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DEFENSE HEALTH CARE

Army Has Not Consistently
Assessed the Health Status
of Early-Deploying
Reservists

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Highlights of [GAO-03-997T](#), a testimony before the Subcommittee on Oversight and Investigations, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

During the 1990-91 Persian Gulf War, health problems prevented the deployment of a significant number of Army reservists. As required by the National Defense Authorization Act for Fiscal Year 2002, GAO reported on the Army's efforts to assess the health status of its early-deploying reservists (*Defense Health Care: Army Needs to Assess the Health Status of All Early-Deploying Reservists* [[GAO-03-437](#), Apr. 15, 2003]).

GAO was asked to testify on its findings on the Army's health status assessments efforts and the implications of those assessments for the Department of Veterans Affairs (VA). Specifically, GAO was asked to determine if the Army is collecting and maintaining information on reservists' health and review the value and advisability of providing examinations. For its report, GAO reviewed medical records at seven Army early-deploying reserve units to determine the number of required examinations that have been conducted and obtained expert opinion on the value of periodic examinations.

www.gao.gov/cgi-bin/getrpt?GAO-03-997T.

To view the full testimony statement, including the scope and methodology, click on the link above. For more information, contact Marjorie E. Kanof at (202) 512-7101.

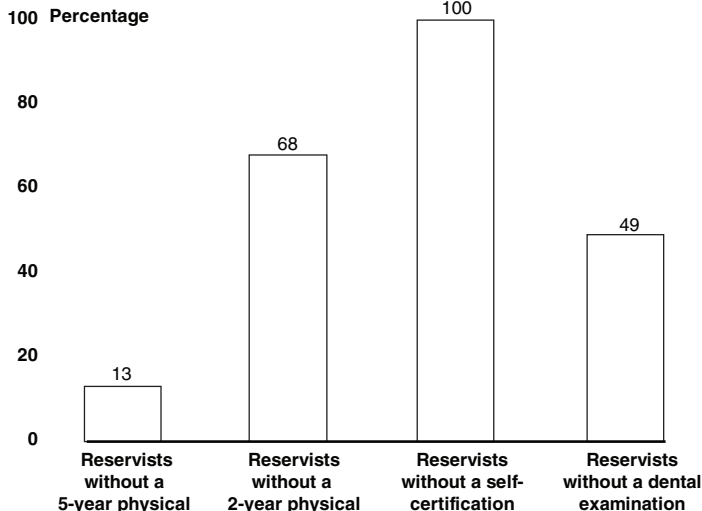
What GAO Found

The Army has not consistently carried out the statutory requirements for monitoring the health and dental status of its early-deploying reservists. As a result, the Army does not have sufficient information to know how many reservists can perform their assigned duties and are ready for deployment. At reserve units GAO visited, approximately 66 percent of the medical records were available for review. At those locations, GAO found that about 13 percent of the 5-year physical examinations had not been performed, about 49 percent of early-deploying reservists lacked current dental examinations, and none of the annual medical certificates required of reservists were completed by them and reviewed by the units.

Medical experts recommend periodic physical and dental examinations as an effective means of assessing health. Army early-deploying reservists need to be healthy to meet the specific demands of their occupations; examinations and other health screenings can be used to identify those who cannot perform their assigned duties. Without adequate examinations, the Army may train, support, and mobilize reservists who are unfit for duty.

DOD concurred with GAO's recommendations to comply with statutory requirements to conduct medical and dental examinations and provide dental treatment. VA's ability to perform its missions to provide medical care to veterans and compensate them for their service-connected disabilities could be hampered if the Army's medical surveillance system contains inadequate or incomplete information.

Site Visit Results for Seven U. S. Army Reserve Units



Source: GAO analysis of Army data.

