# Military Tradeoff DA

## 1nc Shell – Single-Payer

#### Military recruitment is in crisis now as civilian employment becomes comparatively more attractive---means brink for the link which decks combat readiness

Seligman et al. 22. Lara, Lara Seligman is an award-winning journalist who covers the Pentagon for POLITICO. Her reporting on the military and the defense industry has taken her around the world, from the Middle East to Mongolia to the backseat of an Air Force Thunderbird. Before joining POLITICO, Lara covered the Pentagon and national security for Foreign Policy. There, she traveled to West Africa to cover the rapidly expanding terrorism threat in the Sahel, and accompanied the Secretary of Defense on his first international trip to Asia. She has also written for the Washington Post, Defense News, Aviation Week, and Inside Defense. Paul McLeary, Paul McLeary covers major defense programs and acquisitions policy for POLITICO. He previously covered the Pentagon for Foreign Policy, Defense News and Breaking Defense, and has embedded with U.S. forces in Iraq, Afghanistan and Syria. In Afghanistan, he was the first reporter to get inside the secretive ODIN program that targeted insurgents planting roadside bombs, and later accompanied U.S. special operations forces training Syrian Kurds in northern Syria. He has also traveled to the Arctic with the Norwegian military. Lee Hudson, Lee Hudson covers defense technology and influence for POLITICO. Her reporting on the military and the aerospace and defense industries has taken her to military installations around the globe, aboard warships, and in a jump seat of a V-22. Prior to joining POLITICO, she covered the Pentagon and Capitol Hill for Aviation Week. There she traveled on multiple assignments to Europe, and accompanied service secretaries, military service chiefs, and the acting secretary of defense on trips in the U.S. Previously, she rose through the ranks at Inside Defense, ultimately becoming chief editor of Inside the Navy. Lee graduated from Loyola University New Orleans in 2010. “Lawmakers press Pentagon for answers as military recruiting crisis deepens.” *Politico,* July 7, 2022. https://www.politico.com/news/2022/07/27/lawmakers-pentagon-military-recruiting-00048286

Lawmakers from both parties are putting increasing pressure on the Pentagon to fix the recruitment crisis that threatens to leave the military well short of its goals to bring new troops aboard this year, in what is widely considered the worst recruiting environment since the end of the Vietnam War.

While leaders from the different military branches have all acknowledged the problem, they also have been unable to move the needle in a positive direction, as the desire of young Americans to join the military falls off the statistical cliff.

“We are on the cusp of a military recruiting crisis,” Rep. Mike Gallagher (R-Wis.) told POLITICO, citing Covid, obesity among would-be recruits, competition from the healthy civilian labor market, and an overall low interest in serving. “When Republicans take control of Congress in a few months,” he added, “averting the recruiting crisis will be a top priority of the Military Personnel Subcommittee.” Gallagher is the top Republican on the House Armed Services’ subpanel.

Multiple lawmakers from both sides of the aisle have expressed similar worries in recent days as the grim recruiting numbers continue to circulate throughout the DoD and Congress. The Army has reached 66 percent of its goal for the fiscal year ending in September, and the Navy is at 89 percent, according to data compiled from October 2021 to May 2022. Even with rates of 100 percent for the Marine Corps, Air Force and Space Force, that leaves the department with a total rate of just 85 percent.

Rep. Anthony Brown (D-Md.), a member of the House Armed Services Committee, called on the Pentagon to “do more” to support service members and encourage young Americans to join the military.

“That means better pay, training, opportunities, connections and benefits. And deepening partnerships with traditionally underserved or overlooked communities to tap into the full talent pool of our country,” Brown said in a statement. “Recruitment and personnel are core to our readiness. We need to take this seriously.”

Meanwhile, Rep. Jackie Speier (D-Calif.), who chairs the Military Personnel Subcommittee, said the Pentagon has “not expanded” on a recent batch of numbers it sent to Congress, and she wants to hold a joint hearing with her panel and the Readiness subcommittee on recruiting issues.

“I would say we have to do a deep dive into why the numbers are shrinking,” Speier told POLITICO. “I think we have to have a hearing to kind of explore that.”

It’s not clear in the short term what Congress can do, as multiple military officials say that they’re contending with broader cultural and lifestyle trends that make military service less attractive for the overwhelming majority of eligible recruits.

Rep. Jason Crow (D-Colo.), a former Army Ranger, told POLITICO that the Pentagon should promise more money on top of the growing enlistment bonuses that services are dangling in front of potential recruits. “We’re going to have to provide enlistment incentives and bonuses, and I think we also have to educate people … about military service and what it looks like and what it means.”

That unfamiliarity with the military is a major concern, as headlines of sexual assault, post-traumatic stress and accusations of “woke” military leaders have been a constant over the past few years.

Recent briefing slides obtained by POLITICO show that senior Pentagon leaders are alarmed by low enlistment numbers and the military “currently faces the most challenging recruiting market since the advent of the All-Volunteer Force, with multiple Services and Components at risk for missing mission in FY 2022,” according to the slides. The United States ended the draft in 1973.

“Arduous market conditions are expected to persist into the future as the market is not likely to self-correct,” it added.

Recruitment numbers typically drop when the economy is doing well, and the Covid-19 pandemic has kept recruiters from physically going to high schools, colleges and sporting events, all standard locations to find would-be recruits.

In addition to the economy and Covid, the sharp drop in entry-level troops can be traced to young people’s concerns about the physical and psychological risks of service, as well as other career interests, the possibility of interference with college education, and dislike of military lifestyle, according to a DoD youth poll from last summer featured in the slides. The briefing also cites declining trust in the military as an institution, along with the military’s high standard for recruits.

Former and current DoD officials, as well as experts, also pointed to the Pentagon’s vaccine mandate and Republican criticism of the military’s “wokeness” as contributing to the problem — and department leadership knows it. The Army recently cut off some 40,000 National Guard and 22,000 Reserve soldiers who refused to be vaccinated against Covid from some of their military benefits and is preventing them from participating in military duties.

Mackenzie Eaglen, an expert with the conservative American Enterprise Institute, argued that the vaccine mandate has “indisputably negative” impacts on recruiting.

“The math and logic simply doesn’t add up to let troops go involuntarily over the vaccine while announcing at the same time historically high bonuses for new recruits (which the U.S. Army did this winter),” she said. “It is far more time-consuming and expensive to fire those with experience versus bringing in new, untrained personnel.”

“If you are sitting in the state of Georgia or Texas and you see they are putting 40,000 members out, you are going to scratch your head a bit and say, ‘why would I join up?’” one former senior DoD official said. “And if you don’t want to get vaccinated, you are certainly not going to join.”

The top Republican on the House Armed Services’ Readiness Subcommittee, Florida Rep. Mike Waltz, joined with 49 other Republicans Tuesday to send a letter to Defense Secretary Lloyd Austin requesting the Pentagon reconsider the Department’s Covid-19 vaccine mandate in response to the recruiting crisis. Waltz is a former Green Beret and current member of the National Guard.

“At a time when the Department is struggling to recruit qualified young men and women fit for duty to fill the ranks, and while China is embarking on a massive military buildup which threatens American interests around the world, we should not be hindering our own readiness and capabilities by punishing and forcing out experienced and dedicated Guardsmen and Reservists,” the letter stated.

Meanwhile, the services have begun rolling out their own initiatives and rethinking old ones to bring in new troops. “It’s a challenge right now,” Chief of Naval Operations Adm. Mike Gilday told reporters Tuesday. He said the service has given up on running TV ads and has gone completely digital, in particular targeting the gaming community for the skills that gamers might bring to the service which jibes with new unmanned technologies the Navy is developing.

The service has also dialed back restrictions on tattoos, has developed programs for single parents, and is considering eliminating the “zero tolerance” rule for potential recruits who admit to prior marijuana use. “It’s a competitive environment in terms of recruiting with the low unemployment rate. We need to try and break through to new demographics that don’t have any history of service in their family. So the outreach to gamers is an example of that,” Gilday said.

While the active-duty recruiting shortfall is serious, the picture from the reserve component is worse. The Army National Guard has only reached 66 percent of its goal; the Army reserve 63 percent; the Navy reserve 66 percent; the Air National Guard 69 percent; the Air Force Reserve 74 percent. The Marine Corps reserve is the only one to exceed its goal, reaching 111 percent.

Army leaders say they are well aware of their recruitment issues. Gen. Joseph Martin, the Army’s No. 2 general, told the House Armed Services Committee this month that the Army could shrink as low as 445,000 troops next year, from the current 466,000.

He cited “unprecedented challenges with both a post-Covid-19 environment and labor market, but also competition with private companies that have changed their incentives over time,” to offer more flexible working arrangements and pay incentives.

#### Link - Single-payer healthcare removes one of the most important incentives to joining the military---it decimates recruitment and retainment

Peltier et al. 23. Chad, Grace Hand, Nathaniel Peterson, Louis Deflice, Kyle Smith, and Justin Handy. “Cultural Change, Tuition-Free College, and Comprehensive Health Care: Emerging Challenges to National Defense?” *Joint Force Quarterly 108,* 1st quarter 2023. https://ndupress.ndu.edu/JFQ/Joint-Force-Quarterly-108/Article/Article/3264581/cultural-change-tuition-free-college-and-comprehensive-health-care-emerging-cha/

Health Care

On a similar note, healthcare costs for the average civilian consumer have significantly increased over time, making TRICARE’s comprehensive coverage for Servicemembers, Reservists, retirees, and their families, with zero out-of-pocket costs, another strong recruiting and retention tool. A 2005 RAND study indicated that the monetary savings of TRICARE for one Servicemember with a family is approximately $5,000 per year versus the costs of a similar benefits package offered by a civilian employer.29 This saving is an underestimate, given that the cost of civilian health care has only increased since then.30 As with educational benefits, evidence indicates that healthcare coverage provided by the military is an important factor in the decision to join and stay in the military. One study attributed 3 percent of Army separations after a first enlistment to the implementation of the Affordable Care Act alone, suggesting that the presence of publicly available and free health care, were it to be implemented, could have an even more pronounced negative impact on military retention and recruiting.31

As with education reform, proposals and support to increase healthcare coverage and/or decrease healthcare costs are increasing. The Affordable Care Act of 2010 increased coverage for those who were uninsured and was responsible for increasing Army separations. To complement the Affordable Care Act, Senator Sanders introduced the American Health Security Act in 2011, which would grant comprehensive health coverage to all citizens with no cost sharing. More recently, Senator Sanders introduced the Medicare for All Act of 2019, and Representative Pramila Jayapal (D-WA) introduced the 2021 Medicare for All Bill.32 There are also several bills at the state level proposing the adoption of some form of single-payer health care. Again, though these bills have not passed, their level of support has increased over time, with 137 combined House and Senate sponsors of single-payer healthcare bills in 2017—more than at any other point in the previous 50 years.33 This trend suggests a single-payer health care model, which could make TRICARE a less attractive incentive to join the military, is increasingly likely.

Given the vital importance of tuition and healthcare benefits to military staffing, any threat to devalue them would require the military to develop alternative recruitment strategies and/or incentives. Although broad changes to the general civilian education and healthcare system are not likely to occur in the immediate future, their eventual enactment appears increasingly probable. Polls show that public support for tuition-free college grew from 47 percent in 2016 to 63 percent in 2019, while support for government-sponsored health care for all has increased since 2008, with many Americans supporting its implementation today.34 If college and health care were to become free, then those who contemplate military service to obtain these benefits would have a lowered incentive to serve.

One may contend that beginning to plan for such changes to healthcare and education policies is premature, but the general decrease in interest in military service, the broad scope of these changes, and the deliberate pace of government reform imply that the time to plan is now. The GI Bill funding illustrates the importance of advance planning. The GI Bill, though it serves as a recruiting incentive and retention tool, is classified as a veteran benefit and does not fall under Department of Defense (DOD) appropriations. If the GI Bill funding were dismantled, its funds would not necessarily be available for DOD to repurpose for other incentive needs as it saw fit. The same may also be true of TRICARE; if TRICARE were no longer necessary in its current form, it would not necessarily mean that its funding would be available for the military to repurpose. To be able to divert this money to other recruiting and retention incentives, DOD may need to start planning and lobbying years in advance of any potential elimination of the GI Bill and/or TRICARE.

#### <Insert Readiness Impact>

## Uniqueness

### UQ – Incentives Now

#### TRICARE military insurance is better than most corporate insurance

Zeiser 23. Jessica. “TRICARE is the Health Insurance Employers Need to Know.” *Selman Co,* January 16, 2023. https://blog.selmanco.com/blog/tricare-is-the-health-insurance-employers-need-to-know-with-tricare-supplement

In the US, around 35% of all Americans receive health insurance coverage from a government program. Most people will be familiar with Medicaid and Medicare, but there are many other types of programs for different populations, including TRICARE. This program is available to the military community, and it offers some very robust plans that rival some of the best private insurance plans. SelmanCo offers TRICARE Supplement insurance that works with TRICARE to create a rock-solid alternative to an employer's major medical plan. If employers have TRICARE-eligible employees who do not participate in their earned benefit program, it may be worthwhile to help those employees compare their options.

[Chart Omitted]

What is TRICARE?

Public systems account for over a third of all health insurance in the US, and TRICARE is one of them. TRICARE is a health care program benefitting uniformed military services members as well as their families. All TRICARE plans satisfy requirements for minimum essential coverage under the Affordable Care Act (ACA).

The program covers over nine million individuals around the world, including Active Duty service members, retired military service members, members of the National Guard, their families, and surviving dependents of military personnel who lost their lives.[i]

Who sponsors the program?

TRICARE is managed by the Defense Health Agency under leadership of the Assistant Secretary of Defense (Health Affairs).[ii]

Which plans are available?

Thirteen types of TRICARE plans exist for those who meet eligibility requirements. However, three types of TRICARE plans—the three with the most enrollees—are compatible with an employer-based supplement.

TRICARE Prime is a managed care option primarily offered for active duty service members, with comprehensive coverage offered. Some retired military members may also qualify for this coverage, but active duty members are automatically eligible. The plan offers a lower out-of-pocket cost, and in many cases, the plan requires referrals to see eligible service area providers, much like an HMO.

TRICARE Select is a fee-for-service option for non-active duty service members. Although out-of-pocket costs for this coverage are higher, there is no referral requirement, and more freedom and options for providers are available, allowing the plan to function more like a PPO (Preferred Provider Organization). This option also has the added benefit of covering insureds while they travel overseas.

TRICARE Retired Reserves (TRR) is a plan which functions similarly to TRICARE Select, but is only for retired reserve and National Guard members. These individuals must not be under eligibility for other TRICARE coverage.

Who is eligible?

Those who are TRICARE eligible include the following[iii],[iv]:

Employees or spouses must be eligible for TRICARE to qualify for the TRICARE Supplement Insurance Plan. These are typically employees or spouses who are retired military personnel, not eligible for Medicare, and under age 65. Military retirees, retired reservists, their spouses, and dependent children can be covered by TRICARE + TRICARE Supplement Insurance, subject to eligibility requirements.

Eligibility for TRICARE is determined by the uniformed services and reported to DEERS. All eligible beneficiaries must have their eligibility status recorded in DEERS.

What does it cover?

TRICARE provides comprehensive health coverage for medical necessities, some of which are covered automatically due to status benefits. TRICARE also features benefits not mentioned here that can be directly purchased, such as the TRICARE Retiree Dental Program for retired military personnel.

Depending upon the plan, the additional benefits purchased, and the status of the enrollee, benefits often incur lower out-of-pocket costs than private health insurance. This can apply to both the member and their dependents.

How are costs shared between insurer and insured?

The delivery of care is dependent upon the plan the employee is enrolled in; in some cases, the employee may only be able to receive care at eligible service providers, such as those that are used under TRICARE Prime. In other cases, they may have a more robust network of providers in exchange for higher out-of-pocket costs.

The cost sharing is dependent upon the plan that the individual is enrolled in; for Prime, this usually features initial lower out-of-pocket costs, while Select's costs may be higher.

Why should employers know about TRICARE?

Robust coverage resulting from TRICARE with a TRICARE Supplement creates an attractive alternative to employer-based major medical coverage for eligible employees. This can create significant savings for an organization that employs ex-military personnel and their spouses. Depending on the type of health insurance the employer offers, this can be thousands of dollars of savings per insured person per year.

Many employers may not realize they employ TRICARE-eligible workers. Consider that a man or woman who enters the military is eligible for retirement after 20 years of creditable service. That creates a population of "retirees" who are as young as 38 years old. These people often pursue civilian careers and work into their fifties and sixties. According to the Dept. of Veterans Affairs and available Dept. of Defense data, approximately 30,000 to 50,000 military personnel retire every year. Even as the number of active duty personnel has decreased over time, the number of retirees per year remains high as it lags previous periods of high enlistment.

[Chart Omitted]

Because veteran status is an optional disclosure, employers may see employees opting out of corporate health insurance and not realize that those employees are covered under TRICARE. Or, employees may opt in to employer-sponsored plans because they are unfamiliar with the full range of options available to them and their dependents through TRICARE. (These options improve significantly with a TRICARE Supplement.)

Given the comprehensive nature of TRICARE health insurance, the program’s essential features compare favorably with most employer-based major medical plans with typically lower net expenses for the insured. If a TRICARE-eligible military member or his or her dependents are considering their health care options, TRICARE health insurance is worth investigating.

### AT Shifts in Beneficiaries

#### Despite shifts in beneficiary access – TRICARE eligibility and coverage remains stable

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

Within the US, TRICARE is administered through contracts with two third-party administrators, referred to by the DoD as managed care support contractors.7 The contracts are multiyear competitive contracts that cover the management of enrollment processes, establishment or maintenance of provider networks, finding health care providers and making referrals, customer service functions, medical management for some beneficiary populations, and claims processing. Requirements for these contracts have changed over time, particularly with respect to the amount of medical management and risk sharing expected. Through the current contractors (Humana Military and HealthNet Federal Services), the civilian resources available to the MHS in fiscal year 2018 included approximately 604,000 individual providers (of primary, behavioral health, and specialty care), over 3,600 acute care hospitals, 833 behavioral health facilities, and over 58,000 retail pharmacies.7,8,17

Nature, Volume, And Cost Of Care

Approximately 9.5 million people were eligible for DoD health care in FY 2018.8 This number has been relatively stable over the past several years, although there have been slight shifts in the size of the population by beneficiary group. Since the end of the Cold War, the number of active duty personnel has decreased by half. Consequently, active duty personnel make up only 14.5 percent (1.38 million people) of the TRICARE Prime and Select populations; their family members make up another 17.7 percent (1.68 million people). Military retirees and their dependents make up almost 60 percent of the covered population.8

MHS beneficiaries have access to a broad range of health care benefits, including the full spectrum of preventive and primary care, emergency or acute services, and specialty care services. The MHS covers inpatient, outpatient ambulatory, surgical, and rehabilitative care. In FY 2017 there were more than 1 million inpatient admissions and over 106 million outpatient visits across the direct and purchased care systems (exhibit 3).

## Links

### Link – Single Payer

#### A single payer system removes military healthcare---that removes a massive recruiting incentive

Selnick 19. Darin, former veteran affairs adviser on the White House Domestic Policy Council and a former senior adviser to the VA secretary. “‘Medicare for All’ threatens veterans health care.” *The Hill,* November 4, 2019. https://thehill.com/blogs/congress-blog/politics/468929-medicare-for-all-threatens-veterans-health-care/

For years, efforts to provide veterans more health care outside the Department of Veterans Affairs have been described by critics as a plot to dismantle the VA medical system. While the recent improvements in delivery of veterans’ health care have proven those claims false, a real threat has emerged to care for veterans and military families.

