

**GAO**

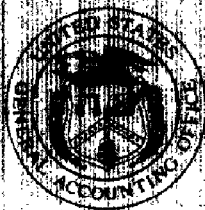
United States General Accounting Office

Report to the Chairman, Subcommittee  
on Readiness, Committee on Armed  
Services, House of Representatives

March 1994

# RESERVE FORCES

## DOD Policies Do Not Ensure That Personnel Meet Medical and Physical Fitness Standards



---

---



United States  
General Accounting Office  
Washington, D.C. 20548

157431

National Security and  
International Affairs Division

B-252086

March 23, 1994

The Honorable Earl Hutto  
Chairman, Subcommittee on Readiness  
Committee on Armed Services  
House of Representatives

Dear Mr. Chairman:

This report responds to your request that we review the adequacy of the medical and physical fitness policies and practices for reserve forces of the Department of Defense and the military services. A major objective was to determine whether the Department had taken appropriate actions to correct the problems we identified in 1992 resulting from nondeployable personnel during Operations Desert Shield and Desert Storm. This report contains recommendations to the Secretary of Defense to ensure that reserve forces are fit for military operations.

As agreed with your office, unless you publicly announce this report's contents earlier, we plan no further distribution until 30 days from its issue date. At that time, we will send copies to appropriate congressional committees; the Secretaries of Defense, the Air Force, the Army, and the Navy; and the Director, Office of Management and Budget. Copies also will be made available to others on request.

Please contact me at (202) 512-5140 if you or your staff have any questions concerning this report. Major contributors to this report are listed in appendix IV.

Sincerely yours,

Mark E. Gebicke  
Director, Military Operations  
and Capabilities Issues

---

# Executive Summary

---

## Purpose

Reserve forces are critical to the successful conduct of military operations. These forces played a vital role in Operations Desert Shield and Desert Storm and are expected to play an increasingly important role in future military operations as the Department of Defense (DOD) reduces the size of active forces. However, Operations Desert Shield and Desert Storm revealed that some reservists were not in proper medical or physical condition for war. Some reservists could not deploy to the Persian Gulf, and others had difficulty performing their missions while there. The Chairman, Subcommittee on Readiness, House Committee on Armed Services, requested that GAO determine the adequacy of DOD and service (1) medical retention policies and practices for reservists, (2) physical fitness test results as a measure of reservists' preparedness for military missions, and (3) management controls to ensure the achievement of fitness program objectives.

---

## Background

DOD's medical retention policy identifies the diseases and medical conditions that may make active and reserve service members unfit to perform their military duties. Each service establishes its own policy for making fitness determinations of active and reserve personnel. In 1986, DOD added a deployability standard to its policy that prohibits the services from separating members solely on their inability to perform duties at all theaters worldwide. The sole standard to be used in making fitness determinations is whether a medical condition prevents a service member from performing his or her duties.

DOD's physical fitness policy, in effect since 1981, requires the services to develop the physical skills that members will need to perform their missions. DOD requires the services to test the physical fitness of all personnel annually and allows the services to separate those who fail. DOD also requires the services to assess and report on their physical fitness programs.

---

## Results in Brief

DOD has been extremely lax in overseeing the services' implementation of its medical and physical fitness programs for reservists. DOD's medical policy, which permits the services to retain nondeployable reservists, is inconsistent with the current military strategy. This strategy requires forces to be capable of responding quickly to unexpected military contingencies anywhere in the world. DOD's policy has allowed the Army to retain more than 22,000 reserve component personnel with serious medical conditions that may prevent them from deploying to a

---

contingency. The Air Force, the Marine Corps, and the Navy, on the other hand, separate reservists with serious and limiting medical conditions.

The services' physical fitness testing programs assess only general fitness levels and do not measure reservists' preparedness for specific military missions. For example, the Army does not test whether reserve component personnel can complete a road march—a common task for infantry soldiers.

DOD was not aware of these problems because the services were not reporting fitness information to it as required. If the services had provided DOD with the required assessments, DOD might have been able to identify and prevent the fitness problems that surfaced during Operations Desert Shield and Desert Storm. Also, most of the services did not have controls to prevent the alteration of test scores.

---

## Principal Findings

---

### DOD's Medical Policy Allows the Retention of Reservists With Serious Medical Conditions

DOD's medical policy does not require reservists to be deployable worldwide to remain in military service. DOD permits the services to retain personnel who can only be deployed to certain theaters where adequate medical care is available to monitor and treat their medical condition but might not be deployed to other theaters lacking adequate medical care. However, DOD established the policy during the Cold War when the U.S. force was much larger and the threat was well defined. Today's national security strategy is based on a much smaller force and unpredictable threats that require forces to respond quickly to worldwide contingencies, such as the Iraqi invasion of Kuwait. In GAO's view, this strategy necessitates that reservists be deployable to all potential theaters.

The Air Force, the Marine Corps, and the Navy have adopted more stringent standards and separate reservists with permanent medical conditions that limit their deployability. These services based their policies on mission needs, which require reservists to be able to deploy rapidly anywhere in the world. However, in 1992 the Army retained 22,000 reserve component personnel with permanent medical conditions that may prevent them from marching, running, crawling, or being near gunfire. In the event of a military contingency, these soldiers may not be

deployable or may be limited only to certain theaters. The Army has not evaluated the deployability of these personnel.

The retention of medically nondeployable reserve component personnel can adversely affect wartime operations. In 1991, the Army's Inspector General reported that an estimated 8,000 reserve component personnel were called up but subsequently found to be medically nondeployable during Operations Desert Shield and Desert Storm. The Inspector General noted that the actual number might have been much higher. One Army mobilization station that GAO visited found about 4 percent of the reserve component personnel mobilized had serious medical conditions that prevented them from deploying. These conditions included cancer; heart disease; double kidney failure; muscular dystrophy; and, in one case, a gunshot wound to the head.

---

### Fitness Testing Does Not Measure Reservists' Ability to Do Military Tasks

DOD does not require the services to test whether reservists possess the physical skills to perform their military tasks. Instead, DOD only requires the services to assess general fitness levels. Each service's fitness testing program differs greatly in content and difficulty. For example, the Navy tests reservists' ability to complete four activities: a 1-1/2-mile run or walk or a 500-yard swim, push-ups, curl-ups, and a sit-reach exercise. In contrast, the Air Force's test includes only one activity: a 1-1/2-mile run or a 3-mile walk. The programs' lack of a mission focus and different testing criteria make it difficult for DOD and the services to accurately assess whether personnel possess the physical skills required for their missions.

The lack of mission-focused programs can adversely affect military operations. During Operations Desert Shield and Desert Storm, Army reports noted that some reserve component personnel were not in proper physical condition to perform their missions. The reports recommended the adoption of mission-focused fitness programs.

Several DOD, Army, Air Force, and Navy officials said that mission-specific fitness testing was needed. However, a DOD official stated that the services were opposed to a requirement for mission-specific testing.

---

### Management Control Weaknesses Preclude Disclosure of Fitness Problems

DOD lacks adequate management controls in two areas concerning the services' physical fitness programs. First, the services did not report required fitness information to DOD, and DOD did not enforce this requirement. Even if DOD had tried to enforce the requirement, the services

---

lacked sufficient information to conduct adequate assessments. As a result, DOD was not aware that the Army was retaining reserve component personnel who repeatedly failed fitness tests, the Marine Corps and the Navy were exempting older reservists from testing, and many reservists might not have taken required tests. If DOD had been aware of this information, it might have been able to identify and prevent the problems that surfaced during the Gulf War.

Second, except for the Marine Corps, the services did not have controls to prevent the alteration of fitness test scores. In some instances, fitness test scores for Army and Navy reservists had been changed from failing to passing.

GAO believes that DOD's physical fitness program contains material control weaknesses. However, DOD has not identified its program as containing material weaknesses in its annual reports to the President and the Congress, under the Federal Managers' Financial Integrity Act of 1982.

---

## Recommendations

GAO recommends that the Secretary of Defense (1) revise DOD's medical retention policy to require that reservists be medically able to deploy worldwide, (2) direct the services to adopt mission-specific physical fitness testing programs, and (3) improve controls over physical fitness testing and reporting. Other GAO recommendations to the Secretary of Defense are included in chapter 4.

---

## Agency Comments

DOD agreed with the report's overall findings (see app. I) and agreed to take actions to correct some of the problems GAO identified. DOD agreed to separate personnel who repeatedly fail physical fitness tests, implement controls to prevent fitness test scores from being inappropriately changed, and direct the Inspector General to assess whether adequate management controls had been established.

However, DOD's actions do not go far enough and could leave major problems uncorrected. DOD agreed to review and clarify its medical retention policy but did not agree to adopt a worldwide deployability standard. Even though DOD agreed to assess the feasibility of establishing mission-specific fitness standards, it did not agree to adopt them. Although DOD said it would assess whether it should require the services to submit detailed physical fitness information, it did not believe that this information would benefit management. In addition, DOD did not agree to

identify the physical fitness program as containing material control weaknesses in its 1994 assurance statement. GAO believes that the deficiencies are material, and unless DOD changes its fitness policies along the lines GAO recommended, the fitness-related problems that arose during Operations Desert Shield and Desert Storm could recur and hinder future military operations.





---

# Contents

---

<b>Executive Summary</b>		2
<b>Chapter 1</b>		10
<b>Introduction</b>	DOD's Fitness Policies	11
	Objectives, Scope, and Methodology	13
<b>Chapter 2</b>		16
<b>Retention of</b>	DOD's Medical Retention Policy Does Not Reflect Changes in	17
<b>Potentially</b>	Military Strategy	
<b>Nondeployable</b>	The Army Retains Potentially Nondeployable Reserve	18
<b>Reservists Conflicts</b>	Component Personnel	
<b>With New Military</b>	Medically Nondeployable Army Reserve Component Personnel	20
<b>Strategy</b>	Disrupted Mobilization During Gulf War	
	The Army Plans No Changes to Its Medical Policy	22
	Other Services Do Not Retain Potentially Nondeployable	23
	Reservists	
	Conclusions	24
	Recommendations	25
	Agency Comments	25
<b>Chapter 3</b>		26
<b>Fitness Testing Does</b>	Services Use Different Standards to Measure Fitness Levels	26
<b>Not Measure</b>	Services' Physical Fitness Tests Are Not Mission Focused	27
<b>Reservists' Physical</b>	Poor Fitness Levels Affected Army Reserve Component	29
<b>Ability to Perform</b>	Personnel's Performance in the Gulf War	
<b>Their Missions</b>	DOD and Service Officials Believe Mission-Specific Physical	29
	Fitness Testing Is Needed	
	Conclusions	31
	Recommendation	31
	Agency Comments	31
<b>Chapter 4</b>		33
<b>DOD's Physical</b>	Services Do Not Report Fitness Information to DOD	33
<b>Fitness Program</b>	Lack of Reporting Precludes Disclosure of Fitness Problems	34
<b>Contains Management</b>	Some Failing Fitness Test Scores Were Changed to Passing	39
<b>Control Weaknesses</b>	Planned Revisions to DOD's Fitness Policy Will Not Correct	41
	Control Weaknesses	
	DOD Has Not Identified Its Fitness Program as Containing	41
	Control Weaknesses	
	Conclusions	42

---

Contents

---

	Recommendations	42
	Agency Comments	43
<hr/>		
<b>Appendixes</b>	Appendix I: Comments From the Department of Defense	46
	Appendix II: Key Organizations Contacted	70
	Appendix III: Reserve Component Units Selected for Case Study Analysis	72
	Appendix IV: Major Contributors to This Report	74
<hr/>		
<b>Tables</b>	Table 1.1: Reserve Forces' Participation in Operations Desert Shield and Desert Storm	10
	Table 1.2: Comparison of Reserve Personnel to Total Force	11
	Table 3.1: Components of Services' Physical Fitness Tests	27
	Table 4.1: Fitness Information Collected by Service Headquarters for Reserve Components	34
	Table 4.2: Army Reserve Component Personnel Failing Physical Fitness Tests	36
	Table 4.3: Army Reserve Component Personnel Failing Physical Fitness Test Two or More Consecutive Times	37
	Table 4.4: Physical Fitness Test Summary Data for 1992	39

---

**Abbreviations**

DOD	Department of Defense
GAO	General Accounting Office

# Introduction

Reserve forces<sup>1</sup> are critical to the successful conduct of military operations both in wartime and peacetime. The reserve components played a vital role in Operations Desert Shield and Desert Storm. In January 1992, the Chairman of the Joint Chiefs of Staff testified before the Congress that the United States could not have succeeded in the Gulf War without the reserve force. In addition, reserve forces are expected to play an increasingly important role in military operations as the Department of Defense (DOD) reduces the size of active forces.

About 106,000 of the 540,000 U.S. military personnel (20 percent) deployed to the Persian Gulf during Operations Desert Shield and Desert Storm were from reserve forces. These reservists performed critical combat and support tasks. For example, Marine Corps reservists augmented active combat forces, Air Force reservists provided nearly all of that service's strategic and tactical airlift capabilities, and Navy reservists provided staff for hospitals in the theater and medical support for the Marine Corps. Table 1.1 shows the number of reserves that were deployed by each service to the Persian Gulf.

**Table 1.1: Reserve Forces' Participation in Operations Desert Shield and Desert Storm**

Reserve component	Number of personnel deployed	Percent of total service force deployed
Army	73,400	24
Marine Corps	14,400	15
Air Force	11,100	20
Navy	6,800	8
<b>Total</b>	<b>105,700</b>	<b>20</b>

In 1992, most of the Army's support forces and a substantial portion of its combat forces were in the reserve component. In some instances, reserve forces provided all of the military capability to perform wartime tasks. Reserve component personnel provided 100 percent of the Army's heavy-lift helicopter capability, forces used to provide fresh water, light infantry anti-tank missile battalions and infantry scouts, and nearly all of its legal and civil affairs units. Air Force reserves comprised all of that service's weather reconnaissance capability, most of its aeromedical evacuation and communications capability, and close to half of its tanker and cargo crews. Reserves constituted 25 percent of the total Marine Corps force structure, providing all of that service's civil affairs and adversary aircraft training capability and 40 percent of its tank battalions.

<sup>1</sup>Reserve forces are comprised of members who belong to units, the Individual Mobilization Program, and the Individual Ready Reserve.

Naval reserves provided 100 percent of the Navy's heavy airlift, rescue, and harbor protection capabilities.

Even though the size of both active and reserve forces will be decreased, the reserves will comprise a larger portion of the projected force structure. From fiscal years 1989 to 1994, total military strength will be reduced by about 20 percent, from 3.3 million to 2.6 million. Even though the size of the reserve force will be reduced by about 17 percent, from 1.2 million to 1 million, the percent of reserves in the total force structure will actually increase from 36 to 39 percent. Table 1.2 shows the planned changes in total military strength and the percent of total force structure comprised by the reserve components of each service.

**Table 1.2: Comparison of Reserve Personnel to Total Force**

Number of personnel in thousands

	Fiscal year 1989			Fiscal year 1994 (projected)		
	Active and reserve personnel	Reserve personnel	Percent	Active and reserve personnel	Reserve personnel	Percent
Total DOD	3,300	1,171	36	2,653	1,029	39
Air Force	770	199	26	625	199	32
Army	1,546	776	50	1,210	670	55
Marines	241	44	18	219	42	19
Navy	744	152	20	599	118	20

Source: Budget of the United States Government, Fiscal Year 1991 and the National Defense Authorization Act for Fiscal Year 1994 Conference Report, November 10, 1993.

## DOD's Fitness Policies

DOD established its medical and physical fitness policies to ensure that active and reserve forces would be in proper condition to perform their military duties. The standards contained in these policies allow DOD and the services to gauge the fitness levels of military personnel and their readiness to be deployed. For example, the Joint Chiefs of Staff rely on service assessments of force capabilities and readiness to plan operations and deploy strategic and conventional forces in response to crises worldwide. Also, this information is used by service organizations responsible for (1) planning operations and deploying forces, such as the Army's Forces Command; (2) making decisions on members' retention and deployability, such as the Air Force Military Personnel Center; and

(3) managing reserve forces, such as the Office of the Chief of Naval Reserve.

---

## Medical Policy

The Assistant Secretary of Defense for Health Affairs is responsible for setting DOD's medical fitness policy, and the services are responsible for its implementation. The policy, which was last revised in 1986, primarily identifies the diseases and medical conditions that may render current service members unfit for military duty.<sup>2</sup> It applies to active duty personnel and reservists while in active duty status, including the 2 weeks that reservists spend in training each year.

In making fitness determinations, the services convene military boards comprised of medical and personnel specialists that evaluate whether a medical condition affects service members' duty performance. If the boards determine that a medical condition will affect duty performance, DOD requires the services to attempt to reclassify the member to a different position before they begin separation procedures. For example, a service member with a medical condition considered by the Army to be permanently disabling for purposes of its mission such as a bad back or an inability to lift heavy weights, cannot be assigned to a tank crew but may be able to work in a less physically demanding position, such as an administrative position, depending on the nature and severity of the medical condition.

