

GAO

Report to the Ranking Member,
Subcommittee on National Security and
Foreign Affairs, Committee on
Oversight and Government Reform,
House of Representatives

June 2007

DEFENSE HEALTH CARE

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





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.

Contents

Letter		1
	Results in Brief	3
	Background	6
	DOD Has a System in Place to Comply with Requirements for Deployment Medical Examinations	10
	DOD Has Established a Deployment Health Quality Assurance Program, but the Lack of a Comprehensive Oversight Framework Hampers Effective Implementation	13
	Conclusions	19
	Recommendations for Executive Action	19
	Agency Comments and Our Evaluation	20
Appendix I	Scope and Methodology	22
Appendix II	Pre- and Postdeployment Health Assessment Questionnaires	24
Appendix III	Individual Medical Readiness	30
Appendix IV	Comments from the Department of Defense	32
Appendix V	GAO Contact and Staff Acknowledgments	35
Related GAO Products		36

Abbreviations

AMSA	Army Medical Surveillance Activity
DHSD	Deployment Health Support Directorate
DMSS	Defense Medical Surveillance System
DNA	Deoxyribonucleic Acid
DOD	Department of Defense
GPRA	Government Performance and Results Act of 1993
HIV	Human Immunodeficiency Virus
IPV	Inactivated Poliovirus
MMR	Measles, Mumps, and Rubella

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United States Government Accountability Office
Washington, DC 20548

June 22, 2007

The Honorable Christopher Shays
Ranking Member
Subcommittee on National Security and Foreign Affairs
Committee on Oversight and Government Reform
House of Representatives

Dear Mr. Shays:

Overseas deployments expose servicemembers to a number of potential risks to their health and well-being. However, since the mid-1990s we have been reporting on DOD's shortcomings with respect to assessing the medical condition of servicemembers both before and after their deployments. Following our May 1997 report,¹ Congress enacted legislation² that required the Secretary of Defense to establish a medical tracking system to assess the medical condition of servicemembers before and after deployments to locations outside the United States. The elements of the system, as required by the law, included, among other things, the use of pre- and postdeployment medical examinations. As part of the system, the law also required DOD to establish a quality assurance program to evaluate the success of the system in ensuring that servicemembers receive pre- and postdeployment medical examinations and that record-keeping requirements with respect to the system are met. However, our September 2003 report highlighted many instances of noncompliance with DOD's deployment health requirements and reiterated the need for DOD to establish a quality assurance program to ensure that these requirements are met.³ In September 2004, we reported similar findings for reserve forces.⁴ Further, our November 2004 report

¹GAO, *Defense Health Care: Medical Surveillance Improved Since Gulf War, but Mixed Results in Bosnia*, [GAO/NSIAD-97-136](#) (Washington, D.C.: May 13, 1997).

²National Defense Authorization Act for Fiscal Year 1998, Pub. L. No. 105-85, § 765 (1997) (codified at 10 U.S.C. § 1074f).

³GAO, *Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance*, [GAO-03-1041](#) (Washington, D.C.: Sept. 19, 2003).

⁴GAO, *Military Personnel: DOD Needs to Address Long-term Reserve Force Availability and Related Mobilization and Demobilization Issues*, [GAO-04-1031](#) (Washington, D.C.: Sept. 15, 2004).

raised concerns that overall compliance with DOD's force health protection and surveillance policies for servicemembers who deployed in support of Operation Iraqi Freedom varied by service, by installation, and by policy requirement.⁵ More recently, in October 2005 we reported that evidence suggested that some reserve component members have deployed into theater with preexisting medical conditions that could not be adequately addressed in-theater.⁶

In light of these long-standing problems, you asked us to examine DOD's compliance with the legislative requirement to perform pre- and postdeployment medical examinations on servicemembers and DOD's deployment health quality assurance program. This report addresses (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.

To address our objectives, we obtained and reviewed pertinent documents, reports, and information related to DOD's deployment health requirements and deployment health quality assurance program from officials at the Assistant Secretary of Defense for Health Affairs, Deployment Health Support Directorate (DHSD); the Offices of the Surgeons General for the Army, Air Force, and Navy; the Army Medical Surveillance Activity (AMSA); and the Combined Fleet Forces Command and Naval Environmental Health Center. To determine 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, we reviewed 10 U.S.C. § 1074f to identify system requirements and DOD policies and other guidance to identify the measures DOD uses to establish the medical condition of servicemembers as part of this system. In addition, we obtained a legal opinion from DOD's Office of General Counsel regarding DOD's compliance with the requirement of 10 U.S.C. § 1074f to perform pre- and postdeployment

⁵GAO, *Defense Health Care: Force Health Protection and Surveillance Policy Compliance Was Mixed, but Appears Better for Recent Deployments*, [GAO-05-120](#) (Washington, D.C.: Nov. 12, 2004).

⁶GAO, *Military Personnel: Top Management Attention Is Needed to Address Long-standing Problems with Determining Medical and Physical Fitness of the Reserve Force*, [GAO-06-105](#) (Washington, D.C.: Oct. 27, 2005).

medical examinations. To determine the extent to which DOD has effectively implemented a deployment health quality assurance program as part of its medical tracking system, we obtained and analyzed relevant DOD policies to identify requirements of the program. We also interviewed key officials with DHSD and the services' Offices of the Surgeon General to obtain a comprehensive understanding of the processes, procedures, and controls used for monitoring and overseeing the deployment health quality assurance program. We obtained and analyzed the results of site visits conducted by DHSD in calendar years 2005 and 2006. To determine the reliability of DOD's quality assurance program reports, we obtained and analyzed data collection instruments and other documentation used to record, summarize, and report the services' compliance with deployment health requirements. We also discussed with responsible DOD officials, including representatives from the military services, their methodology for ensuring that information collected and reported is as accurate and reliable as possible. Where possible, we tested data by comparing information from the data collection instruments or summary documents with available source documents. We identified issues of inconsistency and incompleteness in DOD's data and, therefore, determined the data to be insufficiently reliable for the purpose of assessing compliance with deployment health requirements and we are making a recommendation to address this issue accordingly. In conducting our review, we limited our focus to the procedures that DOD has in place to medically assess servicemembers before and after their deployments. Other issues, such as recent controversies associated with alleged deployments of medically unfit servicemembers to Iraq, did not fall within the scope of this review. These issues will be addressed as part of a separate review. We performed our work from September 2006 through May 2007 in accordance with generally accepted government auditing standards. For more detailed information on our scope and methodology, see appendix I.

Results in Brief

DOD has established a medical tracking 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. This section of the law requires the Secretary of Defense to establish a system to assess the medical condition of servicemembers deployed outside the United States. According to the law, the system is to include the use of medical examinations, including an assessment of mental health and the drawing of blood samples, both before and after deployment. DOD has established a medical tracking system to assess the medical condition of servicemembers intended to ensure that only medically and mentally fit servicemembers deploy outside of the United

States. For example, DOD's system includes the use of pre- and postdeployment health assessment questionnaires and reviews of servicemembers' medical records (e.g., physical examinations, immunizations, dental history). The predeployment health assessment questionnaires, which are to be completed no earlier than 60 days prior to deployment, are a series of questions about servicemembers' current medical (including dental) and mental health conditions, including prescriptions, vision issues, and any medical concerns servicemembers might have. These questionnaires and servicemembers' medical records are to be reviewed by a health care provider to confirm whether servicemembers have received standard and theater-specific immunizations and recent medical (physical) examinations that identify diseases and medical conditions that may prevent them from deploying. Based on the responses to the predeployment questionnaires and the review of the medical records, servicemembers may be referred for further testing and evaluation prior to deployment. Also, within 30 days prior to or after redeploying,⁷ servicemembers are to complete the postdeployment health assessment questionnaire. The postdeployment questionnaires are to be reviewed by a health care provider, along with servicemembers' medical records, to evaluate current health status, deployment experiences, environmental exposures, and health concerns related to their deployments. Based on these reviews, the health care provider may recommend additional clinical evaluation or treatment as needed. In response to an inquiry from our office, DOD's Office of General Counsel explained that the health assessments the department performs meet the requirement of 10 U.S.C. § 1074f for pre- and postdeployment medical examinations. We conclude that DOD's interpretation is reasonable.

