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UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

B-192159

DECEMBER 28, 1978

The Honorable Harold Brown
The Secretary of Defense

Dear Mr. Secretary:

We have completed a survey of the practices followed by the Army and Air Force in screening the dependents of active duty personnel, who are being assigned overseas, to identify special educational and medical problems that cannot be adequately handled overseas. We found that the screening regulations of the Army and Air Force are similar; however, the Army's practices were much less effective than the Air Force's. As a result, considerable numbers of Army dependents have apparently been allowed to transfer to overseas locations that do not have the resources or capability to provide the necessary medical and educational attention. These dependents may be placing a burden on certain overseas medical and educational facilities. Also, the families could be experiencing hardships because of their inability to obtain the care and attention needed.

During our survey, we visited three military hospitals in the United States, and two Army hospitals and a dependents' school for handicapped children in Germany. We also had discussions with medical and personnel officials in both services.

We selected the 97th General Hospital at Frankfurt and the 2nd General Hospital at Landstuhl because they are major medical centers in Europe serving both Army and Air Force personnel. Landstuhl is also the neurosurgical center for Europe, and both Air Force and Army neurosurgical specialists provide care at that hospital.

CERTAIN MEDICAL AND EDUCATIONAL
CAPABILITIES LIMITED IN EUROPE

Physicians from Landstuhl and Frankfurt told us that, in some specialties, patient requirements for specialized care greatly exceed the capability to provide such services.



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Report

Several physicians and other professionals specializing in psychiatry, orthopedics, pediatrics, and speech pathology told us that high workloads in their areas prevent them from providing necessary care to dependents. Usually, these cases involve children with chronic conditions that require the most specialized care. The following are examples of the difficulties physicians referred to in providing care:

- Two speech pathologists said the workload had reached the point where they could only provide diagnostic service, but no therapy.
- A neurologist stated that there are not enough psychologists in Europe to provide adequate psychotherapy. They can only diagnose the problem, not treat it. In the States, psychotherapy patients can be referred to the civilian community, but the language barrier precludes that from being done in Europe. The cases just stack up.
- A psychiatrist explained that the psychiatric units in Europe are only able to provide the minimal essential services to active duty personnel. Patients are waiting to be treated. Therapists should see five patients each day, but sometimes must see as many as nine.
- A psychiatrist specializing in children pointed out that (1) there are no provisions for long term psychiatric treatment; (2) facilities are only adequate for handling adjustment problems; and (3) many severely disturbed children simply cannot be treated. This physician is the only practicing child psychiatrist in the Army hospital system in Europe.
- An orthopedist in the orthopedic clinic at the Landstuhl hospital said the clinic is seeing about 50 percent of its workload on an emergency basis. Those waiting for routine orthopedic appointments number about 300, which translates into a 3-month backlog.

Education officials said that large numbers of children with emotional or psychological problems are enrolled in the DOD Dependent Schools, Europe (DODDSEUR). However, DODDSEUR is unable to effectively treat them because of a lack of counseling and social services. DODDSEUR can accommodate some retarded and handicapped students; however, it cannot accommodate students who are

- emotionally disturbed;
- severely handicapped (need one-on-one treatment, for example);
- multiple handicapped (defined as any combination of handicaps);
- legally blind; or
- non-ambulatory (or unable to move self).

We were told that notwithstanding DODDSEUR's inability to accommodate certain special educational needs, numerous children with these needs are enrolled in DODDSEUR, particularly children who are emotionally disturbed. DODDSEUR officials estimated that about 1 percent of the children enrolled in the dependent school systems, or 1,100 children, have emotional or psychological problems that could be better dealt with in the United States. The DODDSEUR special education official believed that about 40 of the children with emotional or psychological difficulties have problems so severe that they are unable to be helped at all in Europe.

To avoid placing the families of active duty personnel in situations where dependents are not able to obtain the specialized medical and educational attention they need, the Army and Air Force have procedures for screening dependents before they can be transferred overseas.