DOD's policy states that the sole standard the services are to use in making medical fitness determinations is whether the disease or medical condition would prevent a service member from performing military duties. However, even if a condition adversely affects a member's duty performance, the service cannot separate the member unless the condition is permanent.

DOD has no medical policy applicable to reservists who incur serious diseases or medical conditions not connected with their military duties, such as conditions occurring while they are civilians. DOD relies on the services to establish the policies and procedures to make fitness determinations for these personnel. In making these determinations, all of the services use the same medical policy for reserve personnel as for active personnel regardless of whether the medical condition is connected with their military duties.

---

<sup>2</sup>Separation From the Military Service by Reason of Physical Disability, Department of Defense Directive 1332.18, February 25, 1986.

---

## Physical Fitness Policy

The Office of the Assistant Secretary of Defense for Personnel and Readiness is responsible for setting DOD's physical fitness policy, and the services are responsible for implementing it. The policy, which was last updated in 1981,<sup>3</sup> stresses that physical fitness is a "vital component of combat readiness and is essential to the general health and well being of armed forces personnel." In that regard, one of DOD's fitness objectives is aimed at developing the physical skills military personnel will need in combat or for other types of missions.

To evaluate fitness levels, DOD's policy requires the services to conduct annual physical fitness tests of all personnel, regardless of age. The tests are to be the same for active and reserve forces, and the services are to consider separating members who fail the test. DOD also requires the services to periodically assess their physical fitness programs and report the results of the assessments to it.

At a minimum, fitness tests are to assess general fitness levels by measuring cardiorespiratory endurance or stamina.<sup>4</sup> Some services meet this requirement by testing members' ability to run 1-1/2 to 3 miles in a prescribed time. DOD's fitness policy also allows the services the flexibility to test the physical ability of reserve personnel to complete mission-oriented tasks, such as a road march for infantry personnel or ordnance-loading exercises for artillery personnel. However, DOD does not require mission-specific testing.

---

## Objectives, Scope, and Methodology

The Chairman, Subcommittee on Readiness, House Committee on Armed Services, requested that we determine the adequacy of DOD and service (1) medical retention policies and practices for reservists, (2) physical fitness test results as a measure of reservists' preparedness for military missions, and (3) management controls to ensure the achievement of fitness program objectives.

To evaluate the adequacy of medical policies and practices, we reviewed appropriate statutes and DOD and service regulations governing the retention and separation of personnel with medical conditions. We determined the processes the services used to make fitness decisions and

---

<sup>3</sup>Physical Fitness and Weight Control Programs, Department of Defense Directive 1308.1, June 29, 1981.

<sup>4</sup>DOD defines cardiorespiratory endurance as the capability to take in and deliver oxygen to the muscles. It defines stamina as the ability to persist in performing continuous physical activity without rest.

assessed whether their policies and practices were consistent with DOD policy. If discrepancies occurred, we determined the services' rationale for not adhering to DOD policy. We analyzed data from service information systems to identify the number of reserve component personnel with serious medical conditions. To determine how medical fitness levels affected wartime operations, we analyzed service studies of medical fitness issues that occurred during Operations Desert Shield and Desert Storm and obtained DOD and service officials' views on medical fitness policies.

To determine whether physical fitness testing measured reserve component personnel's preparedness for military operations, we reviewed DOD and service fitness and training guidance and identified the fitness test components used by each service. We analyzed service studies on physical fitness levels during Operations Desert Shield and Desert Storm. We also obtained the views of key DOD, Joint Chiefs of Staff, and service officials (see app. II) on the relationship between fitness testing and mission performance.

To evaluate management controls, we determined whether the services included physical fitness in their internal control programs and assessed whether service fitness policies were consistent with DOD directives. We evaluated the adequacy of controls by determining the extent that fitness information was recorded and provided to key DOD and service organizations and how the information was used for management purposes. We determined how fitness data are used in deployment decisions and obtained the views of DOD, service, and unit personnel on the adequacy of current fitness standards. We also determined the extent that reserve personnel component failed periodic physical fitness tests and the enforcement policies and practices for such personnel.

To test the implementation of fitness policies and procedures, we selected 35 Reserve and National Guard units for case study analysis (see app. III). No Air Force Reserve units were included in our case studies because the Air Force Reserve discontinued mandatory physical fitness testing in June 1992. Our criteria for selecting units were designed to give a mix of combat and support units. Some of the units participated in Operations Desert Shield and Desert Storm. At each unit, we reviewed medical and physical fitness records to assess unit compliance with DOD and service fitness policies. Our reviews included determining methods to track personnel with serious medical conditions and unit practices for members failing to meet fitness standards.



---

**Chapter 1**  
**Introduction**

---

We conducted our work from April 1992 to August 1993 in accordance with generally accepted government auditing standards.

# Retention of Potentially Nondeployable Reservists Conflicts With New Military Strategy

DOD's new military strategy is based on a much smaller force structure that must be capable of responding to many types of military contingencies worldwide. As a result, the new strategy requires reserve personnel to be deployable worldwide. However, DOD's medical policy does not require reservists to be deployable to remain in the service. This policy is outdated because it is based on a Cold War military strategy that no longer exists.

On the basis of DOD's policy, the Army retains more than 22,000 reserve component personnel with permanent medical conditions that may prevent them from performing many common soldier activities, such as marching or running, or being exposed to loud noises, such as weapons firing. Because of their medical condition, these personnel may not be able to deploy to any theater or may be restricted to certain theaters where their conditions can be properly monitored. However, the Army has not evaluated the extent that these personnel are deployable.

The Army's practice of retaining reserve component personnel with permanent medical conditions hindered its mobilization efforts during Operations Desert Shield and Desert Storm. An estimated 8,000 Army reserve component soldiers reported for duty with serious medical conditions, including cancer, heart disease, and amputations, and many could not be deployed. Other Army reserve component personnel had to return from Southwest Asia because their medical conditions prevented them from operating effectively. The total number of Army reserve component personnel that were not deployable during Operations Desert Shield and Desert Storm is unknown because many were identified at their home stations and replaced with deployable soldiers from other Army units.

The Air Force, the Marine Corps, and the Navy have more stringent medical retention standards than those required by DOD and separate reservists who cannot be deployed worldwide or have permanent medical conditions that limit their duties. The services' medical officials stated that these policies were based on mission needs, which require the capability to provide forces quickly to respond to worldwide contingencies. In contrast to the Army, the officials stated that these services encountered few problems due to medically nondeployable reserve personnel during the Gulf War.

## DOD's Medical Retention Policy Does Not Reflect Changes in Military Strategy

DOD's medical retention policy does not require reservists to be deployable to remain in military service. In fact, for reservists whose medical condition occurred while on active duty, the policy does not permit the services to separate them solely on their inability to deploy. DOD's policy states that the sole standard to be used in making fitness determinations is whether a reservist is fit to perform military duties and that the inability to perform duties in every geographic location and under every conceivable circumstance cannot be used as the sole basis for finding a reservist unfit for duty.<sup>1</sup> DOD's policy allows the services to retain personnel who can only be assigned to theaters where adequate medical care is available. For example, some personnel may only be deployable to a European theater where adequate medical facilities are available to monitor or treat their condition. However, these personnel might not be deployable to other theaters lacking proper medical facilities, such as Somalia.

According to the Deputy Assistant Secretary of Defense for Health Affairs, before DOD adopted the policy in 1986, all of the services used a worldwide deployability standard in making fitness determinations for both active duty and reserve personnel. However, DOD found that the services were inconsistently applying the standard. The Deputy Assistant Secretary said that the services separated some personnel because of duty limitations that prevented them from being deployable worldwide but reassigned others with similar limitations to positions that did not require them to deploy. DOD believed it needed to adopt a uniform policy, and it offered the services the choice of two deployability standards. One standard required personnel to be deployable worldwide to be retained; the other did not permit the services to separate personnel solely on their inability to perform military duties in every geographic location. To preserve the ability to retain personnel who may be valuable to the service, even though they cannot be deployed worldwide, the services requested that DOD adopt the more flexible policy, according to the Deputy Assistant Secretary.

Because it continues to allow the retention of potentially nondeployable reservists, DOD's medical retention policy has not kept pace with recent changes in the national security strategy. The policy was adopted when the Soviet Union posed the major threat confronting the United States and U.S. military strength exceeded 3 million personnel. With the diminished Soviet threat, the United States planned to reduce its military forces by 700,000 personnel and changed its military strategy. The current strategy calls for U.S. forces to be capable of responding to many types of military

<sup>1</sup>Although DOD's medical policy only applies to reserve personnel in an active duty status, all of the services use the same medical policies for reservists, regardless of whether a medical condition occurred during an active duty, inactive duty, or civilian status.

contingencies worldwide that may arise on short notice, as demonstrated by the Iraqi invasion of Kuwait and the recent peacekeeping operations in Somalia.

The less predictable threats and smaller active force structure increase the importance of reserve force readiness and do not allow for the retention of large numbers of potentially nondeployable reserve personnel. As the Army's Chief of Staff stated, "there can be no time out for readiness."

In 1992, we reported that the issue of nondeployable personnel had received inadequate attention in the past and that the importance of deployability would become even greater as forces are reduced.<sup>2</sup> We recommended that DOD give greater emphasis to assessing and reporting on nondeployability issues. In response to our report, DOD stated that it was reviewing its medical retention policy to decide whether it should be strengthened. In September 1993, the Deputy Assistant Secretary of Defense for Health Affairs said that DOD would change its policy only if all of the services agreed that a worldwide deployability standard was needed. The Army is opposed to strengthening the policy, but the Air Force, the Marine Corps, and the Navy were in favor of a worldwide deployability retention standard. DOD expects to make its decision in early fiscal year 1995.

---

## The Army Retains Potentially Nondeployable Reserve Component Personnel

The Army follows DOD's medical policy for active duty personnel in making retention decisions on reserve component personnel and, accordingly, does not require reservists to be deployable worldwide to remain in the service. The policy applies to all reserve component personnel regardless of whether their medical condition was incurred while they were in an active duty, inactive duty (weekend drills), or civilian status. With regard to deployability, Army medical policy states that although the ability of a soldier to perform military duties in all geographical locations under all conceivable circumstances is a key to maintaining an effective and fit force, worldwide deployability will not be the sole basis used to determine fitness.<sup>3</sup>

The Army's policy requires that fitness determinations be made based primarily on a soldier's ability to perform the duties required by his or her

---

<sup>2</sup>Operation Desert Storm: War Highlights Need to Address Problem of Nondeployable Personnel (GAO/NSIAD-92-208, Aug. 31, 1992).

<sup>3</sup>Physical Evaluation for Retention, Retirement, or Separation, Army Regulation 635-40, September 15, 1990.

military assignment. On the basis of this policy, the Army retains reserve component personnel with permanent medical conditions that limit their ability to perform many common soldier tasks. Data from the Army Reserve and National Guard indicated that 22,282 soldiers in 1992 had permanent medical conditions. Although these soldiers met retention standards based on their ability to perform military duties in peacetime, the Army had not evaluated the extent that these soldiers would be deployable in wartime or would be available for other military operations.

Army reserve component personnel are required to have medical examinations every 4 years. During these examinations, the reservists are given a numerical code that describes their medical condition. These codes range from 1, which designates a soldier as being medically fit and having no duty limitations, to 4, which designates a severe medical condition that would drastically limit a soldier's duty performance. The Army also classifies the conditions as either permanent or temporary.

Soldiers assigned codes of 3 or 4 are to have their conditions reviewed by Army medical boards. The boards determine the severity of the condition and decide it (1) does not affect the ability of the soldier to perform his or her current military duties; (2) imposes limitations on the physical ability to perform current military duties but warrants reassignment to other, less demanding duties; or (3) imposes severe limitations on the ability to perform any military duty and warrants separation from the service. The soldiers that are retained in the service are to receive assignments commensurate with their physical capability.

Along with the medical codes, the Army assigns an alphabetic code to indicate the specific duty that cannot be performed. For example, code 3C designates a medical condition that limits a soldier's ability to crawl, run, march, or stand for long periods. Code 3J designates a condition that prevents a soldier from being exposed to loud noises or weapons firing. Most of the 22,282 reserve component soldiers that had permanent medical conditions in 1992 were assigned either codes 3C or 3J. For example, of the 17,593 soldiers in the Army National Guard that had permanent medical conditions, 13,505 had been assigned code 3C and 1,721 had been assigned code 3J.

Our case studies of Army Reserve and National Guard units conducted in 1993 found that the Army continued to retain reservists with serious medical conditions. At a light infantry unit with 79 personnel, we found 2 soldiers with serious medical conditions. Although information on the

soldiers' conditions was recorded in the unit's records, unit command personnel said that they were not aware that the soldiers had medical conditions.

In February 1986, an Army physician diagnosed one soldier, whose military occupation was infantryman/ranger, as having high blood pressure. The physician concluded the soldier met Army retention standards, but his condition precluded him from performing any strenuous physical activity, including field training, physical fitness testing, or assignments requiring consumption of combat rations. The physician also limited the soldier's duty assignments only to locations where definitive medical care was available. Follow-up medical examinations conducted in 1987 and 1991 found that the soldier had uncontrolled high blood pressure but was still qualified for retention. In August 1991, the National Guard's state surgeon requested that Army medical personnel hold a medical consultation for the soldier. However, at the time we visited this unit in March 1993, the soldier had not been examined, and his records indicated that no further action had been taken since August 1991.

In February 1991, an Army physician examined another soldier, an infantryman, in the same unit and found that he had high blood pressure and should be further examined because of a possible heart murmur and the potential for a cardiac arrest. The physician recommended that the condition be evaluated and assigned a medical limitation code that precluded any strenuous physical activity. Unit records indicated that no follow-up actions, such as a medical examination or review by a medical board, had been taken since the soldier's diagnosis in 1991.

---

## Medically Nondeployable Army Reserve Component Personnel Disrupted Mobilization During Gulf War

The retention of nondeployable personnel hindered the Army's mobilization efforts during Operations Desert Shield and Desert Storm. The Army could not determine the total number of reserve component personnel whose medical conditions prevented them from being deployed to the Persian Gulf because of the processes used to select reservists for the war. Some reserve component units screened personnel at their home stations and replaced nondeployable personnel with deployable personnel from other units. Other units did not screen personnel at their home stations and allowed nondeployable personnel to report to mobilization stations.

A 1991 Army Inspector General report estimated that as many as 8,000 Army reserve component personnel were found to be medically

nondeployable upon arrival at mobilization stations.<sup>4</sup> Even though all but 1,100 of these soldiers eventually deployed, the report noted that nondeployable soldiers disrupted the mobilization process. Medically nondeployable personnel caused units to undergo extensive efforts to replace nondeployable reservists with those that could be deployed. However, unit commanders told the Inspector General that as many permanently nondeployable reserve component personnel were identified and left at their home stations as those that were identified at mobilization stations. The report also noted that some soldiers who had coronary bypass surgery, cancer, and amputations had not been identified at their home stations and reported to their mobilization station.

A 1992 report by the Sixth U.S. Army Inspector General also addressed the problem caused by medically nondeployable personnel during Operations Desert Shield and Desert Storm.<sup>5</sup> Although the report did not specify the number of nondeployable personnel, it stated that many soldiers deployed to Southwest Asia had to return to the United States because of medical conditions that had not been previously diagnosed. The report noted that commanders were not identifying soldiers with severe medical problems and that soldiers with permanent medical conditions were not being evaluated by their home units before deploying to determine if they were medically fit to perform their duties and job assignments.

In 1991, we reported that medical screenings conducted at the mobilization stations identified numerous problems that impaired soldiers' ability to deploy, including ulcers, chronic asthma, spinal arthritis, hepatitis, seizures, and diabetes.<sup>6</sup> In 1992, we reported that medically nondeployable reserve component personnel delayed the mobilization of some medical units.<sup>7</sup> For example, two reserve component surgeons—one who was unable to stand for more than 30 minutes and another who had Parkinson's disease—reported for duty but were unable to deploy due to their conditions.

Information from one Army mobilization station we visited showed that 103 reserve component personnel (4 percent of those mobilized through

---

<sup>4</sup>Special Assessment of Operations Desert Shield/Storm Mobilization, Department of the Army, Inspector General, December 1991.

<sup>5</sup>Sixth U.S. Army Inspector General Nondeployable Soldiers Special Inspection, August 1992.

<sup>6</sup>National Guard: Peacetime Training Did Not Adequately Prepare Combat Brigades for Gulf War (GAO/NSIAD-91-263, Sept. 24, 1991).

<sup>7</sup>Operation Desert Storm: Full Army Medical Capability Not Achieved (GAO/NSIAD-92-175, Aug. 18, 1992).

that station) reported for the Gulf War with serious medical conditions, including cancer, heart disease, and serious mental disorders. One soldier had double kidney failure, one had muscular dystrophy, and another had a gunshot wound to the head. None of the 103 soldiers deployed.