DOD has also established a deployment health quality assurance program as part of its medical tracking system, but lacks 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 quality assurance program. The Government Performance and Results Act of 1993⁸ (GPRA) provides federal agencies with a framework for developing oversight, which includes establishing reporting requirements and performance measures. DOD's deployment health quality assurance program policy specifies four elements of DOD's

⁷For the purposes of this report, we use the terms "redeploying" and "redeployed" to mean returning from deployment.

⁸Pub. L. No. 103-62 (1993).

program: (1) monthly reports on active and reserve component servicemembers' deployment health assessment data from centralized databases maintained by AMSA, (2) quarterly reports on service-specific deployment health quality assurance programs, (3) periodic visits to military installations to complement and validate the services' deployment health programs, and (4) an annual report to the Assistant Secretary of Defense for Health Affairs on the department's quality assurance program. DOD guidance requires each of the services to create their own quality assurance programs based on these elements. While DOD has established a program that includes these four elements, DOD cannot determine whether the program has been effectively implemented because DOD does not have a comprehensive oversight framework with all the specific reporting requirements and necessary performance measures to evaluate the services' compliance with deployment health requirements or to help ensure that the services are implementing the program consistently.

- **Monthly AMSA reports:** Although DOD requires monthly reports from AMSA on servicemembers' deployment health data, it does not provide AMSA with results-oriented performance measures and specific reporting requirements that would enable DOD to determine the departmentwide compliance with deployment health requirements. For example, DOD's policy does not require that AMSA provide critical information needed to assess compliance with deployment health requirements, such as the total number of servicemembers that deployed/redeployed during the reporting period. Without knowing the total number of servicemembers deployed/redeployed, DOD cannot determine the extent to which servicemembers completed the required pre- and postdeployment health assessment questionnaires.
- **Quarterly reports on the services' programs:** While DOD's policy requires that the services report on service-specific compliance with deployment health requirements in their quarterly reports, DOD has not enforced this requirement. Consequently, each service is choosing to selectively report on requirements, which prevents the department from having a complete picture/assessment of compliance with deployment health requirements across the services. For example, while the Army reports on only a sample of servicemembers who deploy or redeploy during the reporting period, the Air Force reports on the total number of servicemembers who deploy or redeploy during the reporting period. However, the Army's report includes all overseas locations of deployment whereas the Air Force only reports on deployments in support of Operations Iraqi Freedom or Enduring Freedom.
- **Site visits:** While DHSD conducts four visits per year to military installations to assess the services' deployment health quality assurance programs, it does not have quality controls in place to ensure the accuracy

or completeness of the information it collects. DHSD representatives use data collection instruments to facilitate their program reviews, but DHSD officials told us that none of these instruments are reviewed by an independent or second reviewer. Independent reviews are a key aspect of quality controls that reduce the risk of errors in a quality assurance program. In our review of calendar years 2005 and 2006 DHSD site visit reports and supporting documentation, we found instances of incomplete data including missing dates for when pre- and postdeployment health assessment questionnaires were administered. Moreover, we found that DHSD did not always adhere to DOD's deployment health requirements when assessing the programs. For example, while not all servicemembers received blood draws upon redeployment within the required time frame, DHSD made determinations in their site visit reports that the services had adhered to the requirements.

Because of these weaknesses, DOD's annual report does not provide DOD and congressional decision makers with complete, comprehensive, and accurate information to determine if the department is complying with its own deployment health requirements. Moreover, DOD and congressional decision makers are unable to determine whether DOD has effectively implemented a quality assurance program to determine or assure Congress that 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 active and reserve component servicemembers both before and after their deployments, and has become even more important in the current environment, where these servicemembers continue to deploy overseas in significant numbers in support of ongoing military operations.

We are 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 written comments on a draft of this report, DOD concurred with our recommendations. DOD's comments are reprinted in appendix IV.

Background

In November 1997, Congress included a provision in the National Defense Authorization Act for Fiscal Year 1998⁹ that required the Secretary of

⁹Pub. L. No. 105-85, § 765 (1997).

Defense to establish a medical tracking system for servicemembers deployed overseas. Specifically, the legislation required the following:

“(a) SYSTEM REQUIRED—The Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including a humanitarian operation, peacekeeping operation, or similar operation) or combat operation.

“(b) ELEMENTS OF SYSTEM—The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations (including an assessment of mental health and the drawing of blood samples) to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment. The postdeployment examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).

“(c) RECORDKEEPING—The results of all medical examinations conducted under the system, records of all health care services (including immunizations) received by members described in subsection (a) in anticipation of their deployment or during the course of their deployment, and records of events occurring in the deployment area that may affect the health of such members shall be retained and maintained in a centralized location to improve future access to the records.

“(d) QUALITY ASSURANCE—The Secretary of Defense shall establish a quality assurance program to evaluate the success of the system in ensuring that members described in subsection (a) receive predeployment medical examinations and postdeployment medical examinations and that the recordkeeping requirements with respect to the system are met.”

The Assistant Secretary of Defense for Health Affairs has the responsibility for establishing the overall policy and guidance necessary for DOD to implement the required medical tracking system, including the associated quality assurance program. Within the Office of the Assistant Secretary of Defense for Health Affairs, the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness has responsibility for the day-to-day operations and management of both the medical tracking system and the quality assurance program. It is then the responsibility of the Offices of the Surgeons General of the Army, Navy, and Air Force to implement and manage the day-to-day operations of the medical tracking system and the quality assurance program within the respective services.

Our prior work has highlighted weaknesses in DOD’s assessment of servicemembers’ health before and after deployment. In September 2003,

we reported that the Army and Air Force did not comply with DOD's force health protection and surveillance requirements for many servicemembers deploying in support of Operation Enduring Freedom in Central Asia and Operation Joint Guardian in Kosovo.¹⁰ Specifically, our review disclosed problems with the Army's and Air Force's implementation of DOD's force health protection and surveillance requirements in the following areas: (1) deployment health assessments, (2) immunizations and other predeployment requirements, and (3) the completeness of medical records and centralized data collection. Our September 2003 report also raised concerns over a lack of DOD oversight of departmentwide efforts to comply with health surveillance requirements. Specifically, we reported that an effective quality assurance program had not been established at the Office of the Assistant Secretary of Defense for Health Affairs or at the Offices of the Surgeons General of the Army or Air Force to help ensure compliance with force health protection and surveillance policies. We believed that the lack of such a system was a major cause of the high rate of noncompliance and thus recommended that the department establish an effective quality assurance program to ensure that the military services comply with the force health protection and surveillance requirements for all servicemembers. The department concurred with our recommendation, and in January 2004 began implementation of its deployment health quality assurance program.