AIR FORCE SCREENING PROCEDURES
MUCH MORE EFFECTIVE THAN ARMY'S

Active duty personnel, whose rank is at least E-4, and who have more than 2 years of service are entitled to have their dependents accompany them on overseas assignments at Government expense. According to both services' regulations, active duty personnel are supposed to indicate on their travel applications whether their dependents have any problems which may require specialized medical care or educational attention at their new installation. Both the Army and Air Force require officials of the gaining command to approve or disapprove the transfer of dependents based on the medical and educational resources available overseas to treat the dependents' problems. Our survey work showed that the screening procedures followed by the Air Force were much better for determining whether particular medical or educational problems could be handled at overseas locations. Our limited

test to identify individuals with medical problems who should not have been sent overseas showed that most were dependents of Army personnel.

The Air Force Screening Procedures

At the Air Force installation we visited in the United States, travel applications requesting concurrent and non-concurrent travel for dependents are submitted to medical officials for review. The Air Force form specifically directs the servicemen to state whether any medical, educational, or other related problems exist. Installation medical officials review the form, pull the medical records of all the dependents listed, and review each one to determine whether or not the serviceman has pointed out a problem. Dependents may be interviewed or examined if the medical records are not available at the installation. If medical or educational problems are confirmed, officials at the local medical facility will not approve dependent travel without the concurrence of the overseas Command Surgeon.

Air Force headquarters officials told us that this was the practice generally followed at all U.S. Air Force installations. In the case of an assignment to Germany, for example, an application disclosing problems would be forwarded through medical channels to the U.S. Air Force, Europe (USAFE) Command Surgeon who has the final authority for approving all such travel applications within USAFE. The Command Surgeon has two staff members--a colonel who is a physician and a senior level enlisted individual--who evaluate all cases where dependent problems have been noted. In calendar year 1977, they reviewed and evaluated about 660 applications. The process they follow in making an evaluation is to contact the medical facility or educational institution directly to determine whether adequate special facilities are available and whether there is sufficient capability to handle the additional workload. In calendar year 1977, the Air Force disapproved about 50 percent of the requests for dependents' overseas travel where medical or educational problems were noted. The percentage of disapproved requests was similar for calendar years 1974 through 1977.

The Chief of the Medical Consultant Branch at the Air Force Military Personnel Center reviewed the service-wide effectiveness of the Air Force screening program during calendar year 1977. During that year, there were 410 cases in which the Air Force denied overseas transportation of dependents for medical or educational reasons. According to the review report, there were 100 additional cases which

should have been denied. The report said that the Air Force program was about 80 percent effective.

The Army Screening Program

At the two Army installations we visited, in the United States, active duty personnel were required to complete an Army travel application for their dependents when requesting concurrent travel at Government expense. Installation officials relied on the active duty personnel to state whether dependents had any specialized medical or educational requirements. Installation officials did not review the medical records of dependents as was done at the Air Force installation. Army headquarters officials told us that this was the practice generally followed at all U.S. Army installations.

All completed travel applications were sent to the overseas command having jurisdiction over the gaining installation. For individuals transferring to Army installations in Germany, the forms were sent to the Military Personnel Center, USAREUR. The Army maintained very little information about the screening process; however, officials at the Center said they processed a total of about 28,000 travel applications in calendar year 1977. Individuals at the Center separate the applications into three groups: those with medical problems, educational problems, or no problems. Center officials estimated that about 6 percent or 1,680 involved medical or educational problems and about 1 percent of the 1,680 cases were disapproved. Our analysis of a sample of records at the Center between January and May 1978 showed a disapproval rate of about 10 percent (or 170 cases annually). Applications with medical problems are referred to physician consultants at the U.S. Army Medical Command (MEDCOM) in Europe; those with educational problems are referred to the Director of Family Services in the Community Program Branch of the Deputy Chief of Staff Personnel.

