



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

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

MAR 19 2025

Dear Mr. Chairman:

The Department's response to section 747 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117-263), "Report on Effects of Low Recruitment and Retention on Operational Tempo and Physical and Mental Health of Members of the Armed Forces," is enclosed.

This report indicates a potential direct relationship may be associated with the effect of recruitment on the rate of Operational Tempo (OPTEMPO), with both recruitment and OPTEMPO decreasing from 2019-2022. However, further information about reasons for reduced OPTEMPO would be required to confirm this association. No discernable trends were identified that were associated with the effects of retention on the rate of OPTEMPO or between the rate of OPTEMPO and mental health visits, suicides, or musculoskeletal injuries during the observed timeframe.

Thank you for your continued strong support for the health and well-being of our Service members. I am sending a similar letter to the Committee on Armed Services of the Senate.

Sincerely,



Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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

PERSONNEL AND
READINESS

The Honorable Roger F. Wicker
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

MAR 19 2025

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Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

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Report to the Committees on Armed Services of the Senate and the House of Representatives



Report on Effects of Low Recruitment and Retention on Operational Tempo and Physical and Mental Health of Members of the Armed Forces

March 2025

The estimated cost of report or study for the Department of Defense (DoD) is approximately \$33,000 for the 2024 Fiscal Year. This includes \$0 in expenses and \$33,000 in DoD labor.

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INTRODUCTION

This report is in response to section 747 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, (Public Law 117–263), which requests that the Secretary of Defense, in coordination with the Secretaries of the Military Departments, provide a report on the effects of low recruitment and retention on the Armed Forces.

The Department recognizes the importance of addressing recruitment and retention’s effect on Operational Tempo (OPTEMPO) as well as the effect OPTEMPO may have on the physical and mental well-being of Service members. The Department utilized a collaborative approach to perform analysis on the variables of interests to gain better insight. A potential direct relationship may be associated with the effect of recruitment on the rate of OPTEMPO, with both recruitment and OPTEMPO decreasing from 2019-2022. However, additional information about the reasons for reduced OPTEMPO would be required to confirm this association. No discernable trends were identified that were associated with the effects of retention on the rate of OPTEMPO or between the rate of OPTEMPO and mental health visits, suicides, or musculoskeletal (MSK) injuries during the observed timeframe.

BACKGROUND

Recruitment and retention may affect the pace of military operations, which include the frequency and duration of military activities. The pace of military operations can be assessed by the rate at which units are involved in all military activities, including contingency operations, exercises, and training deployments (OPTEMPO) and/or the amount of time Active Component Service members (ACSMs) are engaged in their official duties at a location or under circumstances that make it infeasible for a member to spend off-duty time in the housing in which the member resides (personnel tempo [PERSTEMPO]).

There is no direct measure of OPTEMPO. As a result, this report assesses OPTEMPO from Calendar Year (CY) 2018-2022 via identifying the number of ACSMs who had a qualifying PERSTEMPO event (operations, exercises, unit training, or mission support) during each observed CY. Briefly, a potential direct relationship was identified regarding the effects of recruitment on the rate of OPTEMPO from 2019-2022. No additional discernable trends were identified during this timeframe associated with the effects of retention on the rate of OPTEMPO or between the rate of OPTEMPO and mental health visits, suicides, or MSK injuries.

EFFECT OF LOW RECRUITMENT ON OPTEMPO

To assess the effect of recruitment on OPTEMPO, “recruitment” is examined in the context of the number of per year applicants for Military Service. The number of applicants per CY was extracted by Medical Standards Analytics and Research from Military Entrance Processing Command Integrated Resource System 1.0 (January 2018 - February 2021) and 1.1 (March 2021 - December 2022). Due to the data system change in February 2021, the potential degradation in data quality in the new system, particularly potential impact on applicant counts, is unknown. For the purpose of this analysis, a decrease or increase in the number of applicants would indicate the corresponding decrease or increase of recruitment. Table 1 illustrates the number of applicants from 2018 to 2022, which indicates an annual decrease from 2019–2022.

