

EEOC FORM
 U.S. Equal Employment Opportunity Commission
 FEDERAL AGENCY ANNUAL EEO PROGRAM STATUS REPORT

EEOC FORM 715-01 PART A - D			
For period covering October 1, 2017, to September 30, 2018.			
PART A Department or Agency Identifying Information	1. Agency		Department of the Defense (DoD)
	1.a. 2 nd level reporting component		U.S. Department of Army (DA)
	1.b. 3 rd level reporting component		U.S. Army Medical Command
	1.c. 4 th level reporting component		NA
	2. Address		2748 Worth Road
	3. City, State, Zip Code		JBSA Fort Sam Houston, TX 78234-6020
	4. Agency Code	5. FIPS Code	ARMC
PART B Total Employment	1. Enter total number of permanent workforce		41,689
	2. Enter total number of temporary workforce		63
	3. Enter total number employees paid from non-appropriated funds		564
	TOTAL Workforce [add lines]		42,316
PART C.1 Head of Agency and Head of Agency Designee	Agency Leadership		Name & Title
	1. Head of Agency		LTG Nadja Y. West
	2. Head of Agency Designee		Richard R. Beauchemin
EEO Program Staff			Name, Title, Series, Pay Plan and Grade
PART C.2 Agency Official(s)	1. Principal EEO Director/Official		Cheryl L. Neal-Green
	2. Affirmative Employment		Ronnie L. Holmes

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Responsible For Oversight of EEO Program(s)	Program Manager	
	3. Complaint Processing Program Manager	Cheryl L. Neal-Green
	4. Disability Program Manager (SEPM)	Hector Santiago until April 2018 Ronnie L. Holmes April 2018 to present
	5. Other Responsible EEO Staff	

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PART D List of Subordinate Component s Covered in This Report	Subordinate Component and Location (City/State)		Agency and FIPS Codes
	Regional Health Command – Atlantic (RHC-A), Fort Belvoir, VA		ARMC/8840
	Regional Health Command – Central (RHC-C), JBSA Fort Sam Houston, TX		ARMC/7240
	Regional Health Command - Europe (RHC-E), Sembach, Germany		ARMC/
	Regional Health Command - Pacific (RHC-P), Honolulu, HI		ARMC/3320
	AMEDD Center and School, JBSA Fort Sam Houston, TX		ARMC/7240
	U.S. Army Medical Research and Materiel Command (MRMC), Fort Detrick, MD		ARMC/8840
	Headquarters US Army Medical Command (MEDCOM), JBSA Fort Sam Houston, TX		ARMC/7240
PART D.2 Mandatory and Optional Documents for this Report	Did the agency submit the following documents	Please respond Yes or No	Comments
	Organizational Chart	X	
	462 Report	X	
	EEO Policy	X	
	Anti-harassment Policy	X	
	Disabled Veterans Affirmative Action Plan	X	
	FEORP	X	
	Facility Accessibility Surveys	X	NA

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EXECUTIVE SUMMARY

ORGANIZATION INFORMATION

Army Medicine's mission is to provide sustained health services and research in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Soldiers for Life and Families. This mission is accomplished by Army Medical Department (AMEDD) personnel assigned across the Army around the world, 24-hours a day, 365-days a year. While Army Medicine directly enables the Army's service responsibilities outlined in Title 10 of United States Code, it is also foundational to the joint force in the execution of Globally Integrated Health Services (GIHS).

The Surgeon General (TSG) of the Army is dual-hatted as a principal staff officer of the Headquarters, Department of the Army and as the Commanding General (CG) of the Army's largest active duty direct reporting unit, United States Army Medical Command (USAMEDCOM). TSG advises the Chief of Staff of the Army on the development, policy direction, organization and overall management of the Army Health System (AHS). The USAMEDCOM CG possesses command authority over 69,000 healthcare personnel as well as hundreds of generating force health readiness organizations and platforms. TSG / CG will be used throughout this document.

USAMEDCOM provides sustained health services with medical, dental, public health, and veterinary capabilities to enable the readiness and health of the Army and designated DOD activities; conducts medical research, materiel development, testing, and evaluation; executes medical materiel acquisition programs as assigned by the Army acquisition executive; manages Army medical materiel; educates and trains personnel; and develops medical concepts, doctrine, and systems to support Army health care delivery.

Agency Vision

Army Medicine is the Nation's premier expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow.

Agency Mission

Army Medicine provides sustained health services and research in support of the Total Force to enable readiness and conserve the fighting strength while caring for our Soldiers for Life and their Families.

The Army Medicine Ethos: Dignity and Respect

The phrase "dignity and respect" best describes our Army Medicine ethos and culture — the principles we live by and the behaviors and beliefs we exhibit every day. We embody the attributes and ethos of those we support and are a value based organization. We are always mindful that our actions and conduct reflect not only on ourselves but on our Nation and our Army. We are focused on being a well-integrated part of one team with one purpose — conserving the fighting strength.

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Leadership

Lieutenant General (LTG) Nadja Y. West is The 44th Surgeon General (TSG) of the Army and Commanding General (CG) of the US Army Medical Command (USAMEDCOM). The TSG serves as the medical expert on the Army staff, advising the Secretary of the Army, Army Chief of Staff, and other Army leaders and providing guidance to field units. The CG commands fixed hospitals and other AMEDD commands and agencies.

Army Medicine Organization

The “One Staff Concept” blends the staffs at the Office of The Surgeon General (OTSG), Falls Church, VA, and Headquarters USAMEDCOM, Joint Base San Antonio (JBSA), Fort Sam Houston, TX, into a single staff to support OTSG and USAMEDCOM missions. Legally, the OTSG and USAMEDCOM remain separate entities with different duties and powers; for example, OTSG explains the medical budget to Congress and USAMEDCOM oversees its execution. Staff members support both OTSG and USAMEDCOM missions, eliminating duplication and improving communication. The staff totals less than one percent of AMEDD strength. Other features of the Army Medicine structure:

- Medical research is unified under a single Major Subordinate Command (MSC) – U.S. Army Medical Research and Materiel Command (MRMC). MRMC includes six research laboratories and five other subordinate commands that focus on medical materiel advanced development, strategic and operational medical logistics, and medical research and development contracting. In FY19, MRMC, to include its medical logistics functions in support of (ISO) operations and associated personnel, will realign from USAMEDCOM and be assigned to US Army Materiel Command (AMC). The realignment will provide more streamlined support to the operational Army and meet all Title 10 requirements while complying with directives within FY19 National Defense Authorization Act (NDAA) to eliminate redundancies and maximize efficiencies.
- Eight Army medical centers, 27 medical department activities, and numerous clinics in the United States, Europe, Japan, and Korea are grouped under four MSCs called Regional Health Commands (RHC).
- The AMEDD Center & School (AMEDDC&S), the Army’s Health Readiness Center of Excellence (HRCoE) is where the Army trains medical personnel; serves as a 'think tank,' with a mission to envision, design, and train a premier military medical force for full-spectrum operations in support of our Country; and grants degrees in medical professions. In FY19, AMEDDC&S HRCOE, to include its subordinate commands, directors, and associated personnel will realign to United States Army Training and Doctrine Command (TRADOC). The intent of this realignment will provide more streamlined support to the operational Army under one command to support army readiness and lethality and meet Secretary of the Army’s (SA) Title 10 responsibilities.
- USAMEDCOM currently manages more than a \$13 billion budget and cares for more than 3.95 million eligible beneficiaries — active duty members of all Services, their Family Members, and retirees. In addition to veterinary support provided to all Services, Army medical personnel are engaged in many joint-service efforts.

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- The OTSG oversees joint field operating activities for the Secretary of Defense and medical units participate in many multiservice deployments/exercises.

Army Medicine organization structure is located at Appendix B.

EEO Services

With the significant geographic dispersal of other USAMEDCOM facilities and activities (medical, dental, veterinary and public health), the operational element of the USAMEDCOM EEO Program continues to be conducted through servicing EEO offices belonging to the U.S. Army Installation Management Command (IMCOM) or other major Army Commands (ACOM). Servicing responsibilities are outlined in Common Levels of Support or Memorandums of Understanding for intra-service assistance at installations located throughout the 48 Continental United States (CONUS) and other installations outside CONUS (OCONUS), predominantly Alaska, Hawaii, Europe, Japan, and Korea.

DATABASE INFORMATION

Data Collection:

Demographic data are collected from the Defense Civilian Personnel Data System (DCPDS), using Business Objects XI. EEO discrimination complaints data are collected from iComplaints, the DA EEO discrimination complaints tracking system.

Report Population:

The report population consists of 42,316 Appropriated (AF) and Non-Appropriated Fund (NAF) USAMEDCOM Federal permanent and temporary civilian employees.

Data Set Information:

The Deputy Assistant Secretary of Army for Diversity and Leadership (DASA DL) 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 universe. Population data and resulting percentage information for constituency groups is faulty or incorrect. Identification of appropriate applicant pools remains elusive. There is an added problem of multiple occurrences of applicants on referrals that could potentially create inflated results by Ethnic and Race Indicator (ERI) and gender categories under the FED9 analysis. DASA DL provided applicant flow data for this report for analysis and it appears to still contain duplicates in some areas and does not provide information if an applicant does not identify their race, ethnicity or disability. It is anticipated that the validity of data will improve; however, further testing will be needed to verify integrity of the Department of Army (DA) standardized query and accuracy of data.

Data Set Conclusions:

In the FY 2017 report, USAMEDCOM Office of EEO Programs used the U.S. Census National Civilian Labor Force (NCLF), as mandated by the Equal Employment Opportunity Commission (EEOC). Under this construct, ethnic and racial groups have been portrayed and compared to their representation rate in the U.S. population. The comparisons drawn are based on U.S. Census Bureau alteration of

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individual ethnic and racial self-identification into artificial ethnic and racial categories. USAMEDCOM has elected to present its analysis of the USAMEDCOM workforce using the Relevant Civilian Labor Force (RCLF) concept. Where other agencies' RCLF perspective may be geographical, the USAMEDCOM RCLF is occupation-based to reflect participation rate – an individual's personal choice – to work within medical or medically-related occupations critical to the USAMEDCOM.

Data Location:

Relevant data for this report is contained in Appendix C.

Federal Information Processing Standards (FIPS) Code Usage

FIPS Code 7240 was used for this report. The USAMEDCOM Headquarters, one RHC, and one MSC reside in San Antonio, TX.

Limitations:

Race, ethnicity, and disability information contained within DCPDS is obtained through voluntary employee submissions. Employee perceptions for self-identification on race and ethnicity may not coincide with the standard categories prescribed by the Equal Employment Opportunity Commission (EEOC), the U.S. Census Bureau, or the Office of Personnel Management (OPM). On October 24, 2018, the Pentagon server that housed the MD 715 reporter and other application software for the EEO community was impacted because the absence of chill water. The outage caused the EEO office to seek other means to obtain end of year data for analysis. DASA DL provided USAMEDCOM statistics for this office to generate the data tables used in the analysis of this report.

Personnel Changes ahead with Army Medicine

Effective October 1, 2018, Defense Health Agency (DHA) assumed administrative and management control of three Department of Defense military medical treatment facilities (MTF's) as part of the implementation of Section 702 of the NDAA 2017 starting with Womack Army Medical Center at Fort Bragg, North Carolina for the Army. The Military Health System transition will take place in four phases over multiple years. NDAA 2019 passed in September 2018 requires the DHA Director to assume the responsibility of the administration of each MTF by 30 September 2021. As each MTF transitions to the DHA, the number of Army civilians supporting healthcare delivery, will decrease significantly.

USAMEDCOM Total Workforce Composition

Serviced Population (Appendix C, Data Table A1)

As of the end of the fiscal year, USAMEDCOM population of 42,316 civilian employees included 41,689 permanent, 63 temporary and 564 non-appropriated fund (NAF) employees working at Army medical activities throughout the CONUS and OCONUS.

The percentage of females in the workforce is 66.00%. Women represented in the workforce are above the standard National Civilian Labor Force (NCLF) of 48.14%, but the rate is below the Relevant Civilian Labor Force (RCLF) of 78.33%. White males make up 20.58% of the workforce population and remain

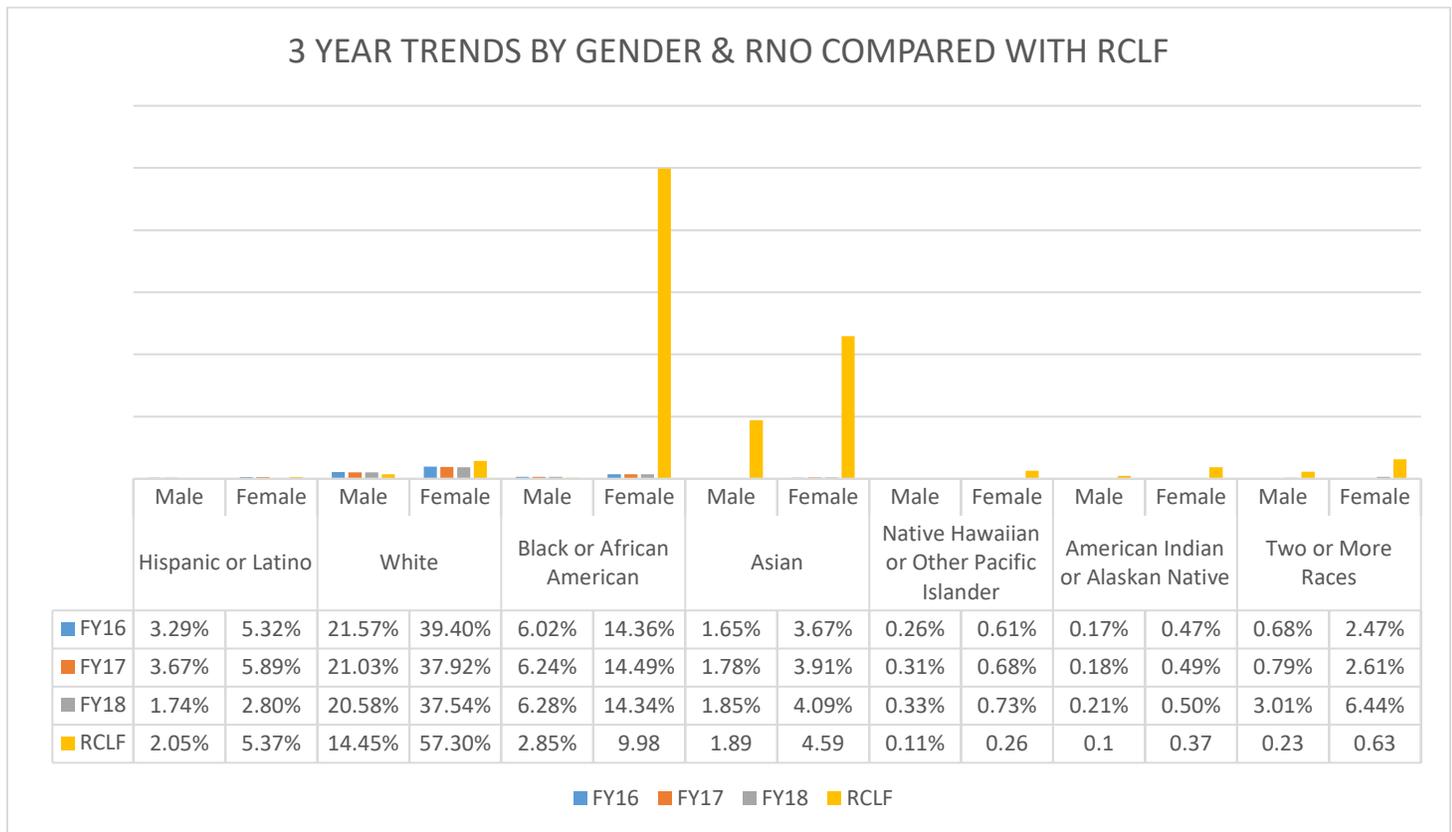
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below the NCLF at 38.33% and above the RCLF at 14.45%. Hispanic/Latino males represent 1.74% of the total workforce; compared to the last fiscal year at 3.67%. This is a ratio decrease of -1.92 % or 824 employees. Hispanic/Latino females decreased from 5.89% last fiscal year to 2.80%. A ratio decrease of -3.09% or 1325 employees. Both groups are below the NCLF and the RCLF.