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here as you discuss health assessments for the men and women in the armed services. Both the Department of Defense (DOD) and the Department of Veterans Affairs (VA) need this information to perform their missions. DOD needs health status information to help ensure the deployment of healthy forces and the continued fitness of those forces. VA's Veterans Benefits Administration (VBA) uses health information to adjudicate veterans' claims for disability compensation related to service-connected injuries or illnesses. In addition, the Veterans Health Administration (VHA) needs this information to fulfill its mission to provide health care services to veterans. In this context, you asked us to discuss our recent report on the Department of the Army's (Army) assessment of the health status of its reserve forces. The Army is increasingly relying on its 560,000 reservists to supplement the capabilities of our nation's active duty forces for peacetime support operations as well as for war.¹

When reservists were mobilized during the 1990-91 Persian Gulf War, the Army discovered that due to medical reasons or poor dental status a significant number of them could not be deployed or had their deployment delayed.² In an effort to help ensure that Army reservists meet the military's health standards and are ready to perform their assigned duties, the Congress augmented health assessment requirements that had been in place prior to the Persian Gulf War. Specifically, the Congress required the Army to monitor the health status of those designated as early-deploying reservists³ by providing annual medical screenings, annual dental screenings, selected dental treatment, and for those over age 40, physical examinations every 2 years. All reservists, including early deployers, are also required to disclose annually to the Army the status of

¹ The Army reserve components consist of the U.S. Army Reserve and the Army National Guard. The Army National Guard component carries out a dual mission. It is responsive to both the federal government for national security missions and to governors for state missions.

² Mobilization is the process by which the armed forces are brought into a state of readiness for war or national emergency or to support some other operational mission. In this report, mobilization means calling up reserve components for active duty. Deployment involves the relocation of mobilized forces and materiel to desired areas of operation.

³ To support its mission needs and war plans, the Army has established Force Support Packages 1 and 2—a group of reservists who would normally be the first to be deployed in a ground conflict. We refer to these reservists as early-deploying reservists.

their physical and dental condition, and those under age 40 are required to undergo a physical examination once every 5 years.

My testimony today is based on our April 2003 report on the Army's efforts to assess the health status of the approximately 90,000 reservists who are specifically designated as early-deploying reservists.⁴ We examined medical records to determine whether the Army is collecting and maintaining information on the health status of its early-deploying reservists. We also assessed the value of periodic physical and dental examinations and determined the advisability of the statutory requirements for the Army's early-deploying reservists.

To do our work, we visited seven early-deploying U.S. Army Reserve units in the states of Georgia, Maryland, and Texas and reviewed all available medical and dental records of reservists assigned to those units. Our analysis of the information gathered at these units is not projectable. We reviewed U.S. Army Reserve medical policies and regulations pertaining to early-deploying reservists. We also reviewed Army National Guard policies and procedures governing reservists' health care but did not review medical or dental records at Army National Guard units. Additionally, we analyzed Army data showing the cost to perform periodic physical and dental examinations⁵ and to provide dental treatment. We also reviewed studies and information on the effectiveness of periodic physical and dental examinations published by DOD, the Department of Health and Human Services (HHS), the National Institutes of Health, the American Medical Association, the Academy of General Dentistry, and others. We interviewed DOD officials in the offices of the Assistant Secretary of Defense for Reserve Affairs and the Assistant Secretary for Health Affairs, and officials in the Office of the Surgeon General, U.S. Army Forces Command and the Office of the Surgeon General, U.S. Army Reserve Command to obtain information on the health care provided to Army early-deploying reservists. We conducted our work from May 2002 through April 2003 in accordance with generally accepted government auditing standards.

⁴ U.S. General Accounting Office, *Defense Health Care: Army Needs to Assess the Health Status of All Early-Deploying Reservists*, [GAO-03-437](#) (Washington, D.C.: Apr. 15, 2003).

⁵ 10 U.S.C. §1074a(d)(1)(C) requires the Army to provide early-deploying reservists with a dental screening. While a dental screening does not have to be performed by a dentist, the Army requires its early-deploying reservists to be examined by a dentist to fulfill the screening requirements. Therefore, in this report we use the term "examination" rather than "screening."

