



GAO

Accountability * Integrity * Reliability

United States Government Accountability Office
Washington, DC 20548

January 25, 2008

Congressional Requesters

Subject: *VA and DOD Health Care: Administration of DOD's Post-Deployment Health Reassessment to National Guard and Reserve Servicemembers and VA's Interaction with DOD*

Congress's long-standing interest in health care services for servicemembers returning from deployment has grown regarding National Guard and Reserve servicemembers because they are being activated in numbers not seen since World War II.^{1,2} For servicemembers who have been deployed overseas—whether National Guard, Reserve, or active duty—the Department of Defense (DOD) has developed a continuum of programs to assess servicemembers' health needs by obtaining information on their health concerns. One health assessment is administered before deployment, another about the time servicemembers return from deployment, and a third 90 to 180 days after deployment, which is called the post-deployment health reassessment (PDHRA). DOD directed the PDHRA to be implemented in June 2005 in response to studies that showed that health concerns were emerging several months after servicemembers' return from deployment.³ One intent of the PDHRA is to identify servicemembers' health concerns with a specific emphasis on screening for mental health and to assess whether servicemembers need referrals for further evaluation. PDHRAs can result in referrals being made to military treatment facilities, TRICARE providers,⁴ chaplains,

¹See Related GAO Products at the end of this report.

²Between September 2001 and October 2007, nearly 620,000 National Guard and Reserve servicemembers have been activated in support of the Global War on Terrorism.

³For purposes of this report, we define servicemembers to include members of the National Guard and Reserves who fall under DOD's continuum of care because of their active duty service overseas, even if they are no longer on active duty at the time the PDHRA is administered.

⁴DOD provides health care through TRICARE—a regionally structured program that uses civilian contractors to maintain provider networks to complement health care services provided at military hospitals and clinics, commonly referred to as military treatment facilities. While servicemembers are on active duty, DOD manages where they receive their care—at a military treatment facility, a TRICARE civilian provider, or a VA medical facility.

Military OneSource,⁵ or Department of Veterans Affairs (VA) facilities, such as VA medical centers, VA community clinics, and Vet Centers.⁶

Congressional interest in health care services for National Guard and Reserve servicemembers returning from deployment has increased because of their large numbers and because they have reported post-deployment mental health concerns at a higher rate than their active duty counterparts, though this varies by military service.⁷ Related to this interest, you asked us to describe the administration of the PDHRA to National Guard and Reserve servicemembers.⁸ This report describes (1) how DOD administers the PDHRA to National Guard and Reserve servicemembers and what information it obtains and (2) how VA interacts with DOD in the PDHRA process for these servicemembers and the information VA obtains.

Our work focused on National Guard (federally activated) and Reserve servicemembers from the military services who have been deployed overseas greater than 30 days to locations without a permanent military treatment facility.⁹ National Guard servicemembers included the Army National Guard and the Air National Guard. Reserve servicemembers included Army Reserve, Navy Reserve, Air Force Reserve, and Marine Corps Reserve. We did not include Coast Guard Reserve servicemembers since they represent less than 1 percent of the population of activated Reserve and National Guard servicemembers.

To describe how DOD administers the PDHRA to National Guard and Reserve servicemembers and what information it obtains, we interviewed and obtained documents from relevant DOD officials from the Force Health Protection and Readiness Program in the Office of the Assistant Secretary of Defense (Health Affairs), the Army Medical Surveillance Activity, and each of the military services identified above. In addition, we interviewed and obtained documents from the health care contractor DOD uses to administer the PDHRA to National Guard and Reserve servicemembers. Further, we obtained completion and referral data from PDHRA administrations conducted from June 2005 through January 1, 2008. We

⁵For National Guard, Reserve, and active duty servicemembers and their families, Military OneSource provides educational products on the Web and counseling on a variety of topics by phone and face to face.

⁶VA's integrated health care system provides primary care, specialized care, and related medical and social support services. VA medical centers provide a broad range of inpatient and outpatient medical services, including mental health services, to servicemembers and veterans meeting eligibility criteria. VA community clinics provide medical services, which may include mental health services, on an outpatient basis in local communities. Vet Centers provide mental health services, including readjustment counseling, to all veterans who served in any combat zone.

⁷Colonel Charles W. Hoge, M.D., Director of Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research provided this comparative information in September 28, 2006, testimony before the Committee on Veterans' Affairs, Subcommittee on Health, House of Representatives.

