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October 16, 2007

The Honorable Vic Snyder
Chairman
Subcommittee on Oversight and Investigations
Committee on Armed Services
House of Representatives

Subject: *Questions for the Record Related to the Benefits and Medical Care for Federal Civilian Employees Deployed to Afghanistan and Iraq*

It was a pleasure to appear before your Subcommittee on September 18, 2007, to discuss the benefits and medical care for federal civilian and U.S. government contract employees deployed to Iraq and Afghanistan.[1] This letter responds to your request that I provide answers to questions for the record from the hearing. The questions, along with my responses, follow.

1. **What are the congressional requirements for medical tracking of deployed military servicemembers and civilians?**

Following GAO's May 1997 report,[2] Congress enacted legislation[3] that required the Secretary of Defense to establish a medical tracking system to assess the medical condition of servicemembers before and after deployments to locations outside of the United States. Specifically, the legislation required the following:

"(a) SYSTEM REQUIRED—The Secretary of Defense shall establish a system to assess the medical condition of members of the armed forces (including members of the reserve components) who are deployed outside the United States or its territories or possessions as part of a contingency operation (including a humanitarian operation, peacekeeping operation, or similar operation) or combat operation.

"(b) ELEMENTS OF SYSTEM—The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations

[1]GAO, *DOD Civilian Personnel: Medical Policies for Deployed DOD Federal Civilians and Associated Compensation for Those Deployed*, GAO-07-1235T (Washington, D.C.: Sept. 18, 2007).

[2]GAO, *Defense Health Care: Medical Surveillance Improved Since Gulf War, but Mixed Results in Bosnia*, GAO/NSIAD-97-136 (Washington, D.C.: May 13, 1997).

[3]National Defense Authorization Act for Fiscal Year 1998, Pub. L. No. 105-85, § 765 (1997) (codified at 10 U.S.C. § 1074f). DOD established force health protection and surveillance policies aimed at assessing and reducing or preventing health risks for its deployed federal civilian personnel.

(including an assessment of mental health and the drawing of blood samples) to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment. The postdeployment examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).

"(c) RECORDKEEPING—The results of all medical examinations conducted under the system, records of all health care services (including immunizations) received by members described in subsection (a) in anticipation of their deployment or during the course of their deployment, and records of events occurring in the deployment area that may affect the health of such members shall be retained and maintained in a centralized location to improve future access to the records.

"(d) QUALITY ASSURANCE—The Secretary of Defense shall establish a quality assurance program to evaluate the success of the system in ensuring that members described in subsection (a) receive predeployment medical examinations and postdeployment medical examinations and that the recordkeeping requirements with respect to the system are met."

This legislation was amended by a provision in the John Warner National Defense Authorization Act for Fiscal Year 2007.[4] The current legislation amends elements of the system and the quality assurance program as well as adds criteria for referral for further evaluations and minimum mental health standards for deployment. Specifically, the current legislation requires the following:

"(a) SYSTEM REQUIRED—Not changed by the current legislation.

"(b) ELEMENTS OF SYSTEM—

(1) The system described in subsection (a) shall include the use of predeployment medical examinations and postdeployment medical examinations (including an assessment of mental health and the drawing of blood samples) to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment. The postdeployment examination shall be conducted when the member is redeployed or otherwise leaves an area in which the system is in operation (or as soon as possible thereafter).

(2) The predeployment and postdeployment medical examination of a member of the armed forces required under paragraph (1) shall include the following:

(A) An assessment of the current treatment of the member and any use of psychotropic medications by the member for a mental health condition or disorder.

(B) An assessment of traumatic brain injury.

"(c) RECORDKEEPING— Not changed by the current legislation.

"(d) QUALITY ASSURANCE—

(1) The Secretary of Defense shall establish a quality assurance program to evaluate the success of the system in ensuring that members described in subsection (a) receive predeployment medical examinations and postdeployment medical examinations and that the recordkeeping requirements with respect to the system are met.

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[4]John Warner National Defense Authorization Act for Fiscal Year 2007, Pub. L. No. 109-364, § 738 (2006) (codified at 10 U.S.C. § 1074f).

(2) The quality assurance program established under paragraph (1) shall also include the following elements:

(A) The types of healthcare providers conducting postdeployment health assessments.