“Medicare for All” proposals in Congress would establish a single-payer health care system run by the government. They would prohibit the sale of private health plans while ending employer-sponsored insurance coverage and private and public sector retiree health plans.

Although Medicare for All would leave the government-run portion of the VA system intact, it would eliminate the Department of Defense’s TRICARE program, a network of private providers and military hospitals that provide health care for 9.4 million U.S military personnel, retirees, their families and some members of the reserves.

Through TRICARE, service members and retirees have 11 plans to choose from, allowing them to tailor their coverage to their unique needs. The dismantling of TRICARE would almost certainly hurt military morale, retention and recruitment.

So even if the VA system remained in place, Medicare for All would still threaten the millions of veterans who have access to both the VA and TRICARE. Those who choose the latter, or a combination of both, would have fewer – or no — options under Medicare for All.

Worst of all, Medicare for All would undo the progress that has been made improving veterans’ health care — especially in regard to increased access outside the VA.

Although many supporters of “Medicare for All” cite the VA as a model government-run health care system, it has actually been moving toward a more free-market model.

The VA has long relied on community providers to supplement the care it provides. However, since the 2014 [wait list scandal](https://www.usatoday.com/story/news/politics/2014/05/21/veterans-healthcare-scandal-shinseki-timeline/9373227/), the VA has increased its use of outside health care by over 50 percent, [helping reduce](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720917) wait times and improve access to care. Today, about [one-third](https://www.washingtonpost.com/politics/va-is-gearing-up-for-a-massive-reroute-of-health-care-to-the-private-sector-but-democrats-are-fighting-back/2019/03/21/637f732a-467b-11e9-90f0-0ccfeec87a61_story.html) of all appointments for veterans enrolled in the VA happen outside the VA system through community care.

The recently launched Veterans Community Care Program created by the VA MISSION Act expanded access to care in the community for more veterans and created a network of local urgent-care providers that eligible veterans can visit without the burden of obtaining prior authorization from the VA bureaucracy.

Medicare for All would subvert these reforms by shrinking or eliminating community provider networks and restricting choices for veterans. It also would ignore the lessons learned from the VA over the past five years — that more choice, access and competition improve veterans’ health care by focusing on the needs of the veteran, not the bureaucracy.

How might the future look for veterans and active-duty military families under a Medicare-for-All system?

We have examples from other countries and they’re not promising.

In Canada, military veterans use their government-run health system, which [ranked last among](https://thecss-my.sharepoint.com/personal/jbicknell_standtogether_org/Documents/Pieces%20for%20editing%20and%20writing/.%20https:/interactives.commonwealthfund.org/2017/july/mirror-mirror/assets/Schneider_mirror_mirror_2017_Appendices.pdf) 11 Organization for Economic Co-operation and Development countries in how quickly patients get to see their family physician. In Great Britain, all veterans have to use the [National Health Service](https://www.nhs.uk/using-the-nhs/military-healthcare/priority-nhs-treatment-for-veterans/) and are entitled to priority access only for service-related conditions, but civilian clinical needs come first.

The United States should not go down this route. Instead, we should build on the reforms and policies that have increased health care choice and access for veterans. This will ensure VA health care will continue to improve while offering greater access to the care veterans need, when and where they need it — whether through the VA or in their own communities.

Veterans, more than most Americans, have experienced firsthand the perils of government-run health care through past deadly VA scandals.

For those who want to push a similar system on all Americans, our veterans’ experiences should offer a cautionary tale: Medicare for All ignores the lessons of the past and threatens not only the future of veterans’ health care, but care for all Americans.

### Link – Single-Payer--MHS

#### Single-payer healthcare system ripples MHS beneficiaries’ demands – mil medical force key to readiness

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

\*MHS – Military Health System

Issues On The Horizon

Change has been a constant for the MHS. Over the past decade, for example, there has been increased demand for resource sharing with the VA.14 While the two agencies have worked collaboratively to provide “seamless” care for patients throughout their histories, they have had varying levels of success. Efforts to share facilities, implement interoperable electronic health records (EHRs), collaborate on training opportunities for providers, and increase information sharing have faced challenges. However, the demand for resource sharing is expected to continue, as the VA has announced plans to move to the same EHR contractor that the MHS uses.28 Congress has also called for increased partnerships among federal agencies to identify opportunities to improve medical readiness—specifically, to explore options for civilian patients to be treated within military treatment facilities.

Throughout its history, the MHS has had to evolve to meet its critical readiness mission.

Throughout its history, the MHS has had to evolve to meet its **critical readiness mission**. As Congress continues to address how the MHS ensures a ready medical force, **any new demand to deploy medical forces for future wars will necessarily require the MHS to shift even more of its care to the purchased care system**. This will **dramatically affect** the nature and volume of care (and thus its costs to the nation), as well as beneficiaries’ experiences with such care.

Finally, as changes are considered for the broader US health care system, there will likely be **ripple effects** for the MHS. It will be important for the MHS to be mindful of how the potential impact of future policies (for example, additional policy changes for Medicare and Medicaid, new standards for access and quality, or a **change to a single-payer system**) might shift demand for care among MHS beneficiaries.14,29 Just as the MHS continues to lead in innovation for the treatment of war-related injuries, it will also need to lead as a learning organization in adapting to a rapidly changing policy environment.19,27

### Link – Single-Payer--TRICARE

#### A M4A style system undoes recent progress improving veteran’s access to healthcare by eliminating TRICARE and decimating the VA system

Selnick 19 (Darin Selnick, 12-3-2019, "Medicare for All would be bad for veterans. Here’s why.," Concerned Veterans for America, https://cv4a.org/the-overwatch/medicare-for-all-would-be-bad-for-veterans-heres-why/), ARD

MEDICARE FOR ALL WOULD BE BAD FOR VETERANS. HERE’S WHY. By Concerned Veterans for America 12.03.19 Health care is at the top of voters’ priority lists, and for good reason. Many find it difficult to access timely and affordable care. For veterans especially, getting good care when and where they need it has been a struggle. However, recent reforms at the Department of Veterans Affairs have made it easier to seek care in the community and driven down wait times for those who use the VA. But Medicare for All would undo all that progress. Darin Selnick, a former senior advisor to the VA secretary, pointed out in a recent op-ed that Medicare for All would dismantle TRICARE, leaving military personnel and retirees with fewer health care options: Although Medicare for All would leave the government-run portion of the VA system intact, it would eliminate the Department of Defense’s TRICARE program, a network of private providers and military hospitals that provide health care for 9.4 million U.S military personnel, retirees, their families and some members of the reserves. … So even if the VA system remained in place, Medicare for All would still threaten the millions of veterans who have access to both the VA and TRICARE. Those who choose the latter, or a combination of both, would have fewer – or no – options under Medicare for All. Although the VA would stay somewhat intact, Medicare for All would negatively affect those who use the VA. Selnick continued: The VA has long relied on community providers to supplement the care it provides. However, since the 2014 wait list scandal, the VA has increased its use of outside health care by over 50 percent, helping reduce wait times and improve access to care. Today, about one-third of all appointments for veterans enrolled in the VA happen outside the VA system through community care. … Medicare for All would subvert these reforms by shrinking or eliminating community provider networks and restricting choices for veterans. It also would ignore the lessons learned from the VA over the past five years — that more choice, access and competition improve veterans’ health care by focusing on the needs of the veteran, not the bureaucracy. Veterans know the difficulties that come with government-run health care – limited access, long wait times and few choices. Medicare for All plans ignore these problems. Any health care proposals should look to the VA to learn not just what works best for veterans, but to understand the pitfalls of Medicare for All for all Americans. Read the rest of Darin Selnick’s op-ed in The Hill.

#### Enacting a single-payer system replaces the ACA, CHIP, Medicare, Medicaid, and TRICARE removing existing benefits for millions

Cohn and Terkel 16 (Jonathan Cohn and Amanda Terkel, 1-13-2016, "Chelsea Clinton Said Bernie Sanders Would Take Health Care From Millions," HuffPost, https://www.huffpost.com/entry/chelsea-clinton-bernie-sanders-single-payer\_n\_56956c06e4b05b3245dad15a), ard

Chelsea Clinton Said Bernie Sanders Would Take Health Care From Millions But there are a few things she failed to mention. Chelsea Clinton obviously knows how to throw a political punch. Chelsea Clinton obviously knows how to throw a political punch.ASSOCIATED PRESS The Clinton campaign's assault on Bernie Sanders over health care got more intense on Tuesday. This time it wasn't presidential candidate Hillary Clinton or one of her aides delivering the attack lines. It was her daughter, Chelsea, who argued that Sanders would dismantle Medicare and Medicaid -- and "strip millions and millions and millions of people of their health insurance." Like so many statements the Clinton campaign has made about Sanders position on health care, Chelsea’s contained some true statements -- and some wildly misleading implications. For the last few weeks, Clinton has been attacking Sanders over his longtime advocacy for single-payer health care. That's a system in which everybody, or almost everybody, gets insurance directly from a government-run program. Countries like Taiwan, Sweden and Canada have single-payer. The U.S. has a version of it in Medicare, which serves the elderly and disabled. Many progressives have long dreamed of extending it to everybody else. Some even call it "Medicare for all." During his Senate career, Sanders has repeatedly introduced single-payer legislation -- most recently in 2013, when he introduced the American Health Security Act. And while Sanders has also voted for less ambitious measures, including the Affordable Care Act, he has always envisioned those initiatives as incremental steps toward a single-payer system. That has made him a hero to many liberal voters. It has also drawn the wrath of the Clinton campaign, which has attacked the scheme in two separate ways -- each making a factual claims and then leaving out critical context. Because a single-payer plan would require the government to raise literally trillions of dollars in revenue, Clinton has assailed Sanders for calling for a massive tax hike. That's true. What Clinton never mentions is that those taxes would displace existing private insurance premiums. And because Sanders' version of single-payer envisions separate state programs, Clinton and her allies have suggested that hostile state officials could thwart his plan. That's also true. But what Clinton never adds is that Sanders' scheme would also impose regulations, limiting state leeway over who to insure and what kind of coverage to supply. During a campaign appearance in New Hampshire on Tuesday, Chelsea offered a version of these arguments -- but went a little further. "Sen. Sanders wants to dismantle Obamacare, dismantle the [Children's Health Insurance Program], dismantle Medicare, and dismantle private insurance," she said, according to an account from NBC News. "I worry if we give Republicans Democratic permission to do that, we'll go back to an era -- before we had the Affordable Care Act -- that would strip millions and millions and millions of people off their health insurance." It's true that, under a scheme like the one Sanders envisions, most people would lose the insurance they have today. But that's because everybody would have the new government-provided insurance instead. And while the transition from the old system to a new one would be far more complicated than single-payer advocates like to acknowledge, the whole point of a single-payer plan is to make sure that coverage is simpler, more comprehensive and more reliable than it is today. If anything, a single-payer plan like the one Sanders envisions would result in more coverage than current arrangements would allow. The Affordable Care Act has produced a historic reduction in the number of people without coverage, but something like 9 or 10 percent of Americans remain uninsured. One reason is that the system depends upon people signing up for insurance. The Sanders bill states quite explicitly that "every individual who is a resident of the United States is entitled" to insurance, and then requires the states to enroll people automatically. Characteristically missing from Chelsea's comments was any recognition of these facts -- or acknowledgment that Sanders has a long record of arguing that people need more protection from medical bills, not less. Maybe the most generous interpretation of Chelsea's comments is that she was making a political argument: that, by calling for single-payer, Sanders undermines enthusiasm for the Affordable Care Act and makes it more vulnerable to repeal. But Sanders has been a loud, consistent critic of GOP efforts to wipe away the law. It's hard to see how that constitutes giving "permission" for repeal. Clinton campaign spokesman Josh Schwerin stood by Chelsea's comments when contacted by The Huffington Post. "It is risky to try to replace the Affordable Care Act, CHIP, Medicare, Medicaid and TRICARE with a new plan that counts on Republican governors who have already rejected Medicaid expansion to foot some of the cost of care," he said. "And it has the potential to cause disruption in health care for millions of Americans who just got covered." Clinton of all people should be sensitive to misleading attacks on health care plans. As a chief architect of the universal coverage plan former President Bill Clinton proposed in 1993, she confronted all kinds of outlandish claims. Most famously, one conservative commentator claimed falsely that this health plan would force doctors to go to jail if they refused to accept the new, government-regulated insurance. Health care was also a major issue in the 2008 Democratic primaries. At the time, Clinton supported an individual mandate, which requires that everybody get insurance or pay a fine, and then-Sen. Barack Obama did not. When Obama's campaign sent mailers to Ohio voters, warning them that Clinton would force every single person to buy health insurance, Clinton called it a tactic "right out of Karl Rove's playbook." In other words, it was something that Republicans would do to Democrats, not what Democrats should do to each other. "It is not only wrong, it is undermining core Democratic principles," she said. "Since when do Democrats attack one another on universal health care?" Clinton has long been skeptical of a single-payer plan, even though it's beloved by much of the progressive base. "I have thought about this, as you might guess, for 15 years and I never seriously considered a single-payer system," she told The New York Times in a March 2008 interview. Her argument against it was, in part, political. Selling such a plan would be hard because most Americans "become very nervous about socialized medicine," she said. "They don’t really know that Medicare is a single-payer system," she added. "They don’t really think about that." Also on HuffPost:

#### An enactment of a single payer system transitions out Veterans Health and TRICARE – they’re the first out the door

Wynne 17 (Billy Wynne, 5-11-2017, "The Bipartisan ‘Single Payer’ Solution: Medicare Advantage Premium Support For All," HealthAffairs, https://www.healthaffairs.org/content/forefront/bipartisan-single-payer-solution-medicare-advantage-premium-support-all), ARD

The Bipartisan ‘Single Payer’ Solution: Medicare Advantage Premium Support For All Billy Wynne MAY 11, 201710.1377/forefront.20170511.060017 ADD TO FAVORITES SHARE Editor's Note: This is the first post in an ongoing series outlining a comprehensive proposal for Medicare reform and beyond. Other posts in the series can be found here: Part 2, Part 3, and Part 4. In my last Health Affairs Blog post, I outlined a potentially bipartisan four-step plan to move past the American Health Care Act’s (AHCA’s) disastrous framework toward a more stable, less expensive health care system. For those seeking incremental, near-term solutions, I hope those recommendations provide helpful guidance. But the AHCA’s reckless drive through the US House of Representatives has taught us something about the current status of health care politics and may have opened the window to more significant, ultimately more successful, reforms. To put it mildly, the public is essentially fed up with debating how to realign the fragmented elements of our Rube Goldbergian system. Its machinations are too complex, its politics too fickle, and its rent is too damn high for the care we are getting. Where do we turn, then? More complexity? Cutting millions from coverage and shifting more costs to working families? With those options likely to be rejected, as conservative heavyweight Charles Krauthammer recently asserted, we may be heading “inexorably” toward a single-payer system. Poll after poll has in fact shown that a majority of Americans support such an approach. Most recently, an Economist/YouGov survey found that 60 percent of Americans support expanding Medicare to cover everyone, with only 23 percent opposed. If the AHCA defies odds and is enacted, this will only become exponentially truer as its impacts are felt. But, you are quick to add, there are a variety of deep-seated concerns with a single-payer approach that have kept it out of mainstream political discourse so far. That’s undoubtedly true. They include: It will necessitate massive tax increases; it will cut reimbursement for services to unsustainably low rates; it will be lower quality than the employer-sponsored coverage most Americans currently have; it will consolidate power into the hands of a small number of bureaucrats; etc., etc. My goal with this post is to demonstrate that a “unified” (punchline: It wouldn’t truly be single payer…), market-driven, federally regulated, privately delivered system need not possess any of these objectionable attributes. In fact, the parameters of such a system are all but staring us right in the face. I call it: Medicare Advantage Premium Support for All (MAPSA). While any flavor of single payer may be the last thing that comes to mind when contemplating bipartisan initiatives, just as the far left and far right share some libertarian (and other) commonalities, we may have indeed finally come full circle in this tiresome, so-far-futile debate. By combining two shots of conservative orthodoxy with one overflowing progressive one, and stirring slowly, it is not at all far-fetched to envision an endgame cocktail for our health care system that covers everyone, decreases costs, and can pass Congress. Cheers. Implementation This is another admittedly tricky element of MAPSA that warrants much further extrapolation, but, again, my goal here is only to persuade you that it is feasible. To move away from the various coverage programs currently in place, we might consider a protracted, step-wise approach. We are talking about almost 20 percent of our economy. That’s not an excuse for inaction, but it is a cause for care. Five or so years after enactment, coverage from the narrower, federally funded programs such as the Federal Employees Health Benefits Program, Veterans Health, and TRICARE, could be transitioned to the new commercially driven, federally backed, MAPSA. Three or more years later, Medicaid and individual commercial insurance market enrollees would join. Last of all would be employer-sponsored insurance, where coverage is the most stable (and privately financed). Believe me, I realize it’s easier to type this up on a computer than it is to actually pull it off. Every syllable above warrants much deeper inquiry, deconstruction, and reformulation. I said I wanted to convince you this is feasible, but I also want us to acknowledge how complicated it is. It cannot be done in one fell swoop of Bernie Sanders’ wagging finger; nor should it be casually dismissed as an economic and budgetary disaster. It doesn’t have to be either of those. Rather, I’m convinced that some thoughtful, non-ideological citizens can come together to craft a market-based, government-backed system that provides lower cost, universal coverage for consumers while protecting the livelihood and robust economic contributions of health care companies and providers. Who’s with me?