⁸You asked us to describe the administration of the PDHRA either in requests focused on this subject or in requests for this information as part of a larger body of work. As requested, we are also conducting work on related issues for which we plan to issue additional reports.

⁹For purposes of this report, we consider the National Guard to be federally activated when it is performing a federal mission conducted under the command and control of the President and mobilized under authority contained in Title 10, U.S. Code. These mobilization authorities include, for example, 10 U.S.C. § 12302 and § 12304.

assessed the reliability of those data by reviewing system documentation, interviewing knowledgeable agency officials, and testing the data to search for incorrect or missing values. We determined the data were sufficiently reliable for the purposes of this report. To describe how VA interacts with DOD in the PDHRA process for these servicemembers, we interviewed, and collected supporting documentation from VA officials from the Office of Seamless Transition, Office of Readjustment Counseling, Office of Mental Health, and Veterans Integrated Service Networks (VISN) offices.¹⁰ We also interviewed and obtained documents from DOD's contractor officials and relevant DOD officials from the Force Health Protection and Readiness Program in the Office of the Assistant Secretary of Defense (Health Affairs), the Army Medical Surveillance Activity, and each of the military services identified above.

In addition, to address both objectives, we observed in-person administrations of PDHRAs to Army National Guard servicemembers in Kinston, North Carolina, during a weekend meeting (called a drill weekend) and to Army Reserve servicemembers in Indianapolis, Indiana, during a drill weekend. We chose these sites because they are located in different regions of the country and located in areas with respectively smaller and larger populations. We visited Army National Guard and Reserve units because they comprised about 80 percent of deployed National Guard (federally activated) and Reserve servicemembers at the time of our review (July 2007). While this sample of site visits allowed us to learn about many important aspects of PDHRA administrations, the information does not permit us to generalize about PDHRA administrations departmentwide. At these sites, we met with and collected supporting documentation from officials responsible for administering the PDHRA and officials from VA medical centers, a VA community clinic, and Vet Centers. We conducted our work from April 2007 through January 2008 in accordance with generally accepted government auditing standards.

Results in Brief

DOD uses a health care contractor in all but a small number of cases to administer the PDHRA to National Guard and Reserve servicemembers either in person or by telephone through a call center. Specifically, DOD contracts with a company that provides administrative staff and health care providers—physicians, physician's assistants, and nurse practitioners—to administer the assessments. The PDHRA form asks for demographic information—such as the servicemember's date of birth, gender, and marital status—and health information that can lead to referrals for additional evaluation. For example, the PDHRA asks servicemembers questions about the occurrence of nightmares, conflicts with family and friends, and increased alcohol use. Servicemembers who answer affirmatively to these questions may receive a referral for further evaluation for mental health conditions, such as post-traumatic stress disorder or alcohol abuse. These referrals result from in-person or telephone discussions that take place between the servicemember and the health care provider during the PDHRA administration. Of the about 156,000 PDHRAs completed by National Guard and Reserve servicemembers from June 2005 through January 1, 2008, nearly 46 percent resulted in referrals for further evaluation for physical or mental health concerns.

¹⁰The VA health care system is organized into 21 geographically defined regions, or VISNs, that have budget and management responsibilities for VA facilities in their geographic area.

According to our discussions with VA and DOD officials, VA officials interact with DOD officials in the PDHRA process in several ways and receive information about servicemembers from DOD. Through coordination with DOD, VA officials are generally present when PDHRAs are administered to National Guard and Reserve servicemembers during drill weekends, whether the PDHRAs are administered in person or by telephone through a call center. VA interaction with DOD also occurs when servicemembers are referred to a VA facility. VA staff provide servicemembers with information about VA benefits and help them make appointments at VA facilities.¹¹ Information VA receives from DOD includes the location of PDHRA administrations, numbers of servicemembers referred to VA facilities, and the PDHRAs of individual servicemembers who access VA health care. Of the National Guard and Reserve servicemembers referred through the PDHRA process for either physical or mental health concerns from June 2005 through January 1, 2008, 47 percent (almost 34,000) were referred to VA facilities.

VA and DOD concurred with a draft of this report.

Background

Almost all National Guard and Reserve servicemembers serve in the military on a part-time basis while maintaining a civilian career. When not deployed, they usually meet 1 weekend a month for a drill weekend and 2 weeks a year for annual training. Commanding officers are responsible for ensuring that servicemembers in their military units are medically ready to be deployed. As part of that effort, they are responsible for having servicemembers in their unit complete deployment health assessments.