Table 1. Total Number of ACM Applicants

	2018	2019	2020	2021	2022
Military Service	217,338	224,505	184,236	165,716	147,544

To enable comparison of populations, the number of ACSMs in Military Services (for at least 1 day), number of ACSMs deployed to a contingency operation, and the number of ACSMs assigned to an operational unit were evaluated from 2018-2022 (Table 2). The number of ACSMs who served in the military for at least 1 day during each CY were identified using Defense Manpower Data Center (DMDC) records contained in the Defense Medical Surveillance System (DMSS). Deployed ACSMs to contingency operations were identified using DMDC Contingency Tracking System records in the DMSS; however, deployments to bodies of water or missing/unknown locations were excluded. ACSMs were counted if they were deployed for any part of the CY for any length of time.

For the purpose of this analysis, operational units are defined as units that are participating at the battalion, squadron, or an equivalent level (or a higher level) in contingency operations, major training events, and other exercises and contingencies of such a scale that the exercises and contingencies receive an official designation. Members serving in an operational unit were defined by having a PERSTEMPO event for operations, exercises, unit training, or mission support (temporary duty). This excluded PERSTEMPO events for home station training, individual training, duty in garrison, hospitalizations, disciplinary events, inactive duty training, muster duty, funeral honors duty, and unknown PERSTEMPO events. ACSMs were counted if they served in an operational unit for any part of the CY for any length of time.

The total number of ACSMs remained relatively constant during the timeframe, exhibiting less than a 2 percent per year change from 2018-2022. Using the number of ACSMs serving in operational units as a proxy for OPTEMPO, the rate of OPTEMPO fluctuated during the timeframe. Unlike the marginal change of total number of ACSMs in Military Service, the number of individuals serving in operational units increased 8 percent from 2018-2019, decreased 20 percent from 2019-2020, and decreased an additional 12 percent from 2021-2022. The number of individuals in a deployed unit exhibited a more dramatic affect during the timeframe, decreasing by 52 percent from 2018-2020, with an additional 58 percent decrease from 2020-2021, followed by a near threefold increase from 2021-2022.

The number of ACSM applicants provided in Table 1 and the number of ACSM individuals in operational units provided in Table 2 both decreased from 2019-2022, indicating a potential direct relationship between recruitment and OPTEMPO rates. However, further information about reasons for reduced OPTEMPO would be required to confirm this association. The ability to identify trends is potentially impacted due to effects of the coronavirus disease 2019 (COVID-19) pandemic on the rate of recruitment and the pace of military operations. For example, the dramatic change in the number of ACSMs in deployed units is potentially attributable to the COVID-19 pandemic and policies limiting in-person and travel activities.

Table 2. Number of ACSMs in Military Service, Deployed to Contingency Operations, or in an Operational Unit

	2018	2019	2020	2021	2022
Military Service	1,444,330	1,458,186	1,460,926	1,464,227	1,437,725
Deployed	83,322	65,378	39,748	16,517	48,486
Operational Unit	489,376	526,866	423,414	418,646	369,084

TYPE(S) OF MILITARY OCCUPATIONAL SPECIALTIES (MOS) MOST AFFECTED BY LOW RECRUITMENT

To enable comparison of the MOS affected by low recruitment and the rate of OPTEMPO, ACSM end strengths for each MOS were assessed from 2018-2022 and compared to the number of ACSMs provided in Tables 1 and 2 above. Military occupations were identified using the first two digits of the Department of Defense (DoD) primary occupation code, based on the ACSM last DMDC demographic record of each CY. Table 3 illustrates the number ACSMs by MOS from 2018-2022.

Scientists and Professionals, Intelligence Officers, and Administrators exhibited the greatest change from 2018-2022, increasing 10 percent, 7 percent, and 6 percent, respectively. Comparatively, Electronic Equipment Repairers and Health Care Specialists each decreased 8 percent from 2018-2022. The Non-Occupational MOS, which includes patients, students, trainees, and other officers who for various reasons are not occupationally qualified (billet designators, officers new to their occupational field) increased 13 percent from 2018-2022.