(B) The training received by such providers applicable to the conduct of such assessments, including training on assessments and referrals relating to mental health.

(C) The guidance available to such providers on how to apply the clinical practice guidelines developed under subsection (e)(1) in determining whether to make a referral for further evaluation of a member of the armed forces relating to mental health.

(D) The effectiveness of the tracking mechanisms required under this section in ensuring that members who receive referrals for further evaluations relating to mental health receive such evaluations and obtain such care and services as are warranted.

(E) Programs established for monitoring the mental health of each member who, after deployment to a combat operation or contingency operations, is known--

(i) to have a mental health condition or disorder; or

(ii) to be receiving treatment, including psychotropic medications, for a mental health condition or disorder.

"(e) CRITERIA FOR REFERRAL FOR FURTHER EVALUATIONS—The system described in subsection (a) shall include—

(1) development of clinical practice guidelines to be utilized by healthcare providers in determining whether to refer a member of the armed forces for further evaluation relating to mental health (including traumatic brain injury);

(2) mechanisms to ensure that healthcare providers are trained in the application of such clinical practice guidelines; and

(3) mechanisms for oversight to ensure that healthcare providers apply such guidelines consistently.

"(f) MINIMUM MENTAL HEALTH STANDARDS FOR DEPLOYMENT—

(1) The Secretary of Defense shall prescribe in regulations minimum standards for mental health for the eligibility of a member of the armed forces for deployment to a combat operation or contingency operation.

(2) The standards required by paragraph (1) shall include the following:

(A) A specification of the mental health conditions, treatment for such conditions, and receipt of psychotropic medications for such conditions that preclude deployment of a member of the armed forces to a combat operation or contingency operation, or to a specified type of such operation.

(B) Guidelines for the deployability and treatment of members of the armed forces diagnosed with a severe mental illness or post traumatic stress disorder.

(3) The Secretary shall take appropriate actions to ensure the utilization of the standards prescribed under paragraph (1) in the making of determinations regarding the deployability of members of the armed forces to a combat operation or contingency operation."

2. **What work has GAO conducted on this topic?**

Since the 1990s, GAO has highlighted shortcomings with respect to the Department of Defense's (DOD) ability to assess the medical condition of servicemembers both before and after their deployments. Following GAO's May 1997 report, Congress enacted legislation (codified at 10 U.S.C. § 1074f) that required the Secretary of Defense to establish a medical tracking system for assessing the medical condition of servicemembers before and after deployments.

In September 2003, we reported that the Army and Air Force did not comply with DOD's force health protection and surveillance requirements for many servicemembers deploying in

support of Operation Enduring Freedom in Central Asia and Operation Joint Guardian in Kosovo.[5] Specifically, our review disclosed problems with the Army's and Air Force's implementation of DOD's force health protection and surveillance requirements in the following areas: (1) deployment health assessments, (2) immunizations and other predeployment requirements, and (3) the completeness of medical records and centralized data collection. Our September 2003 report also raised concerns over a lack of DOD oversight of departmentwide efforts to comply with health surveillance requirements. Specifically, we reported that an effective quality assurance program had not been established at the Office of the Assistant Secretary of Defense for Health Affairs or at the Offices of the Surgeons' General of the Army or Air Force to help ensure compliance with force health protection and surveillance policies. We believed that the lack of such a system was a major cause of the high rate of noncompliance and thus recommended that the department establish an effective quality assurance program to ensure that the military services comply with the force health protection and surveillance requirements for all servicemembers. The department concurred with our recommendation, and in January 2004 began implementation of its deployment health quality assurance program.

In September 2004, we reported similar issues related to DOD's ability to effectively manage the health status of its reserve forces.[6] Specifically we noted that DOD's centralized database had missing and incomplete predeployment health assessment questionnaires because not all of the required health information collected from reserve component members had reached DOD's central data collection point. We recommended that the Secretary of Defense take steps to ensure that predeployment health assessment questionnaires are submitted to the centralized data collection point as required. DOD concurred with our recommendation and noted that revised guidance was currently in coordination to clarify the requirement for submitting predeployment health assessments to the centralized database.

