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**United States General Accounting Office  
Washington, DC 20548**

November 25, 2003

The Honorable Lane Evans  
Ranking Democratic Member  
Committee on Veterans Affairs  
House of Representatives

*Subject: Veterans Affairs: Post-hearing Questions Regarding the Departments of Defense and Veterans Affairs Providing Seamless Health Care Coverage to Transitioning Veterans*

Dear Mr. Evans:

On October 16, 2003, I testified before your Subcommittee's hearing on *Hand-off or Fumble: Are DOD and VA Providing Seamless Health Care Coverage to Transitioning Veterans?*<sup>1</sup> This letter responds to your request that we provide answers to follow-up questions from the hearing. Your questions, along with my responses, follow.

**1. "Is there any reason for us to be optimistic that DOD [Department of Defense] is in better compliance with force protections and surveillance policies for Operation Iraqi Freedom than it was for Operation Enduring Freedom and Operation Joint Guardianship? Why or why not?"**

Answer: We believe that strong leadership and appropriate follow-through are key to improving compliance. We are encouraged that the compliance problems we found for Operation Enduring Freedom and Operation Joint Guardian prompted the Assistant Secretary of Defense for Health Affairs and the military services' Surgeons General to promptly take a number of actions to help ensure compliance with DOD's force health protection and surveillance policies. As you know, we recommended that DOD establish an effective quality assurance program that will ensure compliance with these policies for all servicemembers.<sup>2</sup> In commenting on our report, the Assistant Secretary of Defense stated that his office had already established a quality assurance program for pre-deployment and post-deployment health assessments and that the services have implemented their quality assurance programs. As you know, Operation Iraqi Freedom is an ongoing operation with deployments of servicemembers who presumably are covered by the new quality assurance programs. On the basis these actions, we are optimistic that progress is

<sup>1</sup> See U.S. General Accounting Office: *Defense Health Care: DOD Needs to Improve Force Health Protection and Surveillance Processes*, GAO-04-158T (Washington, D.C.: Oct. 16, 2003).

<sup>2</sup> See U.S. General Accounting Office: *Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance*, GAO-03-1041 (Washington, D.C.: Sept. 19, 2003).

occurring. However, the extent of compliance can be determined only from an examination of servicemembers' medical records.

**2. "You still believe DOD lacks data on troop locations that obviously calls into question its ability to provide effective surveillance. It won't have a system in place until 2007 at the earliest. How could that impair VA's [Department of Veterans Affairs] ability to determine presumption of service-connection and effective treatments for exposures?"**

Answer: Knowing which servicemembers were at certain locations at specific times in the theater of operations is important for determining their possible exposures to chemical, biological, or environmental health hazards that DOD may know about currently or later discover. Without this exposure information, it would likely be more problematic for VA to determine a presumption of service-connection and to ascertain whether treatments are appropriate.

**3. "Has anything improved since your last report on compliance with policies on force protection and surveillance?"**

Answer: When we issued our May 1997 report,<sup>3</sup> DOD had not finalized its draft joint medical surveillance policy. DOD subsequently finalized its joint medical surveillance policy in August 1997. Although there are some methodological differences between our May 1997 and September 2003 reports, it is clear that force health protection and surveillance compliance problems continue in several areas. However, there appears to be some improvement in DOD's collection of pre-deployment blood serum samples from deploying servicemembers. Specifically, we reported, in our May 1997 report, that 9.3 percent of the 26,000 servicemembers who had deployed to Bosnia did not have a blood serum sample on file. In contrast, nearly 100 percent of our samples for deployments examined in our September 2003 report had blood serum samples on file.

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We are sending copies of this report to the Secretary of Veterans Affairs, the Office of the Secretary of Defense, and other interested parties. We will also make copies available to others upon request. In addition, this report will be available at no charge on the GAO Web site at <http://www.gao.gov>.

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<sup>3</sup> See U.S. General Accounting Office: *Defense Health Care: Medical Surveillance Improved Since Gulf War, but Mixed Results in Bosnia*, GAO/NSIAD-97-136 (Washington, D.C.: May 13, 1997).

If you have any questions about this report or need additional information, please call me at (757) 552-8100.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Neal P. Curtin".

Neal P. Curtin  
Director, Operations and Readiness Issues

(350473)

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