No discernable trends were identified regarding changes in each MOS during the timeframe. The number of ACSM in each MOS was also compared to the number of applicants and the pace of military operations. When compared to the changes exhibited by ACSM applicants, ACSMs in deployed units, or ACSM in contingency operations, the number of ACSMs in each MOS remained relatively consistent, varying less than 5 percent.

Table 3. Number of ACSMs by MOS from CY 2018–CY 2022

Military Occupational Area	2018	2019	2020	2021	2022
Infantry, Gun Crews, and Seamanship Specialists	187,930	196,639	197,887	200,240	195,342
Electronic Equipment Repairers	109,849	110,597	112,833	107,024	101,327
Communications and Intelligence Specialists	120,668	121,973	124,080	121,593	120,730
Health Care Specialists	85,572	85,709	84,589	81,506	78,501
Other Technical and Allied Specialists	33,218	32,728	32,284	32,472	32,277

Functional Support and Administration	155,925	157,715	157,237	155,228	151,487
Electrical/Mechanical Equipment Repairers	246,985	248,650	252,067	246,264	240,262
Craftworkers	39,883	39,920	40,238	40,274	39,518
Service and Supply Handlers	138,943	136,963	138,887	139,787	135,469
Non-Occupational	73,251	72,662	65,224	65,986	62,889
General Officers and Executives, Not Elsewhere Classified (N.E.C.) [§]	1,956	1,903	1,884	1,903	1,830
Tactical Operations Officers	86,140	86,468	86,338	86,761	87,111
Intelligence Officers	16,475	16,719	16,345	16,985	17,612
Engineering and Maintenance Officers	29,453	29,326	29,719	29,456	29,087
Scientists and Professionals [*]	14,422	14,624	15,139	15,698	15,878
Health Care Officers [#]	38,710	38,652	38,505	38,493	38,316
Administrators	15,304	15,798	16,107	16,179	16,245
Supply, Procurement, and Allied Officers	20,170	20,852	20,669	20,686	20,655
Non-Occupational [%]	15,089	15,656	15,613	16,596	17,029
Missing/unknown	14,387	14,632	15,281	31,096	36,160

^{*}Professionals includes Psychologists, Legal, Chaplains, Mathematicians and Statisticians, Education & Instructors, Research and Development Coordinators, Community Activities Officers, and Scientists and Professionals.

[§]General Offices and Executives and N.E.C., includes all officers of General/Flag rank and all commanders, directors, and planners not elsewhere classified (e.g., Operations Commanders, Special Technical Operations (Officer), Designated Project Manager).

[#]Health Care Officers includes Physicians, Dentists, Nurses, Veterinarians, Biomedical Sciences and Allied Health Officers, and Health Services Administration Officers.

[%] Non-Occupational includes patients, students, trainees, and other officers who for various reasons are not occupationally qualified.

EFFECT OF OPTEMPO RATES ON RETENTION OF MEMBERS OF THE ARMED FORCES

Military retention is defined as the rate at which military personnel voluntarily choose to stay in the military after their obligated term of service ends. Many factors impact the decision to remain in military service, including spousal and familial support to stay on active duty, affective commitment to the military, and overall satisfaction with military way of life. Motivations to stay in the military vary from person to person; thus, it is difficult to capture the

number of individuals or rationale for remaining in service. Although retention data is difficult to ascertain, separation data is available. Separations include individuals who are discharged and released from duty voluntarily, involuntarily, or through retirement. Consequently, rate of retention is indirectly assessed via rates of separation.

To compare retention and OPTEMPO rates using separations data, total Active Component separations, separations for ACSMs in a deployed unit, and separations for ACSMs in an operating unit were assessed. To identify year of separation, the last DMDC demographic record for each ACSM was used to identify the ACSM’s last recorded date in Military Service. If the last recorded date in Military Service occurred during the CY of interest, then the member was considered to have separated from Military Service during that CY. For example, if a member’s last service date was May 31, 2019, then the member was counted as having separated in 2019. Separations among ACSMs serving in operational units were identified as an individual who served in an operational unit *and* separated from military during the same CY. For example, if a member served in an operational unit in January 2018 and the member’s last service date was July 31, 2018, then the member was counted as having separated in 2018. Similarly, separations among deployed ACSMs were identified as having a deployment record and separating from Military Service during the same CY.