In November 2004, we reported that overall compliance with DOD's force health protection and surveillance policies for servicemembers who deployed in support of Operation Iraqi Freedom varied by service, by installation, and by policy requirement.[7] At that time, we did not evaluate the effectiveness of DOD's deployment health quality assurance program because of the relatively short time of its implementation.

In October 2005, we reported that evidence suggested that reserve component members have deployed into theater with preexisting medical conditions that could not be adequately addressed in theater.[8] We also reported that DOD had limited visibility over the health status of reserve component members after they are called to duty and is unable to determine the extent of care provided to those members deployed with preexisting medical conditions despite the existence of various sources of medical information. We recommended that the Secretary of Defense determine what preexisting medical conditions should not be allowed into specific theaters of operations and to take steps to ensure that each service component

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

[6]GAO, *Military Personnel: DOD Needs to Address Long-term Reserve Force Availability and Related Mobilization and Demobilization Issues*, GAO-04-1031. (Washington, D.C.: Sept. 15, 2004).

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

[8]GAO, *Military Personnel: Top Management Attention Is Needed to Address Long-standing Problems with Determining Medical and Physical Fitness of the Reserve Force*, GAO-06-105. (Washington. D.C.: Oct. 27, 2005).

consistently utilizes these as criteria for determining the medical deployability of its reserve component members. We also recommended that the Secretary of Defense explore using existing tracking systems to track those who have treatable preexisting medical conditions in theater. DOD partially concurred with our recommendation concerning the identification of preexisting medical conditions that would preclude deployment and noted that the services had made advances in identifying some preexisting conditions that would preclude deployment, but also stated that due to the ever changing nature of theater of operations this list could never be fully comprehensive or fully enforceable. DOD also concurred with our recommendation pertaining to the use of existing tracking systems to track treatable preexisting medical conditions. Specifically, DOD indicated that ongoing refinements to these systems based on lessons learned would improve the documentation of medical conditions throughout the military services including information concerning reserve members with preexisting conditions.

As we noted in our statement, our September 2006 report[9] on DOD's policies concerning its federal civilians who have deployed in support of operations in Afghanistan and Iraq found that DOD has established force health protection and surveillance policies aimed at assessing and reducing or preventing health risks for its deployed federal civilian personnel; however, at the time of our review, the department lacked a quality assurance mechanism to ensure the components' full implementation of its policies. To strengthen DOD's force health protection and surveillance for its deployed federal civilians, we recommended that DOD establish an oversight and quality assurance mechanism to ensure that all components fully comply with its requirements. In February 2007, the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness published a new instruction[10] on force health protection quality assurance. This policy applies to military servicemembers, as well as applicable DOD and contractor personnel. The new policy requires the military services to implement procedures to monitor key force health protection elements such as pre- and post-deployment health assessments. In addition, the policy requires each military service to report its force health protection and quality assurance findings to the Assistant Secretary of Defense (Health Affairs) through the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness.

We further noted in our statement that, in our June 2007 report[11] on DOD's compliance with the legislative requirement to perform pre- and post-deployment medical examinations on servicemembers, DOD lacked a comprehensive oversight framework to help ensure effective implementation of its deployment health quality assurance program, which included specific reporting requirements and results-oriented performance measures to evaluate the services' adherence to deployment health requirements. Also, we noted in our statement that the department's new instruction and planned actions indicate that DOD is taking steps in the right direction. We stated and still believe that if the department follows through with its efforts, it will be responsive to several of our reports' recommendations to improve DOD's force health protection and surveillance for the Total Force.

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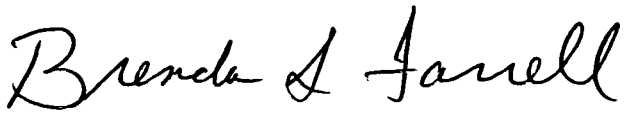
[9] GAO, *DOD Civilian Personnel: Greater Oversight and Quality Assurance Needed to Ensure Force Health Protection and Surveillance for Those Deployed*, GAO-06-1085 (Washington, D.C.: Sept. 29, 2006).

[10] DOD Instruction 6200.05, Force Health Protection (FHP) Quality Assurance Program, February 16, 2007.

[11] GAO, *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).

For additional information on our work on military and civilian personnel, and DOD health care issues, please contact me on (202) 512-3604 or farrellb@gao.gov.



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