



Highlights of [GAO-04-1031](#), a report to the Subcommittee on Personnel, Committee on Armed Services, U.S. Senate

Why GAO Did This Study

Over 335,000 reserve members have been involuntarily called to active duty since September 11, 2001, and the Department of Defense (DOD) expects future reserve usage to remain high. This report is the second in response to a request for GAO to review DOD's mobilization and demobilization process. This review specifically examined the extent to which (1) DOD's implementation of a key mobilization authority and personnel policies affect reserve force availability, (2) the Army was able to execute its mobilization and demobilization plans efficiently, and (3) DOD can manage the health of its mobilized reserve forces.

What GAO Recommends

GAO recommends that DOD develop a strategic framework with personnel policies linked to human capital goals, update planning assumptions, determine the most efficient mobilization support options, update health guidance, set a timeline for submitting health assessments electronically, and improve medical oversight. Of eight recommendations, DOD agreed with five and partially agreed with three. DOD cited four documents that it says, along with associated personnel policies, constitute its strategic framework. GAO notes that DOD's policies were issued prior to these framework documents. DOD said oversight of Marine Corps health data would be difficult. GAO believes this oversight is needed to determine the medical readiness of reservists.

www.gao.gov/cgi-bin/getrpt?GAO-04-1031.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Derek B. Stewart at (202) 512-5559 or stewartd@gao.gov.

MILITARY PERSONNEL

DOD Needs to Address Long-term Reserve Force Availability and Related Mobilization and Demobilization Issues

What GAO Found

DOD's implementation of a key mobilization authority to involuntarily call up reserve component members and personnel policies greatly affects the numbers of reserve members available to fill requirements. Involuntary mobilizations are currently limited to a cumulative total of 24 months under DOD's implementation of the partial mobilization authority. Faced with some critical shortages, DOD changed a number of its personnel policies to increase force availability. However, these changes addressed immediate needs and did not take place within a strategic framework that linked human capital goals with DOD's organizational goals to fight the Global War on Terrorism. DOD was also considering a change in its implementation of the partial mobilization authority that would have expanded its pool of available personnel. This policy revision would have authorized mobilizations of up to 24 consecutive months without limiting the number of times personnel could be mobilized, and thus provide an essentially unlimited flow of forces. In commenting on a draft of this report, DOD stated that it would retain its current cumulative approach, but DOD did not elaborate in its comments on how it expected to address its increased personnel requirements.

The Army was not able to efficiently execute its mobilization and demobilization plans, because the plans contained outdated assumptions concerning the availability of facilities and support personnel. For example, plans assumed that active forces would be deployed abroad, thus vacating facilities when reserves were mobilizing and demobilizing but reserve forces were used earlier and active forces had often not vacated the facilities. As a result, some units were diverted away from their planned mobilization sites, and disparities in housing accommodations existed between active and reserve forces. Efficiency was also lost when short notice hampered coordination efforts among planners, support personnel, and mobilizing or demobilizing reserve forces. To address shortages in housing and other facilities, the Army has embarked on several construction and renovation projects without updating its planning assumptions regarding the availability of facilities. As a result, the Army risks spending money inefficiently on projects that may not be located where the need is greatest. Further, the Army has not taken a coordinated approach evaluating all the support costs associated with mobilization and demobilization at alternative sites in order to determine the most efficient options for the Global War on Terrorism.

DOD's ability to effectively manage the health status of its reserve forces is limited because its centralized database has missing and incomplete health records and it has not maintained full visibility over reserve component members with medical problems. For example, the Marine Corps did not send pre-deployment health assessments to DOD's database as required, due to unclear guidance and a lack of compliance monitoring. The Air Force has visibility of involuntarily mobilized members with health problems, but lacks visibility of members with health problems who are on voluntary orders. As a result, some personnel had medical problems that had not been resolved for up to 18 months, but the full extent of this situation is unknown.