Summary of FED9 by ERI (Appendix C, Data Table A1)

The data chart below provides a snapshot of USAMEDCOM’s total workforce trends for FY16, FY17 and FY18. The three year trend indicates that White, Hispanic, Asian, and American Indian/Alaskan Natives males compared to the RCLF percentages remain low. However, for the last three years, White (females), Black/African American (males and females), Asian females, and Native Hawaiian/Pacific Islanders (males and females), remain above the RCLF for each respective year.



Analysis of Occupational Group by Gender (Appendix C, Table A3-1-1)

An analysis was conducted on the FY18 MEDCOM occupational groups by gender. The FY18 data was compared to the RCLF and the information regarding the occupational groups by gender indicates that in almost every category, the percentage of females in each group was often higher than males in the same Fed9 Category. A noticeable difference occurred in the Operatives group

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where 87% of the group were males. Females accounted for 13.08% of the Operatives group. The chart on the next page provides a clear picture of this analysis.

FY18 FED9 CATEGORIES

FED9 Categories	MALES	FEMALES
Officials & Managers	50.08%	49.92%
Officials & Managers RCLF	31.39%	68.62%
Professionals	36.53%	63.47%
Professionals RCLF	18.06%	81.93%
Technicians	29.71%	70.29%
Technicians RCLF	26.05%	73.96%
Sales Workers	2.64%	97.36%
Sales Workers RCLF	17.20%	82.80%
Administrative Support	23.60%	76.40%
Administrative Support RCLF	9.20%	90.80%
Craft Workers	89.97%	10.03%
Craft Workers RCLF	89.03%	10.98%
Operatives	86.92%	13.08%
Operatives RCLF	57.73%	42.26%
Laborers & Helpers	57.14%	42.86%
Laborers & Helpers RCLF	44.65%	55.34%
Service Workers	2.64%	97.36%
Service Workers RCLF	17.20%	82.80%

Category 1 (Officials and Managers) – The overall participation rate of the USAMEDCOM female in this category was at 49.92%. White males make up 28.37% in this category, which is higher than the USAMEDCOM White male participation rate compared to the RCLF at 14.45%. In this category, White females (37.54%) are noticeably lower than the participation rate in the RCLF at 57.30%.

Category 2 (Professionals) – This group is dominated by females with a participation rate of 63.47%; however, it is significantly lower than the RCLF of 81.93%. The participation rate of White, Hispanic or Latino, and Asian females are below the RCLF. All other groups are above the RCLF.

Category 3 (Technicians) - Within USAMEDCOM, females dominate this category with an overall participation rate of 70.29%; however, when compared to the RCLF of 73.96%, it is slightly lower. The participation rate for males in this category is 29.71% slightly higher compared to the RCLF at 26.05%. White females, Hispanic or Latino males and females are below the RCLF. Additionally, Asian males are below the RCLF.

Category 4 (Sales Workers) – Category 4 has a total of 569 employees. Women dominate this category at 97.36%, which is above the RCLF of 82.80%. The male participation rate is much lower than expected at (2.64%, RCLF 17.20%).

Category 5 (Administrative Support Workers) - There are 6,999 Administrative Support Workers. In this category, the females had a high overall participation rate at 77.40%, but significantly lower than the RCLF of 90.80%. White and Hispanic or Latino females had lower participation rates when compared to the RCLF. All other categories were higher than the RCLF.

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Category 6 (Craft Workers) – USAMEDCOM males dominate this category with an overall participation rate of 89.97% as compared to the RCLF of 89.03%. White male participation rate is 57.05%, followed by Black males with 10.03%, Asian males at 8.15%, and Hispanic or Latino males with 6.27%. Overall, the female participation rate is at 10.03%, slightly lower than the RCLF at 10.98%.

Category 7 (Operatives) - There are 413 employees within the Operatives category. USAMEDCOM males have a higher participation rate at 86.92% compared to the RCLF 57.73%. When compared to the RCLF (42.26%), the females had a notably lower participation rate of 13.08%. White, Black or African American, Hispanic or Latino, and Asian females had lower participation rates when compared to the RCLF.

Category 8 (Laborers and Helpers) – Total number of Labors have remained the same at 21 making this category the smallest category. The highest participation rate relative to the RCLF is among White males and females, Black or African American males and females, and Native Hawaiian/Other Pacific Islander males.

Category 9 (Service Workers) – There are 4,889 Service Workers. In this category, the males had a high overall participation rate at 53.42%, much higher than the RCLF of 29.79%. Females (46.58%) are noticeably lower than the participation rate in the RCLF at 70.19%. Hispanic or Latino males and females, White females, Black or African American females, and Asian males are below the RCLF.

Summary Analysis of Disabilities (Appendix C, Data Table B1)

The number of Persons with Disabilities (PWD) increased slightly from 3,505 (8.27%) in FY 2017 to 3,701 (8.39%) in FY 2018. The USAMEDCOM rate for PWD remains significantly below the Federal goal of 12%. The number of Persons with Targeted Disabilities (PWTD) increased by 17.24%; 232 for FY 2017 and 272 for FY 2018. USAMEDCOM's rate for PWTD increased from 0.55 to 0.62%; however, it's significantly below the Federal Goal of 2.00%. This status will be included in the barrier analysis session for the next reporting period. In FY18, USAMEDCOM hired 7,260 new employees of which 879 claimed 10 Point Disability or Compensable Veterans Preference and 242 claimed 10 Point Compensable 30% Disabled Veteran Preference. This means that of the total 7,260 new hires, 1,121 (15%) claimed disability preference for employment purposes. USAMEDCOM also successfully hired a total of 29 Schedule A employees with disabilities into a wide variety of occupations.

Summary Analysis of Top (Most Populous) Series (Appendix C, Data Table A6-1A)

The most populous occupations are 0610, Nurse (942 males, 5,440 females); 0620, Practical Nurse (427 males, 2,691 females); 0640, Health Aide/Technician (803 males, 1,040 females); 0671, Health System Specialist (648 males, 896 females); and 0679, Medical Support Assistant (767 males, 817 females). Traditionally, these series have continued to reflect high participation rate for females.

Standard Occupational Classification SOC Code Percentage

The 2010 Standard Occupational Classification (SOC) system is used by Federal statistical agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of many detailed occupations according to their occupational

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definition. The 2018 SOC has been revised to improve data collection and reflect the current occupational structure of the United States.

Applicant Pool Analysis

Distribution of Applicant Pool by Fed 9 by Race/Ethnicity and Sex (Appendix C, Table A8-1)

This year's applicant pool data reflects that there were a total of 138,985 applications received in FY18. A total of 38,748 applicants were referred to selecting officials and 4,450 candidates were selected. Out of the 4,450 selected individuals, 3,177 were females and 1,273 males.

The largest group of applicants were those who applied for positions were Administrative Support Workers. They accounted for a total of 41,636 of the applications submitted. Males make up 27.46%, which is above the CLF (24.72%), while females account for 72.54%, which is below the CLF of 75.28%.

The second largest group of applicants were those who applied for positions in the Professional category. They accounted for a total of 41,616 of the applications submitted. Males make up 33.42%, which is below the CLF (45.30%), while females account for 66.58%, which is above the CLF (54.70%). The application rates for White males in the Professional category (17.55%) was significantly lower compared to the CLF at (36%). White females (33.88%) in the same category were also below the CLF of 41.45%. All other Race, Ethnicity, and Sex groups in the Professional category except for males in the two or more races, were higher than the CLF.

There were a total of 23,311 applicants that submitted applications for Officials and Managers positions. Males make up 54.44% of the Officials and Managers category, while females account for 45.56%. The application rates for White males in the Officials and Managers category (22.15%) was significantly lower compared to the CLF at (45.70%). White females (15.27%) in the same category were also below the CLF of 32.65%. All other Race, Ethnicity, and Sex groups in the Officials and Managers category both males and females were higher than the CLF.

Distribution of Applicant Pool by Fed 9 for PWD (Appendix C, Table B8-1)

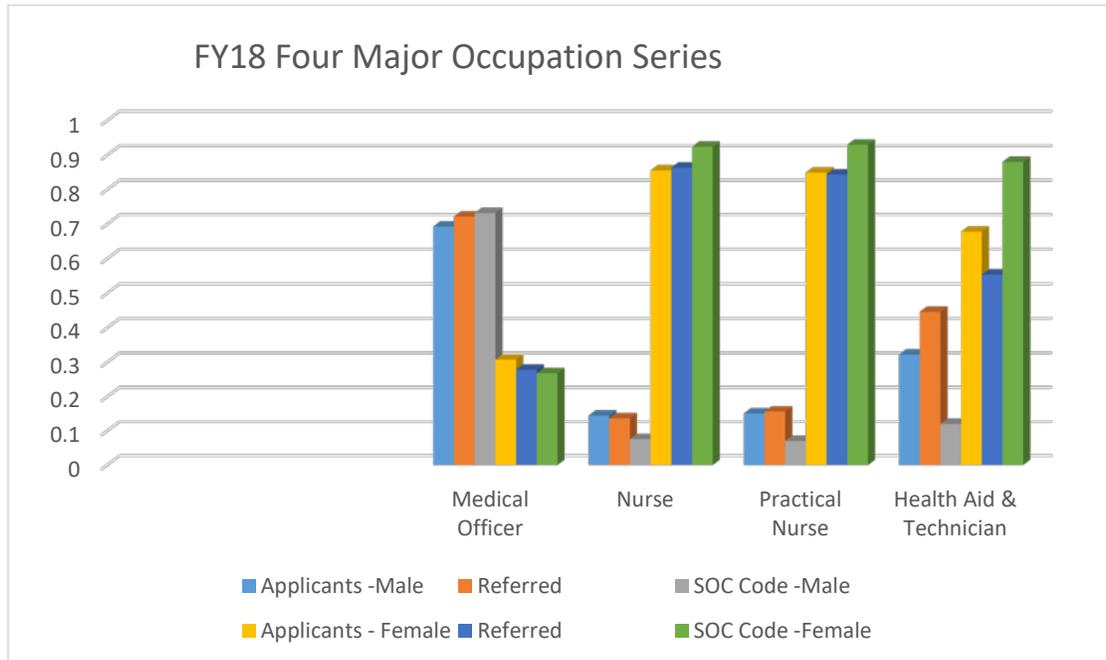
For FY 18, Fed 9 applicant pool data for individuals with disabilities, there were a total of 156,638 applications received. Of that number, 103,327 did not self-identify, 41,538 were coded as not having a disability, and 11,773 self-identified as having a disability. A total of 43,928 applicants were referred to selecting officials; however, 28,961 of those applicants did not self-identify, 11,804 were coded as not having a disability, and 3,163. Of the total number referred, 5,025 candidates were selected.

Compared to the Federal goal of 12% for individuals with a disability, only 232 (4.62%) who had a disability were selected. The analysis also indicated that only 83 (1.65%) individuals with a targeted disability was selected compared to the federal goal of 2.0%.

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Distribution of Applicants by Major Occupations: Distributed by Race/Ethnicity and Sex (Appendix C, Table A8-3)

In FY18, the four major occupations series in USAMEDCOM included the following: (0602) Medical Officer, (0610) Nurses, (0620) Practical Nurse, & (0640) Health Aid and Technician.



Applicants -Male	69.29%	14.45%	15.08%	32.20%
Referred	72.19%	13.63%	15.63%	44.59%
SOC Code -Male	73.20%	7.60%	7.00%	12.00%
Applicants - Female	30.71%	85.55%	84.92%	67.80%
Referred	27.81%	86.37%	84.37%	55.41%
SOC Code -Female	26.80%	92.40%	93.00%	88.00%

The data indicated that in FY18, the percentage of male applicants for Medical Officer positions at (69.29%) were below the SOC code percentage (73.20%), while female applicants who applied for Medical Officer positions were significantly outnumbered with only (30%). FY18 data indicated that the percentage of male applicants for Nurse positions (14.76%) was above the SOC code percentage (7.60%); however, it was below the RCLF (21.67%), while female applicants who applied for Nurse positions significantly outnumbered the males with (85.24%). The Nurse and Practical Nurse occupational series were considered the most robust for female applicants at 85.24% and 86.31%; however, they both remained below the SOC Codes at 92.40% and 93.00% respectively. Male applicants for the Nurse and Practical Nurse occupational series was below the application rates for

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females; however, they were above the SOC Codes in both occupational series. In the Health Aid and Technician occupational series, female applicants (56.43%) had a much higher percentage than male applicants (43.57%), but significantly lower than the SOC Code (88.10%).

Distribution of Applicant Pool by Pay Plan by Race/Ethnicity and Sex (Appendix C, Table A8-3)

For FY 18, this year's applicant pool data reflects that there were a total of 139,009 applications received. A total of 38,748 applicants were referred to selecting officials and 4,450 candidates were selected. Out of the 4,450 selected individuals, 3,177 were females and 1,273 males. Senior Executive Service (SES) data is not available for this group, because selections for these positions are managed by the SES Management office at Department of the Army level.

The largest group of applicants were those who applied for General Schedule positions. They accounted for a total of 128,027 of the applications submitted. Males make up 34.15%, which is below the CLF of 51.86%, while females account for 65.85%, which is above the CLF of 48.14%. Both White males (14.57%) and females (26.79%) were below the CLF for General Schedule applicants at (38.33% and 34.02%) respectively. All other Race, Ethnicity, and Sex groups in the General Schedule category both males and females were higher than their respective CLF's.

The second largest group of applicants by pay plan were those who applied for positions designated as Pay Bands. They accounted for a total of 8,183 of the applications submitted. Males make up 36.38%, which is below the CLF (51.86%), while females account for 63.62%, which is above the CLF (48.14%). The application rates for White males in the Pay Band category (18.17%) was the only group lower than the CLF at (38.33%). All other Race, Ethnicity, and Sex groups in the Pay Band categories were higher than the CLF.

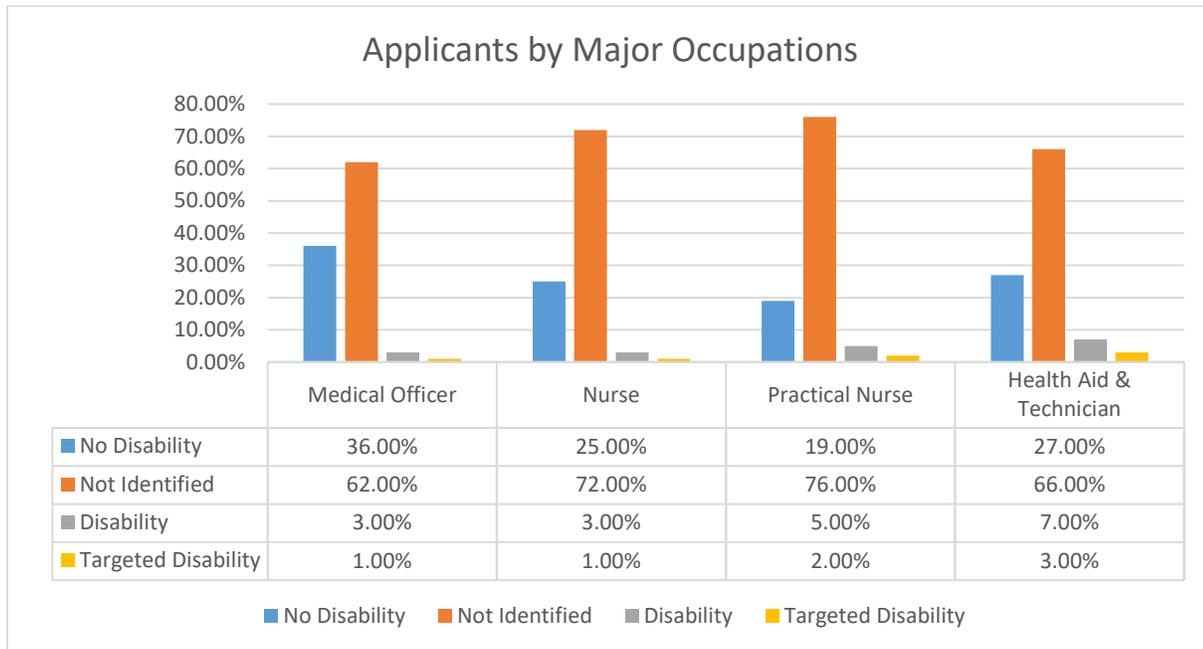
There were a total of 2,734 applicants that submitted applications for Wage Grade positions. Overall, males make up 59.66% of this population, while females account for 40.34%. The application rates for White males (23.70%) and White females (9.66%) in this pay plan were lower compared to the CLF at (38.33% and 34.02%). All other Race, Ethnicity, and Sex groups in this pay plan were higher than the CLF.