Table 4. Number of Individuals Separated from Military Service

	2018	2019	2020	2021	2022
ACSMs	149,107	140,985	132,765	145,957	159,107
ACSMs in an Operating Unit	15,135	18,694	15,254	15,237	15,822
Deployed ACSMs	4,145	4,022	2,823	3,058	952

As provided in Table 4, ACSM separations varied over the timeframe, decreasing by 11 percent from 2018-2020, and then increasing by 9 percent from 2021-2022. In comparison, the ACSM population remained relatively consistent varying 2 percent or less from 2018-2022. Separations for ACSMs in operational units increased 24 percent from 2018-2019, then decreased by 18 percent in 2020 and remained relatively consistent from 2021-2022. Comparatively, the ACSM operational unit population increased from 2018-2019 and remained relatively constant from 2020-2022. Separations for deployed ACSMs decreased by 30 percent between 2019 and 2020, increased in 2021 by 8 percent, and then drastically decreased again by 69 percent from 2021-2022. During this time the deployed ACSM population decreased 22 percent from 2018-2019, then increased 22 percent from 2020-2022. A relationship between OPTEMPO and separations was not identified, and no discernable trends have been identified at this time.

EFFECTS OF OPTEMPO ON THE NUMBER OF MENTAL HEALTH VISITS

To examine the rate of OPTEMPO on the number of mental health visits, the number of ACSMs that sought mental health, the number of mental health visits, and the rate of mental health visits per 1,000 person years were assessed for ACSMs, ACSMs in deployed units, and ACSMs in operating units from 2018-2022. Person-years is a measurement that combines both persons and time in the denominator, which provides a more accurate method of measuring the denominator compared to using the number of ACSMs, due to ACSMs spending varying

amounts of time in Active Component Military Service. For example, two members spending 4.5 years in Active Component service would result in a total of 9 person-years. Person-years were also used to assess rate of suicide and rate of MSK injury, described further in the report.

Mental health visits were defined by having at least one outpatient encounter with a current procedural terminology code for a psychiatric or psychological service; outpatient encounter in a military medical treatment facility behavioral health specialty clinic; inpatient or outpatient encounter where the primary diagnosis was for a mental or behavioral health disorder; or Theater Medical Data Store (TMDS) encounter where the primary diagnosis was for a mental or behavioral health disorder.

Deployed mental health visits were counted separately using TMDS data. A deployed mental health visit was defined by having a TMDS encounter that occurred between the ACSM's deployment start and end date. Inpatient, outpatient, and TMDS encounters were used to count mental health visits among ACSMs serving in operational units if the encounter occurred between the beginning and end date of a qualifying PERSTEMPO record. Given the changes in the number of ACSM populations over the three populations included, trends were assessed using person-years.

Results from the analysis of mental health visits from 2018-2022 are provided in Table 5. Due to the change in population exhibited by deployed ACSMs and ACSMs in an operating unit as illustrated in Table 2, Figure 1 provides a visualization to compare mental health visit trends across populations. The rate of mental health visits increased from 2018-2019 for all ACSMs and the operating unit population. Deployed ACSMs populations exhibited an increase from 2019-2020, with a decrease from 2020-2022; however, the rate of mental health visits in 2022 still exceeded the rates exhibited in 2018 and 2019. The data below indicate no discernable trends between mental health visits, OPTEMPO, and ACSMs in deployed or operating units from 2018-2022.