Medical problems

When the cases are received by MEDCOM, they are logged in and assigned to a consultant. Currently, MEDCOM has six physicians serving as full-time consultants who evaluate dependent medical problems as shown below:

MEDCOM Consultants

<u>Rank</u>	<u>Evaluation area</u>
Colonel	Internal medicine and pediatrics
Colonel	Surgery, obstetrics, and gynecology
Colonel	Neurology and psychiatry
Lt. Colonel	Psychiatry
Major	Social Work
Colonel	Ambulatory patient care

We were told that the consultants determine what services individuals will require and whether those services are available. MEDCOM officials believed that most medical problems could be handled in Europe, and according to a MEDCOM consultant, transfers to Europe are recommended in over 90 percent of the cases that come to MEDCOM's attention. One MEDCOM consultant informed us, however, that often he cannot adequately determine what services will be required because of incomplete descriptions of medical problems on travel applications. Also, because of time constraints, the consultant generally cannot obtain necessary additional information on these cases from the United States. After deciding what medical services must be provided, this consultant considers whether medical facilities in Germany can provide the needed care. Although he does not contact installation hospitals on individual cases, he explained that he was familiar with what facilities and services are available, because he visits one Army medical facility each month. This consultant also stated that MEDCOM consultants do not attempt to follow-up on cases after the recommended assignment has been made in order to evaluate placements. He believed there was no need for such an evaluation, if there were no complaints. Consultants are required to visit all of the Army medical facilities in Germany at least once a year; however, they are not required to follow-up on their evaluations to see if the service member's family is receiving the necessary services.

Several physicians at Army hospitals told us that MEDCOM consultants do not contact them regarding whether a specific type of case can be handled. One physician familiar with MEDCOM procedures, said that the consultants only

check an inventory sheet to see if the services are available at a particular facility. If so, the application for dependent travel is approved. Most doctors we talked to believed the MEDCOM evaluation was unsatisfactory and that too many families with severe medical problems are authorized overseas assignments.

In order to get an impression of the impact of the medical screening process, we asked physicians at two hospitals in Germany which routinely serve both Army and Air Force personnel to provide us with examples of dependents, currently or recently treated, and who, in their professional opinion, represented individuals that should not have been sent overseas. The physicians were not asked to screen all their files and we did not attempt to talk to all of the practicing physicians at each hospital.

The physicians provided us with 86 cases from various medical departments as shown below:

<u>Medical specialty/department</u>	<u>Number of cases</u>
<u>97th General Hospital, Frankfurt</u>	
Social work service	8
Pediatrics	9
Neurology	1
Psychology (Child)	18
Youth Health Center	<u>9</u>
Subtotal	<u>45</u>
<u>2nd General Hospital, Landstuhl</u>	
Pediatrics	5
Orthopedics	16
Hematology	2
Speech	4
Psychiatry	13
Physical medicine services	<u>1</u>
Subtotal	<u>41</u>
Total	<u>86</u>

Only 5 of the 86 cases involved Air Force families. All 5 Air Force families were treated at Landstuhl and, therefore, represented about 12 percent of the cases physicians at that

hospital provided us. The total number of Air Force dependents using Landstuhl was considerably higher in May 1978-- about 40 percent of the total dependent inpatient admissions and 35 percent of the total dependent outpatient workload. The total Air Force workload at Frankfurt was considerably smaller than at Landstuhl.

Educational problems

The Director of Family Services is responsible for determining whether an educational problem can be handled by DODDSEUR. Determinations are made after reviewing a listing of special education classes that are available. The Director does not attempt to call each school about its special education program since it would require too much time.

In complex cases, the Director might call one of the five pupil personnel coordinators or a special education official at DODDSEUR. However, during the summer months, when the greatest number of placements are made, the assignments are left to the Director because the coordinators are usually on vacation. One pupil personnel coordinator noted that he had been contacted by the Army's Director of Family Services only twice in the last 6 months compared to about once every 2 weeks by the Air Force officials responsible for making placements. The pupil personnel coordinator added that the Air Force seems to do a better job of screening and placing children than the Army.

