate portrayal of the MEDCOM workforce and to perform cogent barrier analysis based on current data basis configuration. Currently Hispanics are regarded as a racial grouping and Hispanics with multiple racial identifiers are regarded as 2+ Races. Should Hispanics be regarded in future calculations as a National Origin grouping regardless of the number of racial identifiers included in self-identification, the numbers currently appearing as 2+ Races would probably result in higher Hispanic category numbers and lower 2+ Races numbers.

Individuals with Targeted Disabilities Representation (Data Tables B-1, B15-1, and B15-2). The overall representation of individuals with disabilities (IWD) in MEDCOM remains high (8.2%). The MEDCOM FY2009 population of individuals with “targeted” disabilities rose from 246 to 277, resulting in a slight increase (0.70% to 0.73%). We remain under-represented in this category in comparison to the Federal high of 2.2%.

- **MEDCOM representation of individuals with targeted disabilities (0.7%) is below the Federal high of 2.2% (Data Table B-1).**
- **MEDCOM representation of disabled veterans is 8.2% overall (Data Table B15-2) with representation of 30% disabled veterans at 9.0% (Data Table B15-1).**
- **MEDCOM representation of disabled veterans with targeted disabilities is 0.4% (Data Table B15-2).**

- DA has issued a Reasonable Accommodation (RA) policy in compliance with guidance issued by the EEOC. It requires written documentation of requests for RA and management’s response to the requests. The policy directs that copies of the requests and the responses be provided to the servicing EEO Office and reported annually to the MEDCOM Office of EEO Programs and DA.

Applicant Pool Analysis. DA EEO and Civil Rights office introduced an applicant flow data query series to capture data on the applicant pool from job announcements. As a result of comparison testing on referrals, considerable inconsistencies have been identified with the data produced from the applicant pool folder in the HQs Army Civilian Personnel System (HQACPERS) universe. It is anticipated that the validity of data will improve in the near future; however, further testing will be needed to verify integrity. There is an added problem of multiple occurrences of applicants on referrals that could potentially create inflated results by race, ethnicity, and gender categories under the FED 9 analysis.

Ratio of Person with Disabilities by RNO (Data Table B-15). Areas shaded in gray in the table below reflect percentages of individuals with disabilities and targeted disabilities below the percentage of CLF.

RNO Categories	CLF %	RNO Workforce %	Dis %	Tar Dis %
Hispanic Male	6.1	2.6	3.6	4.4
Hispanic Female	4.5	4.2	3.2	1.8
White Male	39.2	21.2	28.3	29.4
White Female	33.8	36.8	28.5	34.4
Black/African American Male	4.8	7.3	10.3	8.3
Black/African American Female	5.6	17.8	15.7	11.2
Asian Male	1.9	1.7	1.7	1.5
Asian Female	1.7	4.0	2.5	3.3
Native Hawaiian/Pacific Island Male	0.1	0.2	0.4	0.4
Native Hawaiian/Pacific Island Female	0.1	0.6	0.6	0.7
American Indian/Alaskan Native Male	0.3	0.2	0.4	0.0
American Indian/Alaskan Native Female	0.3	0.6	0.6	0.7
2+ Races Male	0.8	0.9	2.0	1.8
2+ Races Female	0.8	1.9	2.2	2.2

When compared to RNO percentages of the top 15 critical professional occupations, RNO percentages shaded in gray are below the percentage for comparative professional occupations in the private sector (NAICS-3).

RNO Categories	CLF %	NAICS-3 %	MEDCOM %
Hispanic Male	6.1	1.8	1.1
Hispanic Female	4.5	4.5	3.2
White Male	39.2	14.1	22.9
White Female	33.8	59.3	48.8
Black/African American Male	4.8	3.1	2.0
Black/African American Female	5.6	11.0	11.2
Asian Male	1.9	1.6	1.8
Asian Female	1.7	4.1	5.5
Native Hawaiian/Pacific Island Male	0.1	0.0	0.1
Native Hawaiian/Pacific Island Female	0.1	0.0	0.3
American Indian/Alaskan Native Male	0.3	0.1	0.2
American Indian/Alaskan Native Female	0.3	0.4	0.6
2+ Races Male	0.8	0.0	0.6
2+ Races Female	0.8	0.0	1.6

When compared to RNO percentages of the top 15 critical technical occupations, percentages shaded in gray are below the percentage for comparative technical occupations in the private sector (NAICS-3).

RNO Categories	CLF %	NAICS-3 %	MEDCOM %
Hispanic Male	6.1	1.8	2.2
Hispanic Female	4.5	4.5	5.2
White Male	39.2	14.1	13.6
White Female	33.8	59.3	38.7
Black/African American Male	4.8	3.1	5.9
Black/African American Female	5.6	11.0	24.6
Asian Male	1.9	1.6	1.3
Asian Female	1.7	4.1	4.1
Native Hawaiian/Pacific Island Male	0.1	0.0	0.2
Native Hawaiian/Pacific Island Female	0.1	0.0	0.8
American Indian/Alaskan Native Male	0.3	0.1	0.2
American Indian/Alaskan Native Female	0.3	0.4	0.7
2+ Races Male	0.8	0.0	0.6
2+ Races Female	0.8	0.0	1.8

Representation at Grades 12 and Above by RNO (Data Table A3-5-1). Areas shaded in gray in the table below reflect percentages of individuals within grade groups indicated below the percentage of CLF.