### Link – Single-Payer--VA

#### M4A eradicates existing programs and coverage like the VA replacing it with a singular universal system

deLespinasse 17 (Paul F. deLespinasse, April 24th 2017, "Trump Could Score Politically With Medicare For All," Newsmax, https://www.newsmax.com/PaulFdeLespinasse/medicare/2017/04/24/id/786094/), ard

Trump Could Score Politically With Medicare For All Trump Could Score Politically With Medicare For All Sen. Bernie Sanders, I-Vt., speaks during a news conference on Capitol Hill in Washington, D.C., Dec. 7, 2016, to deliver over million petition signatures demanding that President-elect Donald Trump, House Speaker Paul Ryan, R-Wis., and Senate Majority Leader Mitch McConnell, R-Ky. (AP Photo/Manuel Balce Ceneta) Paul F. deLespinasseBy Paul F. deLespinasseMonday, 24 April 2017 03:05 PM EDTCurrent | Bio | Archive Comment|Print| A A Donald Trump campaigned promising to "repeal and replace" Obamacare. He has now discovered that insurance reform is more complicated than he realized. Congressional Republicans, happy to pass irresponsible repeals when they could count on a veto from President Obama, cannot agree on a replacement now that it will have real political consequences. Trump sensibly said that replacement and repeal should be simultaneous. Simultaneity meant that repeal would be delayed since there was no Republican consensus on a replacement. But delay was preferable to the mess a mere repeal would cause. Obamacare insured millions of additional people. Some parts are very popular, especially its ban on denying insurance to people with preexisting conditions. But insurance markets would be destroyed if this ban is retained and the most unpopular part of Obamacare, mandatory purchase of insurance, is eliminated. The obvious way to escape from this dilemma is to enact a single-payer system — an improved Medicare for all — financed by general taxation. Nobody would have to buy insurance, but everyone would be insured. People would not have to choose between incomprehensible policies with different coverage and doctor "networks." Patients would no longer "churn" between different types of insurance, each with its own network, as incomes change. People would no longer have to document their finances in order to qualify for subsidies. And it would save Americans a lot of money. Medical providers would no longer need huge staffs — now costing about $80,000 per year for every doctor — to bill dozens of insurance companies. Readers familiar with TV's Doc Martin may remember that this irascible English doctor has only one employee. Conservatives bemoan duplicated government programs and administrative bloat. But we now have separate government agencies for insuring poor people, retirees, veterans, and native Americans. We also have private bloat: back-room staffing at medical providers and huge staffs insurance companies use to figure out reasons for not covering people. The situation presents an opportunity for Donald Trump, a world-class opportunist. Imagine him explaining to supporters, often economically disadvantaged, why a system covering medical bills with only nominal co-payments, no deductibles, and no out-of-network doctors would be strongly in their interest. Or, explaining to black Americans how an improved Medicare for all would do more for minorities than any other conceivable government program. If Trump were to propose Medicare for all, Democrats in Congress would have to bite their tongues and support him. Support would also come from many of the voters, Republicans and independents, who supported him. Medicare for all would not require establishment of a new bureaucracy, since Medicare is already a going concern. Indeed, it would allow elimination of the organizations now covering the poor, veterans, and native Americans. Trump, knowing how to get national attention, would be uniquely able to explain why inevitable criticism of his proposal by the medical-pharmaceutical-insurance complex is rooted in self-interest and misleading. He could explain why the taxes to pay for Medicare for all will cost Americans with average or especially lower incomes less than they now pay, directly and indirectly, for medical care. Critics might note that Medicare for all, by making insurance more efficient, would cause immense unemployment among non-medical people currently working for doctors, hospitals, and insurance companies. But Trump could correctly reply that people will take the money previously spent to support these administrators and spend it on other things, thereby creating an equal number of new jobs in other industries. Any unemployment created by this reform would be temporary, and implementing the reform during a booming economy would mitigate even this damage. Although most congressional Republicans have opposed a single-payer system, if Trump convinces public opinion many Republicans in Congress would have to vote for it. If single-payer failed to pass, Trump could urge voters to unseat those who opposed it in 2018. Conservative public opinion may already be starting to turn around to support an improved Medicare for all. Charles Krauthammer — a trained psychiatrist as well as a nationally syndicated columnist — spoke favorably of it recently. And conservative columnist George F. Will — Princeton Ph.D. in political science — has just indicated that it is probably the best way to escape from the complex inadequacies of Obamacare. One of my own columns, published in 2009, urged conservatives to reconsider their knee-jerk hostility to a single-payer system, so perhaps I was a little ahead of the pack. If President Trump decides to endorse an improved Medicare for all, I recommend that— after previous quiet consultation — he invite Senator Bernie Sanders to the White House so the two of them could make a dramatic joint announcement. This could be political theater on a Shakespearean scale and, hopefully, one of the high points of the Trump presidency. It took red-baiter Richard Nixon to restore U.S. relations with China. Can a Republican president bring us Medicare for all?

### Link – Medicare--TRICARE

#### Government Medicare forces increase in military benefits – TRICARE for Life proves

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

TRICARE

TRICARE got its name because it had three different types of medical benefit packages at its inception: Prime, Standard, and Extra. Beginning in 2018 the DoD consolidated TRICARE into two basic options: TRICARE Prime, which continues to operate like a staff-model HMO that relies upon military treatment facilities and the role of a primary care manager, and TRICARE Select, which combined TRICARE Standard and TRICARE Extra to form a preferred provider organization (PPO).14 In the early 2000s other TRICARE offerings were added to cover additional groups of beneficiaries, including those living abroad, reserve component members and their families, and retirees ages sixty-five and older. TRICARE for Life, for example, was introduced in 2001 to provide Medicare wraparound coverage for beneficiaries who are entitled to Medicare. TRICARE also offers a pharmacy benefit and optional dental care programs for family members of active duty beneficiaries and members of the National Guard or reserve and their families.7,18

### Link – Private Sector key--TRICARE

#### Private-sector healthcare providers key to TRICARE benefits provision

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

Balancing Make-And-Buy Decisions

Throughout its history, the MHS has relied upon a balance of make-and-buy decisions.3 With respect to furnishing the health care it “makes,” the MHS delivers services through its direct care system. And much like other employers, the DoD buys health care services from private-sector providers through an increasingly sophisticated system of purchased care. Both systems are described below, as they represent different complements of capabilities and resources.

Direct Care System

The cornerstone of the direct care system includes military treatment facilities, both fixed and mobile, that are owned by the government and staffed by uniformed and civilian health care professionals.3,7 The size and shape of these capabilities have shifted over time based upon requirements, including operational demands. The facilities are mostly located on military installations in areas that are densely populated by eligible beneficiaries. In FY 2018 the MHS provided direct care at 51 military hospitals and medical centers and 381 ambulatory clinics and employed over 144,000 health care professionals, split between military and DoD civilian personnel.8 Military treatment facilities offer a mix of inpatient, outpatient, emergency, and pharmacy services.

Purchased Care System

The MHS supplements the military treatment facilities’ capabilities with care purchased from the private sector through provider networks established and managed by contractors known as third-party administrators.3,7,14 The DoD relies upon the TRICARE network to provide most ongoing health care services for active duty dependents, as well as retirees and their dependents. For active duty beneficiaries the DoD purchases care from the private sector only when necessary to supplement military treatment facility capacity (for example, when active duty personnel at these facilities are deployed and capacity may be diminished). Below we outline how the purchased care system evolved and has shaped the MHS’s objectives and policies.

### Link – Economic Growth

#### Economic growth drives military recruitment and retention down by making civilian jobs comparatively more attractive

Warner 12. John T., Professor Emeritus of Economics, Clemson University. “The Effect of the Civilian Economy on Recruiting and Retention.” *Department of Defense,* https://militarypay.defense.gov/Portals/3/Documents/Reports/SR05\_Chapter\_2.pdf

Business Cycle Influences on Retention

The state of the economy has a strong influence on recruiting. Evidence that retention may also depend on the state of the economy is indicated in Figure 2. Army enlisted continuation prior to the 20-year point was generally higher in FY 2009, when the civilian unemployment rate averaged 8.5 percent, than either FY 2001 or FY 2005, with unemployment rates of 4.3 and 5.2 percent, respectively.

Civilian unemployment roughly doubled between FY 2001 and FY 2009. How much do studies predict retention to have increased as a result? Unfortunately, Simon et al. (2010) provide the only estimates of the retention effects of civilian unemployment based on post-drawdown data. The unemployment rate measure in this study is the unemployment rate in an individual’s home state at the time of reenlistment. This study estimates that a 1 percentage point rise in the civilian unemployment rate increases Army first-term retention by 0.5 percentage points, Navy retention by 0.8 percentage points, Air Force retention by 0.9 percentage points, and Marine Corps retention by 0.7 percentage points. These estimates imply that the approximate doubling of civilian unemployment between FY 2001 and FY 2009 would increase first-term retention by somewhere between 2 percentage points (Army) and 3.6 percentage points (Air Force). These effects are modest and may be due to the fact that the study included year effects along with the unemployment rate in the individual’s home state to control for other time-related effects on retention. These time effects no doubt capture in part effects of economy-wide movements in unemployment.

Goldberg and Warner (1982) provide a study of the retention effects of civilian unemployment based on Navy data from the FY 1974–1980 period. They estimate larger unemployment effects that are roughly double those estimated by Simon et al. (2010).12 Based on these estimates, the observed rise in civilian unemployment between FY 2001 and FY 2009 would raise first- and second-term retention rates by about 8 percentage points. The larger estimates of unemployment effects obtained in this study may be due to the fact that it did not include time effects in the estimated models.

Summary

The evidence found in numerous empirical studies suggests that both recruiting and retention are significantly influenced by the state of the civilian economy. The civilian economy affects recruiting and retention in at least two ways: through the availability of civilian employment, as measured by the civilian unemployment rate; and by the potential earnings offered by the civilian sector, as measured by average civilian earnings. As the U.S. economy improves we can expect that the declining civilian unemployment rate and rising civilian real earnings will pose challenges for recruiting and for retention.

The 9th Quadrennial Review of Military Compensation found that military compensation hovered around the 60th percentile of civilian earnings based on comparisons with comparable groups of civilian workers, and it recommended that military pay be raised over time to the 70th percentile of earnings. Over the course of the last decade, a series of annual pay increases following from this recommendation, as well as the severe economic downturn that began in 2007, have transpired to raise military compensation above the 70th percentile, as work reported elsewhere for the 11th Quadrennial Review of Military Compensation indicates. Military compensation has risen to the point, in comparison with civilian compensation, that generalized pay hikes are a costly means of inducing desired retention changes in specific communities that may be experiencing recruiting and retention difficulty and a time when overall recruiting and retention are healthy. The research reviewed here indicates that changes in bonuses and other special and incentive pays have sizeable impacts on recruiting and retention, and furthermore, are cost effective in comparison with other policy alternatives.

#### It’s empirically proven---recruitment went up during the Great Recession

Jelveh 09. Zubin. “How the Recession is Boosting the Military.” *The New Republic*, https://newrepublic.com/article/70300/military-thanks-recession-boost-recruits

The Dept. of Defense is crowing about its recruiting success in fiscal year '09, and chalking it up -- at least in part -- to the weak economy. From the Washington Post:

The Pentagon, which made the announcement Tuesday, said the economic downturn and rising joblessness, as well as bonuses and other factors, had led more qualified youths to enlist.

The military has not seen such across-the-board successes since the all-volunteer force was established in 1973, after Congress ended the draft following the Vietnam War. In recent years, the military has often fallen short of some of its recruiting targets. The Army, in particular, has struggled to fill its ranks, admitting more high school dropouts, overweight youths and even felons.

Yet during the current budget year, which ended Sept. 30, recruiters met their targets in both numbers and quality for all components of active-duty and reserve forces.

The following chart (using data from here) shows the percentage of recruits over the past two decades that have at least a high school diploma. Indeed, during recessions this ratio tends to rise while in expansions the reverse is true.

The big drop in diploma holders in the Army for the earlier part this decade is no doubt the result of the wars in Iraq and Afghanistan, as well as a cutback in the number of recruiters. The effect is less pronounced in the Marines and Navy, where the probability of being wounded or killed in combat is likely lower (at least in the latter).

Another metric the military uses in assessing the success of its recruitment campaigns is the number of "high-quality" enlistees joining the armed forces. To qualify as high-quality, a recruit has to have a high school diploma and have scored in the top three categories of the Armed Forces Qualification Test. (A study mentioned in this Army Times piece found that a 10% increase in the unemployment rate leads to a 3-4% increase in high-quality enlistment. The unemployment rate has increased by about 100% this downturn, but I seriously doubt we'll see a 30-40% increase in high-quality recruits.)

In fact, there are signs that there are fewer high-quality new enlistees in the Army than the military wanted. The data on high-quality entrants for 2009 doesn't seem to be available yet, so I tried to proxy for it with this chart plotting the difference between percentage of recruits with high school diplomas (and mediocre or poor scores) and recruits with high scores on the qualification test:

For the Navy, this measure has been declining for most of the period, meaning that high-quality enlistees comprise a bigger part of the Navy than before. The situation is a little different for the Army, where for the past two years this differential has been increasing. This suggests that the military is still having some problems attracting candidates for the Army, as it wasn't able to match the increase in diploma-ed recruits with a commensurate rise in the number high scoring recruits.

## Internal Links

### Readiness - Benefits

#### Unique Internal Link - US military health care programs key to attractive compensation and military social contract – complex benefits ensure readiness

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

The US Military Health System (MHS) is charged with simultaneously ensuring the **health-related readiness of US armed forces and providing for the health care needs of eligible military personnel and their dependents**. This dual mission is complex and requires a sophisticated, agile system that can both sustain the health of the force to meet national security objectives and care for service-related injuries and illnesses and deliver a health care benefit to personnel and their families. These missions are typically referred to as the “readiness mission” and the “benefits mission.” To fulfill these missions, the MHS has a diverse set of assets, including fixed facilities, deployable medical providers and equipment, and a benefit program that delivers services through a mix of care provided at military treatment facilities and via a network of providers in the private sector. In this article we provide a brief history and overview of the MHS, describe its configuration in more detail, and discuss how transformations within the MHS and across the broader US health care system have influenced and shaped this large federal health care system.

A Unique Dual Mission

Readiness Mission

The modern-era MHS has its roots in a demand to tend to war-related wounds as far back as the Revolutionary War.1–3 The young US government took on the responsibility of providing care for acute war injuries for those who served on its behalf. Over time, a system of state-provided care grew into a consolidated, comprehensive federal system that now includes the Department of Defense (DoD); the Department of Veterans Affairs (VA); and continuing support from the Department of Health and Human Services, particularly through the US Public Health Service.

Delivering services to ensure the medical readiness of troops required the implementation of policies and creation of health care capabilities to provide preventive and restorative health care services to military personnel.1,3 Concomitant with its mission of maintaining the medical readiness of the forces, the MHS is also required to maintain a ready medical force that can deliver medical care services in operational contexts (for example, wartime and humanitarian missions).3,4 Maintaining a ready medical force is sometimes referred to as the third mission of the MHS.5 Managing the medical force is the responsibility of the uniformed services: the Army, Navy (which provides medical support to the Marine Corps), and Air Force. Sustaining the skills of this force requires that providers have access to patients with clinical complexity.

Benefits Mission

As early as the mid-1880s uniformed and contracted military doctors tended to some of the non-war-related health care needs of military personnel and their families at no cost, as time and capabilities allowed.1,6 This benefit has grown substantially ever since. Through congressional mandates and the evolution of public laws and DoD regulations,1,6 the US now boasts a **substantial health care program** for active duty personnel and their families, reserve personnel and their families, and military retirees and their dependents.4,7 The evolution of these benefits has been not only critical for maintaining attractive compensation for military personnel but also vital to the social contract the military has made with its members, particularly since the adoption of an all-volunteer force.9 The size and scope of benefits have been shaped through formally convened panels, commissions, and task forces and also, importantly, through the advocacy efforts of military service organizations, which work with Congress and DoD leaders to ensure that the health care needs of personnel, retirees, and their families remain a top priority.10 These collective efforts have resulted in expanded coverage and low cost-sharing arrangements for beneficiaries.1

The MHS benefits represent a substantial economic investment within the Defense Health Program budget and have been a key driver in increasing DoD appropriations.7,11 Congress retains the responsibility for defining eligibility for health care benefits and outlines what services are covered for whom and under which circumstances, largely through US Code Title X. These benefits have changed considerably over time, largely in response to changes in the national security environment, political climate, and characteristics of the population.

#### MHS funded now – those benefits key to military medical readiness

Tanielian, senior behavioral scientist at the RAND Corporation, and Farmer, senior policy researcher at the RAND Corporation, 2019

[Terri, Carrie, “The US Military Health System: Promoting Readiness And Providing Health Care,” Health Affairs vol 38, no. 8: Military Health Systems, August 2019, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00239, accessed June 19, 2023, GDS-LL]

Governance And Funding

Executing the missions of the MHS involves multiple different people and organizations in the DoD (exhibit 1).3,12,13 Each has distinct responsibilities, but they collaborate through a governance structure to oversee programs, benefits, and services. Under each service secretary and chief, there is a military service medical department, led by a surgeon general, that trains medical personnel and **maintains medical readiness**.3,12 The Defense Health Agency (DHA) was established in 2013 as the designated combat support agency charged with **enabling medical readiness** and delivering a ready medical force during **peacetime and wartime**. The DHA manages the TRICARE program (described below), manages shared services (such as training and research) across the services, supports several enhanced multiservice markets (geographic areas that are served by more than one military department), and as of October 2018 administers health care in military treatment facilities.3,4,7

Exhibit 1 Governance structure of the Military Health System

Exhibit 1

SOURCE Authors’ analysis of information in Mendez BHP. Military medical care (see note 3 in text). NOTES Oversight of all military treatment facilities was recently moved to the Defense Health Agency. There are several variations of this organizational chart available; this version is the one the authors chose to use for their purposes.

The MHS is funded through a unified medical budget that includes resources for military personnel and medical military construction, as well as funding for all fixed military treatment facilities and military medical activities—including the delivery of non-war-related health care services, whose costs are covered by the Defense Health Program budget.3 In fiscal year 2018 the unified medical budget totaled $53.64 billion (9 percent of the DoD outlay), roughly two-thirds of which was for the Defense Health Program.7,8

### Readiness - TRICARE

#### Replacing TRICARE kills military readiness by removing essential military capabilities

Philpott 15 (Tom Philpott 15, 7-12-2015, "Military hospitals to seek more challenging patient mix," dailypress, https://www.dailypress.com/2015/07/12/military-hospitals-to-seek-more-challenging-patient-mix/#:~:text=The%20effort%20to%20enrich%20the%20patient%20mix%2C%20particularly,military%20retirees%20who%20also%20are%20DoD%20civilian%20employees.), ARD

Military hospitals to seek more challenging patient mix By DAILY PRESS | dailypress@dailypress.com | PUBLISHED: July 12, 2015 at 3:00 a.m. | UPDATED: July 27, 2019 at 2:39 p.m. The Department of Defense will ask Congress for new authorities to funnel more challenging cases into military treatment facilities, a move aimed at sustaining wartime specialty skills and overall medical readiness, said Jonathan Woodson, assistant secretary of defense for health affairs. The effort to enrich the patient mix, particularly for inpatient care, will focus on treating more elderly patients, more veterans with complex conditions who might otherwise be ineligible for on-base care, and more military retirees who also are DoD civilian employees. Woodson and the surgeon generals of the Army, Navy and Air Force appeared before a House panel in June and largely rejected the sweeping reforms to military health care and the TRICARE benefit recommended by the Military Compensation and Retirement Modernization Commission. But the commission’s report had Woodson and the uniformed medical leaders defending the effectiveness of military treatment facilities as wartime training platforms, and discussing new ways to attract a more demanding case mix and to expand the workloads of physicians at base hospitals. “There are going to be some new authorities we’ll need, to allow patients to flow from the market to the MTFs [military treatment facilities] to ensure we have the proper case mix,” Woodson told the House armed services subcommittee on military personnel. “This is to include new ways of attracting Medicare-aged patients” and perhaps to “actually define a sort of Medicare Advantage within the MTFs. We [also] need to be given broader authorities that relate to taking care of veterans,” Woodson said. “There’s even an opportunity for us to take care of DoD civilians [because] we have a lot of dual-eligible folks who work for the federal government and they have TRICARE benefits. So why not allow them to use their TRICARE benefits within MTFs?” These steps, he said, “would lead to a proper utilization of the MTFs, proper market management [for] the case-mix, skill-mix issue” that worries commissioners, and “extraordinary service to the beneficiary population.” Asked when he will seek these authorities, Woodson told us Wednesday that internal discussions to “optimize” use of MTFs continue. He said DoD would work closely and transparently with Congress to give the military health system “greater agility to shape the delivery of healthcare in today’s evolving and fast-moving market place.” However, any action taken to enhance case mix also would preserve “timely access to care for our existing beneficiaries and enrollees,” he said. As to which facilities would use new authorities to corral more challenging cases, Woodson said the service medical departments would decide that “based on specific readiness requirements, capabilities and capacity. All decisions will need to be tailored to the geographic locality of the MTF and what those local needs and requirements are.” The compensation reform commission had urged creation of a four-star Joint Readiness Command to be responsible for preserving medical readiness gains after 14 years of war. In arguing for the four-star command, commissioners sited data from the health system’s self-analysis during an ongoing modernization study that show many military physicians have light inpatient workloads compared to civilian peers and a mundane case mix when measured against what’s needed to stay ready for war. The commission’s other major health reform idea is to replace the triple-option TRICARE benefit with TRICARE Choice, a menu of private sector health insurance offerings for military families and retirees to pick their desired coverage. Premiums and co-payments of mid-range plans would be covered for active duty families by a new monthly health allowance. Woodson and the surgeons general rejected the readiness command as unnecessary and TRICARE Choice as potentially stressful for families and harmful to readiness. By forcing base hospitals to compete with civilian insurers for patients, they said, TRICARE Choice could result in military doctors seeing even fewer patients, aggravating the readiness challenge. Greater choice through commercial insurance would leave military treatment facilities “at a significant disadvantage in attracting patients,” Rear Adm. C. Forrest Faison, Navy deputy surgeon general, told the House panel. Army supports “increased choice” for beneficiaries,” said Lt. Gen. Patricia D. Horoho, Army surgeon general. But the TRICARE Choice plan “would negatively impact readiness of our entire health care team and present financial challenges to both active duty families and retirees.” The surgeons general concurred with commissioners that the military health care system should set training and resource levels so as to preserve essential medical capabilities or EMCs. But the list of EMCs should be more comprehensive than commission’s targeting of combat casualty clinicians and logistical capabilities. “Those EMCs must address the whole spectrum of health rather than focus solely on combat trauma and surgical capabilities,” said Horoho. She noted that less than one of every five service members evacuated from Iraq or Afghanistan were wounded. Most had diseases or non-battle injuries. It is true clinical skills needed for wartime deployment “don’t always exactly match up with our day to day practices at home station,” conceded Lt. Gen. Mark A. Ediger, Air Force surgeon general. But the services have known that and have processes in place to track and to augment that experience through partnerships with VA and civilian trauma centers. The Air Force, for example, for each of its medical specialties, defines the “case volume and mix and skills that translate into the deployed environment,” Ediger said. “Then we keep records and we track the extent to which we are able to meet those requirements and keep clinicians ready.” For this year at least, Congress opted not to adopt the commission’s major health reform recommendations. Rep. Tom MacArthur (R-N.J.) is one lawmaker who said his opinion was changed by department testimony. “I started as an advocate for change,” MacArthur said as the hearing came to a close. “But sometimes the cure can be worse than the illness.” To comment, write Military Update, P.O. Box 231111, Centreville, VA, 20120 or email milupdate@aol.com or twitter: @Military\_Update