DOD's deployment-related continuum of health care includes three health assessments, which are used to determine whether further evaluation is needed for servicemembers deployed overseas greater than 30 days to locations without a permanent military treatment facility.¹² They do not diagnose medical conditions. The pre-deployment health assessment is documented on Department of Defense Form 2795 and is administered within 60 days before deployment. It is a mandatory health assessment for most servicemembers deploying overseas. The post-deployment health assessment is documented on Department of Defense Form 2796 and must be completed between 30 days prior to leaving a deployment location and within 30 days after returning from deployment. It is a mandatory health assessment for servicemembers returning from deployment. The PDHRA is documented on Department of Defense Form 2900 (DD 2900) and is administered 90 to 180 days after returning from deployment.¹³ (See encl. I.) While it is mandatory that DOD offer servicemembers the opportunity to participate in the PDHRA, servicemembers are only required to answer limited demographic questions; they are not required to answer any of the health questions. Further, those who have left the military have the option to complete the PDHRA but are not required to do so.

¹¹VA provides a range of benefits to eligible veterans, including disability compensation and pensions, education benefits, and hospital and medical care.

¹²It is the commander's decision whether servicemembers who do not meet the criteria complete these health assessments.

¹³Although a new DD 2900 dated September 2007 has been developed, it had not been implemented as of January 7, 2008. This report refers to the DD 2900 dated June 2005.

While the pre- and post-deployment health assessments were established in response to legislation, the PDHRA was created independently by DOD.¹⁴ In 2004, researchers published articles that indicated servicemembers reported a significant increase in mental health concerns 90 to 120 days after returning from deployment compared with mental health concerns reported before or just after deployment.¹⁵ In response, DOD developed the PDHRA process to provide identification of health concerns during this post-deployment time frame and to assess whether servicemembers need referrals for further evaluation. DOD and international health experts worked jointly with VA mental health experts to develop the DD 2900.

Veterans who have served in combat in certain conflicts, including those from the National Guard and Reserves, are presumed to be eligible for VA health care services for any condition for 2 years from the date of separation from military service, even if there is insufficient medical evidence to conclude that the condition is attributable to military service.¹⁶ This 2-year presumptive eligibility includes those National Guard and Reserve members who have left active duty and returned to their units. If veterans do not enroll until after the 2-year presumptive period, they will be subject to the same eligibility and enrollment rules as other veterans, who generally have to prove that a medical problem is connected to their military service or that they have incomes below certain thresholds.¹⁷

PDHRA, Administered in Person or through a Call Center, Provides DOD with Servicemembers' Health Information

DOD generally administers the PDHRA to National Guard and Reserve servicemembers using a health care contractor either in person or by telephone through a call center, depending on

¹⁴The pre- and post-deployment health assessments were established in response to a provision in the National Defense Authorization Act for Fiscal Year 1998. See Pub. L. No. 105-85, § 765(a)(1), 111 Stat. 1629, 1826-27 (codified as amended as 10 U.S.C. § 1074f). The Assistant Secretary of Defense for Health Affairs directed all military services to conduct health reassessments of servicemembers at 90 to 180 days post-deployment. He directed implementation plans to begin 90 days after March 10, 2005.

¹⁵P. D. Bliese, K. M. Wright, A. B. Adler, et al., *Screening for Traumatic Stress Among Re-Deploying Soldiers*, U.S. Army Medical Research Unit-Europe Research Report 2004-001 (Heidelberg, Germany: USAMRU-E, 2004) and C. W. Hoge, C. A. Castro, S. C. Messer, et al., *Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care* (Boston, MA: The New England Journal of Medicine, 351, 2004).

¹⁶To be eligible, the veteran must have served in combat during a period of war after the Persian Gulf War or against a hostile force during a period of hostilities after November 11, 1998. See 38 U.S.C. § 1710(e)(1)(D); VHA Directive 2005-020, *Determining Combat Veteran Eligibility* (June 2, 2005). "Hostilities" is defined as an armed conflict in which servicemembers are subjected to danger comparable to the danger encountered in combat with enemy armed forces during a period of war, as determined by the Secretary of VA. See 38 U.S.C. § 1712A(a)(2)(B). Eligibility under 38 U.S.C. § 1710(e)(1)(D) does not extend, however, to veterans whose disabilities are found to have resulted from a cause other than the service described in the statute. H.R. 1585, the National Defense Authorization Act for Fiscal Year 2008, contains a provision that would extend the length of the presumptive eligibility for certain combat veterans. The House and Senate approved this bill in December, 2007. However, on December 27, 2007, the President issued a memorandum indicating his disapproval of H.R. 1585 and declined to sign the legislation.

