



Highlights of [GAO-07-831](#), a report to the Ranking Member, Subcommittee on National Security and Foreign Affairs, Committee on Oversight and Government Reform, House of Representatives

Why GAO Did This Study

Overseas deployments expose servicemembers to a number of potential risks to their health and well-being. However, since the mid-1990s, GAO has highlighted shortcomings with respect to the Department of Defense's (DOD) ability to assess the medical condition of servicemembers both before and after their deployments. Following GAO's May 1997 report, Congress enacted legislation (10 U.S.C. § 1074f) that required the Secretary of Defense to establish a medical tracking system for assessing the medical condition of servicemembers before and after deployments. GAO was asked to determine (1) whether DOD has established a medical tracking system to comply with requirements of 10 U.S.C. § 1074f pertaining to pre- and postdeployment medical examinations, and (2) the extent to which DOD has effectively implemented a deployment health quality assurance program as part of its medical tracking system. In conducting this review, GAO analyzed pertinent documents and interviewed DOD officials.

What GAO Recommends

GAO is recommending that DOD develop a comprehensive oversight framework with reporting requirements and results-oriented performance measures to improve the implementation of its deployment health quality assurance program. In reviewing a draft of this report, DOD concurred with GAO's recommendations.

www.gao.gov/cgi-bin/getrpt?GAO-07-831.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Brenda S. Farrell at (202) 512-3604 or farrellb@gao.gov.

DEFENSE HEALTH CARE

Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of a Deployment Health Quality Assurance Program

What GAO Found

DOD has established a system to comply with the requirements of 10 U.S.C. § 1074f to perform predeployment and postdeployment medical examinations through a variety of deployment health activities. For example, DOD's system includes the use of pre- and postdeployment health assessment questionnaires along with reviews of servicemembers' medical records. The pre- and postdeployment health assessment questionnaires ask servicemembers to respond to a series of questions about their current medical and mental health conditions and any medical concerns they might have. Prior to deploying, the predeployment questionnaire and servicemembers' medical records are to be reviewed by a health care provider to confirm whether servicemembers have met applicable deployment health requirements. Also, prior to or after redeploying, the postdeployment questionnaires are to be reviewed by a health care provider, along with servicemembers' medical records, to determine whether additional clinical evaluation or treatment is needed.

DOD has established a deployment health quality assurance program as part of its medical tracking system, but does not have a comprehensive oversight framework to help ensure effective implementation of the program. Thus, DOD does not have the information it needs to evaluate the effectiveness and efficiency of its deployment health quality assurance program. DOD policy specifies four elements of the program: (1) monthly reports on active and reserve component servicemembers' deployment health data from the Army Medical Surveillance Activity (AMSA), (2) quarterly reports on service-specific quality assurance programs, (3) DOD site visits to military installations, and (4) an annual report on the program. DOD guidance requires each of the services to create their own quality assurance programs based on these elements. However, GAO found weaknesses in each of these elements. For example, DOD's policy does not contain specific reporting requirements or performance measures that require AMSA to provide critical information needed to assess departmentwide compliance with deployment health requirements, such as tracking the total number of servicemembers who deploy overseas or return home during a specific time period. Also, DOD does not have quality controls in place to ensure the accuracy or completeness of the information it collects during site visits to military installations. Without a comprehensive oversight framework, DOD is not well-positioned to determine or assure Congress that active and reserve component servicemembers are medically and mentally fit to deploy and to determine their medical and mental condition upon return. Having an effective deployment health quality assurance program is critically important given DOD's long-standing problems with assessing the medical condition of servicemembers before and after their deployments. Such a program has become even more important in the current environment, where active and reserve component servicemembers continue to deploy overseas in significant numbers in support of ongoing military operations in Afghanistan and Iraq.