In summary, the Army has not consistently carried out the statutory requirements for monitoring the health and dental status of Army early-deploying reservists. As a result, the Army does not have sufficient information to know how many reservists can perform their assigned duties and are ready for deployment. At the seven units we visited, approximately 66 percent of the medical records were available for our review. Based on our review of available records, we found that about 13 percent of the 5-year physical examinations had not been performed, and none of the annual medical certificates had been completed by reservists and reviewed by the units. Furthermore, 49 percent of early-deploying reservists lacked a current dental examination and 68 percent of those over the age of 40 lacked a current biennial physical examination. In addition, the Army does not have an automated system for maintaining accurate and complete medical information on early-deploying reservists. Periodic physical and dental examinations for early-deploying reservists are valuable for the Army because such examinations provide a means of determining reservists' health status and ensuring the medical readiness of reserve forces. Without adequate examinations, the Army runs the risk of mobilizing early-deploying reservists who cannot be deployed because of their health. In the case of early-deploying reservists who cannot be deployed, the Army loses not only the amount it invested in salaries and training but also the particular skill or occupation it was relying on to fill a specific military need. In addition, for reservists who may become eligible for VA benefits, inadequate health information can make it more difficult to adjudicate claims for service-connected disabilities in an accurate and timely manner and to provide quality medical care.

We made recommendations that the Army comply with existing statutory requirements to help ensure that early-deploying reservists are healthy to carry out their duties. DOD agreed with our recommendations.

Background

In recent years, reservists have regularly been called on to augment the capabilities of the active-duty forces. The Army is increasingly relying on its reserve forces to provide assistance with military conflicts and peacekeeping missions. As of April 2003, approximately 148,000 reservists⁶ from the Army National Guard and the U.S. Army Reserve were mobilized to active duty positions. In addition, other reservists are serving

⁶ The number of reservists mobilized changes on a continuous basis as certain reservists are released and others are called-up, as mission needs change.

throughout the world in peacekeeping missions. The involvement of reservists in military operations of all sizes, from small humanitarian missions to major theater wars, will likely continue under the military's current war-fighting strategy and its peacetime support operations.

The Army has designated some Army National Guard and U.S. Army Reserve units and individuals as early-deploying reservists to ensure that forces are available to respond rapidly to an unexpected event or for any other need. Usually, those designated as early-deploying reservists would be the first troops mobilized if two major ground wars were underway concurrently. The units and individual reservists designated as early-deploying reservists change as the missions or war plans change. The Army estimates that of its 560,000 reservists, approximately 90,000 are reservists who have been individually categorized as early-deploying reservists or are reservists who are assigned to Army National Guard and U.S. Army Reserve units that have been designated as early-deploying units.

The Army must comply with the following six statutory requirements that are designed to help ensure the medical and dental readiness of its early-deploying reservists.

- All reservists including early-deployers are required to
 - have a 5-year physical examination,⁷ and
 - complete an annual certificate of physical condition.⁸
- All early-deploying reservists are also required to have
 - a biennial physical examination if over age 40,⁹
 - an annual medical screening,¹⁰
 - an annual dental screening,¹¹ and
 - dental treatment.¹²

⁷10 U.S.C. §10206(a)(1)(2000).

⁸10 U.S.C. §10206(a)(2)(2000).

⁹10 U.S.C. §1074a(d)(1)(B)(2000).

¹⁰10 U.S.C. §1074a(d)(1)(A)(2000).

¹¹10 U.S.C. §1074a(d)(1)(C)(2000).

¹²10 U.S.C. §1074a(d)(1)(D)(2000).

Army regulations state that the 5- and 2-year physical examinations are designed to provide the information needed to identify health risks, suggest lifestyle modifications, and initiate treatment of illnesses. While the two examinations are similar, the biennial examination for early-deploying reservists over age 40¹³ contains additional age-specific screenings such as a prostate examination, a prostate-specific antigen test, and a fasting lipid profile that includes testing for total cholesterol, low-density lipoproteins, and high-density lipoproteins. The Army pays for these examinations.