### Recruits - Benefits

#### DoD must ensure competitive benefits to attract recruits

Dymond, Associate Director National Legislative Service Veterans of Foreign Wars of the United States, 2022

[Brittany, “The Status of Military Recruiting and Retention Efforts Across the Department of Defense,” Veterans of Foreign Wars, September 21, 2022, https://www.vfw.org/advocacy/national-legislative-service/congressional-testimony/2022/9/the-status-of-military-recruiting-and-retention-efforts-across-the-department-of-defense, accessed June 21, 2023, gds-LL]

The DOD Fall 2021 Propensity Update data show that the inclination to serve among the nation’s youth is at a low not seen since 2007. Survey respondents indicated that the top three of ten reasons to serve are monetary compensation, having future education paid for, and travel opportunities. Conversely, the lowest reported factor was the desire to impact one’s community. Overall, eight out of the ten primary reasons to serve were individual, predominantly tangible benefits, while the remaining two reasons were intangible benefits rooted in altruism. Accordingly, while an ideal recruit might be drawn to the military out of a sense of duty and selfless service, most are attracted by the benefits of service that enable self-development and sustainment.

In consideration of the prevalent factors that attract recruits, the VFW believes Congress must ensure military benefits such as pay, **health care**, tuition assistance, and retirement are **competitive** with the private sector, continuously improved, and come without cost increases to members and families as applicable. The fact that DOD relies upon and regularly offers recruitment and retention bonuses to maintain its ranks indicates basic pay scales are not sufficiently attractive.

### Readiness - Civilian-System

#### A civilian system fails to connect directly with the battlefield like TRICARE – That decks readiness

Horoho 15 (Patricia Horoho 15, Surgeon General of the US Army, “THE DEPARTMENT OF DEFENSE VIEWS ON THE MILITARY COMPENSATION AND RETIREMENT MODERNIZATION COMMISSION'S RECOMMENDATIONS FOR MILITARY HEALTH CARE REFORM”, https://archive.org/stream/gov.gpo.fdsys.CHRG-114hhrg95314/CHRG-114hhrg95314\_djvu.txt), ard

\*\*EMCs – Essential Medical Capabilities

General Horoho. Chairman Heck, Ranking Member Davis, and distinguished members of this subcommittee, thank you for this op- portunity to provide the Army and Army Medicine’s perspective on the healthcare forum recommendations. After 13 years of war, the Army remains globally engaged. Any changes to the compensation and benefits must not only honor their sacrifices, but preserve the long-term viability of an All-Vol- unteer Force. The Army supports the underlying obj ectives of the Commission’s health-related recommendations. However, we do have concerns regarding certain elements that threaten readiness and our medical skills. It is critical to understand that our direct healthcare system con- nects with the battlefield and exists to provide health readiness to our soldiers and their families. This is what separates us from the civilian healthcare system. Our hospitals are our readiness training platforms which produce a ready medical force and a medically ready force. It is a system that performed so well over the last 13 years of war. We concur that a comprehensive list of essential medical capa- bilities, or EMCs, should drive our training and resourcing. How- ever, those EMCs must address the whole spectrum of health rath- er than focusing solely on combat trauma and surgical capabilities. Eor instance, less than one out of every five service members evacuated from Iraq and Afghanistan were injured in battle. Dur- ing Operation United Assistance, the major threats to our soldiers were endemic infectious diseases. The Army already utilizes joint structures and mechanisms to identify, monitor, and report on medical readiness. We are working to integrate EMCs into these processes; therefore, the Army does not support establishing a four- star readiness command. The Army supports the Commission’s objectives of affordable health care and increased choice for our beneficiaries. However, the Commission’s recommendation to establish TRICARE Choice would negatively impact our readiness of our entire healthcare team and present financial challenges to both Active Duty families and retir- ees. Currently, non-Active-Duty beneficiaries comprise 67 percent of our total beneficiary population, 83 percent of our inpatient care, and 79 percent of our high-acuity inpatient workload. These pa- tients are vital to the sustainment of our 148 graduate medical and health professional education programs. The loss of these benefici- aries from our direct system would pose tremendous risk to our training programs and negatively impact our medical force’s readi- ness posture. The Army sees financial risk to soldiers and to families and in- jured in the Commission’s recommendation to offset TRICARE Choice costs through a basic allowance for health care. Year-to-year healthcare expenses are unpredictable, and many areas of our country are medically underserved. In conclusion, the Army needs a medically ready force. When the gate on the Stryker opens, commanders need to know that it will be full of soldiers that are ready to deploy. And the Army needs

### Readiness - MTFs

#### The plan shuts down MTFs which destroys readiness – MTFs are the most important variable to training personnel crucial to readiness – Absent large volumes of patient enrollment, a trained and ready medical force is impossible

Faison 15 (Forrest Faison, June 11, 2015, “THE DEPARTMENT OF DEFENSE VIEWS ON THE MILITARY COMPENSATION AND RETIREMENT MODERNIZATION COMMISSION'S RECOMMENDATIONS FOR MILITARY HEALTH CARE REFORM”, https://archive.org/stream/gov.gpo.fdsys.CHRG-114hhrg95314/CHRG-114hhrg95314\_djvu.txt), ard

Following the release of the Commission’s final report in Janu- ary, Navy Medicine participated in the DOD-led rapid and com- prehensive review of the healthcare recommendations. While there is general support for the underlying objectives of the recommenda- tions, I will briefly highlight some of our perspectives and concerns regarding them. In relation to medical readiness, we do support establishing com- mon and service-specific essential medical capabilities, or EMCs, as they could be an effective means to monitor readiness and guide resourcing decisions. We note, however, that EMCs must be developed for more than just surgical trauma skills. Military medicine supports a wide range of operations, including treating disease and non-battle inju- ries during military operations as well as providing humanitarian assistance and disaster relief when called upon in crisis. While there is general agreement to the Commission’s objective to provide an affordable health benefit with additional choice, we must recognize that our medical centers, hospitals, and clinics are our most important readiness training platforms for our military medical personnel and critical to sustaining vital skills and clinical competencies of them. The availability of case mix, volume, com- plexity, and diversity is vital to having a trained and ready medical force. 8 In this regard, care of our beneficiaries is inextricably linked to our readiness mission. Patient enrollment is fundamental to our approach to maintaining the health of our patients. The Military Health System is working hard to recapture workload into our di- rect care system and leveraging initiatives like our Patient Cen- tered Medical Home program to improve access and care. Navy Medicine is leading forward in these areas as they continue to show progress. We believe that the Commission’s approach to offer greater choice through the use of commercial insurance plans presents risk by reducing patient volume and case mix in our sys- tem and positioning MTFs [military treatment facilities] at a sig- nificant disadvantage in attracting patients when competing against commercial insurance plans.

### Op Forces/Resilience – Family Care

#### Changes to healthcare policy increase stress on military members about their family’s access to care – That kills operational focus and reduces resilience

Ediger 15 (Mark A. Ediger, June 11, 2015, "THE DEPARTMENT OF DEFENSE VIEWS ON THE MILITARY COMPENSATION AND RETIREMENT MODERNIZATION COMMISSION'S RECOMMENDATIONS FOR MILITARY HEALTH CARE REFORM”, Committee on Armed Services, https://archive.org/details/gov.gpo.fdsys.CHRG-114hhrg95314/page/n9/mode/2up?view=theater&q=significant), ard

General Ediger. Chairman Heck, Ranking Member Davis, and distinguished members of the subcommittee, thank you for inviting us to appear before you today. The Air Eorce is truly grateful for the hard work of the Military Compensation and Retirement Modernization Commission. Many parts of the Commission’s recommendations will enhance and facilitate programs that serve our airmen, their families, and our veterans. Today I will speak to impacts in two areas of primary importance for the Air Eorce based upon our analysis of the Commission’s recommendations. I will begin with the impacts on the readiness of our medical force. We appreciate the Commission’s focus on the linkage between care provided in our hospitals and the readiness of our medical force. We found their proposal to identify and quantify readiness related essential medical capabilities helpful to focus efforts on the capture of specialty care for our hospitals. That concept builds upon the Readiness Skills Verification Program we have utilized in the Air Eorce for over 15 years to set clinical standards for the readiness of our medical force. However, we do not see the need for a joint readiness command, as existing processes jointly utilized by the services enable us to measure and assess the readiness of our force. We have significant concern about the impact the Commission’s health plan recommendations would have on the readiness of our force. We believe the proposal would shift family member and retiree care significantly to the private sector and thereby move care essential to our readiness out of our medical facilities. We also believe the proposal to place our medical facilities into competition with the private sector would drive up administrative costs and significantly detract from the focus on the operational mission in our medical facilities. The second area of primary concern centers on our support to Active Duty families. We believe resilient families with excellent health service support greatly enhance the resilience of all of our airmen. We support changes in the President’s budget to improve TRICARE while enhancing our readiness. Additionally, significant progress in the strategic line of efforts referenced by Dr. Woodson has occurred, and we are a progressive system of health and readiness as a result. 7 We are concerned that the Commission’s proposed change to the health plan would increase stress on airmen and families by requiring them to navigate a complex insurance marketplace on a recurring basis. We are concerned that the Commission’s proposal would shift family care significantly into the private sector, thereby creating a hole in the safety net commanders depend upon for Active Duty families under stress. Proper balance in the mix of our medical force is important to maintaining a ready medical force while providing safe and highquality health services. The National Defense Authorization Act of 2010 permanently prohibited the services from converting non-military essential Active Duty medical positions to civilian positions. Relief from this prohibition would enable the Air Force to judiciously increase the proportion of civilians in its force mix. I thank the committee for your continued support for Air Force medicine and the opportunity to answer your questions today. Dr. Heck. Thank you. Admiral Faison.

## Impacts

\*\*readiness key to prevent war

# Military Tradeoff - Aff Answers

## Uniqueness

### Non-U - Low recruitment – shrinking pool and growing competition

#### Despite rising benefits, military recruitment in crisis – shrinking recruit pool and growing private competition

Tiron, Reporter for Bloomberg Government, 2022

[Roxana, “US Army Is Facing ‘War for Talent,’ Courting Gen Z With Benefits,” Bloomberg Government, June 1, 2022, https://about.bgov.com/news/us-army-is-facing-war-for-talent-courting-gen-z-with-benefits/, accessed June 22, 2023, GDS-LL]

The US Army—facing a potential recruiting crisis not seen since the all-volunteer force was created almost five decades ago—is stepping up its efforts to get Generation Z to sign up.

The “Know Your Army” campaign, set to ramp up Wednesday, will court recruits aged 17 to 25 by highlighting the benefits and quality of life that the service can offer to a shrinking number of eligible candidates.

The US military’s largest service must compete in a tight labor market against private companies that often offer more alluring benefits. For years, the Army has tailored its advertising in a bid to attract the best people, even as criminal records, or educational, physical, or mental shortcomings have narrowed the potential pool of recruits.

“I’m very concerned about it because right now they do not have the capacity potential of meeting the requirements that are demanded of them, so it is a very difficult thing. Nobody has the answer right now,” Sen. Jim Inhofe(R-Okla.), said in an interview. “It’s approaching a crisis level.”

Pentagon statistics that cover the period through the end of March showed the number of active duty military forces had been falling for the prior six months; for the Army specifically, it was down 3.1% compared to a year ago, while Pentagon active duty forces as a whole dropped 1.9%.

The Army’s new campaign, shared exclusively with Bloomberg Government, will tout benefits such as 30 days of paid annual vacation, home-buying through Veterans Affairs loans, pensions after 20 years of service, paid parental leave, and a diverse mix of soldiers from every state in the US and beyond. The Army has already been allowing recruits to pick the station where they will serve, and offering sign-up bonuses of up to $50,000, student loan repayment relief, and shorter enlistment periods.

### Non-U - Low Recruitment – shrinking pool and quals

#### Shrinking recruit pool and qualifications forcing desperate ad campaign

Tiron, Reporter for Bloomberg Government, 2022

[Roxana, “US Army Is Facing ‘War for Talent,’ Courting Gen Z With Benefits,” Bloomberg Government, June 1, 2022, https://about.bgov.com/news/us-army-is-facing-war-for-talent-courting-gen-z-with-benefits/, accessed June 22, 2023, GDS-LL]

Social Media Reach

Five 15-second videos headline the new campaign and draw a connection between what young people want and the Army benefits that signal quality of life and well-being. It’s designed to reach nationwide audiences on television, online, and via podcasts, as well as on social media platforms including Reddit, Alphabet Inc.’s Google Discovery, YouTube, Snapchat, Instagram, Meta Platforms Inc.’s Facebook, Twitter, and LinkedIn. GoArmy social channels and GoArmy.com also are promoting the campaign.

“People from the Department of Defense have told us that they are concerned about both the number of people who do not meet the standards for joining the military, and the smaller number of people who even try,” Sen. Elizabeth Warren (D-Mass) said in an interview. “That is a problem for our nation.”

Of 34 million people born after 1997, 4 out of 5 can’t qualify to serve in the Army, the service’s data show.

“You can’t lower the standards,” said Inhofe, the top Republican on the Senate Armed Services Committee. “If you lower the standards, you are inflicting not just hardship, but danger.”

### Non-U - Low Recruitment - Surveys prove

#### Gen Z unfamiliar with military – surveys prove benefits unknown and not effective

Tiron, Reporter for Bloomberg Government, 2022

[Roxana, “US Army Is Facing ‘War for Talent,’ Courting Gen Z With Benefits,” Bloomberg Government, June 1, 2022, https://about.bgov.com/news/us-army-is-facing-war-for-talent-courting-gen-z-with-benefits/, accessed June 22, 2023, GDS-LL]

National Survey

The Army is basing its new marketing campaign on a national survey of 3,000 US adults aged 18-76, conducted March 7-15. The survey found that 73% of Gen Z claimed to be familiar with the Army—the highest of any generation—but the data showed they had a limited understanding of the service and its ability to deliver on their needs.

The survey showed only 51% of Gen Zers think the Army allows time for recreation and hobbies, according to the data shared with Bloomberg Government. Gen Z is also the least likely cohort to think soldiers have work-life balance, the Army found. Many Gen Zers surveyed said they were “surprised” to learn about the job benefits the Army provides, and were more likely to see service as a good career option as a result, an Army executive summary said.

### Non-U – Low Recruitment

#### Military Health Benefits are bad now

Glendora Claybrooks, (Ph.D. Candidate, GCPM, MHA, “The Development of a Single-Payer Universal Healthcare Delivery System”, https://www.oregon.gov/oha/HPA/HP/TFUHC%20Meeting%20Documents/Development%20Single%20Payer%20HCD%20System%20Final%20revision%205%20Read%20Only.pdf)

In developing the Single-payer Healthcare Delivery System, the focus must not only be on the previous failed efforts, health interventions, and unequal and disparaging outcomes of the current system. We must focus on the processes of the existing healthcare systems fragmented, complex, and multi-payer structures and their impacts. We must also consider how services are aligned and distributed as well as who and who does not benefit. In analyzing our present model, it is essential to understand its underlying power and structures. In the United States, the tri-economy structures—non-profit, private, and public entities—comprise our economic system that governs our communal affairs. These structures function within the financial policy guidelines to produce goods and services, all of which encompass providing health insurance coverage, upon which we heavily rely. However, our economic system comprises several types of government-sponsored healthcare coverage for the unemployed, the disabled, the elderly, the military, and the federally defined poor populations. These health plans are known as Medicaid, Medicare, and Tricare, which provide limited medical services. Each serves a specific community. Each has its own set of internal and external challenges built into its policies and practices, which influences the delivery of services, patient outcomes, health status, 4 and patient satisfaction levels. Military Tricare plans are exclusive memberships designed only for military individuals and their families and managed by veteran administrators. Its challenges present themselves as patient grievances involving untimely services, long waiting periods, misleading information, administrative errors, and patient delays in processing authorization referrals. Patients also complain about problems and concerns around the poor quality of care services, reflecting staff and providers' behavior and attitudes, patient safety, improper care, insufficient care, and poor results.

#### Veterans don’t get healthcare now so its not a reason for joining

Steffie **Woolhandler** 1, David 20**05**, "America's neglected veterans: 1.7 million who served have no health coverage," PubMed, https://pubmed.ncbi.nlm.nih.gov/15932009/

Many U.S. military veterans lack health insurance and are ineligible for care in Veterans Administration health care facilities. Using two recently released national government surveys--the 2004 Current Population Survey and the 2002 National Health Interview Survey--the authors examined how many veterans are uninsured (lacking health insurance coverage and not receiving care from the VA) and whether uninsured veterans have problems in access to care. In 2003, 1.69 million military veterans neither had health insurance nor received ongoing care at Veterans Health Administration (VHA) hospitals or clinics; the number of uninsured veterans increased by 235,159 since 2000. The proportion of nonelderly veterans who were uninsured rose from 9.9 percent in 2000 to 11.9 percent in 2003. An additional 3.90 million members of veterans' households were also uninsured and ineligible for VHA care. Medicare covered virtually all Korean War and World War II veterans, but 681,808 Vietnam-era veterans were uninsured (8.7 percent of the 7.85 million Vietnam-era vets). Among the 8.27 million veterans who served during "other eras" (including the Persian Gulf War), 12.1 percent (999,548) lacked health coverage. A disturbingly high number of veterans reported problems in obtaining needed medical care. By almost any measure, uninsured veterans had as much trouble getting medical care as other uninsured persons. Thus millions of U.S. veterans and their family members are uninsured and face grave difficulties in gaining access to even the most basic medical care.