¹⁷See 38 U.S.C. §§ 1705, 1710; 38 C.F.R. § 17.36 (2007).

the number of individuals being assessed.¹⁸ DOD officials said their contract officials generally administer the PDHRA in person when they can achieve economies of scale, that is, when a sufficient number of servicemembers—at least 60—are scheduled for an assessment at a drill location. At in-person administrations, contractor personnel—including administrative staff and health care providers—go to the drill location. Contractor officials stated that most PDHRAs are administered to Army National Guard servicemembers in person because they generally deploy in large enough groups.

According to DOD officials, when fewer than 60 servicemembers are being assessed, PDHRAs are administered by telephone through a call center operated by DOD’s health care contractor. Contractor officials indicated that the Air National Guard and the Army, Navy, and Marine Corps Reserves typically use the call center because they tend to deploy servicemembers in small groups. DOD officials told us that for administrations using the call center, commanding officers decide whether servicemembers complete PDHRAs by phone during a drill weekend or during their personal time.

Whether administered in person or through the call center, the DD 2900 consists of two sets of questions—one set answered by servicemembers and the other by health care providers. Servicemembers answer the first set of questions online. These questions ask about servicemembers’ demographics—such as the servicemember’s date of birth, gender, and marital status—and health concerns. The second set of questions is completed by a health care provider—typically a physician, physician’s assistant, or nurse practitioner. The provider discusses with the servicemember answers from the first set of questions and uses that information to answer the second set of questions, which ask the provider to assess servicemember’s health concerns and make referrals if needed.¹⁹

DOD obtains information from the PDHRA process that can lead to referrals for additional evaluations. For example, the PDHRA includes questions about the occurrence of nightmares, conflicts with family and friends, and increased alcohol use. Servicemembers who answer affirmatively to these questions may need further evaluation for mental health conditions, such as post-traumatic stress disorder or alcohol abuse. Of the about 156,000 DD 2900s completed by National Guard and Reserve servicemembers between June 2005 and January 1, 2008, about 46 percent resulted in referrals for further evaluation for physical or mental health concerns.

VA Interacts with DOD in the PDHRA Process and Receives PDHRA Information from DOD

According to our discussions with VA and DOD officials, VA officials interact with DOD in the PDHRA process in several ways. VA staff routinely attend when PDHRAs are to be administered in person. DOD’s health care contractor provides VA’s senior military liaison with information about the location and schedule as well as the number of National Guard

¹⁸The Air National Guard requires the PDHRA to be administered in person by a military provider to servicemembers assigned to the Personnel Reliability Program. In addition, since the Air Force Reserves are small in number and co-located on an Air Force Base with active duty servicemembers, their PDHRAs are usually administered in person by a military provider.

¹⁹The Army National Guard and Army, Navy, and Marine Corps Reserves all require servicemembers to speak with a health care provider. However, most of the Air National Guard and all Air Force Reserve servicemembers are not required to speak with a provider if they report no health concerns on the DD 2900.

and Reserve servicemembers expected to be assessed. Local VA officials told us that when they are scheduled to attend a PDHRA in-person administration, they contact the unit's commanding officer or the officer's representative to obtain information on the unit's combat experiences and to coordinate the number of VA staff and materials needed for the number of servicemembers scheduled to complete PDHRAs. At our site visits, we observed officials from VA medical centers and Vet Centers providing servicemembers with information about VA benefits, enrolling servicemembers in the VA, and helping servicemembers make appointments at VA facilities. At our Indianapolis site visit, local VA officials provided Army Reserve servicemembers with appointment contact information for VA facilities located not only in Indiana but also in Arizona, California, Georgia, Illinois, Kentucky, Michigan, Ohio, and Texas for servicemembers who lived outside of Indiana.²⁰ VA officials we interviewed at headquarters, the VISN, and the local office noted that PDHRA administrations provide one of the best ways for VA to give information about their benefits to National Guard and Reserve servicemembers.