RNO Categories	CLF %	RNO %	GS12	GS13	GS14	GS15	PB3+
Hispanic Male	6.1	2.6	2.4	2.4	3.3	2.2	1.7
Hispanic Female	4.5	4.2	3.1	2.1	0.7	2.2	1.2
White Male	39.2	21.2	35.3	47.1	46.7	49.3	50.2
White Female	33.8	36.8	37.4	29.1	23.9	24.2	27.8
Black/African American Male	4.8	7.3	5.5	4.5	4.6	3.6	6.3
Black/African American Female	5.6	17.8	9.1	6.6	5.2	3.1	4.7
Asian Male	1.9	1.7	2.4	3.8	5.9	7.2	3.2
Asian Female	1.7	4.0	2.3	2.1	7.2	4.9	2.1
Native Hawaiian/Pacific Island Male	0.1	0.2	0.0	0.0	0.3	0.0	0.3
Native Hawaiian/Pacific Island Female	0.1	0.6	0.3	0.0	0.0	0.0	0.1
American Indian/Alaskan Native Male	0.3	0.2	0.3	0.0	0.3	0.5	0.1
American Indian/Alaskan Native Female	0.3	0.6	0.3	0.0	0.0	0.0	0.2
2+ Races Male	0.8	0.9	0.9	1.7	0.7	0.0	1.0
2+ Races Female	0.8	1.9	0.7	0.7	1.3	2.7	0.5

Ratio of Supervisors with EEO Groups by CLF (Data Table A3-3-1). Areas shaded in gray in the table below reflect percentages of individuals within grade groups indicated below the percentage of CLF.

RNO Categories	CLF %	RNO %	Supv	Supv CSRA	Mgr CSRA	Leader	Team Leader
Hispanic Male	6.1	2.6	2.9	2.3	0.0	4.8	8.6
Hispanic Female	4.5	4.2	2.3	2.3	0.0	4.8	2.9
White Male	39.2	21.2	33.5	37.6	44.4	26.4	22.9
White Female	33.8	36.8	32.1	35.1	30.6	19.3	22.9
Black/African American Male	4.8	7.3	8.3	6.0	11.1	16.8	8.6
Black/African American Female	5.6	17.8	12.5	8.9	5.6	18.2	25.7
Asian Male	1.9	1.7	2.3	1.6	2.8	3.7	0.0
Asian Female	1.7	4.0	2.6	3.0	2.8	3.4	2.9
Native Hawaiian/Pacific Island Male	0.1	0.2	0.3	0.2	0.0	0.3	0.0
Native Hawaiian/Pacific Island Female	0.1	0.6	0.4	0.1	0.0	0.6	0.0
American Indian/Alaskan Native Male	0.3	0.2	0.3	1.0	0.0	0.3	0.0
American Indian/Alaskan Native Female	0.3	0.6	0.4	0.3	0.0	0.3	2.9
2+ Races Male	0.8	0.9	1.2	1.0	2.8	0.0	0.0
2+ Races Female	0.8	1.9	1.1	0.6	0.0	1.1	2.9

Veteran Appointment Categories by RNO (Data Table A15-1). Areas shaded in gray in the table below reflect percentages of individuals within veteran appointment categories indicated below the percentage of CLF.

RNO Categories	CLF %	RNO %	5-Pt	10-Pt	10-Pt Comp	10-Pt Other	10-Pt / 30%
Hispanic Male	6.1	2.6	5.3	7.5	6.0	2.0	5.5
Hispanic Female	4.5	4.2	2.4	1.8	2.3	4.1	1.8
White Male	39.2	21.2	34.3	39.0	34.7	8.1	34.6
White Female	33.8	36.8	22.8	11.8	19.1	51.4	16.1
Black/African American Male	4.8	7.3	13.8	17.5	17.0	1.4	19.0
Black/African American Female	5.6	17.8	13.8	13.2	13.3	21.6	15.3
Asian Male	1.9	1.7	2.5	3.1	2.0	0.0	1.7
Asian Female	1.7	4.0	1.1	1.8	0.9	7.4	1.0
Native Hawaiian/Pacific Island Male	0.1	0.2	0.5	0.4	0.4	0.0	0.5
Native Hawaiian/Pacific Island Female	0.1	0.6	0.2	0.9	0.3	1.4	0.3
American Indian/Alaskan Native Male	0.3	0.2	0.4	0.9	0.6	0.0	0.5
American Indian/Alaskan Native Female	0.3	0.6	0.4	0.0	0.3	0.7	0.4
2+ Races Male	0.8	0.9	1.5	0.9	1.3	0.0	2.3
2+ Races Female	0.8	1.9	1.1	1.3	1.8	2.0	1.2

Population Trend for FY2007 – FY2009 (Data Table A17-1-1). Statistics indicate slight growth or relative consistency in all RNO categories except 2+ Races when individual RNO categories are compared to their representation in the workforce. Disparity remains consistent over past years when compared to CLF percentages.

