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Report to Congressional Committees

May 2015

MILITARY PERSONNEL

Visibility over Junior Enlisted Servicemember Access to Services on Bases Could Be Enhanced

GAO-15-488

GAO Highlights

Highlights of GAO-15-488, a report to congressional committees

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Why GAO Did This Study

Junior enlisted servicemembers constitute more than half of DOD's enlisted force. To sustain the force and help ensure continued growth in all ranks, DOD provides a wide array of services and programs on its military bases, including dining facilities; fitness centers; and medical clinics. Senate Report 113-176 included a provision for GAO to review junior enlisted servicemember access to services and programs on military bases.

This report evaluates (1) the extent to which DOD's policies and procedures for on-base services and programs consider access by junior enlisted and what factors influence their implementation; and (2) the extent to which DOD and the military services collect and share information and data on junior enlisted access to on-base services to identify any potential access issues. GAO evaluated DOD, military service, and base policies and data-collection tools; conducted 17 nongeneralizable discussion groups with junior and senior enlisted servicemembers randomly selected at four bases identified to represent a range of size and locations; and interviewed officials from OSD, the services, and four bases.

What GAO Recommends

GAO recommends that DOD (1) review data collection mechanisms and consider revisions related to junior enlisted access to services, and take action as needed based on the information, and (2) review existing methods of information sharing and consider adding mechanisms to increase visibility over junior enlisted personnel's access to services. DOD concurred with both recommendations.

View GAO-15-488. For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov.

What GAO Found

Department of Defense (DOD) policies and procedures at multiple levels—the Office of the Secretary of Defense (OSD), the military services, and four bases GAO visited—govern on-base services and programs and establish access for all servicemembers, including junior enlisted, who are in the early stages of their military career and in the first four of nine pay grades of the military compensation system. Further, implementation is influenced by several factors. GAO found that policies referenced the entire active-duty, enlisted, or base populations, and did not distinguish between specific groups—such as by pay grade or rank. For example, Defense Health Agency policy regarding medical care includes provisions for all active-duty servicemembers, of which junior enlisted servicemembers are a subset, as part of a priority system for access to medical care. Further, at four bases GAO visited, implementation of policies and procedures was influenced by factors such as available budgetary resources and low usage of services or programs. Base officials stated that budget cuts and sequestration diminished their ability to provide services and programs at a level that met current needs of all servicemembers.

DOD's efforts to collect data on on-base services and programs do not address junior enlisted servicemember access issues, including those identified in GAO-led discussion groups. Further, DOD has mechanisms for sharing information across the department on initiatives and other good practices, but these also do not focus on junior enlisted servicemember access issues. In all 17 discussion groups, participants provided comments—positive and negative—on access to the following: (1) dining facilities, (2) medical care, and (3) transportation. For example, 6 of 11 junior enlisted discussion groups reported having problems scheduling medical appointments in a timely manner. However, GAO found that formal data-collection mechanisms used by DOD, the military services, and four bases—including surveys, utilization rate data, and town halls—did not fully capture potential access issues related to these type of concerns because they did not include (1) direct questions on access to all services and programs, (2) opportunities to follow up on reasons for dissatisfaction, or (3) options for open-ended responses. For example, DOD's *Status of Forces Survey of Active Duty Members* asks about satisfaction with hours of operation of the commissary, but does not ask about satisfaction with or access to most other services and programs. According to participants in 9 of 17 discussion groups, feedback from informal mechanisms, such as discussions with supervisors where access may be discussed, may not be relayed to decision makers or acted upon once received. Finally, DOD's information-sharing methods include a number of policy boards with representatives from the services, but the efforts are broader than identifying or addressing issues specific to junior enlisted servicemembers. DOD officials stated that they believe access is not a widespread problem and satisfaction questions and other efforts are sufficient to obtain needed data on access. Without reviewing and considering existing data-collection and information-sharing mechanisms and taking action, DOD is missing opportunities to enhance its efforts to provide services and programs that encourage retention and contribute to DOD's goal of a trained and ready force.

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Abbreviations

DOD	Department of Defense
EPMS	Enlisted Personnel Management System
MWR	Morale, Welfare, and Recreation
OSD	Office of the Secretary of Defense

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Congressional Committees

The Department of Defense (DOD) has a total enlisted force of over 1.1 million active-duty, enlisted servicemembers, which includes approximately 600,000 junior enlisted servicemembers in grades E1 through E4.[1] These junior enlisted soldiers, sailors, airmen, and marines are an important part of the department's enlisted force. As we reported in April 2010, DOD is unique in that, unlike the private-sector, which can laterally hire an employee from another organization, the military must grow most of its personnel and leaders internally because there is no private sector labor market from which the military can hire for certain unique occupations.[2] However, according to estimates from the 2013 Status of Forces Survey of Active Duty Members, junior enlisted servicemembers reported having lower overall satisfaction with the military way of life than senior enlisted servicemembers.[3] Further, junior enlisted servicemembers also reported being more unlikely to reenlist than senior enlisted servicemembers.[4] DOD policy states that the department should recruit and retain the desired number and quality of

[1]The military has a system of pay grades and ranks that differs by military service. Enlisted servicemembers are assigned grades from E1 through E9, with associated ranks that differ by service. For the purposes of this review, we focused solely on the junior enlisted ranks from E1 through E4.

[2]GAO, *Military Personnel: Military and Civilian Pay Comparisons Present Challenges and Are One of Many Tools in Assessing Compensation*, GAO-10-561R (Washington, D.C.: Apr. 1, 2010).

[3]Based on estimates from the *2013 Status of Forces Survey of Active Duty Members*, the most recently available at the time of our review, about 52 percent (+/-3) of junior enlisted servicemembers (E1 through E4) were either satisfied or very satisfied with the military way of life and about 69 percent (+/-2) of senior enlisted servicemembers (E5 through E9) were either satisfied or very satisfied. The difference between these two estimates is statistically significant at the 95 percent confidence level.

[4]Based on estimates from the *2013 Status of Forces Survey of Active Duty Members*, about 32 percent (+/-3) of junior enlisted servicemembers were either unlikely or very unlikely to choose to stay on active duty and about 16 percent (+/-2) of senior enlisted servicemembers were either unlikely or very unlikely to choose to stay on active duty. The difference between these two estimates is statistically significant at the 95 percent confidence level.

military personnel with the requisite qualifications and experience, including designated critical skills, and that the department's ability to maintain an experienced group of mid- and senior-grade enlisted leaders is vital to organizational performance.[5] Therefore, as our prior work has shown, it is important that DOD provide for and take care of the needs of its servicemembers to sustain the force and help ensure continued growth throughout all ranks.[6] This is done, in part, through a complex system of pay, benefits, incentives, and other services and programs provided to servicemembers.[7]

Service policies require most junior enlisted servicemembers below the grade of E5 to live in on-base housing in order to, among other things, enhance unit cohesion, professional development, and esprit de corps.[8] The military services provide a wide array of services and programs to meet the needs of its servicemembers, particularly those who are required to live in on-base housing, as well as others who choose to live in on-base housing and those that work on base.[9] These services and programs include, but are not limited to, dining facilities; medical clinics and treatment facilities; and commissaries and exchanges; as well as access to community facilities to include fitness centers, swimming pools,

[5]Department of Defense Directive 1304.20, *Enlisted Personnel Management System (EPMS),* (July 28, 2005).

[6]GAO-10-561R.

[7]In January 2015, the congressionally mandated Military Compensation and Retirement Modernization Commission issued its final report and recommendations aimed at modernizing DOD's compensation and retirement system for all servicemembers. Specifically, the commission made recommendations related to three areas of DOD's compensation and retirement system, which include: (1) pay and retirement, (2) health benefits, and (3) quality of life. The commission's report did not, however, address specific needs or improvements, if needed, for junior enlisted servicemembers living on military installations. We are currently awaiting the release of the department's response to the commission's report.

[8]Under law, members without dependents, in pay grades E6 and above, may elect not to occupy assigned quarters and instead receive a Basic Allowance for Housing (BAH). 37 U.S.C. § 403(e)(2) and (3). Members without dependents, in pay grades E5 and below, are not entitled to receive BAH if assigned quarters are available.

[9]Based on data from the military services, a total of 228,909 junior enlisted servicemembers reside in unaccompanied on-base housing on installations within the continental United States. This total includes 76,642 soldiers, 47,227 sailors, 68,240 marines, and 36,800 airmen.

officer and enlisted clubs, libraries, community centers, hobby shops, and golf courses.

Some of these on-base services and programs are provided as part of DOD's military compensation, which is intended to facilitate recruitment and retention of a highly qualified force. In our body of work on military compensation, which is broader than junior enlisted servicemembers, we have found that DOD's military compensation system has, over time, become an increasingly complex and piecemeal addition of pays, allowances, and benefits.[10] We have also conducted reviews of specific benefits available to servicemembers as part of this compensation system, including women's health-care needs, sexual-assault response, commissaries, and golf courses, among other things. For example, in January 2013, we found DOD is taking steps to address the health-care needs of deployed female servicemembers.[11] In April 2005, we found that DOD had issued policy guidance related to commissaries—guidance intended to reinforce and help ensure that quality of life would be a primary consideration in any future assessments of commissary operations, including closures.[12] A list of related GAO reports may be found at the end of this report.

[10]GAO, *Questions for the Record Related to Military Compensation*, GAO-10-803R (Washington, D.C.: June 3, 2010); GAO-10-561R; *Military Personnel: DOD Needs to Establish a Strategy and Improve Transparency over Reserve and National Guard Compensation to Manage Significant Growth in Cost*, GAO-07-828 (Washington, D.C.: June 20, 2007); and *Military Personnel: DOD Needs to Improve the Transparency and Reassess the Reasonableness, Appropriateness, Affordability, and Sustainability of Its Military Compensation System*, GAO-05-798 (Washington, D.C.: July 19, 2005).

[11]GAO, *Military Personnel: DOD Has Taken Steps to Meet the Health Care Needs of Deployed Servicewomen, but Actions Are Needed to Enhance Care for Sexual Assault Victims*, GAO-13-182 (Washington, D.C.: Jan. 29, 2013). In that report, we found that DOD has taken steps to provide medical and mental health care to victims of sexual assault, but several factors affect the availability of care. We recommended that DOD (1) develop and implement department-level guidance on the provision of medical and mental health care to victims of sexual assault that specifies health-care providers' responsibilities to respond to and care for sexual-assault victims, whether in the United States or in deployed environments; and (2) take steps to improve compliance regarding the completion of annual refresher training on sexual-assault prevention and response. DOD did not concur with the first recommendation, but cited steps it was taking that appeared consistent with the recommendation. DOD concurred with the second recommendation, but, as of April 2015, has not taken action to address the recommendation.

[12]GAO, *Policy and Criteria Used to Assess Potential Commissary Store Closures*, GAO-05-470R (Washington, D.C.: Apr. 26, 2005). We did not make any recommendations in that report.

Senate Report 113-176, accompanying a bill for the National Defense Authorization Act for Fiscal Year 2015, included a provision that we review junior enlisted servicemember access to the services provided on military installations, and the policies and procedures for ensuring that junior enlisted servicemembers have ready access to those benefits.[13] This report evaluates (1) the extent to which DOD's policies and procedures for on-base services and programs consider access by junior enlisted servicemembers and what factors, if any, influence the implementation of policies and procedures; and (2) the extent to which DOD and the military services collect and share information and data on junior enlisted servicemember access to on-base services to identify potential access issues.

For both objectives, we focused on the population of unaccompanied junior enlisted servicemembers in grades E1 through E4 who reside in housing on installations in the continental United States.[14] We focused on these servicemembers because of some of the unique circumstances associated with this population—for example, the requirement that they live in on-base housing, their modest income, and their age—that may cause them to rely more heavily on certain on-base services and programs than other populations.[15] Further, for the purposes of this review, we define "access," with regard to on-base services and programs, as (1) the eligibility to use—that is, through provisions in policy—and (2) the ability to gain entry to, which includes, for example, hours of operation, availability of transportation, and proximity to other on-base facilities, including junior enlisted servicemember housing and work stations.[16]

[13]S. Rep. No. 113-176, at 116 (2014).