VA officials told us they also interact with DOD when the PDHRA is administered through the call center. When units schedule PDHRA administrations using the call center during drill weekends, VA officials told us they generally coordinate in the same ways as they do for in-person PDHRA administrations. For example, a headquarters official said local VA officials usually go to the unit's location to provide educational materials about VA benefits, enroll servicemembers in VA, and help them make appointments at VA facilities. Officials at VA headquarters and a VISN indicated that VA officials also provide educational materials for servicemembers who complete PDHRAs using the call center when the assessments are not administered on a drill weekend. For example, for a unit in Jacksonville, Florida, a VISN official sent the unit's commanding officer packets of information for distribution to the servicemembers at the unit's next drill weekend. The information included VA enrollment forms and brochures about VA benefits. Regardless of whether the PDHRA is administered during a drill weekend, VA and DOD interact when servicemembers are referred to VA facilities. According to VA headquarters and DOD officials, the contractor's call center personnel will either connect servicemembers directly to a VA facility or give them information to contact the facility themselves. Following the telephone interview, call center personnel mail servicemembers a brochure about VA benefits for National Guard and Reserve servicemembers, a copy of their DD 2900, and contact information for the VA senior military liaison to assist them if they experience problems getting an appointment at a VA facility.

Through interaction with DOD officials, VA officials obtain PDHRA information about servicemembers referred to VA and individual servicemembers' DD 2900s when they access VA health care. Each month, VA receives a report that provides monthly and cumulative totals of servicemembers referred, including servicemembers referred to VA facilities. For example, the January 1, 2008, report showed that of the number of servicemembers referred from June 2005 through January 1, 2008, nearly 34,000 (47 percent) were referred to VA facilities for either physical or mental health concerns. For mental health concerns, more than 11,000 servicemembers were referred to VA medical centers or clinics and over 16,000

²⁰Because of personnel shortages in Reserve units that are deploying, it has been necessary to transfer servicemembers from units that are not deployed into the deploying unit. The deploying units may or may not be located in the same state as the nondeploying units.

were referred to Vet Centers.²¹ VA also receives a weekly report that lists the location of all in-person PDHRA administrations during the past week and shows the number of referrals to VA from each PDHRA administration. Further, when servicemembers obtain health care from VA, VA officials have access to individual servicemembers' DD 2900s. DOD provides VA with electronic access to servicemembers' DD 2900s, according to headquarters VA and DOD officials. In addition, servicemembers may provide VA officials with paper copies of their DD 2900s.

Agency Comments

VA and DOD reviewed a draft of this report. VA stated in an e-mail response that it agreed with the facts presented in the report as they pertain to VA, and had no additional comments. DOD stated that it concurred with the report's findings and conclusions. DOD asked that we clarify in the first paragraph that the focus of the report is National Guard and Reserve servicemembers, and we made revisions to do so. DOD also provided technical comments which we incorporated where appropriate. DOD's comments are reprinted in enclosure II.

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

If you or your staff have questions about this report, please contact me at (202) 512-7114 or kanofm@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff members who made key contributions to this report are listed in enclosure III.



Marjorie Kanof
Managing Director, Health Care

Enclosures – 3

²¹Servicemembers may be referred to both a VA medical center and a Vet Center so these numbers cannot be combined to determine the total number of individual servicemembers referred.

List of Requesters

The Honorable Michael H. Michaud
Chairman
Subcommittee on Health
Committee on Veterans' Affairs
House of Representatives

The Honorable Daniel K. Akaka
Chairman
Committee on Veterans' Affairs
United States Senate