National Security Pay Schedule (NSPS). Final adjustments for the January 2010 NSPS reporting period/pay pool will not be available until February 2010. Consequently, no FY2009 RNO or gender data are available. Figures below indicate number of MEDCOM personnel participating in the rating period.

	Pay Band	Count
Standard CG – Pay Plan YA Professional/Analytical	01	66
	02	2487
	03	111
	Total	2664
Standard CG – Pay Plan YB Technician/Support	01	717
	02	589
	03	1
	Total	1307
Standard CG – Pay Plan YC Supervisor/Manager	01	224
	02	867
	03	54
	Total	1145
Scientific & Engineering CG – Pay Plan YD Professional	01	19
	02	265
	03	38
	Total	322
Scientific & Engineering CG – Pay Plan YE Professional	01	13
	02	54
	03	14
	Total	81
Scientific & Engineering CG – Pay Plan YF Professional	01	4
	02	73
	03	16
	Total	93
Medical CG – Pay Plan YG Physician/Dentist	02	662
	03	10
	Total	672
Medical CG – Pay Plan YH Professional	01	40
	02	3050
	03	16
	Total	3106
Medical CG – Pay Plan YI Technician/Support	01	566
	02	261
	03	10
	Total	837

	Pay Band	Count
Medical CG – Pay Plan YJ Supervisor/Manager	01	191
	02	534
	03	4
	04	105
	Total	834
Investigative & Protective Services CG – Pay Plan YK Investigative	02	2
	Total	2
Investigative & Protective Services CG – Pay Plan YM Police/Security Guard	01	27
	02	1
	Total	28
Investigative & Protective Services CG – Pay Plan YN Supervisor/Manager	01	34
	02	5
	Total	39
Standard CG – Pay Plan YP Student Educational Employment Program (SEEP)	01	4
	Total	4

EEO Complaints Processing

Routine close coordination is required to ensure timely processing of EEO complaints at the pre-complaint stage. The MEDCOM Office of EEO Programs closely monitors processing of all EEO complaints filed against MEDCOM organizations throughout the Army using the DA complaints tracking software program (iComplaints). Processing of these complaints is conducted by MEDCOM EEO Offices at WRAMC and USAG Fort Detrick and 69 IMCOM EEO Offices servicing MEDCOM facilities.

462 Report. Each year Federal agencies record their complaint activity with the EEOC. This Annual Federal Equal Employment Opportunity Statistical Report of Discrimination Complaints is submitted through the use of EEOC Form 462. The MEDCOM submitted its 462 Report using EEOC's electronic reporting system. The complaint data used for the report were retrieved from iComplaints.

The following provides the essential complaint activity documented in the FY2009 MEDCOM 462 Report:

- Fifty-six pre-complaints were on hand at the beginning of the reporting period. An additional 377 MEDCOM pre-complaints were initiated during FY2009. Of these pre-complaints, 392 were completed within the reporting period. Sixty-three were settled; 124 withdrawn (no formal complaint filed); 192 completed (formal complaints filed); and 13 pending further action by the aggrieved. Forty-one are pending completion of pre-complaint inquiries.
- ADR was accepted for 126 pre-complaints, resulting in 48 ADR settlements. Nine settlements had monetary benefits of \$18,463.00 and 44 had non-monetary benefits. The pre-complaint resolution rate is 38.1%.

Pre-Complaints (Informal Inquiries)

	FY2006	FY2007	FY2008	FY2009
On Hand (beginning reporting period)	36	36	45	56
Initiated (during reporting period)	408	368	398	377
Closed (during reporting period)	415	367	394	392
Settled (ADR)	50	57	46	48
Settled (non-ADR)	14	13	9	15
Withdrawn	152	111	127	124
Complaint Filed	188	177	203	192
Pending	11	9	9	13

- One hundred and fifty-three formal complaints were on hand at the beginning of the reporting period. An additional 195 MEDCOM formal complaints were initiated and four were remanded during FY2009. Of these formal complaints, 192 were closed. Eighty-one were settled, 24 were withdrawn, and 73 were closed through Final Army Decision. An additional 14 formal complaints were closed with a Final Army Action after a hearing before an EEOC Administrative Judge.
- There were 34 ADR attempts for formal complaints. The attempts resulted in eight settlements with monetary benefits (\$134,000.00), 22 with non-monetary benefits, no withdrawals, and 12 with no resolution. The formal complaint resolution rate is 57.9%.

Complaints (Formal Complaints)

	FY2006	FY2007	FY2008	FY2009
On Hand (beginning reporting period)	149	136	123	153
Initiated (during reporting period)	197	189	208	195
Remanded (during reporting period)	6	8	7	4
Closed (Army)	215	210	186	192
Settled (ADR)	31	23	35	22
Settled (non-ADR)	73	77	56	59
Withdrawn	18	20	20	24
Final Army Decision	73	64	63	73
Closed (EEOC)				
Hearing/Final Army Action	20	26	12	14

Bases

- The top two bases were race/color (148) and sex (126).

	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>
Race / Color	155	149	152	148
Sex	100	94	103	126
Nat Org	37	43	40	37
Religion	16	6	12	13
Disability	67	98	77	94
Age	73	90	62	77
Reprisal	106	110	106	116

Issues

- The top two issues raised in formal complaints in FY2009 were general (non-sexual) harassment (151) and disciplinary actions (106).