Table 5. ACSM Mental Health Visits

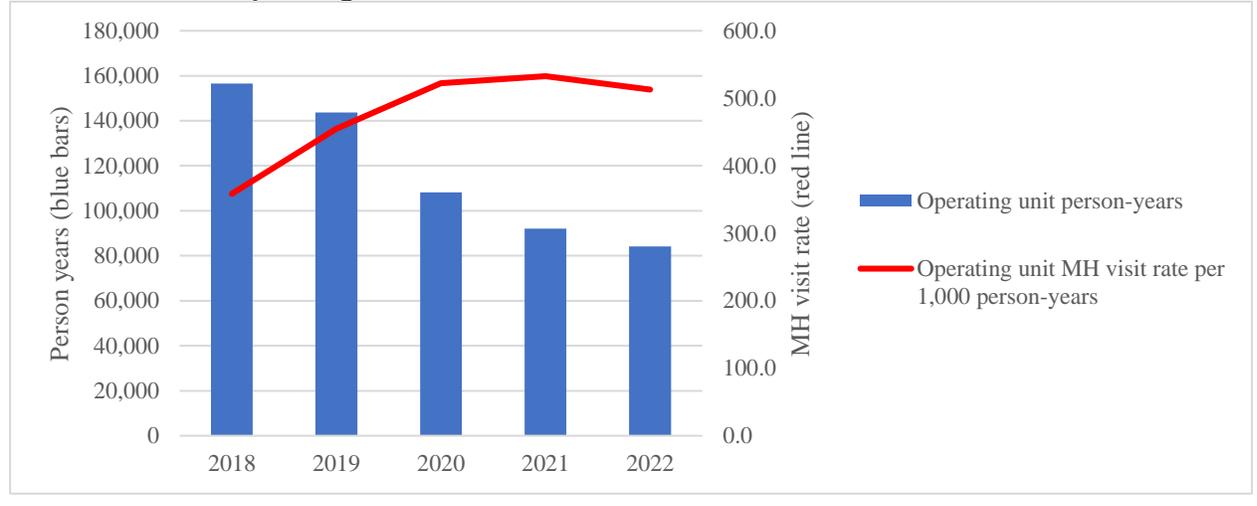
	2018	2019	2020	2021	2022
ACSMs					
At least one mental health visit	430,653	478,589	449,444	488,306	506,886
No. mental health visits	2,962,145	3,294,352	3,233,341	3,475,129	3,507,027
Person-Years	1,296,289.0	1,315,047.3	1,327,058.2	1,334,360.7	1,298,484.3
Rate per 1,000 person-years	2,285.1	2,505.1	2,436.5	2,604.3	2,700.9
Deployed ACSMs					
At least one mental health Visit	1,128	862	693	223	764
No. mental health visits	3,376	2,454	2,341	613	2,182

Person-Years	29,692.8	22,119.0	13,645.9	3,976.1	16,506.7
Rate per 1,000 person-years	113.7	110.9	171.6	154.2	132.2
ACSMs in an Operating Unit					
At least one mental health visit	19,783	22,582	17,405	16,072	13,795
No. mental health Visits	56,100	65,332	56,465	49,059	43,138
Person-Years	156,481.9	143,650.7	108,116.8	92,095.5	84,135.4
Rate per 1,000 person-years	358.5	454.8	522.3	532.7	512.7

Figure 1. Rate of Mental Health Visits



C. ACSMs in an Operating Unit



EFFECT OF OPTEMPO ON THE NUMBER OF SUICIDES

To examine the rate of OPTEMPO on the number of suicides, person-years, the number of suicides, and ACSM suicide rate per 10,000 person-years were assessed for ACSMs, ACSMs in deployed units, and ACSMs in operating units from 2018-2022. Suicides were identified by the Armed Forces Medical Examiner System. Suicides were counted separately if they occurred during a deployment or PERSTEMPO record.

Results from the analysis of ACSM suicides from 2018-2022 are provided in Table 6. There were less than 15 suicide cases each year in both operating and deployed units over the observed time. Due to the low count, rates may be considered unreliable; therefore, only total number of suicides are represented, which includes those in operating and deployed units. Suicide rates remained relatively consistent over the observed time. No discernable trends between OPTEMPO, the number of suicides, or suicide rates for ACSMs in deployed or operating units from 2018-2022.