The examinations are also used to assign early-deploying reservists a physical profile rating, ranging from P1 to P4, in six assessment areas: (a) Physical capacity, (b) Upper extremities, (c) Lower extremities, (d) Hearing-ears, (e) Vision-eyes, and (f) Psychiatric. (See app. I for the Army's Physical Profile Rating Guide.) According to the Army, P1 represents a non-duty-limiting condition, meaning that the individual is fit for duty and possesses no physical or psychiatric impairments. P2 means a condition may exist; however, it is not duty-limiting. P3 or P4 means that the individual has a duty-limiting condition in one of the six assessment areas. P4 means the individual functions below the P3 level. A rating of either P3 or P4 puts the reservist in a nondeployable status or may result in the changing of the reservist's job classification.

Army regulations that implement the statutory certification requirement provide that all reservists—including early-deploying reservists—certify their physical condition annually on a two-page certification form. Army early-deploying reservists must report doctor or dentist visits since their last examination, describe current medical or dental problems, and disclose any medications they are currently taking. In addition, the Army is required to conduct an annual medical screening for all early-deploying reservists. According to Army regulations, the Army is to meet the annual medical screening requirement by reviewing the medical certificate required of each early-deploying reservist.

Further, Army early-deploying reservists are required to undergo, at the Army's expense, an annual dental examination. The Army is also required to provide and pay for the dental treatment needed to bring an early-deploying reservist's dental status up to deployment standards—either dental class 1 or 2. Reservists in dental class 3 and 4 are not deployable.

¹³ Approximately 22,500 early-deploying reservists are over age 40.

Class 3 reservists could have dental emergencies in the next 12 months, and reservists in class 4 have not had the required annual dental examination.

The Army Has Not Collected and Maintained All Required Medical and Dental Information on Early-Deploying Reservists

The Army has not consistently carried out the requirements that early-deploying reservists undergo 5- or 2-year physical examinations, and the required dental examination. In addition, the Army has not required early-deploying reservists to complete the annual medical certificate of their health condition, which provides the basis for the required annual medical screening. Accordingly, the Army does not have sufficient health information on early-deploying reservists. Furthermore, the Army does not have the ability to maintain information from medical and dental records and annual medical certificates at the aggregate or individual level, and therefore does not know the overall health status of its early-deploying reservists.

Examinations Have Not Always Been Performed and Annual Medical Certificates Have Not Been Completed and Reviewed

We found that the Army has not consistently met the statutory requirements to provide early-deploying reservists physical examinations at 5- or 2-year intervals. At the seven Army early-deploying reserve units we visited, about 66 percent of the medical records were available for our review.¹⁴ Based on our review of these records, 13 percent of the reservists did not have a current 5-year physical examination on file. Further, our review of the available records found that approximately 68 percent of early-deploying reservists over age 40 did not have a record of a current biennial examination.

Army early-deploying reservists are required by statute to complete an annual medical certificate of their health status, and regulations require the Army to review the form to satisfy the annual screening requirement. In performing our review of the records on hand, we found that none of the units we visited required that its reservists complete the annual medical certificate, and consequently, none of them were available for review. Furthermore, Army officials stated that reservists at most other units have not filled out the certification form and that enforcement of this requirement was poor.

¹⁴ There were 504 early-deploying reservists assigned to the seven units we visited. Medical records for 332 reservists were available for our review. Army administrators told us that the remaining files were in transit, with the reservist, or on file at another location.

The Army is also statutorily required to provide early-deploying reservists with an annual dental examination to establish whether reservists meet the dental standards for deployment. At the seven early-deploying units we visited, we found that about 49 percent of the reservists whose records were available for review did not have a record of a current dental examination.