[14]Unaccompanied servicemembers are defined as servicemembers without dependents or who are not accompanied by dependents at their assigned duty station.

[15]Throughout this report, we use the phrase on-base services and programs to refer to those services and programs provided on military installations.

[16]We developed this definition of access based on our review of DOD guidance and other documents related to the users and beneficiaries of these on-base services and programs, as well as through interviews with officials at DOD, the military services, and the four installations we visited. We also used this definition of access with DOD officials to guide our discussions throughout the review.

For our first objective, we obtained and analyzed relevant and current, as of March 2015, DOD, military service, and installation-specific policies and procedures for the services and programs provided to servicemembers on installations. We analyzed these documents to determine whether they identified offices and individuals with oversight roles and responsibilities for the various services and programs, hours of operation, standards for facilities, as well as any provisions that would relate specifically to helping to ensure access by junior enlisted servicemembers. We interviewed officials from DOD, the four military services, and four installations who have responsibility for implementing the policies and procedures for the services and programs provided to servicemembers on installations.

To select the installations we visited, we analyzed data and demographic information about populations at each military installation in the continental United States. These data included, among other things, the number of junior enlisted servicemembers stationed at the installation; the availability of on-base services and programs; ratios of civilian and retiree populations (as available); and proximity to the nearest urban center. We selected four military installations to visit—one per military service for each of the Army (Fort Campbell), Navy (Naval Station Norfolk), Marine Corps (Camp Lejeune), and Air Force (Joint Base San Antonio) to reflect a range of the aforementioned factors.[17]

For our second objective, we analyzed the most recent, as of March 2015, DOD, service, and selected installation-specific data-collection mechanisms, provided to us by department officials, such as surveys and other feedback mechanisms, to identify questions and information related to the use of, access to, and satisfaction with services and programs on military installations. These mechanisms include, among others, the 2007, 2009, 2012, and 2013 DOD's Status of Forces Survey for Active Duty Members (conducted by the Defense Manpower Data Center); DOD Morale, Welfare, and Recreation Customer Satisfaction Survey 2013; The Quality of Life in the United States Marine Corps Active Duty Survey

[17]Joint Base San Antonio is situated in San Antonio, Texas and, as a result of the Base Realignment and Closure of 2005, is comprised of three geographically-separated installations that were consolidated to form a joint base. The three installations included: (1) Fort Sam Houston, (2) Lackland Air Force Base, and (3) Randolph Air Force Base. In addition, Camp Bullis is solely a training facility that is also considered a part of Joint Base San Antonio.

2012, Support Systems Domain Analysis; and Air Force unit surveys.[18] We identified and reported on the extent to which such data-collection mechanisms exist, what they are intended to measure, and, in some limited instances, the results of such mechanisms where questions were deemed related to this review. However, we did not assess the quality or reliability of any of these data collection mechanisms or the data that resulted from them. We also interviewed officials at the four installations—including but not limited to, the installation commander, the senior enlisted advisor; and those responsible for, among other things, management of transportation, installation design and layout, medical facilities, and housing—to discuss their knowledge of any access issues experienced by junior enlisted servicemembers at their respective installations.

During the visits to four installations, we conducted discussion groups with junior and senior enlisted servicemembers to use as illustrative examples about access to services. We conducted a total of 17 discussion groups—11 with junior enlisted servicemembers and 6 with senior enlisted servicemembers—with approximately 8 to16 participants per group. Three discussion groups were held at each installation visited—to include three individual installations (Naval Station Norfolk, Fort Campbell, and Camp Lejeune) and all three installations comprising Joint Base San Antonio—with the exception of Joint Base San Antonio-Randolph Air Force Base where we held two discussion groups due to the limited population of servicemembers that met our criteria. Officials at each of the installations selected participants for each group based on specific criteria provided by our team. The criteria, provided to each installation prior to our trip, specified that the participants included in our junior enlisted discussion groups be in grades E1 through E4, reside in on-base unaccompanied housing, and work in a range of occupations, among other things. For the senior enlisted discussion groups, the criteria specified that participants be in grades E7 through E9 and have some supervisory capacity over junior enlisted servicemembers. We conducted a content analysis of the responses and created 13 categories that

[18]Defense Manpower Data Center, *2012 Status of Forces Survey of Active Duty Members*; *2009 Status of Forces Survey of Active Duty Members, Survey Instrument*; and *2007 Status of Forces Survey of Active Duty Members, Survey Instrument*.

accounted for most comments.[19] After categorization, we analyzed the comments for tone, determining whether each comment about a particular service or program was positive, negative, or neutral. One analyst coded each response into 1 of the 13 categories, and another analyst reviewed the first analyst's decisions. Any discrepancies in the coding were resolved through discussion by the analysts. While the information collected provided us with illustrative examples of junior enlisted servicemembers' perceptions about access to on-base services and programs, the locations we visited are not, however, representative of all DOD installations. As such, the information we obtained from our visits and the results of our discussion groups, including the comments provided, are not generalizable to the entire DOD junior enlisted servicemember population. In addition, we obtained information from DOD and military service officials about the department's efforts to share initiatives and other good practices within and across the services and DOD. We compared the results of both our analysis of the data collection mechanisms and efforts to share initiatives and other good practices identified by department officials with criteria for what specifically should be done from Standards for Internal Control in the Federal Government.[20] Further details about our scope and methodology may be found in appendix I.

We conducted this performance audit from August 2014 to May 2015 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[19]The 13 categories included: commissaries; dining facilities; exchanges; financial assistance; fitness centers and gyms; leadership; legal services; medical care; Morale, Welfare, and Recreation programs; postal services; surveys and comment cards; transportation; and voting assistance.

[20]GAO, *Standards for Internal Control in the Federal Government*, GAO/AIMD-00-21.3.1 (Washington, D.C.: Nov. 1999).

Background

Enlisted Military Rank and Grade System

The military has a system of pay grades and ranks that differs by military service. According to DOD, military rank is a badge of leadership, and responsibility for personnel, equipment, and mission grows with each increase in rank. Pay grades, such as E1 or O5, are administrative classifications used primarily to standardize compensation across the military services. For example, the “E” in E1 stands for “enlisted” while the “1” indicates the pay grade for that position. The other pay categories are “W” for warrant officers and “O” for commissioned officers. Some enlisted pay grades have two ranks. Figure 1 provides junior enlisted pay grades and ranks for each of the military services.

Figure 1: Enlisted Pay Grades and Ranks by Military Service

Grade	Air Force			Army		Marine Corps		Navy	
E9	Chief Master Sergeant of the Air Force			Sergeant Major of the Army		Sergeant Major of the Marine Corps		Master Chief Petty Officer of the Navy and Coast Guard	
E9	Chief Master Sergeant	First Sergeant	Command Chief Master Sergeant	Sergeant Major	Command Sergeant Major	Master Gunnery Sergeant	Sergeant Major	Master Chief Petty Officer	Fleet/Command Chief Petty Officer
E8	Senior Master Sergeant	First Sergeant		Master Sergeant	First Sergeant	Master Sergeant	First Sergeant	Senior Chief Petty Officer	
E7	Master Sergeant	First Sergeant		Sergeant First Class		Gunnery Sergeant		Chief Petty Officer	
E6	Technical Sergeant			Staff Sergeant		Staff Sergeant		Petty Officer First Class	
E5	Staff Sergeant			Sergeant		Sergeant		Petty Officer Second Class	
E4	Senior Airman			Corporal	Specialist	Corporal		Petty Officer Third Class	
E3	Airman First Class			Private First Class		Lance Corporal		Seaman	
E2	Airman			Private E2		Private First Class		Seaman Apprentice	
E1	Airman Basic			Private E1		Private		Seaman Recruit	

Source: Department of Defense (DOD). | GAO-15-488

Military Benefits

DOD offers a wide range of benefits, many of which are directed at members living on installations, including junior enlisted servicemembers, and those with family obligations. These benefits include the availability of

the following services and programs on most installations where servicemembers are stationed:

- Commissaries: DOD operates supermarket-type stores called commissaries that provide a noncash benefit for active-duty servicemembers by offering food and related household and health and beauty items that are similar to merchandise sold in commercial grocery stores. This merchandise is typically offered for sale at substantially reduced prices (including exemption from any sales taxes) when compared to retail prices at commercial grocery stores. DOD estimates that a family of four can save about $4,400 annually (or approximately 30 percent) by shopping at a commissary if all food purchases are made from the commissary. By law, commissaries sell items at cost plus a 5 percent surcharge, which is used to pay for the recapitalization of store-related infrastructure, including replacement, expansion, and improvement of existing commissaries and central product-processing facilities; maintenance and repair; and store-related information technology.[21]

- Exchanges: The military services' exchange stores offer savings on shopping to servicemembers. The exchanges run department stores, uniform shops, gas stations, liquor stores, barber shops, fast-food restaurants, and many other retail operations on military installations, as well as online shopping. Active-duty service members, National Guard and Reserve Component members, retirees, and eligible family members can shop at any exchange. A portion of exchange profits funds installation Morale, Welfare, and Recreation (MWR) activities, and exchanges may provide employment for military family members. Each service branch's exchange system has its own name—Army and Air Force Exchange Service, Navy Exchange Service Command, and Marine Corps Exchange—and although each military exchange system has similar policies, services and items for sale, each one is operated separately.

- Medical Care: DOD operates its own large, complex health system—the Military Health System—to provide a full range of medical care and services at no cost to active-duty military servicemembers and at either a reduced cost or no cost to other eligible beneficiaries—including dependents of servicemembers and some military retirees.

[21] 10 U.S.C. § 2484.

Servicemembers obtain health care through the military services' system of military treatment facilities, which is supplemented by participating civilian health-care providers, institutions, and pharmacies to facilitate access to health-care services when necessary.[22] Active-duty servicemembers receive most of their care from military treatment facilities, where they are supposed to receive priority access over other beneficiaries, such as dependents and retirees.

- Food Services: DOD operates dining facilities—also called DFACs, mess halls, or galleys depending on the military service—on military installations to meet the feeding and sustenance needs of servicemembers who live or work on its installations. These dining facilities may also provide a structured on-the-job training environment for food service personnel to meet the department's warfighting mission. Servicemembers who live in on-base housing and do not receive basic allowance for subsistence are eligible to receive meals at the government's expense.

- Morale, Welfare, and Recreation: The department's MWR programs intend to provide high-quality, consistent community support. These programs are classified into three categories that determine how they are funded: (1) Category A programs are mission-essential programs, funded almost entirely with appropriated funds, and include fitness, sports, libraries, single servicemember programs and deployment support; (2) Category B programs are community-support programs, funded significantly with appropriated funds, and include outdoor recreation, recreation centers, leisure tours and travel, auto hobby, child and youth development programs and skill development programs; (3) Category C programs are revenue generators, funded almost entirely with nonappropriated funds, and include food, beverage, entertainment, military clubs, golf courses, bowling centers, marinas, and gaming machines. Unlimited use of MWR programs and services is authorized to active-duty servicemembers and their families, among others.

[22]Medical treatment facilities include both military hospitals and clinics operated as part of DOD's health-care system.

DOD's Policies and Procedures for On-Base Services and Programs Establish Access Requirements for All Servicemembers, Including Junior Enlisted; Implementation Is Influenced by Budget and Utilization Rates at Selected Installations

DOD has policies and procedures at multiple levels—DOD, the military services, and selected installations we visited—that govern servicemember access to on-base services and programs, which includes access for junior enlisted servicemembers. More specifically, we found that these policies address eligibility, which makes the on-base services and programs available to all servicemembers. However, at selected installations, we found that budget considerations and utilization rates of the services and programs influenced decisions about implementation of these policies and procedures and affected all servicemembers, including junior enlisted servicemembers.