The Honorable Wayne Allard
United States Senate

The Honorable Christopher S. Bond
United States Senate

The Honorable Barbara Boxer
United States Senate

The Honorable Tom Harkin
United States Senate

The Honorable Joseph I. Lieberman
United States Senate

The Honorable Claire McCaskill
United States Senate

The Honorable Patty Murray
United States Senate

The Honorable Barack Obama
United States Senate

The Honorable Ken Salazar
United States Senate

The Honorable Bernard Sanders
United States Senate

The Honorable Peter Welch
House of Representatives

Enclosure I

1. Overall, how would you rate your health during the PAST MONTH?
 Excellent Very Good Good Fair Poor
2. Compared to before your most recent deployment, how would you rate your health in general now?
 Much better now than before I deployed
 Somewhat better now than before I deployed
 About the same as before I deployed
 Somewhat worse now than before I deployed
 Much worse now than before I deployed
3. Since you returned from deployment, about how many times have you seen a healthcare provider for any reason, such as in sick call, emergency room, primary care, family doctor, or mental health provider?
 No visits 1 visit 2-3 visits 4-5 visits Over 6 visits
4. Since you returned from deployment, have you been hospitalized? Yes No
5. During your deployment, were you wounded, injured, assaulted or otherwise physically hurt? Yes No
If NO, skip to Question 6.
- 5a. **IF YES**, are you still having problems related to this wound, assault, or injury? Yes No Unsure
6. Other than wounds or injuries, do you currently have a health concern or condition that you feel is related to your deployment? Yes No Unsure
IF NO, skip to Question 7.
- 6a. **IF YES**, please mark the item(s) that best describe your deployment-related condition or concern:
- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="radio"/> Chronic cough | <input type="radio"/> Redness of eyes with tearing |
| <input type="radio"/> Runny nose | <input type="radio"/> Dimming of vision, like the lights were going out |
| <input type="radio"/> Fever | <input type="radio"/> Chest pain or pressure |
| <input type="radio"/> Weakness | <input type="radio"/> Dizziness, fainting, light headedness |
| <input type="radio"/> Headaches | <input type="radio"/> Difficulty breathing |
| <input type="radio"/> Swollen, stiff or painful joints | <input type="radio"/> Diarrhea, vomiting, or frequent indigestion |
| <input type="radio"/> Back pain | <input type="radio"/> Problems sleeping or still feeling tired after sleeping |
| <input type="radio"/> Muscle aches | <input type="radio"/> Difficulty remembering |
| <input type="radio"/> Numbness or tingling in hands or feet | <input type="radio"/> Increased irritability |
| <input type="radio"/> Skin diseases or rashes | <input type="radio"/> Taking more risks such as driving faster |
| <input type="radio"/> Ringing of the ears | <input type="radio"/> Other: _____ |
7. Do you have any persistent major concerns regarding the health effects of something you believe you may have been exposed to or encountered while deployed? Yes No
IF NO, skip to Question 8.
- 7a. **IF YES**, please mark the item(s) that best describe your concern:
- | | |
|--------------------------------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> DEET insect repellent applied to skin | <input type="radio"/> Paints |
| <input type="radio"/> Pesticide-treated uniforms | <input type="radio"/> Radiation |
| <input type="radio"/> Environmental pesticides (like area fogging) | <input type="radio"/> Radar/microwaves |
| <input type="radio"/> Flea or tick collars | <input type="radio"/> Lasers |
| <input type="radio"/> Pesticide strips | <input type="radio"/> Loud noises |
| <input type="radio"/> Smoke from oil fire | <input type="radio"/> Excessive vibration |
| <input type="radio"/> Smoke from burning trash or feces | <input type="radio"/> Industrial pollution |
| <input type="radio"/> Vehicle or truck exhaust fumes | <input type="radio"/> Sand/dust |
| <input type="radio"/> Tent heater smoke | <input type="radio"/> Blast or motor vehicle accident |
| <input type="radio"/> JP8 or other fuels | <input type="radio"/> Depleted Uranium (if yes, explain) |
| <input type="radio"/> Fog oils (smoke screen) | <input type="radio"/> Other: _____ |
| <input type="radio"/> Solvents | |



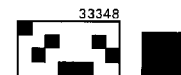
DD FORM 2900, JUN 2005



Enclosure I

8. Since return from your deployment, have you had serious conflicts with your spouse, family members, close friends, or at work that continue to cause you worry or concern? Yes No Unsure
9. Have you had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you
- a. Have had any nightmares about it or thought about it when you did not want to Yes No
 - b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it Yes No
 - c. Were constantly on guard, watchful, or easily startled Yes No
 - d. Felt numb or detached from others, activities, or your surroundings Yes No
10. a. In the PAST MONTH, did you use alcohol more than you meant to? Yes No
- b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking? Yes No
11. Over the PAST MONTH, have you been bothered by the following problems?
- | | Not at all | Few or several days | More than half the days | Nearly every day |
|------------------------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| a. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
12. If you checked off any problems or concerns on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
- Not difficult at all Somewhat difficult Very difficult Extremely difficult
13. Would you like to schedule a visit with a healthcare provider to further discuss your health concern(s)? Yes No
14. Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? Yes No
15. Are you currently interested in receiving assistance for a family or relationship concern? Yes No
16. Would you like to schedule a visit with a chaplain or a community support counselor? Yes No

 DD FORM 2900, JUN 2005



Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY #

- -

DATE (dd/mm/yyyy)