Army's Automated Systems Do Not Contain Comprehensive Health Information on Early-Deploying Reservists

The Army's two automated information systems for monitoring reservists' health do not maintain important medical and dental information for early-deploying reservists—including information on the early-deploying reservists' overall health status, information from the annual medical certificate form, dental classifications, and the date of dental examinations. In one system, the Regional Level Application Software, the records provide information on the dates of the 5-year physical examination and the physical profile ratings. In the other system, the Medical Occupational Database System, the records provide information on HIV status, immunizations, and DNA specimens. Neither system allows the Army to review medical and dental information for entire units at an aggregate level. The Army is aware of the information shortcomings of these systems and acknowledges that having sufficient, accurate, and current information on the health status of reservists is critical for monitoring combat readiness. According to Army officials, in 2003 the Army plans to expand the Medical Occupational Database System to provide access to current, accurate, and relevant medical and dental information at the aggregate and individual level for all of its reservists—including early-deploying reservists. According to Army officials, this information will be readily available to the U.S. Army Reserve Command. Once available, the Army can use this information to determine which early-deploying reservists meet the Army's health care standards and are ready for deployment.

Periodic Physical and Dental Examinations Are Valuable for Assessing Health Status and Provide Beneficial Information to the Army and VA

Medical experts recommend physical and dental examinations as an effective means of assessing health. For some people, the frequency and content of physical examinations vary according to the specific demands of their job. Because Army early-deploying reservists need to be healthy to fulfill their professional responsibilities, periodic examinations are useful for assessing whether they can perform their assigned duties. Furthermore, the estimated annual cost to conduct periodic examinations—about \$140—is relatively modest compared to the thousands of dollars the Army spends for salaries and training of early-deploying reservists—an investment that may be lost if reservists can not perform their assigned duties. Such information is also needed by VA to adjudicate disability claims and to provide health benefits.

Experts Look to Screening and Examinations as Key Indicators of Health

Physical and dental examinations are geared towards assessing and improving the overall health of the general population. The U.S. Preventive Services Task Force¹⁵ and many other medical organizations no longer recommend annual physical examinations for adults—preferring instead a more selective approach to detecting and preventing health problems. In 1996, the task force reported that while visits with primary care clinicians are important, performing the same interventions annually on all patients is not the most clinically effective approach to disease prevention.¹⁶ Consistent with its finding, the task force recommended that the frequency and content of periodic health examinations should be based on the unique health risks of individual patients. Today, many health associations and organizations are recommending periodic health examinations that incorporate age-specific screenings, such as cholesterol screenings for men (beginning at age 35) and women (beginning at age 45) every 5 years, and clinical breast examinations every 3 to 5 years for women between the ages of 19 and 39. Further, oral health care experts emphasize the importance of regular 6- to 12-month dental examinations.

Both the private and public sectors have established a fixed schedule of physical examinations for certain occupations to help ensure that workers

¹⁵ The U.S. Preventive Services Task Force was established by the U.S. Public Health Service in 1984 as an independent panel of experts to review the effectiveness of clinical preventive services—screening tests for early detection of disease, immunizations to prevent infections, and counseling for risk reduction.

¹⁶ *Guide to Clinical Preventive Services, Second Edition*—1996, Report of the U.S. Preventive Services Task Force, HHS Office of Public Health and Science, Office of Disease Prevention and Health Promotion.

are healthy enough to meet the specific demands of their jobs. For example, the Federal Aviation Administration requires commercial pilots to undergo a physical examination once every 6 months. U.S. National Park Service personnel who perform physically demanding duties have a physical examination once every other year for those under age 40, and on an annual basis for those over age 40. Additionally, guidelines published by the National Fire Protection Association recommend that firefighters have an annual physical examination regardless of age.

In the case of Army early-deploying reservists, the goal of the physical and dental examinations is to help ensure that the reservists are fit enough to be deployed rapidly and perform their assigned jobs. Furthermore, the Army recognizes that some jobs are more demanding than others and require more frequent examinations. For example, the Army requires that aviators undergo a physical examination once a year, while marine divers and parachutists have physical examinations once every 3 years.

While governing statutes and regulations require physical examinations at specific intervals, the Army has raised concerns about the appropriate frequency for them. In a 1999 report to the Congress, the Offices of the Assistant Secretaries of Defense for Health Affairs and Reserve Affairs stated that while there were no data to support the benefits of conducting periodic physical examinations, DOD was reluctant to recommend a change to the statutory requirements.¹⁷ The report stated that additional research needs to be undertaken to identify and develop a more cost-effective, focused health assessment tool for use in conducting physical exams for reservists—in order to ensure the medical readiness of reserve forces. However, as of February 2003, DOD had not conducted this research.