DOD Has Policies and Procedures at Multiple Levels Governing Access to On-Base Services and Programs for All Servicemembers, Including Junior Enlisted

DOD has policies and procedures at the department, military service, and installation levels that govern on-base services and programs, including access, and these typically apply to all servicemembers, not just those in the junior enlisted ranks. Specifically, policy-making authority resides initially at the department level in the Office of the Secretary of Defense (OSD) with policies for specific services or programs primarily issued in the form of DOD Instructions or DOD Directives.[23] The military services issue service-specific policy based on applicable DOD level policy. Additional policy can be released at every level within the service, each of which provides greater granularity but is based on policy from a higher

[23]DOD policy and guidance is found in five types of issuances. In addition to (1) DOD Directives and (2) DOD Instructions, DOD also issues guidance in the form of (3) a DOD Manual which implements policy established in a DOD Directive or DOD Instruction by providing detailed procedures for carrying out that policy; (4) a Directive-type memorandum, which serves the same purpose as a Directive, Instruction, or Manual but is issued only for time-sensitive actions that affect current issuances or that will become issuances; and (5) an Administrative Instruction, which implements DOD policy established in a Directive or Instruction for the Washington Headquarters Services-serviced components or establishes policy for those components.

level. At the installation level, commanders make management decisions about the services and programs that are available on their installations, within the requirements framework derived from higher-level policies. At the installations we visited, we found that commanders who have decision-making authority for their respective installations further delegate responsibility for certain managerial decisions and implementation about certain procedures to program-level managers who possess more direct knowledge of the programs or services being provided. For example, we found that the installation commander at one installation delegated decisions about the base's recreation centers' hours of operation and that of other programs to the MWR Director because the installation commander felt that the Director could make more informed decisions based on utilization rates and other data gathered by the MWR staff.

Our analysis of policies from multiple levels within the department—including OSD, the military services, and the installations we visited—found that these documents addressed servicemember eligibility and make the on-base services and programs available to all servicemembers. In most cases, the policies we analyzed referenced either the entire enlisted population or the entire installation's population, and did not distinguish between specific groups—including, for instance, rank or gender, among other things. For example, Defense Health Agency policy regarding health care includes provisions for all active-duty servicemembers, of which junior enlisted servicemembers are a subset, as part of a priority system for access to care.[24] The policy specifies that an active-duty servicemember is in the first priority group for receiving care at military treatment facilities and clinics, as well as time frames in which active-duty servicemembers should be able to make appointments and receive care.[25] The policy does not single out or include any special provisions for providing access to care specifically for junior enlisted servicemembers.

As another example, Army and Air Force policy on exchange-service operations lists eligible patrons who are authorized access to

[24]Assistant Secretary of Defense (Health Affairs) Policy Memorandum 11-005 *TRICARE Policy for Access to Care* (Feb. 23, 2011).

[25]The policy states that active-duty servicemembers should have an appointment to visit a provider within 24 hours for urgent care; within 7 calendar days for routine care; and within 28 calendar days for well-patient visits and referrals for specialty-care services.

merchandise and services at exchange stores.[26] According to the policy, uniformed or retired uniformed servicemembers, either on active duty or serving in any category of the Reserve Component, are entitled to unlimited exchange service benefits. This includes all members of the Army, the Navy, the Marine Corps, and the Air Force. Thus, the policy does not single out or include any special provisions for providing access specifically to junior enlisted servicemembers. Officials at the military service headquarters and installation level stated that on-base services generally should be available to all active-duty servicemembers on an equal basis.

We did find, however, that each of the individual military services have programs geared to single and unaccompanied active-duty servicemembers in the 18- to 25-year old age range, which largely encompasses the junior enlisted ranks.[27] Specifically, the military services' programs include (1) the Better Opportunities for Single Soldiers Program (Army), (2) the Liberty Program (Navy), (3) the Single Marine Program (Marine Corps), and (4) the Single Airman Program (Air Force). These programs are intended to address single servicemember quality-of-life issues and support commanders by providing a forum through which single servicemember quality-of-life concerns may be identified and recommendations for improvement may be made. Additionally, these programs are intended to connect single and unaccompanied servicemembers with opportunities for off-duty programs, activities, and special events designed to promote positive use of leisure time. Activities and events offered by the programs vary from installation to installation based on the participants' interests, but they typically include

- recreation and sports activities,
- trips and tours,
- concerts,
- holiday and special event activities,
- life skills and career progression, and
- community involvement activities.

[26]Army Regulation 215-8/AFI 34-211(I) *Army and Air Force Exchange Service Operations* (Oct 5, 2012).

[27]As identified above, unaccompanied servicemembers are defined as servicemembers without dependents or who are not accompanied by dependents at their assigned duty station.

Although the programs, policies, and procedures do not focus exclusively on junior enlisted servicemembers, according to program officials, participants at the activities and events offered by the programs are typically junior enlisted servicemembers.

At Selected Installations, Implementation of Policies Is Influenced by Budget and Utilization Considerations and Affects All Servicemembers, Including Junior Enlisted

At the installations we visited, we found that policy decisions and implementation related to on-base services and programs directly affect access by all servicemembers—including junior enlisted—and were influenced by factors such as available budgetary resources and the utilization rates of services or programs. For example, officials at all four installations we visited reported that budget cuts and the effect of sequestration have, for all servicemembers, either diminished the installation's ability (1) to provide services and programs or (2) to provide services and programs at a level that meets the current need.[28]

For example, at Joint Base San Antonio, officials said that civilian furloughs and sequestration significantly affected the delivery of medical services to all of its servicemembers at two of the three bases comprising Joint Base San Antonio.[29] More specifically, according to a Joint Base San Antonio official, 30 of the 37 medical wing clinics furloughed civilians and experienced reductions in appointments or delays when patients sought treatment at the clinics during the furlough period. According to information provided by medical officials representing Joint Base San Antonio, the Joint Base San Antonio-Randolph Air Force Base clinic had

[28]The absence of legislation to reduce the federal budget deficit by at least $1.2 trillion triggered the sequestration process in section 251A of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended. Pursuant to the act, the President ordered sequestration of budgetary resources across nonexempt federal government accounts on March 1, 2013—5 months into fiscal year 2013.

[29]In June 2014, we reported on DOD's civilian furloughs and found that the department initially instructed components to plan for the possibility of up to a 22-day administrative furlough of civilian personnel. We further found that DOD subsequently reduced the number of furlough days, but did not properly update its cost-savings estimates as more information became available. We recommended that DOD should utilize comprehensive and up-to-date furlough cost-savings information as it becomes available in the event that DOD decides to implement another administrative furlough in the future. DOD partially concurred with our recommendation, stating that, in the event of future furloughs, it would use comprehensive and up-to-date furlough cost-savings information as it becomes available. See GAO, *Sequestration: Comprehensive and Updated Cost Savings Would Better Inform DOD Decision Makers If Future Civilian Furloughs Occur*, GAO-14-529 (Washington, D.C.: Jun. 17, 2014).

to reduce the number of available appointments by 54 slots each week. In addition, wait times for pharmacy and mammography services increased by 20 percent. The officials further stated that, at the Joint Base San Antonio-Lackland Air Force Base Trainee Health Clinic, appointment slots were reduced by 30 appointment slots a week, while appointments at the installation's ambulatory surgery center were reduced by 540 appointments a week (nearly 10 percent). The Joint Base San Antonio officials stated that these reductions and delays did not solely affect junior enlisted servicemembers, but rather all beneficiaries seeking care; the extent to which each population (active duty, dependents, and retirees) was affected is unknown as the delayed appointments were not tracked in this manner.

Similarly, an official at Naval Station Norfolk stated that the combined effect of the continuing resolution in fiscal years 2013 and 2014 and sequestration resulted in reductions to the hours of operation for some of the installation's MWR services and programs.[30] For example, the official stated that the installation's fitness center hours of operation were reduced by 3 hours on Saturday mornings and 19 group exercise classes were cancelled. In addition, the installation's Liberty Program recreation centers' hours of operation were reduced from 84 to 72 hours a week at one center and from 66 to 57 hours a week at the other center—a reduction of 12 and 9 hours a week, respectively.[31] Further, the official stated that other services and programs at Naval Station Norfolk were closed due to underutilization of the service or program. For example, the official stated that the combined Arts and Crafts and Wood Shop was closed in 2010 and the recreation pool was closed in 2013 due to low patronage. Similarly, officials at Camp Lejeune said the Wood Hobby Shop closed in 2014 due to low utilization.

At Fort Campbell, the Army and Air Force Exchange Service General Manager stated that he makes management decisions, for instance the

[30]A continuing resolution is an appropriation act that provides budget authority to federal agencies to continue their operation when Congress and the President have not completed action on the regular appropriation acts by the beginning of the fiscal year.

[31]The Navy's Morale, Welfare, and Recreation Fiscal Year 2015 Operating Plan mandated the hours of operation for Liberty Centers to be 65 hours per week or less for all Navy installations. To accommodate the high patron demand of its single servicemembers, Naval Station Norfolk obtained a waiver to expand the operating hours of its Liberty Centers above the mandated level of 65 hours per week or less.

hours of operation for the installation's over 32 exchange facilities and 32 service facilities—including the main exchange, express stores/gas stations, military clothing store, and the Class Six store—based on sales and troop deployments. The exchange manager further stated that Fort Campbell used to have an express store that was open 24 hours a day, but few patrons and low sales in the early morning hours did not warrant keeping it open 24 hours a day. As a result, the store's hours were reduced from 24 hours a day to opening from 5:00 a.m. to midnight. Also, he said exchange stores may close early when troops are deployed since there are fewer customers and stay open later when they return from deployment.

Junior Enlisted Servicemembers Indicated That Access Issues Exist, but DOD Has Incomplete Data and Information on Junior Enlisted Servicemember Access to On-base Services

Junior and senior enlisted servicemembers from selected installations we visited expressed a wide range of perceptions regarding access to on-base services and programs and indicated that, in some cases, access is a problem. DOD and the military service data-collection mechanisms and resultant data—including surveys, utilization rates of services, and other means of providing feedback—do not fully capture potential access issues associated with on-base services and programs, including those identified in our discussion groups. DOD also has methods for collecting and sharing information on initiatives and other identified good practices across the department, but these efforts have a broader purpose and do not specifically focus on junior enlisted access issues.

Junior and Senior Enlisted Servicemembers from Selected Installations Expressed Wide- Ranging Perceptions About On-Base Services and Programs and Indicated Access Issues Exist to Some Extent

During our visits to four installations, the participants in our discussion groups provided a range of comments—with some being positive, but a majority being negative—about the services and programs on their installations. For example, junior enlisted servicemembers in 1 of our 11 discussion groups expressed interest in staying on the installation and using some of the services and programs available to them on the installation because of their convenience and relatively low cost, but added that some of these services had recently been closed or had their availability reduced. Although the focus of our discussion groups and the questions we asked pertained to junior enlisted servicemembers, we also heard similar concerns from participants in the senior enlisted discussion groups. Senior enlisted participants also stated that issues may be more prevalent among junior enlisted servicemembers based on the potential

that their lower rank may not garner them the attention needed when they try to receive assistance from services and programs; however, senior enlisted participants stated that they do take active roles in assisting junior enlisted servicemembers in addressing issues.

We categorized the comments that junior and senior enlisted servicemembers provided in our discussion groups into 13 main categories related to on-base services and programs and other feedback mechanisms to installation leadership. Although the participants in our groups provided some limited positive comments about the services and programs, based on our analysis of the discussion group comments, we identified specific areas where junior and senior enlisted servicemembers in our discussion groups most frequently expressed concerns about access issues.[32] Those areas include: (1) dining facilities, (2) medical care, and (3) transportation. We provide a brief summary of the concerns identified by servicemembers below. Additional examples of these concerns can be found in appendix II. Table 1 depicts the number of discussion groups where each of our main categories was discussed.