In September 2004, we reported similar issues related to DOD's ability to effectively manage the health status of its reserve forces.¹¹ Specifically we noted that DOD's centralized database had missing and incomplete predeployment health assessment questionnaires because not all of the required health information collected from reserve component members had reached DOD's central data collection point. We recommended that the Secretary of Defense take steps to ensure that predeployment health assessment questionnaires are submitted to the centralized data collection point as required. DOD concurred with our recommendation and noted that revised guidance was currently in coordination to clarify the requirement for submitting predeployment health assessments to the centralized database.

In November 2004, we reported that overall compliance with DOD's force health protection and surveillance policies for servicemembers who

¹⁰See [GAO-03-1041](#).

¹¹See [GAO-04-1031](#).

deployed in support of Operation Iraqi Freedom varied by service, by installation, and by policy requirement.¹² At that time, we did not evaluate the effectiveness of DOD's deployment health quality assurance program because of the relatively short time of its implementation.

Finally, in October 2005 we reported that evidence suggested that reserve component members have deployed into theater with preexisting medical conditions that could not be adequately addressed in-theater.¹³ We also reported that DOD had limited visibility over the health status of reserve component members after they are called to duty and is unable to determine the extent of care provided to those members deployed with preexisting medical conditions despite the existence of various sources of medical information. We recommended that the Secretary of Defense determine what preexisting medical conditions should not be allowed into specific theaters of operations and to take steps to ensure that each service component consistently utilizes these as criteria for determining the medical deployability of its reserve component members. We also recommended that the Secretary of Defense explore using existing tracking systems to track those who have treatable preexisting medical conditions in theater. DOD partially concurred with our recommendation concerning the identification of preexisting medical conditions that would preclude deployment and noted that the services had made advances in identifying some preexisting conditions that would preclude deployment, but also stated that due to the ever-changing nature of theater of operations this list could never be fully comprehensive or fully enforceable. DOD also concurred with our recommendation pertaining to the use of existing tracking systems to track treatable preexisting medical conditions. Specifically, DOD indicated that ongoing refinements to these systems based on lessons learned would improve the documentation of medical conditions throughout the military services including information concerning reserve members with preexisting conditions.

¹²See [GAO-05-120](#).

¹³See [GAO-06-105](#).

DOD Has a System in Place to Comply with Requirements for Deployment Medical Examinations

DOD has established a medical tracking system to comply with the requirement of 10 U.S.C. § 1074f to perform predeployment and postdeployment medical examinations through a variety of deployment health activities, including the use of pre- and postdeployment health assessment questionnaires along with reviews of servicemembers' medical records. This section of the law requires the Secretary of Defense to establish a medical tracking system to assess the medical condition of servicemembers deployed outside the United States. According to section 1074f(b)(1), the system is to include the use of medical examinations, including an assessment of mental health and the drawing of blood samples, both before and after deployment.

In DOD's May 1998 report to Congress, the department outlined its approach to establish a medical tracking system for servicemembers deployed overseas.¹⁴ As part of this approach, DOD performed medical examinations using predeployment and postdeployment health assessment questionnaires, including an assessment of mental health and drawing of blood samples, both before and after deployment. The predeployment assessment consisted of a series of questions about the servicemembers' current medical (including dental) and mental health conditions, including prescriptions, vision issues, and any medical concerns servicemembers might have. In 2002, DOD established the requirement that the predeployment assessment was to be completed within 30 days prior to deployment. The postdeployment assessment consisted of a series of questions about the servicemembers medical and mental health condition resulting from having been deployed. It was to be completed prior to leaving the theater of operation or within 30 days of final departure from theater. Examples of the pre- and postdeployment questionnaires can be found in appendix II.

In August 2006, DOD replaced and expanded its approach with a comprehensive deployment health program.¹⁵ Within the programs, DOD required the military services to perform a number of activities designed to monitor servicemembers' health before and after deployments, including the following:

¹⁴Department of Defense Report to Congress: *Medical Tracking System for Members Deployed Overseas* (May 1998).

¹⁵Department of Defense Instruction 6490.03, *Deployment Health* (Aug. 11, 2006).

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- **Predeployment Activities.** First, servicemembers are required to complete a predeployment health assessment questionnaire no earlier than 60 days prior to deployment. Second, the questionnaires are required to be reviewed by a health care provider¹⁶ to determine whether the servicemember is fit to deploy. To make this determination, the health care provider should review both the servicemembers' medical records and responses to the questions. The medical records are reviewed and evaluated against the following six individual medical readiness elements: whether the servicemember has (1) received an annual assessment for changes in health status; (2) any deployment-limiting conditions such as pregnancy, asthma, severe traumatic injuries with incomplete rehabilitation, etc.; (3) oral conditions that if not treated could result in dental emergencies; (4) received all required immunizations; (5) received medical readiness laboratory tests such as HIV testing and has current DNA samples on file, (6) all required individual medical equipment. For more detailed information about individual medical readiness requirements see appendix III. Prior to deployment, DOD requires that any condition that causes a servicemember to receive a failing mark in any of these six elements be corrected. Corrective actions could include providing the servicemember with required immunizations, screening for tuberculosis, or drawing serum specimens. Based on the health care provider review and the responses to specific questions on the assessment, servicemembers may be referred, prior to deploying, to the appropriate health care provider(s) for further testing and evaluation, if needed, for medical conditions or concerns (e.g., cardiac, mental health). DOD requires that the completed questionnaire be placed in the servicemember's medical record and a copy be sent to AMSA for record keeping.
 - **Postdeployment Activities.** DOD requires that a postdeployment health assessment questionnaire be completed during the period from 30 days prior to and 30 days after redeployment. The completed form is to be placed in the servicemember's medical record and a copy sent to AMSA. In addition, a review of the servicemembers' medical records and a face-to-face meeting with a trained health care provider¹⁷ are to be completed within 30 days of redeployment to discuss the individual's responses on the postdeployment health assessment, mental health or psychosocial issues commonly associated with deployments, prescription medications

¹⁶DOD defines "health care provider" as a nurse, medical technician, medic, or corpsman.

¹⁷DOD defines a "trained health care provider" as a physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant.

taken during deployment, and concerns about possible environmental or occupational exposures. Additional requirements include documentation of medical referrals or concerns resulting from deployment, documentation of the results of any follow-up examinations, tuberculosis screening for high-risk servicemembers, and blood serum sample collection within 30 days of redeployment. In 2005, DOD issued a new policy requiring a postdeployment health reassessment questionnaire as well.¹⁸ The purpose of the reassessment is to identify health concerns that emerge over time after deployment and is to be conducted between 90 and 180 days after servicemembers return to their home station.

We requested the views of DOD's Office of General Counsel on DOD's compliance with the medical examination requirement of section 1074f.¹⁹ DOD's Office of General Counsel noted that DOD's May 1998 report to Congress provided the department's understanding that the medical examination requirement was satisfied by the plan to carry out health assessments. DOD's Office of General Counsel pointed out that subsequent to this report to Congress, Congress did not, until October of 2006,²⁰ amend section 1074f or otherwise establish a requirement different than that described in the department's 1998 report. DOD's Office of General Counsel further pointed out that subsequent to DOD's 1998 report, Congress did enact other laws that refer to health assessments required by section 1074f.²¹ DOD's Office of General Counsel concluded that "although the term 'medical examination' was not defined in the original 1997 statute, from 1998 until the present, both DOD and the Congress have used the terms 'medical examination' and 'health assessment' synonymously to describe the Military Health System pre- and postdeployment action required by section 1074f."

¹⁸Assistant Secretary of Defense for Health Affairs Memorandum, "Postdeployment Health Reassessment" (Mar. 10, 2005).

¹⁹Letter from Mr. John Casciotti, Associate Deputy General Counsel (Health Affairs), DOD Office of General Counsel to Mr. John Van Schaik, Assistant General Counsel, GAO Office of General Counsel, November 6, 2006.