Cost of Conducting Physical and Dental Examinations and Providing Dental Treatments

For its early-deploying reservists, the Army conducts and pays for physical and dental examinations and selected dental treatments at military treatment facilities or pays civilian physicians and dentists to provide these services. The Army could not provide us with information on the cost to provide these services at military hospitals or clinics primarily because it does not have a cost accounting system that records or

¹⁷ *Report To Congress: Means of Improving the Provision of Uniform and Consistent Medical and Dental Care to Members of the Reserve Components* (Washington, D.C.: October 1999).

generates cost data for each patient.¹⁸ However, the Army was able to provide us with information on the amount it pays civilian providers for these examinations under the Federal Strategic Health Care Alliance program (FEDS_HEAL)—an alliance of private physicians and dentists and other physicians and dentists who work for VA and HHS’s Division of Federal Occupational Health. FEDS_HEAL is a program that allows Army early-deploying reservists to obtain required physical and dental examinations and dental treatment from local providers.

Using FEDS_HEAL contract cost information, we estimate the average cost of the examinations to be about \$140 per early-deploying reservist per year. We developed the estimate over one 5- year period by calculating the annual cost for those early-deploying reservists requiring a physical examination once every 5 years, calculating the cost for those requiring a physical examination once every 2 years, and calculating the cost for those requiring an initial dental examination and subsequent yearly dental examinations.¹⁹ The FEDS_HEAL cost for each physical examination for those under 40 is about \$291, and for those over 40 is about \$370. The Army estimates that the cost of annual dental examinations under the program to be about \$80 for new patients and \$40 for returning patients. The Army estimates that it would cost from \$400 to \$900 per reservist to bring those who need treatment from dental class 3 to dental class 2.

Benefits of Conducting Periodic Examinations For the Army

For the Army, there is likely value in conducting periodic examinations because the average cost to provide physical and dental examinations per early-deploying reservist—about \$140 annually over a 5-year period—is relatively low compared to the potential benefits associated with such examinations. These examinations could help protect the Army’s investment in its early-deploying reservists by increasing the likelihood that more reservists will be deployable. This likelihood is increased when the Army uses examinations to identify early-deploying reservists who do not meet the Army’s health standards and are thus not fit for duty. The Army can then intervene by treating, reassigning, or dismissing these reservists with duty-limiting conditions—before their mobilization and before the Army needs to rely on the reservists’ skills or occupations.

¹⁸ U.S. General Accounting Office, *Department of Defense: Implications of Financial Management Issues*, [GAO/T-AIMD/NSIAD-00-264](#) (Washington, D.C.: July 20, 2000).

¹⁹ The average annual cost does not include allowances for inflation, dental treatment, or specialized laboratory fees such as those for pregnancy, phlebotomy, or tuberculosis.

Furthermore, by identifying duty-limiting conditions or the risks for developing them, periodic examinations give early-deploying reservists the opportunity to seek medical care for their conditions—prior to mobilization.

Periodic examinations may provide another benefit to the Army. If the Army does not know the health condition of its early-deploying reservists, and if it expects some of them to be unfit and incapable of performing their duties, the Army may be required to maintain a larger number of reservists than it would otherwise need in order to fulfill its military and humanitarian missions. While data are not available to estimate these benefits, the benefit associated with reducing the number of reservists the Army needs to maintain for any given objective could be large enough to more than offset the cost of the examinations and treatments. The proportion of reservists whom the Army maintains but who cannot be deployed because of their health may be significant. For instance, according to a 1998 U.S. Army Medical Command study, a “significant number” of Army reservists could not be deployed for medical reasons during mobilization for the Persian Gulf War (1990-1991).²⁰ Further, according to a study by the Tri-Service Center for Oral Health Studies at the Uniformed Services University of the Health Sciences, an estimated 25 percent of Army reservists who were mobilized in response to the events of September 11, 2001, were in dental class 3 and were thus undeployable.²¹ In fact, our analysis of the available current dental examinations at the seven early-deploying units showed a similar percentage of reservists—22 percent—who were in dental class 3.²² With each undeployable reservist, the Army loses, at least temporarily, a significant investment that is large compared to the cost of examining and treating these reservists. The annual salary for an Army early-deploying reservist in fiscal year 2001 ranged from \$2,200 to \$19,000. The Army spends additional amounts to train and equip each reservist and, in some cases, provides allowances for subsistence and housing. Additionally, for