Unit officials at an Army Reserve command we visited said that 51 soldiers could not deploy during Operations Desert Shield and Desert Storm because they had serious medical conditions, including mental disorders. To compensate for nondeployable personnel, the command replaced them with soldiers from other units. Officials stated that this action made some marginal units good and some good units bad and that this action might not be available in the event of a larger mobilization.

---

## The Army Plans No Changes to Its Medical Policy

The 1991 Army Inspector General's report noted that, because of the reduced size of the military structure, retention and deployability policies needed to be re-examined. The 1992 Sixth Army's Inspector General noted that during the next war, the Army would not have the time or resources to fix all the problems experienced at the mobilization stations and recommended that the Army identify soldiers with permanent medical profiles and separate those soldiers that are not deployable.

In December 1991, the Army's Vice Chief of Staff directed the Deputy Chief of Staff for Personnel to review the Army's medical retention policy to determine if it should be changed. The review was undertaken in response to requests by several high-level Army commanders, including the commander of Army forces in Europe and National Guard officials, that the Army adopt a worldwide deployability standard as a basis for retention. The commanders stated that every soldier in a downsized Army must be qualified to deploy worldwide to maintain an acceptable level of combat capability and readiness. The National Guard requested the review because virtually all of its units were expected to deploy in wartime and it had no place to reassign a nondeployable soldier.

Despite the requests to strengthen medical retention standards, the Army concluded in March 1992 that no change to the policy was needed. The Army stated that 97 percent of the soldiers processed for overseas deployment at mobilization stations were deployed during Operations Desert Shield and Desert Storm and that there was no basis to believe that nondeployable reserve component personnel would cause unacceptable readiness levels in a smaller, more austere Army. However, the review did not consider how often nondeployable personnel from one unit were



substituted with deployable personnel from other units before the soldiers reported to mobilization stations. The Army recommended that the number of nondeployable personnel could be reduced if the commands placed greater emphasis on identifying and referring soldiers for a medical evaluation to determine their fitness for continued duty. On the basis of data compiled over several years, the Army found that 86 percent of the soldiers referred for evaluations were physically unfit for continued service.

The Army cited other reasons not to change its policy by adopting a worldwide deployability standard. It questioned the affordability of a policy that would separate soldiers solely on the inability to deploy to a particular geographic location, given the substantial investment in training soldiers and the importance of retaining experienced personnel to unit readiness. It also said that such a policy could undermine soldiers' confidence in the Army and make many reluctant to choose the Army as a long-term career. However, the Army's position fails to recognize that these soldiers, although they may be highly trained and experienced, are of little use to their units in wartime or during other military operations if their medical condition prevents them from deploying.

---

## Other Services Do Not Retain Potentially Nondeployable Reservists

Although in 1986 the Air Force, the Marine Corps, and the Navy requested that DOD not adopt a worldwide deployability policy, all three services continue to use such a standard in making fitness determinations for reserve personnel. These services require the separation of reservists who have permanent duty limitations that prevent them from deploying worldwide. Officials from these services stated that the worldwide deployability standard had not caused problems in recruiting or retaining personnel. The Deputy Assistant Secretary of Defense for Health Affairs said that he was not aware that these services were using more stringent medical retention standards than what DOD requires.

Although these services' standards are more stringent than DOD's requirements, service officials stated that the standards were based on current mission needs, which require the capability to quickly deploy forces anywhere in the world. For example, the Air Force's policy states that its reservists are to be medically qualified for deployment and worldwide duty and that mission capability would be deteriorated if personnel could not (1) deploy to a military contingency; (2) be assigned to overseas, remote, or isolated stations; or (3) accept demanding assignments. Command surgeons in the Air National Guard and the Air

Force Reserve emphasized the importance of reserve members being deployable worldwide to support a contingency. Navy and Marine Corps officials expressed similar views.

Air Force, Marine Corps, and Navy officials said that they did not experience any significant problems during Operations Desert Shield and Desert Storm due to medically nondeployable reserve personnel. An Air National Guard lessons learned report noted that 100 to 200 reservists were medically nondeployable during Operations Desert Shield and Desert Storm but that this amount represented only 1 to 2 percent of the approximately 10,500 air guardsmen mobilized.

Navy data showed that of 20,108 reservists it attempted to activate for Operations Desert Shield and Desert Storm, 333 (1.7 percent) were not activated for medical reasons. These personnel primarily had temporary conditions, such as pregnancy and broken bones, or were overweight.

The services did not intentionally retain nondeployable personnel. An Air National Guard official said that its medically nondeployable personnel had medical conditions that were diagnosed while they were in a civilian status and were not recorded in their military medical records. Subsequently, the Air Force changed its procedures to prevent reservists from hiding their medical conditions. The Air Force now requires reserve personnel to periodically complete a detailed questionnaire to identify any medical condition that may have developed since their last military medical examination. Falsifying information on the questionnaire could result in discharge.

---

## Conclusions

DOD's medical retention policy could adversely affect future military operations. In the future, DOD will not be able to rely on having the time or sufficient personnel available to replace nondeployable Army reserve component personnel with more medically fit personnel. Most services have recognized that reservists must be ready to deploy at any time and do not retain reserve personnel with medical conditions that may limit their deployability or restrict their duty assignments.

If DOD adopted a worldwide deployment standard, the Army would be the service most significantly affected, since it might need to separate large numbers of reserve component personnel not meeting the standard. However, it would be easier to deal with this situation before the commencement of hostilities than to have to contend with it during a

military operation, as was the case during Operations Desert Shield and Desert Storm. To offset the disruption that could occur, an option would be for the Army to phase in the new policy and replace reserve component personnel separated for medical reasons with the large pool of trained active forces being released due to downsizing.

---

## Recommendations

To ensure that reserve component personnel are medically fit for future military operations, we recommend that the Secretary of Defense

- direct the Assistant Secretary of Defense for Health Affairs to revise DOD's medical retention policy to require that reservists be medically able for worldwide deployment to be retained in the service and
- direct the Secretary of the Army to make a corresponding change in the Army's medical retention policy.

---

## Agency Comments

DOD generally agreed with our findings and stated that it was currently reviewing its medical retention policy and that additional clarity was needed. DOD expected to complete its review in early fiscal year 1995. DOD agreed that its revised medical standards would apply to the Total Force. In the interim, DOD stated that the Army had (1) clarified and strengthened some of its medical standards and (2) directed commanders to identify nondeployable soldiers for placement in a nondeployable personnel account, as authorized by the National Defense Authorization Act for Fiscal Year 1993 (106 Stat. 2538). DOD also stated that the Army had adopted a new medical review system to recommend disposition of personnel whose names were placed in the account.

DOD did not commit to adopting a worldwide deployability standard as a basis for retention in military service. As our work showed, the Army's policy of assigning permanent medical profiles allows the retention of thousands of reserve personnel with serious medical conditions that could affect their duty performance and deployability. DOD apparently will allow the Army to continue assigning permanent profiles to reservists with serious medical conditions, which is a practice that we believe should be discontinued. None of the other services has such a policy, and each has adopted a worldwide deployability standard. Unless DOD adopts such a standard, the fitness problems that arose during Operations Desert Shield and Desert Storm could recur.

# Fitness Testing Does Not Measure Reservists' Physical Ability to Perform Their Missions

DOD does not require that the services test whether reservists possess the physical skills necessary for their military mission. Instead, the services are required only to test reservists' general fitness levels and have adopted testing programs that differ greatly in content and difficulty. The programs' lack of mission-related activities and the different criteria used by each of the services to assess fitness levels make it difficult for DOD and the services to accurately assess whether reserve personnel possess the physical skills required for their missions.

During Operations Desert Shield and Desert Storm, many Army reserve component personnel did not possess the physical skills necessary to perform their wartime mission. Other Army reservists required extensive physical fitness training to prepare for deployment operations. None of the other services studied the fitness levels of their reserve forces. Thus, the extent that similar problems existed is unknown.

Several DOD, service, and unit officials said that, even though the current physical fitness testing was sufficient to assess general fitness levels, additional mission-specific fitness testing was needed. However, DOD does not plan to require the services to adopt such tests. Therefore, the fitness-related problems that surfaced during Operations Desert Shield and Desert Storm could recur.

## Services Use Different Standards to Measure Fitness Levels

DOD policy requires the services to develop fitness programs tailored to their particular mission needs and test all active and reserve members annually for stamina or cardiorespiratory endurance. According to DOD policy, the services may also test strength and flexibility.

In implementing DOD's physical fitness policy, each of the four services has developed its own fitness test. All four services' tests assess cardiorespiratory endurance as a measure of reservists' general physical fitness levels, and three also test strength and flexibility. The services developed their testing programs based on what they considered to be the minimum acceptable levels of physical performance. The tests are the same for active and reserve members.

Service tests differ in content and in their degree of difficulty. For example, the Navy tests the ability of its personnel to complete four activities that measure cardiorespiratory endurance, upper and lower body strength, and flexibility. These include, respectively, a 1-1/2-mile run/walk or a 500-yard swim, push-ups, curl-ups (similar to sit-ups), and a sit-reach

**Chapter 3  
Fitness Testing Does Not Measure  
Reservists' Physical Ability to Perform Their  
Missions**

exercise. All events, with the exception of the sit-reach exercise, are timed. To pass the test, service members must complete the events in the time specified or perform the required number of repetitions of the sit-reach exercise. In contrast, the Air Force tests the ability to complete just one activity to measure cardiorespiratory endurance—a 1-1/2-mile run or a 3-mile walk, both of which are timed.

In some cases, a component of physical fitness, such as upper body strength, is judged by different events; for example, the Army requires that personnel perform push-ups, and the Marine Corps requires pull-ups for males or a flexed arm hang for females. In other cases, a component is judged by a similar event with a different degree of difficulty. Males in the Marines must complete a timed 3-mile run, but males in the Air National Guard have an option of completing either a timed 1-1/2 mile run or a timed 3-mile walk. The score required to pass identical events also differs between service tests. For example, a 27-year-old female Army soldier must perform 40 sit-ups in 2 minutes and a 27-year-old female Marine must perform only 19 during the same time period. Table 3.1 shows the different components of the services' physical fitness tests.

**Table 3.1: Components of Services' Physical Fitness Tests**

Physical ability being assessed	Required test event			
	Army	Air Force	Navy	Marine Corps
Cardiorespiratory endurance	2-mile run	1-1/2-mile run or 3-mile walk <sup>a</sup>	1-1/2-mile run or walk or 500-yard swim	3-mile run for males/ 1-1/2-mile run for females
Flexibility	Sit-ups	None	Sit-reach	None
Upper body strength	Push-ups	None	Push-ups	Pull-up for males/flexed arm hang for females
Lower body strength	Sit-ups	None	Curl-ups	Sit-ups

<sup>a</sup>In 1994, the Air Force Reserve and Air National Guard plan to adopt a new physical fitness test consisting of 6 to 10 minutes of exercise on a stationary bicycle. The active Air Force adopted the bicycle test in fiscal year 1993.

**Services' Physical Fitness Tests Are Not Mission Focused**

DOD physical fitness policy advocates that the services conduct physical fitness programs that prepare personnel for their military missions. Some military missions are more physically demanding than others. Units with combat missions, such as infantry or armor units, may require a higher level of fitness than units with a support mission, such as administrative units. DOD does not require the services to test either active duty personnel

---

**Chapter 3**  
**Fitness Testing Does Not Measure**  
**Reservists' Physical Ability to Perform Their**  
**Missions**

---

or reservists against mission-oriented tasks. However, nothing in DOD's physical fitness policy precludes the services from adopting mission-specific fitness tests.

Officials from all of the services told us that their physical fitness tests were designed to meet DOD's requirements but had little correlation to individuals' military missions. None of the services has developed physical fitness tests that evaluate the specific physical skills individuals may need to perform their military missions. For example, although Army training guidance indicates that physical performance and success in combat may depend on a soldier's ability to perform skills similar to those required on an obstacle course and therefore recommends that obstacle course events be used to develop basic skills, such events are not part of the Army's fitness test.<sup>1</sup> Army officials told us that the test components the Army has been using were selected because the events could be given at any time and location with no equipment and because performance could be easily measured and scored.

Because fitness testing lacks a mission focus and differs greatly in content and degree of difficulty among the services, test results provide little insight on military personnel's fitness to perform their wartime missions. For example, Army data showed that many reserve component personnel failed physical fitness tests from 1990 to 1992 (see ch. 4). In contrast, data we obtained from the Air National Guard, Marine Corps Reserves, and Navy Reserves and our case studies of reserve units showed that virtually every reservist who took the physical fitness tests from 1990 to 1992 passed. However, this does not necessarily indicate that these reservists are in better physical condition than Army reserve component personnel. Air Force officials attributed its high passing rate (e.g., 99.7 percent in 1992 for the Air National Guard) to its nondemanding test. On the other hand, Marine Corps officials attributed its high passing rate (97 percent in 1992) to a pro-fitness philosophy.

---

<sup>1</sup>Typical events in an obstacle course include jumping hurdles, climbing a rope, scaling walls, crawling under barbed wire, and walking across suspended planks or logs.

---

## Poor Fitness Levels Affected Army Reserve Component Personnel's Performance in the Gulf War

Several Army reports on Operations Desert Shield and Desert Storm noted fitness-related problems that hindered wartime operations. The other services did not conduct similar studies, but officials from these services said that they were not aware of any physical fitness-related problems.

A 1992 report by the Sixth Army Inspector General<sup>2</sup> noted that poor fitness contributed to the deaths by heart attack of eight reserve component personnel deployed to the Persian Gulf. A 1991 Army lessons learned report also noted that some reservists' poor physical condition during Operations Desert Shield and Desert Storm hindered them in performing their wartime missions. The report attributed this problem to reserve component units' physical fitness training programs, which focus primarily on successful performance of the Army's physical fitness test rather than on developing the physical skills needed to go to war or carry out missions. The report recommended that reserve component units implement fitness programs that focus on wartime skills. However, the Army has not acted on this recommendation. Army training officials said that the Army's existing fitness policy provided sufficient guidance to units on the need to conduct mission-oriented fitness programs.

A September 1990 Army lessons learned report from the mobilization group at Fort Jackson, South Carolina, found that reserve component personnel mobilized for the Persian Gulf War required extensive physical fitness training to prepare for military operations. The report noted that most reserve component soldiers did not maintain themselves at the fitness level required for sustained operations.

---

## DOD and Service Officials Believe Mission-Specific Physical Fitness Testing Is Needed

DOD personnel and readiness and several service officials stated that, although the current physical fitness tests were adequate to measure military personnel's general health and wellness, mission-specific testing was needed for those military assignments requiring physical abilities beyond those currently evaluated. Army Forces Command, Army Reserve Command, and Army Fitness School personnel told us that a better assessment of physical fitness would be to test whether reserve component personnel possess the physical skills required by their actual mission tasks. Some officials suggested that infantry soldiers be required to perform an extended road march carrying their gear. Another official stated that a sand bag lifting test be given to those whose jobs require that they bend over and lift heavy objects (e.g., artillery personnel).

---

<sup>2</sup>Functional Inspection of Physical Fitness Management, Inspector General, Sixth U.S. Army, August 12, 1992.

---

**Chapter 3**  
**Fitness Testing Does Not Measure**  
**Reservists' Physical Ability to Perform Their**  
**Missions**

---

Army training guidance already has identified standards that could be adopted for mission-focused testing. For example, the extended road march, which is currently not part of the physical fitness test, has been recommended by Army fitness and training officials as a good test of infantry soldiers' preparedness and is described in Army Field Manual 21-20, *Physical Fitness Training*, as one of the best ways to improve and maintain fitness. The manual states that road marches provide aerobic activity, develop endurance in lower body muscles, help soldiers acclimate to new environments, and allow leaders to make first-hand observations of the soldiers' physical stamina. Standards that would allow testing of soldiers' ability to conduct a road march have already been established. Fitness guidance states that soldiers should be able to perform their missions after marching 12 miles in 3 hours while carrying a 50-pound load.

The field manual also discusses the importance of muscular strength on the battlefield and established standards that could be adopted for testing. It states that infantry soldiers may be called on to carry loads exceeding 100 pounds over a great distance, and supporting units may have to move their equipment to other locations many times during a conflict. If a strength activity were part of an individual unit's mission, minimum standards could be developed and tested. Similar to Army guidance, Marine Corps fitness training guidance recommends long-distance, load-bearing road marches and obstacle courses as good training methods.

Air Force and Navy training and medical officials told us that more mission-specific physical fitness testing would be appropriate for reserve forces who perform missions that require more advanced physical skills than those that are currently tested. These reservists have missions that require additional muscular strength and stamina, such as bomb loaders; personnel who rapidly repair bombed or damaged runways; aviators; and fire fighting and ship damage control personnel.

Although mission-related tasks are not included in the Marine Corps' physical fitness test, officials told us that the physical abilities reservists need to accomplish their missions are tested under the Marine Corps Combat Readiness Evaluation System. For example, infantry unit members are tested to ensure that they can complete a road march in a specified time period. Those who are unable to meet the stated goals have this reflected in their fitness reports, are given remedial training, and are eventually separated if their performance does not improve.