<u>Top Six</u>	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>
Harassment	173	174	165	151
Non-sexual	161	164	154	143
Sexual	12	10	11	8
Disciplinary Actions	42	97	107	106
Termination	39	36	48	45
Appraisal / Evaluation	39	28	41	35
Time Attendance	25	31	31	29
Appointment / Hire	40	17	29	23

Processing / Settlement Costs

	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>
Compensatory Damages	\$2,000.00	\$102,110.80	\$72,510.00	\$9,500.00
Backpay / Frontpay	\$0.00	\$44,384.39	\$29,301.74	\$90,217.64
Lump Sum Payment	\$124,351.68	\$246,339.32	\$130,343.63	\$331,277.00
Attorney Fees	\$93,212.00	\$41,250.00	\$69,493.00	\$188,000.00
Mediation	\$0.00	\$30,676.00	\$30,000.00	\$21,450.00
Investigation	\$432,144.41	\$432,911.12	\$497,935.05	\$519,548.01
Totals	\$651,708.09	\$897,671.63	\$829,583.42	\$1,159,992.65

Americans with Disabilities Act (ADA) Facility Accessibility Survey

The MEDCOM operates in 474 structures subject to public access and 226 structures that house administration and/or support functions not subject to public access.

Of the 474 structures requiring public access, 416 are fully accessible and 58 are in various phases of renovation using the Uniform Federal Accessibility Standards, ADA Accessibility Guidelines, and ADA Technical Assistance Manuals or in a planning stage for renovation to comply with ADA standards. Of the 226 structures not subject to public access, 26 have been surveyed for renovation.

Any administration/support facilities not accessible to employees who are or become disabled and require RA are made accessible for those employees, where renovation is feasible. If renovation is deemed cost prohibitive or unfeasible, accommodations are made to ensure the employees can perform to standards.

MEDCOM installations at WRAMC and Fort Detrick conduct periodic surveys of the facilities to identify physical and architectural barriers. These surveys are conducted with the assistance of Individuals with Disabilities Program (IWDP) Manager and Committee members, CPAC, and Department of Public Works personnel. The program managers at both installations have established an agreement with the engineers at their respective facilities to participate in the review of any building proposals to verify compliance with the ADA. The completion of the survey at all other installations is completed by the respective Directorate of Public Works staff.

Special Emphasis Programs (SEP)

The SEPs established at installations providing EEO servicing to MEDCOM organizations are: American Indian/Alaskan Native, Asian American/Pacific Islander, Black, Hispanic, and Women's Employment Programs and the IWDP. In most cases, EEO officers have designated either full-time or collateral-duty program managers for each of the SEPs and appointed representatives from serviced organizations to the respective committees. The committees assist program managers in implementing the SEPs. MEDCOM participation in each of the programs is reviewed during MEDCOM SAVs made to MEDCOM organizations.

The issues that were noted during SAVs as continuing to challenge EEO offices in implementing SEPs are as follows:

- Ensuring SEP managers and committee members receive appropriate training on their program responsibilities;
- Emphasizing that SEP-sponsored programs and activities must remain employment-related and relevant;
- Utilizing program managers and committee members in identifying recruitment sources and developing recruitment strategies;
- Reinforcing the need to address employment issues through SEP activities in a timely manner at any time of the year rather than limiting activities to national

observances (African American History Month, Women's History Month, etc.) or cultural events.

Individuals with Disabilities Program (IWDP). In a MEDCOM memorandum published on 24 April 1997, the responsibility for management of the IWDP at HQ MEDCOM was transferred from the Civilian Personnel Division to the Office of EEO Programs. Subsequently, similar transfers occurred at both MEDCOM installations (WRAMC and USAG Fort Detrick). The IWDP is currently identified Army-wide as a SEP (Army Regulation 690-12, subject: Equal Employment Opportunity and Affirmative Action) with program responsibility in most cases assigned to the EEO Office.

Workforce Recruitment Program (WRP) for College Students with Disabilities.

MEDCOM managers and supervisors participate in the WRP for College Students with Disabilities, providing a summer 14-week employment opportunity program for college students with disabilities. This has led to permanent hiring for one student in 2004 (GS-5 Trainee 7, Engineering Tech) and another in FY2006 (GS-11, Management Analyst). Notably, the student hired in 2006 was a WRP student in 2003 and continued working in the Command as a contract employee until 2006. Under the FY2009 WRP, MEDCOM had a total of ten students: three at HQ, MEDCOM; two at Kirk Army Health Clinic, Aberdeen Proving Ground, MD; one at Dunham Army Health Clinic, Carlisle Barracks, PA; one at Kimbrough Ambulatory Care Center (KACC), Fort Meade, MD; one at McAfee Army Health Clinic, White Sands, NM; one at William Beaumont Army Medical Center, El Paso, TX; and at the OTSG, Falls Church, VA. The students performed a variety of administrative duties using various computer software programs and systems. Notably, the WRP provides us the opportunity to match the right student with the right organization. This was personified this year when KACC was able to acquire a student whose studies as a Radiology Technician matched an unstaffed requirement in the Radiology Department at the Center.