Table 6. Rate of Suicide

	2018	2019	2020	2021	2022
No. suicides	326	348	385	326	330
ACSM person-years	1,296,289	1,315,047	1,327,058	1,334,361	1,298,484
ACSM rate per 10,000 person-years	2.5	2.6	2.9	2.4	2.5

EFFECT OF OPTEMPO ON MSK AND RELATED INJURIES

To examine the rate of OPTEMPO on the number of MSK injuries, the number of ACSMs that presented with a MSK injury, the number of MSK injuries, and the rate of MSK

injuries per 1,000 person-years were assessed for ACSM, ACSMs in deployed units, and ACSMs in operating units from 2018-2022. MSK injuries were evaluated as “all,” “acute,” and “training-related/overuse.” Acute and cumulative traumatic (e.g., overuse) injuries were identified using ICD-10-CM diagnosis codes from the Defense Center for Public Health-Aberdeen 2023 Injury Taxonomy. ACSMs were identified as having an injury if they had a qualifying injury diagnosis in the first diagnostic position of an inpatient, outpatient, or TMDS medical encounter.

A 60-day gap rule was used to identify incident injuries. To be counted as a new case, at least 60 days must have passed since the last qualifying injury for the same nature of injury and body region affected, as defined by the injury taxonomy. Deployed injuries were counted separately and were defined by having a TMDS encounter with an injury diagnosis in the first diagnostic position after the 60-day gap rule was applied. In addition, the encounter had to occur between a Service member’s deployment start and end date. Injuries among Service members in operating units were defined by having an inpatient, outpatient, or TMDS encounter during a qualifying PERSTEMPO record after the 60-day gap rule was applied.

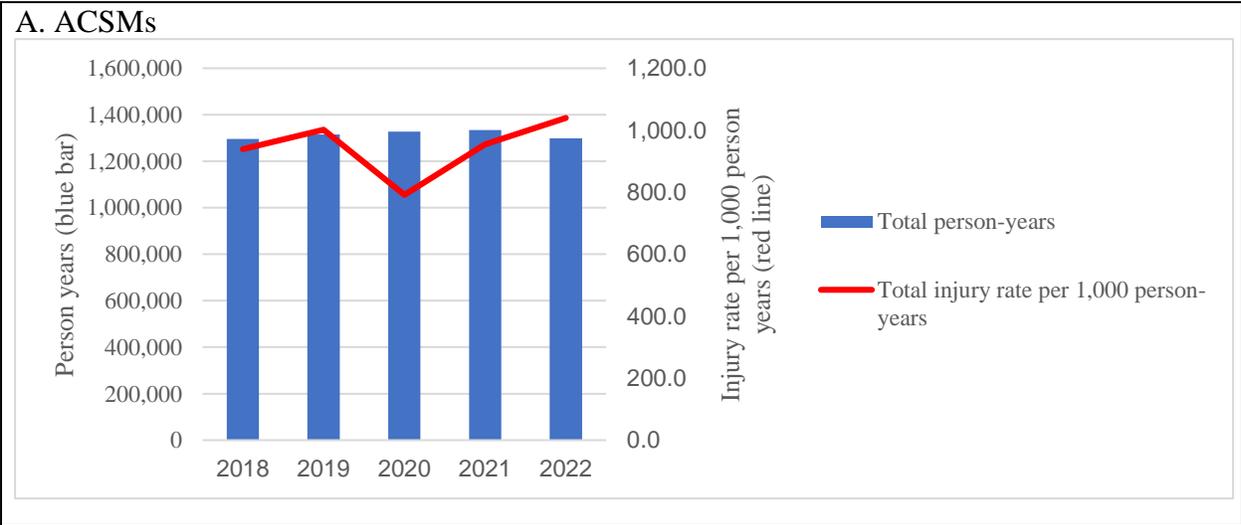
Data for “all” MSK injuries are provided in Table 7 and Figure 2 below, as these account for “musculoskeletal and related injuries,” and include acute (sudden injuries, such as broken bone) and training-related/overuse injuries (e.g., those identified as related to physical training). The ACSM population MSK injury rate increased from 2018-2019, then decreased in 2020, increasing again from 2021-2022. When compared to the ACSM population, deployed ACSM similarly increased from 2018-2019 and decreased in 2020, however, deployed injury rates continued to decrease from 2021-2022. Operating unit injury rates also increased from 2018-2019, then decreased in 2020, increasing again in 2021-2022. The similarity between pre- and post-pandemic are not unexpected. ACSMs may have been less active in 2020, resulting in fewer injuries, or injuries may not have been captured in the electronic health record due to lower patient visits associated with guidance limiting in-patient visits. Although populations fluctuated, the rate of MSK injuries exhibited a similar trend increasing from 2020-2022. No discernable trends were identified between the rate of OPTEMPO and MSK injuries from CY 2018-2022.