²⁰Section 1074f was amended by section 738 of the John Warner National Defense Authorization Act for Fiscal Year 2007, Pub. L. No. 109-364, to provide that the pre- and post-deployment medical examination should include an "assessment" of mental health and traumatic brain injury as well as further details on the elements of the quality assurance program required under section 1074f(d)(1), including information on the types of health care providers conducting "postdeployment health assessments."

²¹Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005, Pub. L. No. 108-375, §§ 732(b) and 739 (2004).

The term “medical examinations” in the statute could be interpreted to mean medical activities beyond those included in DOD’s current deployment health program as described above. However, DOD’s use of a variety of deployment health activities, including the use of pre- and postdeployment health assessment questionnaires along with reviews of servicemembers’ medical records is a reasonable interpretation of section 1074f.

DOD Has Established a Deployment Health Quality Assurance Program, but the Lack of a Comprehensive Oversight Framework Hampers Effective Implementation

DOD has established a deployment health quality assurance program as part of its medical tracking system, but lacks a comprehensive oversight framework to help ensure effective implementation of the program. DOD’s deployment health quality assurance program policy outlines four specific elements—such as monthly reports on servicemembers’ deployment health data from a centralized database maintained by AMSA—and it requires each of the services to create their own quality assurance programs based on these elements. While DOD has established a program that includes these four elements, it cannot determine whether the program has been effectively implemented because DOD does not have a comprehensive oversight framework with all the specific reporting requirements and necessary performance measures to evaluate the services’ compliance with deployment health requirements or to ensure that the services are implementing the program consistently.

DOD Has Established a Deployment Health Quality Assurance Program

In response to congressional mandates and a GAO recommendation, in January 2004 DOD established a deployment health quality assurance program, as part of its medical tracking system, designed to assess compliance with deployment health requirements. DOD’s policy and implementing guidance for the program is contained in a memorandum from the Assistant Secretary of Defense for Health Affairs.²² DOD’s policy delegates the responsibility for executing the program to the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, DHSD, and to the military services. According to the policy, DOD’s program consists of the following four elements:

- Periodic reporting on pre- and postdeployment health assessments. AMSA is required to provide (at a minimum) monthly reports to DHSD on active

²²Assistant Secretary of Defense for Health Affairs Memorandum, “Policy for Department of Defense Deployment Health Quality Assurance Program” (Jan. 9, 2004).

and reserve component servicemembers' deployment health assessment data.

- Periodic reporting on service-specific deployment health quality assurance programs. The services are required to provide (at a minimum) quarterly reports to DHSD on the status and findings, including compliance with deployment health requirements, of their respective required quality assurance programs.
- Periodic visits to military installations to assess deployment health programs. The program requires joint visits by representatives from DHSD and from service medical departments to military installations for the purpose of complementing and validating the services' deployment health quality assurance reporting.
- An annual report on the DOD deployment health quality assurance program. The program requires that DHSD prepare and coordinate with the services an annual report on the status of the requirements of the program to the Assistant Secretary of Defense for Health Affairs.²³

DOD Does Not Have a Comprehensive Oversight Framework to Determine Whether Its Deployment Health Quality Assurance Program Has Been Effectively Implemented

DOD has not established a comprehensive oversight framework for its deployment health quality assurance program, which is necessary to ensure the program's effective implementation. GPRA provides federal agencies with a model framework for developing program oversight.²⁴ Specifically, GPRA establishes a results-oriented framework that identifies, among other things, performance measures and reporting requirements. However, DOD does not have a comprehensive oversight framework with all the specific reporting requirements and necessary performance measures to evaluate the services' compliance with deployment health requirements or to help ensure that the services are implementing the program consistently. Because DOD's deployment health quality assurance program lacks a comprehensive oversight framework, the program, as currently implemented, does not provide decision makers with the information they need to evaluate the effectiveness and efficiency of either DOD's or the services' respective

²³Subsequent legislation required that information on DOD's deployment health quality assurance program be provided to Congress. Specifically, section 739 of Pub. L. No. 108-375 (Oct. 28, 2004) amended title 10 of the United States Code by adding section 1073b. Section 1073b requires that DOD submit annually to the Armed Services Committees of the Senate and the House of Representatives reports on health protection quality, including the recording of health assessment data in military health records.

²⁴GAO, *Results-Oriented Government: GPRA Has Established a Solid Foundation for Achieving Greater Results*, [GAO-04-38](#) (Washington, D.C.: Mar. 10, 2004).

DOD Has Not Identified All Results-Oriented Performance Measures and Has Not Provided AMSA with Specific Reporting Requirements

quality assurance programs. In reviewing DOD's program, we found problems with its implementation of the monthly AMSA reports, the quarterly service-specific reports, and the DHSD site visits. Because DOD's annual report is based on information from these three elements, the department's annual report does not provide DOD or congressional decision makers with the complete, comprehensive, and accurate information necessary to determine whether the department is complying with its own deployment health requirements. Moreover, DOD and congressional decision makers are unable to determine whether DOD has effectively implemented a quality assurance program that reasonably assures that servicemembers are medically fit to deploy.

DOD's deployment health quality assurance program requires that AMSA submit to DHSD monthly reports on active and reserve component servicemembers' deployment health assessment data. The deployment health assessment data that AMSA reports are collected individually by the services and maintained centrally in the Defense Medical Surveillance System (DMSS) at AMSA.²⁵ However, in reviewing AMSA's reports we found that while the reports provide some data on servicemembers' deployment health, they do not provide all the essential information necessary to assess the services' compliance or determine departmentwide compliance with all deployment health requirements. This problem results largely because DOD has not identified all the necessary results-oriented performance measures and provided AMSA with specific reporting requirements for all deployment health requirements. DOD's policy identifies some performance measures that could be used to assess whether the services are complying with selected deployment health requirements, such as measures for the identification of deployed/redeployed personnel and whether pre- and postdeployment health assessment questionnaires are on file at AMSA. However, DOD's policy does not identify performance measures for additional deployment health requirements such as whether servicemembers received all required immunizations. In addition, DOD's policy does not identify reporting requirements related to all deployment health data needed to effectively assess compliance with its own deployment health requirements. For example, DOD's policy does not require that AMSA provide critical information needed to assess compliance with deployment health

²⁵ According to AMSA, the DMSS database contains up-to-date and historical data on diseases and medical events (e.g., hospitalizations, ambulatory visits, reportable diseases, and health risk appraisals) for military personnel and deployments.

requirements, such as the total number of servicemembers that deployed/redeployed during the reporting period. Without knowing the total number of servicemembers deployed/redeployed, DOD cannot determine the extent to which servicemembers completed the required pre- and postdeployment health assessment questionnaires. Similarly, DOD's policy does not require that the AMSA reports specify whether servicemembers completed pre- and postdeployment questionnaires within required time frames (no earlier than 60 days prior to deployment, and during the period from 30 days prior to and 30 days after redeployment), which is necessary to determine whether servicemembers are completing the required questionnaires in a timely manner. In addition, DOD's policy only specifies that AMSA's reports include information related to selected postdeployment health requirements, such as the accomplishment of blood samples, the number of referrals, and the number of referrals accomplished. As a result, DOD does not have all of the essential information necessary to assess the services' compliance or determine departmentwide compliance with all deployment health requirements.