The following reflects MEDCOM's history of successful participation:

<u>FY</u>	<u># WRP Students Employed</u>	<u># Students who Remained Employed</u>
FY2003	3	2 (Contract Employees)
FY2004	7	2 (1 Full-time and 1 Seasonal Employee)
FY2005	5	
FY2006	5	1 (Full-time Employee)
FY2007	6	
FY2008	7	
FY2009	10	

***NOTE: Five of the students in the matrix above brought such value to MEDCOM that they have been brought back on a by-name basis. Their return to the sponsoring organization reflected a requirement for only minimal reorientation and maximum use of talent.**

At one time, there were no students from San Antonio area colleges and universities registered in the Program. That availability has changed in the last five years with four local colleges and two area colleges registering for participation, a direct result of the

contacts made by the MEDCOM Office of EEO Programs. Each year the Office of EEO Programs works to expand MEDCOM participation in the WRP beyond HQ MEDCOM. In 2006, USAG Fort Detrick EEO and the US Army Dental Activity (DENTAC) at Aberdeen Proving Ground participated in the program. Tripler Army Medical Center was added in 2007. McAfee Army Health Clinic, KACC, and William Beaumont Army Medical Center were added in 2008. One Industrial Engineering student from the University of Puerto Rico participated in the WRP in Korea at the BAACH, Facilities Engineering Division. Dunham Army Health Clinic and Kirk Army Health Clinic were added in 2009.

A significant change was introduced for the 2009 WRP – all coordination actions were performed by the MEDCOM Office of EEO Programs instead of by servicing EEO field offices at participating organization locations. Centralized control ensured that for the first time there were no problems with DA EEO student registration, in-processing, time sheets, student pay through the Defense Finance and Accounting Service (DFAS), or out-processing. Information on the WRP is posted on the MEDCOM Office of EEO Programs website (<http://eeo.amedd.army.mil>).

During FY2009, the Director of the MEDCOM Office of EEO Programs instructed EEO staff conducting SAVs at MEDCOM organizations in FY2010 to contact colleges in the immediate geographical area to explore possibilities of engaging the academic institution in the WRP. Students from the area who qualify for the WRP could be placed at local MEDCOM organizations

Computer/Electronic Accommodations Program (CAP). The CAP, a program under Health Affairs with TRICARE as the Executive Agent, was founded in October 1990. Providing "real solutions for real needs" to ensure people with disabilities have equal access to the information environment and opportunities in the Federal government is the mission of CAP. All services are provided at no cost to the Federal employer.

MEDCOM EEO Offices and organizations have maintained contact with CAP officials to (1) gather information on a variety of software programs and equipment available for use by employees and patients; (2) address the accommodation needs of employees who have experienced on-the-job injuries and filed Federal Employee Compensation Act (FECA) claims; and (3) provide/familiarize wounded service members with computer assistive technology available to them.

Specific examples of CAP services provided to MEDCOM facilities include:

- Providing computer equipment to implement a telework agreement resulting from a reasonable accommodation request;
- Providing Telecommunication Devices for the Deaf (TDDs), voice recognition systems, interactive software, voice-activated dictating equipment and Braille computer keyboards;
- Funding sign language interpreters and readers for employees attending training (two days or more); and
- Providing expertise in solving accessibility problems through the use of software, hardware, and other assistive technology.

- Providing Wounded Warriors with cueing/memory aids, such as palm pilot organizers and pocket personal computers (PC).

Despite the information that has been distributed, many MEDCOM facilities are still unaware of the services provided by CAP. We will continue to ensure that information regarding current and future CAP-sponsored seminars is disseminated to MEDCOM management officials through their servicing EEO Offices. The information will also be posted on the MEDCOM EEO website. An information paper on CAP is made available to leaders interviewed during SAVs.

Minority College Relations Program (MCRP)

The MEDCOM remains committed to the MEDCOM MCRP. The MEDCOM program has been in existence since the FY1996 inception of the Army's MCRP. It has raised awareness of and increased participation in such efforts as:

- Donation of excess computers and software to schools with significant minority student populations;
- Summer training programs in science and computer skills for disadvantaged students; and
- Research opportunities for students at HBCUs, HSIs, TCUs, and other MIs.

Commanders of MSCs and MTFs have been encouraged to be creative in implementing the MEDCOM MCRP in accordance with all the governing Executive Orders. These partnerships vary from providing an opportunity for students to perform their student clinical practicum at MEDCOM hospitals, dental clinics, and veterinary services to participating in job fairs and career days. The partnerships have been expanded to include mentoring programs at elementary, middle, and high schools.

During FY2009, the Director of the MEDCOM Office of EEO Programs instructed EEO staff conducting SAVs at MEDCOM organizations in FY2010 to visit at least one HBCU, HSI, TCU, or MI in the immediate geographical area to explore possibilities of MEDCOM organizations engaging the academic institution in the MCRP.

Along with many other continuing partnerships that have previously been reported, the following are examples of some of the partnerships reported during FY2009 that exist at MEDCOM organizations:

Bassett Army Community Hospital (BACH): BACH is actively engaged in partnerships with several schools, colleges, and universities through Affiliation Agreements. The educational institutions include the University of Alaska at Fairbanks, the University of Alaska at Anchorage, University of Colorado, State University of New York, the University of Washington, Ferris State (Michigan), and Pacific University (Oregon).