The Director of Family Services does not usually receive routine feedback on the appropriateness of placements. However, sometimes the Director will learn of inappropriate placements because of a request for compassionate reassignment.

NOT EVERYONE IS INCLUDED IN SCREENING PROCESS

Although both the Army and Air Force have screening procedures, they are not applied to all families requesting overseas travel. Dependents of families moving to Europe, in the following categories, are not subject to any DOD screening process:

- Non-command sponsored dependents of Army and Air Force military personnel (i.e., families not entitled to travel at Government expense).

--Dependents of Army personnel on non-concurrent travel (i.e., servicemember and family travel at different times. In calendar year 1977, this included the families of about 7,000 active duty personnel, or 20 percent of all Army families traveling to Europe at Government expense).

--Dependents of civilian Government employees transferred to Europe.

The Army has a draft regulation which includes procedures for screening dependents on non-concurrent travel. However, officials do not anticipate this regulation to become effective for another year.

Screening dependents traveling in a non-command sponsored status is difficult because the first step in arranging overseas travel involves filling out the travel application which is sent to medical officials for screening. Since non-command sponsored families make their own travel arrangements, they effectively by-pass the screening process. One possible solution to this problem might be to require screening of all military dependents--including non-command sponsored families--authorized to use military medical and educational facilities. In this way, those dependents having serious problems can be informed when the overseas facility is unable to provide the type or amount of care they need.

CONCLUSIONS

Air Force screening practices for dependents going overseas are more effective than the Army's. The attributes of the Air Force's practices which make them more effective are:

--The losing installation medical facility makes an independent verification of whether or not dependents have serious medical or educational problems.

--Medical and educational evaluators in Europe make direct contact with hospital and school officials to determine whether dependents with special problems can be adequately treated by hospital and school facilities.

Neither the Army's nor the Air Force's screening procedures are applicable to all families requesting overseas travel. They do not cover non-command sponsored families or dependents of civilian Government employees. Also, the Army's regulation

does not cover dependents traveling to Europe on a non-concurrent basis.

Permitting large numbers of Army dependents with serious problems to come to Europe has, according to physicians, added to the burden of providing certain specialized care. It also may be placing hardships on families who have these problems--but particularly those who disclosed problems during the screening process--and, accordingly, expect the resources to be available to handle those problems.

RECOMMENDATIONS TO THE SECRETARY OF DEFENSE

To improve the Army's screening program, we recommend that you direct the Secretary of the Army to:

--Adopt screening procedures similar to the Air Force's which include independent verification of medical and educational problems and direct contact with hospital or educational facilities concerning their ability to handle problems.

--Require, as soon as possible, screening of Army dependents on non-concurrent travel.

We also recommend that you direct the Secretaries of the Army and Air Force to

--establish procedures for screening non-command sponsored dependents to the extent possible; and

--develop a program for the periodic evaluation of screening programs.

Finally, although the Navy was not included in our survey, we recommend that you review its screening program for weaknesses and direct the Navy to make any necessary improvements.

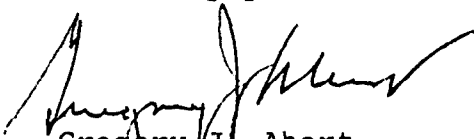
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As you know, section 236 of the Legislative Reorganization Act of 1970 requires the head of a Federal agency to submit a written statement on actions taken on our recommendations to the House Committee on Government Operations and the Senate Committee on Governmental Affairs not later than 60 days after the date of the report, and to the House and Senate Committees on Appropriations with the agency's first request for appropriations made more than 60 days after the date of the report.

We are sending copies of this report to the Chairmen of the House and Senate Committees on Appropriations, House Committee on Government Operations, Senate Committee on Governmental Affairs, and House and Senate Committees on Armed Services; and to the Director, Office of Management and Budget.

We appreciate the cooperation and assistance provided by DOD personnel during our survey. We will be glad to discuss any questions with you or your representatives.

Sincerely yours,



Gregory J. Ahart
Director