A total of 38,748 applicants were referred to selecting officials. Of those referred in the General Schedule category, males accounted for 36.89% and females were 65.85%. White males and females (16.59%; 28.16%) were below their respective CLF (38.33%; 34.02%). All other Race, Ethnicity, and Sex groups in the Officials and Managers category both males and females were higher than the CLF.

In the Pay Band category, White males and females (18.69%; 33.77%) were below the CLF (38.33%; 34.02%), while all other groups referred in the Pay Band category, is above the CLF. Males make up 59.66% of those referred in the Wage Grade category, while females account for 40.34%. The referral rates for White males in the Wage Grade category (31.79%) was below CLF at (38.33%). White females (5.06%) in the same category were also below the CLF of 34.02%. All other Race, Ethnicity, and Sex groups in the Wage Grade category both males and females were higher than the CLF.

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Distribution by Applicants by Major Occupations (Appendix C, Table B8-8)



In FY 18, the data indicates that a total of 904 employees applied for the Medical Officer occupation series. Of that number, 557 (62%) did not self-identify, 324 (36%) were coded as not having a disability, and only 23 (3%) self-identified as having a disability. A total of 422 applicants were referred to selecting officials; however, 274 (65%) of those applicants did not self-identify, 138 (33%) were coded as not having a disability, and 10 (2%) self-identified as having a disability. Only 6 (1%) applicants with a targeted disability applied. Of the total number referred, 86 candidates were selected. Individuals with a disability accounted for only 2% of those selected. There were no selections for those with a targeted disability.

A total of 23,036 employees applied for the Nurse occupation series. The data revealed that 16,596 (72%) did not self-identify, 5,793 (25%) were coded as not having a disability, 647 (3%) self-identified as having a disability, and 183 (1%) had a targeted disability. A total of 7,980 applicants were referred to selecting officials; 5,716 (72%) of those applicants did not self-identify, 2,052 (26%) were coded as not having a disability, 212 (3%) self-identified as having a disability, and 55 (1%) had a targeted disability. Of the total number referred, 989 of those applicants were selected. Only 2% (20) of those with a disability was selected. There were no selections for those with a targeted disability.

In the Practical Nurse occupation series, a total of 3,529 employees applied for this occupation series. The data indicated that 2,681 (76%) did not self-identify, 680 (19%) were coded as not having a disability, 168 (5%) self-identified as having a disability, and 77 (2%) had a targeted disability. A total of 1,889 applicants were referred to selecting officials; 1,412 (75%) of those applicants did not self-identify, 360 (19%) were coded as not having a disability, 117 (6%) self-identified as having a disability, and 60 (3%) had a targeted disability. Of the total number referred, 272 were selected.

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Individuals with a disability accounted for 6% (16) of those selected, while only 3% (8) with a targeted disability was selected.

A total of 4,120 employees applied for the Health Aid and Technician occupation series. The data analysis revealed that 2,721 (66%) did not self-identify, 1,113 (27%) were coded as not having a disability, 286 (7%) self-identified as having a disability, and 118 (3%) had a targeted disability. A total of 841 applicants were referred to selecting officials; 531 (63%) of those applicants did not self-identify, 228 (27%) were coded as not having a disability, 82 (10%) self-identified as having a disability, and 35 (4%) had a targeted disability. Of the total number referred, 176 were selected. A total of 15 (9%) of those with a disability were selected. Those with a targeted disability accounted for only 3% of the total selections.

Comparing the major occupations against the federal goal of 12% for individuals with a disability and 2% for targeted disability; the analysis indicated that selections for individuals with a disability that applied for all four major occupations were well below the established benchmark of 12%. Individuals with a targeted disability that applied for Medical Officer and Nurse were below the established benchmark of 2%.

Model Program Summary

<u>ESSENTIAL ELEMENT</u>		<u>2016%</u>	<u>2017 %</u>	<u>2018 %</u>
A	Demonstrated Commitment From Agency Leadership	100	100	100
B	Integration of EEO Into Agency Strategic Mission	97	94	95
C	Management and Program Accountability	100	100	93
D	Proactive Prevention	100	100	93
E	Efficiency	91	84	97
F	Responsiveness and Legal Compliance	100	100	100

Percent of Compliance Indicators Met by Essential Element by FY Comparison

Essential Element A: Commitment from Agency Leadership

Strengths:

LTG West was appointed as the USAMEDCOM Commander on December 3, 2015. She signed the updated versions of Commanding General's Anti-harassment Policy on June 10, 2018 and the Commanding General's Policy on the Civilian Equal Employment Opportunity (EEO) Program on June 10, 2018. Staff members of the USAMEDCOM Office of EEO Programs discuss the State of the Command with the USAMEDCOM Commander, the Chief of Staff, the Deputy Chief of Staff, and the Command Sergeant Major semi-annually.

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The Commander's EEO policy is available to new, and all, supervisors on the USAMEDCOM Knowledge Center SharePoint site and is accessible to all subordinate commanders, managers, supervisors, and employees. This information also included New Employee Orientation training programs. In addition to the websites that have been developed by Regional Health Commands (RHC), Major Subordinate Commands (MSC), and other USAMEDCOM organizations, installation EEO offices have developed websites for posting of EEO policies and program information in addition to the bulletin boards. EEO information is also referenced as part of the Supervisor Development Course. This training is required for all new supervisors of civilian personnel not later than one year after the date on which an individual is appointed to the position of supervisor.

In FY2018, Organization Inspection Program (OIP) inspection visits and Staff Assistance Visits (SAVs) were conducted at the Regional Health Command – Europe (RHC-E), Regional Health Command – Atlantic (RHC-A), U.S. Army Medical Research and Materiel Command (MRMC), U.S. Army Medical Center and School Health Readiness Center of Excellence, and U.S. Army Health Contracting Activity (AHCA). The visits included reviewing policy statements, implementation of the affirmative employment program (MD 715), Special Emphasis Program (SEP) operations, and EEO complaint processing. The visits reflected command support for EEO tenets and practices and support provided to USAMEDCOM organizations by servicing EEO offices.

Supervisors receive a variety of training in managerial, communication, and interpersonal skills for supervising a diverse workforce. The courses to date have included the Supervisor Development Course, the Leadership Education and Development Course, and senior leadership courses. 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. CES consists of four courses – Foundation (GS01-GS15), Basic (GS01-GS09), Intermediate (GS10-GS12), and Advanced (GS13-GS15) – that replaced the previous inventory of legacy courses offered for Army civilians. In keeping with the 2010 National Defense Authorization Act requirement to develop mandatory training programs for supervisors, the USAMEDCOM requires refresher/sustainment training for each supervisor at least once every three years. The USAMEDCOM Office of EEO Programs has also developed EEO-related training modules for managerial, communication, and interpersonal skills.

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

Disability accommodation mechanisms are engaged at the EEO offices servicing USAMEDCOM facilities. Under the joint basing, EEO offices belonging to the U.S. Air Force on joint base installations no longer have Disability Program Managers. USAMEDCOM Office of EEO Programs, when requested, provide guidance and assistance on requests for disability accommodation for USAMEDCOM facilities on these installations. In the absence of an IWPM, the Air Force Civilian Personnel office monitors, tracks and assists the USAMEDCOM facilities on Joint Base San Antonio.

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Deficiencies: None

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

Strengths:

Civilian Human Resources Division (CHRD) officials continually collaborate with the USAMEDCOM Office of EEO Programs to improve processes and procedures for conducting strategic recruitments, vacancy projection, and succession planning. The USAMEDCOM Office of EEO Programs has volunteered to partner with the USAMEDCOM CHRD Recruitment and Retention Branch to expand information outreach to Hispanics and individuals with disabilities, particularly veterans. In an effort to ensure that all USAMEDCOM employees are included in Army Career Programs, the new Medical Career Program (CP 53) was introduced during Spiral 4 of the Army Career Tracker-Civilian Deployment Schedule. Over 99% of the USAMEDCOM workforce is now aligned in career programs.

The Director, USAMEDCOM Office of EEO Programs, meets weekly with the Deputy Chief of Staff to provide EEO updates regarding the status of the program. An annual State of the Agency briefing is provided to the USAMEDCOM Chief of Staff in conjunction with the submission of the EEOC Federal Agency Annual EEO Program Status Report (MD 715).

The Director of EEO Programs is a presenter at regularly scheduled training sessions for new USAMEDCOM Commanders at the Pre-Command Course (PCC) and other Senior Leader Forums. Approximately fifty military officers preparing to take command of USAMEDCOM organizations attend each PCC. Venues like this offers an opportunity to provide new Commanders and managers with face-to-face interaction on information concerning current EEO issues, proper management of civilian employees, and personnel actions/decisions affecting careerists.

Deficiencies:

29 Code of Federal Regulations 1614 requires the EEO Director to be supervised by the agency head. If the EEO Director does not report to the agency head then the EEO Director should report to the same agency head designee as the mission related programmatic offices. In USAMEDCOM, this is not the case. The EEO Director is supervised by the Deputy Chief of Staff for Special Staff and senior rated by the Chief of Staff. The Chief of Staff supports this arrangement to ensure EEO staff is supervised without limiting access to the Commanding General.

Essential Element C: Management and Program Accountability

Strengths:

The web-based training of the DA EEO, Anti-Harassment, No FEAR training, is available throughout USAMEDCOM and is the primary tool used in USAMEDCOM to meet the No FEAR training requirement. Some servicing EEO Offices or USAMEDCOM Human Resource Offices provide the

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training during New Employee Orientations. Although the initial training requirement for No FEAR training was biennial, the EEO, Anti-Harassment, No FEAR Training is now required annually. USAMEDCOM has included the requirement for the EEO, Anti-Harassment, No FEAR Training in the USAMEDCOM Command Training and Leader Development Guidance. Training completion data is captured in the Digital Training Management System (DTMS). The goal for the training is to meet the DA target of a 95-100% completion rate. The completion rate of this training is monitored quarterly as part of the Command Management Review (CMR).

Deficiencies:

Due to the loss of the command's Disability Program Manager (DPM), request for reasonable accommodations in the headquarters are not processed within the time frame set forth in the agency procedures for reasonable accommodation. The servicing Joint Base Air Force Civilian Personnel Services Office does not follow the AR 690-12 reasonable Accommodation procedures when supporting Army requests.

Essential Element D: Proactive Prevention

Strengths:

The USAMEDCOM Office of EEO Programs coordinates with the Commanders of USAMEDCOM RHCs/MSCs to include EEO training in leadership development training for mid-level and senior-level leaders.

During the FY2017 OIP visits and SAVs, 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 (USC) Section 1561, Complaints of Sexual Harassment: Investigation by Commanding Officers, was furnished to local Commanders and staffs. This information helps to ensure facility accessibility compliance under AR 600-7 and proper processing of sexual harassment complaints filed under Title 10 USC Section 1561.

Deficiencies:

The new self- assessment Form G identifies the posting of the affirmative action plan as a requirement. In 2017, every level of command was not required to post their plan on their public website. The FY 2017 MD 715 report or affirmative action plan was not posted on the Command's public website.

Essential Element E: Efficiency

Strengths:

Using the DA complaints tracking system (iComplaints), the USAMEDCOM Office of EEO Programs has been able to monitor the timely processing of complaints filed against USAMEDCOM organizations and address delays, including untimely investigations, directly with servicing EEO Offices, DoD Investigations and Resolutions Directorate (IRD), or EEOC.

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There are 70 servicing EEO offices performing EEO complaints management and counseling for USAMEDCOM facilities worldwide. EEO OIP investigations and SAVs to USAMEDCOM regions and medical treatment facilities, when appropriate, provide opportunities to meet and discuss servicing issues with the EEO Office personnel at the installations where those USAMEDCOM organizations are tenants or to elevate issues regarding servicing to HQ USAMEDCOM EEO. We have reviewed the availability of DA-trained and certified collateral-duty EEO counselors and refresher training that is being conducted for counselors (an EEOC requirement), the use of Alternative Dispute Resolution (ADR)/mediation in both the informal and formal stages of the complaint process, and the quality of data entered into the iComplaints data system.

Deficiencies: None

Essential Element F: Responsiveness and Legal Compliance

Strengths:

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 USAMEDCOM. This is articulated in the Commander's policy and is reflected in EEO critical elements of all civilian and military managers and supervisors.

In EEO complaints where Negotiated Settlement Agreements have been made or in cases where findings of discrimination have been rendered, the USAMEDCOM organizations have worked cooperatively with the servicing EEO and Legal Offices to ensure adherence with all terms of the agreement or compliance with EEOC/DA findings. A culpability study is also encouraged where findings have been made.

One complaint of discrimination closed with a finding in FY2018. The Army issued a finding of disability (physical) discrimination in the following claims: Harassment and hostile work environment, denial of reasonable accommodation and unfair performance appraisal. The activity was ordered to reconstruct the performance appraisal and award the complainant with a performance award commensurate with the reconstructed rating. Corrective actions also included compensatory damages, training for supervisors and attorney fees and costs. Mandated posting of the notice of the finding of discrimination in conformity with Title 29 Code of Federal Regulations Part 1614 was also ordered.

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

Deficiencies: None

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Annual Federal EEO Statistical Report of Discrimination Complaints (EEOC 462) Report

The following provides complaint data documented in the USAMEDCOM FY2018 462 Report located at Appendix D. Applicable parts are noted in parenthesis after each item:

Pre-Complaints (Informal Inquiries)

Seventy-nine (79) pre-complaints were open at the beginning of the reporting period (Part ID1). An additional 505 USAMEDCOM pre-complaints were initiated during FY2018 (Part ID2). Of these pre-complaints, 510 were completed within the reporting period (Part ID3): 69 settled (Part ID3a), 168 withdrawn with no formal complaint filed (Part ID3b), 264 completed counseling with formal complaints filed (Part ID3c), and 9 pending further action by the aggrieved (Part ID3d). Seventy (70) were pending completion of pre-complaint inquiries at the end of FY2018 (Part ID4).

ADR was accepted for 179 pre-complaints (Part XB4). There were 57 ADR settlements (Part XE1a) (12 monetary benefits totaling \$40,629.50 (Part IG) and 77 non-monetary benefits (Part IH)), 42 no formal complaint filed (Part XE1b), 53 no resolution (Part XE1ci), 26 no ADR attempts (Part XE1cii), and 1 decision to file a formal complaint (Part XE1d).

-- Pre-complaint Processing / Non-ADR Settlement Costs (With Monetary benefits) (Part IE)

Compensatory Damages:	\$0.00
Back-pay / Front-pay:	\$0.00
Lump Sum Payment:	\$39,500.00
Attorney Fees:	\$0.00
Total Costs:	\$39,500.00

-- Pre-complaint Processing / ADR Settlement Costs (With Monetary benefits) (Part IG)

Compensatory Damages:	\$12,230.00
Back-pay / Front-pay:	\$1.00
Lump Sum Payment:	\$18,998.50
Attorney Fees:	\$9,400.00
Total Costs:	\$40,629.50

Complaints (Formal Complaints)

Four hundred and fifty-one (451) formal complaints were open at the beginning of the reporting period (Part IIA). An additional 282 USAMEDCOM formal complaints were filed (Part IIB). Four formal complaints were remanded during FY2018 (Part IIC). Of these formal complaints, 219 were closed (Part VIA): 20 withdrawn (Part VIA1), 91 settled (Part VIA2), and 108 closed (Part VIA3) (70 as Final Army Decision without a hearing before an EEOC Administrative Judge and 38 as Final Army Action after a hearing before an EEOC Administrative Judge).

