



Highlights of [GAO-03-1041](#), a report to the Chairman and Ranking Minority Member, Subcommittee on Total Force, Committee on Armed Services, House of Representatives

### Why GAO Did This Study

Following the 1990-91 Persian Gulf War, many servicemembers experienced health problems that they attributed to their military service in the Persian Gulf. However, a lack of servicemember health and deployment data hampered subsequent investigations into the nature and causes of these illnesses. Public Law 105-85, enacted in November 1997, required the Department of Defense (DOD) to establish a system to assess the medical condition of service members before and after deployments. GAO was asked to determine whether (1) the military services met DOD's force health protection and surveillance requirements for servicemembers deploying in support of Operation Enduring Freedom (OEF) in Central Asia and Operation Joint Guardian (OJG) in Kosovo and (2) DOD has corrected problems related to the accuracy and completeness of databases reflecting which servicemembers were deployed to certain locations.

### What GAO Recommends

GAO recommends that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs to establish an effective quality assurance program that will help ensure that the military services comply with the force health protection and surveillance requirements for all servicemembers. DOD concurred with the recommendation.

[www.gao.gov/cgi-bin/getrpt?GAO-03-1041](http://www.gao.gov/cgi-bin/getrpt?GAO-03-1041).

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cliff Spruill at (202) 512-4531.

## DEFENSE HEALTH CARE

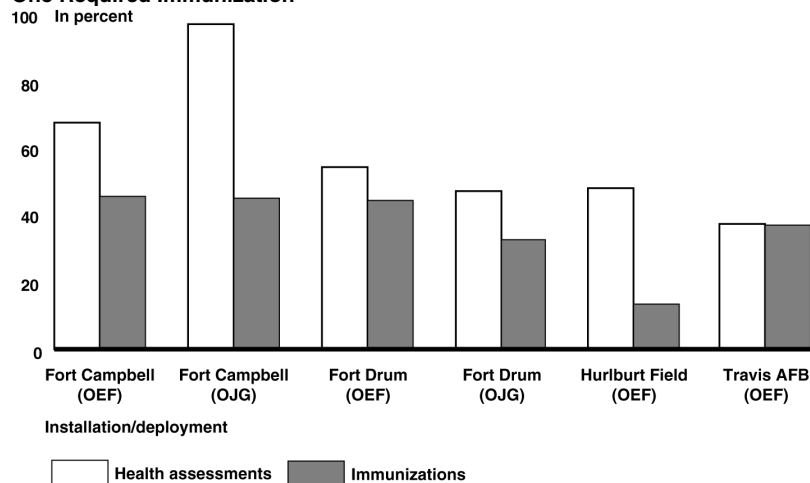
### Quality Assurance Process Needed to Improve Force Health Protection and Surveillance

#### What GAO Found

The Army and Air Force—the focus of GAO's review—did not comply with DOD's force health protection and surveillance policies for many active duty servicemembers, including the policies that they be assessed before and after deploying overseas, that they receive certain immunizations, and that health-related documentation be maintained in a centralized location. GAO's review of 1,071 servicemembers' medical records from a universe of 8,742 at selected Army and Air Force installations participating in overseas operations disclosed that 38 to 98 percent of servicemembers were missing one or both of their health assessments and 14 to 46 percent were missing at least one of the required immunizations (see figure).

DOD also did not maintain a complete, centralized database of servicemembers' medical assessments and immunizations. Health-related documentation missing from the centralized database ranged from 0 to 63 percent for pre-deployment assessments, 11 to 75 percent for post-deployment assessments, and 8 to 93 percent for immunizations. There is no effective quality assurance program at the Office of the Assistant Secretary of Defense for Health Affairs or at the Army or Air Force that helps ensure compliance with policies. GAO believes that the lack of such a program was a major cause of the high rate of noncompliance. Continued noncompliance with these policies may result in servicemembers deploying with health problems or delays in obtaining care when they return. Finally, DOD's centralized deployment database is still missing the information needed to track servicemembers' movements in the theater of operations. By July 2003, the department's data center had begun receiving location-specific deployment information from the services and is currently reviewing its accuracy and completeness.

**Percent of Servicemembers Missing One or Both Health Assessments, and Missing at Least One Required Immunization**



Sources: GAO analyses of DOD data.