Table 1: Categories of Comments Identified in Our Discussion Groups with Junior and Senior Enlisted Servicemembers at Four Military Installations

Category	Number of junior enlisted discussion groups making at least one comment in category	Number of senior enlisted discussion groups making at least one comment in category	Total number of groups in which at least one comment in a category was made
Dining facilities	11	6	17
Medical care	11	6	17
Transportation	11	6	17
Fitness centers and gyms	11	6	17
Leadership	11	6	17
Surveys	11	5	16
Exchanges and mini-marts	11	5	16

[32]See app. I for additional information on how categories were selected based on the frequency with which they were mentioned in our discussion groups.

Category	Number of junior enlisted discussion groups making at least one comment in category	Number of senior enlisted discussion groups making at least one comment in category	Total number of groups in which at least one comment in a category was made
Morale, welfare, and recreation	10	5	15
Commissaries	8	4	12
Postal services	6	1	7
Voting assistance	4	0	4
Finance	1	2	3
Legal	2	0	2

Source: GAO. I GAO-15-488

Note: Totals are out of a total of 17 discussion groups, 11 with junior enlisted servicemembers and 6 with senior enlisted servicemembers, at 4 installations.

Access to Dining Facilities

Participants in all 11 junior enlisted and all 6 senior enlisted servicemember discussion groups at all four installations we visited made comments pertaining to the dining facilities on the installation. Further, junior enlisted servicemembers in 10 of 11 discussion groups and senior enlisted servicemembers in 6 of 6 discussion groups stated they had concerns about (1) access to meals and dining facilities—to include examples such as parking, distance to the facility, or dining facility closures—and (2) the hours of operation of the dining facilities, among other things. For example, participants in one junior enlisted discussion group raised concerns about the hours of operation for that installation's only dining facility, with one individual stating that work hours had to be adjusted to account for the dining facility's schedule to allow time for lunch. The servicemember further stated that if work ran late, he had to rush to the dining facility to get dinner before it closed at 6:30 p.m. However, leadership at the installations we visited stated there are accommodations made to facilitate access—for example, use of unit vehicles to transport servicemembers who do not have personal vehicles—and address evolving environments and installation demographics.

Access to Medical Care

In all 11 discussion groups with junior enlisted servicemembers and in all 6 discussion groups with senior enlisted servicemembers, participants provided comments about medical care. While we did hear some positive comments from junior enlisted servicemembers—for example, two of our junior enlisted discussion groups stated that the medical treatment facility at their installation provided great access to medical care—we heard,

among others things, concerns about challenges with making medical appointments, long wait times for acute care, and lengthy waits to obtain referrals or specialty appointments, even though DOD's policy is to provide active-duty servicemembers high priority.[33] For example, 6 of the 11 junior enlisted and 5 of the 6 senior enlisted discussion groups reported having problems with or knowledge of problems with scheduling medical appointments in a timely manner. In particular, one junior enlisted discussion group stated that it can take up to a week to make the appointment through the installation's designated medical appointment booking system due to, for example, caller wait times making it difficult to get through to make an appointment. Medical leadership from the installation stated they spend a lot of time making sure access to care is consistent across the installation and across ranks, but, in some cases, a servicemember may be upset that the appointment could not be made for the same day.

Access to Transportation

Participants in all 11 discussion groups with junior enlisted servicemembers and in all 6 discussion groups with senior enlisted servicemembers provided comments related to transportation on the installation. More specifically, our analysis identified that in 6 of 11 junior enlisted and 4 of 6 senior enlisted discussion groups, participants stated they had access issues due to the installation's configuration, limited on-base transportation, or nonownership of personal vehicles that may have inhibited access to on-base services and programs.[34] Senior leadership

[33]In its January 2015 final report, the Military Compensation and Retirement Modernization Commission stated that there is considerable dissatisfaction with wait times for getting medical care. The commission found that getting access to specialty care under TRICARE Prime can take much longer than the routine care goals and is often a complicated process because beneficiaries must first see their primary care managers, who give referrals for additional care as needed. Beneficiaries are referred for treatment in military treatment facilities first, which have priority for providing both inpatient and specialty care for all TRICARE Prime enrollees. If care is unavailable in a military treatment facility then referrals are given for treatment by civilian providers in the TRICARE network. According to the commission's report, it can actually take as long as 35 days to receive specialty care based on DOD standards: 7 days for the first appointment for the primary care manager plus an additional 28 days for the specialty appointment.

[34]We found that data on servicemember ownership of personal vehicles were limited and unclear. Officials we spoke with at DOD, as well as at individual installations, estimated that approximately 80 percent to 90 percent of junior enlisted servicemembers own personal vehicles; however, they did not provide recent data on vehicle ownership to support these statements. DOD officials could not provide exact numbers on the proportion of the population that owns personal vehicles because, in part, the requirement to register personal vehicles on military installations was removed in 2011.

officials at that installation stated that the barracks where their junior enlisted servicemembers live are not colocated with their work station, which presents challenges for those servicemembers who do not have their own means of transportation. Those officials further stated that it would make more sense for their junior enlisted servicemembers to be housed in the barracks across the street from their work station, but those barracks are used by other units. As another example, one installation we visited had an official on-base shuttle; but participants in our discussion groups stated that the shuttle was viewed as being more for the students and trainees on the installation than for the permanent servicemembers. According to military service leadership, installations have made attempts to rectify the transportation issue, and some installations provide transportation such as on-base shuttles, buses, and unit-provided vehicles.

DOD's Existing Formal and Informal Data-Collection Mechanisms Do Not Fully Capture Potential Access Issues

DOD, the military services, and individual installation commanders have many formal mechanisms available, as well as informal mechanisms such as individual feedback to supervisors, to obtain the perspectives of the junior enlisted servicemember population. However, these formal mechanisms—for example, surveys and utilization rate data—and informal mechanisms do not fully capture details about potential access issues occurring on installations, including those identified by junior enlisted servicemembers in our discussion groups.

More specifically, we found that the formal and informal mechanisms allow servicemembers, including junior enlisted servicemembers, to provide feedback, express concerns, or make suggestions about on-base services, among other things. The formal mechanisms include surveys,[35] comment cards, and the Interactive Customer Evaluation system, as well as data collected by the installation on utilization rates of the various on-

[35]DOD and the military services use multiple surveys to obtain information about servicemembers' demographics and opinions, including gauging satisfaction with services. Among these are the *Status of Forces Survey of Active Duty Members*, *Quality of Life in the United States Marine Corps Active Duty Survey 2012*, *TRICARE Inpatient Satisfaction Survey*, *TRICARE Outpatient Satisfaction Survey,* and the various Morale, Welfare, and Recreation (MWR) surveys.

base services and programs.[36] The informal mechanism consists of the junior enlisted servicemember's chain of command, where junior enlisted servicemembers are able to report concerns and suggestions to their leadership. In a junior enlisted servicemember's chain of command, the servicemember may provide information—including concerns or issues related to access to on-base services and programs—to his or her first-line supervisor. Junior enlisted servicemembers are also able to contact their unit's or installation's senior enlisted advisors, and the base Inspector General's Office in order to report issues they may have on base.

We reviewed the surveys and other formal mechanisms that were provided by DOD, the military services, and the installations we visited. Specifically, we found that the surveys we reviewed (1) asked servicemembers if they used the services and programs; and (2) asked questions about satisfaction with some elements of some select services and programs, but not others. These surveys did not, however, ask questions specific to accessing all services and programs, or provide respondents with the opportunity to address why they are unsatisfied through follow-up or open-ended questions.[37]

For example, the Defense Manpower Data Center conducts the Status of Forces Survey of Active Duty Members—a web-based and pen-and-paper administered survey on behalf of the Under Secretary of Defense for Personnel and Readiness—which asks active-duty servicemembers about a range of issues, including overall satisfaction with military life; retention; readiness; deployments; and various on-base services and benefits; among other things.[38] According to the Defense Manpower Data

[36]The Interactive Customer Evaluation system is a web-based tool that collects feedback on services provided by various organizations throughout DOD. According to DOD, it is designed to improve customer service by allowing managers to monitor satisfaction levels through reports and customer comments.

[37]We found one exception to be the Defense Health Agency's *TRICARE Outpatient Satisfaction Survey,* which asked specifically about ease of making medical appointments and wait times to see a medical provider, among other things. These surveys also allowed respondents to provide a response of "other" and fill in a written response.

[38]Defense Manpower Data Center, *2012 Status of Forces Survey of Active Duty Members, Survey Instrument*; *2009 Status of Forces Survey of Active Duty Members, Survey Instrument*; and *2007 Status of Forces Survey of Active Duty Members, Survey Instrument*.

Center's survey instrument, the purpose and focus of the 2012 Status of Forces Survey of Active Duty Members was to address a total of 29 surveyed topics, including 10 core items covering topics such as overall satisfaction; retention; readiness; and financial health, among other things.

With regard to on-base services and programs, we found that the 2012, 2009, and 2007 Status of Forces Surveys of Active Duty Members asked servicemembers about their satisfaction with the (1) hours of operation of the exchange; (2) convenience of locations of the exchange; (3) availability of medical and dental care; (4) ability to get medical and dental care appointments; (5) waiting time in the clinic; and (6) convenience of locations of medical facilities, but did not include similar questions regarding satisfaction with on-base MWR programs or dining facilities. Based on our analysis, we determined that questions on the Status of Forces Surveys of Active Duty Members is focused on satisfaction with only certain elements of a limited number of programs and services and also did not specifically ask whether or with what level of ease servicemembers could access all on-base services and programs. Further, we also found that these surveys did not ask follow-up questions or allow for open-ended responses to obtain data on or the perspectives of servicemembers who were not satisfied with certain elements related to access, for example hours of operation.

In addition, the Status of Forces Survey of Active Duty Members at one time included a question about personal vehicle ownership at the servicemember's duty station. This question, which we found to provide insight into one element of access—transportation—was last included on the 2009 Status of Forces survey, but was not subsequently included in the 2012 survey. According to estimates from the 2009 survey, 79 percent of junior enlisted servicemembers responded that they own personal vehicles. According to a DOD official, the department changes topic focus in each survey conducted and focuses on topics and issues not addressed in previous, recent iterations. The reason for such changes is to avoid the survey from being too cumbersome and overly long for respondents.

Similarly, the department conducted the 2014 Morale, Welfare, and Recreation Survey, which specifically addressed services that fall under the MWR umbrella. However, based on our analysis of this survey's question set, we found that the questions on this survey focused on measuring overall satisfaction with these services and did not ask about the extent to which these services were accessible to servicemembers.

Two Marine Corps surveys—The Quality of Life in the United States Marine Corps Active Duty Survey 2012 for Support Systems and The Quality of Life in the United States Marine Corps Active Duty Survey 2012 for Residence—asked respondents broad questions about satisfaction with specific services or their residence, respectively. However, these surveys also did not ask about servicemembers' access to on-base services or programs.[39]

We also found that utilization data collected by the department and installations do not capture whether or why a person could not access the service. For example, medical access to care data are tracked by the individual military treatment facilities and the Defense Health Agency.[40] These data capture, among other things, facilities' performance in meeting access to care standards for each type of appointment category, specifically with regard to wait time between making an appointment and seeing a medical provider. However, these data do not delineate facilities' performance in meeting access to care standards by rank or grade. When asked, medical officials at the installations we visited stated that, while they make efforts to remind servicemembers of scheduled appointments and follow-up when appointments are missed, they do not track data by rank, nor do they track data on missed appointments. Further, medical providers at the installations we visited stated they do not document or track the reasons why servicemembers cancel or cannot make appointments.