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ADR was accepted for 34 formal complaints (Part XIB4). There were 24 settlements (Part XIE1a) --8 monetary benefits totaling \$58,900.40 (Part XIF1) and 21 non-monetary benefits (Part XIF2), zero withdrawals (Part XIE1b), and eight with no resolution.

-- Formal Complaint Processing / Settlement Costs (Part VIIB)

Compensatory Damages:	\$8,1944.54
Back-pay / Front-pay:	\$.00
Lump Sum Payment:	\$557,075.40
Attorney Fees:	\$78,940.00
Total Costs:	\$717,959.94

Total Monetary Benefits / Investigative Costs (Sum of Pre-complaints & Formal Complaints)

Monetary Benefits:	\$758,589.45
Investigative Costs:	\$41,526.32
Total Costs:	\$800, 115.77

The number of formal complaints filed increased to 282 in FY 2018 as compared to 269 in FY 2017. The number of pre-complaints also increased slightly from 502 in FY 2017 to 505 initiated in FY 2018. The top issue is harassment (non-sexual) and the top basis is reprisal.

- Bases - The top three bases in formal complaints were reprisal (168), disability (140) and race (156).
- Issues -The top two issues raised in formal complaints were Harassment (non-sexual) 290 and disciplinary actions (110).

Finding of Discrimination

One complaint of discrimination closed with a finding in FY2018. The Army issued a finding of disability (physical) discrimination in the following claims: Harassment and hostile work environment, denial of reasonable accommodation and unfair performance appraisal. The activity was ordered to reconstruct the performance appraisal and award the complainant with a performance award commensurate with the reconstructed rating. Corrective actions also included compensatory damages, training for supervisors and attorney fees and costs. Mandated posting of the notice of the finding of discrimination in conformity with Title 29 Code of Federal Regulations Part 1614 was also ordered.

Annual Federal Equal Opportunity Recruitment Program (FEORP) Plan For FY 2019

Goals for the Diversity and Inclusion (D&I) Strategic Plan

Diversity:

Plan: Diversify the Federal Workforce through Active Engagement of Leadership

Goal: Leverage current Leader forums and AMEDD Civilian Corps office to monitor diversity and inclusion efforts. Integrate D&I principles in current Leadership and Pre-Command Course.

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Inclusion:

Plan: Include and Engage Everyone in the Workplace

Goal: Develop a Command training and education plan to educate workforce on D&I principles. Develop a program that will incentivize, recognize and reward programs, individuals, supervisors that are making a culture change toward diversity and inclusion.

Sustainability:

Plan: Optimize Inclusive Diversity Efforts Using Data-Driven Approaches

Goal: Demonstrate leadership accountability, commitment, and involvement regarding diversity and inclusion in the workplace through creation and implementation of standardized EEO performance objectives for military and civilian managers and supervisors.

Strategic Plan to Recruit and Hire Individuals with Disabilities

USAMEDCOM will continue to provide outreach for recruitment efforts. One of the primary resources used to identify job applicants with disabilities, including individuals with targeted disabilities, for federal jobs is USAJOBS website. There are several other websites where employees post resumes that can also be used to recruit and hire individuals with disabilities. The agency will continue using and managing the Command's Workforce Recruitment Program (WRP) for College Students with Disabilities program to identify and attract applicants with disabilities. The Federal Career Intern Program is also used to recruit and attract exceptional individuals into a variety of occupations; the agency uses a number of authorities such as Veterans Recruitment Appointment (VRA), 30% or More Disabled Veterans Program, and Veterans Employment Opportunity Act (VEOA) appointments to assist with recruiting and hiring individuals with disabilities.

Though not specifically for Veterans, the agency will use Schedule A authority for people with disabilities, 5 CFR 213.3102(u). It is an excepted authority that agencies can use to appoint eligible Veterans who have a severe physical, psychological, or intellectual disability. The agency will use the 30% or More Disabled Veteran authority which allows an agency to non-competitively appoint any Veteran with a 30% or more service-connected disability. The agency will also use the Veterans Employment Opportunity Act of 1998, as amended (VEOA) and the Veterans' Recruitment Appointment (VRA). They are competitive and non-competitive appointing authorities that can only be used when filling permanent, competitive service positions.

The 2018 FEORP accomplishment Report and Plan is located at Appendix E.

Disabled Veterans Affirmative Action Program

The USAMEDCOM supports the Department of Army (DA) policy to seek opportunities to hire, train, and promote disabled veterans. Particular emphasis is placed on those veterans with targeted disabilities or with 30% or more disabled status. This policy should not be construed to permit preferential treatment in employment and advancement of disabled veteran employees or applicants for employment

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beyond what is authorized for appointment to the competitive service. It does require that DA components seek eligible disabled veteran employees and/or applicants for employment for vacancies which occur or are subject to the DA and Department of Defense (DoD) hiring and budget restrictions.

In FY18, the USAMEDCOM Civilian Recruitment, Retention, and Analysis Division (RRAD) was successful in efforts to reach veterans and people with disabilities during recruitment events and through employment websites and social media platforms. Experienced recruiters reached interested applicants to provide information on veteran and disability hiring options and facilitate the application process. These successful recruiting efforts resulted in hiring 7,260 new employees of which 879 had a 10 Point Disability or Compensable Veterans Preference and 242 had 10 Point Compensable 30% Disabled Veteran Preference. Out of the total 7,260 new hires, 1,121 (15%) claimed disability preference for employment purposes. The USAMEDCOM also successfully hired a total of 29 Schedule A employees with disabilities into a wide variety of healthcare and support occupations.

Disabled Veterans employed with USAMEDCOM as of September 30, 2018 are currently 37.67% of the workforce; a decrease of 1.07% from FY 2017. In FY 2018, 30% or more compensable are at 20.50%, which is an increase of 5.13%, and total veteran population is 46.62%, which showed a 0.21% decrease. Currently USAMEDCOM is not encountering obstacles in attracting or retaining veterans.

The total number of veterans decreased by 400 from 19,974 to 19,374. The disabled veterans decreased by 1 during the fiscal year. The 30% or more disabled veteran population increased by 1,968 from 6,541 to 8,509.

The USAMEDCOM Civilian Recruitment, Retention, and Analysis Division (RRAD), will continue its aggressive efforts to reach veterans and people with disabilities during the fifty healthcare events we attend across the Nation and through employment websites and social media platforms. Recruiters will explore ways to increase printed and/or electronic marketing specifically targeting veterans and people with disabilities in order to attract these candidates to the wide range of worldwide employment opportunities available in the USAMEDCOM. The marketing will have a focus on easy steps candidates can follow in order to receive employment consideration. Focus will also be placed on similar marketing for hiring officials in order to increase their knowledge of available non-competitive hiring authorities applicable to veterans and people with disabilities. This will increase the use of these authorities during the recruitment process.

The USAMEDCOM will continue using both public and private sector employment web sites and social media platforms to advertise vacancies and increase the outreach to veterans and people with disabilities. The command will also continue the use of system capabilities to find these candidates employment opportunities overseas in assignments that will allow for professional and personal growth, which will increase advancement opportunities. The USAMEDCOM will plan to add a special link on the Civilian Corps website specifically targeted to veterans and people with disabilities. This will help demonstrate the command's commitment to hiring these candidates and will make pertinent employment application instructions more easily accessible. The Command will complete a review of the private sector employment search platforms to explore possibilities of increasing posts and messages specifically directed towards veterans and people with disabilities.

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The command's Civilian Human Resources directorate will increase the publication of newsletter articles applicable to the hiring of veterans and people with disabilities. In addition to articles about hiring authorities in general and hiring officials' experiences in utilizing these authorities, the command will feature current employees who were hired as veterans and people with disabilities. The articles will contain basic information about employees along with their picture. Employees will be asked to share their experiences working with the USAMEDCOM and the U.S. Army. The command will explore ways to increase distribution of these articles to the workforce and civilian human resources practitioners as well as feature these articles in employment websites and social media platforms.

The Office of EEO programs is recruiting for an Individuals with Disabilities (IWD) Program Manager whose primary duty will be to implement the new Equal Employment Opportunity Commission (EEOC) requirements for increasing the recruitment, hiring, advancement and retention of applicants and employees with disabilities and targeted disabilities. The Program Manager will establish collaborative partnerships with State/Local Rehabilitation Offices and Veteran Administration Organizations to maintain focus on hiring IWD and disabled veterans. In concert with the Civilian Human Resources Recruitment Division's Disability Hiring Coordinator, this manager will develop an aggressive education and training program to educate the enterprise on the different hiring authorities, new federal disability hiring requirements and reasonable accommodation procedures.

The Disabled Veterans Affirmative Action Plan (DVAAP) Accomplishment report for 2018 and the Plan for 2019 are at Appendix F.

Significant Accomplishments

HQ USAMEDCOM

- During FY18 effectively managed and processed 29 reasonable accommodations requests.
- Achieved zero internal deficiencies during the Management Internal Control Program (MICP) review.
- Reviewed the Department of the Army (DA) policy and procedures for Personal Assistance Services (PAS) for people with disabilities for any underlying themes or inconsistencies that may affect civilians. PAS are services that provide assistance to persons with targeted disabilities to perform basic activities of daily living that an individual would typically perform if he or she did not have a disability, and that is not otherwise required as a reasonable accommodation. Provided DA valuable suggestions to improve and enhance the policy.
- Developed EEO NO FEAR Poster for distribution to all USAMEDCOM employees.
- Trained 36 Supervisors and Managers on EEO principles and responsibilities; improving their leadership, managerial, and technical skills from an EEO perspective.

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- HQ's USAMEDCOM EEO team conducted OIP/SAVs with 4 subordinate MSCs. Prepared written analyses/briefings with specific corrective initiatives; enabled commanders to address identified concerns and/or issues immediately and effectively.
- Coordinated with Regional Commanders and leadership to develop a concept and staffing plan to place EEO Program Managers at MRMC, AMEDDC&S, and RHC-E.
- Coordinated with Air Force (AF) Civilian Personnel Section (CPS) on developing a plan to improve the effectiveness and management of the Reasonable Accommodation (RA) process for all civilian employees and applicants with disabilities assigned to Joint Base San Antonio (JBSA).
- Due to an organizational realignment within the Office of the Administrative Assistant (OAA); USAMEDCOM Office of EEO Programs acquired and successfully managed several external EEO complaints, reasonable accommodations, and various inquires with a reduced staff. This service was also extended to NAF Vet Services personnel not on Army Installations.

RHC-A

- The Region EEO manager provided NO FEAR Act training to all Assistant Chiefs of Staff at the Headquarters.
- Monitored regional complaint activity and coordinated with over 20 servicing EEO officers throughout the region; ensured that requirements for complaint counseling and processing were fulfilled in compliance with regulations and with full coordination of appropriate staff elements.
- The RHC-A EO/EEO team conducted over 6 OIP/SAVs of subordinate MTFs, associated health/dental clinics, Troop Commands and Public Health Commands. Prepared written analyses/briefings with specific remedial initiatives; enabled commanders to address identified concerns and/or issues immediately and effectively.
- Conducted office calls and/or conference calls with 6 servicing EEO officers to develop effective working relationships between them and the MTF commanders they support; established dialogue, mutual support, and a team approach toward addressing and resolving EEO-related issues.
- Resolved several grievances between managers/supervisors and their employees, precluding becoming EEO complaints; resulted in significant savings to the organization in terms of resources.
- Maintained an open forum with the USAMEDCOM EEO Office; enabled effective dialogue for implementation of any higher HQs initiatives regarding EEO policy changes, program updates, and required EEO training.

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- Conducted exit interviews of over 6 departing civilian employees to capture employee feedback on reasons/decisions for leaving the organization.

RHC-C

- To increase awareness, EEO Policy Letters are made available on SharePoint and EEO bulletin boards.
- To ensure EEO compliance and awareness, all managers and supervisors are required to have an EEO bullet in their standards, EEO interface with legal and the Region HR office on a weekly basis.
- Areas of concern: EEO Program working on establishing a set schedule to meet on a reoccurring basis.
- RHC-C staff members created a “Pass It On” Initiative to enhance communication, teambuilding, staff involvement, onboarding, etc.
- As a best practice, suggestion/concern boxes were strategically place on the first floor in common areas for employees to voice their opinions and concerns.
- EEO Program Manager conducted EEO training for mid-level managers at every facility.

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STRATEGY FOR FY2019

The EEO program priorities for FY 2019 will focus on improving communication between leaders and employees as the command transitions functions and healthcare delivery to the Defense Health Agency.

- Educate the workforce on EEO, disability (to include reasonable accommodation), diversity and inclusion principles.
- Collaborate with Human Resources offices to increase the knowledge of HR tools during the transition and reshaping of the workforce.
- Continue to conduct EEO program assessments to document efforts to achieve a Model EEO Program and eliminate barriers and discrimination.
- Continue to address those areas identified in part I and J regarding recruiting strategies for Hispanic, White females, and IWDs.
- Engage partners in CPAC, Human Resources, and Civilian Senior Leaders to review policies, procedures, and practices impacting the workforce.
- Through continuous dialogue, engagement and outreach, EEO Staff will collaborate with all stakeholders as strategic partners to achieve EEO programmatic goals and objectives. These strategic partnerships will provide the platform for developing and implementing EEO action plans and barrier analysis.

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**715 - PART F CERTIFICATION of ESTABLISHMENT of CONTINUING
EQUAL EMPLOYMENT PROGRAMS**

I, Cheryl Neal-Green , Director, Office of EEO Programs, am the Principal EEO Director/Official for:
U.S. Army Medical Command.

The agency has conducted an annual self-assessment of Section 717 and Section 501 programs against the essential elements as prescribed by EEO MD-715. If an essential element was not fully compliant with the standards of EEO MD-715, a further evaluation was conducted and, as appropriate, EEO Plans for Attaining the Essential Elements of a Model EEO Program, are included with this Federal Agency Annual EEO Program Status Report.

The agency has also analyzed its work force profiles and conducted barrier analyses aimed at detecting whether any management or personnel policy, procedure or practice is operating to disadvantage any group based on race, national origin, gender or disability. EEO Plans to Eliminate Identified Barriers, as appropriate, are included with this Federal Agency Annual EEO Program Status Report.

I certify that proper documentation of this assessment is in place and is being maintained for EEOC review upon request.

(EEO Director Signature) 

(EEO Signature Date)
09 Jan 2019
Date

Signature of Principal EEO Director/Official
Certifies that this Federal Agency Annual EEO Program Status
Report is in compliance with EEO MD-715.



17 Jan 2019

Signature of Agency Head or Agency Head Designee

Date

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715 - PART G
Agency Self-Assessment Checklist

Essential Element A: Demonstrated Commitment From agency Leadership This element requires the agency head to communicate a commitment to equal employment opportunity and a discrimination-free workplace.			
 Compliance Indicator	 Measures	Measure Met? (Yes/No)	Comments
A.1 - The agency issues an effective, up-to-date EEO policy statement.			
A.1.a	Does the agency annually issue a signed and dated EEO policy statement on agency letterhead that clearly communicates the agency's commitment to EEO for all employees and applicants? If "yes", please provide the annual issuance date in the comments column. [see MD-715, II(A)]	Y	Policy letters were updated June 2018 and expire June 2020
A.1.b	Does the EEO policy statement address all protected bases (age, color, disability, sex (including pregnancy, sexual orientation and gender identity), genetic information, national origin, race, religion, and reprisal) contained in the laws EEOC enforces? [see 29 CFR § 1614.101(a)]	Y	
A.2 - The agency has communicated EEO policies and procedures to all employees.			
A.2.a	Does the agency disseminate the following policies and procedures to all employees:		

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A.2.a.1	Anti-harassment policy? [see MD 715, II(A)]	Y	Command policies are distributed to every level of the command.
A.2.a.2	Reasonable accommodation procedures? [see 29 C.F.R § 1614.203(d)(3)]	Y	Local servicing EEO offices disseminate procedures.
A.2.b	Does the agency prominently post the following information throughout the workplace and on its public website:		
A.2.b.1	The business contact information for its EEO Counselors, EEO Officers, Special Emphasis Program Managers, and EEO Director? [see 29 C.F.R § 1614.102(b)(7)]	Y	Local servicing EEO offices disseminate posters with EEO contact information.
A.2.b.2	Written materials concerning the EEO program, laws, policy statements, and the operation of the EEO complaint process? [see 29 C.F.R § 1614.102(b)(5)]	Y	Local servicing EEO offices disseminate posters with EEO contact information.
A.2.b.3	Reasonable accommodation procedures? [see 29 C.F.R. § 1614.203(d)(3)(i)] If so, please provide the internet address in the comments column.	Y	Local servicing EEO offices disseminate information on their local websites. For example: https://www.bliss.army.mil/garrison/EEO/Training.html
A.2.c	Does the agency inform its employees about the following topics:		
A.2.c.1	EEO complaint process? [see 29 CFR §§ 1614.102(a)(12) and 1614.102(b)(5)] If "yes", please provide how often.	Y	Local servicing EEO offices disseminate procedures.
A.2.c.2	ADR process? [see MD-110, Ch. 3(II)(C)] If "yes", please provide how often.	Y	Local servicing EEO offices disseminate procedures.