### Non-U - Admin Costs

#### Non-unique - Rising administrative costs kills TRICARE now – cuts to the pharmacy network kills healthcare in rural communities

Ruedisueli 23 (Karen Ruedisueli, 3-22-2023, "Here’s Why the TRICARE Pharmacy Cuts Could Threaten All Beneficiaries," MOAA, https://prep.moaa.org/content/publications-and-media/news-articles/2023-news-articles/advocacy/heres-why-the-tricare-pharmacy-cuts-could-threaten-all-beneficiaries/), ard

Here’s Why the TRICARE Pharmacy Cuts Could Threaten All Beneficiaries By: Karen Ruedisueli MARCH 22, 2023 Here’s Why the TRICARE Pharmacy Cuts Could Threaten All Beneficiaries MJ\_Prototype/Getty Images 2023-aia-small-bug-logo.pngMOAA continues efforts to restore the TRICARE pharmacy network by including the issue as part of our spring Advocacy in Action (AiA) event, where more than 200 MOAA members will visit congressional offices to generate support for MOAA’s legislative priorities. With the new TPharm5 contract, the TRICARE pharmacy network has been reduced by nearly 25% – from about 55,000 locations last year to 42,000 locations as of February 2023. The cut was driven by reduced network requirements within the contract – a cost-savings measure. [NEW ADVOCACY IN ACTION REQUEST: Help MOAA Fight Cuts to the TRICARE Pharmacy Network] Many independent pharmacies report contract terms that would not even cover their costs to procure medications, forcing them to choose between leaving the network or serving TRICARE beneficiaries at a financial loss. Most beneficiaries won’t be immediately impacted by this cut – healthy families in metro areas still have plenty of options for occasional medication needs and common maintenance medications, including the TRICARE Home Delivery program. However, the narrowed pharmacy network diminishes TRICARE protections in the event of serious illness or injury or more complex needs needs due to aging – in this way, it presents a threat to all beneficiaries. There are approximately 66,000 retail pharmacies in the U.S. Less than a year ago, there was an 83% chance a beneficiary’s pharmacy would be in the network. Now, that sits at 64%, and it could drop to 53% based on minimum contract requirements. [SHARE YOUR STORY: Have the TRICARE Pharmacy Cuts Affected Your Care?] Network cuts also disproportionately impact rural communities, which tend to have a lower presence of large chain drug stores and are more often served by independent pharmacies and Walmart, which left the network in December 2021. Many rural residents must drive past Walmart and their community pharmacies to get to a network pharmacy for acute medication needs. TRICARE’s narrowed network also falls short of a key benchmark – FEP Blue, the Blue Cross Blue Shield plan that covers two-thirds of Federal Employee Health Benefit Program (FEHBP) participants. FEP Blue boasts more than 55,000 pharmacies in its national network, and TRICARE benefits should be on par with the benchmark set for civilians who serve in the federal government. Advocacy in Action messaging will present the pharmacy network reduction in the context of a series of TRICARE cuts that have eroded the benefit in recent years, including an unprecedented TRICARE Select enrollment fee, a higher catastrophic cap, medical encounter copays that have doubled in many instances, and a new pharmacy formulary Tier 4 that eliminates coverage for certain drugs approved by the Food and Drug Administration (FDA). The military health care benefit is an obligation our nation has incurred to sustain the all-volunteer force. Fulfilling this obligation is particularly important during the current recruiting crisis when our nation needs key influencers, including current and former servicemembers and their families, to endorse military service. Cutting the TRICARE benefit for those who have served for decades not only betrays uniformed services retirees, it also risks reducing their likelihood of recommending service to the next generation. Take part in MOAA’s Advocacy in Action campaign by contacting your lawmakers today -- even if you've already contacted them on this issue using previous links to our Legislative Action Center, you can still click to add your voice again as part of AiA efforts. Keep up with new details on this and other legislative efforts at MOAA’s Advocacy News page.

### AT High benefits

#### Military in a losing war for talent - despite benefits, tight labor market and private competition challenge recruiting

Tiron, Reporter for Bloomberg Government, 2022

[Roxana, “US Army Is Facing ‘War for Talent,’ Courting Gen Z With Benefits,” Bloomberg Government, June 1, 2022, https://about.bgov.com/news/us-army-is-facing-war-for-talent-courting-gen-z-with-benefits/, accessed June 22, 2023, GDS-LL]

National Security Handicap

The US depends on strong, all-volunteer forces to carry out its foreign policy and defend strategic interests. Military leaders often say their **services are only as good as their people**. With operations shifting to the realms of cyber, artificial intelligence, and hypersonic weapons, and China and Russia challenging U.S. leadership globally, the lack of qualified recruits could become a fundamental national security handicap.

Recognizing the challenges, the Army is proposing to dip below 1 million soldiers for the first time in two decades, according to its budget proposal for the year starting Oct. 1. Leaders said they don’t want to lower standards, and are also facing a tight labor market in the aftermath of the coronavirus pandemic.

U.S. Army Proposes to Cut Its Troop Numbers Below 1 Million

While the Army may feel the most heat, officials from the five military services characterized this year as “arguably the most challenging” for recruiting when they testified before the Senate Armed Services Committee in April.

Gil Cisneros Jr., under secretary of defense for personnel and readiness, told senators that in the wake of the Covid-19 pandemic, private companies are competing for a smaller pool of job candidates, presenting the biggest challenge for military recruiting and retention.

“We are in a war for talent,” Gen. James McConville, the Army chief of staff, told the Senate Armed Services panel in May.

Other more lucrative opportunities are available, said Thomas Spoehr, director of the Heritage Foundation’s Center for National Defense. Companies such as Amazon.com Inc. and Starbucks Corp. are offering jobs that start at $15 an hour, with college benefits, he said. At the same time, 5 million Americans turn 18 each year, and “we only need a tiny fraction of that” for the military, he said.

“The Army is at least as competitive, and in many cases significantly better than what you might find in the private sector,” Maj. Gen. Alex Fink, the service’s chief of marketing enterprise, said in an interview. He said the Army exceeds in several categories such as pensions, parental leave, and vacation.

## Link

### Other Factors Thump

#### Single Payer won’t change military enrollment Other factors thump

Thomas Novelly 22, 9-15-2022, "Even More Young Americans Are Unfit to Serve, a New Study Finds. Here's Why.," Military, https://www.military.com/daily-news/2022/09/28/new-pentagon-study-shows-77-of-young-americans-are-ineligible-military-service.html

A new study from the Pentagon shows that 77% of young Americans would not qualify for military service without a waiver due to being overweight, using drugs or having mental and physical health problems.

A slide detailing the findings from the Pentagon's 2020 Qualified Military Available Study shared with Military.com shows a 6% increase from the latest 2017 Department of Defense research that showed 71% of Americans would be ineligible for service.

"When considering youth disqualified for one reason alone, the most prevalent disqualification rates are overweight (11%), drug and alcohol abuse (8%), and medical/physical health (7%)," the study, which examined Americans between the ages of 17 and 24, read. The study was conducted by the Pentagon's office of personnel and readiness.

Mental health accounted for 4% of disqualifications, while aptitude, conduct or being a dependent accounted for 1% each. Most youth, 44%, were disqualified for multiple reasons.

The updated figures paint a picture of what is currently plaguing military recruiters in many of the service branches, with a shrinking pool of potential service members available to them.

Maj. Charlie Dietz, a Department of Defense spokesman, confirmed that the study shared with Military.com was accurate and said all the services are being challenged by the current recruiting environment.

"There are many factors that we are navigating through, such as the fact that youth are more disconnected and disinterested compared to previous generations," Dietz said. "The declining veteran population and shrinking military footprint has contributed to a market that is unfamiliar with military service resulting in an overreliance of military stereotypes."

Lawmakers have been raising the alarm over the recruiting environment throughout the year. Sen. Thom Tillis, R-N.C., the ranking member of the Senate Armed Services Committee personnel panel, said during an April 27 hearing that he was worried the widespread ineligibility of many Americans will contribute to readiness problems.

"To put it bluntly, I am worried we are now in the early days of a long-term threat to the all-volunteer force. [There is] a small and declining number of Americans who are eligible and interested in military service," Tillis said. He added that "every single metric tracking the military recruiting environment is going in the wrong direction."

The Council for a Strong America, a nonprofit organization made up of retired military officers, law enforcement and business leaders that advocates for better nutrition and healthy lifestyles among kids, issued a press release expressing alarm at the findings.

The group called on lawmakers in Washington to take action so that younger generations would qualify for military service.

"The retired admirals and generals of Mission: Readiness recognize that the underlying causes of obesity cannot be solved by the efforts of the military alone," the Council for a Strong America said in a statement. "With an increase in youth being ineligible for military service, it is more important than ever for policymakers, including state and local school boards, to promote healthy eating, increased access to fresh and nutritious foods, and physical activity for children from an early age."

Dietz told Military.com that the Army and most of the service's reserve components are in jeopardy of missing their FY2022 recruiting goals.

### Alt Cause – Low Recruitment

#### Economic prosperity alt cause to low recruitment

Jackson 23. Jon, Associate Editor at Newsweek based in New York. His focus is on reporting on national news, specifically politics. Jon previously worked at The Week, the River Journal, Den of Geek and Maxim. He graduated Summa Cum Laude with honors in journalism and mass communication from New York University. “Will U.S. Military Recruitment Struggles Cripple Response to Wars?” *Newsweek,* March 30, 2023. https://www.newsweek.com/will-us-military-recruitment-struggles-cripple-response-wars-1789001

The United States military is facing hardship in recruiting new members, which has elicited worry about the nation's security should the U.S. find itself at war.

Last month, U.S. Army Secretary Christine Wormuth said during a discussion at George Washington University that the Army fell short of its recruiting target last year by about 15,000. Due to the Army projecting that it would again not meet its recruitment goals for 2023, Wormuth and Chief of Staff General James McConville recently said $1.2 billion would be shifted to initiatives related to enlistments.

The other U.S. military branches have also reported difficulty in reaching their recruitment targets. The topic was taken up during a September congressional hearing, during which Senator Kirsten Gillibrand, a New York Democrat, warned that by the end of 2022, "the active U.S. military will be at its smallest size since the creation of the all-volunteer force."

Michael Bloomberg, former New York City mayor and presidential candidate, wrote about the topic on his media company's website in an August op-ed that ran under the headline "Military Recruitment Woes Endanger National Security." In the article, he offered suggestions on how to improve enlistments while arguing that "[c]ombating the threats to global order requires an American military that's second to none."

Joining Bloomberg in this sentiment are John Ferrari and John Kem, both retired Army major generals. In a November story for Army Times, they characterized the Army's enlistment issues as "a major threat to our national security."

"Calling the Army recruiting shortfall a crisis is like saying that the Titanic had a 'small' problem in its crossing of the Atlantic," Ferrari and Kem wrote.

Rose Riley, spokesperson for the U.S. Air Force, told Newsweek that the branch had made its recruitment goals for the 2022 fiscal year by "a narrow margin" but weekly accessions continue to fall short in 2023.

"Record-low unemployment rates and steadily declining familiarity with the U.S. military today leaves us uncertain whether we can achieve our goals this year," Riley said in an emailed statement. "We are starting to see some positive results of our training programs, policy changes and our enhanced marketing efforts, but military recruiting will remain a long-term challenge."

Sergeant First Class Anthony Hewitt, an Army spokesperson, also told Newsweek of some of the reason why the Army has struggled to meet recruitment goals.

"The Army is facing unprecedented recruiting conditions due to a combination of factors including the current robust labor market, intense competition for talent with the private sector, and an ongoing decline in the segment of America's youth that are qualified and interested in serving in the military," Hewitt said in an emailed response.

Marine Corps Recruiting Command spokesperson Jim Edwards told Newsweek that while the Marines continue "to experience one of the most challenging recruiting environments since the establishment of the all-volunteer force," the Marine Corps nonetheless "remains on-track to accomplish the Fiscal Year 2023 accession mission."

The U.S. Navy was also contacted by Newsweek for this story but did not respond as of press time.

Dr. Beth Asch, senior economist at RAND who has studied military recruitment for nearly 40 years, told Newsweek that military branches who said they've made their targets might have recently lowered their recruitment goals.

"There is a little bit of adjustments to make things look more positive than maybe they actually were," she said.

Asch also spoke about some of the things that could be—and some things that likely aren't—affecting recruitment.

"There are some things that are being blamed in the media for these problems, which are probably red herrings," Asch said. "You might have heard military leaders, pundits and observers say, 'Well, it's because less than a quarter of American youth are eligible for military service and enlistment standards.'"

She said the fraction who qualify for military service has been low for years, so "while it's certainly an area of concern," that explanation can't explain why the Army missed its recruiting mission "by historic proportions."

Asch said another factor that's being wrongly blamed is "positive propensity." The Department of Defense measures the propensity for how likely young people are to join the military, and some pundits have mentioned that the positive percentage—those who say they will enlist—is only 10 percent.

However, she said propensity has been low for decades and that when survey data is merged with enlistment records, the results show that "most of the recruits who enlist actually come from the negatively propensed group."

"That's one reason why recruiting is so difficult, because you have to convince these negative people who have negative attitudes to have a positive attitude and join the military," Asch said.

But why is recruitment so low? Like Riley, Asch said economics plays a big factor.

"We know that when the civilian economy is strong, military recruiting becomes a lot more difficult to enlist the type of people the military prefers," she said. "It's not just that the unemployment rate is very low. It's that we know that fewer young men are participating in the labor force. They're not working, and they're not even looking for work. They've left the labor force."

Asch said that explanations for this lack of enthusiasm toward work includes the emerging gig economy, the opioid crisis and the decline of manufacturing, as well as the changing attitudes about work-life balance that arose during the pandemic.

Surveys also show the public's trust in the military—along with trust in most major institutions—is low. Reasons cited for this are scrutiny over how the U.S. handled the withdrawal from Afghanistan, reports of military sexual assaults, incidents of white supremacists joining military ranks and claims of the military becoming too "woke."

### No Link – TRICARE = Secondary Coverage

#### TRICARE works together to attribute costs with M4A – no reason that the plan uniquely kills current practices

US Coast Guard, ND, Sea Legs - Health Care, https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Work-Life-CG-111/Sea-Legs/Health-Care/

TRICARE For Life offers **secondary coverage** to Medicare for all beneficiaries who have both Medicare Part A and B. TRICARE For Life is available worldwide. Medicare provides coverage in the U.S. and U.S. Territories. In all other overseas locations, TRICARE is the primary payer.  
You may visit any authorized provider. Your provider will file your claims with Medicare. Medicare pays its portion and electronically forwards the claim to TRICARE For Life claims processor. TRICARE For Life then pays the provider directly for TRICARE-covered services. For services covered by both Medicare and TRICARE, Medicare pays first and TRICARE For Life pays your remaining coinsurance for TRICARE-covered services. For services covered by TRICARE but not by Medicare, TRICARE For Life pays first and Medicare pays nothing. You must pay the TRICARE fiscal year deductible and cost shares. For service covered by Medicare but not by TRICARE, Medicare pays first and TRICARE For Life pays nothing. You must pay the Medicare deductible and coinsurance. For services not covered by Medicare or TRICARE, Medicare and TRICARE pay nothing and you must pay the entire bill.

#### TRICARE and medicare coordinate benefits in the squo, specifically at military facilties – normal means doesn’t change that

Baum 22, Jason Baum, 9-5-22, Medicare vs. TRICARE: Which Government Health Plan is Better?, https://www.ehealthinsurance.com/medicare/parts/medicare-vs-tricare-which-government-health-plan-is-better/

**TRICARE works with Medicare** to help reduce your medical expenses. The exact way TRICARE coordinates benefits with Medicare depends upon the TRICARE program you are currently enrolled in.

This briefly highlights the Medicare and TRICARE coordination of benefits:

If you’re still active in the military, TRICARE will generally pay for Medicare-covered healthcare services. TRICARE also sometimes pays for healthcare costs that Medicare doesn’t fully cover.

Retired members of TRICARE for life should expect Medicare to pay first for anything that it covers. In this case, TRICARE for Life usually works more like supplemental insurance. TRICARE makes an exception to this and pays for services from **military or federal healthcare facilities**, even if they would be covered by Medicare at another facility.

## Impact

### ! Non-U – Low Readiness

#### Alt causes in the squo kill readiness – overturning Roe v Wade outweighs any of their internal links

Hunter et al 22 (Hunter, Kyleanne M., September 2022, "How the Dobbs v. Jackson Ruling Could Affect U.S. National Security," RAND, <https://www.rand.org/pubs/perspectives/PEA2227-1.html>), ard

The Dobbs v. Jackson (U.S. Supreme Court, 2022) decision overturned the provision of a constitutional right to an abortion. Since the decision, there has been much discussion about the effects of the ruling on American soci-ety, and especially the disproportionate effect that it will have on women (Ahmed, 2022; Barbaro, 2022, Fawcett, 2022; Hesse, 2022; Leonhardt, 2022).1Women in the military, who are charged with defending and protecting the United States, are an important group that deserve special consideration in this discussion. For the military, the Dobbs ruling is a matter of national security. Women are an integral part of the military. They comprise 17.2 percent of the active-duty force. They are the fastest-growing subpopulation in the military (U.S. Department of Defense [DoD], 2022). For the past several years, the military ser-vices have been deliberately recruiting women, both to fulfill specialized positions and discrete operational needs and because they represent a higher percentage of the recruitable population than their male counterparts (Hunter, 2021; Office of People Analytics, 2018). Although there has been focus on allowing women to serve KYLEANNE M. HUNTER, SARAH O. MEADOWS, REBECCA L. COLLINS, ISABELLE GONZÁLEZHow the Dobbs Decision Could Affect U.S. National SecurityCORPORATIONPerspectiveEXPERT INSIGHTS ON A TIMELY POLICY ISSUESeptember 2022 2in previously closed positions (such as infantry), women have been and are serving in other roles that also are essen-tial to our military readiness. Women in the military play a significant role in health care occupations, electrical and mechanical equipment repair, functional support (such as payroll and supply), and administrative roles. These occu-pations are foundational for the effective functioning of the military (Brooks and Stanley, 2007; Meadows et al., 2022, Table 2.4). Women also are essential to the DoD civilian work-force. Women make up nearly one-third of the civilian workforce and hold positions from child care providers to senior executives. In the civilian sector, women play a sig-nificant role in administrative and educational roles (U.S. Office of Personnel Management, 2022), which are essen-tial for the day-to-day operations of the U.S. military. The recent Supreme Court ruling in Dobbs v. Jack-son will limit service women’s and DoD civilian women’s access to the full scope of reproductive health care and will have a direct effect on the health of these critical popula-tions. Understanding the scope of these effects is essential to understanding how Dobbs could affect military readi-ness and therefore national security. Unfortunately, data in this area are limited. For example, there is no single source that tells us how many military service members or DoD civilians have sought abortions as part of their reproduc-tive health care. To better understand the size and scope of the impact of the Dobbs decision on these important populations, we integrate data from several sources, includ-ing publicly available data and two representative surveys of active-duty service members developed and adminis-tered by the RAND Corporation for DoD. We estimate how many military-employed women’s reproductive health options have been or might soon be limited, and we iden-tify force readiness–related concerns, such as effects on the military health care, education, and child care systems, as well as on military recruiting and retention. Abortion Care in the Department of DefenseSince well before Dobbs, 10 U.S.C. 1093, a Hyde Amend-ment–like statute,2 prohibited TRICARE, DoD’s health care program, from paying for abortions with three excep-tions: When the life of the mother would be endangered if the pregnancy were carried to term, if the pregnancy arises from rape, or if the pregnancy arises from incest (we refer to these cases as covered abortions) (Burrelli, 2013). The statute also prohibits DoD facilities, including military hospitals and clinics (military treatment facilities, also known as MTFs) from performing noncovered abortions. Insurance as part of the Federal Employee Health Ben-efits (FEHB) Program, which would include DoD federal AbbreviationsDHAPIDefense Health Agency Procedural InstructionDoDU.S. Department of DefenseFEHBFederal Employee Health BenefitsHRBSDoD Survey of Health-Related BehaviorsIUDintrauterine deviceMHSMilitary Health SystemMTFmilitary treatment facilityPHAperiodic health assessmentWRHSDoD Women’s Reproductive Health Survey bro

### Alt Cause – other benefits

#### Alt cause to military readiness – new executive order for multiple non-healthcare benefits encourage recruitment and strength

Lopez, writer and reporter at Department of Defense, 2023

[C. Todd, “Biden Moves to Improve Opportunities for Military Spouses,” DoD News, June 9, 2023, https://www.defense.gov/News/News-Stories/Article/Article/3423902/biden-moves-to-improve-opportunities-for-military-spouses/, accessed June 22, 2023, GDS-LL]

At Fort Liberty, North Carolina, today, President Joe Biden signed an executive order designed to strengthen economic opportunities for military and veteran spouses, caregivers and survivors.