According to installation officials we spoke with at three installations, leadership attempts to informally obtain the perspectives of the junior enlisted populations on the installations they serve. For example, during our visit to Naval Station Norfolk, officials from the Liberty program stated that they held a focus group, with pre-registration, to obtain junior enlisted servicemembers' perspectives on events and programs at the

[39]In technical comments on our draft report, DOD officials stated that The Quality of Life in the United States Marine Corps Active Duty Survey asks questions related to convenience of access to leisure activities and the time it takes to get to a military medical facility. However, DOD did not provide supplementary evidence to support changes to our analysis.

[40]The Defense Health Agency assesses medical treatment facility performance against the department's access to care standards—that is, the percentage of appointments that meet the 24 hour, 7 day, or 28 day access to care requirements.

installation.[41] Once the focus group was conducted, the Liberty Program Manager at Naval Station Norfolk provided an after-action report for the session; however, the value of the report was limited due to the low turnout at the session, which was conducted with three participants. One senior official at Naval Station Norfolk also stated that he meets every individual junior enlisted servicemember upon assignment and arrival to Naval Station Norfolk, as well as walks around the installation and informally interacts with junior enlisted servicemembers at installation meetings. In addition, at Joint Base San Antonio-Randolph Air Force Base, one senior enlisted official stated that he hosts an informal dinner for the junior enlisted servicemembers where he discusses any concerns. In addition, one senior official we spoke with at Fort Campbell recently discussed data-collection efforts and other avenues of soliciting opinions from servicemembers with the installation commander, but no action has been taken to date. These informal mechanisms depend, however, on a commitment by leadership to maintain the efforts to obtain the perspectives of junior enlisted servicemembers.

However, even with these various mechanisms to provide feedback to leadership made available to the junior enlisted servicemembers, we also heard concerns at several levels within the department that information may not be reaching leadership or information is not acted upon when received. For example, officials in OSD and the headquarters of the four military services were unsure whether the information collected and obtained by headquarters' personnel reaches program managers at the installation level. Headquarters officials from the Navy and the Marine Corps were unsure whether there was a problem with dissemination of information, but stated that, if a problem exists, it probably occurs at the installation-program level and not necessarily at the headquarters level of the military services. In addition, participants in 9 of 17 discussion groups—6 junior enlisted discussion groups and 3 senior enlisted discussion groups—stated that they believe information is not reaching installation leadership or that feedback provided through other mechanisms, such as the Interactive Customer Evaluation tool, may be ignored or not received by leadership. Further, participants provided mixed responses in terms of positive and negative perceptions with

[41]The Liberty Program is the Navy's MWR quality-of-life program designated for E1-E6 single/unaccompanied enlisted servicemembers. The Liberty Program includes trips and outings, theme activities, competitions, skill and knowledge development, community-wide events, entertainment, and special interest activities.

regard to their experiences receiving leadership follow-up and seeing actions taken in response to their concerns. At the installations we visited, officials stated that potential problems associated with information and feedback sharing may be a result of the military culture, which encourages issues to be addressed at the lowest possible level. Therefore, it would not be necessary to alert the higher levels of installation leadership or the headquarters service level of an issue if it has already been corrected. However, leadership needs information on issues in order to take appropriate action, particularly if trends emerge.

Further, according to DOD officials, access to on-base services and programs is not believed to be a widespread problem that warrants a department-wide response. Military service officials stated that the questions related to satisfaction with the services and programs used on existing surveys and other data-collection mechanisms are sufficient to obtain needed data and information on any potential access issues. However, based on our analysis, we found that surveys and other formal mechanisms from all levels of the department—DOD, other departmental agencies, the military services, and the individual installations—do not fully capture data and other information needed to provide leadership with comprehensive insight into the challenges that junior enlisted servicemembers may face when accessing on-base services and programs.

Standards for Internal Control in the Federal Government state that agencies should identify, record, and distribute pertinent information to the right people in sufficient detail, in the right form, and at the appropriate time to enable them to carry out their duties and responsibilities.[42] In addition, management should ensure there are adequate means of communicating with, and obtaining information from, those who may have a significant effect on the agency achieving its goals. In September 2001, we reported that top leadership commitment is crucial in developing a vision, initiating organizational change, maintaining open communications, and creating an environment that is receptive to innovation.[43] Part of this, we reported, includes creating an environment of trust and honest communication in which leaders make themselves

[42]GAO/AIMD-00-21.3.1.

[43]GAO, *Human Capital: Practices That Empowered and Involved Employees*, GAO-01-1070 (Washington, D.C.: Sept. 14, 2001).

available to employees, promote open and constructive dialog, and are receptive to ideas and suggestions from employees at all levels. Without reviewing current data-collection mechanisms to help determine whether specific information on junior enlisted servicemember access to on-base services and programs is collected, available, and disseminated to relevant decision makers and making any adjustments, as necessary, to address any identified deficiencies, installation leadership may not be able to take appropriate action based on that information when making decisions about the management of such on-base services and programs. Moreover, officials at DOD and the military services could be unaware of potential access issues that could be resolved through new or updates to policy at the service and departmental levels.

DOD Has Methods for Collecting and Sharing Initiatives and Other Good Practices across the Department to Facilitate Access for All Servicemembers but is Not Focused on Junior Enlisted Servicemembers

We identified a number of efforts under way to identify practices that could enhance services and programs on installations; however, these efforts were not necessarily intended to improve the way DOD and the military services collect information and data from servicemembers—particularly junior enlisted servicemembers—about potential challenges they experience accessing on-base services and programs. Instead, DOD intends for information from these efforts to be collected and shared across DOD for possible adoption and implementation by other military services and installations. Further, we found that, while DOD strategically collects and shares some of this information at the military services' headquarters level and attempts are made to disseminate information to installations, DOD and military service officials could not clearly identify the extent to which successful initiatives and other such good practices are shared within and across the services and amongst the levels of the department, or the extent to which they focus on junior enlisted servicemembers.

As an example of one of these such efforts at the department level, OSD established the Common Services Task Force in 2012 to collaborate on, identify, and implement practices and initiatives—such as identification and elimination of duplicative processes—within the Military Community and Family Policy program areas. The purpose of the task force is to improve organizational effectiveness, increase economies of program delivery, and reduce costs of related overhead functions above the installation level without compromising program delivery to the end-user. More specifically, this task force was asked to review the total cost and methods of providing common services for military servicemember and family support programs DOD-wide; conduct an in-depth review of overhead for 15 separate program areas, including lodging, fitness,

aquatic, and wellness programs, among others; and (3) identify possible DOD-wide effects. Officials described the task force as being in its infancy and as a living working group that will continuously evolve and grow over time to best serve the needs of the military servicemembers. The task force also includes representatives from each of the military services to help ensure that practices and initiatives are shared across the services.

DOD maintains other boards—for example the Morale, Welfare, and Recreation Transformation and Innovation Working Group—each of which has its own specific programmatic focus.[44] According to officials, all of the military services have representatives on these boards. However, although the efforts of these boards and any resultant action may benefit junior enlisted servicemembers through their efforts to address issues for all servicemembers, the focus of these boards is broader than identifying or addressing issues specific to junior enlisted servicemembers.

We also found that each service pursues multiple opportunities to identify other good practices and share information. These efforts—although not focused solely on junior enlisted servicemembers—include the following:

- Military service officials stated that they look to the practices of colleges and universities when planning their installations and making management decisions about various services and programs.
- According to a Navy official, the Secretary of Defense mandated a review of the Military Health System in June 2014, with access to care being a specific focus of the review. Recommendations resulting from the review included standardizing training, reporting, and business practices through policy and DOD Instructions. The official further stated that action plans were subsequently submitted by each of the services to address the issues identified by the Military Health System review.
- Navy officials stated that the Department of the Navy has agreements with universities, such as Indiana University, that conduct research. Navy officials stated they can reach out to these institutions on particular topics to, for example, do a research project and benchmark some of its practices against those at universities or colleges.

[44]Other boards include: (1) the Joint Service Policy Board for Food Services; (2) the Resale Cooperative Efforts Board; (3) Joint Services Leisure Travel Board; and (4) the DOD Lodging Forum.

- Marine Corps officials stated that they are involved with the aforementioned department-level groups, but they also hold advocacy working groups that cover practices and initiatives that are shared across Marine Corps installations.
- According to Air Force Officials, the Department of the Air Force relies on its Services Division located in San Antonio, Texas, to conduct its research. Information garnered from research on any initiatives and good practices is shared with installations via a web link located on the Air Force Portal. The Services Division looks at comparable environments with colleges and universities for common areas and food services and worked with the National Association of College and Food Services. The Air Force also uses data from surveys to validate the other data obtained through the research conducted.
- In addition to the DOD working groups, Army officials stated that the Department of the Army holds weekly Commander's Update Briefings with certain commands and that similar Commander Update Briefings are held internally by commands. Officials further stated these weekly meetings and briefings facilitate sharing good practices. In addition, an Army official stated that the Army Family Action Plan is a forum to obtain input from Army servicemembers, which is used to alert commanders and other leaders of areas of concern.[45] This official stated further that issues identified within the service's single soldier program that cannot be solved within the program may be elevated to the Army Family Action Plan where policy may be enacted or amended to address the issues or concerns. This official also stated that multiple levels within the Army have established resources to document issues and good practices, which are assembled by the single soldier program to capture experiences, successes, and failures, among other things. According to other Army officials, the Office of the Secretary of Defense and the Defense Manpower Data Center surveys are also resources used to improve programs and services.

However, we found that these efforts vary in how information is disseminated, which could hinder the department's and services' abilities to share information with all relevant individuals for decision-making purposes. For example, Army officials stated that challenges in sharing information have existed over the past 20 years, as the Army does not have a centralized effort to review and fund research initiatives. These

[45]The official further stated that the Better Opportunities for Single Soldiers program was started based on the Army Family Action Plan process.

officials further stated that research and surveys are conducted at multiple locations, which makes sharing information a huge challenge. In addition, according to officials from the military services, there are possible lapses in the sharing of initiatives and other good practices across installations, which may limit installation program managers' knowledge of options for successful practices. According to those officials, budget cuts and other travel restrictions have limited attendance at conferences and other face-to-face coordination opportunities and have also potentially caused an information gap between the program service managers at the installations. For example, Air Force officials stated that the service used to hold conferences for managers and directors to attend to share this information; however, sequestration affected travel and funding for these events. Marine Corps officials further stated that if a gap in information sharing of practices and initiatives exists it would likely occur at the program-services level, because restrictions to travel and training have made it harder to bring people together to communicate face-to-face. As a result, according to officials, it is left up to the managers and directors from each of the services to conduct their own research to stay on top of their fields.

Standards for Internal Control in the Federal Government state that agencies should identify, record, and distribute pertinent information to the right people in sufficient detail, in the right form, and at the appropriate time to enable them to carry out their duties and responsibilities.[46] The standards also state that identifying and sharing information is an essential part of ensuring effective and efficient use of resources. As indicated above, all of the military services identified existing efforts to gain and share information across the department and among their own installations. However, because these efforts are spread across the department and, in some cases, controlled by different groups, DOD and military service officials were unable to clearly identify or provide documentation on the extent to which the department has reviewed and captured existing methods to determine whether there are other opportunities to address servicemember issues—including, for example, access issues associated with dining facilities, medical care, and transportation identified by junior enlisted servicemembers in our discussion groups. As noted above, our prior work has also shown that top leadership commitment is crucial in developing a vision, initiating

[46]GAO/AIMD-00-21.3.1.

organizational change, maintaining open communications, and creating an environment that is receptive to innovation.[47] Even with a commitment from department-level leadership to share initiatives and other good practices, limitations to the sharing of such information within and across the department exist, and information is not reaching those in leadership positions who could benefit from knowledge of other successful, efficient or innovative approaches to addressing access issues for servicemembers and, more specifically, junior enlisted servicemembers. Further, without reviewing existing methods of information sharing on initiatives and other good practices identified at all levels of the department, to include efforts to identify and address junior enlisted access issues and share this information at all levels, the department is missing opportunities to gain valuable information about this population that could, in part, further efforts to provide a quality of life to its servicemembers that encourages them to continue their service and contribute to DOD's goal of a trained and ready force.