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A.2.c.3	Reasonable accommodation program? [see 29 CFR § 1614.203(d)(7)(ii)(C)] If "yes", please provide how often.	Y	MEDCOM uses guidance in AR 690-12 Appendix C as the foundation for the program. Local servicing EEO offices disseminate procedures.
A.2.c.4	Anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1] If "yes", please provide how often.	Y	MEDCOM uses guidance in AR 690-12 Appendix D as the foundation for the program. Local servicing EEO offices disseminate procedures.
A.2.c.5	Behaviors that are inappropriate in the workplace and could result in disciplinary action? [5 CFR § 2635.101(b)] If "yes", please provide how often.	Y	In the one finding, supervisors received mandatory training and were counseled. In the HQs, at least two employees were disciplined or disciplined initiated.
 Compliance Indicator  Measures	A.3 - The agency assesses and ensures EEO principles are part of its culture.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
A.3.a	Does the agency provide recognition to employees, supervisors, managers, and units demonstrating superior accomplishment in equal employment opportunity? [see 29 CFR § 1614.102(a)(9)] If "yes", provide one or two examples in the comments section.	Y	Local MTF and RHC recognize employees during SAV's and for special projects.
A.3.b	Does the agency utilize the Federal Employee Viewpoint Survey or other climate assessment tools to monitor the perception of EEO principles within the workforce? [see 5 CFR Part 250]	Y	Individual Commanders use the DEOCS and focus groups (sensing sessions) as a tool for monitoring climate.
	B.1 - The reporting structure for the EEO program provides the principal EEO official with appropriate	Measure Met?	Comments

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Compliance Indicator  Measures	authority and resources to effectively carry out a successful EEO program.	(Yes/No)	A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.1.a	Is the agency head the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office? [see 29 CFR §1614.102(b)(4)]	N	EEO Director is supervised by the Deputy Chief of Staff for Special Staff and senior rated by the Chief of Staff. EEO Director has unhindered access to the CG.
B.1.a.1	If the EEO Director does not report to the agency head, does the EEO Director report to the same agency head designee as the mission-related programmatic offices? If "yes," please provide the title of the agency head designee in the comments.	N	EEO Director is supervised by the Deputy Chief of Staff for Special Staff and senior rated by the Chief of Staff. EEO Director has unhindered access to the CG.
B.1.a.2	Does the agency's organizational chart clearly define the reporting structure for the EEO office? [see 29 CFR §1614.102(b)(4)]	Y	
B.1.b	Does the EEO Director have a regular and effective means of advising the agency head and other senior management officials of the effectiveness, efficiency and legal compliance of the agency's EEO program? [see 29 CFR §1614.102(c)(1); MD-715 Instructions, Sec. I]	Y	EEO Director meets regularly with Commanding General and Senior Leaders.
B.1.c	During this reporting period, did the EEO Director present to the head of the agency, and other senior management officials, the "State of the agency" briefing covering the six essential elements of the model EEO program and the status of the barrier analysis process? [see MD-715 Instructions, Sec. I] If	Y	2-Mar-18 for FY 2017report 18 Dec 18 for FY 2018 report

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	"yes", please provide the date of the briefing in the comments column.		
B.1.d	Does the EEO Director regularly participate in senior-level staff meetings concerning personnel, budget, technology, and other workforce issues? [see MD-715, II(B)]	Y	
 Compliance Indicator  Measures	B.2 - The EEO Director controls all aspects of the EEO program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.2.a	Is the EEO Director responsible for the implementation of a continuing affirmative employment program to promote EEO and to identify and eliminate discriminatory policies, procedures, and practices? [see MD-110, Ch. 1(III)(A); 29 CFR §1614.102(c)]	Y	
B.2.b	Is the EEO Director responsible for overseeing the completion of EEO counseling [see 29 CFR §1614.102(c)(4)]	Y	EEO Director monitors the complaint processing of the servicing EEO offices and informs them of any inaccuracies.
B.2.c	Is the EEO Director responsible for overseeing the fair and thorough investigation of EEO complaints? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	Y	EEO Director monitors the complaint processing of the servicing EEO offices and informs them of any inaccuracies.
B.2.d	Is the EEO Director responsible for overseeing the timely issuing final agency decisions? [see 29 CFR §1614.102(c)(5)] [This question may not be applicable for certain subordinate level components.]	N/A	HQ Army EEOCCR is responsible for overseeing the timely issuing of final agency decisions.

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B.2.e	Is the EEO Director responsible for ensuring compliance with EEOC orders? [see 29 CFR §§ 1614.102(e); 1614.502]	Y	HQ and RHC EEO program Manager monitor EEO Orders for compliance.
B.2.f	Is the EEO Director responsible for periodically evaluating the entire EEO program and providing recommendations for improvement to the agency head? [see 29 CFR §1614.102(c)(2)]	Y	
B.2.g	If the agency has subordinate level components, does the EEO Director provide effective guidance and coordination for the components? [see 29 CFR §§ 1614.102(c)(2) and (c)(3)]	Y	
 Compliance Indicator  Measures	B.3 - The EEO Director and other EEO professional staff are involved in, and consulted on, management/personnel actions.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.3.a	Do EEO program officials participate in agency meetings regarding workforce changes that might impact EEO issues, including strategic planning, recruitment strategies, vacancy projections, succession planning, and selections for training/career development opportunities? [see MD-715, II(B)]	Y	
B.3.b	Does the agency's current strategic plan reference EEO / diversity and inclusion principles? [see MD-715, II(B)] If "yes", please identify the EEO principles in the strategic plan in the comments column.	Y	In Army Medicine Campaign Plan, 2018, Line of Effort #3 and Means #3 focuses on taking care of the soldiers and the workforce and improving the ethical and cultural environment.

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 Compliance Indicator  Measures		Measure Met? (Yes/No)	Comments
	B.4 - The agency has sufficient budget and staffing to support the success of its EEO program.		A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.4.a	Pursuant to 29 CFR §1614.102(a)(1), has the agency allocated sufficient funding and qualified staffing to successfully implement the EEO program, for the following areas:		
B.4.a.1	to conduct a self-assessment of the agency for possible program deficiencies? [see MD-715, II(D)]	Y	
B.4.a.2	to enable the agency to conduct a thorough barrier analysis of its workforce? [see MD-715, II(B)]	Y	
B.4.a.3	to timely, thoroughly, and fairly process EEO complaints, including EEO counseling, investigations, final agency decisions, and legal sufficiency reviews? [see 29 CFR § 1614.102(c)(5) & 1614.105(b) - (f); MD-110, Ch. 1(IV)(D) & 5(IV); MD-715, II(E)]	Y	
B.4.a.4	to provide all supervisors and employees with training on the EEO program, including but not limited to retaliation, harassment, religious accommodations, disability accommodations, the EEO complaint process, and ADR? [see MD-715, II(B) and III(C)] If not, please identify the type(s) of training with insufficient funding in the comments column.	Y	
B.4.a.5	to conduct thorough, accurate, and effective field audits of the EEO programs in components and the field		

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	offices, if applicable? [see 29 CFR §1614.102(c)(2)]	Y	
B.4.a.6	to publish and distribute EEO materials (e.g. harassment policies, EEO posters, reasonable accommodations procedures)? [see MD-715, II(B)]	Y	
B.4.a.7	to maintain accurate data collection and tracking systems for the following types of data: complaint tracking, workforce demographics, and applicant flow data? [see MD-715, II(E)]. If not, please identify the systems with insufficient funding in the comments section.	N	DA measurement mechanism for accurate applicant flow data capture is being developed, Army will address this deficiency in their plan
B.4.a.8	to effectively administer its special emphasis programs (such as, Federal Women's Program, Hispanic Employment Program, and People with Disabilities Program Manager)? [5 USC § 7201; 38 USC § 4214; 5 CFR § 720.204; 5 CFR § 213.3102(t) and (u); 5 CFR § 315.709]	Y	
B.4.a.9	to effectively manage its anti-harassment program? [see MD-715 Instructions, Sec. I); EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Y	Use of AR 690-12 Appendix D for program guidance.
B.4.a.10	to effectively manage its reasonable accommodation program? [see 29 CFR § 1614.203(d)(4)(ii)]	Y	
B.4.a.11	to ensure timely and complete compliance with EEOC orders? [see MD-715, II(E)]	Y	
B.4.b	Does the EEO office have a budget that is separate from other offices within the agency? [see 29 CFR § 1614.102(a)(1)]	Y	

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B.4.c	Are the duties and responsibilities of EEO officials clearly defined? [see MD-110, Ch. 1(III)(A), 2(III), & 6(III)]	Y	
B.4.d	Does the agency ensure that all new counselors and investigators, including contractors and collateral duty employees, receive the required 32 hours of training, pursuant to Ch. 2(II)(A) of MD-110?	Y	
B.4.e	Does the agency ensure that all experienced counselors and investigators, including contractors and collateral duty employees, receive the required 8 hours of annual refresher training, pursuant to Ch. 2(II)(C) of MD-110?	Y	
 Compliance Indicator  Measures	B.5 - The agency recruits, hires, develops, and retains supervisors and managers who have effective managerial, communications, and interpersonal skills.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.5.a	Pursuant to 29 CFR § 1614.102(a)(5), have all managers and supervisors received training on their responsibilities under the following areas under the agency EEO program:		
B.5.a.1	EEO Complaint Process? [see MD-715(II)(B)]	Y	
B.5.a.2	Reasonable Accommodation Procedures? [see 29 C.F.R. § 1614.102(d)(3)]	Y	
B.5.a.3	Anti-Harassment Policy? [see MD-715(II)(B)]	Y	

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B.5.a.4	Supervisory, managerial, communication, and interpersonal skills in order to supervise most effectively in a workplace with diverse employees and avoid disputes arising from ineffective communications? [see MD-715, II(B)]	Y	
B.5.a.5	ADR, with emphasis on the federal government's interest in encouraging mutual resolution of disputes and the benefits associated with utilizing ADR? [see MD-715(II)(E)]	Y	
 Compliance Indicator  Measures	B.6 - The agency involves managers in the implementation of its EEO program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
B.6.a	Are senior managers involved in the implementation of Special Emphasis Programs? [see MD-715 Instructions, Sec. I]	Y	
B.6.b	Do senior managers participate in the barrier analysis process? [see MD-715 Instructions, Sec. I]	Y	
B.6.c	When barriers are identified, do senior managers assist in developing agency EEO action plans (Part I, Part J, or the Executive Summary)? [see MD-715 Instructions, Sec. I]	Y	
B.6.d	Do senior managers successfully implement EEO Action Plans and incorporate the EEO Action Plan Objectives into agency strategic plans? [29 CFR § 1614.102(a)(5)]	Y	

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 Compliance Indicator  Measures		Measure Met? (Yes/No)	Comments
	C.1 - The agency conducts regular internal audits of its component and field offices.		A "No" response to any measure in Part G is a program deficiency requiring a Part H.
C.1.a	Does the agency regularly assess its component and field offices for possible EEO program deficiencies? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	Y	Organization Inspections are conducted yearly at every echelon of the command: HQs inspect Regions and MSC and Regions inspect the Medical Treatment Facilities.
C.1.b	Does the agency regularly assess its component and field offices on their efforts to remove barriers from the workplace? [see 29 CFR §1614.102(c)(2)] If "yes", please provide the schedule for conducting audits in the comments section.	Y	Organization Inspections are conducted yearly at every echelon of the command: HQ's inspect Regions and MSC and Regions inspect the Medical Treatment Facilities.
C.1.c	Do the component and field offices make reasonable efforts to comply with the recommendations of the field audit? [see MD-715, II(C)]	Y	
 Compliance Indicator  Measures		Measure Met? (Yes/No)	Comments
	C.2 - The agency has established procedures to prevent all forms of EEO discrimination.		A "No" response to any measure in Part G is a program deficiency requiring a Part H.
C.2.a	Has the agency established comprehensive anti-harassment policy and procedures that comply with EEOC's enforcement guidance? [see MD-715, II(C); Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors	Y	In accordance with 690-12 appendix D

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	(Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]		
C.2.a.1	Does the anti-harassment policy require corrective action to prevent or eliminate conduct before it rises to the level of unlawful harassment? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (1999), § V.C.1]	Y	In accordance with 690-12 Appendix D
C.2.a.2	Has the agency established a firewall between the Anti-Harassment Coordinator and the EEO Director? [see EEOC Report, Model EEO Program Must Have an Effective Anti-Harassment Program (2006)]	Y	DA has not established an Anti-Harassment program for this Command to implement. We use guidance outlined in accordance with AR 690-12 Appendix D.
C.2.a.3	Does the agency have a separate procedure (outside the EEO complaint process) to address harassment allegations? [see Enforcement Guidance on Vicarious Employer Liability for Unlawful Harassment by Supervisors (Enforcement Guidance), EEOC No. 915.002, § V.C.1 (June 18, 1999)]	Y	DA has not established an Anti-Harassment program for this Command to implement. We use guidance outlined in accordance with AR 690-12 Appendix D.
C.2.a.4	Does the agency ensure that the EEO office informs the anti-harassment program of all EEO counseling activity alleging harassment? [see Enforcement Guidance, V.C.]	Y	DA has not established an Anti-Harassment program for this Command to implement. We use guidance outlined in accordance with AR 690-12 Appendix D.
C.2.a.5	Does the agency conduct a prompt inquiry (beginning within 10 days of notification) of all harassment allegations, including those initially raised in the EEO complaint process? [see <u>Complainant v. Dep't of Veterans Affairs</u> , EEOC Appeal No. 0120123232 (May 21, 2015); <u>Complainant v. Dep't of Defense (Defense Commissary Agency)</u> ,	Y	DA has not established an Anti-Harassment program for this Command to implement. We use guidance outlined in accordance with 690-12 Appendix D.