DOD Has Not Enforced Its Policy Requiring the Services to Report on Compliance with Deployment Health Requirements

DOD's deployment health quality assurance program requires that the services submit to DHSD quarterly reports regarding their compliance with deployment health requirements; however, DOD has not enforced its reporting requirements. DOD's policy specifies that the services' quarterly reports address three key elements: (1) the identification of deployed/redeployed personnel, (2) completion of applicable pre- and postdeployment health assessment questionnaires and related requirements (e.g., immunizations, blood samples, referrals), and (3) inclusion of deployment-related health documentation in permanent medical records. However, DOD's policy does not specify uniform standards that should be used in collecting and reporting the required information. Instead, DOD's policy directs the services to determine the scope and methodology of their respective programs, including associated performance measures. The services' differing interpretations of DOD's policy have resulted in the services utilizing different approaches for the collection and reporting of the required information in their quarterly reports.

Our review of the services' quarterly reports for calendar years 2004, 2005, and 2006 found that DHSD has not enforced the reporting requirements outlined in its policy. Specifically, we identified differences in the extent to which the services report compliance with applicable pre- and postdeployment health assessment questionnaires and related requirements such as drawing blood serum samples. For example, the

Navy's reports only include its compliance with postdeployment requirements and do not include information regarding predeployment requirements. As another example, the Marine Corps' reports do not always include information regarding its compliance with pre- and postdeployment requirements for drawing blood serum samples. Furthermore, with regard to the inclusion of deployment-related health documentation in permanent medical records, only the Army and the Air Force provide DHSD with information in their quarterly reports regarding whether deployment-related health documentation is included in servicemembers' permanent medical records.

In addition, we found that the services report information to DHSD using different criteria. For example, while the Army reports on only a sample of servicemembers who deploy or redeploy during the reporting period, the Air Force reports on the total number of servicemembers who deploy or redeploy during the reporting period. Moreover, the Army's report includes all locations of deployment whereas, according to Air Force officials, the Air Force only reports on deployments in support of Operations Iraqi Freedom or Enduring Freedom. Further, the Marine Corps' reports include the total number of Marines that deployed and redeployed during the reporting period in addition to those Marines who deployed in earlier reporting periods but who are still deployed.

The lack of guidance or standards for providing the required information in the services' quarterly reports has created a number of problems for DOD. For example, the lack of standards hampers DOD's ability to compare compliance across the military services and therefore report overall departmentwide compliance because the services do not always provide DHSD with complete and consistent information regarding the status and findings of their respective programs.

DOD Site Visits to Assess the Services' Deployment Health Quality Assurance Programs Do Not Have Quality Controls in Place

DOD's deployment health quality assurance program requires that DHSD conduct at least four visits per year to military installations for the purpose of assessing the services' deployment health quality assurance programs. While DHSD has conducted the minimum number of site visits required each year since 2004, it does not have the quality controls in place to ensure that the deployment health data collected and reported are complete and accurate. Federal internal control standards require that data control activities, such as edit checks, verification, and reconciliation, be conducted and documented to help provide reasonable assurance that

program objectives are being met.²⁶ While not a formal audit, DOD's deployment health quality assurance program is designed to identify strengths and weaknesses with the program and, when appropriate, make changes to ensure that deployment health requirements are being met.

DHSD relies on the use of data collection instruments to facilitate the collection of information, but does not provide for an independent verification of the completeness and accuracy of data obtained from the medical records. DHSD officials told us that none of the data collection instruments from their site visits are reviewed by an independent or second reviewer to ensure that the information recorded is accurate or complete. Independent verification is an important internal control activity under segregation of duties designed to reduce the risk of errors. We identified numerous instances where the information captured by DHSD's hard-copy and electronic data collection instruments was incomplete. Specifically, for our review of hard-copy data collection instruments from DHSD site visits in 2005, we found that 99 of 140 data collection instruments (71 percent) from a site visit to a Marine Corps' installation contained one or more incomplete data fields, while for a site visit to an Air Force installation, 53 of 126 data collection instruments (42 percent) had one or more incomplete data fields. In addition, we found some instances where either the deployment date or the redeployment date data fields were not complete. In addition, our review of electronic data collection instruments for 2006 found at least one incomplete data field in 53 of 299 data collection instruments (18 percent) that we reviewed. Without independent verification of the data recorded by the reviewer, DHSD does not have any assurance that the compliance information recorded accurately reflects the compliance status for the records reviewed.

In addition, our review of available DHSD site visit data for calendar year 2005 found that DHSD did not always adhere to DOD's deployment health requirements when assessing the services' programs. Specifically, we identified numerous instances where the reviewing DHSD officials did not consistently apply DOD's standards for completing pre- and postdeployment health assessment questionnaires, drawing pre- and postdeployment blood samples, and receiving required immunizations

²⁶See GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999) and *Internal Control Management and Evaluation Tool*, [GAO-01-1008G](#) (Washington, D.C.: August 2001).

within specified time frames. For example, our review of data from DHSD's site visits identified a total of 99 out of 567 medical records (17 percent) where one or more deployment health requirement had not been completed within established time requirements, yet the site visit summary indicated the requirement for those immunizations had been met. In addition, our review of DHSD's site visit data verifying the existence of data within DMSS and at the serum repository at AMSA found that for 100 out of 295 records (34 percent), timeliness standards had not been properly applied for at least one deployment health requirement such as the completion of pre- and postdeployment health assessment questionnaires or drawing pre- and postdeployment blood samples. Because DHSD officials were not properly applying DOD's timeliness standards, reported compliance for DHSD's site visit reports for 2005 may be overstated.

Conclusions

As servicemembers continue to deploy overseas in significant numbers in support of ongoing military operations, it is increasingly important that DOD be able to accurately assess the medical condition of those servicemembers both before and after their deployments. Although DOD has established a deployment health quality assurance program, it has not developed a comprehensive oversight framework with all the specific reporting requirements and performance measures needed to provide oversight of, and ensure effective implementation of the program. Having an effective deployment health quality assurance program is critically important given DOD's long-standing problems with assessing the medical condition of active and reserve forces both before and after their deployments. Without such a framework, the ability of decision makers—both within DOD and Congress—to make informed, fact-based decisions regarding whether the department is complying with its own deployment health requirements is limited. Moreover, until DOD implements a more effective deployment health quality assurance program, it will not be well positioned to determine or assure Congress that servicemembers are medically and mentally fit to deploy and to determine their medical and mental condition upon return.

Recommendations for Executive Action

To improve DOD's ability to effectively implement its deployment health quality assurance program, we recommend that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs to develop a comprehensive oversight framework to evaluate the services' compliance with deployment health requirements and to ensure that the services are

implementing the program consistently. Such a framework should do the following:

- Provide AMSA with specific reporting requirements and results-oriented performance measures to evaluate the services' adherence to deployment health requirements, including identifying the total number of servicemembers deployed/redeployed and administering pre- and postdeployment health assessment questionnaires within required time frames, which would enable AMSA to develop information regarding departmentwide compliance.
- Enforce the requirement for the services to report on all deployment health requirements on a quarterly basis.
- Establish quality controls, including independent reviews of data, to ensure the accuracy or completeness of the information DHSD collects in its site visits to military installations.

Agency Comments and Our Evaluation

DOD provided written comments on a draft of this report and agreed with our recommendations.