Conclusions

Enlisted servicemembers constitute a majority of the active-duty military, and junior enlisted servicemembers are key to maintaining a trained and ready force. To further the department's goal of a trained and ready force, DOD provides multiple services and programs on its installations—services and programs that servicemembers living in on-base housing, including junior enlisted servicemembers, rely on. The department has a variety of methods to collect data and information on the use of these services and programs, and to share information on initiatives and other good practices across the department, the military services, and installations, but visibility over any access issues experienced by junior enlisted servicemembers is limited. Specifically, without reviewing current data-collection mechanisms to consider appropriate changes that would help collect information directly related to access to on-base services and programs, decision makers have limited visibility into whether services and programs are available to their targeted audience. Similarly, without reviewing existing methods of information sharing on initiatives and other good practices across the department in order to consider ways of better leveraging these methods to address junior enlisted servicemember issues, DOD is missing opportunities to strengthen its provision of on-base services and programs to its personnel. Doing so would further the

[47] GAO-01-1070.

department's efforts to provide a quality of life—through its on-base services and programs—that encourages servicemembers to continue in their service and the development of a trained and ready force.

Recommendations for Executive Action

To help ensure that junior enlisted servicemembers who need and rely on the services and programs provided on military installations have access when needed and that departmental leadership has visibility over issues affecting this population, we recommend that the Secretary of Defense direct the Office of the Under Secretary of Defense for Personnel and Readiness in collaboration with the Secretaries of the military services and other defense agency leaders to take the following two actions:

- review current data-collection mechanisms and consider appropriate additions and revisions to help ensure that specific information on junior enlisted servicemember access to on-base services and programs is collected, available, and disseminated to relevant decision makers, and have decision makers take appropriate action on the basis of that information; and
- review existing methods of information sharing on initiatives and other good practices identified within and across the department, the military services, and individual installations and consider adding mechanisms to better leverage those existing methods—such as the Common Services Task Force—to help ensure that issues associated with junior enlisted servicemember access are identified and, to the extent possible, addressed, and that such information is shared at all levels of the department.

Agency Comments and Our Evaluation

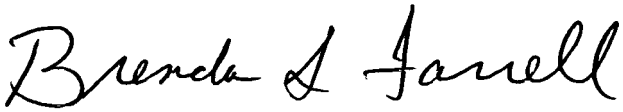
In written comments on a draft of this report, DOD concurred with our two recommendations to help ensure that junior enlisted servicemembers have access to on-base services and programs and that departmental leadership has visibility over issues affecting the junior enlisted servicemember population. DOD's comments are reprinted in appendix III. DOD also provided technical comments on the draft report, which we incorporated as appropriate.

Regarding our first recommendation, DOD stated that the department will consider appropriate additions and revisions to its data collection mechanisms to help ensure specific information on the junior enlisted servicemember is collected, available and disseminated to relevant decision makers, and when appropriate, the decision makers can take action based on the information collected.

Regarding our second recommendation, DOD stated that a review of existing methods of information sharing on initiatives and other good practices can greatly improve the department's ability to identify issues associated with junior enlisted servicemember access to base services. DOD further stated that the department will consider adding necessary mechanisms to leverage the methods better; to ensure issues associated with junior enlisted servicemember access are identified and, to the extent possible, addressed; and to share such information at all levels of the department.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense; the Under Secretary of Defense for Personnel and Readiness; the Secretaries of the Army, the Navy, and the Air Force; and the Commandant of the Marine Corps. In addition, this report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions regarding this report, please contact me at (202) 512-3604 or farrellb@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix IV.



Brenda S. Farrell
Director
Defense Capabilities and Management

List of Committees

The Honorable John McCain
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mac Thornberry
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

Appendix I: Scope and Methodology

For both objectives, we focused on the population of unaccompanied junior enlisted servicemembers in grades E1 through E4 who reside in on-base housing on Department of Defense (DOD) installations in the continental United States. We focused on these servicemembers because they have unique circumstances—such as youth and inexperience living on their own—and potentially rely more heavily on the on-base services and programs because they reside in on-base housing. Further, for the purposes of this review, we define "access," with regard to on-base services and programs, as (1) the eligibility to use—that is, through provisions in policy—and (2) the ability to gain entry to, which includes, for example, hours of operation, availably of transportation, and proximity to other on-base facilities, including junior enlisted servicemember housing and work stations. We developed this definition of access based on our review of DOD guidance and other documents related to the users and beneficiaries of these on-base services and programs, as well as through interviews with officials at DOD, the military services, and the four installations we visited. We also used this definition of access with DOD officials to guide our discussions throughout the review.

To evaluate the extent to which DOD policies and procedures for on-base services and programs consider access by junior enlisted servicemembers and any factors that influence their implementation, we obtained and analyzed relevant and current DOD, military service, and installation-specific policies and procedures for the services and programs provided to servicemembers on installations. We analyzed these documents to determine whether the policies (1) were current—that is, were updated or were within 10 years old;[1] (2) identified who they applied to; (3) identified the responsible offices or individuals with oversight for the various services and programs; (4) addressed hours of operation; (5) addressed facility standards; (6) identified eligible patrons; and (7) specifically addressed junior enlisted servicemembers. In addition, we interviewed officials from DOD, the military services, and

[1]We defined "current" as being within 10 years based on our review of DOD Issuance 5025.01, which states that an issuance is considered current when the information contained within it is accurate and in effect according to specified criteria, and it is within 10 years of its publication date. The issuance further states that issuances are living documents that should be regularly maintained and, therefore, changes are permitted and encouraged at any time during their respective life cycles (10 years). Thus, we obtained and reviewed the latest or most recent version of DOD policy documents because those versions supersede any and all prior versions.

selected installations who have responsibility for implementing the policies and procedures for the services and programs provided to servicemembers on installations and discussed any factors that may affect or impede the provision of services to junior enlisted servicemembers.

To select locations of installations for our visits, we analyzed data and demographic information about populations at each military installation in the continental United States. These seven data elements were: (1) the number of junior enlisted servicemembers stationed at the installation; (2) the availability of on-base services, programs, and facilities; (3) ratios of civilian and retiree populations (as available); (4) geographically-dispersed locations; (5) the primary mission of the installation (operational versus training); (6) single service versus joint base; and (7) proximity to the nearest urban center. We selected four military installations to visit—one per military service for each of the Army (Fort Campbell), Navy (Naval Station Norfolk), Marine Corps (Camp Lejeune), and Air Force (Joint Base San Antonio)[2] to reflect a range of the aforementioned factors. Although we selected a range of installation types based on our selection criteria, the locations we visited are not representative of all DOD installations.

To evaluate the extent to which DOD and the military services collect and share information and data on junior enlisted servicemember access to on-base services and programs, we analyzed the most recent DOD, service, and selected installation-level data-collection mechanisms, such as surveys and other feedback mechanisms, to identify questions and information related to the use of, access to, and satisfaction with services and programs on military installations, specifically focusing on questions related to access to on-base services and programs and whether they

[2]Joint Base San Antonio is situated in San Antonio, Texas and, as a result of the Base Realignment and Closure of 2005, is comprised of three geographically-separated bases that were consolidated to form a joint base. The three installations included: (1) Fort Sam Houston, (2) Lackland Air Force Base, and (3) Randolph Air Force Base. In addition, Camp Bullis is solely a training facility that also considered a part of Joint Base San Antonio.

were targeted to the junior enlisted populations. We reviewed the following mechanisms and data sources.[3]

- Defense Manpower Data Center, 2013 Status of Forces Survey of Active Duty Members, Survey Instrument and Tabulated Responses;
- Defense Manpower Data Center, 2012 Status of Forces Survey of Active Duty Members, Survey Instrument and Tabulated Responses;
- Defense Manpower Data Center, 2009 Status of Forces Survey of Active Duty Members, Survey Instrument and Tabulated Responses;
- Defense Manpower Data Center, 2007 Status of Forces Survey of Active Duty Members, Survey Instrument;
- DOD Morale, Welfare, and Recreation Customer Satisfaction Survey 2013;
- Department of Defense, TRICARE In-Patient Satisfaction Survey 2013;
- Department of Defense, TRICARE Out-Patient Satisfaction Survey 2013;
- 2014 Military Health System Review Final Report;
- Navy Region Mid-Atlantic Customer Satisfaction Survey Results;
- Naval Station Norfolk Morale, Welfare, and Recreation Customer Satisfaction Survey Instrument;
- 2012 Army Morale, Welfare, and Recreation Services Survey—Army Report;
- 2012 Army Morale, Welfare, and Recreation Services Survey—Fort Campbell Report;
- Army Installation Management Command 2011 Leisure Needs Survey Briefing;
- Marine Corps 2013 Exchange—Customer Satisfaction Index Survey Instrument;
- Quality of Life in the United States Marine Corps Active Duty Survey 2012, Support Systems Domain Analysis;
- Quality of Life in the United States Marine Corps Active Duty Survey 2012: Residence Domain Analysis;
- Quality of Life in the United States Marine Corps 2012 Survey Analysis: Executive Brief;
- Marine Corps Camp Lejeune Chow Hall Utilization Rate Data;
- Marine Corps Camp Lejeune Single Marine Program Needs Assessment Survey 2014 Template;

[3]We requested copies of the most recent surveys and feedback mechanisms available that were conducted by or for DOD, the military services, and the four installations we visited.

- Marine Corps Camp Lejeune Recreation Center Comment Card and Service Provider Report;
- Marine Corps Camp Lejeune Mess Hall Comment Card;
- Camp Lejeune Community Service Retail Division Report;
- U.S. Air Force Services Agency 2010 Caring for People Results: Executive Summary of Program and Results (2011); and
- Air Force 2014 Dining Facility Survey Comments.

We reviewed these mechanisms to answer the following two questions: (1) Does the mechanism ask about access to the service/facility? and (2) Does the mechanism directly address junior enlisted servicemembers? We identified and reported on the extent to which such data-collection mechanisms exist and what they are intended to measure. In some limited instances, we identified and reported the results of such mechanisms where questions were deemed related to this review. However, we did not assess the quality or reliability of any of these data-collection mechanisms or the data that resulted from them, because those results did not materially affect this report's findings.

During the visits to four installations, we conducted discussion groups with junior and senior enlisted servicemembers to use as illustrative examples about access to services. We conducted a total of 17 discussion groups—11 with junior enlisted servicemembers and 6 with senior enlisted servicemembers—with approximately 8 to 16 participants per group. Officials at each of the installations selected participants for each group based on specific criteria provided by our team. The criteria, provided to each installation prior to our trip, specified that the participants included in our junior enlisted discussion groups be in grades E1 through E4, reside in on-base unaccompanied housing, and work in a range of occupations, among other things. For the senior enlisted discussion groups, the criteria specified that participants be in grades E7 through E9 and have some supervisory capacity over junior enlisted servicemembers. Additionally, even though the focus of this review is on junior enlisted access to services and programs, senior enlisted servicemembers—E7 through E9—were an important segment to meet with since they manage the junior enlisted population and could provide their perceptions on junior enlisted issues that were potentially raised to them. We designed the composition of our discussion groups to ensure that we spoke with servicemembers from each of the four military services at locations across the continental United States at different types of installations. However, the results of our discussion groups and the comments provided may not be generalized to the entire DOD junior enlisted population.