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	EEOC Appeal No. 0120130331 (May 29, 2015)] If "no", please provide the percentage of timely-processed inquiries in the comments column.		
C.2.a.6	Do the agency's training materials on its anti-harassment policy include examples of disability-based harassment? [see 29 CFR 1614.203(d)(2)]	Y	DA has not established an Anti-Harassment program for this Command to implement. We use guidance outlined in accordance with 690-12 Appendix D
C.2.b	Has the agency established disability reasonable accommodation procedures that comply with EEOC's regulations and guidance? [see 29 CFR 1614.203(d)(3)]	Y	In accordance with AR 690-12 Appendix C
C.2.b.1	Is there a designated agency official or other mechanism in place to coordinate or assist with processing requests for disability accommodations throughout the agency? [see 29 CFR 1614.203(d)(3)(D)]	Y	In accordance with AR 690-12 Appendix C
C.2.b.2	Has the agency established a firewall between the Reasonable Accommodation Program Manager and the EEO Director? [see MD-110, Ch. 1(IV)(A)]	Y	In accordance with AR 690-12 Appendix C. EEO Director does not serve as the Reasonable accommodation Coordinator.
C.2.b.3	Does the agency ensure that job applicants can request and receive reasonable accommodations during the application and placement processes? [see 29 CFR 1614.203(d)(1)(ii)(B)]	Y	
C.2.b.4	Do the reasonable accommodation procedures clearly state that the agency should process the request within a maximum amount of time (e.g., 20 business days), as established by the agency in its affirmative action plan? [see 29 CFR 1614.203(d)(3)(i)(M)]	Y	

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C.2.b.5	Does the agency process all accommodation requests within the time frame set forth in its reasonable accommodation procedures? [see MD-715, II(C)] If "no", please provide the percentage of timely-processed requests in the comments column.	N	Approximately 30% of requests are processed within the specified timelines.
C.2.c	Has the agency established procedures for processing requests for personal assistance services that comply with EEOC's regulations, enforcement guidance, and other applicable executive orders, guidance, and standards? [see 29 CFR 1614.203(d)(6)]	Y	
C.2.c.1	Does the agency post its procedures for processing requests for Personal Assistance Services on its public website? [see 29 CFR § 1614.203(d)(5)(v)] If "yes", please provide the internet address in the comments column.	N	Awaiting on DA to provide Army directive and guidance. Army will address this deficiency in their plan.
 Compliance Indicator  Measures	C.3 - The agency evaluates managers and supervisors on their efforts to ensure equal employment opportunity.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
C.3.a	Pursuant to 29 CFR §1614.102(a)(5), do all managers and supervisors have an element in their performance appraisal that evaluates their commitment to agency EEO policies and principles and their participation in the EEO program?	Y	Each supervisor uses the mandatory objective provided by Army
C.3.b	Does the agency require rating officials to evaluate the performance of managers and supervisors based on the following activities:		

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C.3.b.1	Resolve EEO problems/disagreements/conflicts, including the participation in ADR proceedings? [see MD-110, Ch. 3.I]	Y	
C.3.b.2	Ensure full cooperation of employees under his/her supervision with EEO officials, such as counselors and investigators? [see 29 CFR §1614.102(b)(6)]	Y	
C.3.b.3	Ensure a workplace that is free from all forms of discrimination, including harassment and retaliation? [see MD-715, II(C)]	Y	
C.3.b.4	Ensure that subordinate supervisors have effective managerial, communication, and interpersonal skills to supervise in a workplace with diverse employees? [see MD-715 Instructions, Sec. I]	Y	
C.3.b.5	Provide religious accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(7)]	Y	
C.3.b.6	Provide disability accommodations when such accommodations do not cause an undue hardship? [see 29 CFR §1614.102(a)(8)]	Y	
C.3.b.7	Support the EEO program in identifying and removing barriers to equal opportunity. [see MD-715, II(C)]	Y	
C.3.b.8	Support the anti-harassment program in investigating and correcting harassing conduct. [see Enforcement Guidance, V.C.2]	Y	
C.3.b.9	Comply with settlement agreements and orders issued by the agency, EEOC, and EEO-related cases from the Merit	Y	

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	Systems Protection Board, labor arbitrators, and the Federal Labor Relations Authority? [see MD-715, II(C)]		
C.3.c	Does the EEO Director recommend to the agency head improvements or corrections, including remedial or disciplinary actions, for managers and supervisors who have failed in their EEO responsibilities? [see 29 CFR §1614.102(c)(2)]	Y	
C.3.d	When the EEO Director recommends remedial or disciplinary actions, are the recommendations regularly implemented by the agency? [see 29 CFR §1614.102(c)(2)]	Y	
 Compliance Indicator  Measures	C.4 - The agency ensures effective coordination between its EEO programs and Human Resources (HR) program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
C.4.a	Do the HR Director and the EEO Director meet regularly to assess whether personnel programs, policies, and procedures conform to EEOC laws, instructions, and management directives? [see 29 CFR §1614.102(a)(2)]	Y	
C.4.b	Has the agency established timetables/schedules to review at regular intervals its merit promotion program, employee recognition awards program, employee development/training programs, and management/personnel policies, procedures, and practices for systemic barriers that may be impeding	Y	EEO conducts screening for major awards.

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	full participation in the program by all EEO groups? [see MD-715 Instructions, Sec. I]		
C.4.c	Does the EEO office have timely access to accurate and complete data (e.g., demographic data for workforce, applicants, training programs, etc.) required to prepare the MD-715 workforce data tables? [see 29 CFR §1614.601(a)]	N	DA measurement mechanism for accurate applicant flow data is being developed, Army will address this deficiency in their plan
C.4.d	Does the HR office timely provide the EEO office have timely access to other data (e.g., exit interview data, climate assessment surveys, and grievance data), upon request? [see MD-715, II(C)]	Y	
C.4.e	Pursuant to Section II(C) of MD-715, does the EEO office collaborate with the HR office to:		
C.4.e.1	Implement the Affirmative Action Plan for Individuals with Disabilities? [see 29 CFR §1614.203(d); MD-715, II(C)]	Y	
C.4.e.2	Develop and/or conduct outreach and recruiting initiatives? [see MD-715, II(C)]	Y	
C.4.e.3	Develop and/or provide training for managers and employees? [see MD-715, II(C)]	Y	
C.4.e.4	Identify and remove barriers to equal opportunity in the workplace? [see MD-715, II(C)]	Y	
C.4.e.5	Assist in preparing the MD-715 report? [see MD-715, II(C)]	Y	
	C.5 - Following a finding of discrimination, the agency explores	Measure Met?	Comments

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Measures			
C.5.a	Does the agency have a disciplinary policy and/or table of penalties that covers discriminatory conduct? 29 CFR § 1614.102(a)(6); see also <u>Douglas v. Veterans Administration</u> , 5 MSPR 280 (1981)	Y	
C.5.b	When appropriate, does the agency discipline or sanction managers and employees for discriminatory conduct? [see 29 CFR §1614.102(a)(6)] If "yes", please state the number of disciplined/sanctioned individuals during this reporting period in the comments.	Y	
C.5.c	If the agency has a finding of discrimination (or settles cases in which a finding was likely), does the agency inform managers and supervisors about the discriminatory conduct? [see MD-715, II(C)]	Y	
 Compliance Indicator 	C.6 - The EEO office advises managers/supervisors on EEO matters.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
Measures			
C.6.a	Does the EEO office provide management/supervisory officials with regular EEO updates on at least an annual basis, including EEO complaints, workforce demographics and data summaries, legal updates, barrier	Y	Command Management Review occur at least quarterly

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	analysis plans, and special emphasis updates? [see MD-715 Instructions, Sec. I] If "yes", please identify the frequency of the EEO updates in the comments column.		
C.6.b	Are EEO officials readily available to answer managers' and supervisors' questions or concerns? [see MD-715 Instructions, Sec. I]	Y	
 Compliance Indicator  Measures	D.1 - The agency conducts a reasonable assessment to monitor progress towards achieving equal employment opportunity throughout the year.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
D.1.a	Does the agency have a process for identifying triggers in the workplace? [see MD-715 Instructions, Sec. I]	Y	
D.1.b	Does the agency regularly use the following sources of information for trigger identification: workforce data; complaint/grievance data; exit surveys; employee climate surveys; focus groups; affinity groups; union; program evaluations; special emphasis programs; reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I]	Y	
D.1.c	Does the agency conduct exit interviews or surveys that include questions on how the agency could improve the recruitment, hiring, inclusion, retention and advancement of individuals with disabilities? [see 29 CFR 1614.203(d)(1)(iii)(C)]	Y	

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 Compliance Indicator	D.2 - The agency identifies areas where barriers may exclude EEO groups (reasonable basis to act.)	Measure Met? (Yes/No)	Comments
 Measures			A "No" response to any measure in Part G is a program deficiency requiring a Part H.
D.2.a	Does the agency have a process for analyzing the identified triggers to find possible barriers? [see MD-715, (II)(B)]	Y	
D.2.b	Does the agency regularly examine the impact of management/personnel policies, procedures, and practices by race, national origin, sex, and disability? [see 29 CFR §1614.102(a)(3)]	Y	
D.2.c	Does the agency consider whether any group of employees or applicants might be negatively impacted prior to making human resource decisions, such as re-organizations and realignments? [see 29 CFR §1614.102(a)(3)]	Y	
D.2.d	Does the agency regularly review the following sources of information to find barriers: complaint/grievance data, exit surveys, employee climate surveys, focus groups, affinity groups, union, program evaluations, anti-harassment program, special emphasis programs, reasonable accommodation program; anti-harassment program; and/or external special interest groups? [see MD-715 Instructions, Sec. I] If "yes", please identify the data sources in the comments column.	Y	

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 Compliance Indicator  Measures		Measure Met? (Yes/No)	Comments
	D.3 - The agency establishes appropriate action plans to remove identified barriers.		A "No" response to any measure in Part G is a program deficiency requiring a Part H.
D.3.a.	Does the agency effectively tailor action plans to address the identified barriers, in particular policies, procedures, or practices? [see 29 CFR §1614.102(a)(3)]	Y	
D.3.b	If the agency identified one or more barriers during the reporting period, did the agency implement a plan in Part I, including meeting the target dates for the planned activities? [see MD-715, II(D)]	Y	
D.3.c	Does the agency periodically review the effectiveness of the plans? [see MD-715, II(D)]	Y	
 Compliance Indicator  Measures		Measure Met? (Yes/No)	Comments
	D.4 - The agency has an affirmative action plan for people with disabilities, including those with targeted disabilities		A "No" response to any measure in Part G is a program deficiency requiring a Part H.
D.4.a	Does the agency post its affirmative action plan on its public website? [see 29 CFR 1614.203(d)(4)] Please provide the internet address in the comments.	N	FY 2017 MD 715 report was not provided to points of contact to post on public website. Corrective action outlined in Part H.
D.4.b	Does the agency take specific steps to ensure qualified people with disabilities are aware of and encouraged to apply for job vacancies? [see 29 CFR 1614.203(d)(1)(i)]	Y	

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D.4.c	Does the agency ensure that disability-related questions from members of the public are answered promptly and correctly? [see 29 CFR 1614.203(d)(1)(ii)(A)]	Y	
D.4.d	Has the agency taken specific steps that are reasonably designed to increase the number of persons with disabilities or targeted disabilities employed at the agency until it meets the goals? [see 29 CFR 1614.203(d)(7)(ii)]	Y	
<div style="text-align: center;"></div> Compliance Indicator	E.1 - The agency maintains an efficient, fair, and impartial complaint resolution process.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
<div style="text-align: center;"></div> Measures			
E.1.a	Does the agency timely provide EEO counseling, pursuant to 29 CFR §1614.105?	Y	
E.1.b	Does the agency provide written notification of rights and responsibilities in the EEO process during the initial counseling session, pursuant to 29 CFR §1614.105(b)(1)?	Y	
E.1.c	Does the agency issue acknowledgment letters immediately upon receipt of a formal complaint, pursuant to MD-110, Ch. 5(I)?	Y	
E.1.d	Does the agency issue acceptance letters/dismissal decisions within a reasonable time (e.g., 60 days) after receipt of the written EEO Counselor report, pursuant to MD-110, Ch. 5(I)? If so, please provide the average processing time in the comments.	Y	

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E.1.e	Does the agency ensure all employees fully cooperate with EEO counselors and EEO personnel in the EEO process, including granting routine access to personnel records related to an investigation, pursuant to 29 CFR §1614.102(b)(6)?	Y	
E.1.f	Does the agency timely complete investigations, pursuant to 29 CFR §1614.108?	Y	
E.1.g	If the agency does not timely complete investigations, does the agency notify complainants of the date by which the investigation will be completed and of their right to request a hearing or file a lawsuit, pursuant to 29 CFR §1614.108(g)?	Y	
E.1.h	When the complainant does not request a hearing, does the agency timely issue the final agency decision, pursuant to 29 CFR §1614.110(b)?	Y	
E.1.i	Does the agency timely issue final actions following receipt of the hearing file and the administrative judge's decision, pursuant to 29 CFR §1614.110(a)?	Y	
E.1.j	If the agency uses contractors to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product and/or delays? [See MD-110, Ch. 5(V)(A)] If "yes", please describe how in the comments column.	N/A	Contract counselor or investigators are not used.
E.1.k	If the agency uses employees to implement any stage of the EEO complaint process, does the agency hold them accountable for poor work product	Y	

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	and/or delays during performance review? [See MD-110, Ch. 5(V)(A)]		
E.1.1	Does the agency submit complaint files and other documents in the proper format to EEOC through the Federal Sector EEO Portal (FedSEP)? [See 29 CFR § 1614.403(g)]	Y	
 Compliance Indicator  Measures	E.2 - The agency has a neutral EEO process.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
E.2.a	Has the agency established a clear separation between its EEO complaint program and its defensive function? [see MD-110, Ch. 1(IV)(D)]	Y	
E.2.b	When seeking legal sufficiency reviews, does the EEO office have access to sufficient legal resources separate from the agency representative? [see MD-110, Ch. 1(IV)(D)] If "yes", please identify the source/location of the attorney who conducts the legal sufficiency review in the comments column.	Y	
E.2.c	If the EEO office relies on the agency's defensive function to conduct the legal sufficiency review, is there a firewall between the reviewing attorney and the agency representative? [see MD-110, Ch. 1(IV)(D)]	Y	
E.2.d	Does the agency ensure that its agency representative does not intrude upon EEO counseling, investigations, and final agency decisions? [see MD-110, Ch. 1(IV)(D)]	Y	

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E.2.e	If applicable, are processing time frames incorporated for the legal counsel's sufficiency review for timely processing of complaints? EEOC Report, <i>Attaining a Model Agency Program: Efficiency</i> (Dec. 1, 2004)	Y	
 Compliance Indicator  Measures	E.3 - The agency has established and encouraged the widespread use of a fair alternative dispute resolution (ADR) program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
E.3.a	Has the agency established an ADR program for use during both the pre-complaint and formal complaint stages of the EEO process? [see 29 CFR §1614.102(b)(2)]	Y	
E.3.b	Does the agency require managers and supervisors to participate in ADR once it has been offered? [see MD-715, II(A)(1)]	Y	
E.3.c	Does the agency encourage all employees to use ADR, where ADR is appropriate? [see MD-110, Ch. 3(IV)(C)]	Y	
E.3.d	Does the agency ensure a management official with settlement authority is accessible during the dispute resolution process? [see MD-110, Ch. 3(III)(A)(9)]	Y	
E.3.e	Does the agency prohibit the responsible management official named in the dispute from having settlement authority? [see MD-110, Ch. 3(I)]	Y	

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E.3.f	Does the agency annually evaluate the effectiveness of its ADR program? [see MD-110, Ch. 3(II)(D)]	Y	
 Compliance Indicator  Measures	E.4 - The agency has effective and accurate data collection systems in place to evaluate its EEO program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
E.4.a	Does the agency have systems in place to accurately collect, monitor, and analyze the following data:		
E.4.a.1	Complaint activity, including the issues and bases of the complaints, the aggrieved individuals/complainants, and the involved management official? [see MD-715, II(E)]	Y	USAMEDCOM visibility in iComplaints is reliant on accurate input from servicing EEO Offices
E.4.a.2	The race, national origin, sex, and disability status of agency employees? [see 29 CFR §1614.601(a)]	Y	
E.4.a.3	Recruitment activities? [see MD-715, II(E)]	Y	
E.4.a.4	External and internal applicant flow data concerning the applicants' race, national origin, sex, and disability status? [see MD-715, II(E)]	Y	Awaiting DA to develop data process. This will be addressed in Army's plan.
E.4.a.5	The processing of requests for reasonable accommodation? [29 CFR § 1614.203(d)(4)]	Y	MD 715 reports has new tracking system for monitoring and tracking request
E.4.a.6	The processing of complaints for the anti-harassment program? [see EEOC Enforcement Guidance on Vicarious Employer Liability for Unlawful	Y	