Staff members participate in Garrison programs that engage in activities with local schools. A recent event on Arbor Day enabled staff to assist students in planting trees on the installation.

Some members of the BACH staff also participated in a joint experience with the Public Health System to visit local schools as part of an immunization project.

The DENTAC promotes Children's Dental Health Month, Retiree Appreciation Month, and participates in joint military exercises.

The Alaska District Veterinary Command (AKDVC) promotes the Health Professions Scholarship Program and serves as a site for conducting student practicum.

Brian Allgood Army Community Hospital (BAACH): BAACH has established partnerships with five Korean colleges and universities that offer significant opportunities maintaining the political relationship between the United States and the Republic of Korea. BAACH is planning sponsorship of the Asian History Month ethnic observance with employment-related training in foreign-language Resumix preparation.

Brooke Army Medical Center (BAMC), Fort Sam Houston, TX: BAMC is actively engaged in partnerships or agreements with Baylor University (pathology) and Fisk School of Pharmacy. BAMC has partnerships with several HBCUs and HSIs. They include Meharry University, Xavier University, University of the Incarnate Word (nursing and dietetic internship), University of Texas at San Antonio (nursing), and Saint Philip's College (LPN).

Blanchfield Army Community Hospital (BACH): BACH is actively engaged in 47 Affiliation Agreements with 34 colleges and universities that include two HBCUs and one HSI. Meharry Medical College and Tennessee State University (Nashville) are HBCUs and the University of Texas Health Science Center is an HSI. The degree programs range from Associate's degrees to Master's degrees in fields such as Pediatrics, Occupational and General Preventive Medicine, Obstetrics and Gynecology, Physical Therapy, and Nursing. Other universities include Draughons Jr. College-Clarksville, Hopkinsville Community College, and Austin Peay State University.

Staff members in Clinical Pharmacy mentor various pharmacy students in Lexington, KY and Nashville, TN. The Assistant Chief of Pharmacy also noted that the new Pharmacy School at David Lipscomb University may provide opportunities for additional partnerships.

The DCCS reported that Army Medical Department (AMEDD) recruitment is enhanced through such programs as Lunch at Meharry where AMEDD Officers visit the campus during a lunch program and familiarize students with the AMEDD.

The Warrior Transition Unit (WTU) also has partnerships with Austin Peay, Hopkinsville, and Murray State to enable Wounded Warrior to continue their education programs. MAJ Shane Moyer, WTU Executive Officer, noted that the WTU has been extremely successful in promoting college education programs with Warriors assigned to their unit.

Dental Officers participate in recruitment trips to dental schools at colleges and universities in the area to include Vanderbilt University, Meharry Medical College, and the University of Kentucky. They are engaged in community outreach programs in support of Retiree Appreciation Month and Children's Dental Health Month. The DENTAC also promotes the

Expanded Function Dental Assistant program and sponsors the Red Cross Volunteer Program.

The TVDVC (Vet Services) region-wide is also engaged in a partnership with Tuskegee University (an HBCU) for Veterinary Technicians and the University of Georgia Veterinary School.

Evans Army Community Hospital (EACH), Fort Carson, CO: EACH has established outreach initiatives and partnerships with 81 colleges and universities, including HBCUs, HSIs, TCUs, and MIs. EACH exceeded DA goals to engage in contracts, research grants, etc. with HBCUs, HSIs, TCUs, and MIs.

Irwin Army Community Hospital (IACH), Fort Riley, KS: IACH maintains an outreach partnership with Barton County Community College, a Minority Institution, for Emergency Medical Services and laboratory technicians.

Martin Army Community Hospital (MACH): MACH demonstrates clear support of the MCRP through outreach and partnerships with 66 colleges and universities, including 19 HBCUs, HSIs, and MIs.

Womack Army Medical Center (WAMC): WAMC has established outreach and partnerships with 102 colleges and universities, including 10 HBCUs, HSIs, and MIs.

The MEDCOM Office of EEO Programs was actively involved once again during FY2009 in assisting the DoD and a veterans organization, Heroes & Heritage, sponsor a Student Youth Symposium in San Antonio. The purpose of the symposium was to familiarize high school and college students with future career opportunities in DoD. Approximately 300 students and faculty members from six San Antonio school districts and various colleges attended the symposium to hear representatives from DoD organizations (Army, Navy, Air Force, Marine Corps, Coast Guard, Defense Logistics Agency, and the Air Force Academy) present information. The attendance this year increased by 100 students and two school districts. Approximately 60% of the students in attendance were Hispanic.

Although many MEDCOM organizations have implemented the MCRP, much has yet to be accomplished in reporting, recognizing, and publicizing these MCRP success stories. Servicing EEO Offices are encouraged to familiarize themselves with MCRP-related activities at serviced MEDCOM organizations and provide this information to the Office of EEO Program for inclusion in EEO reports and posting on the MEDCOM EEO website.