---

DOD is planning to revise its physical fitness policy by the end of fiscal year 1994. DOD's draft policy would add requirements for evaluating muscular strength and endurance and flexibility to the services' general physical fitness testing programs, but it would not require the services to conduct mission-specific fitness testing. An official in the Office of the Assistant Secretary of Defense for Personnel and Readiness told us that DOD did not include mission-specific testing in its revised policy requirement because the services would object to it.

---

## Conclusions

Unless reserve component personnel are tested against mission-specific standards, fitness testing programs will continue to be of little value. In many cases, units with a support mission may only require general fitness tests. However, unless the services test whether reservists will be able to perform their specific missions or functions, DOD will not be able to accurately determine whether these forces are prepared for sustained military operations. Other units with a combat mission may need more rigorous testing standards to ensure that they are physically able to perform the more demanding tasks required. Without such testing standards, the fitness-related problems that occurred during Operations Desert Shield and Desert Storm could recur and hinder future military operations.

---

## Recommendation

For key decisionmakers to accurately assess whether reserve component personnel are in proper physical condition to perform their military duties, we recommend that the Secretary of Defense require the Secretaries of the Air Force, the Army, and the Navy to develop and implement mission-specific physical fitness tests.

---

## Agency Comments

DOD agreed with our findings. Although DOD agreed to review the feasibility of mission-specific fitness standards in fiscal year 1994 and identify areas in which such standards might be applied, it did not agree to require mission-specific standards in physical fitness testing programs. DOD said that it was concerned that applying mission-specific standards in testing programs might not be cost-effective or efficient.

We believe that the implementation of mission-specific fitness tests would not be costly or inefficient. To implement our recommendation, the services could first determine which specialties require high fitness levels, such as infantry, ship damage control, and runway repair personnel, and

---

**Chapter 3**  
**Fitness Testing Does Not Measure**  
**Reservists' Physical Ability to Perform Their**  
**Missions**

---

design tests to evaluate the extent that personnel in those specialties possess the requisite fitness levels. For personnel in less-demanding specialties, such as combat service support positions, a general fitness test would suffice. The Marine Corps has already developed and is using mission-specific tests for its reserve units, and the Army already has training standards for infantry personnel that could be applied to testing.

We also believe that mission-specific testing would not require additional time. Reservists are now required to take an annual physical fitness test that does not assess their physical ability to perform their military mission. The services could substitute a mission-specific test for the current test. Alternatively, the services could incorporate the mission-specific test as part of units' training programs.

# DOD's Physical Fitness Program Contains Management Control Weaknesses

DOD lacks adequate management controls in two areas concerning its physical fitness program. First, DOD requires that the services periodically assess their physical fitness programs and report the results of the assessments to it, but none of the services has complied with, and DOD has not enforced, this requirement. Even if DOD had tried to enforce the requirement, the services lack sufficient data needed to adequately assess their physical fitness programs. As a result, neither DOD nor the services know the extent that fitness problems exist. Such problems include the Army's retention of reserve component personnel who have repeatedly failed physical fitness tests and the failure of many reservists in each of the services to take fitness tests. If DOD had been aware of this information, some of the fitness problems that surfaced during the Gulf War might have been identified and corrected earlier.

Second, DOD requires that controls be in place to reduce the risk of physical fitness test scores being inappropriately altered. However, the Marine Corps is the only service that has adequate controls to ensure the integrity of the fitness testing process. During our review of fitness test scores, we found that some reserve component personnel in the Army and the Navy had their test scores changed from failing to passing. We did not find any instances of altered test scores in the Air Force or the Marine Corps.

## Services Do Not Report Fitness Information to DOD

Since 1981, DOD has required the services to assess their physical fitness programs and provide it with the results. However, none of the services has conducted any assessments, and DOD has not been enforcing its requirement. DOD officials could not explain why the requirement had not been enforced, and service officials could not explain why no assessments were made. Even if DOD had attempted to enforce the requirement, the services lack sufficient data to conduct adequate assessments. The Army National Guard and Air Force Reserve collect no fitness data at the headquarters level. The Army Reserve, Air National Guard, Marine Corps, and Navy do collect fitness information, but the data are not sufficient to determine the extent that reservists are repeatedly failing physical fitness tests. This information is needed to identify reservists who should possibly be separated from the service in accordance with DOD and service fitness policies.

To assess whether reserve component personnel meet DOD fitness standards, the services need information on the (1) extent that personnel take physical fitness tests, (2) numbers passing and failing tests,

(3) personnel who repeatedly fail tests, (4) numbers untested and reasons, and (5) actions taken on those failing to meet fitness standards (e.g., denials of re-enlistments or separations). Table 4.1 shows the fitness data collected in 1993 by each of the services for its reserve components.

**Table 4.1: Fitness Information Collected by Service Headquarters for Reserve Components (1993)**

Number of personnel	Army		Air Force		Navy	Marine Corps
	Reserve	National Guard	Reserve	National Guard		
Tested	Yes	No	No	Yes	Yes	Yes
Passing test	Yes	No	No	Yes	Yes	Yes
Failing test	Yes	No	No	Yes	Yes	Yes
Failing tests repeatedly	No	No	No	No	No	No
Untested and reasons why	Yes	No	No	Yes	Yes	Yes
Actions due to test failure	Yes	No	No	No	Yes	Yes

Because of the lack of servicewide information systems to collect fitness data, some of the units we visited had developed customized information systems to manage their physical fitness testing programs. Typically, these information systems included data on the number of personnel tested, their test scores, and the number of personnel that passed and failed the test. Although the information contained in the units' information systems may be useful in managing unit fitness programs, these systems are not linked to DOD or service information systems. Thus, the data cannot be easily used by the service or DOD management to assess fitness programs. DOD and service officials stated that it would not be difficult for the services to collect the data we believe are necessary to properly monitor physical fitness. As table 4.1 shows, most of the services currently collect some data. Although none of the services had data on personnel who repeatedly failed fitness tests, our work showed that the data were available at the unit level from physical fitness tests scorecards and could be reported along with other fitness data through existing information systems.

### Lack of Reporting Precludes Disclosure of Fitness Problems

Because the services do not report fitness information to DOD, as required, and DOD does not enforce this requirement, DOD has not been aware of fitness-related problems. These problems include the Army's retention of reserve component personnel who repeatedly failed physical fitness tests and the failure of many reservists in each of the services to take fitness tests.

---

## Army Retains Reserve Component Personnel Who Fail Fitness Tests

DOD has not been aware that the Army has been retaining reserve component personnel who repeatedly fail physical fitness tests. DOD policy specifies that reservists failing the tests may be separated from military service. Army policy states that soldiers who repeatedly fail physical fitness tests are to be barred from re-enlistment in the service when their current enlistment expires or separated from the service.<sup>1</sup> In contrast, the Marine Corps and the Navy have more stringent policies that require separation for those who repeatedly fail fitness tests,<sup>2</sup> and the Air Force's policy includes a wide range of actions for personnel who fail physical fitness tests, including separation.<sup>3</sup>

The Army does not know how many reserve component personnel have failed its physical fitness tests. However, data obtained from several Army sources indicate that the problem may be extensive. For example, data that one Army mobilization station collected during Operations Desert Shield and Desert Storm showed that 50 percent of reserve personnel could not pass the Army's physical fitness test. Data from other Army sources indicated similar results, as shown in table 4.2.

---

<sup>1</sup>The Army Physical Fitness Program, Army Regulation 350-15, November 3, 1989. Superseded by Training in Units, Army Regulation 350-41, March 19, 1993.

<sup>2</sup>Marine Corps Separation and Retirement Manual, MCO P1900.16, June 27, 1989, and Physical Readiness Program, Department of the Navy, OPNAVINST 6110.ID, January 18, 1990.

<sup>3</sup>Air Force Fitness and Weight Programs, Air Force Regulation 35-11, April 10, 1985. Superseded by The Air Force Weight Program, Air Force Regulation 35-11, February 5, 1991. The physical fitness portion of the 1985 regulation was deleted pending issuance of a new regulation to implement the bicycle exercise test. As of December 1993, the new regulation had not been published. In the interim, the Air National Guard instructed its commanders to continue using the testing guidelines contained in the 1985 regulation. The Air Force Reserve made fitness testing optional, but if testing was conducted, the 1985 guidelines were to be used.

**Chapter 4**  
**DOD's Physical Fitness Program Contains**  
**Management Control Weaknesses**

**Table 4.2: Army Reserve Component Personnel Failing Physical Fitness Tests**

Source of physical fitness assessment	Year	Number of personnel tested	Percent failing test
Army Reserve service data	1992	102,977 <sup>a</sup>	10
Mobilization stations			
Sixth Army	1991	17,500	35-55 <sup>b</sup>
Fort Jackson	1990	N/A <sup>c</sup>	75 <sup>d</sup>
Fort Sam Houston	1991	967	62
Operational readiness exercises data	1992 <sup>e</sup>	2,181	18

<sup>a</sup>In 1992, there were 260,480 soldiers in the Army Reserve, but test information had been recorded in the Army's Standard Installation/Division Personnel System for only 102,977.

<sup>b</sup>Data show the range of test results from various Sixth Army mobilization stations.

<sup>c</sup>Although 3,522 reservists were mobilized through Fort Jackson, the number given physical fitness tests was not available.

<sup>d</sup>This figure indicates the percent of soldiers failing the physical fitness test on arrival at the mobilization station. Of these personnel, 50 percent eventually passed the test before deploying, and 25 percent deployed without passing it.

<sup>e</sup>These exercises are used to evaluate units' preparedness for their wartime mission. The exercises include administration of the physical fitness test to at least 30 percent of unit personnel.

Although the Army lacked servicewide fitness data, other data should have alerted it to the high failure rate of its reservists on physical fitness tests. In 1989, the Army's Physical Fitness School began a study to determine the physical condition of Army Reserve and National Guard personnel. The study's methodology was to administer the Army's physical fitness test to a statistically valid sample of about 9,400 reserve personnel from several geographic locations and analyze the results. The study was to be completed in late 1990, and the results were to be reported to the Army's Deputy Chief of Staff for Operations and Plans.

Initial test results on 400 reserve component personnel showed that about 43 percent failed the physical fitness test. The study was then discontinued. Officials of the Army's Physical Fitness School, including the former commandant, told us that the official reason given by the Army for not completing the study was a lack of funding. However, the officials said the actual reason was that the Army was embarrassed by the high failure rate. An earlier study also conducted by the Army's Physical Fitness School on 6,022 active duty soldiers in 1988 showed that 19 percent of those tested failed the physical fitness test.

Commanders at reserve component units we visited told us that the units rarely separate personnel who fail physical fitness tests and, in some instances, do not bar them from re-enlistment. The commanders stated that they were reluctant to take such actions against personnel failing fitness tests because (1) the test is not indicative of reservists' ability to perform their mission and (2) the Army places a higher priority on maintaining unit strength than on physical fitness. Army officials told us that they had no information on reserve personnel who were separated in 1992 for repeatedly failing the test.

At one National Guard unit we visited, 16 percent of the unit's personnel had failed the physical fitness test repeatedly and were still being retained. In one case, a soldier had failed the test 12 times in a 3-year period. The commander of that unit did not separate reservists who failed the test because of guidance from state headquarters emphasizing that retention was the Army's highest priority and took precedence over all else. Table 4.3 shows the number of Army reserve component personnel from our case studies that failed the physical fitness test two or more consecutive times from 1990 to 1992.

**Table 4.3: Army Reserve Component Personnel Failing Physical Fitness Test Two or More Consecutive Times (1990-92)**

Unit	Unit size	Personnel failing consecutive tests	Percent of unit strength	Number of personnel separated
1	79	16	20	0
2	129	10	8	0
3	217	7	3	0

Recent Army Inspector General studies also found that reservists failing fitness tests were being retained. In 1992, the Sixth Army's Inspector General reported that personnel actions were rarely taken on soldiers that did not pass fitness tests. Similar to our case study findings, the Inspector General found that soldiers were not discharged even after repeated test failures primarily because commanders placed more emphasis on maintaining unit strength. In 1991, the Inspector General of the Army Forces Command completed an assessment of the Army's physical fitness program in 14 Army reserve component units in 5 commands. The Inspector General reported that the fitness program was not being properly executed and was poorly managed and that units did not institute any personnel actions on reservists failing fitness tests.

None of the other services had conducted internal assessments of their physical fitness programs, such as lessons learned reports or Inspector General studies. However, as discussed in chapter 3, data obtained from the Air National Guard, Marine Corps Reserves, and Navy Reserves showed that virtually every reservist who took the physical fitness tests from 1990 to 1992 passed. DOD officials stated that the high passing rates in the Marine Corps and the Navy may be due to the fact that they do not require older personnel (ages 45 and 50, respectively) to take physical fitness tests. However, only 3 percent of Marine Corps and Navy reservists were in these age categories in 1992; thus, the age exemption, by itself, does not account for the higher passing rates on physical fitness tests in these services.

---

### Many Reservists Do Not Take Required Fitness Tests

The lack of fitness information also prevented DOD from knowing that the services were not complying with its policy that requires all reservists to take annual physical fitness tests, regardless of age. In June 1992, the Air Force Reserve discontinued mandatory testing for all of its 82,000 members while it transitioned to a new fitness test consisting of a stationary bicycle exercise. As discussed in the preceding paragraph, the Marine Corps and the Navy exempt active and reserve personnel from taking the test after the ages of 45 and 50, respectively, for safety reasons. In 1992, these services had a total of 8,270 personnel (5,116 reservists and 3,154 active personnel) in these age categories.

Although the Air National Guard, Army National Guard, and Army Reserve follow DOD's policy and require all personnel to take physical fitness tests, we found that a large number of reservists may not be taking the tests. Information from the Army Reserve for 1992 showed that only about 103,000 of 260,500 reserve personnel requiring fitness tests (37 percent) had test results recorded in the Army's personnel data base, the Standard Installation/Division Personnel System. The data also showed that about 61,000 of these reservists were not tested because they were excused for medical or other valid reasons. However, Army Reserve officials could not explain why they had no test results for the remaining 97,000 personnel.

We also found in 1992 that the Navy did not have physical fitness test data for more than 50 percent of its reserve personnel. Navy officials stated that this lack of information was caused by the units not completely reporting their physical fitness test results to Navy headquarters. However, the Navy offered no data to support its position.



**Chapter 4**  
**DOD's Physical Fitness Program Contains**  
**Management Control Weaknesses**

Table 4.4 summarizes the number of personnel in each reserve component who had taken required fitness tests in 1992 and the number of personnel who were excused from the test for legitimate reasons.

**Table 4.4: Physical Fitness Test Summary Data for 1992**

	<b>Army Reserve</b>	<b>Air National Guard</b>	<b>Navy Reserve</b>	<b>Marine Corps Reserve</b>
Number of total personnel	260,480	119,068	115,344	41,974
Number tested and recorded	102,977	104,288	45,127	33,289
Number excused	60,737 <sup>a</sup>	3,915	11,998	4,877
Number not explained	96,766	10,865	58,219	3,808
Percent not explained	37.1	9.1	50.5	9

Note: The Army National Guard does not aggregate data at the headquarters level on physical fitness test results. Thus, service officials could not determine what portion of the nearly 426,000 Guard soldiers had taken fitness tests in 1992.

<sup>a</sup>This figure represents the total number of Army reservists who were excused from tests because of permanent medical profiles or another valid reason, such as being away at training or in a travel status.

Although some service officials believed that delays in entering testing data could explain why the services had no test results for many reservists, our case studies showed that many reservists missed tests for no apparent reason. At one of the three Naval Reserve Readiness Centers we reviewed, 151 of 622 personnel (24 percent) had not either taken or completed their physical /fitness tests in 1992. Unit officials could offer no explanation for this situation. Our case studies also found some personnel in units of the Air and Army National Guards, Army Reserve, and Marine Corps who, for no apparent reason, had not taken physical fitness tests. The 1991 Army Forces Command Inspector General's report on physical fitness also found Army units that were not conducting annual physical fitness testing.

**Some Failing Fitness Test Scores Were Changed to Passing**

To reduce the risk of physical fitness test scores being altered, or to prevent this situation from going undetected, DOD management controls require that no one individual be responsible for all key aspects of the testing process. Rather, duties and responsibilities are to be assigned to a number of individuals to ensure that effective checks and balances exist. However, none of the services except the Marine Corps had established adequate controls to ensure the integrity of the fitness testing process.

The problem of altered fitness test scores surfaced in May 1992 after the death of a Connecticut National Guard soldier during the run portion of the physical fitness test. Connecticut Guard officials began an investigation of the scoring process after an individual from the soldier's unit reported that test scores were being changed. Guard officials found that eight individuals' scores on the run portion of the test had been changed from failing to passing. The officials told us that two unit personnel assigned to record test results admitted to altering the scores.

An August 1992 report by the Inspector General of the Sixth U.S. Army cited the lack of adequate controls to prevent alteration of test scores. Specific problems noted by the Inspector General included "buddies" scoring each other and only one person recording the test results for soldiers completing the 2-mile run.