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	Harassment by Supervisors (1999), § V.C.2]		
E.4.b	Does the agency have a system in place to re-survey the workforce on a regular basis? [MD-715 Instructions, Sec. I]	Y	
 Compliance Indicator  Measures	E.5 - The agency identifies and disseminates significant trends and best practices in its EEO program.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
E.5.a	Does the agency monitor trends in its EEO program to determine whether the agency is meeting its obligations under the statutes EEOC enforces? [see MD-715, II(E)] If "yes", provide an example in the comments.	Y	The agency conducts a trend analysis on complaints to ensure it meets time requirements.
E.5.b	Does the agency review other agencies' best practices and adopt them, where appropriate, to improve the effectiveness of its EEO program? [see MD-715, II(E)] If "yes", provide an example in the comments.	Y	Gathering documents prior to receiving the document request from IRD.
E.5.c	Does the agency compare its performance in the EEO process to other federal agencies of similar size? [see MD-715, II(E)]	Y	
 Compliance Indicator  Measures	F.1 - The agency has processes in place to ensure timely and full compliance with EEOC Orders and settlement agreements.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
F.1.a	Does the agency have a system of management controls to ensure that its		

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	officials timely comply with EEOC orders/directives and final agency actions? [see 29 CFR §1614.102(e); MD-715, II(F)]	Y	
F.1.b	Does the agency have a system of management controls to ensure the timely, accurate, and complete compliance with resolutions/settlement agreements? [see MD-715, II(F)]	Y	
F.1.c	Are there procedures in place to ensure the timely and predictable processing of ordered monetary relief? [see MD-715, II(F)]	Y	
F.1.d	Are procedures in place to process other forms of ordered relief promptly? [see MD-715, II(F)]	Y	
F.1.e	When EEOC issues an order requiring compliance by the agency, does the agency hold its compliance officer(s) accountable for poor work product and/or delays during performance review? [see MD-110, Ch. 9(IX)(H)]	Y	
 Compliance Indicator  Measures	F.2 - The agency complies with the law, including EEOC regulations, management directives, orders, and other written instructions.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
F.2.a	Does the agency timely respond and fully comply with EEOC orders? [see 29 CFR §1614.502; MD-715, II(E)]	Y	
F.2.a.1	When a complainant requests a hearing, does the agency timely forward the investigative file to the appropriate	Y	

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	EEOC hearing office? [see 29 CFR §1614.108(g)]		
F.2.a.2	When there is a finding of discrimination that is not the subject of an appeal by the agency, does the agency ensure timely compliance with the orders of relief? [see 29 CFR §1614.501]	Y	
F.2.a.3	When a complainant files an appeal, does the agency timely forward the investigative file to EEOC's Office of Federal Operations? [see 29 CFR §1614.403(e)]	Y	
F.2.a.4	Pursuant to 29 CFR §1614.502, does the agency promptly provide EEOC with the required documentation for completing compliance?	Y	
 Compliance Indicator  Measures	F.3 - The agency reports to EEOC its program efforts and accomplishments.	Measure Met? (Yes/No)	Comments A "No" response to any measure in Part G is a program deficiency requiring a Part H.
F.3.a	Does the agency timely submit to EEOC an accurate and complete No FEAR Act report? [Public Law 107-174 (May 15, 2002), §203(a)]	Y	HQ Army EEOCCR submits to EEOC an accurate and complete No FEAR Act report
F.3.b	Does the agency timely post on its public webpage its quarterly No FEAR Act data? [see 29 CFR §1614.703(d)]	Y	Starting FY 2019 commands will timely post on its public webpage its quarterly No FEAR Act data

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715 - PART H
EEO Plan To Attain the Essential Elements of a Model EEO Program

Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
Essential Element B: Integration of EEO into the agency's Strategic Mission	EEO Director is not supervised by the agency head. The EEO Director is supervised by the Deputy Chief of Staff for Special Staff and senior rated by the Chief of Staff. The Chief of Staff supports this arrangement to ensure EEO staff is supervised without limiting access to the Commanding General.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
12/01/2018	To align the agency head as the immediate supervisor of the person ("EEO Director") who has day-to-day control over the EEO office. [see 29 CFR §1614.102(b)(4)]	12/01/2019		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
CoS	Robert R. Beauchemin	
DCoS	Ms. Carey L. Klug	

Planned Activities Toward Completion of Objective

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Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
12/01/2019	Have discussions with leadership to emphasize the importance of aligning the EEO Director under the immediate supervision of the agency head IAW 29 CFR §1614.102(b)(4)]	NA		

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Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
Essential Element C: Management and Program Accountability	Due to the loss of the agency's Disability Program Manager (DPM), request for reasonable accommodations are not processed within the time frame set forth in the agency procedures for reasonable accommodation.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
10/01/2018	Recruit and hire a DPM for oversight of agency's reasonable accommodation process.	03/01/2019		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director EEO Programs	Cheryl Neal-Green	No

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2019	Monitor agency's procedures for reasonable accommodation.	Yes		

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Statement of Model Program Essential Element Deficiency

Type of Program Deficiency	Brief Description of Program Deficiency
Essential Element D: Proactive Prevention	The affirmative action plan is not posted on the Command's public website.

Objective(s) and Dates for EEO Plan

Date Initiated (mm/dd/yyyy)	Objective	Target Date (mm/dd/yyyy)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
10/01/2018	Post affirmative action plan on the agencies public website.	03/01/2019		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director EEO Programs	Cheryl Neal-Green	No
EEO Specialist	Ronnie Holmes	No

Planned Activities Toward Completion of Objective

Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/30/2019	Post MD 715 report/ post Affirmative Action Plan to public website after DA guidance received.	Yes		

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715 - PART H

EEO Plan To Attain the Essential Elements of a Model EEO Program

Report of Accomplishments

Fiscal Year	Accomplishments
2018	<p>The MEDCOM Office of EEO programs increased awareness Schedule A procedures by hiring a DA interns using Schedule A with the intent of the intern to become a permanent employee upon completion of training.</p> <p>The MEDCOM Office of EEO programs has engaged management officials on diversity of the workforce through monthly Chief of Staff meetings.</p>

715 - Part I

EEO Plan To Eliminate Identified Barrier

Statement of Condition That Was a Trigger for a Potential Barrier:

Source of the Trigger	Specific Workforce Data Table	Narrative Description of Trigger
Data Tables	Tables A1 and B1	<p>Representation of Hispanic males (1.74%) in MEDCOM was below 2010 Relevant Civilian Labor Force (RCLF) rate (2.05%).</p> <p>Representation of Hispanic females (2.80%) in MEDCOM was below 2010 Relevant Civilian Labor Force (RCLF) rate (5.37%).</p>

EEO Group(s) Affected by Trigger (Check);

	All Men		All Women
X	Hispanic or Latino Males	X	Hispanic or Latino Females
	White Males		White Females
	Black or African American Males		Black or African American Females

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	Asian Males		Asian Females
	Native Hawaiian or Other Pacific Islander Males		Native Hawaiian or Other Pacific Islander Females
	American Indian or Alaska Native Males		American Indian or Alaska Native Females
	Two or More Races Males		Two or More Races Females

Barrier Analysis Process

Sources of Data	Source Reviewed? (Yes or No)	Identify Information Collected
Workforce Data Tables	A1	Trend comparison from FY 2016, 2017, and 2018

Status of Barrier Analysis Process

Barrier Analysis Process Completed? (Yes or No)	Barrier(s) Identified? (Yes or No)
Yes	Yes

Statement of Identified Barrier(s)

Description of Policy, Procedure, or Practice
Recruiters need to increase awareness of Hispanic Association of Colleges and Universities (HACU) and high school out-reach.

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Objective(s) and Dates for EEO Plan

Objective	Date Initiated (mm/dd/yyyy)	Target Date (mm/dd/yyyy)	Sufficient Funding & Staffing? (Yes or No)	Modified Date (mm/dd/yyyy)	Date Completed (mm/dd/yyyy)
Increase representation of Hispanic males	10/01/2018	09/30/2019	Yes		

Responsible Official(s)

Title	Name	Performance Standards Address the Plan? (Yes or No)
Director EEO Programs	Cheryl Neal-Green	No
CHRD	Oscar Bocanegra	No

715 - Part J

Special Program Plan for the Recruitment, Hiring, Advancement, and Retention of Persons with Disabilities

To capture agencies' affirmative action plan for persons with disabilities (PWD) and persons with targeted disabilities (PWTD), Equal Employment Opportunity Commission (EEOC) regulations (29 C.F.R. § 1614.203(e)) and Management Directive (MD) 715 require agencies to describe how their plan will improve the recruitment, hiring, advancement, and retention of applicants and employees with disabilities. All agencies, regardless of size, must complete this Part of the MD 715 report.

Section I: Efforts to Reach Regulatory Goals

EEOC regulations (29 C.F.R. § 1614.203(d) (7)) require agencies to establish specific numerical goals for increasing the participation of persons with reportable and targeted disabilities in the federal government.

1. Using the goal of 12% as the benchmark, does your agency have a trigger involving PWD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

a. Cluster GS-1 to GS-10 (PWD)	Yes		No	X
b. Cluster GS-11 to SES (PWD)	Yes		No	X

2. Using the goal of 2% as the benchmark, does your agency have a trigger involving PWTD by grade level cluster in the permanent workforce? If "yes", describe the trigger(s) in the text box.

a. Cluster GS-1 to GS-10 (PWD)	Yes		No	X
b. Cluster GS-11 to SES (PWD)	Yes		No	X

3. Describe how the agency has communicated the numerical goals to the hiring managers and/or recruiters.

NA

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Section II: Model Disability Program

Pursuant to 29 C.F.R. §1614.203(d)(1), agencies must ensure sufficient staff, training and resources to recruit and hire persons with disabilities and persons with targeted disabilities, administer the reasonable accommodation program and special emphasis program, and oversee any other disability hiring and advancement program the agency has in place.

A. Plan to Provide Sufficient and Competent Staffing for the Disability Program.

1. Has the agency designated sufficient qualified personnel to implement its disability program during the reporting period? If "no", describe the agency's plan to improve the staffing for the upcoming year.

	Yes		No	<input checked="" type="checkbox"/>
Due to a grade change oversight, the current EEO Specialist that was vacated could not be filled until Manpower office adjusted the Table of Distribution of Allowances (TDA). Change was made and leadership approved the Civilian Hiring action. Vacancy Announcement to be released December 2018 with hiring to take place not later than February 2019.				

2. Identify all staff responsible for implementing the agency's disability employment program by the office, staff employment status, and responsible official.

Disability Program Task	# of FTE Staff by Employment Status			Responsible Official (Name, Title, Office, Email)
	Full Time	Part Time	Collateral Duty	
Processing applications from PWD and PWTD	X			Disability Hiring Manager in G1
Answering questions from the public about hiring authorities that take disability into account	X			Disability Hiring Manager in G1
Processing reasonable accommodation requests from applicants and employees	X			Disability Program manager in EEO
Section 508 Compliance	X			Disability Program manager in EEO

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Disability Program Task	# of FTE Staff by Employment Status			Responsible Official (Name, Title, Office, Email)
	Full Time	Part Time	Collateral Duty	
Architectural Barriers Act (ABA) Compliance	X			Disability Program manager in EEO
Special Emphasis Program for PWD and PWTD	X			Disability Program manager in EEO

3. Has the agency provided disability program staff with sufficient training to carry out their responsibilities during the reporting period? If "yes", describe the training that disability program staff have received. If "no", describe the training planned for the upcoming year.

	Yes	No	X
The Disability Program Manager (DPM) position is currently vacant. The new hire will be required to attend Disability Program Management course.			X

B. Plan to Ensure Sufficient Funding for the Disability Program.

Has the agency provided sufficient funding and other resources to successfully implement the disability program during the reporting period? If "no", describe the agency's plan to ensure all aspects of the disability program have sufficient *funding* and other *resources*.

	Yes	No	X
The MEDCOM remains committed to increasing the employment of individuals with disabilities, including disabled Veterans and those with targeted disabilities. The agency's plan is to ensure all aspects of the disability program have sufficient <i>funding</i> and other <i>resources</i> during the reporting period. To eliminate or minimize funding barriers to hiring individuals with disabilities—one alternative is to use WRP as a funding resource. It has centralized funding for those agencies that hire WRP students. The WRP is an excellent recruitment and workforce succession tool that can be used to identify qualified candidates to fill temporary or permanent staffing needs in a variety of occupations.			X

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Section III: Plan to Recruit and Hire Individuals with Disabilities

Pursuant to 29 C.F.R. § 1614.203(d)(1)(i) and (ii), agencies must establish a plan to increase the recruitment and hiring of individuals with disabilities. The questions below are designed to identify outcomes of the agency's recruitment program plan for PWD and PWTD.

A. Plan to Identify Job Applicants with Disabilities.

1. Describe the programs and resources the agency uses to identify job applicants with disabilities, including individuals with targeted disabilities.

One of the primary resources used to identify job applicants with disabilities, including individuals with targeted disabilities, for federal jobs is the USAJOBS website. There are several other websites where employers post resumes that can also be used to recruit and hire individuals with disabilities. The agency will continue using and managing the Command's Workforce Recruitment Program (WRP) for College Students with Disabilities program to identify and attract applicants with disabilities. The Federal Career Intern Program is also used to recruit and attract exceptional individuals into a variety of occupations; the agency uses a number of authorities such as Veterans Recruitment Appointment (VRA), 30% or More Disabled Veterans Program, and Veterans Employment Opportunity Act (VEOA) appointments to assist with recruiting and hiring individuals with disabilities.

2. Pursuant to 29 C.F.R. § 1614.203(a) (3), describe the agency's use of hiring authorities that take disability into account (e.g., Schedule A) to recruit PWD and PWTD for positions in the permanent workforce.

Though not specifically for veterans, the agency will use Schedule A authority for people with disabilities, 5 CFR 213.3102(u). It is an excepted authority that agencies can use to appoint eligible veterans who have a severe physical, psychological, or intellectual disability. The agency will use the 30% or More Disabled Veteran authority which allows an agency to non-competitively appoint any veteran with a 30% or more service-connected disability. The agency will also use the Veterans Employment Opportunity Act (VEOA) of 1998, as amended and the Veterans' Recruitment Appointment (VRA). They are competitive and non-competitive appointing authorities that can only be used when filling permanent, competitive service positions.

3. When individuals apply for a position under a hiring authority that takes disability into account (e.g., Schedule A), explain how the agency (1) determines if the individual is eligible for appointment under such authority and (2) forwards the individual's application to the relevant hiring officials with an explanation of how and when the individual may be appointed.

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In determining whether an individual is eligible for appointment under such authority; they must have proof of the disability; certification of job readiness, and meet all required qualifications for the position.

DPM works closely with Human Resources to ensure that managers receive potential Schedule A candidates' information for employment consideration.

4. Has the agency provided training to all hiring managers on the use of hiring authorities that take disability into account (e.g., Schedule A)? If "yes", describe the type(s) of training and frequency. If "no", describe the agency's plan to provide this training.

	Yes	X	No	
<p>The agency provided training to hiring managers on the use of hiring authorities that take disability into account via the <u>Army Training Requirements and Resources System (ATRRS)</u> website. The training provided is the EEO Anti-Harassment & NO FEAR for Supervisors and managers of civilian employees. The training is an annual requirement.</p> <p>Additional training is provided by request through the servicing EEO office.</p>				

B. Plan to Establish Contacts with Disability Employment Organizations

Describe the agency's efforts to establish and maintain contacts with organizations that assist PWD, including PWTD, in securing and maintaining employment.

In establishing contacts, the assigned DPM can reach out to numerous organizations and agencies that exist to assist with finding eligible individuals with disabilities to secure and maintain employment. Some of the organizations include: the Department of Labor's (DOL) Veterans Employment & Training Service www.dol.gov/vets/welcome.html; Hire Heroes www.hireheroesusa.org; and Wounded Warriors Project www.woundedwarriorproject.org. There are several advocacy groups that also serve as excellent resources for recruiting and hiring individuals with disabilities. They include: American Association of People with Disabilities www.aapd-dc.org; American Council of the Blind www.acb.org; Council of State Administrators of Vocational Rehabilitation www.rehabnetwork.org; Deaf and Hard of Hearing in Government www.dhhig.org; and the National Council on Independent Living www.ncil.org.

The agency DPM can also contact the local career counselor or vocational rehabilitation counselor for information.

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C. Progression Towards Goals (Recruitment and Hiring)

1. Using the goals of 12% for PWD and 2% for PWTD as the benchmarks, do triggers exist for PWD and/or PWTD among the new hires in the permanent workforce? If "yes", please describe the triggers below.

a. New Hires for Permanent Workforce (PWD)	Yes	<input checked="" type="checkbox"/>	No	
b. New Hires for Permanent Workforce (PWTD)	Yes		No	<input checked="" type="checkbox"/>
New hires for PWTD (1.77%) are below the prescribed goal.				

2. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the new hires for any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below.

a. New Hires for MCO (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. New Hires for MCO (PWTD)	Yes		No	<input checked="" type="checkbox"/>

3. Using the relevant applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among the qualified *internal* applicants for any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below.

a. Qualified Applicants for MCO (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. Qualified Applicants for MCO (PWTD)	Yes		No	<input checked="" type="checkbox"/>

4. Using the qualified applicant pool as the benchmark, do triggers exist for PWD and/or PWTD among employees promoted to any of the mission-critical occupations (MCO)? If "yes", please describe the triggers below.

a. Promotions for MCO (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. Promotions for MCO (PWTD)	Yes		No	<input checked="" type="checkbox"/>

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Section IV: Plan to Ensure Advancement Opportunities for Employees with Disabilities

Pursuant to 29 C.F.R §1614.203(d) (1) (iii), agencies are required to provide sufficient advancement opportunities for employees with disabilities. Such activities might include specialized training and mentoring programs, career development opportunities, awards programs, promotions, and similar programs that address advancement. In this section, agencies should identify, and provide data on programs designed to ensure advancement opportunities for employees with disabilities.

Advancement Program Plan

Describe the agency's plan to ensure PWD, including PWTD, have sufficient opportunities for advancement.

All of the employees within Army Medicine are aligned into one of the 31 career programs that provide a structured path to achieve education, training and development. The Army Medical Department Civilian Corps office was established to build an integrated and enduring professional team serving Army Medicine. It is through this office all the Career Program managers within USAMEDCOM obtain the advancement and professional development opportunities for the workforce.

B. Career Development Opportunities

1. Please describe the career development opportunities that the agency provides to its employees.

The AMEDD Civilian Corp Office launched the formal MEDCOM Mentorship Program in September 2017. The program is designed to build and strengthen technical and leadership competencies, broaden skills, and create competent and confident Army civilians. It consists of a week-long orientation followed by a one-year program of education, training, and experiential learning opportunities to be accomplished while employees maintain their current positions. The program introduces the participant to a wealth of developmental resources. Program participants, both mentors and mentees, receive the Mentorship Success Training regarding roles and responsibilities, the mentoring relationship through an established Mentoring Agreement.

2. In the table below, please provide the data for career development opportunities that require competition and/or supervisory recommendation/approval to participate. [Collection begins with the FY 2018 MD 715 report, which is due on February 28, 2019.]

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Career Development Opportunities	Total Participants		PWD		PWTD	
	Applicants (#)	Selectees (#)	Applicants (%)	Selectees (%)	Applicants (%)	Selectees (%)
Veterans Readjustment Appointment Program	404	404	30.60%	30.60%	4.22%	4.22%
Summer Hires Program	9	9	27.59%	27.59%	3.45%	3.45%
Student Career Experience (SCEP) Program	2	2	16.67%	16.67%		
Upward Mobility Program	2	2	16.67%	16.67%		
Training Programs						
Detail Programs						
Other Career Development Programs						

3. Do triggers exist for PWD among the applicants and/or selectees for any of the career development programs? (The appropriate benchmarks are the relevant applicant pool for the applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

a. Applicants (PWD)	Yes	<input checked="" type="checkbox"/>	No	
b. Selections (PWD)	Yes	<input checked="" type="checkbox"/>	No	

4. Do triggers exist for PWTD among the applicants and/or selectees for any of the career development programs identified? (The appropriate benchmarks are the relevant applicant pool for applicants and the applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

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a. Applicants (PWTD)	Yes	<input checked="" type="checkbox"/>	No	
b. Selections (PWTD)	Yes	<input checked="" type="checkbox"/>	No	
The career development programs for Comptroller, Quality and Reliability Assurance, Engineers & Scientists (non-construction), Housing Management, Ammunition Management, Intelligence, Medical, Aviation, and Clerical for PWTD are below the 2.00% benchmark.				

C. Awards

1. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for any level of the time-off awards, bonuses, or other incentives? If "yes", please describe the trigger(s) in the text box.

a. Awards, Bonuses, and Incentives (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. Awards, Bonuses, and Incentives (PWTD)	Yes		No	<input checked="" type="checkbox"/>
No triggers identified.				

2. Using the inclusion rate as the benchmark, does your agency have a trigger involving PWD and/or PWTD for quality step increases or performance-based pay increases? If "yes", please describe the trigger(s) in the text box.

a. Pay Increases (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. Pay Increases (PWTD)	Yes	<input checked="" type="checkbox"/>	No	
Of the 1,179 eligible employees 22 (1.87%) received a quality step increase. The agency was below the established 2.00% benchmark for inclusion of PWTD.				

3. If the agency has other types of employee recognition programs, are PWD and/or PWTD recognized disproportionately less than employees without disabilities? (The appropriate benchmark is the inclusion rate.) If "yes", describe the employee recognition program and relevant data in the text box.

a. Other Types of Recognition (PWD)	Yes		No	<input checked="" type="checkbox"/>
b. Other Types of Recognition (PWTD)	Yes		No	<input checked="" type="checkbox"/>
No triggers identified.				

D. Promotions

1. Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-

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GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box.

a. SES	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
b. Grade GS-15	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
c. Grade GS-14	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
d. Grade GS-13	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
No triggers identified.					

2. Does your agency have a trigger involving PWTD among the qualified *internal* applicants and/or selectees for promotions to the senior grade levels? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box.

a. SES	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
b. Grade GS-15	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
c. Grade GS-14	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
d. Grade GS-13	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
No triggers identified.					

3. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box.

a. New Hires to SES (PWD)	Yes		No	X
b. New Hires to GS-15 (PWD)	Yes		No	X
c. New Hires to GS-14 (PWD)	Yes		No	X
d. New Hires to GS-13 (PWD)	Yes		No	X
No triggers identified.				

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4. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the new hires to the senior grade levels? For non-GS pay plans, please use the approximate senior grade levels. If "yes", describe the trigger(s) in the text box.

a. New Hires to SES (PWTD)	Yes		No	X
b. New Hires to GS-15 (PWTD)	Yes		No	X
c. New Hires to GS-14 (PWTD)	Yes		No	X
d. New Hires to GS-13 (PWTD)	Yes		No	X
No triggers identified.				

5. Does your agency have a trigger involving PWD among the qualified *internal* applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

a. Executives	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
b. Managers	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
c. Supervisors	i. Qualified Internal Applicants (PWD)	Yes		No	X
	ii. Internal Selections (PWD)	Yes		No	X
No triggers identified.					

6. Does your agency have a trigger involving PWTD among the qualified *internal* applicants and/or selectees for promotions to supervisory positions? (The appropriate benchmarks are the relevant applicant pool for qualified internal applicants and the qualified applicant pool for selectees.) If "yes", describe the trigger(s) in the text box.

a. Executives	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
b. Managers	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
c. Supervisors	i. Qualified Internal Applicants (PWTD)	Yes		No	X
	ii. Internal Selections (PWTD)	Yes		No	X
No triggers identified.					

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7. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box.

a. New Hires for Executives (PWD)	Yes		No	X
b. New Hires for Managers (PWD)	Yes		No	X
c. New Hires for Supervisors (PWD)	Yes		No	X
No triggers identified.				

8. Using the qualified applicant pool as the benchmark, does your agency have a trigger involving PWTD among the selectees for new hires to supervisory positions? If "yes", describe the trigger(s) in the text box.

a. New Hires for Executives (PWTD)	Yes		No	X
b. New Hires for Managers (PWTD)	Yes		No	X
c. New Hires for Supervisors (PWTD)	Yes		No	X
No triggers identified.				

Section V: Plan to Improve Retention of Persons with Disabilities

To be a model employer for persons with disabilities, agencies must have policies and programs in place to retain employees with disabilities. In this section, agencies should: (1) analyze workforce separation data to identify barriers retaining employees with disabilities; (2) describe efforts to ensure accessibility of technology and facilities; and (3) provide information on the reasonable accommodation program and workplace personal assistance services.

A. Voluntary and Involuntary Separations

1. In this reporting period, did the agency convert all eligible Schedule A employees with a disability into the competitive service after two years of satisfactory service (5 C.F.R. § 213.3102(u)(6)(i))? If "no", please explain why the agency did not convert all eligible Schedule A employees.

	Yes		No	X
Out of 20 employees appointed under Schedule A (§ 213.3102(u)) 2 years ago (FY16), 15 employees were converted or are currently being converted (as confirmed by management). The remaining either moved to other agencies, resigned or were terminated during probationary period.				

2. Using the inclusion rate as the benchmark, did the percentage of PWD among voluntary and involuntary separations exceed that of persons without disabilities? If "yes", describe the trigger below.

a. Voluntary Separations (PWD)	Yes		No	X
b. Involuntary Separations (PWD)	Yes		No	X

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3. Using the inclusion rate as the benchmark, did the percentage of PWTD among voluntary and involuntary separations exceed that of persons without targeted disabilities? If "yes", describe the trigger below.

a. Voluntary Separations (PWTD)	Yes		No	X
b. Involuntary Separations (PWTD)	Yes		No	X

4. If a trigger exists involving the separation rate of PWD and/or PWTD, please explain why they left the agency using *exit interview results and other data sources*.

No triggers identified.

B. Accessibility of Technology and Facilities

Pursuant to 29 C.F.R. § 1614.203(d)(4), federal agencies are required to inform applicants and employees of their rights under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. § 794(b), concerning the accessibility of agency technology, and the Architectural Barriers Act of 1968 (42 U.S.C. § 4151-4157), concerning the accessibility of agency facilities. In addition, agencies are required to inform individuals where to file complaints if other agencies are responsible for a violation.

1. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under Section 508 of the Rehabilitation Act, including a description of how to file a complaint.

<https://armymedicine.health.mil>

2. Please provide the internet address on the agency's public website for its notice explaining employees' and applicants' rights under the Architectural Barriers Act, including a description of how to file a complaint.

This is a new requirement to post the Architectural Barrier rights on the Command's public website.

3. Describe any programs, policies, or practices that the agency has undertaken, or plans on undertaking over the next fiscal year, designed to improve accessibility of agency facilities and/or technology.

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NA

C. Reasonable Accommodation Program

Pursuant to 29 C.F.R. § 1614.203(d)(3), agencies must adopt, post on their public website, and make available to all job applicants and employees, reasonable accommodation procedures.

1. Please provide the average time frame for processing initial requests for reasonable accommodations during the reporting period. (Please do not include previously approved requests with repetitive accommodations, such as interpreting services.)

The average time frame for processing initial requests for reasonable accommodations during the reporting period FY18 was 223 days as compared to the 30-day time frame in its reasonable accommodation procedures. The delay in processing accommodation requests can be attributed to the fact that the agency was unable to backfill the disability program manager position.

2. Describe the effectiveness of the policies, procedures, or practices to implement the agency's reasonable accommodation program. Some examples of an effective program include timely processing requests, timely providing approved accommodations, conducting training for managers and supervisors, and monitoring accommodation requests for trends.

In FY18, the MEDCOM Office of EEO Programs coordinated with Air Force (AF) Civilian Personnel Section (CPS) to develop a plan to improve the effectiveness, timeliness, and management of the Reasonable Accommodation (RA) process for all civilian employees and applicants with disabilities assigned to Joint Base San Antonio (JBSA).

Starting in FY 2019, pending the CHA of the new DPM, the agency will focus on increasing reasonable accommodation training for managers and supervisors. As a result of managers being more engaged in the interactive process, timeliness will increase and they will be less likely to deny requests, which will reduce the number of complaints.

D. Personal Assistance Services Allowing Employees to Participate in the Workplace

Pursuant to 29 C.F.R. § 1614.203(d)(5), federal agencies, as an aspect of affirmative action, are required to provide personal assistance services (PAS) to employees who need them because of a targeted disability, unless doing so would impose an undue hardship on the agency.

Describe the effectiveness of the policies, procedures, or practices to implement the PAS requirement. Some examples of an effective program include timely processing requests for PAS, timely providing approved services, conducting training for managers and supervisors, and monitoring PAS requests for trends.

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In FY 2018, the agency reviewed the draft copy of the Army's PAS procedures and submitted recommendations. We are currently waiting for final approval.

Section VI: EEO Complaint and Findings Data

A. EEO Complaint data involving Harassment

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging harassment, as compared to the government-wide average?

	Yes		No	X
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2. During the last fiscal year, did any complaints alleging harassment based on disability status result in a finding of discrimination or a settlement agreement?

	Yes	X	No	
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3. If the agency had one or more findings of discrimination alleging harassment based on disability status during the last fiscal year, please describe the corrective measures taken by the agency.

The activity was ordered to reconstruct the performance appraisal and award the complainant with a performance award commensurate with the reconstructed rating. Corrective actions also included compensatory damages, training for supervisors and attorney fees and costs. Mandated posting of the notice of the finding of discrimination in conformity with Title 29 Code of Federal Regulations Part 1614 was also ordered.

B. EEO Complaint Data involving Reasonable Accommodation

1. During the last fiscal year, did a higher percentage of PWD file a formal EEO complaint alleging failure to provide a reasonable accommodation, as compared to the government-wide average?

	Yes		No	X
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2. During the last fiscal year, did any complaints alleging failure to provide reasonable accommodation result in a finding of discrimination or a settlement agreement?

	Yes		No	X
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3. If the agency had one or more findings of discrimination involving the failure to provide a reasonable accommodation during the last fiscal year, please describe the corrective measures taken by the agency.

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NA

Section VII: Identification and Removal of Barriers

Element D of MD-715 requires agencies to conduct a barrier analysis when a trigger suggests that a policy, procedure, or practice may be impeding the employment opportunities of a protected EEO group.

1. Has the agency identified any barriers (policies, procedures, and/or practices) that affect employment opportunities for PWD and/or PWTD?

	Yes		No	X
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2. Has the agency established a plan to correct the barrier(s) involving PWD and/or PWTD?

	Yes		No	X
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3. Identify each trigger and plan to remove the barrier(s), including the identified barrier(s), objective(s), responsible official(s), planned activities, and, where applicable, accomplishments.

Trigger 1	The participation rate of PWD (8.39%) and (.62%) are less than expected as compared to the Federal Goals of 12 % for PWD and 2% PWTD.		
Barrier(s)	Attitudinal and physical barriers due to lack of awareness and lack of a strategic communication plan to recruit and retain PWDS and PWTDs. Lack of applicant flow data.		
Objective(s)	Increase participation rates of PWD to 12% and PWTD to 2% in support of the employment goals by utilizing special hiring authorities.		
Responsible Official(s)	Performance Standards Address the Plan?		
Chief of Staff, RHC Commanders, Career Program Managers, Disability Program Manager	No		

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Target Date (mm/dd/yyyy)	Planned Activities	Sufficient Staffing & Funding (Yes or No)	Modified Date (mm/dd/yyyy)	Completion Date (mm/dd/yyyy)
09/2018	Resurvey the workforce for self-identification or disability code.	Yes		
6/2019	Develop and issue guidance on Personal Assistance Service and Service Animals/Assistance Animals	Yes		
09/2018	Conduct training for career program managers on Section 501, 504, 507 of the Rehabilitation Act	Yes		
09/2018	Increase use of the Workforce Recruitment Program to hire and permanently place individuals with disabilities.	Yes		
Fiscal Year	Accomplishments			
9/2019	Memo forwarded to every commander asking employees to voluntarily self-identify their disability.			

4. Please explain the factor(s) that prevented the agency from timely completing any of the planned activities.

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Developing and issuing guidance on Personal Assistance Service and Service Animals/Assistance Animals is dependent on the release of Army's guidance.

5. For the planned activities that were completed, please describe the actual impact of those activities toward eliminating the barrier(s).

Resurveying workforce disability status provides an updated snapshot since the implementation of the new disability codes published on SF 256.

6. If the planned activities did not correct the trigger(s) and/or barrier(s), please describe how the agency intends to improve the plan for the next fiscal year.

The plan will be adjusted annually as needed since barrier elimination is a continual process.