EEO Training

Prevention of Sexual Harassment Training (POSH). The MEDCOM has remained committed to its zero tolerance policy on sexual harassment. In accordance with that policy, MEDCOM managers, supervisors, and employees must receive the basic supervisory or employee POSH training and participate in semi-annual refresher POSH training (Memorandum, MCEE, 22 April 2009). The purpose of the training is to ensure that all parties understand the issue as well as their responsibilities in preventing sexual harassment in the workplace. The DA standardized basic POSH course remains the

mandatory requirement for basic training. Refresher training programs are developed locally at Army installations.

MEDCOM and servicing EEO Offices continue to take the lead in presenting or monitoring POSH training for civilian employees and supervisors of civilian employees. Certified POSH trainers facilitate the training and use various forums to deliver the information. Some installations schedule regular POSH classes with attendance open to all serviced organizations to include MEDCOM organizations. Other EEO Offices utilize New Employee Orientations to ensure the training is presented. Still other facilities have instituted BMAR training that provides an opportunity for presenting POSH training. Locally developed refresher training courses utilize films, informational materials or formal presentations as part of the instructions. With the modern technology currently available, EEO offices are also relying on on-line training programs that meet the needs of the organization.

It is estimated that most, if not all, MEDCOM personnel have participated in POSH training in accordance with the requirements established by DA; however, recent SAVs have detected that in many instances there is no standardized method for capturing POSH training statistics. Maintaining information on the actual number of employees trained is the responsibility of the servicing EEO Office and the MEDCOM organizations. The Digital Training Management System (DTMS) is the preferred system of record for MEDCOM for capturing training completion data. Linkage and connectivity to DTMS remain problematic for some organizations.

Career Program Management

Approximately two thirds of the MEDCOM workforce is employed in job series categorized as career programs or career fields. These positions generally provide the greatest opportunity for advancement and reflect most of the senior grades in the civilian workforce.

A career field is a group of functionally related positions under a single agent for life cycle personnel management purposes. All positions within Army are in an identified career field. The Army Personnel Proponent System (AR 600-3) is the regulation covering career fields. Personnel proponents manage career fields. They take the lead in defining developmental needs, refining requirements in the field, and providing assistance to improve all aspects of the personnel management system. There are 46 civilian career fields, three of which are represented in MEDCOM. The same career field could include NSPS and General Schedule professional, administrative, technical and clerical positions, NAF positions, and Wage Grade positions. The AMEDD career fields include:

- Career Field 53 – Medical
- Career Field 70 – Eyeglass Making and Medical Equipment Repair
- Career Field 87 – Insect and Animal Work

A total of 22,651 MEDCOM employees are in the three career fields identified above.

The Army has established civilian career programs within some of the career fields. Specifically, there are 5,049 MEDCOM employees in career programs. A career program

is comprised of occupational series grouped together on the basis of population, occupational structure, grade range, and commonality of job and qualification characteristics. Career programs were established to ensure there is an adequate base of qualified and trained professional, technical, and administrative personnel to meet Army's current and future needs. The system does this through effective career program leadership, identified progression levels, recruitment, and career development.

The career programs represented in MEDCOM are as follows:

Civilian Personnel Administration	Intelligence
Comptroller	Public Affairs
Safety and Occupational Health	Transportation
Supply Management	Manpower & Force Management
Contracting & Acquisition	Housing Management
Engineers & Scientists	Equal Employment Opportunity
Materiel Maintenance Management	Education Services
Engineers & Scientists	Training
Military Personnel	Information Management
Physical Security & Law Enforcement	

Career Program/Field Managers in MEDCOM regularly provide information to careerists on career development programs. Among the many career development programs available are the:

a. Army War College - a 10-12 month resident program that prepares selected military officers and civilians for leadership responsibilities in a strategic security environment during peacetime and wartime.

b. Defense Leadership and Management Program (DLAMP) - a 2-5 year systematic program of "joint" civilian leader training, education, and development within and across the DoD. It provides the framework for developing civilians with a DoD-wide capability, substantive knowledge of the national security mission, and strong leadership and management skills, thereby strengthening their potential to serve in key positions throughout DoD.

There are two MEDCOM-unique career development programs currently available to civilian employees:

- The first is the Civilian Army-Baylor University Graduate Program in Health and Business Administration. The program provides participants with a Masters Degree in Health and Business Administration upon graduation from the program. The basic qualifications for acceptance are:
 - a. Current Federal Service employment with the MEDCOM. Target group is journeyman-level GS 11-12. Waivers will be granted to highly-qualified GS-9s.
 - b. Baccalaureate degree from an accredited college or university.

- c. Composite Verbal and Quantitative Graduate Record Examination (GRE) score of 1050 or a score of 525 on the Graduate Management Admission Test (GMAT) within the past five years.
- d. Cumulative 2.9 undergraduate grade point average (GPA) on a 4.0 scale or a GPA of 3.0 on a 4.0 scale based on the last 60 hours of undergraduate work.
- e. Candidates must have less than 15 years of federal service.
- f. These minimum requirements will not be waived.
- g. Applications that do not meet the minimum requirements will not be considered.

The following is a summary of program applicants/participants:

- A total of six individuals applied in FY07 for this program with two selected. These program participants graduated in 2009.
 - The applicants in FY08 totaled five with two selected. They are now in their residency year.
 - During FY2009, there were four applicants with two selected. Both started their class in June 2009. Of the selectees, five are women and one is a member of a minority group (Asian).
- The second is the Army-Fayetteville State University (FSU) Master of Social Work (MSW) Program.