The discussion groups at all locations, with two exceptions, were delineated into three groups: two junior enlisted and one senior enlisted. The first exception was at Joint Base San Antonio-Randolph Air Force Base where we held two discussion groups due to the limited population of servicemembers that met our criteria. The second exception was at Joint Base San Antonio-Fort Sam Houston where discussion groups consisted of the following: junior enlisted Army servicemembers in pay grades E1 through E4; junior enlisted Navy and Air Force servicemembers in pay grades E1 through E4; and senior enlisted Army, Navy, and Air Force servicemembers in pay grades E7 through E9. Our purpose at Joint Base San Antonio was to capture data from servicemembers working at and residing at a joint base managed by a service other than their own, because they may experience issues that would possibly not occur on a predominantly single-service installation, as was the case with Naval Station Norfolk, Fort Campbell, and Camp Lejeune.[4]

We used six questions in all of the junior enlisted discussion groups. The questions were as follows:

- What on-base services and programs do you use the most at this installation?

  Specifically, [Optional probe, if silence]

  - Health Care (Medical/Dental/Mental Health)
  - Recreation Facilities (Gyms/Fitness Centers/MWR programs)
  - Dining Facilities
  - Base Exchanges/Commissaries/Clothing and Sales)
- What challenges have you had in accessing the on-base services and programs at this installation? [Optional probes:]
  - Are the challenges related to lack of transportation?
  - Are the challenges related to inconsistent or inadequate hours of operation?
- For any challenges you have had, have you voiced your concerns to your immediate supervisor or other leadership? If yes, what changes, if any, have you seen as a result of voicing these concerns?

[4]Joint Base San Antonio is an Air Force-led joint base that is comprised of two Air Force bases and one Army base. Members from all three military departments—the Army, the Navy, and the Air Force—work and live on Joint Base San Antonio.

- What other ways do you have for voicing your concerns (other than voicing your concerns to your immediate supervisor or other leadership)?
  - If participants are silent, ask if they have participated in [optional probe:]
    - Quality of Life or other big surveys?
    - Customer service surveys or feedback at facilities
- What other suggestions do you have for improving access to on-base services and programs?
- What things are working well in accessing the on-base services and programs provided at this installation?

We also used a similar set of in all the senior enlisted discussion groups:

- To what extent have you heard or been made aware of junior enlisted personnel having any challenges accessing on-base services and programs?
  - Please describe their challenges accessing on-base services and programs.
    Specifically, [Optional probe, if silence]
    - Health Care (Medical/Dental/Mental Health)
    - Recreation Facilities (Gyms/Fitness Centers/MWR programs)
    - Dining Facilities
    - Base Exchanges/Commissaries/Clothing and Sales)
  - Are the challenges related to lack of transportation?
    - Does your installation have a shuttle system or other on-base transportation?
    - Are the challenges related to inconsistent or inadequate hours of operation?
  - Are some groups such as E1s or E2s experiencing these issues more than other junior enlisted personnel?
- How devoted is senior leadership (such as the Command Master Chief or Installation Commander) at this installation to addressing the challenges junior enlisted personnel have accessing on-base services and programs?
  - What changes, if any, have resulted from junior enlisted personnel voicing their concerns about accessing on-base services and programs?

- Other than voicing their concerns to their immediate supervisor, what other means do junior enlisted personnel have for voicing their concerns?[Optional probe:]
    - Are you aware of any service-wide or installation-specific data-collection methods (surveys, pulse checks, town halls, etc.) that have been used to assess whether junior enlisted have ready access to services on this base?
- What other suggestions do you have for improving access for junior enlisted personnel to on-base services and programs?
- Do you have any other comments for GAO regarding access to on-base services and programs at this installation?

We developed these questions with one of our methodologists to help ensure they would elicit unbiased responses from discussion group participants.

Using content-analysis procedures, we used the responses from each discussion group to create 13 categories that accounted for most comments: commissaries; dining facilities; exchanges; financial assistance; fitness centers and gyms; leadership; legal services; health care; morale, welfare, and recreation (MWR); postal services; surveys and comment cards; transportation; and voting assistance. Categories were further delineated into subcategories based on the specific topic of the comment (e.g. medical care—sick call, medical care—pharmacy, etc.).

We then categorized comments from individual participants into the subcategories, including the tone of the comments and to determine to the extent to which the comments about a particular service or program were positive, negative, or neutral. To conduct this analysis, we assessed each comment to assign it to a specific category and for tone (positive, neutral, or negative). Once all comments were assigned to a specific category and subcategory, one analyst tallied up the comments for each category in a spreadsheet. A number 1 was assigned to groups where comment(s) in a specific category were identified and a number 0 was assigned to groups if no comments were identified for a specific category. We then compared the ratings and were able to discern overall tone for each category. Once the first analyst completed the analysis, another analyst reviewed the first analyst's decisions. Any discrepancies in the coding were resolved through discussion by the analysts.

Additionally, we interviewed officials at selected installations—including, but not limited to, the installation commander, the senior enlisted advisor;

and those responsible for management of transportation; base design and layout; medical facilities; dining facilities; MWR programs and facilities; and housing—to discuss their knowledge of any access issues experienced by junior enlisted servicemembers at their respective installations. In addition, we obtained information from DOD and military service officials about the department's efforts to share initiatives and other good practices within and across the services and DOD. We compared the results of our analysis of the data-collection and other information sharing mechanisms we obtained from department officials with Standards for Internal Control in the Federal Government.[5]

We conducted this performance audit from August 2014 to May 2015 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[5]GAO, *Standards for Internal Control in the Federal Government*, GAO/AIMD-00-21.3.1 (Washington, D.C.: Nov. 1999).

Appendix II: Detailed Examples of Access Concerns Identified in Discussion Groups

During our visits to four installations—Naval Station Norfolk, Fort Campbell, Camp Lejeune, and Joint Base San Antonio—the participants in our discussion groups provided a range of comments—both positive and negative—about the services and programs on their installations. We captured the comments that junior and senior enlisted servicemembers provided in our discussion groups and categorized them into 13 main categories related to on-base services and programs and other feedback mechanisms that are available to installation leadership. As noted, the participants in our groups provided some positive input about the services and programs, but, based on our analysis of the discussion group comments, we identified specific areas where junior and senior enlisted servicemembers in our discussion groups most frequently expressed concerns about access issues. Those areas included: (1) dining facilities, (2) medical care, and (3) transportation.

Access to Dining Facilities

Participants in our discussion groups identified concerns about on-base dining facilities with regard to (1) access to the dining facility in terms of parking around the facility; distance to the facility; or dining facility closures, and (2) the hours of operation of the dining facilities, among other things.

Specifically, participants in 2 of the 11 junior enlisted discussion groups at one installation we visited stated that they either (1) chose not to go to the dining facility or (2) could not find parking in the dining facility parking lot due to overcrowding by people using the lot while visiting an adjacent building. In addition, participants in one junior enlisted group and one senior enlisted group at that same installation stated that for individuals who work on the aviation side of the installation, it takes the entire lunch hour to get to the dining facility, eat, and return to work, which does not leave any time to take care of other tasks during lunch, for example, going to the post office. Another participant stated that it could take the whole lunch hour to drive to the dining facility, and if there is a line during peak lunch times, it can take up to 20 minutes to get in, and they end up missing lunch. Participants in the senior enlisted servicemember discussion group also stated that junior enlisted servicemembers often do not get a set lunch period and grab food when they can, which is not always conducive to the dining facility's schedule. One junior enlisted group stated that, for some, lunch may be the last meal of the day that they can get from the on-base dining facility, and therefore, any meal a servicemember eats later must be paid for out of their pocket. Participants added that the dining facility on the installation closes at 5:30 p.m. In addition, they stated the only food options on the air side of the installation are two fast-food restaurants.

We discussed some concerns identified by junior enlisted servicemembers with the manager of the installation's dining facility. The manager stated there used to be two dining facilities located on the installation; however, the facility on the aviation side of the installation closed approximately 11 to 12 years ago. As a result, the manager stated that all servicemembers residing on or working on the aviation side of the installation receive basic allowance for subsistence. Additionally, the manager stated wait times to access the facility during lunchtime are negligible; typically 2 to 3 minutes, due to checking identification at the entrance. The manager stated that wait times are slightly extended on days where special celebratory meals are served and other groups—for example, civilians and retirees, are invited to eat at the dining facility.

At another installation we visited, participants in one junior enlisted discussion group raised concerns about the hours of operation for that installation's only dining facility. In that group, a servicemember stated that his work hours had to be adjusted to account for the dining facility's schedule and to allow time for lunch; however, if work ran late, he had to rush to the dining facility to get dinner before it closed at 6:30 p.m. Another junior enlisted servicemember who did not have his own vehicle and remained on the installation during the holidays stated the dining facility was closed on Christmas Day, and as a result, his only food that day were a few snack food items he had in his dorm room. One junior enlisted servicemember stated that he often works late and is unable to get to the dining facility before it closes for the evening and, as a result, eats fast food from one of the two fast-food restaurants nearby. The participants in the junior enlisted group further stated they have been working through their Dorm Council—a local council that represents unaccompanied junior enlisted servicemembers residing in on-base housing and reports to base leadership—for years to change the dining facility's hours of operation and as of the time of our visit their efforts had been unsuccessful.

Installation leadership stated that they considered closing the installation's single dining facility due to sequestration in fiscal year 2013. However, they further stated that keeping the dining facility open was important because of the installation's technical-school student population and a decision was made to keep it operational until additional funds became available to maintain it. Officials also stated that, during holiday periods, dining facility hours are reduced, but some establishments are kept open to provide service to servicemembers and civilians.

Participants in 9 of 11 junior enlisted discussion groups raised concerns about the hours of operation for the installation's dining facilities. A junior enlisted servicemember stated that the hours of operation for the dining facilities were not conducive for servicemembers who did not work a traditional 9:00 a.m. to 5:00 p.m. work shift. Two junior enlisted servicemembers stated that physical training for some units start at 6:00 a.m. and servicemembers sometimes work late into the evenings, and the dining facilities are closed by the time they get off work. Another junior enlisted servicemember stated that he works until 6:00 p.m. and, therefore, cannot make it to the dining facility before it closes. The servicemember stated, as a result, he either has to buy his own food to cook or go out to eat. Participants in one junior enlisted discussion group discussed that the lines at the dining facility are so long it is easier to go home and cook. Also at that installation, the senior enlisted discussion group stated that when a unit's dining facility was shut down due to deployment, the servicemembers from that unit who remained at the installation had to walk a good distance to get to another facility. He added that the problem seems to happen often as units deploy.

When we discussed potential access issues with installation leadership and other program officials from that installation, one official stated that the number of dining facilities at that installation was reduced from 12 to 8, with sequestration driving some of the facility closures. Officials stated that there is enough funding to operate a kitchen staff at five of the eight remaining dining facilities; therefore, some dining facilities are closed at some times during the day and units colocated with a closed dining facility may have to find another facility at which to eat. The officials also told us that when servicemembers are preparing for deployment at odd hours, there is always a temporary dining facility set up at the airfield to make sure the servicemembers can eat before flying out. They further stated that, subsequent to a study on government meals provided to trainees, the installation has taken steps to reduce the number of servicemembers receiving basic allowance for subsistence, therefore, further necessitating that junior enlisted servicemembers eat in the dining facilities.[1] Finally, program officials stated that unit leaderships should afford servicemembers time to eat, and if there is an issue with the hours of operation or with servicemembers getting access to meals, it is up to unit

[1]Army Audit Agency, *Government-Provided Meals for Soldiers Attending Institutional Training,* A-2014-0036-FMF (Fort Belvoir, Va.: Jan. 13. 2014).

leadership to figure it out; otherwise, it is a failure of leadership if the servicemembers are not getting their meals.[2]

Access to Medical Care

Participants in our discussion groups identified challenges with (1) making medical appointments, (2) long wait times for acute care, and (3) lengthy waits to obtain referrals or specialty appointments, even though DOD's policy is to provide active-duty servicemembers high priority.