President Joe Biden sits at a desk flanked by a standing, applauding crowd, including the first lady.

"This new executive order establishes the most comprehensive set of administrative actions in our nation's history to support the economic security of military families, veterans, spouses, caregivers and survivors," Biden said at a large gathering of military personal and spouses at Fort Liberty.

The actions of the executive order, he said, focus on three main goals: more flexibility, more support and more resources.

"This executive order encourages all federal agencies to do more to retain military spouses through flexible policies, policies like granting leave when their partner has to PCS [permanent change of station], improving remote work opportunities for military spouses — including when they're stationed overseas," he said.

The executive order enables more support to military families, for instance, by enabling spouses to seek advice on overseas employment issues through military legal assistance officers.

A man stands behind a lectern; behind him are dozens of people dressed in both military uniforms and civilian clothing.

"You also need support to navigate challenges unique to military families, challenges like juggling child care and work while your partner's deployed or when you're caring for an injured loved one," he said. "Too often, the people you work with, they just don't know ... they don't know what you're going through."

The executive order, he said, establishes new training for federal human resources and hiring personnel to ensure that those people fully understand the needs of military families.

The president also said the executive order provides resources — especially for things like affordable child care.

"Today, we're accelerating the implementation of the dependent care flexible spending account, which will give military families the option to receive a pretax benefit for daycare, preschool and summer camps, and much more," Biden said. "This order also focuses on providing resources … for military spouses who are entrepreneurs."

A man stands behind a lectern. Behind him are a U.S. flag and dozens of people dressed in both military uniforms and civilian clothing.

Included there are new funding options, including grants and loans to help military spouses start and sustain businesses.

The directions provided within the executive order, Biden said, are an important part of sustaining the all-volunteer force, which will next month turn 50 years old.

"All of you who raised your hand, all of you who volunteered are the reason that our military today is the greatest fighting force in the history of the world, bar none — that's the reason. And the reason we've been able to sustain that force year after year, decade after decade is because military spouses, caregivers and survivors have answered the call, as well."

Today's executive order supports those military spouses, caregivers and survivors who currently — or have in the past — provided support to U.S. military personnel.

"I'm here as commander in chief to sign this executive order because it matters. ... It matters to our military recruitment and retention, it matters to our troops' readiness and resilience, and it matters to our nation's safety and security. Supporting our military and veterans' families is not just a moral imperative, it's a national security imperative."

~President Joe Biden

# Construction Tradeoff DA

## 1nc Shell – Single-Payer

#### The construction industry is booming with plenty of key electricity plants but there’s barely enough workers to sustain it - need as much attraction as possible

Bob Tita, 4-10-2023, "Construction Industry Has Work, Needs More Workers," WSJ, https://www.wsj.com/articles/construction-industry-has-work-needs-more-workers-da763703

Construction activity in the U.S. is getting a boost from new plants for electric vehicles, warehouses for e-commerce and manufacturers deciding to do more work in the U.S. after global supply chains broke down during the pandemic. Construction spending on manufacturing last year was the highest on record, according to the Census Bureau. Increased federal spending on public-works projects, defense and production of electric-vehicle batteries and semiconductor chips is expected to keep construction activity elevated into next year, contractors said. Deere & Co., Caterpillar Inc. and other construction-equipment manufacturers expect higher machinery sales in the U.S. this year. “We feel good about nonresidential construction in North America,” Caterpillar Chief Executive Jim Umpleby told investors in March at a construction-equipment trade show in Las Vegas. “That business has been improving and will continue to improve.” The backlog of nonresidential projects in the U.S. under contract but not yet started was 9.2 months in February, more than a month longer than the previous February, according to the Associated Builders and Contractors Inc., a trade group based in Washington, D.C. For factories, energy projects and other industrial jobs, the backlog was 10.4 months in February, an increase of two months from January and 3.8 months from February 2022. While the rising backlog indicates continuing demand for construction, some analysts warn the backlog signals contractors’ increasing difficulties completing jobs and a reluctance to start new ones. Caddell Construction Co. said it recently completed distribution warehouses near Dallas and Charleston, S.C., with about 2.5 million square feet of space in each building. The contractor based in Montgomery, Ala., has opted not to pursue contracts for some larger buildings because of concerns about the availability of workers and materials needed for the projects, said Ricky Byrd, senior vice president for commercial construction.   “There’s not enough talent in the market to do all the jobs that are out there,” Mr. Byrd said. “We say ‘no’ to projects more than we say ‘yes’ these days. It’s part of managing our risk.” About one-fifth of construction workers are older than 55 years old and are often the most skilled workers or supervisors on a job site, the builders-and-contractors group said. As older, higher-skilled workers retire or leave for other jobs, many contractors haven’t been able to quickly replace them with younger workers with the same skill levels.

#### Healthcare is key to keeping workers in construction.

Binke22

Birmingham, xx-xx-xxxx, "Improve Health Benefits in the Construction Industry to Improve Retention," Birmingham Group, https://thebirmgroup.com/improve-health-benefits-in-the-construction-industry-to-improve-retention/

Employee retention in the construction industry is central to ongoing success, capturing market share and ongoing growth.  Boosting employee retention has become that much more challenging since the start of the pandemic and the rise of lucrative tech jobs.  If your construction business is struggling to hire and retain employees, you should know youare not alone.  Put your faith in a construction industry recruiter, boost your health benefits, provide additional forms of positive reinforcement and your employee retention rate will gradually increase.

Construction Employees Covet Extensive Health Benefits

Construction industry health benefits have the potential to make the difference between retaining valued employees and losing them to the competition.  Every construction business owner, manager and recruiter should be aware that most employees always assume the grass will be greener on the other side. Though job-hopping doesn’t always benefit employees, it certainly proves detrimental to construction businesses.  You can do your part to retain your hardworking contributors by offering comprehensive benefits.

Improve Health Benefits in the Construction Industry Today

The clock is ticking on your construction business.  Fail to perform an honest review of your health benefits and your business will be at a significant competitive disadvantage in the context of human capital.  However, merely analyzing health benefits is not enough in and of itself. Make the necessary alterations to improve health benefits in the construction industryand you’ll retain a higher percentage of employees.  Most importantly, regular healthcare benefit reviews and strategic improvements make headway in maintaining goodwill with your most valued “rainmaker” contributors that perform the all-important heavy lifting both in terms of physical and mental labor.

Why Healthcare Matters to Construction Employees

It is no secret that working in the field of construction requires:

Physical strength

Toughness

Grit

Determination

Medical treatment

The hardworking men and women who sacrifice their bodies to build the structures we all need and use for a functional society deserve comprehensive healthcare benefits.  Society’s unwritten social contract makes it clear that private enterprise as opposed to governmental bodies are to cover some or all of the cost of employee healthcare.  The onus of affordable healthcare ultimately falls on healthcare companies such as yours. Improve health benefits in the construction industry and your contributors really will prove that much more loyal and dedicated to your company now and also in the months and years ahead. Healthcare benefits are important for reasons beyond maintaining physical and mental health.  Health is intricately tied to job satisfaction.  Employees who are content with their healthcare benefits are that much more likely to be satisfied with their jobs and also more likely to remain with the business for years or even decades. According to a 2022 Quest Diagnostics study dubbed 2022 Health at Work, two-thirds of construction industry workers consider job-hopping within a year or less.  The enhancement of construction worker health benefits proves mutually beneficial to both employers and employees as a healthy workforce is more productive and also more likely to remain with the business in the years ahead.

The Need for Healthcare Benefits has Never Been Greater

The coronavirus pandemic combined with the society-wide increase in sedentary living has heightened the need for healthcare.  Construction business owners, managers and recruiters are now recognizing the somewhat startling fact that some prospective industry employees as well as current employees are more concerned with healthcare benefits than financial compensation.  The CDC reports the demand for mental health benefits jumped more than 30% in between the summer of 2019 and the start of 2021. Seize the opportunity to make your company more competitive to potential hires with the addition of comprehensive mental health benefits, no-cost virtual counseling, affordable copayments for mental health services and traditional healthcare services.  Make these changes and you’ll find your hardworking contributors are that much more likely to remain with your construction company for the long haul.

#### Construction workers are facing massive shortages – it threatens the success of the federal investment in infrastructure and manufacturing projects.

Bousquin22 **—** Joe Bousquin, the senior editor for *Construction Dive,* holds a master’s degree, with honors, from Columbia University’s Graduate School of Journalism, 2022 (“Lack of Construction Workers threatens Infrastructure Efforts: AGC, *Construction Dive,* September 1st, Available Online at https://www.constructiondive.com/news/construction-worker-shortage-threatens-iija-infrastructure-investments-agc/631017/, Accessed 06-22-2023)

Construction firms are struggling to find workers to such a degree that it’s threatening the success of federal investment in infrastructure and manufacturing projects, the Associated General Contractors of America said Wednesday.

Citing its annual construction workforce survey of nearly 1,300 employers commissioned with tech provider Autodesk, AGC said 93% of construction firms have open positions, and 91% are having trouble filling them, particularly among the craft workforce that performs the bulk of onsite construction work.

The shortages ran the gamut of firms, from contractors who exclusively use union craft labor and those that operate as open-shop employers; from companies making $50 million to $500 million in revenue; those in all four regions of the country and ones that focus on building construction, highway and transportation projects, federal and heavy work or utility infrastructure.

“Construction workforce shortages are severe and having a significant impact on construction firms of all types, all sizes and all labor arrangements,” said Ken Simonson, the association’s chief economist, in a statement.

Citing July’s construction unemployment rate of 3.5%, which was lower than that of the overall economy, he said, “that essentially means there’s almost nobody out there with construction experience looking for a new job in construction.”

The AGC’s survey came on the heels of this week’s job openings report from the Bureau of Labor Statistics, which found there are 375,000 unfilled positions in construction currently, a jump of 11.3% from a year ago.

#### Infrastructure failure contaminates water, disrupts facilities, and increases the risk of health hazards.

CDEM ND — Canterbury Emergency Management, a Civil Defense Emergency Management Group, ND (“Infrastructure Failures,” *CDEM*, ND, Available Online at https://www.cdemcanterbury.govt.nz/hazards/infrastructure-failures/, Accessed 06-23-2023)

Our everyday lives rely on infrastructure – we expect to be able to boil the kettle, jump online and have water come out of the tap when we want it.  But these systems are all vulnerable not just to natural hazards, but also to other issues such as contamination of water supply, maintenance issues or cyber attack. The consequences of infrastructure failure can be significant - disruption to households and businesses and may result in evacuations, business closures, economic loss and clean-up costs, potential health hazards and environmental impacts.

Important infrastructure, also known as lifeline utilities, is mainly provided and managed by commercial companies and some are managed by local city or district councils or the Government. Each infrastructure provider is required to undertake asset management planning to reduce the possibility of failure – and to ensure that services are re-established as soon as possible if they do fail.

## Uniqueness

### UQ – Brink

#### Construction stagnates with recession- brink of collapse.

Niall Patrick, November 17, 2022, "Construction will stagnate in 2023 as recession looms, warns Dodge Construction Outlook," Archinect, https://archinect.com/news/article/150330602/construction-will-stagnate-in-2023-as-recession-looms-warns-dodge-construction-outlook

The Dodge Construction Network has produced a forecast for the U.S. construction sector for 2023, in which it signals a slowdown across many typologies. Overall, the dollar value of construction starts will be $1.08 trillion, which, though unchanged from 2022, represents a 3% dip when adjusted for inflation.

Dodge’s analysis suggests the stagnation will not be felt evenly across the industry, with declines in residential and commercial activity offset by growths in manufacturing and infrastructure.

The dollar value of single-family homes starts will hold steady in 2023 versus 2022, which, when adjusted for inflation, represents a decline of 5%. The number of single-family housing units is expected to decline by 6% to 891,000 units, a fall fuelled by higher mortgage rates and continued high construction costs.

The multifamily sector will show similar stagnation with a 1% rise in the value of construction starts versus 2022, which becomes a 7% decline when adjusted for inflation. As a result, the number of units will fall 9% to 723,000, fuelled by ongoing labor shortages and hesitant investors

The value of commercial starts will fall by 3% in 2023, representing a 13% inflation-adjusted decline. While warehouse and office projects will decline, and hotel and retail starts will stagnate, data center construction is expected to remain strong. Meanwhile, institutional projects will hold steady in 2023, representing a 1% inflation-adjusted decline. While traditional school construction is set to fall, life science buildings and healthcare projects, including outpatient clinics and hospitals, continue to rise.

In contrast to the stagnating or declining numbers across residential, commercial, and institutional projects, manufacturing and infrastructure projects continue to be lucrative. Manufacturing, including chip fabrication plants and EV battery plants, saw a tripling in construction starts in 2022, and while starts will decline in 2023, the $51 billion value in 2023 starts is still far higher than historical figures, according to Dodge.

The value of public infrastructure projects will gain 18% in 2023 versus the previous year, or 12% when adjusted for inflation, led by streets and bridge work. Meanwhile, utility/gas projects will see an 8% gain, or 2% when adjusted for inflation, fuelled by utility-scale wind and solar projects.

“As the clouds of uncertainty mount on the fate of the economy in 2023, the construction sector has already started to feel the impact of rising interest rates,” explained Richard Branch, Dodge’s chief economist. “The Federal Reserve’s ongoing battle with inflation has raised concerns that a recession is imminent in the new year. Regardless of the label, the economy is slated to significantly slow, unemployment will edge higher, and for parts of the construction sector, it will feel like a recession.”

While anticipating a slowdown in construction, Branch does not believe we will see a repeat of the extreme conditions endured following the 2008 financial collapse. “The funds provided to the construction industry through the Infrastructure Investment and Jobs Act (IIJA), The CHIPS and Science Act, and the Inflation Reduction Act (IRA) will counter the downturn allowing the construction to tread water,” Branch notes. “During the Great Recession, there was no place to find solace in construction activity — 2023 will be quite different.”

## Links

### Link – Healthcare Benefits

#### The construction industry is steadily improving and workers are kept in with flexible healthcare benefits that sustain small businesses

PeoplekeepInc**,** Nodate

Peoplekeep, Inc., xx-xx-xxxx, "Guide," No Publication, https://www.peoplekeep.com/health-benefits/construction

Construction spending is projected to exceed 1.45 trillion U.S. dollars in 2023 — up from the 1.29 trillion dollar value in 2018. Although the continued uptick is a good thing, many construction companies find it difficult to recruit skilled workers to meet the steady demand. This challenge is even greater for small- to medium-size business owners as they find themselves competing with large construction companies with deep pockets and traditional group health care packages. And with traditional group insurance comes participation requirements, administration complexity, and high costs that just don’t make sense for many of these smaller businesses. As a result, many construction companies are looking for other ways to reimburse their workers for health care. This is where a health reimbursement arrangement (HRA) can help your small construction business and here’s why. We understand that no construction project is the same and so small construction firms operate differently than most small businesses. That’s why we know flexibility is key to managing your cash flow successfully. An HRA is a good fit for a small construction company like yours as it offers the ability to offer tax-free money to its workers for health care expenses. Your small business can decide in advance the amount of money to contribute, with the flexibility of adjusting the amount based on budget constraints throughout the year. It’s great for your workers too as they have the flexibility to use the allowance to purchase the health insurance and services that best fit their needs. There are different types of HRA plans, each tailored for different types of businesses. You can learn what type of HRA may be best for your construction business here. Hire and keep top workers With construction workers spanning from baby boomers to millennials, Construction workers with a crane in the background offering a health benefit that works for all types of employees is crucial – especially when it comes to recruitment and retention. An HRA is appealing for all types of construction workers as it gives them the flexibility to choose the health insurance and eligible expenses that best suit them. The flexibility and cost savings inherent in these tax-free plans make HRAs a great recruiting tool as workers recognize its value and fairness, regardless of their age or situation. Simplify administrative processes. Running a small construction business can be administratively demanding. With massive amounts of records, regulations, and timelines to stay on top of it’s no surprise that work-life balance is especially tricky for small firms. Fortunately, adding an HRA through PeopleKeep doesn’t add more to a small firm’s administration burden. Both you and your employees can administer the HRA in just minutes a month through PeopleKeep’s easy-to-use, cloud-based software.

#### Employers improving benefits now

Rachel E. Pelovitz, 8-4-2022**,** "Increase Health Benefits to Increase Morale," No Publication, https://www.constructionexec.com/article/increase-health-benefits-to-increase-morale

Health is critically linked to job satisfaction, says a survey conducted by Quest Diagnostics in March 2022. The study, “2022 Health at Work,” has revealed that 66% of employees are thinking of changing jobs next year—or have recently completed a job change. In addition, 77% of respondents state that preventive care was difficult during the pandemic.

With that in mind, 73% of human resources executives surveyed are concerned about employees’ chronic conditions and 90% believe they will need to improve benefit packages and increase wages to compete for the best workers and retain current employees during the Great Resignation.

Better benefits in general (38%), better health care benefits specifically (36%), as well as work/life balance (36%) were three of the top four reasons employees consider moving to a different company. Salary increase was the top reason (50%).

#### Health insurance is what makes dangerous construction jobs ok to workers - aff makes this benefit non unique

Construction5-16-2020, “Why Health Insurance is so Crucial in Construction,” No Publication,

https://constructiondigital.com/construction-projects/why-health-insurance-is-so-crucial-in-construction

For construction workers, health insurance is a must. Construction workers have a staggering 75 percent chance of suffering a disabling injury on the job, according to the Centre to Protect Workers’ Rights. The most common injuries among construction workers are strains and sprains, with workers also at risk of trips, slips and falls, being struck by an object, electrocution, and being trapped in small spaces or by heavy objects. With so many potential on the job hazards, arranging health insurance is a wise move for anyone working in the construction industry. Here are five reasons why: Health Insurance Pays For Good Treatment Construction workers face the threat of a variety of disabling injuries. Add to that the fact that construction workers are often paid on a by-project basis and it's easy to see the financial impact of having to take time off work for medical treatment. Health insurance pays for good quality treatment, letting the care provider know that treatment costs are covered and opening up a wider range of treatment options. Health Insurance Covers a Range of Treatment Options Construction workers face a range of hazards, some of them complex or capable of causing serious injuries. Men and women out in the field could find themselves dealing with anything from a long-term sprain to a broken bone to the after effects of handling dangerous substances. Having health insurance means a wider range of treatment options will be available than if they remain uninsured, which is particularly important given the range of potential hazards. Health Insurance Offers Financial Protection As "Five Reasons It's Vital to Have Health Insurance" points out, insurance protects policy holders from large bills that can ruin their finances. Between their fluctuating income and the dangers they face on the job, having a buffer between themselves and a huge health care bill is an absolute must for construction workers. Health Insurance Covers Ongoing Treatment and Medication Construction workers may find themselves long term disabled as a result of an on the job injury. Sprains and strains can lead to chronic pain and recurring problems which will require long-term treatment. Some construction workers may find they can continue working if their injury and pain is well managed by treatment and health insurance is a way to cover that treatment and prevent problems caused by leaving an injury untreated in the long-term. Health Insurance Covers Preventative Care Lastly, in order to do their jobs, construction workers need to take care of their health in order to stay as well and strong as possible. Health insurance covers preventative care as well as primary care, including exams and screening for potential problems. Finding problems early often means quicker and less invasive treatment, which means less time missed from work and less risk of the condition getting out of control further on down the road. Construction is a vital part of the American economy, providing both employment and infrastructure around the country. For construction workers, the occupation comes with its own hazards. Good health insurance provides support if an injury happens and can also help to prevent injuries and provide long term treatment, which means better health and less financial worry for workers in the construction industry.