The Department of Social Work at the AMEDD C&S received a US Army four-year contract for the MSW Program at FSU (an HBCU) to establish an off-campus MSW Program. This contract is the direct result of a request by LTG Schoemaker, TSG and MEDCOM Commander, to establish a MSW Program that is accredited by the Council on Social Work Education (CSWE).

On June 23, 2008, eighteen Army officers were inaugurated into the FSU MSW Program. The program is intended to address the dearth of social work officers in the current active duty Army inventory. One of the major objectives of the MSW Program is to integrate throughout the social work curriculum the culture and core values of Soldiers and military Families. These characteristics distinguish this program from other MSW Programs in the country. All personnel interested in the off-campus FSU MSW Program must meet the admission requirements of FSU and Army Long-term Health Education and Training.

Notably, in July 2009, the MSW program was open to DA civilians. Two selectees began their studies in October 2009. With social workers categorized as a hard-to-fill occupation in MEDCOM, this opportunity is important and timely. The next opportunity for civilian personnel to apply for the next course will be in February 2010. Five slots are currently expected to be allocated to civilian personnel selected for the program. Information on the program and the application process are disseminated through a memorandum signed by the MEDCOM Chief of Staff.

Community Outreach

The MEDCOM Office of EEO Programs maintains coordination with national women's and minority organizations some of which include Federally Employed Women, Inc., Blacks in Government, Federal Asian Pacific American Council, and the National Association of Hispanic Federal Executives.

MEDCOM facilities are involved in a variety of community outreach programs that support such initiatives as the:

- MEDCOM MCRP
- WRP for College Students with Disabilities
- CAP
- Office of Personnel Management (OPM) Presidential Management Fellows (PMF) Program
- OPM Hispanic Employment Initiatives (9-Point Plan)

Examples of outreach efforts include participation at conferences (health careers interactive displays), science fairs, health fairs, adopt-a-school programs, career days, book fairs, Red Ribbon Week, tutoring programs, festivals, letter-writing projects, and service-learning projects. Other partnerships with colleges and universities permit students to rotate through clinics and hospitals to satisfy their clinical requirements, obtain certification, or complete student practicum.

Significant Accomplishments. Ten SAVs were conducted by the MEDCOM Office of EEO Programs (BACH, Fort Wainwright, AK; BAACH, Yongsan, Korea; BAMC, Fort Sam Houston, TX; BACH, Fort Campbell, KY; EACH, Fort Carson, CO; IACH, Fort Riley, KS; MACH, Fort Benning, GA; WAMC, Fort Bragg, NC; WRAMC, Washington, DC, and WRAIR, Forrest Glen, VA; US Army Medical Information Technology Command, Fort Sam Houston, TX).

Some specific accomplishments at the above organizations include:

- The EACH Commander with the support of the Deputy Commander for Administration and HR are quick to address allegations of discrimination and, where appropriate, consider and effect reassignments within the hospital. The reassignments have not adversely impacted the employees.
- The BAMC Warrior Transition Battalion (WTB) Commander has identified two individuals on his staff to serve as EEO liaisons and will ensure that both are trained in EEO matters. Both individuals will maintain close communication with the servicing EEO Office. The military WTB Equal Opportunity Leader will also ensure adherence to the posting of required EEO-related information on official employee bulletin boards.
- The BAACH included Information on the AR 600-7 complaint process in the Customer Service training conducted on 26 March 2009. The excellent relationship

that hospital leadership has with CPAC and the Staff Judge Advocate makes the hospital “the most cooperative customer at Yongsan.”

- The WRAIR has been actively involved in numerous community outreach and educational programs for high school and college students. Dr. Marti Jett and Dr. Debra Yourick have been involved in developing and promoting the following programs:
 - Gains in the Education of Mathematics and Science (GEMS). This is a summer, paid 1- 4 week internship for 7th - 12th grades at Beginning, Intermediate, and Advanced levels. GEMS participants are encouraged to take high-level science and math classes in high school and enlightened about college life and pathways to careers. A total of 428 students participated in GEMS during FY2009. No gender or minority group data was captured for this program.
 - Science and Engineering Apprentice Program (SEAP). SEAP students are academically advanced high school students (mostly 11th and 12th graders) selected for participation in an active DoD research laboratory. Students complete an 8-week program inclusive of a final paper on the research they conducted with their scientist/engineer mentor. Final paper includes a full literature review on the topic of their research. SEAP students present their work in science meeting-like poster presentations at WRAIR with defense of their studies to visiting mentors, research staff, parents and fellow students. There were 67 students enrolled in the SEAP during the fiscal year. Forty-five percent of SEAP students represented minority groups. Women comprised 46% of SEAP students.
 - College Qualified Leaders (CQL). The program supports authentic internship experiences in DoD laboratories for undergraduate and graduate-level students as well as for students transitioning between these levels of education. Stipends are derived from the mentor’s research budgets. Many CQL students take part as near-peer mentors in the GEMS program where they translate science experiments and concepts to young science enthusiasts. A total of 181 students participated in CQL during the same reporting period. Forty-nine percent of CQL students were minorities and 50% were women.