In commenting on our recommendations, the Assistant Secretary of Defense for Health Affairs commented that the department recognizes the need for a more comprehensive oversight framework to better ensure effective implementation of the deployment health quality assurance program. To that end, the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness recently published a new instruction²⁷ on force health protection quality assurance. The Assistant Secretary further commented that the department is now developing reporting requirements along with results-oriented performance measures—as our report recommends—that will serve to better evaluate compliance and facilitate consistent implementation across the military services. Specifically, the Assistant Secretary commented that the department will (1) work with AMSA and the military services to specify reporting requirements, jointly refine performance measures for critical deployment health activities, and strive to achieve better alignment of deployment-related information among AMSA, the services, and the Defense Manpower Data Center to get a more accurate picture of compliance; and (2) continue to perform joint site visits to military installations as a critical complement to centralized monitoring

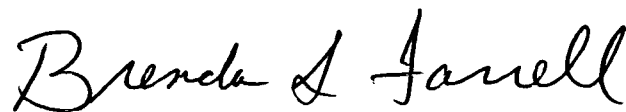
²⁷Department of Defense Instruction 6200.05, *Force Health Protection (FHP) Quality Assurance (QA) Program* (Feb. 16, 2007).

through AMSA and DMSS, while including independent verification as an internal quality control mechanism during on-site medical records review. Our review of the department's new instruction and its planned actions indicate that DOD is taking steps in the right direction. If the department follows through with its efforts, we believe that it will be responsive to our recommendations. DOD's comments are reprinted in appendix IV.

As we agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution of it until 30 days from the date of this letter. We will then send copies of the report to the Secretary of Defense, the Assistant Secretary of Defense for Health Affairs, the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, the Secretaries of the Army, Navy, and Air Force. We will also send copies to others who are interested and make copies available to others who request them. This report will also be available at no charge on GAO's Web site at <http://www.gao.gov>.

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

Sincerely yours,

A handwritten signature in black ink that reads "Brenda S. Farrell". The signature is written in a cursive style with a large, prominent "B" and "F".

Brenda S. Farrell
Director, Defense Capabilities and Management

Appendix I: Scope and Methodology

To address our objectives, we obtained and reviewed pertinent documents, reports, and information related to the Department of Defense's (DOD) deployment health requirements and deployment health quality assurance program. We also interviewed responsible officials at the Assistant Secretary of Defense for Health Affairs, Deployment Health Support Directorate (DHSD); the Offices of the Surgeons General for the Army, Air Force, and Navy; the Army Medical Surveillance Activity (AMSA); and the Combined Fleet Forces Command and Naval Environmental Health Center in the Washington, D.C., and Norfolk, Virginia, areas.

To determine 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, we compared statutory requirements to DOD policies and requirements. Specifically, we reviewed relevant sections of 10 U.S.C. § 1074f to identify system requirements and system elements. We also reviewed DOD policies, directives, and instructions to identify the measures that DOD uses to establish the medical condition of servicemembers and compared these measures to the system requirements and system elements. In addition, we obtained a legal opinion from DOD's Office of General Counsel regarding DOD's compliance with the requirement of 10 U.S.C. § 1074f to perform pre- and postdeployment medical examinations.

To determine the extent to which DOD has effectively implemented a deployment health quality assurance program as part of its medical tracking system, we obtained and analyzed various documents, including DOD's and the services' deployment health quality assurance program policies establishing requirements for the program; the Government Performance and Results Act of 1993;¹ and federal internal control standards.² We also interviewed key officials with DHSD and the services' Offices of the Surgeons General to obtain a comprehensive understanding of the processes, procedures, and controls used for monitoring and overseeing the deployment health quality assurance program. We obtained and analyzed the results of the program's periodic reporting for calendar years 2004, 2005, and 2006, including monthly AMSA reports, the quarterly

¹Pub. L. No. 103-62 (1993).



²See GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999) and *Internal Control Management and Evaluation Tool*, [GAO-01-1008G](#) (Washington, D.C.: August 2001).

service-specific reports, and DOD's annual report, to determine the content of the reports, compliance rates with deployment health requirements, and any trends in compliance rates, both within and among the services. We also obtained and analyzed the results of site visits conducted by DHSD in calendar years 2005 and 2006. To determine the reliability of DOD's quality assurance program reports, we obtained and analyzed data collection instruments and other documentation used to record, summarize, and report the services' compliance with deployment health requirements. We also discussed with responsible DOD officials, including representatives from the military services, their methodology for ensuring that information collected and reported is as accurate and reliable as possible. Where possible, we tested data by comparing information from the data collection instruments or summary documents with available source documents. We identified issues of inconsistency and incompleteness in DOD's data and, therefore, determined the data to be insufficiently reliable for the purpose of assessing compliance with deployment health requirements and we are making a recommendation to address this issue accordingly.

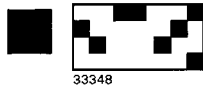
In conducting our review, we limited our focus to the procedures that DOD has in place to medically assess servicemembers before and after their deployments. Other issues, such as recent controversies associated with alleged deployments of medically unfit servicemembers to Iraq, did not fall within the scope of this review. These issues will be addressed as part of a separate review.

We performed our work from September 2006 through May 2007 in accordance with generally accepted government auditing standards.

Appendix II: Pre- and Postdeployment Health Assessment Questionnaires

 33823	PLEASE FILL IN SOCIAL SECURITY # - - 	
Health Assessment		
1. Would you say your health in general is: <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor 		
2. Do you have any medical or dental problems? <input type="radio"/> Yes <input type="radio"/> No 		
3. Are you currently on a profile, or light duty, or are you undergoing a medical board? <input type="radio"/> Yes <input type="radio"/> No 		
4. Are you pregnant? (FEMALES ONLY) <input type="radio"/> Don't Know <input type="radio"/> Yes <input type="radio"/> No 		
5. Do you have a 90-day supply of your prescription medication or birth control pills? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No 		
6. Do you have two pairs of prescription glasses (if worn) and any other personal medical equipment? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No 		
7. During the past year, have you sought counseling or care for your mental health? <input type="radio"/> Yes <input type="radio"/> No 		
8. Do you currently have any questions or concerns about your health? <input type="radio"/> Yes <input type="radio"/> No 		
Please list your concerns: _____ _____		
Service Member Signature		
I certify that responses on this form are true.		
Pre-Deployment Health Provider Review (For Health Provider Use Only)		
After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.		
REFERRAL INDICATED <input type="radio"/> None <input type="radio"/> Cardiac <input type="radio"/> Combat / Operational Stress Reaction <input type="radio"/> Dental <input type="radio"/> Dermatologic <input type="radio"/> ENT <input type="radio"/> Eye <input type="radio"/> Family Problems <input type="radio"/> Fatigue, Malaise, Multisystem complaint	<input type="radio"/> GI <input type="radio"/> GU <input type="radio"/> GYN <input type="radio"/> Mental Health <input type="radio"/> Neurologic <input type="radio"/> Orthopedic <input type="radio"/> Pregnancy <input type="radio"/> Pulmonary <input type="radio"/> Other _____	
FINAL MEDICAL DISPOSITION: Comments: (If not deployable, explain)		<input type="radio"/> Deployable <input type="radio"/> Not Deployable
_____ _____ _____		
I certify that this review process has been completed.		
Provider's signature and stamp:		Date (dd/mm/yyyy)
		 / /
End of Health Review		
DD FORM 2795, MAY 1999	ASD (HA) APPROVED SEPTEMBER 1998 Ver 1.3	33823 

Appendix II: Pre- and Postdeployment Health Assessment Questionnaires



POST-DEPLOYMENT Health Assessment

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

Today's Date (dd/mm/yyyy)
 / /

First Name **MI**

Social Security Number
 - -

Name of Your Unit or Ship during this Deployment

DOB (dd/mm/yyyy)
 / /

Gender	Service Branch	Component
<input type="radio"/> Male	<input type="radio"/> Air Force	<input type="radio"/> Active Duty
<input type="radio"/> Female	<input type="radio"/> Army	<input type="radio"/> National Guard
	<input type="radio"/> Coast Guard	<input type="radio"/> Reserves
	<input type="radio"/> Marine Corps	<input type="radio"/> Civilian Government Employee
	<input type="radio"/> Navy	
	<input type="radio"/> Other	