## Internal Links

### Infrastructure

#### Construction workers key to critical infrastructure

David Ashinoff**,** 2021

Associated General Contractors of America, xx-xx-xxxx, "AGC Alert: Keep Construction Essential ," https://advocacy.agc.org/keep\_construction\_essential

CONSTRUCTION IS ESSENTIAL: **Keeping the men and women of the construction industry mobilized** throughout the COVID-19 pandemic **has proven necessary to meeting the needs of our communities and economy. Construction workers have built, maintained, and repaired critical infrastructure, health facilities, and data centers, among other projects.** Moreover, they have responded to immediate recovery needs before and after hurricanes, wildfires, and other natural disasters.

## Impacts

### 2NC – Infra

#### Impact: Any weakness in critical infrastructure will cascade into other systems, destroying society’s functioning and turns case

**Osei-Kyei et al, Western Sydney University, 2021**

Robert Osei-Kyei, Vivian Tam, Mingxue Ma, and Fidelis Mashiri, “Critical review of the threats affecting the building of critical infrastructure resilience.” International Journal of Disaster Risk Reduction. June 15, 2021. The authors are professors at the School of Engineering, Western Sydney University. https://doi.org/10.1016/j.ijdrr.2021.102316

In these contemporary times, **critical infrastructures** (CIs) **are of great importance because they are physically and logically essential to a nation.** Importantly, **CIs are necessary to support public welfare, economic growth and government day-to-day functions. Examples of CIs include supply of energy** (oil, gas, and **electricity), information and communication technology** (including telecommunications and navigation)**, nuclear industry, water supply,** healthcare (hospital, medicines, and vaccines), provision of **financial services** (banks and insurance), civil administration (**government functions** and facilities), **and function of transportation systems** (road transport, railway transport, and air traffic). **CIs are always known to be highly interconnected and complex.** This means that the operation of one CI is dependent on the operation of other CIs. For instance, **steady supply of electricity is fundamental to the function of water and telecommunication systems**. In this regard, **any disruption of a single CI could lead to cascading effects in other CIs, and further trigger regional or national impacts.** The complicated interdependencies of CIs network brings difficulties in managing potential crisis. Considering the complicated interdependencies of CIs network, in recent years it has become very necessary for many governments to build resilient CI systems which will ensure the continuing function of a nation's economy. Generally, CI resilience refers to the ability of CIs to absorb, resist, adapt and recover from the effects caused by a disruptive event. In fact, protecting CIs is good, however, developing **resilient CIs system** is considered prudent because it **allows a country to adapt to change and withstand unexpected situations or pandemics.** More importantly, resilient CIs system enable a country to develop urban community resilience which ensures that communities can absorb disturbance while maintaining their functions and structure. However, different forms of threats including natural disasters, cyber threats, **technical damages**, human errors, and malicious attacks have the possibility to disrupt governments' efforts to develop resilient CIs system or network. Essentially, some threats/hazards **would** not only cause a disruption to a government's efforts to develop CI resilience but can **lead to a total breakdown of a country's CIs network, thus making the national economy and society unfunctional.**

### 2NC – Electricity Infra

#### Electricity infrastructure key to preventing extinction and societal collapse

**Greene 19** [Sherrell R. Greene Mr. Greene received his B.S. and M.S. degrees in Nuclear Engineering from the University of Tennessee. He is a recognized subject matter expert in nuclear reactor safety, nuclear fuel cycle technologies, and advanced reactor concept development. Mr. Greene is widely acclaimed for his systems analysis, team building, innovation, knowledge organization, presentation, and technical communication skills. Mr. Greene worked at the Oak Ridge National Laboratory (ORNL) for over three decades. During his career at ORNL, he served as Director of Research Reactor Development Programs and Director of Nuclear Technology Programs. . "Enhancing Electric Grid, Critical Infrastructure, and Societal Resilience with Resilient Nuclear Power Plants (rNPPs)." https://ans.tandfonline.com/doi/pdf/10.1080/00295450.2018.1505357?needAccess=true]

Societies and nations are examples of large-scale, **complex social-physical systems**. Thus, **societal resilience** can be defined as the ability of a nation, population, or society to **anticipate** and **prepare** for major **stressors** or **calamities** and then to absorb, adapt to, **recover** from, and restore normal functions in the wake of such events when they occur. A nation’s dependence on its **Critical Infrastructure** systems, and the resilience of those systems, are therefore **major components** of national and **societal resilience**.

There are a variety of events that could deal crippling **blows** to a nation’s **Grid**, **Critical Infrastructure**, and **social fabric**. The types of catastrophes under consideration here are “**very bad day” scenarios** that might result from severe GMDs induced by solar **CMEs**, **HEMP** attacks, **cyber** attacks, etc.5

As briefly discussed in Sec. III.C, the probability of a GMD of the magnitude of the 1859 Carrington Event is now believed to be on the order of 1%/year. The Earth narrowly missed (by only several days) intercepting a CME stream in July 2012 that would have created a GMD equal to or larger than the Carrington Event.41 Lloyd’s, in its 2013 report, “Solar Storm Risk to the North American Electric Grid,” 42 stated the following: “A Carrington-level, extreme geomagnetic storm is almost inevitable in the future…The total U.S. population at risk of extended power outage from a Carrington-level storm is between 20-40 million, with durations of 16 days to 1-2 years…The total economic cost for such a scenario is estimated at $0.6-2.6 trillion USD.” Analyses conducted subsequent to the Lloyd’s assessment indicated the geographical area impacted by the CME would be larger than that estimated in Lloyd’s analysis (extending farther northward along the New England coast of the United States and in the state of Minnesota),43 and that the actual consequences of such an event could actually be greater than estimated by Lloyd’s.

Based on “Report of the Commission to Assess the Threat to the United States from Electromagnetic Pulse (EMP) Attack: Critical National Infrastructures” to Congress in 2008 (Ref. 39), a HEMP attack over the Central U.S. could impact virtually the entire North American continent. The consequences of such an event are difficult to quantify with confidence. Experts affiliated with the aforementioned Commission and others familiar with the details of the Commission’s work have stated in Congressional testimony that such an event could “kill up to **90 percent of the national population** through **starvation**, **disease**, and **societal collapse**.” 44,45 Most of these consequences are either **direct** or **indirect impacts** of the **predicted collapse** of virtually the entire U.S. **Critical Infrastructure system** in the wake of the attack.

Last, recent analyses by both the U.S. Department of Energy46 and the U.S. National Academies of Sciences, Engineering, and Medicine47 have concluded that **cyber threats** to the U.S. Grid from both state-level and substatelevel entities are likely to grow in number and sophistication in the coming years, posing a **growing threat** to the U.S. Grid.

These three “very bad day” scenarios are not **creations** of **overzealous science fiction writers**. A variety of mitigating actions to reduce both the vulnerability and the consequences of these events has been identified, and some are being implemented. However, the fact remains that events such as those described here have the potential to change life as we know it in the United States and other developed nations in the 21st century, whether the events occur individually, or simultaneously, and with or without coordinated physical attacks on Critical Infrastructure assets.

### AT: Cyber Alt Cause

#### Ransomware is overhyped - most attacks are small and easily defeated

**Clouston, Haslhofer, and Dupont, Australian Institute of Technology 2019**

Masarah Paquet-Clouston (GoSecure), Bernhard Haslhofer (Australian Institute of Technology) and Benoıˆt Dupont (Universite´ de Montre´al), Ransomware payments in the Bitcoin ecosystem, Journal of Cybersecurity, 2019, 1–11, doi: 10.1093/cybsec/tyz003.

**Many argue that ransomware authors have proved to be highly innovative** in the past years. Since 2013 and the first introduction of the Cryptolocker ransomware, new variants have been designed and distributed by ambitious cybercriminals, building on the success of previous versions or fixing previous errors [3, 15, 18]. Yet, focusing on the speed at which ransomware authors modify their malware and the technologies used may lead to overestimate the severity of the threat. **As the current hype would have it, ransomware authors would make large amounts of money**—up to millions of dollars—with this successful online black mailing activity [6, 21, 22]. As it is often the case, **the reality is not that simple.** In 2015, Kharaz, Robertson, Balzarotti et al. [15] published **a long-term study** on ransomware attacks in which they analyzed 1359 samples from 15 ransomware families. Even though ransomware has evolved, these authors **found that the number of families with sophisticated destructive capabilities remains quite small. They also found that malware authors mostly used superficial techniques to encrypt or delete a victim’s files. Flaws were, moreover, found in the code, making the attack easily defeated**. Similarly, Gazet [4] conducted a comparative analysis of 15 ransomware and discovered that **the code used was often basic and built on high-level languages. Looking at the victims and the ransoms asked, the author concluded that ransomware attackers followed a low-cost/low-risk business model: they did not aim at targeted extortion, but relied instead on small attacks for small ransoms,** which could be compensated by mass propagation.

#### Crypto is not effective for organized crime or money laundering - it’s not backed by enough real money to be effective

**Gerard, Foreign Policy 2022**

David Gerard (author of: Attack of the 50 Foot Blockchain), Cryptocurrency Is No Fix for Russia’s Sanctions Woes, Foreign Policy, March 3, 2022, 2:58 PM. <https://foreignpolicy.com/2022/03/03/crypto-russia-sanctions/>

**Money laundering for criminals and other bad actors is not a new idea.** At its core, it is the process of turning dirty money you can’t use into clean money you can use. **Cryptocurrency has sometimes been a useful tool for this, but it stumbles at the last hurdle: getting actual money out at the other end, and not just another crypto. The volume of the crypto economy is just too small; there aren’t enough actual dollars. When headlines speak of millions or billions of dollars in crypto-tokens, these often aren’t dollars in any realizable sense. They’re abstract value** in the way that, say, a private-equity unicorn company like Theranos was once “worth” $10 billion. **Turning this mark-to-market value into money you can spend is difficult even if you do it all entirely aboveboard.**

#### The Biden Administration is already defending cybersecurity now - now we have to focus on construction workers

**White House,** 3-2-20**23**, "FACT SHEET: Biden-Harris Administration Announces National Cybersecurity Strategy," https://www.whitehouse.gov/briefing-room/statements-releases/2023/03/02/fact-sheet-biden-harris-administration-announces-national-cybersecurity-strategy/

The Administration has already taken steps to secure cyberspace and our digital ecosystem, including the National Security Strategy, Executive Order 14028 (Improving the Nation’s Cybersecurity), National Security Memorandum 5 (Improving Cybersecurity for Critical Infrastructure Control Systems), M-22-09 (Moving the U.S. Government Toward Zero-Trust Cybersecurity Principles), and National Security Memorandum 10 (Promoting United States Leadership in Quantum Computing While Mitigating Risks to Vulnerable Cryptographic Systems). Expanding on these efforts, the Strategy recognizes that cyberspace does not exist for its own end but as a tool to pursue our highest aspirations.

APPROACH

This Strategy seeks to build and enhance collaboration around five pillars:

1. Defend Critical Infrastructure – We will give the American people confidence in the availability and resilience of our critical infrastructure and the essential services it provides, including by:

Expanding the use of minimum cybersecurity requirements in critical sectors to ensure national security and public safety and harmonizing regulations to reduce the burden of compliance;

Enabling public-private collaboration at the speed and scale necessary to defend critical infrastructure and essential services; and,

Defending and modernizing Federal networks and updating Federal incident response policy

# Construction Tradeoff – Aff Answers

## Uniqueness

### Non-UQ – Uninsured

#### Non unique - Construction Workers don’t join for benefits – most are uninsured

Kim Slowey, 3-27-2018, Degree in Journalism and construction industry for 25+ years “Construction workers least likely to have health insurance, report finds,” Construction Dive,<https://www.constructiondive.com/news/report-construction-workers-least-likely-to-have-health-insurance/519991/>

Of the 20 professions least likely to have health insurance, 11 of them are in the construction industry, according to MarketWatch. The average uninsured rate for fulltime workers in the U.S. is 12%, but the percentage of certain categories of construction workers without health insurance is much higher, including roofers (50.5%); drywall hangers, finishers and ceiling tile installers (49.5%); plasterers and stucco masons (49.1%); fence installers (45.7%); carpet, tile and floor installers (45.2%); painters and paperhangers (43.1%); construction trade helpers (42.8%); installation, maintenance and repair helpers (40.5%); cement masons, concrete finishers and terrazzo workers (38.7%); brick masons, block masons, stonemasons and reinforced iron and rebar workers (38.6%); and construction laborers (37.5%) At least some of the workers who reported not having health insurance coverage could be classified as independent contractors, which means that they are operating as a business and not entitle to benefits from another employer. Dive Insight: In most states, companies are required to carry workers’ compensation insurance so that if a worker is injured on the job, medical bills, partial salary, rehabilitation costs and training for a new trade, if necessary, will be paid regardless of whether the injured person has health insurance. However, is the worker is classified as an independent contractor or contract worker, then he or she is not covered by this benefit. And, according to the Workers Defense Project, the southern U.S. is the region most likely to have construction workers laboring as independent contractors. As part of its study, the Workers Defense Project reported that only 5% of the 1,435 workers it interviewed in six southern states said workers’ compensation would cover the cost of their work injuries, and 57% said they earned less than $15 an hour. In Houston, specifically, 40% of construction workers interviewed had no health insurance, retirement savings, paid vacations or sick leave. More than 30% said they did not have breaks during the day and that their employer did not provide drinking water on the jobsite. The U.S. Department of Labor and Internal Revenue Service have requirements for independent contractors, and employers that misclassify employees as contract labor could face penalties from both agencies. Generally, independent contractors offer their services to the public. In addition, in an independent contract relationship, the employer has a say in the end product but not how the independent contractor achieves it, for example, by dictating hours spent on the job.

### Non-UQ – Low Employment - Recession

#### Workers have already left during the recession

Schaffer**,**Nicholas A., 2-24-2023**,** "Where have all the workers gone? : Monthly Labor Review: U.S. Bureau of Labor Statistics," No Publication, https://www.bls.gov/opub/mlr/2023/beyond-bls/where-have-all-the-workers-gone.htm

During the period of a recession, many workers will exit the labor force. This phenomenon has been observed often. But what workers are most likely to exit the labor force during recessions? And what do they do after exiting the workforce?

In her essay, “Labor force exiters around recessions: who are they?” (Federal Reserve Bank of St. Louis *Review*, first quarter 2023), author Victoria Gregory analyzes labor force data from the Great Recession and the recession of the coronavirus disease 2019 (COVID-19) pandemic. In doing so, she examines the differences in labor force dynamics between these recessions by considering patterns in labor force entry and exit. Gregory uses these patterns of job separators to determine whether each recession set of “exiters” would likely be reemployed 1 year later. To better understand the differences in exit patterns, she looked at the workers’ chance of being reemployed and their composition, such as gender, education, and age.

After separating from their jobs, exiters had several paths from which to choose. Some returned to their former job, whereas others found a new job. Some individuals spent much of their time looking for a new job and others exited the labor force entirely. Gregory observed that the labor force participation rate of both the Great Recession and the COVID-19 pandemic recession declined substantially.

Gregory’s analysis of labor force patterns is based on monthly data from the Current Population Survey (CPS). Because the CPS surveys households for 4 consecutive months, skips 8 months, and then surveys for another 4 months, it is an ideal panel structure for Gregory’s analysis. After dividing workers who lost their jobs into two groups by recession (Great and pandemic), the author again divides each group into three on the basis of the individuals’ status at the end of their time in the CPS sample: exiters (left the labor force), nonexiters (did not leave the labor force but were unemployed), and reemployed (lost their jobs and found employment again).

### Non-UQ – Low Employment – pandemics

#### Non Unique - Pandemic lowered employment already

Julie Littman, 9-8-2021, “Why aren’t restaurant workers coming back? Here’s what the data shows.,” Restaurant Dive, https://www.restaurantdive.com/news/why-arent-restaurant-workers-coming-back-heres-what-the-data-shows/606198/

Gregory’s analysis of the pandemic recession reveals that workers who were unlikely to be reemployed within a year after leaving the labor force after a job loss were retired, had children 12 years or younger at home, were female, and/or had less education. The workers most likely to be reemployed who had not left the labor force, however, tended not to have children 12 years and younger, were female, were highly educated, and had left their old job voluntarily. While eating and drinking places gained 1.3 million jobs during the first seven months of 2021, the industry is still 1 million jobs short from reaching its pre-pandemic level of 12.3 million, according to the National Restaurant Association. In August, however, the industry lost over 40,000 jobs for the first time this year due to an uptick in coronavirus cases, keeping the labor shortage top of mind. Without enough workers, many restaurants have reduced operating hours and rely on overburdened staff who face stronger diner demand. Many operators continue to pin the labor crisis on higher unemployment benefits offered during the pandemic, but a closer look at several labor reports released in the past few weeks show the situation is much more complicated.

### Non-UQ – Low Employment

#### Construction tanking now- empirics.

#### **Joe** **Bousquin**, 2-22-**2023**, “Construction starts plummet 27%,” Construction Dive, https://www.constructiondive.com/news/construction-starts-plummet-27-percent-in-january/643257/

Dive Brief:

Total construction starts fell 27% in January to a seasonally adjusted annual rate of $865.6 billion, according to Dodge Construction Network, a dramatic reverse from December, when new project kickoffs ended 2022 on the upswing. In the latest reading, nonresidential building starts fell 38%, residential starts lost 20%, and nonbuilding starts declined by 16%.

On a year-over-year basis, total construction was 14% lower in January 2023 than in January 2022. Residential starts lost 34%, reflecting the prolonged weakness in the housing market, while nonresidential building starts were down 2% compared to a year ago. One bright spot was nonbuilding starts — think roads and infrastructure — which were up 10% compared to a year before.

Despite the stark contrast from a month before, Richard Branch, Dodge’s chief economist, said the numbers should be viewed in context of the unusually strong momentum seen at the end of 2022. “January’s decline in construction starts should not be taken as the beginning of a cyclical downturn in the industry,” Branch said. “Numerous megaprojects have begun over the last few months, obscuring the underlying trend in construction activity.”

How the construction industry can prepare for a recession

Dive Insight:

The challenging comparison to the wave of kickoffs at the end of last year provides one reason to see the most recent numbers in a more favorable light. But Branch noted that some areas of building are likely to fair better than others in 2023, even as he highlighted building’s overall strength.

#### Construction workers already don’t and won’t receive health benefits

​​KimSlowey**,** 3-27-2018**,** “Construction workers least likely to have health insurance, report finds,” Construction Dive, https://www.constructiondive.com/news/report-construction-workers-least-likely-to-have-health-insurance/519991/

In most states, companies are required to carry workers’ compensation insurance so that if a worker is injured on the job, medical bills, partial salary, rehabilitation costs and training for a new trade, if necessary, will be paid regardless of whether the injured person has health insurance. However, is the worker is classified as an independent contractor or contract worker, then he or she is not covered by this benefit.