At one Navy unit we visited, eight reservists appeared to have failed the most recent physical fitness test given in July 1992, but the unit reported only five failures to its higher command. We found that failing scores for three of the eight individuals (38 percent) had been changed to passing scores. In these instances, the failing score had either been erased or crossed out and a passing score was entered. Unit personnel agreed that the scores had been changed. We found no instances where passing test scores were changed to failing scores.

We found a similar situation in one Army reserve component unit. Of the 73 Army reservists who failed fitness tests from 1990 to 1992, failing scores for 14 individuals (19 percent) had apparently been changed to passing scores. Unit personnel told us that unit members record test scores for other members and that the accuracy of the scores is not independently verified.

We reviewed 351 Air National Guard records and did not find any instances of altered test scores. However, an Air Force official told us that since its physical fitness test is not difficult, it would be unlikely that test scores would have to be changed for reservists to pass it. Nevertheless, the Air Force had not implemented any specific control mechanisms to prevent scores from being inappropriately changed.

To ensure that scores from the Marine Corps' physical fitness test are not altered, active duty Marines monitor the test, personnel are located at several points during the run portion of the test to monitor times, active duty and reserve officers separately verify test scores, and another

independent officer verifies the scores a third time before they are reported to higher management. These controls seem to be effective: in our review of nearly 400 physical fitness test scores from three different Marine reserve units, we found no instances in which failing test scores were changed to passing scores.

---

### **Planned Revisions to DOD's Fitness Policy Will Not Correct Control Weaknesses**

DOD's planned revisions to its physical fitness policy will not correct the management control weaknesses we identified. DOD's policy would require the services to provide an annual report that describes their physical fitness programs, program strengths and weaknesses, and any planned changes to the program. The annual report would also include the services' views on the fitness levels of their members.

The policy would not require the services to maintain and record any specific fitness information for use in assessing the fitness of their forces. The policy also would not require the services to separate personnel who continually fail physical fitness tests, although the services would continue to be allowed to do so. Further, the policy would not require the services to institute any control provisions to ensure the integrity of the physical fitness testing process.

---

### **DOD Has Not Identified Its Fitness Program as Containing Control Weaknesses**

The Federal Managers' Financial Integrity Act of 1982 requires heads of agencies to make annual examinations of their internal controls and issue annual reports to the President and the Congress that identify areas in which material control weaknesses exist and plans to correct these weaknesses. DOD has identified the major program areas requiring internal control assessments (e.g., force readiness, major systems acquisition, and supply operations), but it relies on the services to decide the specific programs (e.g., physical fitness) that should be subject to internal control reviews. DOD's management control policy requires the services to decide when to review the adequacy of controls for specific programs based on assessments of the programs' risk of vulnerability to fraud, waste, abuse, or mismanagement.<sup>4</sup> DOD requires the services to conduct risk assessments at least once every 5 years. Programs can be categorized as being at a high-, medium-, or low-risk level. Programs designated as being at a high risk must have detailed reviews of their management controls annually. Programs having a low risk are reviewed at the discretion of program managers.

---

<sup>4</sup>Internal Management Control Program, Department of Defense Directive 5010.38, April 14, 1987.

---

All of the services had included their physical fitness programs under their internal control programs. The Army, the Marine Corps, and the Navy had identified their programs as being at a low risk to contain fraud, waste, abuse, or mismanagement. The Air Force delegated the responsibility for making risk assessments of its physical fitness program to its major commands, and headquarters officials were not aware of the risk assigned by the commands to the physical fitness program. None of the services had identified any material control weaknesses in their physical fitness programs. Since DOD relies on service assessments to identify control weaknesses, DOD has not identified its physical fitness program as containing any material control weaknesses. However, as shown by our review and reports by Army Inspector Generals, we believe that DOD's fitness program does contain material control weaknesses.

---

## Conclusions

DOD has been extremely lax in overseeing the services' physical fitness programs. Because it did not enforce the services' requirement to periodically assess and report on their fitness programs, many of the fitness problems that surfaced during the Gulf War were unexpected. These problems might have had serious consequences if the Army were not able to substitute fit reserve component personnel from other units. However, the Army may not have the option of substituting personnel in the future as reserve forces are drawn down. We believe that DOD can no longer afford to continue lax oversight, permitting the retention of reservists who repeatedly fail fitness tests, allowing large numbers of reservists to go untested, and creating a testing environment that allows failing scores to be changed to passing ones.

---

## Recommendations

We recommend that the Secretary of Defense take the following actions to improve controls over physical fitness testing and reporting:

- revise DOD's physical fitness policy to require the services to include in their annual assessments of physical fitness programs data on (1) the number of active and reserve component personnel taking physical fitness tests, (2) the number of personnel passing and failing the tests and the number failing two or more consecutive tests, (3) personnel actions taken against those who fail tests, and (4) the number of personnel excused from testing and the reasons why they were excused;
- direct the Secretary of the Navy to discontinue exempting older Marine Corps and Navy reservists from fitness testing;

- direct the Secretaries of the Air Force, the Army, and the Navy to separate personnel who repeatedly fail either mission-specific or general physical fitness tests;
- implement controls to prevent fitness test scores from being inappropriately changed;
- identify DOD's physical fitness program as containing material control weaknesses in the next annual assurance statement; and
- direct the DOD Inspector General to confirm that adequate management controls have been established to correct the fitness-related problems identified in this report.

---

## Agency Comments

DOD agreed with all of our findings except that it only partially agreed that the services' lack of reporting of detailed information to DOD precluded disclosure of fitness-related problems. However, DOD offered no explanation for its lack of full concurrence.

DOD generally concurred with our recommendations. DOD said that it would test all service members regardless of age, separate personnel who repeatedly fail physical fitness tests, implement controls designed to prevent test scores from being inappropriately changed, and direct the Inspector General to assess whether adequate management controls have been established.

Some of the actions DOD agreed to take in response to our other recommendations will not do enough to correct the management control weaknesses we identified. Concerning our recommendation for requiring the services to provide more data in their annual fitness assessments, DOD believes that because the services currently provide it with readiness reports, which indicate the technical and physical preparedness of units to perform their missions, reporting physical fitness test results at the level of detail we recommended would not benefit program management. However, the subjective nature of readiness reports may not provide valid results, considering that Army mobilization station data and Inspector General studies found that many reserve component soldiers did not maintain themselves at the fitness levels required for sustained operations.

We believe that instead of continuing to rely on subjective self-reporting by the services of the fitness levels of reserve forces, more objective data are needed. Much of the information that is needed to provide more objective assessments is already generated by lower levels in the services, but the data are not provided to top-level commanders or to DOD. Our

---

**Chapter 4**  
**DOD's Physical Fitness Program Contains**  
**Management Control Weaknesses**

---

recommendation is designed to ensure that key data are reported to higher level service organizations and to DOD for analysis of trends and action on potential problems. Without such data, fitness-related problems could go undetected and not become evident until the commencement of military operations, as was the case during Operations Desert Shield and Desert Storm.

DOD did not agree to identify the physical fitness program as containing material control weaknesses in its 1994 assurance statement. Instead, DOD said that it would have the Inspector General confirm that adequate management controls had been established and that it would reconsider this issue in fiscal year 1995 when it assesses the progress made by the services to correct the deficiencies we identified. However, we believe that the widespread nature of the deficiencies that currently exist in the program provides a compelling reason to involve top-level management in resolving the problems now rather than later. By including the physical fitness program in the 1994 assurance statement, top-level DOD managers would be expected to help ensure that deficiencies were dealt with promptly and effectively, instead of allowing them to linger.

---

---

# Comments From the Department of Defense



ASSISTANT SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON  
WASHINGTON DC 20301-4000



JAN 24 1994

Mr. Frank C. Conahan  
Assistant Comptroller General  
National Security and International  
Affairs Division  
U.S. General Accounting Office  
Washington, D.C. 20548

Dear Mr. Conahan:

This is the Department of Defense (DoD) response to the General Accounting Office (GAO) draft report, "MILITARY READINESS: Revised DOD Policies Are Needed to Ensure Fitness of Reserve Forces," dated November 22, 1993 (GAO Code 393510), OSD Case 9576. The DoD partially concurs with the report.

The DoD agrees that, as the Department reduces the size of its Active forces, Reserve forces will be expected to play an increasingly important role in military operations. Operations Desert Shield and Desert Storm, while successful military operations, revealed that some Reserve Component personnel were not in proper medical or physical condition to perform their assigned wartime mission.

As a result, the Department initiated a revision of DoD Directive 1308.1, "Physical Fitness and Weight Control Programs," to clarify the manner and frequency in which the Military Services report their physical fitness assessments to the Office of the Secretary of Defense. The DoD will incorporate the necessary changes in the Directive to clarify policy guidance to the Services in formulating their physical fitness, health promotion, and body fat reduction control programs. The revised Directive will require the Services to provide an annual report assessing their physical fitness and health promotion programs, to include a brief summary on how physically fit and healthy they view their Military members, both Active and Reserve Components. The revised Directive should be in place by the end of FY 1994.

In addition, as recommended by the GAO, the DoD will assess the utility of its policy that each Military Service design and implement a physical fitness program consistent with the established principles of physical conditioning and that these programs be tailored to suit their particular needs and mission. The Department will also review the feasibility of establishing mission-specific standards in certain units and skills. The review should also be completed by the end of FY 1994.



**Appendix I  
Comments From the Department of Defense**

With respect to the DoD medical retention policy, the Department is currently reviewing the issue of medical retainability of Service members who, due to medical conditions, cannot be deployed worldwide. The Office of the Assistant Secretary of Defense (Health Affairs) is currently reviewing the DoD medical retention policy as written in DoD Directive 1332.18, "Separation From the Military Service by Reason of Physical Disability." Based on the review results, which will incorporate views of the Services, the exact form of a medical retention policy will be determined. The Department agrees that there should be a Total Force medical retention policy in place.

The detailed DoD comments on the draft report findings and recommendations are enclosed. The Department of Defense appreciates the opportunity to comment on the draft report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edwin Dorn', with a long horizontal flourish extending to the right.

Edwin Dorn

Enclosure:  
As stated

GENERAL ACCOUNTING OFFICE DRAFT REPORT-DATED NOVEMBER 22, 1993  
(GAO CODE 393510) OSD CASE 9576

"MILITARY READINESS: REVISED DOD POLICIES ARE NEEDED TO  
ENSURE FITNESS OF RESERVE FORCES"

DEPARTMENT OF DEFENSE COMMENTS

\*\*\*\*\*

FINDINGS

- **FINDING A: Role of the Reserve Forces.** The GAO observed that the Reserve forces are critical to the successful conduct of military operations, both in wartime and peacetime. The GAO pointed out that the Reserve components played a vital role in Operations Desert Shield/Desert Storm, as stated in January 1992 testimony by the Chairman of the Joint Chiefs of Staff. The GAO concluded that the Reserve forces are expected to play an increasingly important role in military operations as the DoD reduces the size of its active forces.

The GAO reported that about 106,000 of the 540,000 U.S. military personnel (20 percent) deployed to the Persian Gulf during Operations Desert Shield/Desert Storm were from Reserve forces. The GAO pointed out that those Reservists performed critical combat and support tasks. The GAO further pointed out that (1) over 90 percent of the Marine Corps Reservists deployed were combat forces used to augment Active forces, (2) the Air Force Reservists provided nearly all of the Air Force strategic and tactical airlift capabilities, and (3) the Navy Reservists provided staff for hospitals in the theater and medical support for the Marine Corps. The GAO also pointed out that, in 1992, most of the Army support forces and a substantial portion of its combat forces were in the Reserve component. The GAO noted that, in some instances, Reserve forces provided all of the military capability to perform wartime tasks, as follows:

- Reservists provided 100 percent of the Army (1) heavy-lift helicopter capability, (2) forces used to provide fresh water, (3) light infantry anti-tank missile battalions, infantry scouts, and (4) nearly all of its legal and civil affairs units;
- Air Force Reserves comprised (1) all of the Air Force weather reconnaissance capability, (2) most of its aeromedical evacuation and communications capability, and (3) close to half of its tanker and cargo crews;
- Reserves constituted 25 percent of the total Marine Corps force structure, providing all its civil affairs and adversary aircraft training capability and 40 percent of its tank battalions; and

Enclosure  
Page 1

Appendix I  
Comments From the Department of Defense

- Naval Reserves provided 100 percent of the Navy heavy airlift, rescue, and harbor protection capabilities.

Now on pp. 2 and 10-11.

The GAO concluded that, even though the size of both Active and Reserve forces will be decreased, the Reserves will comprise an even larger portion of the projected force structure. (pp. 2-3, pp. 13-15/GAO Draft Report)

**DoD RESPONSE:** Concur.

- **FINDING B: The DoD Fitness Policies.** The GAO reported that the DoD established its medical and physical fitness policies to ensure that Active and Reserve forces would be in proper condition to perform their military duties. The GAO explained that the standards contained in those policies allow the DoD and the Services to gauge the fitness levels of military personnel and their readiness to be deployed. The GAO pointed out that the Joint Chiefs of Staff rely on Service assessments of force capabilities and readiness to plan operations and deploy strategic and conventional forces in response to crises worldwide. The GAO concluded that the information is used by Service organizations responsible for (1) planning operations and deploying forces, such as the Army Forces Command, (2) making decisions on retention and deployability of Service members, such as the Air Force Military Personnel Center, and (3) managing Reserve forces, such as the Office of the Chief of Naval Reserve. (pp. 2-3, pp. 16-17/GAO Draft Report)

Now on pp. 2 and 11-12.

**DoD RESPONSE:** Concur.

- **FINDING C: The DoD Medical Policy.** The GAO reported that the Assistant Secretary of Defense (Health Affairs) is responsible for setting the DoD medical fitness policy, and the Services are responsible for its implementation. The GAO found that the policy, which was last revised in 1986, primarily (1) identifies the diseases and medical conditions that may render current Service members unfit for military duty, and (2) applies to active duty personnel and Reservists while in active duty status--including the two weeks that Reservists spend in training each year. The GAO noted that, in making fitness determinations, the Services convene military boards, comprised of medical and personnel specialists, which boards evaluate whether a medical condition affects the duty performance of Service members. The GAO pointed out that, if the boards determine that a medical condition would affect duty performance, the DoD requires them to attempt to reclassify the member to a different position before they begin separation procedures. The GAO explained, for example, that a Service member who could not be assigned to a tank crew because of a permanently disabling medical condition (such as a bad back or an inability to lift

Enclosure  
Page 2

Appendix I  
Comments From the Department of Defense

heavy weights) might be able to work in a less physically demanding position (such as an administrative position)--depending on the nature and severity of the medical condition.

The GAO noted the DoD policy states that the sole standard the Services are to use in making medical fitness determinations is whether the disease or medical condition would prevent a Service member from performing military duties. The GAO pointed out, however, that the DoD had no medical policy applicable to Reservists who incur serious diseases or medical conditions not connected with their military duties, such as conditions occurring while they are civilians. The GAO concluded that the DoD relies on the Services to establish the policies and procedures to make fitness determinations for those personnel. The GAO further concluded that, in making those determinations, all of the Services use the same medical policy for Reserve personnel as for active personnel--regardless of whether the medical condition is connected with their military duties. (pp. 17-18/GAO Draft Report)

**DoD RESPONSE:** Concur. It is true that DoD Directive 1332.18, "Separation From the Military Service by Reason of Physical Disability," does not apply to injuries or illnesses which were not related to military service. While Service connection is generally assumed for members on extended active duty, a Reserve Service member is considered for disability separation pay or disability retirement for conditions shown to be service connected. However, Service policies do exist to assess medical fitness and subsequent disposition of those Service members (both Active and Reserve) who do not meet established criteria. Service members may request assessment of their medical condition or may be directed to undergo an assessment of their medical condition.

- **FINDING D: The DoD Physical Fitness Policy.** The GAO observed that the Office of the Assistant Secretary of Defense (Personnel and Readiness) is responsible for setting the DoD physical fitness policy--with the Services responsible for its implementation. The GAO further observed the policy, which was last updated in 1981, stresses that physical fitness is a "vital component of combat readiness and is essential to the general health and well being of armed forces personnel." The GAO noted that, in that regard, one of the DoD fitness objectives is aimed at developing the physical skills military personnel will need in combat or for other types of missions. The GAO also observed that, in order to evaluate fitness levels, the DoD policy requires the Services to conduct the same annual physical fitness tests for Active and Reserve forces personnel--regardless of age--and to consider separating members who fail the test. The GAO noted that the DoD also requires the Military Services to assess their physical fitness programs periodically--and report the results of those assessments.

The GAO found that, at a minimum, fitness tests are to assess general fitness levels by measuring cardio-respiratory endurance or stamina. The GAO pointed out that

Enclosure  
Page 3

Now on p. 12.