²⁰ The U.S. Army Medical Command’s: *Reserve Component 746 Study*, (June 22, 1998), provides no specific number stating only that a “significant number” could not be deployed.

²¹ This study included reservists from the U.S. Army Reserve but not reservists from the Army National Guard.

²² Twenty-two dental examinations listed early-deploying reservists in class 3 out of 101 current (within 1 year) dental examinations. Additional examinations that were available for our review were either out of date or conducted by nondental personnel.

each reservist it mobilizes, the Army spends about \$800.²³ If it does not examine all of its early-deploying reservists, the Army risks losing its investment because it will train, support, and mobilize reservists who might not be deployed because of their health.

Benefits of Health Assessments for VA

Both VBA and VHA need health assessment data obtained by the Army to adjudicate disability claims and provide medical care. In general, a reservist who is disabled while on active duty, or on inactive duty for training, is eligible for service-connected disability compensation, and can file a claim at one of VBA's 57 regional offices. To provide such disability compensation, VBA needs to determine that each claimed disability exists, and that each was caused or aggravated by the veteran's military service. The evidence needed to prove service connection includes records of service to identify when the veteran served and records of medical treatment provided while the veteran was in military service. More timely and accurate health information collection by the Army and the other military services can help VBA provide disabled reservists with more timely and accurate decisions on their claims for disability compensation.²⁴ Complete and accurate health data can also help VHA provide medical care to reservists who become eligible for veterans benefits.

Concluding Observations

Army reservists have been increasingly called upon to serve in a variety of operations, including peacekeeping missions and the current war on terrorism. Given this responsibility, periodic health examinations are important to help ensure that Army early-deploying reservists are fit for deployment and can be deployed rapidly to meet humanitarian and wartime needs. However, the Army has not fully complied with statutory requirements to assess and monitor the medical and dental status of early-deploying reservists. Consequently, the Army does not know how many of them can perform their assigned duties and are ready for deployment.

²³ U.S. General Accounting Office, *Reserve Forces: Cost, Funding, and Use of Army Reserve Components in Peacekeeping Operations*, [GAO/NSAID-98-190R](#) (Washington, D.C.: May 15, 1998).

²⁴ See U.S. General Accounting Office, *Veterans' Benefits: Despite Recent Improvements, Meeting Claims Processing Goals Will Be Challenging*, [GAO-02-645T](#) (Washington, D.C.: April 26, 2002) for a discussion of the information needed to adjudicate a disability claim.

The Army will realize benefits by fully complying with the statutory requirements. The information gained from periodic physical and dental examinations, coupled with age-specific screenings and information provided by early-deploying reservists on an annual basis in their medical certificates, will assist the Army in identifying potential duty-limiting medical and dental problems within its reserve forces. This information will help ensure that early-deploying reservists are ready for their deployment duties. Given the importance of maintaining a ready force, the benefits associated with the relatively low annual cost of about \$140 per reservist to conduct these examinations outweighs the thousands of dollars spent in salary and training costs that are lost when an early-deploying reservist is not fit for duty.

The Army's planned expansion, in 2003, of an automated health care information system is critical for capturing the key medical and dental information needed to monitor the health status of early-deploying reservists. Once collected, the Army will have additional information to conduct the research suggested by DOD's Offices of Health Affairs and Reserve Affairs to determine the most effective approach, which could include the frequency of physical examinations, for determining whether early-deploying reservists are healthy, can perform their assigned duties, and can be rapidly deployed.