And, according to the Workers Defense Project, the southern U.S. is the region most likely to have construction workers laboring as independent contractors.

As part of its study, the Workers Defense Project reported that only 5% of the 1,435 workers it interviewed in six southern states said workers’ compensation would cover the cost of their work injuries, and 57% said they earned less than $15 an hour.

In Houston, specifically, 40% of construction workers interviewed had no health insurance, retirement savings, paid vacations or sick leave. More than 30% said they did not have breaks during the day and that their employer did not provide drinking water on the jobsite.

#### People already leaving construction - neg can't solve (card may need retagging)

Joseph Kane, masters in urban and environmental planning 5-11-2023, "The incredible shrinking infrastructure workforce — and what to do about it," Brookings, <https://www.brookings.edu/blog/the-avenue/2023/05/11/the-incredible-shrinking-infrastructure-workforce-and-what-to-do-about-it/>

It has been over a year since the Infrastructure Investment and Jobs Act passed, unleashing an unprecedented $864 billion in federal funding to improve the country’s transportation, water, energy, and broadband systems. This comes on top of hundreds of billions of dollars for related climate and industrial investments in the Inflation Reduction Act and CHIPS and Science Act. And with this funding has come the enormous potential to support up to 15 million new jobs over the next decade, according to the most ambitious estimates. Many state and local entities eligible to receive this funding—think transportation departments, water utilities, and more—are scrambling to secure new pots of money and get workers ready for all the projects to come.

The problem with this gold rush mentality is that federal, state, and local leaders often overlook a fundamental problem facing the country: They cannot even hold onto current infrastructure workers, let alone find more of them to carry out this pressing work.

The U.S. infrastructure workforce is rapidly losing talent. As recent Brookings research shows, nearly 17 million infrastructure workers are projected to permanently leave their jobs over the next decade due to a wave of retirements, job transfers, and other labor market shifts. Infrastructure workers are not just construction workers—they are plumbers, electricians, civil engineering technicians, or dozens of other occupations, primarily involved in the skilled trades. And they are responsible for operating and maintaining our roads, rails, pipes, power plants, and other facilities over many decades. Filling these shoes is not simply about patching a pothole or building a bridge—it represents a generational challenge affecting many industries nationally.

Since some of these 17 million workers may only be switching positions and not leaving the sector entirely, this figure does not necessarily capture the full range of the country’s infrastructure hiring needs. But it does signal a growing retention gap. For instance, bus drivers, dredge operators, and helpers to electricians are among the infrastructure occupations with the most significant “separations”—an average annual measure estimated by the Bureau of Labor Statistics (BLS) to capture how many workers are projected to leave their jobs. Each of these occupations is projected to see 12% (or more) of their workers leave annually over the next decade, which exceeds the separations rate for all occupations nationally (11.5%). Moreover, these separations greatly exceed the total growth rate (i.e., new jobs) estimated for all occupations nationally (5.3%) over the next decade.

Figure 1: Average annual separations rate, by selected infrastructure occupations, 2021 to 2031

Yet filling these new infrastructure jobs also represents a generational opportunity. Infrastructure jobs pay 30% more to lower-income workers and those just starting their careers relative to all jobs nationally, while also posing lower formal educational barriers to entry. But too many workers—especially younger workers, women, and people of color—continue to be sidelined from these careers. The infrastructure workforce is aging, male, and white; only 11% are 24 years old or younger, 18.5% are women, and under a third are people of color. Many prospective job seekers not only lack awareness these positions exist, but they also lack flexible and accessible pathways to fill them, including struggles to gain needed on-the-job training and limited supportive services (e.g., child care, transportation).

Difficulties in hiring, training, and retaining a younger, more diverse workforce limit economic opportunity, slow down projects, and pose the very real possibility of mission failure for infrastructure employers, including the owners and operators of these systems. Without enough skilled electricians, for example, installing electric vehicle charging stations, upgrading buildings, and deploying clean technologies will be extremely hard and reduce the reach of new federal climate efforts. Infrastructure workers and employers stand to lose—as do all Americans.

These difficulties are also likely to get worse given the country’s declining—and diversifying—labor force participation. The BLS estimates that the U.S. labor force participation rate—the percentage of the population that is working or actively looking for work—has gone up since the pandemic, to 62.6% last month. However, this rate is still lower than the pre-pandemic level (63.3%), and further declines are projected over the next decade (down to 60.1%)—continuing a longer-term trend as more baby boomers exit the labor force. More recent shifts that arose during the pandemic, such as staff burnout, may begin to play a bigger role in future estimates too.

Amid these broader declines, an even more significant change may soon impact the infrastructure workforce: The overall labor force will grow from 161 million workers to 169 million (an additional 4.8%) over the next decade, largely driven by women and people of color—the groups traditionally overlooked and marginalized across the infrastructure sector. From 2021 to 2031, the number of women in the U.S. labor force will increase by 6.1%, while the number of men will only increase 3.5%. At the same time, the number of Black and Latino or Hispanic workers will increase 8.2% and 23.6%, respectively, while the number of white workers will only increase 1.6%. The BLS does not separately report other racial groups—including Asian American and Native American workers—but groups in the “all other” category will grow the fastest (24.1%).

Figure 2: Percent change in civilian labor force, by gender, 2021 to 2031

Figure 3: Percent change in civilian labor force, by race, 2021 to 2031

In other words, bridging the infrastructure sector’s talent gaps in the short term needs to coincide with building a stronger long-term talent pipeline, which crucially depends on reaching and supporting more diverse workers. Reversing the tide of departures in this sector cannot happen overnight, especially as more workers age out of their positions. But the current influx of federal funding gives state and local leaders, including infrastructure employers as direct recipients, the opportunity to test more forward-thinking approaches to workforce development rather than doing business as usual.

That means conducting more extensive community outreach to reach new and different workers, including additional demonstration projects. That means collaborating with workforce development boards, educational institutions, community-based organizations, and other partners to define hiring and training priorities, expand work-based learning options, and provide more supportive services. That means changing how infrastructure projects are done, including new local hiring standards, procurement strategies, and contracting practices to reach women- and minority-owned businesses. That means valuing and retaining current infrastructure workers, including steps toward continued career growth. And that means collecting better data and creating new benchmarks for success over time, focused on equity and inclusion.

The list goes on, but the key is for infrastructure and workforce leaders to both recognize the urgency of this challenge and the need to start experimenting with a different approach. Time is fleeting, and the federal money is already flowing. The path of least resistance—relying on the same types of workers, hiring and training strategies, and more—will not only fail to curb the outflow of talent across the infrastructure sector, but also fail to truly expand the talent pool and maximize the current window of federal funding.

### Alt Causes

#### Alt causes to joining construction.

Briana S., 3-1-2022, Digital Marketing Manager of March Construction "5 Reasons People Love Working in Construction," March Associates Construction, <https://www.marchassociates.com/2022/3/1/five-good-reasons-to-choose-a-career-in-construction/>

If you want an impactful job that offers a change of pace, you will love construction. It is one of the few industries where you can see the impact of your work on the outside world! Lucky for you, there are many job opportunities opening up in this growing field. See some of the top reasons that people choose a career in construction.

1. See the fruits of your labor.

Many professionals feel like their work isn’t meaningful. Over time, this can be discouraging and lead to burnout.  Construction offers the opportunity to help create something that makes a significant impact. It transforms entire communities and changes landscapes. A pile of bricks, wires, logs, and beams becomes a building where families live, companies work, or retail stores thrive!

2. You’ll get to spend time on construction sites.

As a construction or project manager, you will have to work at a desk to create reports, calculate budgets, and ensure the project is on schedule… But you also get to spend time at the construction sites doing field work. While onsite, you get to supervise, gauge construction progress, coordinate with employees, subcontractors, and tenants.

For example, Project Superintendents work onsite in a trailer or temporary office where they oversee the project. Project Managers have a desk inside the corporate office to perform daily work, but also get to visit the jobsites they manage on a regular basis. Field work is a great benefit for people who like to break up their day and spend some time outside of the office.

3. You may get to travel!

In some positions, you will get work-travel opportunities. After a project is complete, you may get to travel and spend time working in a new location, seeing some places that you may otherwise not have visited and meeting new people!

4. There are many paths to take in construction.

In the construction industry, education is important, but nothing compares to the value of work experience. This makes construction a great field for people with various backgrounds. This may include a university graduate, trade school student, or an apprentice. Even those working in different industries can apply their existing skills to the construction management workforce. Construction offers the opportunity to learn new skills and work your way up. Whichever path you take, diversity awaits. If you analyze your strengths and skills, you will find a role that suits you.

5. The construction industry isn’t going anywhere.

Construction is one of the largest grossing industries in the United States. People will always need to remodel and build houses, commercial buildings, or roads. When one project ends, the next one is already waiting to start. The workforce of skilled craftspeople and experienced project managers is aging. As people begin to retire, even more paid positions will open up.

It offers career stability.

The strength of your career’s industry is crucial to consider. In a world plagued by the pandemic, many people lost their jobs due to downsizing. Construction jobs were considered “essential” during this time of crisis.  Most of these workers were able to hold onto their jobs. Contractors can provide services where demand is needed—i.e. residential, retail, or industrial. This flexibility helps the construction industry stay afloat through times of economic change.

If job availability is slow where you are, you can always  look for employment in different states and organize a cross-country move. The real estate development/construction industry is currently thriving in the New York Metro area.

The Bottom Line:

A career in construction means career stability, job security, and career advancement opportunities. There are many paths to take, so you have options. You may be able to enter managerial roles once you have acquired the necessary certifications and gained significant experience.

#### Construction workers leave because of alternative job opportunities, not benefits

NoAuthor**,** 2-18-2022**,** "Why Residential Construction Workers Leave Their Jobs," No Publication, https://www.fcimag.com/articles/96327-homebuilding-workforce-engagement-study-identifies-the-key-reasons-for-residential-construction-skilled-trades-workers-to-stay-or-leave-their-jobs

Amid increasing competition for frontline workers due to the COVID-19 pandemic, BTF and LBA sought to better understand the current levels of engagement and priorities among tradespeople working on residential construction job sites. The levels of engagement of this group as measured in this study are comparable with the average engagement levels for all US companies in all industries and were higher than those in the Healthcare and Manufacturing industries, according to 2021 data from Perceptyx. BTF and LBA will use this data to address the concerns illuminated by the study, create resources to disseminate throughout the industry, and work with trade partners who employ these tradespeople so that levels of engagement and retention can be improved at this critical time and into the future.

The results of the inaugural Homebuilding Workforce Engagement Survey are:

● Out of all tradespeople working on residential construction job sites, 51% are engaged and planning to stay in their jobs, 35% are thinking about another job, and 14% are disengaged yet not considering leaving their job.

● Of those thinking of another job, more than half (51%) are considering leaving residential construction for other sectors, and more than 1 out of 3 (34%) are thinking of leaving construction for opportunities in other industries.

● The group most likely to be thinking of another job is those tradespeople with 1 to 5 years of experience. By the time they have been trained, invested in, and add real value to employers, over 2 out of 5 (43%) of this group are thinking of another job.

The top reason survey respondents gave for staying in their jobs was that they had opportunities for career advancement, training, and learning new skills. The next most cited reason was their boss treating them well and feeling valued and respected at work. On the other hand, a lack of career advancement, training, and development was the top reason people wanted to leave their job. Therefore, while compensation does matter, this study reveals that it is not the most important factor in employee engagement.

#### Alt causes to quitting

Employers. Small,NoDate, "4 Reasons Your Workers are Walking Away from the Construction Industry," Cotney Attorneys & Consultants, https://www.cotneycl.com/4-reasons-your-workers-are-walking-away-from-the-construction-industry/

1. For Millennials, Money Isn’t the Issue

Of all the various generations of workers that typically inhabit a project site, millennials are arguably the hardest to retain. Many millennials join the construction industry after hearing stories about high school graduates jumping out ahead of their contemporaries who spend the next four years in college. Unfortunately, many millennials soon find out that the thing they were seeking all along wasn’t money, it’s stimulation, growth potential, and sense of community. Focus on honing these three qualities and watch as your workers take increased pride in their daily tasks.

2. Construction Culture Is Ill-Defined

Randstad, a major recruiting agency, published some startling findings related to culture in the workplace. They found that 58 percent of employees would leave a job with a negative work culture. If the idea of hard work for the sake of hard work is the defining principle of your culture, it’s time to reassess the way you approach business. Otherwise, workers will continue to seek new opportunities in other industries.

3. Lack of Appreciation Drives Away Newer Hires

Everyone wants to feel like their efforts are appreciated, which is too bad for the construction industry, since the frenetic pace of the project site means that good work is often overlooked in favor of problems that need fixing. This doesn’t mean employers have to commit to daily positive reinforcement, but it does mean that contractors need to reassess the way they show appreciation to their hardworking employees. Something as simple as a “thumbs up” could mean the difference between a worker staying or leaving.

4. Information Regarding Career Growth is Scarce

One of the best ways to retain good workers is to put them on the path to career advancement. But if there are plenty of opportunities to advance in the construction industry, why is this a pain point? Lack of information is the main culprit here. Contractors juggling multiple projects at once are often spread thin. You might notice that a worker is exhibiting all the signs necessary to increase their workload, but if you’re too busy to do anything about it, they’ll be more likely to give up on waiting and walk away.

#### Construction workers are facing massive shortages – it threatens the success of the federal investment in infrastructure and manufacturing projects.

**Bousquin 22** — Joe Bousquin, the senior editor for *Construction Dive,* holds a master’s degree, with honors, from Columbia University’s Graduate School of Journalism, 2022 (“Lack of Construction Workers threatens Infrastructure Efforts: AGC, *Construction Dive,* September 1st, Available Online at https://www.constructiondive.com/news/construction-worker-shortage-threatens-iija-infrastructure-investments-agc/631017/, Accessed 06-22-2023)

**Construction firms** are **struggling to find workers to such a degree that it’s threatening the success of federal investment in infrastructure and manufacturing projects,** the Associated General Contractors of America said Wednesday.

Citing its annual construction workforce survey of nearly 1,300 employers commissioned with tech provider Autodesk, AGC said **93% of construction firms have open positions, and 91% are having trouble filling them,** particularly among the craft workforce that performs the bulk of onsite construction work.

The **shortages ran the gamut of firms,** from contractors who exclusively use union craft labor and those that operate as open-shop employers; from companies making $50 million to $500 million in revenue; those in all four regions of the country and ones that focus on building construction, highway and transportation projects, federal and heavy work or utility infrastructure.

“Construction workforce **shortages are severe and having a significant impact on construction firms of all types, all sizes and all labor arrangements,”** said Ken Simonson, the association’s chief economist, in a statement.

Citing July’s construction unemployment rate of 3.5%, which was lower than that of the overall economy, he said, “that essentially means there’s almost nobody out there with construction experience looking for a new job in construction.”

The AGC’s survey came on the heels of this week’s job openings report from the Bureau of Labor Statistics, which found there are 375,000 unfilled positions in construction currently, a jump of 11.3% from a year ago.

## Infra

### Cyber Alt Cause

#### The true threat for critical infrastructure is cyber crime, not construction

**Help Net Security 2022**

Help Net Security, “Ransomware attacks, and ransom payments, are rampant among critical infrastructure organizations.” February 10, 2022.

https://www.helpnetsecurity.com/2022/02/10/critical-infrastructure-ransomware/

**80% of critical infrastructure organizations experienced a ransomware attack in the last year**, with an equal number reporting that their security budgets have risen since 2020, a Claroty report reveals. The report is based on an independent global survey of 1,100 information technology (IT) and operational technology (OT) professionals who work in critical infrastructure sectors, exploring how they have dealt with the significant challenges in 2021, their levels of resiliency, and priorities moving forward. **Of the 80% of respondents who experienced a ransomware attack, 47% reported an impact to their industrial control system** (ICS) **environment and over 60% paid the ransom, more than half of which cost $500,000 or more.** Additionally, **the majority of respondents estimated a loss in revenue per hour of downtime to their operations equal to or greater than the payout. Even among those who did pay the ransom, 28% still experienced substantial impact to operations for more than a week. These findings suggest that, despite the well-known downsides of paying the ransom, the alternative** (revenue loss due to prolonged operational downtime) **is too costly for most victim organizations to justify.** The report also found that the combination of the ever-accelerating digital transformation and limited availability of skilled cybersecurity workers has resulted in several high-profile attacks on critical infrastructure. In response, many C-suite executives have become heavily involved in the decision-making and oversight of their organization’s cybersecurity practices. In fact, more than 60% are centralizing both OT and IT governance under the CISO. In addition, 62% are supportive of government regulators enforcing mandatory and timely reporting of cybersecurity incidents that affect IT and OT/ICS systems. Digital transformation, remote work, and staffing shortages persist: Digital transformation continues to accelerate since the start of the pandemic, as 73% of organizations plan to continue remote/hybrid work in some capacity. Nearly 90% of respondents are looking to hire more OT security staff, but 54% say it is hard to find qualified candidates. Gaps in processes and technology remain: While more than 65% rate their organization’s vulnerability management strategy as moderately to highly proactive, ransomware attacks are still highly successful. This could be due to the fact that nearly 30% are sharing passwords, 57% employ usernames and passwords, and only 44% use VPNs – all areas of opportunity to strengthen resilience in OT environments. Investments and priorities aimed at building resilience: More than 80% of respondents report that both their IT and OT/ICS security budgets have increased since 2020. The number is close to 90% in industries including IT Hardware, Oil & Gas, and Electric Energy. Implementing new technology solutions is the top cybersecurity priority, with the Oil & Gas and IT Hardware sectors leading the way, and training is second. **“Our research shows that critical infrastructure security is at a pivotal juncture, where threats are proliferating and evolving, but there’s also a growing collective interest and desire in protecting our most essential systems,”** said Yaniv Vardi, CEO of Claroty.

#### Empirics prove this trueFowler, CNET, 2022

Bree Fowler, “A Year after Colonial Pipeline, Threat of Ransomware Attacks Looms.” CNET, May 6, 2022.

<https://www.cnet.com/tech/services-and-software/a-year-after-colonial-pipeline-threat-of-ransomware-attacks-looms/>

A year ago, gas prices on the East Coast surged after the operator of America's biggest fuel pipeline shut down amid a ransomware attack. The five-day-long cyber siege was a wakeup call: The country's infrastructure was vulnerable to criminals anywhere in the world. Colonial Pipeline paid millions dollars to restore its systems, which had been frozen by alleged associates of the REvil ransomware gang. Some of the payment, made in bitcoin, was eventually recovered. But memories of panic buying at the pumps linger to this day. Vincent D'Agostino, a former FBI agent who now leads cyber forensics and incident response at cybersecurity company BlueVoyant, says he knew Colonial Pipeline was going to be a big deal when he heard everyday people talking about it in the barber shop, adding that it was the first time he'd ever heard anyone there so much as mention bitcoin. "That's a really bad thing when you're a criminal, when you have regular people talking about the hack, and you have people unable to get fuel," says D'Agostino, who investigated both traditional organized crime and cybercrime while at the FBI. In the year since the Colonial attack, corporate America, the Biden administration and federal agencies like the Transportation Security Administration have taken steps to secure the country's critical infrastructure, which in addition to energy companies includes schools, cities and hospitals. They had to because Colonial Pipeline wasn't an outlier. Transit authorities, a meat processor and a business software company were all taken down as REvil roamed free for months on the internet. The number of successful ransomware attacks surged to new highs last year. Sixty-six percent of the organizations surveyed by Sophos for its annual State of Ransomware report admitted that they were hit with a ransomware attack in 2021, up from 37% in the year before. And 65% of those attacks succeeded in encrypting their victims' data, up from 54% the year before.