Table 7. Number of MSK Injuries

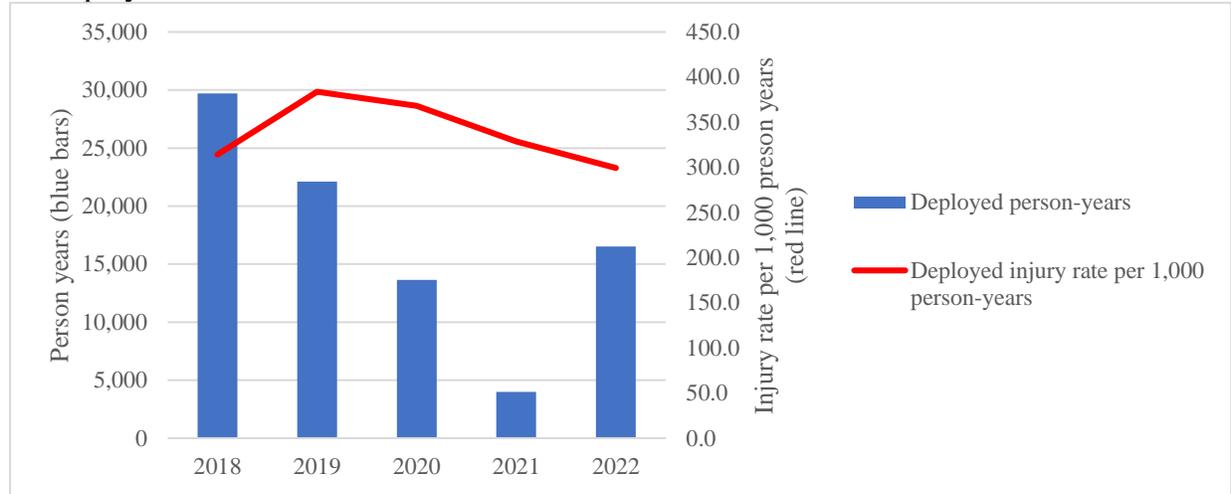
	2018	2019	2020	2021	2022
ACSMs					
No. injured	604,846	641,350	541,523	612,670	622,994
No. of injuries	1,216,685	1,317,335	1,050,338	1,273,158	1,350,007
Person-years	1,296,289.0	1,315,047.3	1,327,058.2	1,334,360.7	1,298,484.3
Rate per 1,000 person-years	938.6	1,001.7	791.5	954.1	1,039.7
Deployed ACSMs					
No. injured	7,237	6,557	3,926	1,066	3,694

No. of injuries	9,334	8,489	5,025	1,307	4,941
Person-years	29,692.8	22,119.0	13,645.9	3,976.1	16,506.7
Rate per 1,000 person-years	314.4	383.8	368.2	328.7	299.3
ACSMs in an Operating Unit					
No. injured	34,541	38,864	28,781	25,927	24,646
No. of injuries	44,956	50,619	37,189	33,177	32,368
Person-years	156,481.9	143,650.7	108,116.8	92,095.5	84,135.4
Rate per 1,000 person-years	287.3	352.4	344.0	360.2	384.7