Now on p. 13.

some Services meet the requirement by testing the ability of personnel to run 1½ to 3 miles in a prescribed time; however, the DoD fitness policy allows the Services the flexibility to test the physical ability of Reserve personnel to complete mission-oriented tasks--such as a road marches for infantry personnel or ordnance-loading exercises for artillery personnel--but the DoD does not require mission-specific testing. (pp. 18-20/GAO Draft Report)

**DoD RESPONSE:** Concur.

- **FINDING E: Retention of Potentially Nondeployable Reservists Is Inconsistent With New Military Strategy.** The GAO concluded that the new DoD military strategy is based on a much smaller force structure that is capable of responding to many types of military contingencies worldwide. The GAO found, however, that although the new strategy requires Reserve personnel to be deployable worldwide, the DoD medical policy does not require Reservists to be deployable to remain in the Service. In summary, the GAO concluded that policy is outdated because it is based on a Cold War military strategy that no longer exists.

The GAO concluded that, on the basis of the DoD policy, the Army retains more than 22,000 Reservists with permanent medical conditions--i.e., conditions that may prevent them from performing many common soldier activities, such as marching or running--or being exposed to loud noises, such as weapons firing. Moreover, the GAO concluded that the Army had not evaluated the extent the Reservists are deployable.

The GAO observed that the Air Force, the Marine Corps, and the Navy have more stringent medical retention standards than those required by the DoD--and they separate Reservists (1) who cannot be deployed worldwide or (2) who have permanent medical conditions limiting their duties. The GAO noted the other Service policies are based on mission needs, which require the capability to provide forces quickly to respond to worldwide contingencies. The GAO pointed out that, in contrast to the Army, the Air Force, the Marine Corps, and the Navy claim to have encountered fewer problems due to medically nondeployable Reserve personnel during the Gulf War. (pp. 3-4, pp. 23-24/GAO Draft Report)

Now on pp. 3 and 16.

**DoD RESPONSE:** Concur. The retention policy is currently being evaluated from a Total Force perspective. The Army established a Nondeployable Personnel Account, scheduled for implementation during the 2nd Quarter of FY 1994, pursuant to Section 1115, Title XI for Army National Guard soldiers who have not completed initial entry training and those designated as medically non-deployable. A similar account will be established for Army Reserve soldiers in FY 1995, following an Army National Guard test. The 22,000 soldiers the GAO identified is apparently based on the

Enclosure  
Page 4

Appendix I  
Comments From the Department of Defense

numerical designator and codes for physical profiles contained in Army Regulation 40-501. The fact that a soldier has a permanent physical profile does not mean the soldier cannot perform duty or is not deployable.

- **FINDING F: The DoD Medical Retention Policy Is Outdated and Does Not Reflect Changes in Military Strategy.** The GAO concluded that, based on the current medical retention policy, the DoD allows the Services to retain personnel who can only be assigned to theaters where adequate medical care is available. As an example, the GAO cited some personnel who may only be deployable to a European theater where adequate medical facilities are available to monitor or treat their condition; however, those same personnel might not be deployable to other theaters lacking proper medical facilities--such as Somalia.

The GAO asserted that, before the DoD adopted its current policy in 1986, all of the Services used a worldwide deployability standard in making fitness determinations for both Active duty and Reserve personnel; however, the DoD found that the Services were inconsistently applying the standard. The GAO reported that the DoD determined a uniform policy needed to be adopted and offered the Services the choice of two deployability standards--(1) one standard requiring only personnel deployable worldwide to be retained or (2) the other standard of not permitting the Services to separate personnel solely on their inability to perform their military duties in every geographic location. The GAO concluded that, in order to preserve the ability to retain personnel who might be valuable even though they cannot be deployed worldwide, the Services requested adoption of the more flexible policy.

In summary, the GAO concluded that, because it continues to allow the retention of potentially nondeployable Reservists, the DoD medical retention policy has not kept pace with recent changes in the national security strategy. The GAO pointed out that the less predictable threats and smaller Active force structure increase the importance of Reserve force readiness and, therefore, do not allow for the retention of large numbers of potentially nondeployable Reserve personnel.

In a 1992 report (OSD Case 9083), the GAO concluded that the issue of nondeployable personnel had received inadequate attention in the past--and that the importance of deployability would become even greater as forces are reduced. In that prior report, the GAO recommended that the DoD give greater emphasis to assessing and reporting on nondeployability issues. In response to the GAO report, the DoD stated that it was reviewing its medical retention policy to decide whether it should be strengthened. The GAO noted that, in September 1993, the Assistant Secretary of Defense (Health Affairs) determined the DoD would change its policy only if all of the Services agreed that a worldwide deployability standard was needed. The GAO found that the Army opposed strengthening the policy, but the Air Force, the Marine

Enclosure  
Page 5

Now on pp. 4 and 17-18.

Corps, and the Navy were in favor of a worldwide deployability retention standard. The GAO indicated that the DoD expected to make its decision in late 1993. (pp. 3-6, pp. 24-27/GAO Draft Report)

**DoD RESPONSE:** Concur. Current DoD Directive 1332.8, "Separation from the Military Service by Reason of Physical Disability," dated February 1986, does not clearly address retention and deployability of personnel not on active duty who would not be processed through the disability retirement or separation system. In the case of the Reserve components of the Army, however, Army Regulation 40-501, "Standards of Medical Fitness," has been updated, staffed, and is pending approval from DoD and Publications. The revised regulation will be effective upon publication, expected in 1994. Conformance with those standards will be supported by new procedures for annual dental and physical screening. The annual medical screen will be accomplished using a questionnaire followed-up by a professional evaluation as required.

- **FINDING G: The Army Retains Potentially Nondeployable Reservists.** The GAO reported that the Army follows the DoD medical policy for active duty personnel in making retention decisions on Reservists and, accordingly, does not require Reservists to be deployable worldwide to remain in the Service. The GAO explained that the policy applies to all Reservists, regardless of whether their medical condition was incurred while they were in an active duty, inactive duty (weekend drills), or civilian status. The GAO noted, that, with regard to deployability, the Army medical policy states that, although the ability of a soldier to perform military duties in all locations under all conceivable circumstances is a key to maintaining an effective and fit force, worldwide deployability will not be the sole basis used to determine fitness. The GAO observed that the Army policy requires fitness determinations to be made based primarily on the ability or inability of a soldier to perform the duties required by his or her military assignment; therefore, the Army retains Reserve personnel with permanent medical conditions that limit their ability to perform many common soldier tasks. The GAO reported that data from the Army Reserve and National Guard indicated that, in 1992, 22,282 soldiers had permanent medical conditions. The GAO pointed out that, although those soldiers met retention standards based on their ability to perform military duties in peacetime, the Army had not evaluated the extent those Reservists are deployable in wartime or are available for other military operations. (pp. 27-31/ GAO Draft Report)
- **DoD RESPONSE:** Concur. However, as part of its implementation of the Army National Guard Combat Reform Initiative, the Army now requires commanders to identify soldiers for placement in the non-deployable account who are permanently non-deployable, in accordance with the medical fitness standards in Army Regulation 40-501 and Army National Guard Regulation 40-501, both under final staffing for revision. Separate physical fitness standards for wartime deployment have been

Now on pp. 18-19.

Enclosure  
Page 6

removed from the regulations. An enhanced annual medical screening program and a new state medical board system are used to identify and recommend disposition of non-deployable soldiers.

- **FINDING H: Medically Nondeployable Army Reservists Disrupted Mobilization Efforts During the Gulf War.** The GAO concluded that the retention of nondeployable personnel hindered the mobilization efforts of the Army during Operations Desert Shield/Desert Storm. The GAO reported that the Army could not determine the total number of Reservists whose medical conditions prevented them from being deployed to the Persian Gulf because of the processes used to select Reservists for the war. The GAO determined that some Reserve units screened personnel at their home stations and replaced nondeployable Reservists with deployable personnel from other units, while other units did not screen personnel at their home stations and allowed nondeployable personnel to report to mobilization stations.

In a 1991 report (OSD Case 8769), the GAO concluded the medical screenings conducted at the mobilization stations identified numerous problems that impaired the ability of soldiers to deploy, including ulcers, chronic asthma, spinal arthritis, hepatitis, seizures, and diabetes. In a 1992 report (OSD Case 9019), the GAO concluded that medically nondeployable Reserve personnel delayed the mobilization of some medical units. The GAO cited an example of two Reserve surgeons who reported for duty but were unable to deploy due to their conditions--one was unable to stand for more than 30 minutes and another had Parkinson's disease

The GAO asserted that information from one Army mobilization station it visited showed that 103 Reservists reported for the Gulf War with serious medical conditions (4 percent of those mobilized through that station)--including cancer, heart disease, and mental disorders. The GAO pointed out that one Reservist had double kidney failure, one had muscular dystrophy, and another had a gunshot wound to the head. The GAO noted that none of the cited 103 Reservists deployed.

The GAO reported that unit officials at an Army Reserve command it visited said that 51 soldiers could not deploy during Operations Desert Shield/Desert Storm because they had serious medical conditions, including mental disorders. The GAO found that, to compensate for nondeployable personnel, the command replaced them with soldiers from other units. The GAO concluded that action made some marginal units good and some good units bad and that the transfer action might not be available in the event of a larger mobilization. (pp. 31-34/GAO Draft Report)

**DoD RESPONSE:** Concur. The Army has taken actions to correct the problem. In accordance with Section 1116 of Title XI, by implementing a Contingency Force Pool packaging strategy, first-to-fight Reserve Component units (units I & II) will conduct medical and dental screening as necessary to ensure their units can deploy with established time constraints. Also, medical screening will be conducted for all unit

Enclosure  
Page 7

Now on pp. 20-22.



personnel. Physical screenings are anticipated to begin in the 3rd quarter of FY 1994. Dental screenings will begin in FY 1995. A funding proposal has been submitted.

- **FINDING I: The Army Plans No Changes To Its Medical Policy.** The GAO reported that a 1991 Army Inspector General report noted that, because of the reduced size of the military force structure, medical retention and deployability policies needed to be re-examined. The GAO further reported that a 1992 Sixth Army Inspector General report noted that, during the next war, the Army will not have the time or resources to fix all the problems experienced at the mobilization stations--and recommended that the Army identify soldiers with permanent medical profiles and separate those soldiers who are not deployable.

The GAO asserted that, in December 1991, the Army Vice Chief of Staff directed the Deputy Chief of Staff for Personnel to review the Army medical retention policy to determine if it should be changed. The GAO reported that, despite the requests to strengthen medical retention standards, in March 1992 the Army concluded that no change to the policy was needed. The GAO reported the Army claimed that 97 percent of the soldiers processed for overseas deployment at mobilization stations were deployed during Operations Desert Shield/Desert Storm and, therefore, there was no basis to believe that nondeployable reservists would cause unacceptable readiness levels in a smaller, more austere Army. The GAO concluded, however, that the Army review did not consider how often nondeployable personnel from one unit were substituted with deployable personnel from other units before the Reservists reported to mobilization stations. The GAO reported the Army recommended that the number of nondeployable personnel could be reduced if the commands placed greater emphasis on identifying and referring soldiers for a medical evaluation to determine their fitness for continued duty. The GAO pointed out, however, that on the basis of data compiled over several years, the Army had found 86 percent of the soldiers referred for evaluations to be physically unfit for continued service.

The GAO noted that the Army cited other reasons not to change its policy by adopting a worldwide deployability standard. The GAO explained that the Army questioned the affordability of a policy that would separate soldiers solely on the inability to deploy to a particular geographic location, given the substantial investment in training soldiers and the importance of retaining experienced personnel to unit readiness. The GAO concluded, however, the Army position failed to recognize that those soldiers, although they may be highly trained and experienced, are of little use to their units in wartime or during other military operations if their medical condition prevents them from deploying. (pp. 34-36/GAO Draft Report)

**DoD RESPONSE:** Concur. The medical retention standards of Army Regulation 40-501, "Standards of Medical Fitness," include over 400 separate medical conditions, as well as a miscellaneous category which includes any other conditions that prevent satisfactory performance of duty. The Army has initiated changes to the

Enclosure  
Page 8

Now on pp. 22-23.

Appendix I  
Comments From the Department of Defense

medical standards, medical examination requirements, and guidance on physical profiles has been revised in response to lessons learned in Operation Desert Storm. The changes have been staffed and are expected to be published in FY 1994. The changes include:

- Standards on Asthma are more stringent.
- Standards on heat and cold injuries are more stringent.
- Commanders will be able to send profiles on their soldiers back to the medical treatment facility for a review if the commander feels he or she cannot utilize the soldier within the profile limitations.
- Sections on deployment and redeployment screening have been amended and clarified.
- A new hearing test has been developed to evaluate the effect of the soldier's hearing loss on performance of duty. (It not only measures the degree of loss, but evaluates the soldier's ability to understand in a noisy environment with a hearing loss.) The test will be used to provide specific recommendations on whether a soldier with hearing loss can return to duty or should be separated.

Current Army regulations mandate that Reserve Component soldiers (not on active duty) who do not meet the medical fitness standards of Chapter 3, Army Regulation 40-501 are unfit and will be processed for separation.

- **FINDING I: Other Services Do Not Retain Potentially Nondeployable Reservists.** The GAO reported that, although in 1986 the Air Force, the Marine Corps, and the Navy requested that the DoD not adopt a worldwide deployability policy, all three Services continued to use such a standard in making fitness determinations for Reserve personnel. The GAO explained that those three Services require the separation of Reservists who have permanent duty limitations preventing them from deploying worldwide. The GAO further reported that, according to officials from those Services, the worldwide deployability standard had not caused problems in recruiting or retaining personnel. The GAO explained that, although the standards of the three Services are more stringent than the DoD requirements, Service officials stated that they are based on current mission needs, which require the capability to quickly deploy forces anywhere in the world. The GAO provided an example of the Air Force policy, which states that its Reservists are to be medically qualified for deployment and worldwide duty, and that mission capability would be deteriorated if personnel could not (1) deploy to a military contingency, (2) be assigned to overseas, remote, or isolated stations, or (3) accept demanding assignments. The GAO concluded that the three Services (other than the Army) did not intentionally retain nondeployable personnel. (pp. 36-38/ GAO Draft Report)

Enclosure  
Page 9

Now on pp. 23-24.

**DoD RESPONSE:** Concur. The DoD notes that Navy and Marine Reserves place personnel in a non-deployment status for approximately six months, after which they are reviewed for separation or transfer actions. The Air Force Reserve occasionally retains members who are medically non-deployable in special cases where unique competence may override the need to be worldwide deployable.

The Army has implemented policies designed to address shortcomings experienced during Desert Shield and Desert Storm. Those policies are pursuant to Section 1115 of Title XI and are addressed in the DoD response to Finding F. Prior to processing a soldier for separation, the Army determines the feasibility of retaining the soldier in a different occupational specialty that restores their deployable status.

- **FINDING K: Fitness Testing Does Not Measure Physical Ability of Reservists to Perform Their Military Missions.** The GAO reported the DoD does not require that the Services test whether Reservists possess the physical skills necessary for their military mission. The GAO explained that the Services are required only to test the general fitness levels of Reservists and have adopted testing programs that differ greatly in content and difficulty. The GAO concluded that the lack of mission-related activities in the testing programs and the different criteria used by each of the Services to assess fitness levels make it difficult for the DoD and the Services to assess accurately whether Reserve personnel possess the physical skills required for their missions.

The GAO concluded that during Operations Desert Shield/Desert Storm, many Army Reservists did not possess the physical skills necessary to perform their wartime mission. The GAO noted, however, that none of the other Services studied the fitness levels of their Reserve forces; therefore, the extent that similar problems existed is unknown. The GAO noted that, according to several DoD, Service, and unit officials, even though the current physical fitness testing is sufficient to assess general fitness levels, additional mission-specific fitness testing is needed. The GAO further noted that the DoD does not plan to require the Services to adopt such tests. In summary, the GAO concluded the fitness-related problems that surfaced during Operations Desert Shield/Desert Storm could recur. (pp. 7-8, pp. 40-41/GAO Draft Report)

**DoD RESPONSE:** Concur. Service regulations prescribe the same standards of physical fitness and testing for Reserve Components as for Active members. Current DoD policy requires the Military Services to design and utilize physical fitness tests that, as a minimum, evaluate stamina or cardio-respiratory endurance. Although the DoD does not require the Services to conduct mission-specific fitness testing, the Services are required to tailor their fitness programs to suit their particular needs and mission. Current physical fitness testing within the Military Services is intended to establish an individual readiness baseline of physical fitness and to provide commanders with a means of assessing the general fitness levels of their units.

Enclosure  
Page 10

Now on pp. 4 and 26.

As discussed in the DoD response to Recommendation 4, the currently ongoing revision of DoD Directive 1308.1, "Physical Fitness and Weight Control Programs," will allow the Military Services to incorporate job specific physical standards into their respective physical fitness programs and will provide commanders with the flexibility to approve exceptions when the environment is operationally constraining.