More specifically, 6 of the 11 junior enlisted and 5 of the 6 senior enlisted discussion groups reported having problems with or knowledge of problems with scheduling medical appointments in a timely manner. For example, at one installation we visited, one junior enlisted discussion group stated that it can take up to a week to make the appointment through the installation's designated medical appointment booking system, due to, for example, caller wait times making it difficult to get through to make an appointment. Participants in this group also reported that when the appointment booking system did not work, they gave up and instead went to the military urgent care clinic to receive care. Participants in the senior enlisted discussion group at that same installation stated that the best way to get medical care is to call an ambulance because the hospital will see them more quickly. In contrast, medical leadership from the installation stated they spend a lot of time making sure access to care is consistent across the installation and across ranks. They added that if a servicemember shows up at urgent care and is not having a life-threatening situation, he or she may be told to schedule an appointment for the next day with the assigned provider. However, leadership further stated that the servicemember may be upset that the appointment could not be made for the same day.

[2]Officials also stated that the installation manages the dining facilities, but the units actually run them. Therefore, if the servicemembers were having difficulty because of the hours of operation, the unit could make adjustments.

Participants in 6 of 11 junior enlisted and 5 of 6 senior enlisted discussion groups discussed issues with receiving acute care in a timely manner.[3] Specifically, in one junior enlisted discussion group, participants stated that going to the clinic's urgent care can take all day and it may take from morning until 2:00 p.m. to get an appointment. In our senior enlisted discussion group, participants stated that one of his junior enlisted servicemembers was experiencing symptoms of a heart attack and was having trouble being seen by the clinic. That senior enlisted servicemember stated that his junior enlisted servicemember was told to go to the emergency room and was then put on the "endless cycle" of calling the clinic to go to urgent care, before being told by a medical official that he was not having any issues. The senior enlisted participant added that only the senior enlisted servicemembers see action taken, and the junior enlisted servicemembers do not receive respect by, for example, medical professionals on the installation. Similarly, one junior enlisted discussion group stated that one of the clinics does not have enough personnel resources to take care of everyone and to take the time necessary with each servicemember to figure out what is wrong. Also in that discussion group, one junior enlisted servicemember stated that he went to the emergency room one time because he was feeling dizzy, but the emergency room released him and told him to go to sick call the next day. He added that he did not think that servicemembers cannot be referred out to another clinic, even if there is no availability at their designated clinic.

The installation's medical officials stated that hospital leadership goes out to the clinics to see how many servicemembers are waiting at any one time for care. They added that servicemembers may wait hours for sick call at the individual clinics, but that surgeons who that are attached to the units should be utilized to ease some of the backlog at the clinics.

[3]In its January 2015 final report, the Military Compensation and Retirement Modernization Commission stated that there is considerable dissatisfaction with wait times for getting medical care. The commission found that getting access to specialty care under TRICARE Prime can take much longer than the routine care goals and is often a complicated process because beneficiaries must first see their primary care managers, who give referrals for additional care as needed. Beneficiaries are referred for treatment in military treatment facilities first, which have priority for providing both inpatient and specialty care for all TRICARE Prime enrollees. If care is unavailable in a military treatment facility, then referrals are given for treatment by civilian providers in the TRICARE network. According to the commission's report, it can actually take as long as 35 days to receive specialty care based on DOD standards: 7 days for the first appointment for the primary care manager plus an additional 28 days for the specialty appointment.

Officials further stated the installation is working to realign where and how servicemembers' clinic assignments are made, in light of the current downsizing and moving of units around the installation.

In addition, participants from 5 of the 11 junior enlisted and 4 of the 6 senior enlisted discussion groups described issues with receiving referrals or specialty medical care. For example, participants in one junior enlisted discussion group told us that getting an appointment to obtain specialty care can take months. In addition, a participant in one junior enlisted discussion group stated that he broke his ankle and went to the installation's medical clinic for care. The clinic did not give him a cast and, instead, only gave him a splint for the broken ankle. He then had to wait to get an appointment at the nearby military hospital to get a cast, which had additional delays. By the time he was able to get an appointment, his ankle had already started to heal improperly, and the doctor had to go in and re-break his ankle to set it with hardware.

In one junior enlisted discussion group, we spoke with a junior enlisted servicemember who stated he had issues getting physical therapy for over a year for an injury he sustained while deployed. The servicemember was supposed to see the physical therapist for three months before seeing the surgeon. He indicated that the physical therapy was making his injury worse and had been told so by the physical therapist, but he was repeatedly sent back and forth between the surgeon and physical therapist.[4] As a result of this injury, the servicemember stated that he is unable to pass a physical training test, cannot deploy, and cannot be promoted. Further, according to this servicemember, the installation would not refer him to see a specialist. When we asked hospital leadership about this specific example, they stated that they were unaware of his circumstances.

[4]According to a Defense Health Agency official, TRICARE requires preauthorization for elective in-patient admissions and surgical procedures for all beneficiaries. Emergency and urgent In-patient admissions and surgical procedure require authorization. The process of preauthorization and authorization is based on medical and psychological necessity (justification) and includes benefits review. There is no requirement for providers to show or provide evidence of "non-invasive treatments" prior to DOD contractors authorizing surgical procedures. However, the official further stated, the request or justification for a surgical authorization by a provider would contain the use of "non-evasive treatments" if they apply to the condition or the specific diagnosis.

Access to Transportation

Participants stated they had access issues due to configuration of the installation, limited on-base transportation, or nonownership of personal vehicles that may have inhibited access to on-base services and programs.[5] For example, one installation we visited had an official on-base shuttle; but participants in our discussion groups stated that the shuttle was viewed as being more for the students and trainees on the installation than for the permanent party servicemembers. In one junior enlisted discussion group, a servicemember who did not own a vehicle stated that she gets up and walks 45 minutes by herself at 4:00 a.m. to get to work in time for the start of her shift. She stated that although she could call for a ride from her leadership, she does not like asking because she felt it placed a burden on unit leadership and made her a nuisance. A servicemember in a senior enlisted discussion group from that same installation stated he has four junior enlisted servicemembers who don't have vehicles and reside approximately two miles away from where their unit conducts its physical training, which results in a 25 minute walk time each way for these servicemembers. He said there is an on-base shuttle, but the shuttle times are very inconvenient and have limited service on the weekends and holidays. Senior leadership officials at that installation stated that the barracks where their junior enlisted servicemembers live are not colocated with their work station, which presents challenges for those servicemembers who do not have their own means of transportation. Those officials further stated that it would make more sense for their junior enlisted servicemembers to be housed in the barracks across the street from their work station, but those barracks are used by other units. The officials considered this a significant problem for their servicemembers, particularly those without vehicles.

One junior enlisted servicemember at an installation we visited stated that the availability of transportation provided by her unit during work hours was pretty good, but during the evenings and weekends she has to take taxis to get anywhere she needs to go. Similarly, participants from one junior enlisted discussion group at another installation said that servicemembers who do not have their own vehicles either have to walk

[5]We found that data on servicemember ownership of personal vehicles were limited and unclear. Officials we spoke with at DOD, as well as at individual installations, estimated that approximately 80 percent to 90 percent of junior enlisted servicemembers own personal vehicles; however, they did not provide recent data on vehicle ownership to support these statements. DOD officials could not provide exact numbers on the proportion of the population that owns personal vehicles because, in part, the requirement to register personal vehicles on military installations was removed in 2011.

or ask for a ride from someone—a friend or their unit. In addition, participants in discussion groups from two installations stated that using a taxi is expensive and both installations do not have an on-base shuttle system. However, at one installation, participants in our senior enlisted discussion group stated that units provide transportation assistance to their junior enlisted servicemembers using unit vehicles during the work week (Monday through Friday).

According to military service leadership, installations have made attempts to rectify the transportation issue, and some installations provide transportation such as on-base shuttles, buses, and unit-provided vehicles. Additionally, according to installation officials at one installation, the installation has an agreement for the city bus to come on the installation and stop at various locations on the installation's perimeter. However, officials reported that there is limited utilization of the city bus system, and the on-base shuttle was discontinued over 15 years ago.[6] Further, officials stated that the installation is trying to reconfigure the installation to help ensure that on-base housing is part of a 5- to 10-minute walkability plan.[7] Officials at one of the other installations we visited stated there are a few on-base shuttle buses and unit vehicles are available to junior enlisted servicemembers to assist with transportation needs. However, they stated, unit vehicles are not typically available, as they are used by more senior officials for official duties such as attending meetings.

[6]Officials did not know why the on-base shuttle was discontinued.

[7]As part of this walkability plan, the installation's goal is to configure the base so that servicemembers are able to walk to work, services and other facilities within 5 to 10 minutes.

Appendix III: Comments from the Department of Defense

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

MANPOWER AND RESERVE AFFAIRS

MAY 4 2015

Ms. Brenda S. Farrell
Director, Defense Capabilities and Management
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548

Dear Ms. Farrell:

The Department of Defense concurs with the GAO Draft Report GAO-15-488, "MILITARY PERSONNEL: Visibility Over Junior Enlisted Access to Services on Bases Could Be Enhanced," dated April 1, 2015 (GAO Code 351965), and provides the enclosed comments for consideration.

Sincerely,

Rosemary Freitas Williams
Deputy Assistant Secretary of Defense
(Military Community and Family Policy)

Enclosure:
As stated

GAO DRAFT REPORT DATED APRIL 1, 2015
GAO-15-488 (GAO CODE 351965)

"MILITARY PERSONNEL: Visibility Over Junior Enlisted Access to Services on Bases Could Be Enhanced"

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO RECOMMENDATIONS

RECOMMENDATION # 1: To help ensure that junior enlisted service members who need and rely on the services and programs provided on military installations have access when needed and that departmental leadership has visibility over issues affecting this population, it is recommended that the Secretary of Defense direct the Office of the Under Secretary of Defense for Personnel and Readiness in collaboration with the Secretaries of the Military Services and other Defense Agencies to review current data collection mechanisms and consider appropriate additions and revisions to help ensure that specific information on junior enlisted service member access to on-base services and programs is collected, available, and disseminated to relevant decision makers and have decision makers take appropriate action on the basis of that information.

DoD RESPONSE: Concur. There are many different resource and/or program sponsors and data collection efforts for the wide and varied array of base services. The Department will consider appropriate additions and revisions to those data collection mechanisms to help ensure specific information on the junior enlisted service member is collected, available and disseminated to relevant decision makers, and when appropriate, the decision makers can take action based on the information collected.

RECOMMENDATION # 2: To help ensure that junior enlisted service members who need and rely on the services and programs provided on military installations have access when needed and that departmental leadership has visibility over issues affecting this population, it is recommended that the Secretary of Defense direct the Office of the Under Secretary of Defense for Personnel and Readiness in collaboration with the Secretaries of the Military Services and other Defense Agencies to review existing methods of information sharing on initiatives and other good practices identified within and across the department, the military services, and individual installations and consider adding mechanisms to better leverage those existing methods – such as the Common Services Task Force – to help ensure that issues associated with junior enlisted service member access are identified and, to the extent possible, addressed and that such information is shared at all levels of the department.

DoD RESPONSE: Concur. Review of existing methods of information sharing on initiatives and other good practices can greatly improve the Department's ability to identify issues associated with junior enlisted service member access to base services. The Department will consider adding necessary mechanisms to leverage the methods better; to ensure issues associated with junior enlisted service member access are identified and, to the extent possible, addressed; and to share such information at all levels of the department.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Brenda S. Farrell, (202) 512-3604 or farrellb@gao.gov

Staff Acknowledgments

In addition to the above named contact, Vincent L. Balloon, Assistant Director; James Ashley; Mary Jo LaCasse; Michael Silver; Justin Snover; Sabrina Streagle; Jennifer Weber; and Erik Wilkins-McKee made key contributions to this report.

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