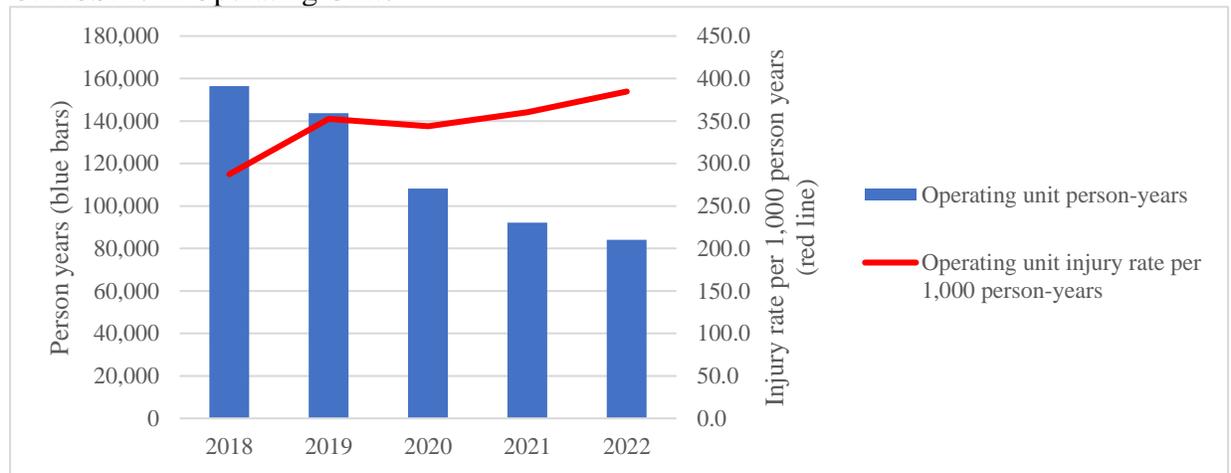
Figure 2. Rate of all MSK Injuries



B. Deployed ACSMs



C. ACSMs in Operating Units



LESSONS LEARNED

The DoD utilized a collaborative approach across the Military Health System to develop this report. A quantitative assessment was utilized to perform analysis on the variables of interests to gain better insight on the effects of low recruitment on OPTEMPO within the Services, as well as how OPTEMPO may impact retention, and the mental and physical health of Service members.

To compliment the quantitative assessment, a qualitative analysis was performed to further inform data analysis by providing insight on OPTEMPO regarding recruitment and retention from the perspective of the involved military Components. Literature and policy reviews were performed to support the interpretation of the qualitative and quantitative results. During this process, variations of definitions for certain key data terms such as operating/operational unit, applicant, recruitment, accessions were identified. Standardized definitions were established to disambiguate and adequately address the requirements. For future iterations, standardized definition will continue to be incorporated to promote consistency of results.

Subject matter experts from the Military Departments in personnel and medical specialties participated in the data collection process, which allowed robust responses for the qualitative analysis. A barrier identified during the data collection process was the ability to identify discernable trends specifically associated with recruitment, retention, and OPTEMPO. Current entry and exit surveys do not specifically ask if OPTEMPO impacts a person's decision to join or leave the military. There is opportunity to assess and adjust the questions within these surveys that will allow the direct assessment of the impact of OPTEMPO on recruitment and retention of Service members. In addition, expanding the scope for evaluating the pace of military operations could provide more clarity on the subject and the potential for developing a systematic methodology for tracking and measuring OPTEMPO across the Services.

POLICY OR LEGISLATIVE RECOMMENDATIONS

The Department has no policy or legislative recommendations.

CONCLUSION

The Department utilized a collaborative approach to recruitment and retention's effect on OPTEMPO as well as the effect OPTEMPO may have on the physical and mental well-being of ACSMs. The ability to identify trends during the observed timeframe of 2018-2022 was potentially impacted due to effects of the COVID-19 on the pace of military operations. Assessing the number of ACSM applicants and the rate of OPTEMPO via the number of individuals in operating units indicated a potential direct relationship between recruitment and OPTEMPO rates, with both recruitment and OPTEMPO decreasing from 2019-2022. However, additional information about the reasons for reduced OPTEMPO would be required to confirm this association. No discernable trends were identified on retention and the rate of OPTEMPO or between the rate of OPTEMPO and mental health visits, suicides, or MSK injuries during the observed timeframe.