- **FINDING L: The Services Use Different Standards to Measure Fitness Levels.** The GAO reported that DoD policy requires the Services to develop fitness programs tailored to their particular mission needs and to test all Active and Reserve members annually for stamina or cardio-respiratory endurance. The GAO noted that, according to the DoD policy, the Services may also test strength and flexibility. The GAO found that each of the Service fitness testing programs differs greatly in content and difficulty. The GAO pointed out that the Navy tests the ability of Reservists to complete four activities--(1) a 1½-mile run or walk or a 500-yard swim, (2) push-ups, (3) curl-ups, and (4) a sit-reach exercise. The GAO noted that, in contrast, the Air Force tests the ability of Reservists to complete one activity--either a (1) 1½-mile run or (2) a 3-mile walk. The GAO concluded that the lack of a mission focus and the different testing criteria of the programs make it difficult for the DoD and the Services to assess accurately whether personnel possess the physical skills required for their missions. The GAO also concluded that the lack of mission-focused programs can directly affect military operations. (pp. 7-8, pp. 41-43/ GAO Draft Report)

**DoD RESPONSE:** Concur. The Military Services have not indicated that the physical testing requirements have been detrimental to performance of duty for the Active or Reserve Forces. The Military Services are responsible for ensuring that mission specific evaluation is part of mission training, just like weapons qualification or damage control training.

- **FINDING M: The Physical Fitness Tests of the Services Are Not Mission-Focused.** The GAO reported that the DoD physical fitness policy advocates that the Services conduct physical fitness programs that prepare personnel for their military missions. According to the GAO, some military missions are more physically demanding than others. The GAO noted that units with combat missions, such as infantry or armor units, may require a higher level of fitness than units with a support mission--such as administrative units. The GAO pointed out that the DoD does not require the Services to test either Active duty personnel or Reservists against mission-oriented tasks; however, there is also nothing in the DoD physical fitness policy that precludes the Services from adopting a mission-specific fitness test.

The GAO indicated that, according to officials from all of the Services, their physical fitness tests were designed to meet the DoD requirements, but had little correlation to

Enclosure  
Page 11

Now on pp. 4 and 26-27.

Now on pp. 4 and 27-28.

individual military missions. The GAO concluded that, because fitness testing lacks a mission focus and differs greatly in content and degree of difficulty among the Services, test results provide little insight into the fitness of military personnel to perform their wartime missions. (pp. 7-8, pp. 43-45/GAO Draft Report)

**DoD RESPONSE:** Concur. Current testing standards and methods are tailored to their overall cardio-respiratory endurance with unique requirements completed as part of mission training and assessment. The examples cited by the GAO are conditioning and common skills tasks that are included in a comprehensive training program.

- **FINDING N: Poor Fitness Levels Affected the Performance of Army Reserves In Operations Desert Shield/Desert Storm.** The GAO observed several Army reports on Operations Desert Shield/Desert Storm noted fitness-related problems that hindered wartime operations. The GAO explained that, although the other Services did not conduct similar studies, according to officials from those Services, they were not aware of any physical fitness-related problems.

The GAO noted a 1992 report by the Sixth Army Inspector General that indicated poor fitness contributed to the deaths by heart attack of eight Reservists deployed to the Persian Gulf. The GAO also referenced a 1991 Army lessons learned report noting that the poor physical condition of some Reservists during Operations Desert Shield/Desert Storm hindered them in performing their wartime missions. The GAO pointed out the report recommended that Reserve units implement fitness programs focused on "go-to-war" missions. The GAO determined that the Army still had not acted on that recommendation, because Army training officials claimed that the existing Army fitness policy provided sufficient guidance to units on the need to conduct mission-oriented fitness programs. The GAO further noted a September 1990 Army lessons learned report from the mobilization group at Fort Jackson, South Carolina, which found that Reservists mobilized for the Persian Gulf War required extensive physical fitness training to prepare for military operations. The GAO pointed out the report noted that most Reserve component soldiers did not maintain themselves at the fitness level required for sustained operations. (pp. 45-46/GAO Draft Report)

Now on p. 29.

**DoD RESPONSE:** Concur. Army Regulation 350-41, "Training in Units", dated 19 March 1993, directs all Army units, Active and Reserve, to take part in collective or individual physical fitness training programs year round. It further directs Army National Guard and U.S. Army Reserve commanders to incorporate mission and readiness-enhancement physical fitness training into appropriate inactive duty training periods. Current DoD policy allows the Military Services to determine fitness programs to ensure physical preparedness. Abandoning that practice would take away the latitude of commanders to prepare and lead their Service members as they have been charged to do.

Enclosure  
Page 12

- **FINDING O: Both DoD and Service Officials Believe Mission-Specific Physical Fitness Testing Is Needed.** The GAO reported that both DoD Personnel and Readiness [Force Management] and several Service officials stated that, although the current physical fitness tests are adequate to measure the general health and wellness of military personnel, mission-specific testing is needed for those military assignments requiring physical abilities beyond those currently evaluated. The GAO explained the Army training guidance already had identified standards that could be adopted for mission-focused testing. The GAO cited an example of the extended road march, not currently a part of the physical fitness test, which had been recommended by Army fitness and training officials as a good test of infantry soldiers preparedness (and is described in Army Field Manual 21-20, Physical Fitness Training), as one of the best ways to improve and maintain fitness. The GAO noted that, according to the manual, road marches (1) provide aerobic activity, (2) develop endurance in lower body muscles, (3) help soldiers acclimate to new environments, and (4) allow leaders to make first-hand observations of physical stamina. The GAO further noted standards that would allow testing of the ability of soldiers to conduct a road march have already been established.

The GAO reported that, according to Air Force and Navy training and medical officials, more mission-specific physical fitness testing would be appropriate for their Reserve forces who perform missions requiring more advanced physical skills than those currently being tested. The GAO explained such Reservists have missions that require additional muscular strength and stamina, such as (1) bomb loaders, (2) personnel who rapidly repair bombed or damaged runways, (3) aviators, and (4) fire fighting and ship damage control personnel.

The GAO reported that, although mission-related tasks are not included in the Marine Corps physical fitness test, officials asserted that the physical abilities Reservists need to accomplish their missions are already tested under the Marine Corps Combat Readiness Evaluation System. The GAO cited, as an example, that Marine infantry unit members are tested to ensure they can complete a road march in a specified time period. The GAO pointed out that those who are unable to meet the stated goals have that reflected in their fitness reports, are given remedial training, and eventually separated if their performance does not improve.

The GAO reported that the DoD is planning to revise its physical fitness policy by late 1993. The GAO noted that the DoD draft policy would add requirements for evaluating muscular strength and endurance and flexibility to the Service general physical fitness testing programs, but it still would not require the Services to conduct mission-specific fitness testing. The GAO stated that, according to officials in the Office of the Assistant Secretary of Defense (Personnel and Readiness), the revised policy requirement did not include such a requirement because the Services would object to it. (pp. 47-50/GAO Draft Report)

Now on pp. 29-31.

Enclosure  
Page 13

Appendix I  
Comments From the Department of Defense

**DoD RESPONSE:** Concur. It is DoD policy that each Military Service design and implement a physical fitness program that is consistent with the established principles of physical conditioning, and that those programs be tailored to suit their particular needs and mission. Commanders must prepare Service members for assigned missions, must make first-hand assessments, and must take corrective actions necessary to ensure mission accomplishment capability.

- **FINDING P: The DoD Physical Fitness Program Contains Management Control Weaknesses.** The GAO reported that the DoD lacks adequate management controls in two areas concerning the Service physical fitness programs:

- the DoD requires that the Services periodically assess their physical fitness programs and report the results of the assessments, but none of the Services has complied with the requirement and the DoD has not enforced the requirement; and
- the DoD requires that controls be in place to reduce the risk of physical fitness test scores being inappropriately altered.

The GAO further reported that, even if the DoD had tried to enforce the requirement, the Services lack sufficient data needed to assess their physical fitness programs adequately. The GAO concluded that neither the DoD nor the Services know the extent to which fitness problems exist. The GAO further concluded that the Marine Corps is the only Service that has adequate controls to ensure the integrity of the fitness testing process based on its review of fitness test scores. (pp. 8-9, p. 51/GAO Draft Report)

**DoD RESPONSE:** Concur. Current DoD policy allows the Military Services to determine what fitness programs are necessary to ensure physical preparedness. The Services acknowledge that increased emphasis must be placed on commanders to enforce established standards. The DoD Directive 1308.1, "Physical Fitness and Weight Control Programs," states: "Periodically, Military Services shall be required to provide assessments of their physical fitness programs." It does not specify when, or to whom, the assessment will be provided. Under the proposed Directive revision, the paragraph is being revised to require the following:

The Military Services shall provide an annual report assessing their physical fitness and health promotion programs to Office of the Assistant Secretary of Defense (Personnel and Readiness) in letter or memo format. The report shall contain, as a minimum: 1) narrative description of the current physical fitness program, the body fat reduction control program, and health promotion program; 2) the strengths of the programs (physical fitness, body fat reduction, and health promotion); 3) noted weaknesses of the programs, if any; and 4) any planned changes to the programs.

Enclosure  
Page 14

Now on pp. 4-5 and 33.

The report shall also incorporate a brief summary on how physically fit and healthy the Military Services view their military members. The first report is due by the 3rd quarter FY 1995, with subsequent reports due the 3rd quarter of every fiscal year.

The report will provide the DoD with a clear picture of the fitness status of each Military Service. Revised DoD Directive 1308.1 is expected to be published in FY 1994.

- **FINDING Q: The Services Do Not Report Fitness Information To the DoD.** The GAO reported that, since 1981, the Services have been required to assess their physical fitness programs and provide the DoD with the results. The GAO concluded that none of the Services had conducted any assessments and the DoD had not been enforcing the requirement. The GAO noted that DoD officials could not explain why the requirement had not been enforced—and Service officials could not explain why no assessments were made. As noted previously, the GAO further concluded that, even if the DoD had attempted to enforce the requirement, the Services lack sufficient data to conduct adequate assessments. The GAO asserted that, to assess whether Reserve personnel meet the DoD fitness standards, the Services need information on (1) the extent that personnel take physical fitness tests, (2) numbers passing and failing tests, (3) personnel who repeatedly fail tests, (4) numbers untested and reasons, and (5) actions taken on those failing to meet fitness standards (e.g., denials of re-enlistments, or promotions and separations).

The GAO reported that, because of the lack of Service-wide information systems to collect fitness data, some of the units it visited had developed customized information systems to manage their physical fitness testing programs. The GAO explained that, typically, unit information systems included data on (1) the number of personnel tested, (2) their test scores, and (3) the number of personnel that passed and failed the test. The GAO found, however, that those systems are not linked to DoD or Service information systems. The GAO, therefore, concluded that the data cannot be easily used at the Service or DoD levels to make management assessments of fitness programs. The GAO pointed out that, according to DoD and Service officials, it would not be difficult for the Services to collect the data necessary for the proper monitoring of physical fitness. (pp. 8-9, pp. 52-54/GAO Draft Report)

**DoD RESPONSE:** Concur. The DoD Directive 1308.1 currently states that "periodically, Military Services shall be required to provide assessments of their physical fitness programs." As indicated in the DoD response to Finding P, the directive is not clear as to the frequency, contents, or to whom the report should be addressed. The currently proposed revision will require the Military Services to provide an annual health report to the DoD assessing their physical fitness and health promotion programs.

Enclosure  
Page 15

Now on pp. 4-5 and  
33-34.



- **FINDING R: Lack of Reporting Precludes Disclosure of Fitness-Related Problems In the Army.** The GAO reported that, because the Services do not report fitness information to the DoD, as required, and the DoD does not enforce the requirement, the DoD had not been aware of fitness-related problems. The GAO noted those problems include (1) the Army retention of Reservists who repeatedly failed physical fitness tests and (2) the failure of many Reservists in each of the Services to take fitness tests.

- **The Army Retains Reservists Who Fail Fitness Tests.** The GAO reported that the DoD was unaware that the Army had been retaining Reservists who repeatedly fail physical fitness tests. The GAO explained that the DoD policy specifies that reservists failing the tests may be separated from Military Service. The GAO pointed out, however, that Army policy states that soldiers failing a physical fitness test are to be barred from re-enlistment in the Service when their current enlistment expires--i.e., the soldiers cannot re-enlist until they have passed the test. The GAO further pointed out that, in contrast, the Marine Corps and the Navy have more stringent policies that require separation for those who repeatedly fail fitness tests, while the Air Force policy includes a wide range of personnel actions for personnel who fail physical fitness tests, including separation. The GAO concluded that the Army does not know how many Reservists have failed its physical fitness tests. The GAO noted, however, that data it obtained from several Army sources indicates that the problem may be extensive. The GAO further concluded that, although the Army lacked Service-wide fitness data, other data should have nonetheless alerted it to the high failure rate of its Reservists on physical fitness tests.

- **Many Reservists Do Not Take Required Fitness Tests.** The GAO reported the lack of fitness information also prevented the DoD from knowing the Services were not complying with its policy that requires all Reservists to take annual physical fitness tests, regardless of age. The GAO noted that, in June 1992, the Air Force Reserve discontinued mandatory testing for all of its 82,000 members, while it transitioned to a new fitness test consisting of a stationary bicycle exercise. The GAO also noted that the Marine Corps and the Navy exempt Active and Reserve personnel from taking the test after the ages of 45 and 50, respectively, for safety reasons. The GAO pointed out that, in 1992, those Services had a total of 8,270 personnel in those age categories (5,116 Reservists and 3,154 Active personnel). The GAO concluded that, although the Air National Guard, Army National Guard, and Army Reserve follow the DoD policy and require all personnel to take physical fitness tests, large numbers of Reservists may not be taking the tests. (pp. 8-9, pp. 54-64/GAO Draft Report)

**DoD RESPONSE:** Partially concur. Army regulations require Reserve Component soldiers, not on active duty and without medical problems, to be tested not later than 6 months following the initial physical fitness test failure. Soldiers that repeatedly fail the physical fitness test are either barred from re-enlistment or processed for separation from the Service. A repetitive failure occurs when a record test is taken

Enclosure  
Page 16

Now on pp. 4-5 and  
34-39.

and failed, the soldier is provided adequate time and assistance to improve his or her performance, and failure occurs again.

- **FINDING S: Some Reservists Failing Fitness Test Scores Have Been Changed To Passing Scores.** The GAO reported that, to reduce the risk of physical fitness test scores being altered or to prevent the situation from going undetected, DoD management controls require that no one individual be responsible for all key aspects of the testing process. The GAO explained the duties and responsibilities are to be assigned to a number of individuals to ensure that effective checks and balances exist. The GAO noted, however, that none of the Services, except for the Marine Corps, had established adequate controls to ensure the integrity of the fitness testing process.

The GAO noted that the problem of altered fitness test scores surfaced in May 1992, after the death of a Connecticut National Guard soldier during the run portion of the physical fitness test. The GAO pointed out that the Connecticut Guard officials began an investigation of the scoring process after an individual from the soldier's unit reported test scores were being changed. The GAO further pointed out that Guard officials found that eight scores of individuals on the run portion of the test had been changed from failing to passing. The GAO reported that, according to Connecticut Guard officials, two unit personnel assigned to record test results admitted to altering the scores.

The GAO referenced an August 1992 report by the Inspector General of the Sixth U.S. Army that cited the lack of adequate controls to prevent alteration of test scores. The GAO emphasized that specific problems noted by the Inspector General included "buddies" scoring each other and only one person recording the test results for soldiers completing the 2-mile run.

The GAO observed that, at one Navy unit, eight reservists appeared to have failed the most recent physical fitness test given in July 1992, but the unit reported only six failures to its higher command. In addition, the GAO found that failing scores for two of the eight individuals had been changed to passing scores. The GAO found a similar situation in one Army unit. The GAO noted that, of the 73 Army Reservists who failed fitness tests from 1990 to 1992, failing scores for 14 individuals (19 percent) had apparently been changed to passing scores. The GAO indicated that, according to unit personnel, unit members record test scores for other unit members and that the accuracy of the scores is not independently verified.

The GAO found that, on the other hand, to ensure scores from the Marine Corps physical fitness test are not altered, active duty Marines monitor the test, personnel are located at several points during the run portion of the test to monitor times, Active duty and Reserve officers separately verify test scores, and another independent officer verifies the scores a third time before they are reported to higher management. The GAO emphasized that those controls seem to be effective because, in its review

Enclosure  
Page 17

Now on pp. 5 and 39-41.

of nearly 400 physical fitness test scores from three different Marine Reserve units, the GAO found no instances in which failing test scores were changed to passing scores. (pp. 8-9, pp. 64-66/GAO Draft Report)

**DoD RESPONSE:** Concur. More emphasis is being placed on the enforcement of established standards. Readiness and Inspector General Inspections allow the random selection of personnel for physical fitness testing to verify their fitness and the unit's overall fitness program.