While our work focused on the Army's efforts to assess the health status of its early-deploying reservists, it also has implications for veterans. Implementing our recommendations that DOD comply with the statutory requirements, which DOD has agreed to, will also be of benefit to VA. VA's ability to perform its missions to provide medical care to veterans and compensate them for their service-connected disabilities could be hampered if the Army's medical surveillance system contains inadequate or incomplete information.

Mr. Chairman, this concludes my prepared statement. I will be happy to answer any questions you or other members of the subcommittee may have.

Contact and Acknowledgments

For further information regarding this testimony, please contact Marjorie E. Kanof at (202) 512-7101. Michael T. Blair, Jr., Aditi S. Archer, Richard J. Wade, and Gregory D. Whitney also contributed to this statement.

Appendix I: Army Physical Profile Rating Guide

Physical profile rating	Assessment areas					
	Physical capacity	Upper extremities	Lower extremities	Hearing-ears	Vision-eyes	Psychiatric
	Organic defects, strength, stamina, agility, energy, muscular coordination, function, and similar factors.	Strength, range of motion, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.	Strength, range of movement, and efficiency of feet, legs, lower back, and pelvic girdle.	Auditory sensitivity and organic disease of the ears.	Visual acuity and organic disease of the eyes and lids.	Type, severity, and duration of the psychiatric symptoms or disorder existing at the time the profile is determined. Amount of external precipitating stress. Predispositions as determined by the basic personality makeup, intelligence, performance, and history of past psychiatric disorder impairment of functional capacity.
P1 (Non-duty-limiting conditions)	Good muscular development with ability to perform maximum effort for indefinite periods.	No loss of digits or limitation of motion; no demonstrable abnormality; able to do hand-to-hand fighting.	No loss of digits or limitation of motion; no demonstrable abnormality; able to perform long marches, stand over long periods, and run.	Audiometer average level for each ear not more than 25 dB ^a at 500, 1000, or 2000 Hz ^b with no individual level greater than 30 dB. Not over 45 dB at 4000 Hz.	Uncorrected vision acuity 20/200 correctable to 20/20 in each eye.	No psychiatric pathology; may have history of transient personality disorder.

Physical profile rating	Assessment areas					
	Physical capacity	Upper extremities	Lower extremities	Hearing-ears	Vision-eyes	Psychiatric
P2 (Non-duty-limiting conditions)	Able to perform maximum effort over long periods.	Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that do not prevent hand-to-hand fighting and do not disqualify for prolonged effort.	Slightly limited mobility of joints, muscular weakness, or other musculo-skeletal defects that do not prevent moderate marching, climbing, timed walking, or prolonged effort.	Audiometer average level for each ear at 500, 1000, or 2000 Hz, not more than 30 dB, with no individual level greater than 35 dB at these frequencies, and level not more than 55 dB at 4000 Hz; or audiometer level 30 dB at 500 Hz, 25 dB at 1000 and 2000 Hz, and 35 dB at 4000 Hz in better ear. (Poorer ear may be deaf.)	Distant visual acuity correctable to not worse than 20/40 and 20/70, or 20/30 and 20/100, or 20/20 and 20/400.	May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcohol or drug addiction.
P3 (Duty-limiting conditions)	Unable to perform full effort except for brief or moderate periods.	Defects or impairments that require significant restriction of use.	Defects or impairments that require significant restriction of use.	Speech reception threshold in best ear not greater than 30 dB HL ^c measured with or without hearing aid, or chronic ear disease.	Uncorrected distant visual acuity of any degree that is correctable to not less than 20/40 in the better eye.	Satisfactory remission from an acute psychotic or neurotic episode that permits utilization under specific conditions (assignment when outpatient psychiatric treatment is available or certain duties can be avoided).
P4 (Duty-limiting conditions)	Functional level below P3.	Functional level below P3.	Functional level below P3.	Functional level below P3.	Functional level below P3.	Functional level below P3.

Source: Department of the Army.

Note: Army Regulation 40-501, Mar. 28, 2002.

^adB (decibels), the decibel is a measure of the intensity of sound.

^bHz (Hertz), the Hertz is the measure of sound frequency or pitch.

^cHL (hearing loss).

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