/ /

Provider Review and Interview

1. Review symptoms and deployment concerns identified on form:
 - Confirmed screening results as reported
 - Screening results modified, amended, clarified during interview:
2. Ask behavioral risk questions.
 - a. Over the PAST MONTH, have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way? Yes No

IF YES, about how often have you been bothered by these thoughts? Very few days More than half of the time Nearly every day
 - b. Since return from your deployment, have you had thoughts or concerns that you might hurt or lose control with someone? Yes No Unsure
3. **IF YES OR UNSURE** to behavioral risk questions, conduct risk assessment.
 - a. Does member pose a current risk for harm to self or others? No, not a current risk Yes, poses a current risk Unsure, referred
 - b. Outcome of assessment Immediate referral Routine follow-up referral Referral not indicated
4. Record additional questions or concerns identified by patient during interview: _____

Assessment and Referral: After my interview with the service member and review of this form, there is a need for further evaluation and follow-up as indicated below. (More than one may be noted for patients with multiple concerns.)

5. Identified Concerns	Minor Concern	Major Concern	Already Under Care	
			Yes	No
<input type="radio"/> Physical Symptom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Exposure Concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Depression Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PTSD Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Anger/Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Suicidal Ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Social/Family Conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None				

6. Referral Information

- a. No referral made
- b. Immediate/emergent care
- c. Primary Care, Family Practice
- d. Specialty Care: _____
- e. Behavioral Health in Primary Care
- f. Mental Health Specialty Care
- g. Case Manager, Care Manager
- h. Substance Abuse Program
- i. Health Promotion, Health Education
- j. Other Healthcare Service
- k. Chaplain
- l. Family Support, Community Service
- m. Military OneSource
- n. Other: _____

7. Comments: _____

8. Provider

a. Name (Last, First) _____

b. Signature and stamp: _____

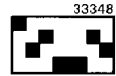
ICD-9 Code for this visit: V70.5_6

Ancillary Staff/Administrative Section

9. Member was provided the following:
 - Health Education and Information
 - Health Care Benefits and Resources Information
 - Appointment Assistance
 - Service member declined to complete form
 - Service member declined to complete interview/assessment
 - Service member declined referral for services
 - Other: _____
10. Referral made to the following healthcare or support system:
 - Military Treatment Facility
 - Division/Line-Based Medical Resource
 - VA Medical Center or Community Clinic
 - Vet Center
 - TRICARE Provider
 - Contract Support: _____
 - Community Service: _____
 - Other: _____
 - None

DD FORM 2900, JUN 2005

ASD(HA) APPROVED



Comments from the Department of Defense



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

Ms. Laurie E. Ekstrand
Director, Health Care
U.S. Government Accountability Office
44 I G Street, N.W.
Washington, DC 20548

JAN 03 2008

Dear Ms. Ekstrand:

This is the Department of Defense (DoD) response to the Government Accountability Office (GAO) draft report, GAO-08-181R, "VA and DoD Health Care: Administration of DoD's Post-Deployment Health Reassessment to National Guard and Reserve Service Members and VA's Interaction with DoD," dated November 9, 2007 (GAO Code 290600).

Thank you for the opportunity to review the draft report. Overall, I concur with the draft report's findings and conclusions. However, I do wish to identify some additional information to help clarify portions of the report. The title clearly states that this report is limited to National Guard and Reserve Service members. However, the opening line of the report states, "For servicemembers who have deployed—including National Guard and Reserve— . . ." This establishes a total force mindset among the readers. Although a footnote defines "servicemembers," not everyone is diligent about reading footnotes, and it is not until the bottom of the second page that the report states, "Our work focused on National Guard (federally activated) and Reserve Service members . . ." To minimize confusion, I suggest clearly identifying the focus of the study in the opening paragraph of the report. Additional technical comments are attached for your consideration.

The Department appreciates your review of this important matter to help ensure that the appropriate level of health care can be provided to the Service members who have so valiantly served their country.

My points of contact on this issue are Colonel Kenneth Cox, Force Health Protection and Readiness (Functional) at (703) 575-2678, and Mr. Gunther Zimmerman (Audit Liaison) at (703) 681-4360.

Sincerely,

S. Ward Casscells, MD

Enclosure:
As stated

Enclosure III

GAO Contact and Staff Acknowledgments

GAO Contact

Marjorie Kanof, (202) 512-7114 or kanofm@gao.gov

Acknowledgments

In addition to the contact named above, key contributors to this report were James C. Musselwhite, Jr., Assistant Director; Rebecca Abela; Laurie E. Ekstrand; Hannah Fein; Cynthia Forbes; and Julianna Weigle.