- **FINDING T: The DoD Planned Revisions To Its Physical Fitness Policy Will Not Correct Control Weaknesses.** The GAO concluded that the DoD planned revisions to its physical fitness policy will not correct the identified management control weaknesses. The GAO emphasized the DoD policy would require the Services to provide an annual report that described their (1) physical fitness programs, (2) program strengths and weaknesses, and (3) any planned changes to the program. The GAO noted that the annual report would also include the views of the Services on the fitness levels of their members. The GAO pointed out, however, that the policy would not require the Services to do the following:

- maintain and record any specific fitness information for use in assessing the fitness of their forces;
- separate personnel who continually fail physical fitness tests, although the Services would continue to be allowed to do so; and
- institute any control provisions to ensure the integrity of the physical fitness testing process. (pp. 8-9, pp. 66-67/GAO Draft Report)

Now on p. 41.

**DoD RESPONSE:** Concur. The DoD will evaluate the need and potential utility of establishing additive requirements by the 4th Quarter of FY 1994.

- **FINDING U: The DoD Has Not Identified Its Physical Fitness Program As Containing Material Control Weaknesses.** The GAO pointed out that the Federal Managers' Financial Integrity Act of 1982 requires heads of agencies to make annual examinations of their internal controls and issue annual reports to the President and the Congress that identify areas in which material control weaknesses exist and plans to correct those weaknesses. The GAO noted that, although the DoD had identified the major program areas requiring internal control assessments (e.g. force readiness, major systems acquisition, supply operations), it relied on the Services to decide which specific programs (e.g. physical fitness) should be subject to internal control reviews. The GAO noted that the DoD management control policy requires the Services to decide when to review the adequacy of controls for specific programs on the basis of assessments of program risk of vulnerability to fraud, waste, abuse, or

Enclosure  
Page 18

mismanagement. The GAO further observed that the DoD requires the Services to conduct risk assessments at least once every 5 years and categorize programs as being at a high, medium, or low risk level.

The GAO found that all of the Services had included their physical fitness programs under their internal control programs. The GAO explained that the Army, the Marine Corps, and the Navy had identified their programs as being at a low risk to contain fraud, waste, abuse, or mismanagement. The GAO further explained that the Air Force delegated the responsibility for making risk assessments of its physical fitness program to its major commands, and headquarters officials were not aware of the risk assigned by the commands to the physical fitness program. The GAO emphasized that none of the Services had identified any material control weaknesses in their physical fitness programs. The GAO concluded that, since the DoD relied on Service assessments to identify control weaknesses, the DoD had not identified its physical fitness program as containing any material control weaknesses. The GAO asserted that, based on its review, as well as the reports by Army Inspector Generals, the conclusion is supported that the DoD fitness program does, in fact, contain material control weaknesses. (pp. 8-9, pp. 67-68/GAO Draft Report)

Now on pp. 5 and 41-42.

**DoD RESPONSE:** Concur. See the DoD response to Recommendation 8.

\* \* \* \* \*

#### RECOMMENDATIONS

- **RECOMMENDATION 1:** The GAO recommended that, to ensure that Reserve personnel are medically fit for future military operations, the Secretary of Defense direct the Assistant Secretary of Defense (Health Affairs) to revise the DoD medical retention policy to require Reservists to be medically able to deploy worldwide in order to be retained in the Service. (p. 9, p. 39/GAO Draft Report)

Now on pp. 5 and 25.

**DoD RESPONSE:** Partially concur. The DoD agrees that additional clarity is needed with respect to DoD standards. The Office of the Assistant Secretary of Defense for Health Affairs is currently conducting a review of the DoD medical retention policy, as set out in DoD Directive 1332.18, "Separation From the Military Service by Reason of Physical Disability." That review is part of the overall effort to revise the directive by the 1st quarter of FY 1995. The Department concurs that these DoD standards should apply to both Active and Reserve Service members.

- **RECOMMENDATION 2:** The GAO recommended that, to ensure that Reserve personnel are medically fit for future military operations, the Secretary of Defense direct the Secretary of the Army to make a corresponding change in the Army medical retention policy. (p. 9, p. 39/GAO Draft Report)

Now on p. 25.

Enclosure  
Page 19

Appendix I  
Comments From the Department of Defense

**DoD RESPONSE:** Partially concur. The Department agrees that the DoD standards, when established, should apply to the Total Force. In the interim, the Army has directed commanders to identify soldiers for placement in the non-deployable account who are permanently non-deployable, in accordance with the medical fitness standards in Army Regulation 40-501 and Army National Guard Regulation 40-501. Both of those regulations are currently under final staffing for revision, with publication expected in FY 1994. Separate physical fitness standards for retention and for wartime deployment have been removed from the regulations. An enhanced annual medical screening program and a new State medical board system are used to identify and recommend disposition of non-deployables.

- **RECOMMENDATION 3:** The GAO recommended that the Secretary of Defense require the Secretaries of the Air Force, the Army, and the Navy to develop and implement mission-specific physical fitness tests in order for key decision-makers to assess accurately whether Reserve personnel are in proper physical condition to perform their military duties. (p. 9, p. 50/GAO Draft Report)

**DoD RESPONSE:** Partially concur. It is DoD policy that the primary emphasis of physical fitness "shall be placed on the fielding of quality programs that develop and maintain physical fitness. Secondary emphasis shall be placed on the evaluation and testing of personnel against a prescribed standard." The Department agrees that mission specific standards may be useful in certain units or skills. The Department will review the adequacy of mission-specific fitness standards by the 4th Quarter of FY 1994, and will identify additional candidate skill/mission areas where mission-specific standards might be applied. The Department is concerned, however, that applying mission-specific standards in a semiannual testing program, rather than incorporating them into unit training programs, may not be cost effective and efficient in a training context.

- **RECOMMENDATION 4:** The GAO recommended that the Secretary of Defense direct the Assistant Secretary of Defense (Personnel and Readiness) to revise the DoD physical fitness policy to require the Services to include in their annual assessments of physical fitness programs data on (1) the number of Active and Reserve personnel taking physical fitness tests, (2) the number of personnel passing and failing the tests and the number failing more than one consecutive test, (3) personnel actions taken against those who fail tests, and (4) the number of personnel excused from testing and the reasons why they were excused. (pp. 69-70/GAO Draft Report)

**DoD RESPONSE:** Partially concur. It is DoD policy to place the primary emphasis of physical fitness on the fielding of quality programs that develop and maintain physical fitness. Secondary emphasis is to be placed on the evaluation and testing of personnel against a prescribed standard. The Military Services provide periodic

Enclosure  
Page 20

Now on pp. 5 and 31.

Now on p. 42.

Appendix I  
Comments From the Department of Defense

combat readiness posture reports, through the chain of command, that indicate the technical and physical preparedness of their unit's ability to perform combat missions.

The Office of the Assistant Secretary of Defense for Personnel and Readiness is currently in the process of revising DoD Directive 1308.1, "Physical Fitness and Weight Control Programs." The revision will require each Service to provide the DoD with an annual assessment of their health and fitness programs and an evaluation of the physical fitness of their members. It is anticipated that the first annual assessments will be issued by the 3rd Quarter of FY 1995.

The DoD does not believe that reporting physical fitness test results at the level of detail recommended by the GAO would be beneficial to program management. However, the Department will assess the utility of requiring detailed information on program results by the end of the 4th Quarter of FY 1994.

- **RECOMMENDATION 5:** The GAO recommended that the Secretary of Defense direct the Assistant Secretary of Defense (Personnel and Readiness) to revise the DoD physical fitness policy to direct the Secretary of the Navy to discontinue exempting older Marine Corps and Navy Reservists from fitness testing. (p. 70/GAO Draft Report)

**DoD RESPONSE:** Concur. As currently written, DoD Directive 1308.1, "Physical Fitness and Weight Control Programs," directs all Military Services to test all Service members regardless of age and allows them to adjust standards for age difference. By the end of the 4th Quarter of FY 1994, all Military Services will be directed to comply with the DoD policy stated in DoD Directive 1308.1, as it pertains to the age-adjusted physical fitness testing of all its military personnel. Additionally, by the end of the 4th Quarter of FY 1994, the DoD will assess the utility of requiring an appropriate medical cardiovascular screening for all Service members over the age of 40, as part of the DoD efforts to revise DoD Directive 1308.1.

- **RECOMMENDATION 6:** The GAO recommended that the Secretary of Defense direct the Assistant Secretary of Defense for Personnel and Readiness to revise the DoD physical fitness policy to direct the Secretary of the Air Force, the Secretary of Army, and the Secretary of the Navy to separate personnel who repeatedly fail either mission-specific or general physical fitness tests. (p.70/GAO Draft Report)

**DoD RESPONSE:** Concur. The GAO recommendation reflects the current policy on all the Military Services. The policy will also be incorporated into the new revision of DoD Directive 1308.1, which should be published in FY 1994. The Department will ensure that the Services strengthen their compliance with existing policy in areas where stronger compliance is needed.

Enclosure  
Page 21

Now on p. 42.

Now on p. 43.

Now on p. 43.

- **RECOMMENDATION 7:** The GAO recommended that the Secretary of Defense implement controls to prevent fitness test scores from being inappropriately changed. (p. 70/GAO Draft Report)

**DoD RESPONSE:** Concur. The recommended controls will be incorporated into the ongoing revision of DoD Directive 1308.1, scheduled for completion in FY 1994. The Department of Defense Inspector General, in conjunction with the Inspector Generals of the Services, will also take steps to monitor physical fitness testing and ensure that all components comply with established rules and procedures.

Now on p. 43.

- **RECOMMENDATION 8:** The GAO recommended that the Secretary of Defense identify the DoD physical fitness program as containing material control weaknesses in the next annual assurance statement. (p. 70/GAO Draft Report)

**DoD RESPONSE:** Partially concur. The DoD has never considered each separate element of a Military Service physical fitness control program as a "Material Weakness," as defined by DoD Directive 5010.38, impacting on a DoD component's ability to fulfill its mission. As indicated in the DoD responses to the various findings referencing the physical fitness control program, the Services are implementing programs to correct their deficiencies, increase quality assurance, and improve their physical readiness training and testing programs. Reporting systems currently exist, through the use of the Sources and Training System, allowing the Services to make an overall assessment of their unit readiness, including the fitness of Service members for mobilization and deployment. Nonetheless, the Department will reconsider the issue next year to assess its progress for possible consideration for the FY 1995 assurance statement.

Now on p. 43.

- **RECOMMENDATION 9:** The GAO recommended that the Secretary of Defense direct the DoD Inspector General to confirm that adequate management controls have been established to correct the fitness-related problems identified in the GAO report. (p. 70/GAO Draft Report)

**DoD RESPONSE:** Concur. The Department agrees that, wherever indicated, appropriate management controls should be in place. However, before proceeding with another audit, the Office of the Inspector General will follow-up and assess compliance with all the agreed-to correction actions to determine what additional oversight coverage is warranted. If additional audit coverage is indicated, before proceeding, coordination would be required with the Military Service audit agencies and Inspectors General to determine any ongoing or planned coverage at the Service level. (Physical fitness and training requirements are often part of Service level audits and inspections.) The earliest any DoD Inspector General follow-up audit could be planned is FY 1996.

Enclosure  
Page 22

# Key Organizations Contacted

---

## Office of the Secretary of Defense

Offices of the Assistant Secretary of Defense for Reserve Affairs, Health Affairs, and Personnel and Readiness, Washington, D.C.  
Armed Forces Epidemiological Board, Washington, D.C.

---

## Joint Chiefs of Staff

Office of Personnel Plans and Policy, Washington, D.C.

---

## Department of the Air Force

---

### Air Force Headquarters

Office of the Surgeon General, Bolling Air Force Base, Washington, D.C.  
Air Force Military Personnel Center, Randolph Air Force Base, Texas

---

### Air Force Reserve

Headquarters, Air Force Reserve, Robins Air Force Base, Georgia  
Office of the Command Surgeon, Washington, D.C.  
433rd Military Airlift Wing, Kelly Air Force Base, Texas

---

### Air National Guard

Air National Guard Readiness Center, and Offices of the Air Surgeon and Directorate of Personnel, Andrews Air Force Base, Maryland  
Headquarters, Maryland Air National Guard, Baltimore, Maryland

---

## Department of the Army

---

### Army Headquarters

Office of the Deputy Chief of Staff for Operations and Plans, Washington, D.C.  
Office of the Deputy Chief of Staff for Personnel, Washington, D.C.  
Forces Command, Fort McPherson, Georgia  
Training and Doctrine Command, Fort Monroe, Virginia  
Army Physical Fitness School, Fort Benjamin Harrison, Indiana, and Fort Benning, Georgia  
Army Surgeon General, Falls Church, Virginia  
Emergency Operations Center, Fort Sam Houston, Texas



---

**Appendix II**  
**Key Organizations Contacted**

---

U.S. Army Soldier Support Center, Fort Benjamin Harrison, Indiana  
First U.S. Army, Fort George G. Meade, Maryland

---

**Army National Guard**

National Guard Bureau, Arlington, Virginia  
Headquarters, Connecticut National Guard, Hartford, Connecticut  
Headquarters, Maryland National Guard, Baltimore, Maryland  
Headquarters, Texas National Guard, Austin, Texas

---

**Army Reserve**

Headquarters, U.S. Army Reserve Command, Fort McPherson, Georgia  
Headquarters, 90th U.S. Army Reserve Command, San Antonio, Texas  
Headquarters, 97th U.S. Army Reserve Command, Fort George G. Meade,  
Maryland

---

---

**Department of the  
Navy**

**Navy Headquarters**

Bureau of Naval Medicine and Surgery, Washington, D.C.  
Bureau of Naval Personnel, Arlington, Virginia

---

**Naval Reserve**

Commander, Naval Reserve Force, New Orleans, Louisiana  
Naval Reserve Readiness Command, Region 10, New Orleans, Louisiana  
Naval Reserve Readiness Command, Region 11, Dallas, Texas  
Commander, Fleet Logistics Support Wing, Dallas, Texas

---

**Marine Corps**

Headquarters, U.S. Marine Corps, Arlington, Virginia  
Headquarters, Marine Corps Reserve, New Orleans, Louisiana

---

# Reserve Component Units Selected for Case Study Analysis

---

## Air National Guard Units

135th Airlift Group, Essex, Maryland  
135th Tactical Airlift Squadron  
135th Mobile Aerial Port Flight

175th Fighter Group, Essex, Maryland  
104th Fighter Squadron  
175th Civil Engineering Squadron  
175th Mission Support Squadron

---

## Army National Guard Units

200th Military Police Company, Salisbury, Maryland  
Company B, 115th Infantry Battalion, Olney, Maryland

---

## Army Reserve Units

757th Light Maintenance Company, San Antonio, Texas

---

## Marine Corps Reserve Units

Company C, 1st Battalion, 23rd Marines, Corpus Christi, Texas  
Marine Light Helicopter Squadron, Belle Chasse, Louisiana  
Battery N, 5th Battalion, 14th Marines, El Paso, Texas

---

## Naval Reserve Units

Naval Reserve Readiness Center, Corpus Christi, Texas  
Landing Ship Transport  
Legal Service Office  
Mobilization Assignment Control Group  
Naval Hospital  
Navy Maintenance Construction Battalion Detachment  
Naval Weapons Station  
Shore Intermediate Maintenance Activity  
Volunteer Training Unit

Naval Reserve Readiness Center, El Paso, Texas  
Fleet Hospital  
Fleet Support Training Unit  
Mobilization Assignment Control Group  
Mobile Mine Assembly Group Detachment  
Naval Communications Management Center  
Navy Maintenance Construction Battalion  
Shore Intermediate Maintenance Activity  
U.S.S. Canopus  
U.S.S. El Paso

---

**Appendix III  
Reserve Component Units Selected for Case  
Study Analysis**

---

U.S.S. Flint  
U.S.S. Oakland  
U.S.S. Texas  
U.S.S. Yokosuka  
Volunteer Training Unit  
Weapons Station Seal Beach

Strike Fighter Squadron 204, Naval Air Station, New Orleans, Louisiana

---

# Major Contributors to This Report

---

## National Security and International Affairs Division, Washington, D.C.

Norman J. Rabkin, Associate Director  
Charles J. Bonanno, Assistant Director  
Rodney E. Ragan, Evaluator-in-Charge  
Carol L. Kolarik, Site Senior  
Laura L. Talbott, Site Senior  
David A. Michaels, Evaluator  
Christina L. Quattrociocchi, Evaluator  
Karen S. Blum, Reports Analyst

---

## Dallas Regional Office

Jeffrey A. Kans, Regional Assignment Manager  
Kimberly S. Carson, Site Senior  
Sally S. Leon-Guerrero, Site Senior

---

**Ordering Information**

The first copy of each GAO report and testimony is free. Additional copies are \$2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

**Orders by mail:**

**U.S. General Accounting Office  
P.O. Box 6015  
Gaithersburg, MD 20884-6015**

**or visit:**

**Room 1000  
700 4th St. NW (corner of 4th and G Sts. NW)  
U.S. General Accounting Office  
Washington, DC**

**Orders may also be placed by calling (202) 512-6000  
or by using fax number (301) 258-4066.**

United States  
General Accounting Office  
Washington, D.C. 20548-0001

**Hulk Mail**  
**Postage & Fees Paid**  
**GAO**  
**Permit No. G100**

Official Business  
Penalty for Private Use \$300

Address Correction Requested