Date of arrival in theater (dd/mm/yyyy)
 / /

Date of departure from theater (dd/mm/yyyy)
 / /

Location of Operation

<input type="radio"/> Europe	<input type="radio"/> Australia	<input type="radio"/> South America
<input type="radio"/> SW Asia	<input type="radio"/> Africa	<input type="radio"/> North America
<input type="radio"/> SE Asia	<input type="radio"/> Central America	<input type="radio"/> Other _____
<input type="radio"/> Asia (Other)	<input type="radio"/> Unknown	

Pay Grade

<input type="radio"/> E1	<input type="radio"/> 001	<input type="radio"/> W1
<input type="radio"/> E2	<input type="radio"/> 002	<input type="radio"/> W2
<input type="radio"/> E3	<input type="radio"/> 003	<input type="radio"/> W3
<input type="radio"/> E4	<input type="radio"/> 004	<input type="radio"/> W4
<input type="radio"/> E5	<input type="radio"/> 005	<input type="radio"/> W5
<input type="radio"/> E6	<input type="radio"/> 006	
<input type="radio"/> E7	<input type="radio"/> 007	<input type="radio"/> Other
<input type="radio"/> E8	<input type="radio"/> 008	
<input type="radio"/> E9	<input type="radio"/> 009	
	<input type="radio"/> 010	

To what areas were you mainly deployed:
 (mark all that apply - list where/date arrived)

Kuwait _____

Qatar _____

Afghanistan _____

Bosnia _____

On a ship _____

Iraq _____

Turkey _____

Uzbekistan _____

Kosovo _____

CONUS _____

Other _____

Name of Operation:

Occupational specialty during this deployment
 (MOS, NEC or AFSC)

Combat specialty: _____

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical threat debriefing completed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical information sheet distributed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Post Deployment serum specimen collected



Appendix II: Pre- and Postdeployment Health Assessment Questionnaires

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- Health stayed about the same or got better
- Health got worse

2. How many times were you seen in sick call during this deployment?

--	--

No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- No
- Yes, reason/dates: _____

4. Did you receive any vaccinations just before or during this deployment?

- Smallpox (leaves a scar on the arm)
- Anthrax
- Botulism
- Typhoid
- Meningococcal
- Other, list: _____
- Don't know
- None

5. Did you take any of the following medications during this deployment?

- (mark all that apply)*
- PB (pyridostigmine bromide) nerve agent pill
 - Mark-1 antidote kit
 - Anti-malaria pills
 - Pills to stay awake, such as dexedrine
 - Other, please list _____
 - Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now	No	Yes During	Yes Now
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Ringing of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Skin diseases or rashes			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Redness of eyes with tearing			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dimming of vision, like the lights were going out			

7. Did you see anyone wounded, killed or dead during this deployment?

- (mark all that apply)*
- No
 - Yes - coalition
 - Yes - enemy
 - Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

- No
- Yes (land sea air)

9. During this deployment, did you ever feel that you were in great danger of being killed?

- No
- Yes

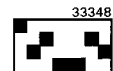
10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

- No
- Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

- | None | Some | A Lot |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Little interest or pleasure in doing things |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Feeling down, depressed, or hopeless |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Thoughts that you would be better off dead or hurting yourself in some way |

DD FORM 2796, APR 2003



Appendix II: Pre- and Postdeployment Health Assessment Questionnaires

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you

- | <u>No</u> | <u>Yes</u> | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Have had any nightmares about it or thought about it when you did not want to? |
| <input type="radio"/> | <input type="radio"/> | Tried hard not to think about it or went out of your way to avoid situations that remind you of it? |
| <input type="radio"/> | <input type="radio"/> | Were constantly on guard, watchful, or easily startled? |
| <input type="radio"/> | <input type="radio"/> | Felt numb or detached from others, activities, or your surroundings? |

13. Are you having thoughts or concerns that ...

- | <u>No</u> | <u>Yes</u> | <u>Unsure</u> | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You may have serious conflicts with your spouse, family members, or close friends? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | You might hurt or lose control with someone? |

14. While you were deployed, were you exposed to:
(mark all that apply)

- | <u>No</u> | <u>Sometimes</u> | <u>Often</u> | |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | DEET insect repellent applied to skin |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide-treated uniforms |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Environmental pesticides (like area fogging) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Flea or tick collars |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pesticide strips |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from oil fire |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Smoke from burning trash or feces |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vehicle or truck exhaust fumes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tent heater smoke |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | JPB or other fuels |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fog oils (smoke screen) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Solvents |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Paints |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ionizing radiation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Radar/microwaves |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lasers |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loud noises |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive vibration |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Industrial pollution |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sand/dust |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Depleted Uranium (If yes, explain) _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other exposures _____ |

15. On how many days did you wear your MOPP over garments?

--	--

No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises?

--	--

No. of times

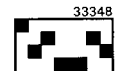
17. Were you in or did you enter or closely inspect any destroyed military vehicles?

- No Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

- No Don't know
 Yes, explain with date and location

DD FORM 2796, APR 2003



Appendix II: Pre- and Postdeployment Health Assessment Questionnaires

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # - -

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: Excellent Very Good Good Fair Poor
2. Do you have any medical or dental problems that developed during this deployment? Yes No
3. Are you currently on a profile or light duty? Yes No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? Yes No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? Yes No
Please list concerns: _____
6. Do you currently have any questions or concerns about your health? Yes No
Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

- None
- Cardiac
- Combat/Operational Stress Reaction
- Dental
- Dermatologic
- ENT
- Eye
- Family Problems
- Fatigue, Malaise, Multisystem complaint
- Audiology
- GI
- GU
- GYN
- Mental Health
- Neurologic
- Orthopedic
- Pregnancy
- Pulmonary
- Other _____

EXPOSURE CONCERNS (During deployment):

- Environmental
- Occupational
- Combat or mission related
- None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 __ 6

Date (dd/mm/yyyy)

/

/

End of Health Review

DD FORM 2796, APR 2003

ASD(HA) APPROVED

33348



Appendix III: Individual Medical Readiness

In January 2006, DOD published an instruction,¹ requiring that the services report individual medical readiness. Individual medical readiness is intended to provide operational commanders, military department leaders, and primary care managers the ability to monitor the medical readiness status of their personnel, ensuring a healthy and fit fighting force that is medically ready to deploy. DOD Instruction 6025.19 requires quarterly individual medical readiness reports submitted by the Surgeons General of the services to the Force Health Protection Council summarizing the individual medical readiness status of active and selected reserve members (both officers and enlisted) who are available to deploy. Assessing individual medical readiness status is a continuous process and contains six key elements for which servicemembers are rated as either pass or fail. These elements include the following:

- **Periodic Health Assessment:** An annual assessment for changes in health status, especially changes that could affect a member's ability to perform military duties.² Each service is responsible for determining how it will meet DOD's requirement for the completion of the Periodic Health Assessment.
 - Pass: current Periodic Health Assessment
 - Fail: overdue Periodic Health Assessment (not accomplished within 3 months after the month in which it is due)
- **Deployment-limiting Conditions:** Defined by military department-specific policies. Examples include pregnancy, asthma, and severe traumatic injury with incomplete rehabilitation.
 - Pass: no deployment limiting conditions
 - Fail: deployment limiting conditions exist
- **Dental Readiness:** All services use the same classification system to assess and monitor dental readiness.
 - Pass: class 1 (no dental treatment or reevaluation required within the next 12 months) or 2 (patients have the potential for dental emergencies with the next 12 months but it is not likely if certain treatments are obtained)
 - Fail: class 3 (patients with oral conditions that if not treated are expected to result in dental emergencies within the next 12 months) or

¹Department of Defense Instruction 6025.19, *Individual Medical Readiness* (Jan. 3, 2006).