Related GAO Products

Defense Health Care: Comprehensive Oversight Framework Needed to Help Ensure Effective Implementation of a Deployment Health Quality Assurance Program. [GAO-07-831](#). Washington, D.C.: June 22, 2007.

VA and DOD Health Care: Efforts to Provide Seamless Transition of Care for OEF and OIF Servicemembers and Veterans. [GAO-06-794R](#). Washington, D.C.: June 30, 2006.

Post-Traumatic Stress Disorder: DOD Needs to Identify the Factors Its Providers Use to Make Mental Health Evaluation Referrals for Servicemembers. [GAO-06-397](#). Washington, D.C.: May 11, 2006.

VA and DOD Health Care: VA Has Policies and Outreach Efforts to Smooth Transition from DOD Health Care, but Sharing of Health Information Remains Limited. [GAO-05-1052T](#). Washington, D.C.: September 28, 2005.

Defense Health Care: Occupational and Environmental Health Surveillance Conducted During Deployments Needs Improvement. [GAO-05-903T](#). Washington, D.C.: July 19, 2005.

Defense Health Care: Improvements Needed in Occupational and Environmental Health Surveillance During Deployments to Address Immediate and Long-Term Health Issues. [GAO-05-632](#). Washington, D.C.: July 14, 2005.

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

Gulf War Illnesses: Federal Research Efforts Have Waned, and Research Findings Have Not Been Reassessed. [GAO-04-815T](#). Washington, D.C.: June 1, 2004.

Department of Veterans Affairs: Federal Gulf War Illnesses Research Strategy Needs Reassessment. [GAO-04-767](#). Washington, D.C.: June 1, 2004.

Defense Health Care: DOD Needs to Improve Force Health Protection and Surveillance Processes. [GAO-04-158T](#). Washington, D.C.: October 16, 2003.

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

VA and Defense Health Care: Progress Made, but DOD Continues To Face Military Medical Surveillance System Challenges. [GAO-02-377T](#). Washington, D.C.: January 24, 2002.

VA and Defense Health Care: Progress and Challenges DOD Faces in Executing a Military Medical Surveillance System. [GAO-02-173T](#). Washington, D.C.: October 16, 2001.

(290600)

This is a work of the U.S. government and is not subject to copyright protection in the United States. The published product may be reproduced and distributed in its entirety without further permission from GAO. However, because this work may contain copyrighted images or other material, permission from the copyright holder may be necessary if you wish to reproduce this material separately.

GAO's Mission

The Government Accountability Office, the audit, evaluation, and investigative arm of Congress, exists to support Congress in meeting its constitutional responsibilities and to help improve the performance and accountability of the federal government for the American people. GAO examines the use of public funds; evaluates federal programs and policies; and provides analyses, recommendations, and other assistance to help Congress make informed oversight, policy, and funding decisions. GAO's commitment to good government is reflected in its core values of accountability, integrity, and reliability.

Obtaining Copies of GAO Reports and Testimony

The fastest and easiest way to obtain copies of GAO documents at no cost is through GAO's Web site (www.gao.gov). Each weekday, GAO posts newly released reports, testimony, and correspondence on its Web site. To have GAO e-mail you a list of newly posted products every afternoon, go to www.gao.gov and select "E-mail Updates."

Order by Mail or Phone

The first copy of each printed report is free. Additional copies are \$2 each. A check or money order should be made out to the Superintendent of Documents. GAO also accepts VISA and Mastercard. Orders for 100 or more copies mailed to a single address are discounted 25 percent. Orders should be sent to:

U.S. Government Accountability Office
441 G Street NW, Room LM
Washington, DC 20548

To order by Phone: Voice: (202) 512-6000
TDD: (202) 512-2537
Fax: (202) 512-6061

To Report Fraud, Waste, and Abuse in Federal Programs

Contact:

Web site: www.gao.gov/fraudnet/fraudnet.htm

E-mail: fraudnet@gao.gov

Automated answering system: (800) 424-5454 or (202) 512-7470

Congressional Relations

Gloria Jarmon, Managing Director, jarmong@gao.gov, (202) 512-4400
U.S. Government Accountability Office, 441 G Street NW, Room 7125
Washington, DC 20548

Public Affairs

Chuck Young, Managing Director, youngc1@gao.gov, (202) 512-4800
U.S. Government Accountability Office, 441 G Street NW, Room 7149
Washington, DC 20548