²The assessment records general information such as blood pressure, weight, height; screenings for hearing, vision, and depression; as well as counseling on leading health indicators. In addition the assessment includes testing and evaluations based on risk factors such as age, sex, occupation, and personal habits such as smoking.

4 (patients requiring a dental examination and whose dental classification is unknown)

- **Immunization Status:** Required immunizations include hepatitis A, tetanus-diphtheria, MMR (measles, mumps, and rubella), inactivated poliovirus (IPV), hepatitis B, and influenza (once per season).
 - Pass: all immunizations current
 - Fail: overdue for one or more immunizations
- **Medical Readiness Laboratory Tests:** Includes human immunodeficiency virus (HIV) testing and deoxyribonucleic acid (DNA) sample on file.
 - Pass: HIV testing, with one result on file within the past 24 months and a DNA sample on file
 - Fail: Missing or past-due HIV test or DNA sample not on file
- **Individual Medical Equipment:** Core requirement is one pair of gas mask inserts for all deployable personnel needing visual correction.
 - Pass: one pair of gas mask inserts for all deployable personnel needing visual correction
 - Fail: no gas mask inserts for all deployable personnel needing visual correction

Servicemembers are then placed into one of the following four readiness categories based on the pass/fail grades in the six elements:

- Fully medically ready: current in all categories including dental class 1 or 2
- Partially medically ready: lacking one or more immunizations, readiness laboratory studies, or medical equipment
- Not medically ready: existence of a chronic or prolonged deployment-limiting condition (per service-specific physical standards guidelines), including servicemembers who are hospitalized or convalescing from serious illness or injury, or individuals in dental class 3
- Medical readiness indeterminate: inability to determine the servicemember's current health status because of missing health information such as a lost medical record, an overdue Periodic Health Assessment or being in dental class 4

The minimum goal for overall medical readiness is to have more than 75 percent of servicemembers fully medically ready for deployment.

Appendix IV: Comments from the Department of Defense



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUN 8 2007

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

Dear Ms. Farrell:

Thank you for the opportunity to review the GAO draft report, GAO-07-831, "DEFENSE HEALTH CARE: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of Deployment Health Quality Assurance Program," dated May 21, 2007 (GAO Code 350897).

The Department concurs with the findings and recommendation contained in this report. We are pleased your review found that our systematic approach to performing pre- and post-deployment health assessments through a variety of deployment health activities complies with enacted legislation requiring a medical tracking system for assessing the conditions of Service members before and after deployments. We recognize the need for a more comprehensive oversight framework to better ensure effective implementation of our deployment health quality assurance program. To that end, the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness recently published a new DoD Instruction on force health protection quality assurance. We are now developing reporting requirements along with results-oriented performance measures—as your report recommends—that will serve to better evaluate compliance and facilitate consistent implementation across the military Services. Our detailed comments are enclosed.

My points of contact are Dr. Michael Kilpatrick at 703-578-8510 (functional) and Mr. Gunther Zimmerman (audit liaison) at 703-681-3492.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Ward Casscells".

S. Ward Casscells, MD

Enclosure:
As stated

GAO DRAFT REPORT - DATED MAY 21, 2007
GAO CODE 350897/GAO-07-831

**"DEFENSE HEALTH CARE: Comprehensive Oversight Framework Needed to
Help Ensure Effective Implementation of Deployment Health Quality Assurance
Program"**

**DEPARTMENT OF DEFENSE COMMENTS
TO THE RECOMMENDATION**

RECOMMENDATION: The GAO recommends that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs to develop a comprehensive oversight framework to evaluate the Services' compliance with deployment health requirements and to ensure that the Services are implementing the program consistently. Such a framework should do the following:

- Provide the Army Medical Surveillance Activity (AMSA) with specific reporting requirements and results-oriented performance measures to evaluate the Services' adherence to deployment health requirements, including identifying the total number of Service members deployed/redeployed and administering pre- and post-deployment health assessment questionnaires within required timeframes, which would enable AMSA to develop information regarding Department-wide compliance;
- Enforce the requirement for the Services to report on all deployment health requirements on a quarterly basis; and
- Establish quality controls, including independent reviews of data, to ensure the accuracy or completeness of the information the Deployment Health Support Directorate (DHSD) collects in its site visits to military installations.

DOD RESPONSE: The Department concurs and offers the following comments.

The Department recognizes that the DoD deployment health quality assurance program established in 2004 needs to evolve into a more structured and results-oriented framework for assessing compliance, and we appreciate that GAO's efforts during this review will guide us in directions that ultimately should improve the health of Service members who deploy in harm's way. To enhance our deployment health quality assurance components per your recommendation, and as part of our more comprehensive force health protection quality assurance program initiative, we will:

- Work with and through the Army Medical Surveillance Activity (AMSA) and the military Services to specify reporting requirements and jointly refine performance measures for critical deployment health activities. We see this as an essential step to increasing consistency among the Services' programs. At the same time, we recognize that each Service benefits from some degree of flexibility in tailoring its deployment health quality assurance activities to accommodate differences in operational environment, size and complexity, managerial judgment, and the reliability, availability, and performance of their respective information systems. Further, we will strive to achieve better alignment of deployment-related information among AMSA, the Services, and the Defense Manpower Data Center, to get a more accurate picture of the deployer "denominator" upon which to measure compliance.
- Continue to perform joint site visits to military installations as a critical complement to centralized monitoring through AMSA and the Defense Medical Surveillance System (DMSS). Independent verification will be included as an internal quality control mechanism during our on-site medical records reviews to ensure the information gathered on these visits is both accurate and complete. We strongly believe these jointly-conducted visits offer significant opportunities for first-hand looks at deployment health processes and are for many locations—the only way to review medical records pending full implementation of automated recordkeeping in garrison and in theater. One of the key goals in this regard is to better balance the efficiency of centralized monitoring through AMSA with the effectiveness of on-site visits.

The Department determined in 2004 that a collaborative, multi-faceted approach with the Services and AMSA was the appropriate means for bringing the deployment health quality assurance program on-line. Joint site visits (at that time quite unprecedented, now generally accepted) combined with periodic reports served initially as a balanced means for tracking Service compliance—looking for reasonable assurances rather than absolute assurances that deployment health requirements were being met.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

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

Acknowledgments

In addition to the contact named above, Sandra B. Burrell, Assistant Director; Alissa H. Czyz; Steve J. Fox; Wesley A. Johnson; Susan J. Mason; Julie C. Matta; Terry L. Richardson; Kate Robertson; Norris W. Smith; and John C. Wren made key contributions to this report.

Related GAO Products

DOD Civilian Personnel: Greater Oversight and Quality Assurance Needed to Ensure Force Health Protection and Surveillance for Those Deployed. [GAO-06-1085](#). Washington, D.C.: September 29, 2006.

Military Personnel: DOD and the Services Need to Take Additional Steps to Improve Mobilization Data for the Reserve Components. [GAO-06-1068](#). Washington, D.C.: September 20, 2006.

Military Personnel: Top Management Attention Is Needed to Address Long-standing Problems with Determining Medical and Physical Fitness of the Reserve Force. [GAO-06-105](#). Washington, D.C.: October 27, 2005.

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